

**KNOWLEDGE AND PERCEPTIONS OF THE SELECTED
COUPLES RESIDING IN NEW DELHI REGARDING SURROGACY**

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**KNOWLEDGE AND PERCEPTIONS OF THE SELECTED COUPLES
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CERTIFICATE

This is to certify that the dissertation entitled “**KNOWLEDGE AND PERCEPTIONS OF THE SELECTED COUPLES RESIDING IN NEW DELHI REGARDING SURROGACY**” has been carried out by the investigator under my supervision and guidance for the partial fulfillment of the Degree of Masters of Science [Faculty of Family and Community Sciences]. The matter presented in this dissertation has not been submitted for the award or any other degree or diploma.

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ABSTRACT

The term "surrogacy" refers to situations where couples who are unable to conceive a child rely on another woman to bear their child. The practice of surrogacy was first made public in 1980. and was made legal in India in 2002. But as the year went on, the GOI became aware of some shortcomings and abuses in commercial surgery. In response, the ICMR put up several regulations to stop surrogacy abuse. Several changes were made to the bill over the years. The Government of India outlawed the practice of commercial surgery in 2015 and also prohibited NRIs from engaging. India was designated as the "World Capital of Surrogacy" and was referred to as the Cradle of the World in 2012, according to a UN survey. Surrogacy agreements were once frowned upon, they are today more accepted than they were at their inception. It follows that although there have been shifts in the Knowledge and Perception towards surrogacy decision-making, there are still signs of the degree to which discourse and real surrogacy practices differ. Major discussions and conflicts surround social, ethical, and legal issues in full or partial genetically unrelated surrogacy as well as natural surrogacy. Genetic gestation surrogacy might be largely devoid of ethical, moral, and societal issues. If a couple wants to have a child with their own genetic makeup, this is a fantastic option for infertility treatment, but it still needs more consideration and debate. This chapter aims to address various theories regarding Surrogacy.

The present study titled "Knowledge and Perception of the Selected Couples residing in New Delhi regarding Surrogacy" was conducted among married couples of New Delhi. A total of 93 couples married for minimum of 3 years and didn't have children were selected using snowball sampling method. An online questionnaire using Google form was designed and circulated. Data analysis was done using statistical measures.

The majority of respondents had higher levels of Knowledge, but they also had unfavourable Perceptions, it was shown. The results of the research into expected Challenges showed that couples are ignorant of and wary of surrogacy. The Suggestions demonstrated the need for greater understanding of surrogacy. Overall, the findings indicate that surrogacy has the potential to spread and become more accepted in India, but that requires greater visibility and understanding, which may result in Surrogacy's approval.

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CHAPTER 1

INTRODUCTION

CHAPTER – 1

INTRODUCTION

1.1 Surrogacy

From the very beginning of human civilization, human beings understood the importance of creating the next generation and the role of women for this purpose. Slowly, with the progress of civilization, women started feeling the urge to bear children. Those women who couldn't bear children felt their life incomplete. This feeling or urge has not changed even now. However, with the advancement of knowledge, science and technology, various methods have been developed to help women who are unable to bear children due to various reasons. In the modern age, surrogacy has become a blessing for women who can't bear children. It is basically a method of assisted reproduction where intended parents work with a gestational surrogate, who will carry and care for their baby until birth.

According to Merriam-Webster, the definition of surrogacy is, “The practice by which a woman (called a surrogate mother) becomes pregnant and gives birth to give it to someone who cannot have children.”

According to Segen’s Medical Dictionary “The state of being a surrogate- usually understood to be a woman allowing use of her uterus to carry another woman’s fertilised egg.”

<https://medical-dictionary.thefreedictionary.com/surrogacy>

According to Collins Dictionary of Medicine “An agreement by a woman to undergo pregnancy so as to produce a child which will be surrendered to others. Fertilization may be by seminal fluid provided by the future adoptive father, or an ovum fertilized IN VITRO may be implanted in the surrogate mother. Surrogacy for gain is illegal in Britain and in some other countries.”

<https://medical-dictionary.thefreedictionary.com/surrogacy>

Surrogacy is a type of third-party reproduction when a woman agrees to carry a pregnancy for the intended parent(s) who are either gay couples or individuals who are unable to conceive due to medical issues. It entails a woman consenting to carry a child for another person.

The intended parent or parents receive custody and guardianship of the child once it is born from the birth mother. There are intricate legal and medical requirements for surrogacy. It's critical to understand the procedure, have expert counsel, and establish helpful networks.

Before making this significant decision, there are numerous other parties to take into account, including the intended parent's other children, the intended parent's spouse, the surrogate mother's partner and children, and the child (s).

1.2 Different Parties Involved in Surrogacy

In general, here are the parties that are typically involved in surrogacy:

- **Surrogate:** The woman who decides to bear a child for the intended parents is known as a surrogate. She has previously experienced a healthy pregnancy, is typically between the ages of 21 and 35, and is already caring for a child. The majority of gestational carriers are also known as surrogates.
- **Intended Parents:** The intended parents are those who are hoping to have a child via surrogacy. Whether they are single or a couple, they have usually already created an embryo (with their own sperm and egg or with a donor gamete) that will be transferred to the uterus of the surrogate.
- **Surrogacy Agency:** An agency is a surrogacy professional that guides both intended parents and surrogates through the many steps of a successful surrogacy journey. Surrogacy agencies usually provide case management services and emotional support throughout all the challenges and rewards of the surrogacy process.
- **Surrogacy Attorney:** A surrogacy attorney ensures that a surrogacy process is legal. He or she will help draft and negotiate a legal surrogacy contract to protect the rights of the party he or she represents. Both the intended parents and the surrogate should have their own independent surrogacy attorney.
- **Fertility Clinic:** A fertility clinic, also known as a surrogacy clinic, completes the embryo transfer and other important steps required in the medical surrogacy process.
- **Egg or Sperm Donor:** If the intended parents cannot create an embryo with their own sperm or egg, they will use a donated egg or sperm cell. In , this egg donor is the surrogate herself.

<https://gestationalsurrogacy.com/surrogacy-process/legal-surrogacy/parental-rights-in-surrogacy/>

1.3 Types of Surrogacies

There are different types of surrogacies:

1. On the Basis of the Nature of Surrogacy Agreement

- **Altruistic (non-commercial) surrogacy:** Aside from the necessary medical costs, the surrogate mother receives no financial compensation for carrying the child or for giving the child to the intended parents.

This typically occurs when the intending parents' relatives are the surrogate mother.

- **Commercial surrogacy:** The surrogate mother receives payment in addition to the required medical costs. When the surrogate mother is unrelated to the intended parents, this typically occurs.

2. On the Basis of the Nature of Fertilization

- **Traditional surrogacy:** Using artificial insemination, the surrogate mother takes the child to term and delivers it for the intended parents. The child's mother biologically is the surrogate.
- **Gestational Surrogacy:** In this procedure, the father's/sperm donor fertilizes the mother's eggs, and the fertilized eggs are then placed in the surrogate's uterus to develop into an embryo. In this instance, the biological mother's eggs will be used, making the surrogate mother the child's birth mother.

It is unlawful to pay a third party to coordinate a surrogacy, and looking for or hiring a surrogate parent is generally not permitted.

<https://indiansurrogatemothers.com/types-surrogacy/>

1.4 Indications for Surrogacy

When women are unable to carry children on their own, surrogacy is frequently chosen. This can happen for a number of causes, such as a uterus that is abnormal or completely absent from birth (also known as Mayer-Rokitansky-Kuster-Hauser syndrome) or following a hysterectomy. Due to birth-related issues including excessive bleeding or a damaged uterus, women may need to have a hysterectomy. The uterus may need to be surgically removed due to medical conditions including endometrial cancer or cervical cancer.

Women may also be prompted to explore surrogacy if they have experienced previous implantation failures, a history of multiple losses, or concurrent serious cardiac or renal disorders that can make pregnancy dangerous.

The biological impossibility of same-sex relationships and lone men bearing children may also point to surrogacy as a viable alternative.

<https://www.ivfconceptions.com/indications-of-surrogacy/>

1.5 The legality of Surrogacy around the world

As laws for Surrogacy are different in every country, it is important to know about the different types of surrogacies and about the ones which are legal in which country. Every country has its own set of laws regarding surrogacy that can make the process easier or more difficult.

Worldwide, there are different laws governing surrogacy. Laws that directly address surrogacy are rare in many nations. While some nations expressly prohibit surrogacy, others forbid it while allowing it to be done for charitable purposes (in which the surrogate is not financially compensated). With few limits, some nations permit commercial surrogacy.

International surrogacy is included in certain governments' surrogacy prohibitions. Depending on the jurisdiction, adoptions may be subject to rules or be unregulated.

The most tolerant legal systems in the world permit commercial surrogacy, including for non-citizens in the US, Ukraine, Russia, and Georgia. Laws that were once permissive have since been curtailed in a number of Asian nations. Thailand outlawed commercial surrogacy in 2013 and only allowed Thai couples to use altruistic surrogacy. Cambodia outlawed commercial surrogacy in 2016.

Foreign commercial surrogacy has also been outlawed in Nepal, Mexico, and India. Iran has legalised and encouraged the practice of surrogacy, and the government and religious leaders both support it.

<https://physicianssurrogacy.com/surrogacy-laws-around-the-world/>

1.6 History of Surrogacy in India

9th century	Mythology: Age of the Mahabharata: Gandhari
3228 BC	The Bhagavat Purana: Birth of Balaram/Balavadra
1978	India's first IVF Baby: World's second case: Dr Subhas Mukherjee (Calcutta)
2002	India legalised commercial surrogacy
2004	Around 50 cases of surrogacy every year in India
2005	Around 160 couple opted for surrogacy.
2009	Law Commission recommendations (208th Report)
2015	Notification of the Government of India prohibited surrogacy for foreign nationals. In Lok Sabha, the first Surrogacy (Regulation) Bill was introduced in 2016 and lapsed after Parliament was dissolved.
2019	Surrogacy (Regulation) Bill 2019 was introduced in Lok Sabha 15 July, 2019 and passed by Lok Sabha on 5 August, 2019. For more discussion, it was referred to a Select Committee.
2022	Around 25,000 cases of surrogacy every year in India

<https://indiansurrogatemothers.com/history-surrogacy-india/>

The roots of Indian surrogacy have its traces in the history and provided evidences of being a century old procedure. It is important to understand the history of surrogacy in India after learning about the laws and guidelines governing the practise. The term "Surrogacy" is not new to India even if it was less known to people; it is already mentioned in the Mahabharata. However, as technology advanced, more people became aware of surrogacy. Here are few milestones related to Surrogacy in India: -

- **9th Century** - Surrogacy, or the transfer of embryo from one womb to another, was not unheard of in the age of the Mahabharata. Gandhari, wife of king Dhritarashtra, conceived but endured a long pregnancy for nearly two years; after which she delivered a mass. Rishi Vyasa found that there were one hundred and one cells which were put in a medium and were grown outside the womb till full term. Of these, one hundred cells were developed into male known as Kauravas and one as a female child, Dushala. There were many other cases of surrogacy mentioned in the Mahabharata.
- In the Bhagavat Purana during **3228 BC**, there was another famous example of surrogacy. It was the birth of Balaram, the seventh child of Krishna's parents Devaki and Vasudev, where the embryo was transferred to the womb of Rohini (Vasudev's first wife), to prevent the baby being killed by Devaki's brother, Kansa.
- Subhash Mukherjee became the first physician in India, and second in the world after British physicians Patrick Steptoe and Robert Edwards, to perform IVF in India in **1978**. This resulted in a test tube baby subsequently christened as Durga (Kanupriya Agarwal).
- The next important milestone was Commercial surrogacy. was legalized in India in **2002**, as part of the country's drive to promote medical tourism, an industry that the Confederation of Indian Industry predicted generated US\$ 2.3 Billion annually.
- **In 2004**, there were 50 cases of surrogacy in India.
- This number started increasing drastically. **In 2005**, around 160 couples opted for surrogacy in the country.
- The Law Commission of India, in its 228th Report, deliberated upon the issue of surrogacy in the year **2009** and included criticism of the Draft Assisted Reproductive Technology (Regulation) Bill and Rules, 2008 (ART Bill).

This paper emphasized that an uncritical acceptance of the patriarchal stigmatisation of infertility is a major driver of legal engagement with Assisted Reproductive Technologies and surrogacy in India which are hailed as laudatory advancements in ameliorating the plight of the infertile. Both the Draft ART Bill as well as the 228th Report of the Law Commission echo this.

- **In 2015**, due to an unfortunate death of a surrogate mother in Gujarat on behalf of a foreign national couple, Government of India, through a Notification, prohibited surrogacy for foreign nationals in India. The Surrogacy (Regulation) Bill, 2016 was introduced in the Lok Sabha on **21st November, 2016**. The Bill prohibits commercial surrogacy and allows altruistic surrogacy. The Bill got lapsed after the dissolution of Lok Sabha.
- Later, Surrogacy (Regulation) Bill 2019 was introduced in the Lok Sabha on 15th July 2019 and it was passed on **5th August 2019**. For further deliberations, the Bill was referred to the Select Committee.
- The scientific practice of surrogacy has been highly successful in India. Around 25,000 cases of surrogacy have been registered during **2022**.

<https://indiansurrogatemothers.com/history-surrogacy-india/>

1.7 Surrogacy Laws

As its clear India has laws related to surrogacy, in order to have a clear understanding about the surrogacy laws the following aspects are dealt with: -

Enforcement of surrogacy contracts - They are void or illegal in some jurisdictions, while some make a distinction between altruistic and commercial surrogacy.

The various problems that traditional and gestational surrogacy raise -

Mechanisms for the intended parent's legal parenthood to be recognised, either through prenatal orders or postnatal adoption.

Despite the fact that laws vary greatly between jurisdictions, some generalizations are nevertheless attainable.

A woman giving birth is traditionally considered to be the child's legal mother, and the only way for another woman to be acknowledged as the mother is through adoption (which typically necessitates the birth mother formally giving up her parental rights).

The gestational carrier will probably be able to achieve the effects of surrogacy by giving birth and then giving the child up for private adoption to the intended parents even in jurisdictions that do not recognise surrogacy arrangements, if the prospective adoptive parents and the birth mother proceed without any government intervention and do not change their minds along the way.

If the jurisdiction specifically bans surrogacy, however, and authorities find out about the arrangement, There may be financial and legal consequences for the parties involved.

Only commercial surrogacy is expressly forbidden in some jurisdictions. Surrogacy contracts, whether for profit, altruism, or both, may be declared invalid in jurisdictions that do not outright forbid the practice. There is no recourse if one of the parties to the contract changes their mind if the contract is illegal or void. For example, if a surrogate decides to keep the child, the intended mother has no legal claim to the child even if it is genetically hers, and the couple cannot get any money they may have paid the surrogate back; if the intended parents decide they no longer want the child, the surrogate cannot receive any compensation to make up for the loss of the child.

The intended mother, particularly if she doubles as the genetic mother, may be able to obtain legal recognition as the mother without having to go through the abandonment and adoption processes in jurisdictions that authorize surrogacy. This frequently happens through a birth order, in which the legal parenthood of a child is decided by a court. All parties involved, sometimes even the husband of a married gestational surrogate, must typically agree to these orders. Most jurisdictions only allow for post-birth orders, frequently because they don't want to make the gestational carrier give up her parental rights if she changes her mind later.

Pre-birth orders are permitted in a few jurisdictions, although usually only when the expectant mother is not the expecting child's genetic relative.

Other conditions, such as that the intended parents be heterosexual and married to one another, are imposed by some countries before birth orders can be granted. Pre-birth orders are permitted in more jurisdictions, and surrogacy contracts are also more likely to be subject to some form of enforcement.

<https://www.lawinsider.in/columns/surrogacy-in-india-related-laws>

Similar to how it was observed that some nations do not control surrogacy, there are also some religions that discourage it. Understanding the religion views is one crucial component of choosing the same.

1.8 Religious Beliefs

Across all cultures, surrogacy is a complex and divisive moral and ethical issue. Religions naturally have opinions on reproduction because they are concerned with the spiritual rules that govern human life. Religious perspectives on surrogacy range from outright condemnation to support.

- **Hinduism**

Numerous concerns have been raised questioning whether or not surrogacy is incompatible with the Hindu religion since India and other nations with sizable Hindu populations have emerged as fertility tourism hotspots. T. C. Anand Kumar, an Indian reproductive biologist, contends that there is no conflict between Hinduism and assisted reproduction despite the fact that Hindu intellectuals have not engaged in lengthy debate on the subject. Hindu mythology has received support from others, including a narrative from the Bhagavata Purana that implies the practice of gestational carrierhood.

Because oracles had told the evil king of Mathura Kansh that his sister Devaki's kid would kill him, he had put her and her husband Vasudeva in prison. He slammed the child's head on the floor every time she gave birth. He murdered six kids.

The Gods got involved when the seventh child was conceived. They called upon the goddess Yogamaya and asked her to move the foetus from Devaki's womb to Rohini's (Vasudeva's other wife, who resided with her sister Yashoda in the cowherd town of Gokul across the Yamuna).

The infant was therefore carried inside and delivered through another womb after being conceived in one.

In the Hindu religion, infertility is also frequently linked to Karma and is therefore seen as an illness that has to be cured. As a result, medical intervention to treat infertility in Hindus is now generally accepted. As a result, the Hindu community largely supports surrogacy and other medically-assisted means of reproduction.

Despite frequently acting as surrogates for Western commissioning couples, Hindu women do not frequently use surrogacy as a treatment for infertility. Hindus are more inclined to use family members as surrogates rather than using anonymous donors while doing surrogacy.

- **Christianity\ Catholicism**

The Catholic Church typically opposes surrogacy because it considers it unethical and at odds with biblical passages that discuss conception, marriage, and life. "Techniques that imply the separation of husband and wife, by the entry of a person other than the couple (gift of sperm or ovum, surrogate uterus), are profoundly sinful," according to paragraph 2376 of the Catholic Catechism. Many supporters of this viewpoint express fear that the inclusion of a third party into the marital contract would jeopardise the sanctity of marriage. Additionally, because it removes human conception from the revered act of sexual intercourse, the in vitro fertilisation procedure used in gestational surrogacy is widely seen as ethically unacceptable.

Anti-abortion Catholics also oppose in vitro fertilisation because it frequently involves discarding, freezing, or giving non-implanted eggs to stem cell research, which results in the killing of embryos. As a result, the Catholic Church views all in vitro fertilization-related procedures, including gestational surrogacy, as immoral.

- **Islam**

The Qur'anic command that "their mothers are only those who conceived them and gave birth to them (waladna hum)" is a fundamental principle for Muslims. It denies the distinction between genetic and gestational mothers, which complicates the Muslim faith's fundamental ideas about lineage in the context of surrogacy.

- **Buddhism**

Buddhist philosophy is ambiguous on the subject of surrogacy. Since there are no Buddhist scriptures that imply infertility treatments or surrogacy are morally wrong, the widely held belief is that Buddhism welcomes surrogacy. This stance is further strengthened by the widespread belief that carrying a child is an act of kindness, and as such immediately embodies Buddhist principles.

The idea that surrogacy is always permissible within the confines of Buddhist tradition has, however, been called into question by a number of Buddhist philosophers who have highlighted reservations about certain parts of the practice. The idea that rebirth is a manifestation of karma in Buddhism gives rise to one Buddhist perspective on surrogacy. This theory holds that the process of gestational carrierhood interferes with the regular cycle of reincarnation, therefore avoiding the effects of karma.

<https://classroom.synonym.com/buddhist-beliefs-about-surrogate-mothers-12087675.html>

- **Jainism**

Surrogacy is not a topic that Jain academics have extensively discussed. However, the Jain story known as the "Svetambara" refers to the practice of surrogacy. According to this narrative, a god by the name of Harinegameshin transferred the embryo of Lord Mahavira from a Brahmin woman named Devananada to the womb of Trishala, the queen of the Kshatriya monarch Siddharth. The scriptures written by Digambara Jain do not contain this account.

According to other sources, surrogacy is not considered wrong in the Jain perspective because it is viewed as a physical procedure similar to any other medical procedure performed to correct a biological defect.

But there are some ethical issues with surrogacy that have been brought up by the Jain community, such as the destruction of traditional marriages, the loss of unimplanted embryos, and the adulterous ramifications of gestational surrogacy.

<https://classroom.synonym.com/islam-surrogacy-12087837.html>

There is not an iota of doubt that with the advancement of medical technology, surrogacy has come as a blessing to the childless couple. It provides a heaven-sent opportunity for such couples to enjoy the bliss of nurturing their own child/children. Now, the success rate of surrogacy is also increasing. The legal implications of surrogacy and related methods are also being dealt with in a positive manner in major countries all over the world. However, it has been noticed by various studies that even now a large section of people in different strata of Indian society lack general knowledge and consciousness about surrogacy procedures or have scattered views/opinions about it.

1.9 Research Questions

The various researches as well as literature was referred related to Surrogacy. The questions raised in the mind of the investigator are as under: -

1. Are people ready to opt for various Artificial Reproductive Techniques?
2. Are the citizens of Delhi aware of surrogacy?
3. What is the knowledge level regarding surrogacy of the selected couples residing in New Delhi?
4. What are the perceptions towards surrogacy of the selected couples residing in New Delhi?
5. What are the various Challenges in relation to surrogacy?

1.10 Statement of the Problem

To seek answers to these questions it was decided to undertake a study on “**Knowledge and Perceptions of Selected Couples residing in New Delhi regarding Surrogacy.**”

1.11 Justification of the Study

In earlier days, traditional Indian society did not allow women to study. Education was a taboo for women. Very few women, i.e., less than 5% could get a formal education in schools at the beginning of the nineteenth century.

Many social reformers all over India worked tirelessly to bring Indian women out of the dark period and help women to move forward along with their male counterparts.

When women were confined to their residence, there was a clear demarcation and division of work. Men used to go outside, earn money for the entire family and take care of external issues like going to market, taking the children to school, etc.

On the other hand, females of the house were engaged in domestic duties and responsibilities like cooking, looking after the aged and young, etc.

Moreover, in old days, the entire external work of a bigger family was divided among males. Similarly, domestic household chores were sub-divided among the females of the family.

With the passage of time and rapid change in the socio-economic structure of Indian society, the division of work earlier seen in Indian society has started changing, particularly in urban areas and metropolises. Now, the families have broken into smaller units, joint families are very rare and girls are now being educated, especially in upper-class and middle-class urban societies. As a result, ladies are in employment in rapidly increasing numbers. This trend can be seen in every region of India.

With the rapid increase in women's employment, it is quite natural that the traditional division of work between men and women cannot remain in force.

The earlier convention of women doing household work while the male would engage in outside chores is not true anymore. Women are also taking increasingly more outside responsibilities along with getting successfully employed.

At the same time, in the fiercely competitive age of employment, women are getting sucked into the whirlwind of the competitive world.

They have to provide more and more time in their office to compete with their counterparts, so, like the males, females are also having less and less time for the family.

The concept of surrogacy, the concept of getting a womb for rent, technological advancement in the medical world, and the increasing adoption of this technique by the elite people of the society like film stars and various other factors are forcing middle-class Indian couples about surrogacy motherhood.

This study tries to find the receptiveness of the concept of surrogacy among married couples within the child-bearing age range in the metropolitan society of New Delhi in the background of a rapidly changing socio-economic-cultural scenario.

As a direct consequence, this lack of consciousness and knowledge directly affects the number of couples (who need surrogacy) opting for surrogacy.

It is expected that with the passage of time, the level of consciousness will improve further and the number of surrogacies will increase more. Needy couples would opt for surrogacy in much greater numbers. Thus, to make the people of the nation more aware about the surrogacy, this topic was undertaken for Research study.

1.12 Justification of Influencing factors of the Study

1. Couple's Age Group: The comprehension, maturity level, and exposure to a wide range of life situations are all related to a person's age. Young people might understand surrogacy better even if they have comparatively fewer personal experiences and a lower level of maturity. The topic may have received more exposure as a result of the variety of information sources that are available to them. Contrarily, persons in the older age groups could view this social purpose favourably since they are better able to comprehend how surrogacy affects society's rising. Thus, it would affect the knowledge and perception of the respondents. In India, the reproductive age is generally considered 15-44 years.

The reproductive age group not only constitutes a large group, but they are also a vulnerable or special risk group. However, in urban areas of India, the trend is that educated women generally give birth to children between 25 years to 40 years.

If a lady crosses 40, only then is childbirth through surrogacy or other methods are considered. Keeping in view the above practical aspect of childbirth, the present survey has taken the variable of age. The survey will be conducted among select married but childless couples in New Delhi.

2. Years of Marriage: Generally, if a couple remains childless even after 5-7 years or more of marriage, start thinking about surrogacy or other ways of having a child, subject to some other related factors. Generally, it is seen in urban areas like Delhi, that married but childless women after reaching 35 and having completed a decade of marriage, go for consultation/guidance on surrogate motherhood.

Aged Couples who have surpassed the age of natural pregnancy might also prefer surrogacy more than those who are still in the reproducing phase. So, years of marriage are essential as a variable for the purpose of the present survey.

3. Monthly Family Income: Monthly Family Income of the couple may play an important role and a deciding factor in respect of surrogacy. The entire process relating to surrogacy is very expensive and is still out of reach for lower middle-class people. Not only that, the decision regarding surrogacy depends largely on that. Even now, in many societies, the concept of surrogacy is not understood and accepted. The partners, even if they decide in favor of surrogacy, can't go for it due to financial problems. So, Monthly Family Income is a very important variable in this survey as the perception and the option of opting for surrogacy might vary for the people belonging to different income strata.

4. Family type: The decision relating to surrogacy also depends upon the type of the family. Family can be divided into nuclear, joint and extended. The advice of elders needs to be considered while being in a joint or extended family, the desire to have children may also vary in the presence of kids in the family. While being in a nuclear family the desire to complete the family may or may not arise. Thus, the Knowledge and Perceptions regarding Surrogacy might be different from one family to another. Nuclear families may have a different thought process and with the presence of less members in the house can have varied Perceptions towards Surrogacy.

5. Family Ideology: Another influencing factor that needs to be explored in this context is the ideology of the family as well as the atmosphere at homes. The families which believe in conventional thinking, who adhere to the customs of or those who are orthodox may have negative perception towards surrogacy. This may not be the case with families who are unconventional in thinking, who are early adopters of the change witnessed in the society or who have a radical approach may be positive for surrogacy.

6. Religion: As three main dominant religions namely Hindu, Islam and Christianity in India, have their own takes on surrogacy. Thus, people following these religions may have varied perceptions about surrogacy and the knowledge of it.

However, the staunch followers of their religions may stick to the philosophy based on religion regarding surrogacy but who are not so devoted to the religion may have different perceptions. Thus, religion may act as an influencing factor in showing variations in knowledge and perceptions regarding surrogacy.

7. Desire to have children: Due to various reasons, it has been noted that nowadays some couples don't have a strong desire to have a child/children. They realize that due to deficiencies or due stress nearly in family life or the working fields, it would be an impossible task for them to undertake the considerable strain of child-bearing or looking after them. Such couples don't have any desire to have children. On the other hand, many couples have a deep desire to have a child although they may have some sort of difficulties/deformities for which they have remained childless even after a considerable period after marriage. These types of couples generally go for various options available related to ART.

This clearly states that the desire to have children may act as an influencing variable for this study.

Still married couples want children hence they want their children, some don't want, to talk about adoption but some want their genes in their children hence study knowledge and perception may vary because of their desire to have their children.

1.13 Justification of the Sample

The present investigation aimed to study the Knowledge and Perceptions of the Selected Couples residing in New Delhi. Delhi being the capital city, people from all over the country have settled there.

As a result, data collection from this city would give a beautiful and appropriate overview of the Knowledge and Perception of people from various states regarding surrogacy. Not only that, in Delhi, one can see people from different economic strata of the society. So, the results of the survey also reflect the status of people from different economic strata about surrogacy. So, it was felt that this factor would help to receive the varied perspective regarding Surrogacy. Finally, in Delhi, there are many hospitals and clinics where fertility treatment is available. So, easy availability of data is possible in Delhi compared to other cities of India.

For all those married couples who would or cannot bear children on their own, surrogacy is a crucial medical service. If sensitive concerns related to surrogacy are adequately addressed by carefully crafted legislation that protect the rights of surrogate mothers, intended parents, and children born through surrogacy, then surrogacy could be conducted in harmony with the other factors.

When the wife is physically unable to conceive a child due to an illness or the lack of the uterus, married couples turn to surrogacy. She might be unwilling to pass on a genetic condition to her progeny or many other personal reasons because of which she doesn't want to bear a child. In that case surrogacy can be opted because of the very same reason married couples without their own children were taken as the sample for this research.

The research of married couples Perceptions and Knowledge regarding surrogacy was deemed crucial and necessary. The information acquired and examined may help in reconsidering the methods for educating the public about surrogacy and raising awareness of it, which would alert society to the existence of such medical marvels.

All facets of society must work continuously and offer alternatives. Academicians and researchers can make a contribution by first gathering baseline data from various sources and then making additional contributions to fill in any gaps that may exist.

1.14 Justification of Study in The Context of the Department of Extension & Communication: -

The Department of Communication & Extension has four main pillars, viz., Development & Mass Communication, Extension Management, Non-Formal & Adult Education, Development, and Entrepreneurship Management.

The pioneering Department of Extension and Communication engaged in Extension activities. The students receive training in doing research and community engagement projects on socially significant themes since the last seven decades.

The students are addressing several development concerns, such as education, empowerment, entrepreneurship, and health, under the capable guidance of the lecturers to carry out research and community outreach activities. Additionally, funded projects on socially significant development concerns are also being carried out. The current study would contribute a lot to understanding the physical/mental issues, social dogma, and societal pressure endured by a childless couple, the choice of surrogacy or remaining childless available with such a couple, the cost involved in the process, and problems faced and adjustment with such surrogate child, surrogate mother and possible legal issues involved in such process. This study would be helpful to understand the whole process of surrogacy holistically and enrich various branches of Communication & Extension.

The current study would contribute a lot to understanding the physical/mental issues, social dogma, and societal pressure endured by a childless couple, the choice of surrogacy or remaining childless available with such a couple, the cost involved in the process, and problems faced and adjustment with such surrogate child, surrogate mother and possible legal issues involved in such process. This study would be helpful to understand the whole process of surrogacy holistically and enrich various branches of Communication & Extension.

This Study would also help in designing certain orientation and training programs for the people interested in the same. Additionally, public awareness is being pushed in conjunction with this.

Development communication is a process wherein creating awareness generates readiness among people about various concepts and medical facilities and thereby increasing their knowledge and bringing positive social and behavioral changes to them. The study can aid in enlightening people, raising awareness, and fostering discussion on a subject that is typically not talked about.

The information the people learn about Surrogacy from this study may be helpful.

The students could become inspired to conduct original Action Projects, Field Projects, and exploratory Research in associated fields to generate more awareness. This may accelerate the trend of conducting research investigations in the new challenging areas in the society.

1.15 Objectives of the Study

1. To Prepare the Demographic Profile of the Selected Couple residing in New Delhi.
2. To assess the Knowledge of the Selected Couples of New Delhi regarding Surrogacy with respect to following Variables:
 - a. Couple's Age Group
 - b. Years of Marriage
 - c. Desire to have Children
 - d. Family Monthly Income
 - e. Religion
 - f. Family Type
 - g. Family Ideology
3. To Study the differences in the Knowledge level of the Selected Couple residing in New Delhi regarding Surrogacy with respect to the selected Variables.
4. To Study the perceptions of the Selected Couples residing in New Delhi regarding Surrogacy with respect to the selected Variables.
5. To Study the differences in the Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy with respect to the selected Variables.

6. To Identify the Expected Challenges to surrogacy according to the Selected Couples residing in New Delhi with respect to the selected variables.

7. To Seek suggestions regarding opting for surrogacy by the Selected Couples residing in New Delhi with respect to the selected variables.

1.16 Null Hypotheses of the Study

1. There will be no significant differences in the Knowledge Level of the Selected Couples residing in New Delhi regarding Surrogacy with respect to the following Variables.
 - a. Couple's Age Group
 - b. Years of Marriage
 - c. Desire to have Children
 - d. Family Monthly Income
 - e. Religion
 - f. Family Type
 - g. Family Ideology
2. There will be no significant differences in the Perceptions of the Selected Couples residing in New Delhi regarding surrogacy with respect to the following variables.

1.17 Assumptions of the Study

1. Selected Couples residing in New Delhi will Possess Knowledge regarding Surrogacy.
2. Knowledge with respect to Surrogacy will vary according to selected Variables.
3. Selected Couples residing in New Delhi will have Perceptions regarding Surrogacy.
4. The Perceptions regarding Surrogacy will vary according to selected Variables.

1.18 Delimitations of the Study

1. The Study will be delimited to the Selected Couples residing in New Delhi.
2. The Present Research will be delimited to study the Knowledge and Perceptions regarding Surrogacy.
3. The study will be delimited to study the Knowledge and Perceptions of the Selected Couples residing in New Delhi related to Surrogacy with respect to the selected Variables.

CHAPTER 2

REVIEW OF LITERATURE

CHAPTER – 2

REVIEW OF LITERATURE

Since ages, human beings try to find respective partners to form a family. As human beings are societal animals, they cannot live alone without the help and cooperation of other members of society. At the same time, they are required to grow to maintain their individuality. Due to this reason, every human being tries to find a suitable partner to run his home and more importantly for the creation of progeny who will bear his or her name and characteristics. From this need - the institution of marriage develops.

However, in some cases it is found that due to various reasons, the woman is unable to bear child which is an essential necessity of partnership of a man and woman. From this need and with the advancement in science and technology, the various concepts of Assisted Reproductive Technology developed like Adoption, surrogacy, and IVF come forward.

Out of these different ARTs, surrogacy can be defined as a type of pregnancy in which a woman carries and gives birth to a baby for a couple who is not able to have children. In a surrogate pregnancy, eggs from the woman who will carry the baby or from an egg donor are fertilized with sperm from a sperm donor to make an embryo. Surrogacy is essentially a form of ART treatment involving IVF for the propagation of a child for infertile couples facilitating family formation, and attainment of parenthood, this is recognized world over as an emerging alternative to family formation. Although surrogacy is becoming popular for childless couples the number of whom had been increasing due to various factors, but on the other hand it is also seen that till date large number of people don't have any idea about surrogacy even though this lack of information and knowledge can be seen among the educated people and even in very advanced metropolises like Delhi, the capital city of India.

The present study tries to find out the knowledge and perceptions of selected couples residing in New Delhi regarding surrogacy. The purpose of the study is to analyse the knowledge and perception of such couples. Various sources of research, data, and related literature like book, journals, reports, government publications, newspapers, articles and websites were thoroughly exhausted. It was found that many research initiatives have been done on surrogacy. Majorly the focus is on the legal aspects of surrogacy. Then Ethical issues related to Surrogacy were also researched. However, few research attempts have been made on addressing the couple's knowledge level and perception on Surrogacy.

Thus, the available research that helped in creating the conceptual framework for the study is outlined below under the following heads:

2.1 Marriage as an institution: To grow the family in presence of infertility issues

2.2 Medical facilities for Infertile couples willing to have a child

2.2.1 Surrogacy

2.2.2 Adoption

2.2.3 IVF

2.3 Perception and Knowledge about surrogacy

2.4 Social Aspects

2.4.1 Attitude

2.4.2 Acceptability

2.5 Surrogate Mother and her relationship with the Intended Parents

2.6 Laws related to Surrogacy

2.7 Challenges

2.7.1 Commodification of Body

2.7.2 Surrogacy Tourism

2.1 Marriage as an Institution to grow the Family in Presence of Infertility Issues

Marriage is a very complex institution that has been developed over thousands of years. In India marriage is not only the union of two souls, but also a very long-term relationship between two families. In India even in the 21st century marital bond is considered very sacred. One of the major purposes of the institution of marriage is to create progeny. But when this purpose is not served due to fertility issues and other reasons, childless couples start thinking about various other options including surrogacy. But in India traditional Indian household, irrespective of the educational level of the members of the family of the couple, this decision creates very complex reactions.

It was seen that some members of the extended family support this decision because of the urgent need of children, and some support this to respect the decision of the couple. On the other hand, some family members vehemently oppose this decision because of societal taboos and also because of complete ignorance about the surrogacy process. Some members also remain completely aloof. So, the aspects influence the couple to take a suitable decision. **Jain G (2017)** in a study entitled **“Significance of Marriage as Social Institution in Indian English Writings”** highlighted that Marriage is the most intimate and complicated of all human relationships because it is challenging for two people to live together when they have different perspectives and lifestyles. A woman's function in the household has continued to be varied because of the highly particular and institutionalized role expectations that exist in Indian culture. As a group of institutions, marriage and family also include formal and informal, objective and subjective elements. The foundation of all human civilization is the family. According to people in Malaysia, marriage is the glue that holds it together. The health of culture, its citizens and their children are ultimately linked to the success of marriage. **Gupta S (2015)** highlighted in her article entitled **“Marriage in India”** that in India, marriage is seen as a social institution. It is a "sanskara," or purification ritual, that every Hindu must perform. Because an unmarried man cannot participate in some of the most significant religious events, the Hindu holy texts have made marriage an obligation.

So, it is seen that marriage is considered an institution for most people in our country after which the offspring of the couple is expected but due to various fertility issues, the couple opts for other ways to conceive or have a child.

2.2 Medical facilities for Infertile couples willing to have a child

After marriage when the woman fails to conceive after trying for a year because of some reason then that couple can be termed as infertile. Female infertility, a frequent condition, is the inability to conceive and carry a healthy pregnancy. After a woman has tried to become pregnant (via unprotected intercourse) for 12 months without success, she is often labelled with this condition. There are numerous ways to cure infertility, including hormone-balancing drugs, physical problem-solving surgery, and in vitro fertilisation. (IVF), surrogacy, and adoption.

2.2.1 Surrogacy – As discussed above, surrogacy at its most basic, is when a woman carries and delivers a child with the intention that another individual or couple will be the intended parent(s).

More specifically, the most common type of surrogacy occurs when an embryo is created with the egg of an intended mother (or a donor) and sperm of an intended father (or a donor) and then inserted into the uterus of a carrier. While surrogacy means another person carries a pregnancy, the intended parent(s) will have full custody of the child.

Sodagar NR et al. (2018) in his study “**Insight into Different Aspects of Surrogacy Practices**” highlighted in their research study that surrogacy does bring to light a tangle of possible complex connections as this unique aspect of the unique element of surrogacy has made it the most contentious assisted reproductive method in recent years, bringing to light a web of potentially intricate links. To sum up, the role that surrogacy plays in ART cannot be understated. For many couples, it has so far proven to be a godsend and a medical miracle. All doctors providing these services must be aware that producing treatments for gestational carriers carries with it a professional responsibility to do so safely and ethically, minimizing risks to both the pregnant woman and the unborn child as well as risks to our professional autonomy. Surrogacy is supported by the procreative liberty, privacy, and autonomy arguments, but it is opposed by the discussed undue inducements connected to remuneration, women being treated like commodities, and concerns for the best interests of the offspring.

Gestational surrogacy offers hope to individuals and couples who would not otherwise be able to conceive outside of adoption, despite all the advantages and drawbacks. If a just and legal compromise cannot be reached between the medical professional, regulatory organizations, and of course the intended couples in need of this type of medical care, there is a risk that the privilege to deliver this crucial treatment will no longer be available.

Golboni F. and et.al (2020) conducted a study entitled “**Factors Affecting on Couple’s Decisions to Use Surrogacy: A Qualitative Study**”. The study aimed to clarify factors affecting decisions to use a surrogate mother can create broad knowledge of this concept. The findings of the study revealed that Couples' decision- making may be significantly impacted by the cultural setting of the family. Family structure was also considered to be a significant component in this process, as well as family traditions and rituals, member attitudes and interactions, and more.

One of the significant factors influencing these people's mental health is how their friends, the people in their immediate vicinity, and society at large feel about surrogate mothers. Lack of social support during the use of a surrogacy contract as a result of public opinions brought on by ignorance of this topic can thus open the door for vulnerability.

2.2.2 Adoption - A lifelong, legally recognized bond between adoptive parents and the adoptee(s) in question is established by adoption. Birth parents who decide to adopt do so permanently. Different things can happen during adoption. Adoption of a stepchild or family member is possible. There are instances of couples adopting an orphan from another nation through international adoption. Another option is to adopt from a foster home. When a child needs a long-term home because their parents have involuntarily or voluntarily given up custody of them, this is the situation. **Hoksbergen RAC et al. (2012)** in his study “**Intercountry adoption: A multinational perspective**” explains how adoption affects how families are built in South India. Adoption agencies currently operate as organised industries under the careful supervision of the state and federal governments. Since the Indian government began to oversee and control international adoption rules, domestic adoption has gained traction.

The development of the Indian economy and the legal medical abortions performed by the Family Planning of India have led to a significant fall in the overall number of children being abandoned or turned over.

Adoption is a personal decision, and adopted parents may have questions about parenting, families, interacting with the community, or attending school. Currently, post-adoption therapy in the form of after care is accessible, but it is only provided to the parents upon request. To help and direct parents with the shift in their roles and adjusting to parenthood, it is advised that post adoption counselling be required. The need to educate the mental health community on the adoption process and the psychological effects of childless couples who adopt is another crucial element. It may be inferred from the current pattern that adoption therapy training will someday be required.

2.2.3 IVF - In vitro fertilisation is referred to as IVF. One of the more well-known applications of assisted reproductive technologies is this one. (ART). In order to assist sperm fertilise an egg and the fertilised egg implant in your uterus, in vitro fertilisation (IVF) uses a mix of medications and surgical techniques.

First, a medicine that matures some eggs and makes them fertile. To aid in the sperm fertilising the eggs, the doctor next removes the eggs from the body and mixes them with sperm in a lab. One or more fertilised eggs (embryos) are then placed straight into the uterus. Any embryo that implants in the uterine lining results in pregnancy. Assisted Reproductive Techniques, ADHD, and School Performance is a study by Wang C (2021).

Children born through ART had a lower risk of ADHD (hazard ratio 0.83; 95% confidence interval [CI]: 0.80 to 0.87) and performed better in school (grade mean difference 1.15; 95% CI: 1.09 to 1.21 and eligibility odds ratio 1.53; 95% CI: 1.45 to 1.63) compared to all other children. When the comparison was limited to children of couples with known infertility, no disadvantage was observed (adjusted hazard ratio 0.95; 95% CI: 0.90 to 1.00, adjusted mean difference 0.05; 95% CI: 0.01 to 0.11, and adjusted odds ratio 1.03; 95% CI: 0.96 to 1.10). Instead, differences in parental characteristics explained and even reversed associations.

Wang N (2013) in his research study said that birth abnormalities, epigenetic diseases, and a worse perinatal outcome are these children's main health hazards. It is still unclear, though, whether ART treatments or subfertility itself caused these modifications. The first IVF babies are now older than 30 years old, and some of them have given birth to children. Although ART can affect the epigenetic result of its progeny, there are no lifelong or transgenerational impacts, according to a mouse model study (de Waal et al., 2012). However, it's possible that substantial conclusions about the human situation cannot be taken from a mouse study. The subsequent generation of ART-conceived children's health is thus a crucial issue.

2.3 Perception and Knowledge about Surrogacy

Investigator discussed the medical facilities and other ways available for childless couples who want to enjoy the bliss of child/children. It was seen that surrogacy, adoption and IVF are three methods

which are available for such couples. The Perceptions and Knowledge about surrogacy among people in different strata of the society are highlighted here.

Unfortunately, even now many people be it rich or poor educated or uneducated are highly prejudiced against surrogacy. They don't think it is proper on moral and ethical grounds. Religious people try to find justification from religious texts that prove that surrogacy isn't allowed in every religion. On the other hand, some religions, people consider surrogacy as a noble act, which helps couples who can't conceive to have their own genes in their child. So, it is necessary to inform people about the boon of modern science, so people accept this method and childless couples enjoy the joy of having children.

A. Fawole O (2021) in his study “**Perceptions of Surrogacy Within the Yoruba Socio-Cultural Context of Ado-Ekiti, Nigeria**” observed that infertility is highly gendered and women often occupy the centre of discussions around infertility. It became evident from the findings that there is a socio- cultural as well as a religious lens through which women are viewed, and this lens does not condone surrogacy.

Lack of specific legislations regulating surrogacy in Nigeria makes the process uniquely challenging and exposes women and infants to potential abuse and exploitation. This legislative lacuna has also fuelled the illicit trade of baby factories that have become quite popular in Nigeria.

Shojaie K (2016) in his study “**Knowledge and Attitude of patients about the use of surrogacy as treatment method of infertile couples - Mostafa Khomeini hospital in 2016**” which aimed to determine the knowledge and attitude of patients in Mostafa Khomeini hospital on the use of surrogacy as a treatment method, found out that 85.6% stated that they have information about surrogacy. 14.8% had good and very good knowledge of surrogacy. 43.5% had no religious perception about this method. 41.7% had negative attitude to the priority of surrogacy from family and friends. 66.7% agreed about insurance protection.

Basbeth F. and et.al (2019) conducted a study entitled “**Knowledge and attitude towards surrogacy in medical students of Yarsi University and its review in the views of Islam**”. study aimed to test the knowledge and attitude of Medical Students of YARSI University class of 2015 about surrogacy. The findings of the study revealed that majority of 52.8% had an attitude not approving of the practice of surrogate mother, 27.2% were having good knowledge regarding surrogate mother, 51.1% were having enough knowledge whereas 27.2% were having less knowledge regarding surrogate mother.

In another study by **Mate A. and Gomase K. (2018)** entitled “**A study to assess the knowledge and attitude regarding surrogacy among couples**”. it was revealed that majority of the couples have good and average knowledge regarding surrogacy. Most of the couples had agreed attitude regarding assisted reproductive technology. There was negative correlation between the knowledge and attitude of couples who attended infertility clinic.

People's Attitude and Knowledge towards surrogacy are greatly influenced by their culture, religion, and social belief systems about what is deemed proper for procreation. The surrogacy procedure is quite complicated. In India and other nations, it is also crucial to have a clear policy governing surrogacy and all forms of ARTs, as this will protect women and new borns and ensure that they are not subject to abuse, commercialization, or exploitation.

2.4 Social Aspects related to Surrogacy

In the preceding sub-chapter, the detailed Perception and Knowledge about Surrogacy are mentioned, which plays an important role as a decision-making factor for childless couples to go for surrogacy. Now, the next aspect which is crucial to be discussed is social aspect. This is particularly important in traditional and conservative societies, both in urban and rural areas of India.

With the passage of time surrogacy is gaining popularity among childless couples. However, it is also ushering changes and transformation in family structure, parentage, and various social and institutional ethics. Surrogacy is also questioning religious tenets of the society.

First and foremost, surrogacy has provided an opportunity of fatherhood/motherhood to the people in need. Surrogacy is inherently involving third party including gamete donors, surrogate mothers, or gestational carriers. According to **Prajawani (2016)** in an article “**Surrogacy its impact & implications on society and social institutions**” mentioned that as surrogacy is gaining popularity in society, it is also ushering changes and transformation in family structure or composition, the familial relations as parentage and other social institutions, ethics, religious tenets of society. First and foremost, surrogacy has provided for the first time ever an exclusive option to single unmarried individuals, homosexuals as well as live in partners, civil unions relations to have biologically related children,

which is absent otherwise thus leads to creation of new kind of families with two fathers or two mothers or one mother or one father family with children as opposed to the traditional heterosexual families comprising of mother father child or children. This is a breakthrough as for these groups of individuals this is the sole means to realization of reproductive right and right to family formation. Though in India as per the Home Ministry Guidelines of the year 2012, surrogacy is only allowed for heterosexual married couples as homosexuality is only decriminalized but not held legal in India at present. Under surrogacy parenthood becomes a subject matter of commercial legal contract and medical process with involvement of third party and no longer confined to the exclusive sacred union of wedlock within the family. All these developments may pose 25 challenges to the stability and cohesiveness of family as a primary fundamental social institution. It entirely changes or transform the established sociolegal concept of motherhood which vests motherhood for all purposes in the woman giving birth as single, indivisible mother irrespective of genetic or any biological connection, accordingly it changes the universal age old legal maxim that motherhood is a fact and fatherhood is a presumption as implied from the section 112 of Indian Evidence Act, surrogacy has rendered even motherhood a subject of legal presumption no longer an irrefutable fact

This is creating new equations within the family. Furthermore, biological parentage, parent child relationship, conjugal union etc are being changed due to surrogacy. Societal concept of motherhood is also being questioned. The society has to and will have to address these issues due to increase in number of surrogacy cases. **Sharma R (2014)** in a study on “**Social, ethical, medical & legal aspects of surrogacy: an Indian scenario**” concluded that The draft Assisted Reproductive Technology (Regulation) Bill proposes to establish National Board, State Boards and National Registry of Assisted Reproductive Technology (ART) in India for accreditation and supervision of ART clinics and ART Banks, ensuring that services provided by these are ethical and that the medical, social and legal rights of all those concerned including surrogate mother are protected with maximum benefit to all the stakeholders within a recognized framework of ethics and good medical practices.

In this connection, it is felt that the Perceptions towards Surrogacy among conventional people is required to be changed. Even now many people from conventional family are less clear about the concept of surrogacy. The government, doctor's associations, science clubs, NGOs and media must play a meaningful role to grow consciousness about surrogacy among conventional people.

Government, legal experts, and legal bodies must come together to develop a solid legal framework in respect to surrogacy they should study the related issues in other countries, anticipate various legal complexities and develop a suitable law regarding surrogacy.

There may be various possibilities of different types of relationship between surrogate mother and intended parents, most of the cases the relationships were commercial in nature. However, nowadays there are family ties between the surrogate mother and the intended parents. In some cases, it had been noted that surrogate mother develops a very strong motherly feelings for the new born and she continues to maintain the relationship with the baby after the delivery and handing it over to the commissioned parents.

Generally, a surrogate mother accepts the proposal after discussing with her husband and other close family members. But eventually some family members might object to the proposal of surrogacy and they can create problems. This may cause pressure on the surrogate mother.

2.4.1 Attitude towards Surrogacy

After discussing the social aspects, the next important factor is attitude towards surrogacy. Without a positive attitude towards the medical procedure and the legal aspects of surrogacy, this won't be ultimately acceptable to Indian society and people. So, the overall attitude towards surrogacy needs to be discussed in detail.

Stenfelt C et al. (2018) conducted a study entitled “**Attitudes toward surrogacy among doctors working in reproductive medicine and obstetric care in Sweden**” the aim of this study was to investigate attitudes and opinions towards surrogacy among physicians working within obstetrics and reproductive medicine in Sweden. and from the study it was found that almost 2/3rd of doctors was positive or neutral toward altruistic surrogacy, a little more than 1/4th thought that it should be publicly financed. Doctors in delivery and antenatal care were positive towards the legalisation of surrogacy. More than half agreed that surrogacy involves risk of exploitation of women's bodies and that surrogate mothers don't understand the risks of entering pregnancy on behalf of someone. **Nakazawa A. and et.al (2019)** conducted another study entitled “**A survey of public attitudes toward uterus transplantation, surrogacy, and adoption in Japan**”, the findings of the study revealed that first, 36.5% and 31.0% of respondents agreed that UTx and gestational surrogacy should be approved, respectively.

Second, the respondents would potentially choose to receive UTx (34.4%), gestational surrogacy (31.9%), and adoption (40.3%), if they or their partners experienced absolute uterine factor infertility.

Third, 10.1%, 5.8%, and 14.3% of the respondents chose UTx, gestational surrogacy, and adoption as the most favorable option, respectively. Fourth, if their daughters suffered from absolute uterine factor infertility, 32.3% of female respondents might want to be donors, and 36.7% of male respondents might ask their wives to be donors. **Basbeth F. and et.al (2019)** conducted a study entitled “**Knowledge and attitude towards surrogacy in medical students of Yarsi University and its review in the views of Islam**”. The findings of the study revealed that majority of 52.8% had an attitude not approving of the practice of surrogate mother. 27.2% were having good knowledge regarding surrogate mother. 51.1% were having enough knowledge whereas 27.2% were having less knowledge regarding surrogate mother.

The establishment of surrogacy in various nations has reasonably high support from doctors who practice obstetrics and reproductive medicine. The health of the surrogate mothers and the possibility of coercion, however, worried the doctors. The opinions of people working in a variety of medical specialties as well as laypeople should be included in future discussions about the legalisation of surrogacy, rather than just those of a small group of people. Thus to know about the attitude of the people towards surrogacy is important because that would further lead to the acceptability or denial of the medical advancement.

2.4.2 Acceptability of Surrogacy

After discussing perception, knowledge, social aspect and attitude towards surrogacy, we must also discuss the acceptability factor. Unfortunately, even now, some people consider surrogacy a moral problem. Some religious groups don't accept surrogacy from religious point of view. This non-acceptance (due to various reasons) creates mental hindrances among childless couples and their families and they may not go for surrogacy. So, the acceptability factor is also required to be discussed in detail.

Sorum PC et al. (2016) entitled “**Mapping people's views regarding the acceptability of surrogatemotherhood**”. The aims of the present study were to map French laypersons' views regarding the acceptability of maternal surrogacy and to delineate the circumstances under which surrogacy is considered, by different groups of people, as especially problematic.

One sub-group which was religious considered this a higher level of concern. Age didn't have a major impact on views on surrogacy but participants with children thought that surrogacy is a moral problem. A minority group of participants found that maternal surrogacy didn't present a moral problem.

Traditional surrogacy was considered more problematic than gestational surrogacy. Commercial surrogacy involving non related persons were considered less problematic than altruistic surrogacy involving related persons.

Thus, it was seen not everyone in the country freely accepted the process of surrogacy due to various practice of various religions in that particular country.

In a study conducted by **Arvidsson A et al. (2017)** conducted a study entitled, **“Surrogate mother – praiseworthy or stigmatized: a qualitative study on perceptions of surrogacy in Assam, India”**. This study explored perspectives on surrogacy from men and women in Assam. Surrogacy arrangements in Assam are still uncommon. It can be expected that the dominant global discourses on surrogacy will be unfamiliar to the general population, and the objective was also to position the results within the divergent global discourses of surrogacy in which it was seen that surrogacy was an acceptable reproduction method as it provides a childless couple with their ‘own’ child with whom they share a genetic relation, in line with cultural expectations of parenthood. However, there were diverse views about the surrogate mother. Lack of knowledge about how surrogacy was conducted, that is to say, through IVF, made some view her as a prostitute.

A view that the surrogate mother violated the concepts of motherhood through ‘selling her own child’ caused informants to judge her as a ‘bad woman.’ However, a contrasting view about the surrogate mother was presented by some informants who instead saw her as a woman worthy of respect for helping a childless couple.

Women would reject the proposal on the grounds that they would not be able to be with their own children during the process because they had to live close to the clinic. Others said their husbands would not allow them to be surrogate mothers because of the risk of stigma.

The most frequently suggested solutions among the latter were either some kind of medical treatment such as artificial insemination, or else adoption. When asked whether they had heard about a woman giving birth on behalf of a childless couple, most participants in the lower socioeconomic groups seldom associated it with a medical activity

Golboni F. and et.al (2019) conducted a study entitled **“Factors Affecting on Couple’s Decisions to Use Surrogacy: A Qualitative Study”**. The study aimed to clarify of factors affecting decisions to use a surrogate mother can create broad knowledge of the concept. The findings of the study revealed that cultural context of family could have significant effects on decision- making by couples. Family traditions and customs as well as their attitudes and interactions, and even family structure were regarded as important factors in this process. One of the important issues affecting mental health status of these individuals is attitudes by friends and those around them and generally attitudes in society towards a surrogate mother.

Thus, lack of social support in the process of using a surrogacy contract due to public attitudes resulting from unawareness of this issue can pave the way for vulnerability. A positive attitude would lead to acceptability of Surrogacy.

2.5 Relation of the Surrogate mother with the Intended Parents

There may be various possibilities of different types of relationship between surrogate mother and intended parents, most of the cases the relationships were commercial in nature. However nowadays there are family ties between the surrogate mother and the intended parents. In some cases, it had been noted that surrogate mother develops a very strong motherly feelings for the new born and she continues to maintain the relationship with the baby after the delivery and handing over to the commissioned parents.

Generally, a surrogate mother accepts the proposal after discussing with her husband and other close family members. But eventually some family members might object to the proposal of surrogacy and they can create problems. This may cause pressure on the surrogate mother.

Jadva V et al. (2003) in their study entitled **“Surrogacy: the experiences of surrogate mothers”** found that at the start of the pregnancy, 33 (97%) surrogate mothers reported having a ‘harmonious’ relationship with the commissioning mother, with only one mother (3%) reporting her relationship as having ‘major conflict or hostility’. Thirty-two (94%) surrogate mothers reported having a ‘harmonious’ relationship with the father at the start of the pregnancy, with one woman (3%) describing the relationship as having some ‘dissatisfaction or coldness’, and one woman (3%) describing ‘major conflict or hostility’

Thirty-two (94%) surrogate mothers reported having a 'harmonious' relationship with the father at the start of the pregnancy, with one woman (3%) describing the relationship as having some 'dissatisfaction or coldness', and one woman (3%) describing 'major conflict or hostility'. None of the women reported having a relationship characterized by 'major conflict or hostility' with either the commissioning mother or the commissioning father.

During the first three months of pregnancy, 24 (71%) surrogate mothers saw the commissioning mother at least once a month, and a similar proportion ($n = 22$; 65%) saw the commissioning father at least once a month. One surrogate mother reported not seeing the couple at all in the first few months, and the remainder had seen the couple at least once during this time period. Towards the end of the pregnancy, similar proportions (71 and 65%) of surrogate mothers saw the commissioning mother and father respectively at least once a month.

The majority of women ($n = 28$; 83%) felt that the commissioning mother was very involved in the pregnancy, and the remainder believed that she was moderately involved. The majority ($n = 32$; 94%) were happy with the level of involvement of the mother, while the remaining two (6%), both of whom were previously unknown surrogate mothers, believed it was not enough.

The large majority had discussed the arrangement with their family to some extent, with only one surrogate mother stating that she had not discussed the issue in this way. Two of the women reported that their family responded negatively when initially told, 15 (46%) said that their family had a neutral or mixed reactions when first told, and the remaining 16 (48%) said that their family had responded positively. The reaction of the family by the time of interview had become more positive. Twenty-five (76%) women reported that their families felt positive about the arrangement.

Loft A. and et.al (2015) conducted a study entitled “**Surrogacy: outcomes for surrogate mothers, children and the resulting families-a systematic review**”. The findings of the revealed that the rate of multiple pregnancies was 2.6-75.0%. Preterm birth rate in singletons varied between 0 and 11.5% and low birth weight occurred in between 0 and 11.1% of cases. At the age of 10 years there were no major psychological differences between children born after surrogacy and children born after other types of assisted reproductive technology (ART) or after natural conception. Hypertensive disorders in pregnancy were reported in between 3.2 and 10% of cases and placenta praevia/ placental abruption in 4.9% Cases with hysterectomies have also been reported. Most psychosocial variables were satisfactory, although difficulties related to handing over the child did occur. The psychological well- being of children whose mother had been a surrogate mother between 5 and 15 years earlier was found to be good. No major differences in psychological state were found between intended mothers, mothers who conceived after other types of ART and mothers whose pregnancies were the result of natural conception. According to these studies, most surrogacy arrangements are successfully implemented and most surrogate mothers are well-motivated and have little difficulty separating from the children born as a result of the arrangement. The perinatal outcome of the children is comparable to standard IVF and oocyte donation and there is no evidence of harm to the children born as a result of surrogacy. However, these conclusions should be interpreted with caution. To date, there are no studies on children born aftercross-bordersurrogacy or growing up with gay fathers.

2.6 Laws related to Surrogacy

In the previous sub-chapters, it was discussed about the relationship aspects of the surrogate mother with the surrogate baby and with her own husband and other family-members. Now, it is also imperative to discuss the laws related to surrogacy. Needless to say that such discussion will help to identify the gaps of present laws and improvise such laws in the future.

Surrogacy practices would continue to take place all over the world, irrespective of the hardships and disputes involved. Hence, prohibiting surrogacy practices or considering the surrogacy contracts as null and void is not a wise step in a welfare State. On the contrary, such a step would deprive a large section of the population of their basic human right to beget a child. Moreover, it may lead to such practices being carried out secretly and may cause harm to the interests of all stakeholders. Hence, it is necessary to develop an appropriate legal framework for regulating surrogacy. In India, there is no clear law dealing with surrogacy and the existing legal provisions are inadequate to cope up with the various legal and human rights issues raised in surrogacy arrangements. **Gupta S. (2016)** in his study found out that Indian legislatures should lookout for a middle path, and regulate the assisted reproductive technology in such a manner that all the parties involved in the process perform their duties religiously. Therefore, a specific law dealing with surrogacy is a dire necessity in India due to the fact that, the surrogacy practices are on the rise in the past few years. Any such legislation should expressly declare both altruistic and commercial surrogacy as legal as well as declare surrogacy contracts as valid and enforceable. It should necessarily take care of the conflicting interests of various stakeholders involved in surrogacy and strike a balance between their interests and also the interests of society.

Gupta S. (2016) in his study also found out that creating a balance between the pros and the cons of usage of this technology will not only help the childless couples to fulfill their dreams but also helps the poor and underprivileged group of the developing countries to earn their livelihood.

Gupta M. and Chaturvedi S. (2020) conducted a study entitled "**The Indian Ban on Commercial Surrogacy**". found that the ban on commercial surrogacy proposed by the Indian state is unlikely to achieve its intended consequences. The major ethical arguments against surrogacy do not sufficiently prove the need for a ban, and it is likely to further marginalize poor women and restrict their choices. An alternative route consisting of stringent regulation and enforcement is likely to be in the best interests of all parties. **Shahi, A. (2017)** conducted a study conducted a study entitled "**Socio legal effects of surrogacy in India**". It aimed to examine the different facts of surrogacy, Secondly, to find out defects

and drawbacks in existing legal framework, thirdly problems, which are associated with the practice of surrogacy, Fourthly, status of surrogacy in India, Fifthly, legal solution to the practice of surrogacy in India, Lastly, suggestions to improve the existing legal framework. Surrogacy is also criticized on many moral grounds and considered to be repugnant to human dignity. Exploitation of women's reproductive capacities is considered as commodities, available for sale in the market like other goods. Surrogacy also attracts some legal issue which makes this practice more controversial legalities of surrogacy contracts, legality of the status of surrogate child, legality of commissioning parents are the issues which will have to be resolved.

Existing surrogacy laws are conflicting to deal with the cases of surrogacy that is why surrogacy in practice is so controversial, otherwise surrogacy results as a boon under the proper regulation. Keeping in view of growing demand for surrogacy in India, it can be concluded that, society is in need of these types of methods for creating families. It provides a huge solution for tackling the problem of infertility rather than harming a little.

2.7 Challenges related to Surrogacy

Any innovation introduced by medical or engineering sciences for the human development takes sometime to be accepted. **The Theory of Diffusion and Innovation developed by EM Rogers in 1962**, highlights that any idea or product gains momentum and diffuses through a specific population or social system. People adopt the idea or product or behaviour. Thus, it is said that diffusion of innovation took place. The key to adoption is that it should be new, beneficial, approachable, applicable and hassle-free. The theory highlights that the idea, product or behaviour is accepted and adopted differently by different people. Some are early adopters and some are laggards. This variation in adoption of any information is due to its advantage, compatibility, complexity, tribality and observability. This theory is applicable and successful in many varied fields like communication social work, public health, marketing, agriculture, etc. This theory is quite successful in adoption of public health programmes and interventions.

Surrogacy is one such medical innovation done to help human beings and to bear their own child. However as described in the theory of diffusion of innovation, surrogacy is accepted and adopted by some people and there is large population that falls in the category of laggards.

Such people may have certain issues which come in their way of adopting surrogacy. Such literature may help to understand various challenges associated with surrogacy and assist in overcoming such challenges so that this boon of science is accepted by more and more people.

According to **Adelakun O.S (2018)** in an article entitled “**The concept of surrogacy in Nigeria: Issues, prospects and challenges**” stated that Nigeria is a multi-cultural and multi-religious society with a vast population. In times of increased infertility among married couples, desperate legal and illegal measures have been taken to parent a child, including the buying and selling of babies. Surrogacy is practiced but left unregulated in Nigeria, making room for a series of child crimes and abuses. An analysis of the gap in the legal framework of surrogacy and artificial reproductive technology in Nigeria calls for attention and an urgent solution. While there is a dire need to regulate surrogacy in Nigeria, cognizance must be taken of the ethical, religious and cultural values of the country. The rights of commissioning parents, surrogate mothers and unborn children must be protected by prospective laws, with priority given to the best interests of the child. Regulatory and enforcement institutions must be put in place to ensure that acceptable minimum standards are adhered to in the practice of surrogacy. While surrogacy is a way of bringing solace to infertile couples who desire to have a biological child, like every aspect of life, surrogacy practices are accompanied by challenges. If properly regulated to protect the best interests of the child and to protect the rights of the surrogate mother and commissioning parents, surrogacy could mean an end to several illegal practices in Nigeria, such as the menace of baby factories and illegal adoption practices. It concludes that there is a lacuna regarding surrogacy in the laws of Nigeria which allows for abuse during the surrogacy, and makes policy recommendations to provide the legal architecture to protect stakeholders in surrogate agreements in Nigeria.

Another research conducted by **Pillai A. (2013)** entitled “**Surrogacy under Indian Legal System Legal and Human Rights Concerns**” aimed to highlight the need and importance of Artificial Human Reproductive Technologies in general and surrogacy arrangements in particular, to identify the legal and human right issues relating to the intended parents, surrogate woman and surrogate child in India, to examine the legality of surrogacy contracts and the various legal and human rights controversies relating to surrogacy contracts, to evaluate the effectiveness of existing legal system for the regulation of surrogacy practices in India, to suggest modifications in the existing laws, if required and to propose a model law for the regulation of surrogacy practices in India. The findings of the study revealed that: Surrogacy practices would continue to take place all over the world, irrespective of the hardships and disputes involved.

Hence, prohibiting surrogacy practices or considering the surrogacy contracts as null and void is not a wise step in a welfare State. On the contrary, such a step would deprive a large section of the population of their basic human right to beget a child.

Moreover, it may lead to such practices being carried out secretly and may cause harm to the interests of all stakeholders. Hence, it is necessary to develop an appropriate legal framework for regulating surrogacy. In India there is no specific law dealing with surrogacy and the existing legal provisions are inadequate to cope up with the various legal and human rights issues raised in surrogacy arrangements. Therefore, a specific law dealing with surrogacy is a dire necessity in India due to the fact that, the surrogacy practices are on the rise in the past few years. Any such legislation should expressly declare both altruistic and commercial surrogacy as legal as well as declare surrogacy contracts as valid and enforceable. It should necessarily take care of the conflicting interests of various stakeholders involved in surrogacy and strike a balance between their interests and also the interests of society.

As surrogacy is a comparatively new subject, many studies are being conducted to understand the challenges involved. Surrogacy practiced would continue all over the world in spite of hardships and dispute therefore prohibiting surrogacy practices or considering it illegal is not a very wise step. It would deprive a large section of people of their basic human rights to have a child. Furthermore, it may lead to illegal practices. **Gwandar J. (2015)** conducted a study entitled “**Surrogacy arrangements/ agreements in Kenya and its enforceability**”. The findings of the study revealed that from the different legal status of surrogacy in other countries, Kenya being yet to legislate and regulate on the area should benchmark, borrow or perfect some of the policies. This would enable the legislators to draft and pass laws that truly reflect something that is achievable as well as try to minimize the disputes likely to arise from the arrangement. Even though the Ministry of Health in 2001 set up an In vitro fertilization technical working group to develop guidelines and policies on this matter, to date after visiting many countries and collecting information and data on the issue it is yet to compile a report. The need for legislation is premised on the fact that surrogacy being a topic that involves moral, ethical and legal issues, it is important for the state to provide a well thought out and dynamic legislation to regulate the area. The ethical and moral issues surrounding surrogacy such as the issue of commodification of the child and the womb of the woman need to be weighed in, in making of such legislation. Moreover the issue of exploitation of women and the undermining of the dignity of human life as well as the integrity of a woman need to be incorporated while determining whether to enforce or prohibit surrogacy.

2.7.1 Commodification of Body

Finally, from ethical point of view, surrogacy is considered commodification of body by the surrogate mothers. This aspect is required to be discussed in details to remove the hesitancy associated with the procedure. With the rise of women's education and consciousness level, this debate on ethical aspect of surrogacy is expected to continue in future.

Surrogacy is often portrayed as a service, or even as a good, in the media and by commercial surrogacy agencies. The SSN campaign (Stop Surrogacy Now) is a global effort to stop surrogacy and is an initiative which brings together a worldwide, ethnically, religiously and culturally diverse group opposed to the exploitation of women and the human trafficking of children through surrogacy.

(Source- <https://cbc-network.org/stop-surrogacy-now/>)

This is an international community of men and women who voice their concern for women and children who suffer through the surrogacy contracts and the pregnancy arrangements. This group believes that surrogacy should be banned as it exploits human rights is risky, and it is a practice of buying and selling of children. The SSN campaign is in active state in many countries of the worldlike France, New Jersey,US, Ukraine, Mexico.

SSN campaign exposes the harms related to surrogacy like exploitation of women, commodification of the women's body, objectification of children who are bought and sold, and subject to compelled abortion or abandonment, and the health risks to the surrogate and child conceived by surrogacy.

One such researcher **Bauhmofer E (2012)** expressed in the article entitled “**Commodifying the Female Body: Outsourcing Surrogacy in a Global Market**” that outsourcing gestational services raises many ethical and philosophical questions about the body, gender, race and class. Italso underscores cultural perceptions of parent-child bonding and it troubles traditional categoriesof family that in the past have been unquestionable. Recalling Radin, surrogacy, especially in an international context, deconstructs the traditional nuclear family and offers alternatives that are potentially more liberating for women. Because of new technological advances, surrogacy also provides women direct access to contract, access that has been severely limited in the past. No matter what rhetoric is used to describe it, surrogacytakes place within the capitalist market and produces commodities. But it is an extremely unique version of services bought and sold. The result of the service provided and the commodity produced is truly profound, it is a new human life.

While surrogacy fits into the commodifying market structure, it also creates a category of its own. Surrogacy provides a unique way for women to make use of their bodies in order to earn an income. Whether it is in the United States or in India, women should be allowed to make this choice no matter what their motivation is.

Thus, on one side the practice of surrogacy brings hope to many childless couples, and on the darker side it also has a tag of exploitation of human rights, commodification of a women's body.

2.7.2 Surrogacy Tourism

As it has been discussed that with the advancement of science, technology and medical equipment in India, the surrogacy tourism has been increasing by leaps and bounds. The various aspects (pros and cons) are required to be discussed threadbare for removing unnecessary and unexpected issues related to surrogacy tourism. **Piersanti V. and et.al (2021)** conducted a study entitled “**Surrogacy and “Procreative Tourism”. What Does the Future Hold from the Ethical and Legal Perspectives?”** This study aims to explore the ethical and legal complexities arising from the controversial issue of surrogacy, particularly in terms of how they affect fundamental rights of children and parents. The researchers set out to conduct a wide-ranging analysis of legislative frameworks currently in force in major European and non-European countries. Total of 58 sources were examined. Only the sources specifically reporting on the regulation of MAP (Medically Assisted Procreation) techniques and surrogacy were ultimately drawn. The major finding of the study revealed that Italian jurisprudence has declared the illegitimacy of the ban on heterologous MAP practices, surrogacy is still illegal, as is in France, Spain, and Germany. In Belgium and the Czech Republic, there is no specific legislation in this regard. One European country allowing this practice is the United Kingdom, which allows altruistic surrogacy only, as does Denmark. The mother cannot receive any compensation other than compensation for the expenses incurred during the pregnancy. The practice is also legal in Russia and the Netherlands. Surrogacy is allowed in all non-European countries herein examined, with the exception of Argentina, Brazil, and some US states. India banned commercial surrogacy in 2018, whereas altruistic surrogacy is legal for residents. Countries that allow commercial surrogacy are Russia, Ukraine, Thailand (with restrictions designed to curb procreative traveling) and some US states.

Reproductive tourism (RT) is a part of the multimillion-dollar medical tourism industry and while there are a number of reasons that favour India, unrestricted and unregulated availability of surrogate mothers has especially made it a global destination for commercial surrogacy. RT has raised a myriad of socio-ethical concerns; e.g. emphasising the bond of love and affection through genetic connection and undermining the role of adoption and social parenting more generally, it perpetuates the caste ridden, hierarchical and patriarchal values of Indian society and endorses gender inequality.

Dhananjay Mahapatra (2008) in his article “**Baby Manji's case throws up need for law on Surrogacy**” said that Baby Manji's case, pending in the Supreme Court, presented a stalemate with the judges asking "which law prohibits surrogacy" and the NGO countering it with "which law permits surrogacy". It termed surrogacy contracts unenforceable, voided the adoption by sterns and allowed parental and visitation rights to whitehead. “Baby M” decisions spurred most US states to intact legislation on surrogacy. By 1995, as many as 119 states had laws designed to prevent and discourage surrogacy, 13th barred enforcement of paid surrogacy contracts and 10 prohibited a 3rd party, such as a lawyer or physician, from collecting compensation for arranging surrogacy agreements.

If the 'Baby M' case in the US gave birth to a global renaissance on surrogacy laws, hopefully, the Indian 'Baby M' case will be the catalyst for Indian legislation on the issue.

The Indian legal system is ill-equipped to address the novel legal issues arising out of commercial surrogacy arrangements and in the absence of a regulatory framework to safeguard the welfare and rights of the surrogates and minimize exploitative practices, the short-term economic gains are overshadowed by the long-term social costs.

2.8 Trend Analysis

- Reviewed literature was conceptual and empirical in nature.
- Both quantitative and qualitative research methods were used in the studies that have been reviewed.
- All the studies reviewed are from 2003-2021.
- The researches referred for the study, which were conducted Abroad are from Russia, Sweden, Nigeria, The US, France.

- The researches referred for the study, which are conducted in India are from Assam, Anand in Gujarat.
- In the reviewed studies, the sample was the general population and very few studies also included health officials and young adults and the surrogate herself.
- The tool used for collecting the data in some studies was interview, in some it was a focussed group discussion.

2.9 Research Gaps

- While reviewing the literature researcher has not come across any study regarding the Knowledge and Perceptions of couples regarding surrogacy residing in New Delhi.
- The variables “Years of Marriage, Desire to have children, Family Type, Family Ideology with reference to Knowledge and Perceptions have not been studied in the reviewed studies.
- Sampling methods other than purposive sampling were used very less.
- In the majority of the studies, it was found that even though some people supported surrogacy not many were willing to opt for it.

2.10 Conclusion

After reviewing the studies, it can be concluded that surrogacy has given single, unmarried people, live-in partners, and civil union relationships an exclusive option to have biologically related children that is absent otherwise, leading to the creation of a new kind of families with two fathers or two mothers or one mother or one father family with children as opposed to the traditional heterosexual families comprising of two mothers and one father.

The present investigation has been taken up with the title "Knowledge and Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy". The findings of this study may throwlight upon the level of Knowledge and the Perceptions of Couples in New Delhi.

CHAPTER 3

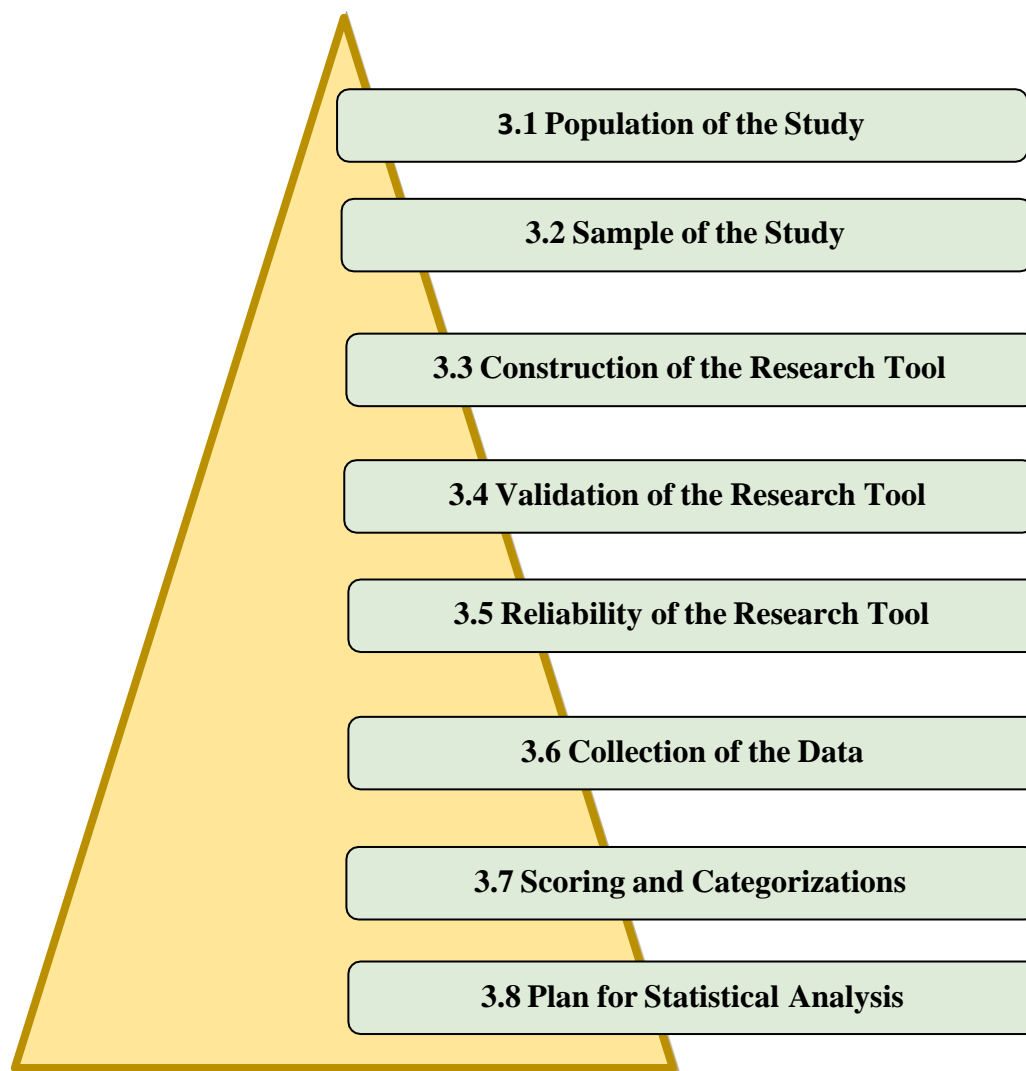
METHODOLOGY

CHAPTER – 3

METHODOLOGY

The present research aimed at studying the “**Knowledge and Perception of selected couples residing in New Delhi regarding surrogacy**”.

This chapter is divided into the following sections: -



3.1. Population of the Study

The population of the present study comprised of childless married couples residing in New Delhi.

3.2. Sample of the Study

The sample of the present study comprised a total of 93 childless married couples of 3 or more years of marriage residing in New Delhi.

3.2.1. SAMPLING UNIT

The sampling unit refers to the geographical area from where the samples are drawn. In the present research, childless couples residing in New Delhi were selected.

3.2.2. SAMPLING SIZE

The sample of the study comprised of 93 childless married couples of 3 or more years of marriage.

3.2.3 SELECTION OF THE SAMPLE

The **non-probability sampling technique** namely the **snowball sampling technique** was used to collect the data from New Delhi, from childless married couples, married for more than 3 years.

3.3. Construction of the Research Tool

The structured questionnaire including Knowledge Test, Perception Scale along with checklists were constructed by the researcher for data collection. The tool was prepared after reviewing related literature regarding surrogacy from books, websites and other research studies. The present study is exploratory research. Therefore, the survey method was preferred for studying the Knowledge Level, Perceptions of Selected Couples residing in New Delhi regarding Surrogacy.

3.3.1. DESCRIPTION OF THE RESEARCH TOOL

A questionnaire consisting of five sections was prepared to study the **Knowledge and Perception of selected couples residing in New Delhi regarding surrogacy**. The Sections content details and response system used in the research tool are mentioned below:

Section	Content	Total no. of items	Tools	Response system
1	Part A – Profile of the Respondents (Couple’s Age, Total Years of Marriage, Educational Qualification, Occupational Status, Type of Family, Religion, Decision Maker, Family Monthly Income)	8	Checklist and open ended	Selecting an option from a given list that best applies to the respondent and write the correct answer wherever the place is given.
	Checklist to measure the Respondent’s Family Ideology	10	Checklist	Selecting an Option from a given list which best applies to the respondents.
	Checklist to check the Desire to have Children	10	Checklist	Three Point Rating Scale.
	Part B – Sources of Information Related to Surrogacy	15	Checklist	Selecting an option from a given list that best applies to the respondents
2	Knowledge regarding Surrogacy	35	Checklist, Multiple Choice Questions and True or False	Selecting an option from the given list which best applies to the respondents. One Correct Answer.
3	Perceptions towards Surrogacy	60	Interval scale	3-point rating scale
4	Expected Challenges related to Surrogacy	57	Interval scale	3-point rating scale
5	Suggestions for Surrogacy	24	Interval scale	3-point rating scale

Section-1: Part- A: Profile of the Respondents

This tool consists of the statements and options related to the profile of the respondents which included Couple's age, Educational Qualifications, Occupation Status, and Religion. These were also the variables for the present study. However, information related to types of family and monthly family income, family ideology was also sought as other background information of the respondents.

Section-1: Part-B: Basic Information Related to Surrogacy

This tool consisted of statements related to the interest in having children. The last sub-part consisted of the statements to check the level of information of the couples residing in New Delhi which was also the variable for the present study. However, information related to various sources from which the couples received information about Surrogacy was also sought other than the Information related to the variables of the study.

Section-2: Knowledge Test Regarding Surrogacy

The second section of the questionnaire comprised of a knowledge test regarding Surrogacy. To measure the level of the knowledge of couples residing in New Delhi, a knowledge test regarding surrogacy was conceptualized after referring to various literatures, articles, and past researches. It contains objective type of questions like multiple choice, true or false, multiple responses statement and checklists.

Section-3: Perceptions Scale regarding Surrogacy

This section included items on perceptions regarding Surrogacy. The statements were prepared after reading books, articles, literatures and previous conducted researches related to Surrogacy. The statements in this section included both positive and negative statements. It had three- a point rating scale.

Section-4: Expected Challenges related to Surrogacy

This section consisted of the items on Challenges related to Surrogacy. The statements of this section were divided into four parts namely – Self, Family, Process of Surrogacy, and Miscellaneous. It had a three-point rating scale. The number of statements under each part was as follows:

Table 2 Description of the Research Tool (Aspect Wise) (refer appendix 1)

Parts	Expected Challenges related to surrogacy with regards to	No. of statements
A	Self	17
B	Family	19
C	Process of Surrogacy	10
D	Miscellaneous	6

Section-5: Suggestions for Surrogacy

This section included the items on suggestions related to Surrogacy. The statements of this section were divided into three parts. It had a three-point rating scale. The content and number of statements under each part are as follows:

Part	Suggestions regarding Surrogacy with reference to	No. of Statements
A	Medical professionals	7
B	Media	6
C	Government	9

3.4 Validation of the Research Tool

The tool was given to experts, three were teaching faculties from the Department of Extension and Communication, Faculty of Family and Community Sciences, for judging the content validity, relevance, logical sequence, language used, and appropriateness of the response system. Minor changes were made in the tool as per the suggestions and comments received from the expert.

3.5 Reliability of the Research Tool

The test-retest method was used for measuring the reliability of the questionnaire other than the Knowledge Test. The tool was given to ten childless Couples residing in New Delhi who were married for more than 3 years.

To measure the reliability of the tool, the same tool was given again to those ten Couples residing in New Delhi after a gap of ten days.

The formula used to find out the coefficient of correlation was Karl Pearson's formula. $r = \frac{\sum XY}{\sqrt{\sum x^2 \sum y^2}}$

Where X= Responses of the respondents to whom the questionnaire was administered for the first time. Y= Responses of the respondents to the questionnaires were re-administered.

The reliability tool was found to be 0.924.

3.6 Collection of the Data

To study the Knowledge and Perceptions of Selected Couples residing in New Delhi regarding Surrogacy, the data were collected from couples residing in New Delhi by the investigator in November 2022

The Google forms were distributed to the couples residing in New Delhi according to the selected religion and age group.

Email IDs of the couples were taken so as to collect back the questionnaires.

3.6.1 DIFFICULTIES FACED WHILE COLLECTING DATA

The researcher faced the following difficulties in data collection: -

- Finding childless married couples who were married for more than 7 years of marriage was a very difficult task.
- Respondents needed repeated reminders to fill out the Google forms and fix the time for returning.
- Many respondents withdrew themselves from giving responses as the questionnaire was lengthy.

3.6.2 TABULATION OF DATA

- Data were coded as per the decided scores of the responses.
- Excel sheets were prepared for the same purpose by the researcher.

3.7 Scoring and Categorization of the Data

3.7.1. SCORING AND CATEGORIZATION OF INDEPENDENT VARIABLES

Different types of scoring procedures were used for giving weightage to various items included under different parts of the tools

Scoring and Categorization of Independent Variables

Variables	Basis	Categories
Couple's Age Group	25-30 years 31-35 years 36-40 years 40+ years	Young Adults Middle-aged Adults Adults Older Adults
Total years of Marriage	3-5 5+ years	Few years of Marriage More years of Marriage
Desire to have Children		Less Desire More Desire
Monthly Family Income	<50,000 50,001-1,00,000 1,00,000+	Lower Income Group MiddleIncome Group Higher Income Group
Family Type		Nuclear Joint
Family Ideology		Conservative Liberal
Religion	Dropped as a Variable after Data Collection	

3.7.1.1 Family Ideology

A scale to check the Respondent's Family Ideology was developed. The scale had three-point rating scale. The scoring pattern of the statements are given below

Table 5 Respondent's Family Ideology

Areas	Response System	Score
Family Ideology	Strongly agree	3
	Agree	2
	Neutral	1

Thus, the total maximum mark possible for the Respondent's Family Ideology was 30, and the minimum 10. The total score for each individual was calculated. Then, the categorization of the respondents based was done on their achieved scores.

3.7.1.2 Desire to have Children

To check the Desire of Having Children of the respondents, a checklist was prepared to check the level. The pattern for scoring in this section of the tool was done as follows:

Table 6 The Possible Scores for the Checklist Prepared to Measure Desire to have Children.

Type of Statement	Maximum	Minimum
Checklist	30	10
Total	30	10

Thus, the total maximum mark possible for the Desire to have Children was 30 and minimum 0. The total score for each individual was calculated. Then, the categorization of the respondents was done based on their achieved scores.

3.7.2 CATEGORIZATION OF OTHER BACKGROUND INFORMATION

Table 7 Categorization of Other Background Information

Other Background Information	Basis	Categories
Education Qualification (Husband/ Wife)	Up to Graduate	Educated
	Post Graduate and Above	Highly Educated
Occupational Status (Husband/ Wife)	Full-Time Job, Self-Employed, Entrepreneur, Freelancer, Part-Time Job	Employed
	Retired, Homemaker	Unemployed
Source of Information	-	Less Source of Information
	-	More Sources of Information

3.7.1. SCORING AND CATEGORIZATION OF DEPENDENT VARIABLES

3.7.1.1. Knowledge Regarding Surrogacy

A knowledge test was prepared to measure the knowledge of the respondents regarding organ donation. The pattern for scoring in the test was done as follows:

Table 8 The Possible Scores of each part of the Knowledge Test

Type of Statement	Maximum	Minimum
Multiple choice	18	0
True or False	17	0
Total	30	0

Thus, the total maximum marks possible for the knowledge test was 30 and minimum 0. The total score for each individual was calculated. Then, the categorization of the respondents was done based on their achieved scores.

Table 9 Categorization of Scores in Knowledge Test

Variables	Basis	Categories
Knowledge regarding Surrogacy	Above mean	Higher level of Knowledge
	Mean and Below Mean	Lower level of Knowledge

3.7.1.1. Perceptions regarding Surrogacy

The perception scale was developed to measure the perceptions of the selected couples residing in New Delhi. The scale has a three-point rating scale. The scores of positive and negative statements are given below:

Table 10 Scoring Pattern according to the nature of Statements for the Perception Scale towards Surrogacy

Statements	Agree	Neutral	Disagree
Positive statements	3	2	1
Negative statements	1	2	3

The total numbers of statements were 60. The minimum and maximum possible scores range from 60 to 180. Then, the categorization of the respondents was done based on their achieved scores.

Table 11 Categorization of Score in Perceptions Scale

Variables	Basis	Categories
Perception regarding Surrogacy	Above Mean	Favourable Perceptions
	Mean and Below Mean	Unfavourable Perceptions

3.7.1. SCORING AND CATEGORIZATION FOR STATEMENTS RELATED TO EXPECTED CHALLENGES RELATED TO SURROGACY

The Challenges scale was developed to measure the expected challenges of the selected couples of New Delhi regarding Surrogacy. The scale had a three-point rating scale. The scores of statements are given below:

Table 12 Scoring Pattern according to the nature of Statements for the Expected Challenges related to Surrogacy.

Areas	Response system	Score
Expected Challenges related to Surrogacy	Great Extent	3
	Some Extent	2
	Less Extent	1

Table 13 The Possible Scores of Each aspect of the Challenge

Type of Statement	Maximum	Minimum
Expected Challenges related to Self	51	17
Expected Challenges related to Family	57	19
Expected Challenges related to the Process of Surrogacy	30	10
Miscellaneous Expected Challenges	18	6
Total	156	52

The total numbers of statements were 52. The minimum and maximum possible scores range from 52 to 156. Then, the categorization of the respondents was done based on their achieved scores.

Table 14 Categorization of the Scores for Challenges related to Surrogacy

Areas	Basis	Categories
Expected Challenges related to Surrogacy	126 and above	Great Extent
	100-125	Some Extent
	99 and below	Less Extent

Table 15 The range of intensity indices for Expected Challenges related to Surrogacy.

The Extent of Expected Challenges	Score	Range of Intensity Indices
Great Extent	3	2.15-2.37
Some Extent	2	1.92-2.14
Less Extent	1	1.69-1.91

Table 16 The range of intensity indices for Aspect wise Expected Challenges related to Self regarding Surrogacy.

Range of Intensity Indices	Description
2.09-2.28	Great Extent
1.89-2.08	Some Extent
1.69-1.88	Less Extent

Table 17 The range of intensity indices for Aspect wise Expected Challenges related to Family regarding Surrogacy.

Range of Intensity Indices	Description
2.08-2.23	Great Extent
1.92-2.07	Some Extent
1.76-1.91	Less Extent

Table 18 The range of intensity indices for Aspect wise Expected Challenges related to Process of Surrogacy.

Range of Intensity Indices	Description
2.27-2.37	Great Extent
2.16-2.26	Some Extent
2.04-2.15	Less Extent

Table 19 The range of intensity indices for Aspect wise Miscellaneous Expected Challenges related to Surrogacy.

Range of Intensity Indices	Description
2.20-2.28	Great Extent
2.11-2.19	Some Extent
2.02-2.10	Less Extent

3.7.1 SCORING AND CATEGORIZATION FOR STATEMENTS OF SUGGESTION RELATED TO SURROGACY

The suggestion scale was developed to seek suggestions from the Respondents. The scale has a three-point rating scale. The scores of statements are given below:

Table 20 Scoring Pattern according to the nature of Statement Regarding the Suggestion related to Surrogacy.

Areas	Response System	Score
Suggestions related to Surrogacy	Great extent	3
	Some extent	2
	Less extent	1

Table 21 The Possible Scores of Each aspect of the Suggestions Scales

Type of Statement	Maximum	Minimum
Suggestions for Medical Professionals	21	7
Suggestions for Media	18	6
Suggestions for Government	27	9
Total	66	22

The total numbers of statements were 22. The minimum and maximum possible scores range from 22 to 66. Then, the categorization of the respondents was done based on their achieved scores.

Table 22 Categorization of the Scores for Suggestion related to Surrogacy

Statement	Basis	Categories
Suggestions related to Surrogacy	51 and above	Great Extent
	41-50	Some Extent
	40 and below	Less Extent

Table 23 The range of intensity indices for Suggestions related to Surrogacy.

The extent of Expected Challenges	Score	Range of Intensity Indices
Great Extent	3	2.54-2.70
Some Extent	2	2.37-2.53
Less Extent	1	2.19-2.36

Table 24 The range of intensity indices for Aspect wise Medical Suggestions related to Surrogacy.

Range of Intensity Indices	Description
2.43-2.51	Great Extent
2.34-2.42	Some Extent
2.25-2.33	Less Extent

Table 25 The range of intensity indices for Aspect wise Suggestions related to Media regarding Surrogacy.

Range of Intensity Indices	Description
2.37-2.44	Great Extent
2.29-2.36	Some Extent
2.20-2.28	Less Extent

Table 26 The range of intensity indices for Aspect wise Suggestions related to Government regarding Surrogacy.

Range of Intensity Indices	Description
2.49-2.57	Great Extent
2.40-2.48	Some Extent
2.31-2.39	Less Extent

3.8. Plan for Statistical Analysis of the Data

Table 27 Different Statistical Measure used for the Analysis of the Data

Sr No.	Purpose	Statistical Measures
1.	Background Information of the Selected Couples residing in New Delhi.	Percentage
2.	Basic Information related to Surrogacy of the Selected Couples residing in New Delhi.	Percentage
3	Variable Wise Knowledge of the Selected Couples residing in New Delhi regarding Surrogacy.	Percentage
4	Variable Wise Knowledge of the Selected Couples residing in New Delhi regarding Surrogacy.	Percentage
5	Differences in the Knowledge of the Selected Couples residing in New Delhi regarding Surrogacy with respect to Variables.	Mann-Whitney & Kruskal Wallis Test
6	Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy.	Percentage
7	Variable Wise Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy.	Percentage
8	Differences in the Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy with respect to Variables.	T-test & ANOVA
9	Overall and Aspect-Wise Challenges of the Selected Couples residing in New Delhi.	Percentage and Intensity Indices
10	Overall and Aspect-wise Suggestions of the Selected Couples residing in New Delhi.	Percentage and Intensity Indices

t-test

$$t = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{Sp^2 \left(\frac{1}{n_1} + \frac{1}{n_2} \right)}}$$

$$Sp^2 = \frac{(n_1 - 1)S_1^2 + (n_2 - 1)S_2^2}{n_1 + n_2 - 2}$$

Where,

- \bar{X}_1 = mean of group 1
- \bar{X}_2 = mean of group 2
- n_1 = number of groups 1
- n_2 = number of groups 2
- $df = n_1 + n_2 - 2$
- S_1 = SD of group 1
- S_2 = SD of group 2
- Sp = pooled variance

ANOVA

$$F = \frac{\text{Large Variance}}{\text{Small Variance}}$$

Or

$$F = \frac{\text{Between – group variance}}{\text{Within – group variance}}$$

Where,

Between-group variance = Variance in the mean of each group for the total mean of all variance groups.

Within-group variance = Average variability of scores within groups.

Mann Whitney

$$U_1 = R_1 - \frac{n_1(n_1 + 1)}{2}$$

Or

$$U_2 = R_2 - \frac{n_2(n_2 + 1)}{2}$$

- R is the sum of ranks in the sample,
- n is the number of items in the sample.

Kruskal Wallis

$$H = \left(\frac{12}{n(n+1)} \sum_{i=1}^k \frac{R_i^2}{n_i} \right) - 3(n+1)$$

- Where, k = number of comparison groups,
- n = total sample size,
- n_i = sample size in the i^{th} group.
- R_i = sum of the ranks in the i^{th} group.

CHAPTER 4

FINDINGS & DISCUSSIONS

CHAPTER – 4

FINDINGS and DISCUSSION

The present research aims at studying the “**Knowledge and Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy**”. The findings of the study are presented as follows:

Section - 1 Background Information of the Respondents

- 4.1 Part - A Profile of the Respondents
- 4.2 Part - B Respondent’s Family Ideology
- 4.3 Part – C Respondent’s Desire to have children
- 4.4 Part - D Source of Information related to Surrogacy

Section – 2 Knowledge Regarding Surrogacy

- 4.2. Knowledge of the Selected Couples residing in New Delhi regarding Surrogacy
 - 4.2.1 Variable-wise Knowledge of the Selected Couples residing in New Delhi regarding Surrogacy
 - 4.2.2 Differences in the Knowledge of the Selected Couples residing in New Delhi regarding Surrogacy in relation to the Selected Variables.

Section - 3 Perceptions Regarding Surrogacy

- 4.3. Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy
 - 4.3.1 Variable-wise Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy
 - 4.3.2 Differences in the Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy in relation to the Selected Variables.

Section - 4 Overall Expected Challenges regarding Surrogacy

- 4.4. Overall Expected Challenges of the Selected Couples residing in New Delhi regarding Surrogacy
 - 4.4.1 Aspect-wise Expected Challenges of the Selected Couples residing in New Delhi regarding Surrogacy

Section - 5 Suggestions regarding Surrogacy

4.5. Overall Suggestions of the Selected Couples residing in New Delhi

•4.5.1 Aspect-wise Suggestions of the Selected Couples residing in New Delhi regarding Surrogacy

Section-1

Background Information of the Respondents

Part A

4.1 Profile of the Respondents

Table 28 Variable-Wise Percentage Distribution of the Selected Couples residing in New Delhi regarding Surrogacy

n = 93

Sr No.	Variables	Category	Percentage
1.	Couple Age Group	Young Adults	19.4
		Middle-aged Adults	17.2
		Adults	18.3
		Older Adults	45.2
2.	Years of Marriage	Less years of Marriage	31.2
		More years of Marriage	68.8
3.	Type of Family	Nuclear	66.7
		Joint	33.3
4.	Monthly Family Income	<50,000	38.7
		50,001-1,00,000	38.7
		1,00,000+	22.6
5.	Family Ideology	Conservative	71.0
		Liberal	29.0
6.	Desire to have Children	Less Desire	52.7
		More Desire	47.3

Table 28 reveals the percentage distribution of the selected couples residing in New Delhi according to selected Variables. It represents that 19.4% of the respondents fell in the group of 25-30 years of age group, 17.2% fell in the category of 31-35 years, 18.8% fell in the category of 36-40 years whereas almost 45% of the respondents fell in the category of 40+ years of age group. Table also reveals that 31.2% of the respondents were married in the last 3-5 years, 68.8% of the respondents were married for more than 5 years.

It also shows that 66.7% of the respondents were from a nuclear family, whereas, 33.3% belonged to a joint Family. 38.7 % of the respondents earned less than 50,000 in a month. Similarly, 38.7% of the respondents earned between 50,000 to 1,00,000, and the rest 22.6% earned more than 1,00,000 in a month.

Further, it reveals that 71% of the respondents have a conservative family ideology, whereas the remaining 29% have a liberal family ideology. 52.7% of the respondents have less desire to have a child, whereas, 47.3% of the respondents have more desire to have a child.

Variable-wise Percentage Distribution of the Selected Couples residing in New Delhi.

n = 93

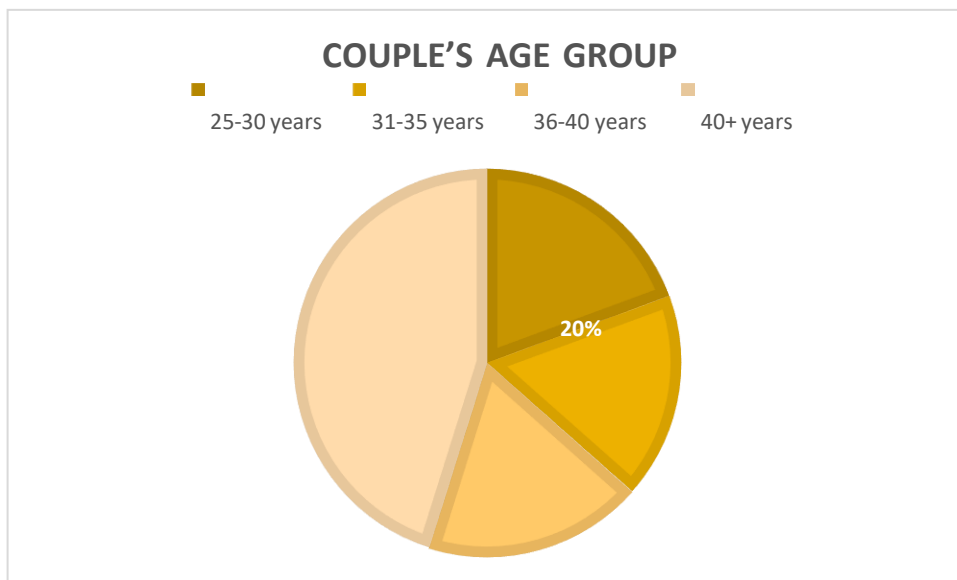


Figure 2 Percentage Distribution of the Selected Couples residing in New Delhi according to their Age Group.

n = 93

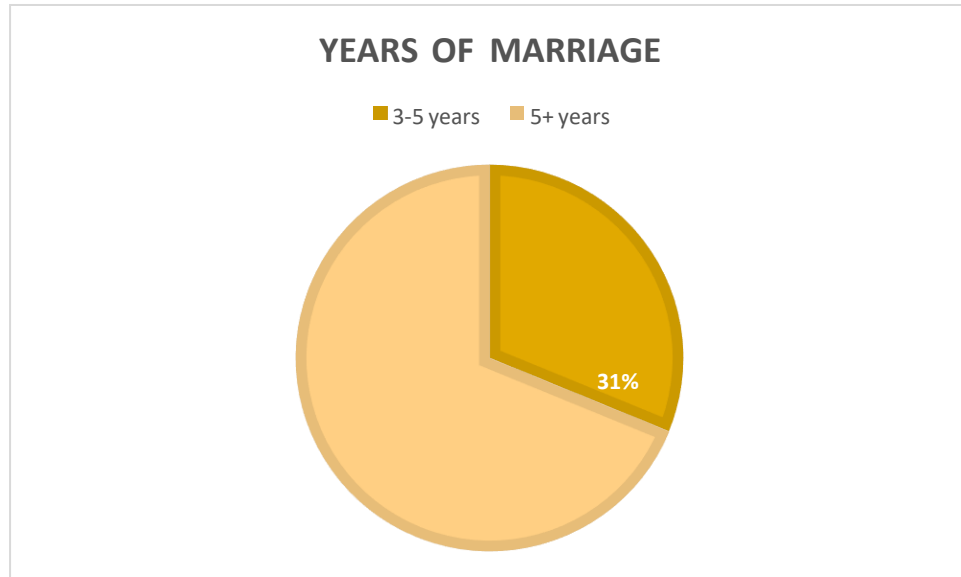


Figure 3 Percentage Distribution of the Selected Couples residing in New Delhi according to their Years of Marriage.

n = 93

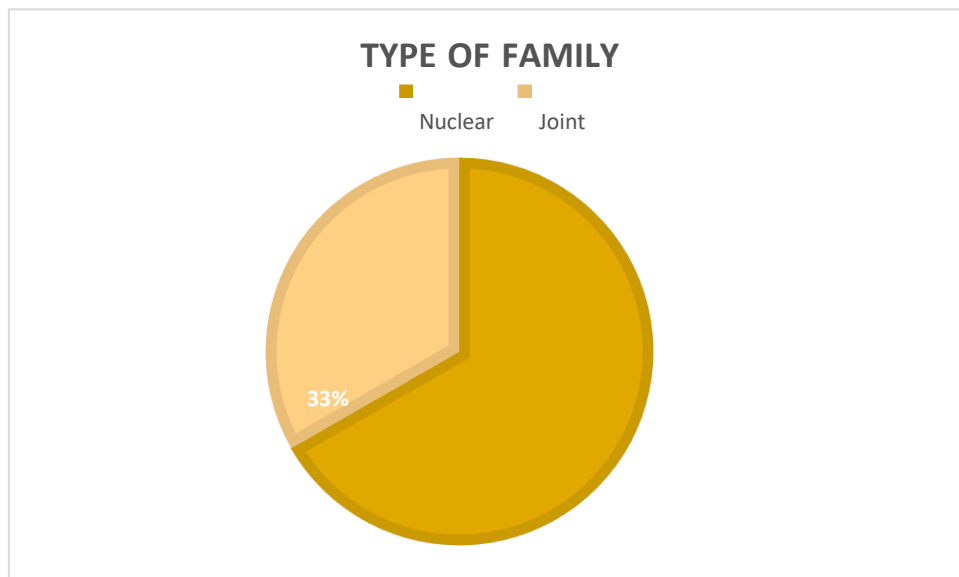


Figure 4 Percentage Distribution of the Selected Couples residing in New Delhi according to their Type of Family.

n = 93

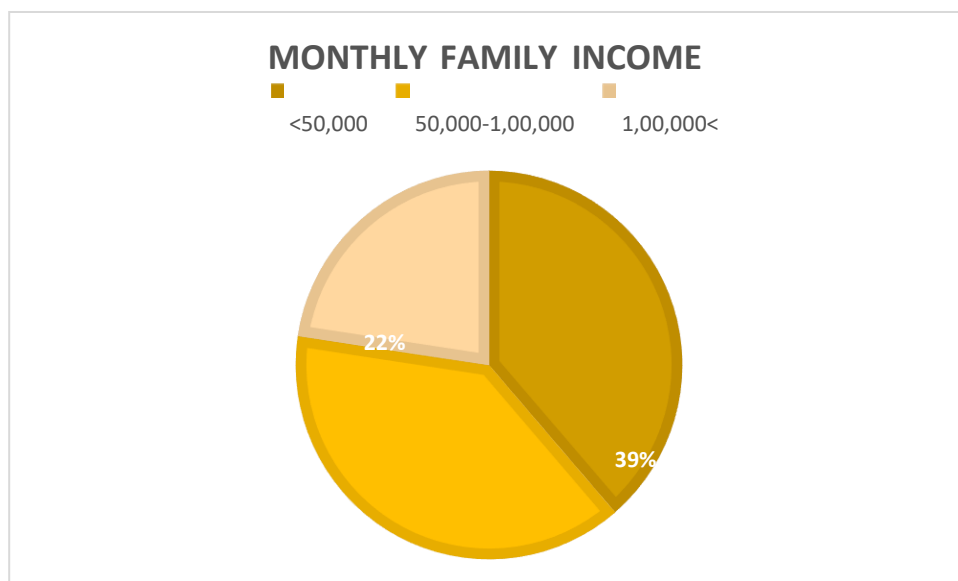


Figure 5 Percentage Distribution of the Selected Couples residing in New Delhi according to their Monthly Family Income.

Part B

4.1.1 Respondent's Family Ideology

Table 29 Percentage Distribution of the Selected Couples residing in New Delhi according to their Family Ideology

n = 93		
Sr No.	Family Ideology	Percentage
1.	Liberal	29.0
2.	Conservative	71.0

Table 29 reveals the percentage distribution of the selected couples residing in New Delhi according to their Family ideology. Less than half i.e. (29%) of the couples residing in New Delhi had a liberal Family ideology. The remaining 79% of the couples were from a family that has a conservative Family ideology.

n = 93

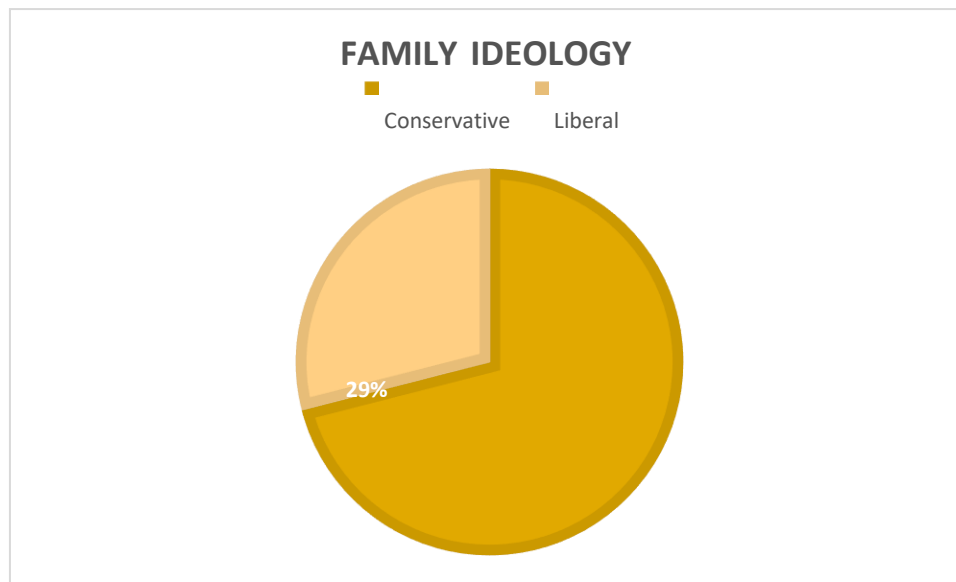


Figure 6 Percentage Distribution of the Selected Couples residing in New Delhi according to their Family Ideology.

Part C

4.1.2 Desire to have Children

Table 30 Percentage Distribution of the Selected Couples residing in New Delhi regarding surrogacy according to their Desire to have Children.

n = 93

Sr. No.	Desire to have Children	Percentage
1.	Less desire	52.7
2.	More desire	47.3

Table 30 reveals the percentage distribution of the selected couples residing in New Delhi according to their desire to have children. A little less than half i.e. (47.3%) of the couples residing in New Delhi had more desire to have children. The remaining 52.7% of the couples had less desire to have children.

n = 93

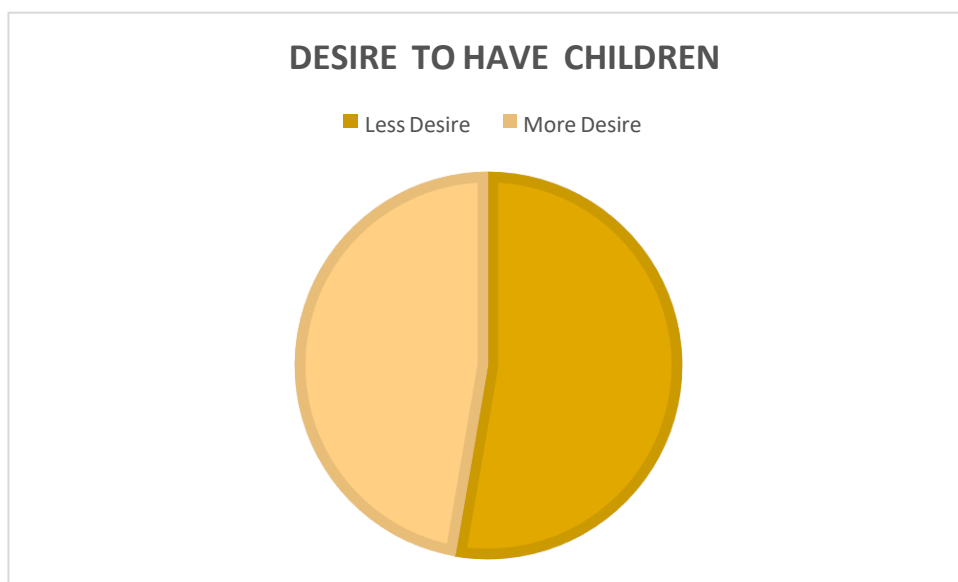


Figure 6 Percentage Distribution of the Selected Couples residing in New Delhi according to their Desire to have children.

Part D

4.1.3 Source of Information Related to Surrogacy

Table 31 Percentage Distribution of the Selected Couples residing in New Delhi regarding Surrogacy According to their Source of Information Related to Surrogacy.

n = 93

Sr No.	Sources	Percentage
1	A movie	72.4
2	TV	46.2
3	Discussions with friend	38.7
4	Instagram	26.2
5	Medical professional	22.6
6	Discussions with Family	21.5
7	Advertisement	21.4
8	Hoardings/ Billboards	17.2
9	WhatsApp	13.9
10	Poster in Public place	12.9
11	News coverage	11.9
12	YouTube	10
13	Book	8
14	Twitter	7.5
15	Facebook	7.5
16	A Family member	5.4
17	Pamphlets	5
18	Seminar	0
19	Mail	0
20	Conference	0

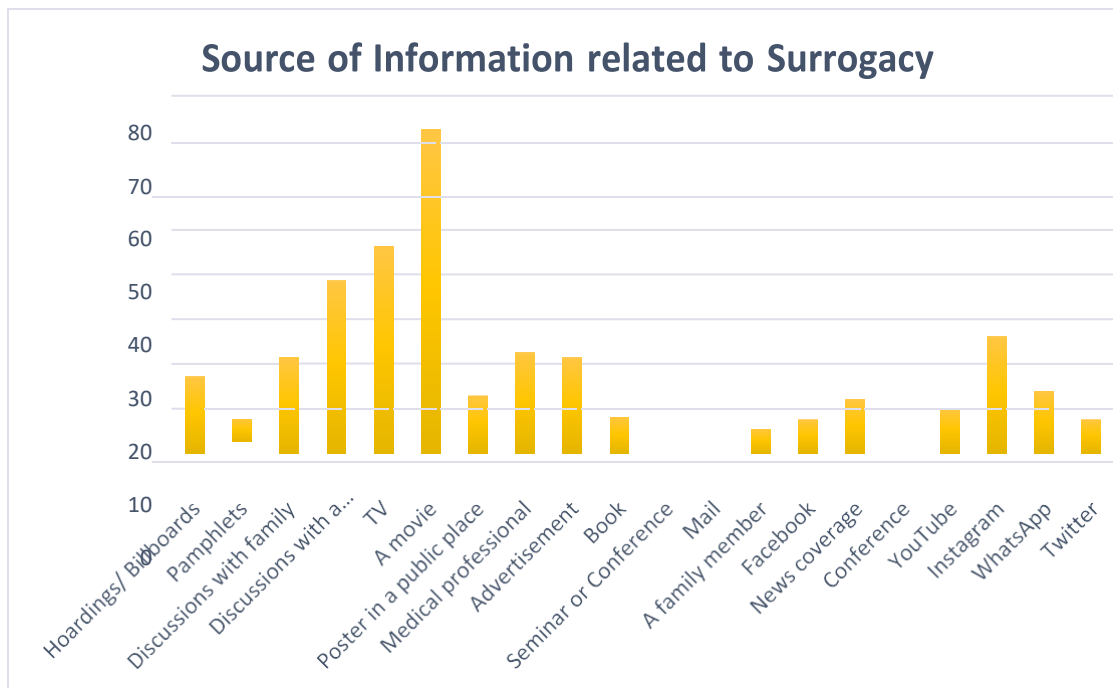


Figure 8 Percentage Distribution of the Selected Couples residing in New Delhi according to their source of information related to Surrogacy.

Table 31 reveals that most of the couples gained information about surrogacy from movies, Further TV and then discussions with a friend.

Section – 2

4.2 Knowledge Regarding Surrogacy

Table 32 Percentage Distribution of the Selected Couples residing in New Delhi according to their Knowledge Level Regarding Surrogacy

Sr. No.	Knowledge regarding Surrogacy	Percentage
1.	Low level of Knowledge	44.1
2.	High level of Knowledge	55.9

Table 32 reveals that little more than fifty percent i.e., 55.9% of the couples of New Delhi had higher level of knowledge, whereas, little less than fifty percent i.e. 44.1% of the couple had lower level of knowledge regarding Surrogacy. The findings related to the knowledge regarding Surrogacy of the selected couples revealed that little more than half of the selected couples of New Delhi had a higher level of Knowledge regarding Surrogacy.

The probable reason for such kind of distribution of respondents maybe because of the fact that New Delhi has a mixed population in terms of people's general awareness towards essential knowledge of various aspects. People who had higher level of Knowledge regarding Surrogacy maybe more exposed to general awareness about Surrogacy and as many Bollywood actors themselves opted for surrogacy, the respondents might have developed a keen interest in the medical marvel. Some couples must have read and gathered more information about Surrogacy as they themselves might have thought for opting for it so as to have a child of their own. However, the Surrogacy Act was passed in parliament in 2021. The Act sought to regulate the surrogacy part of a rather flourishing infertility industry in the country. The act is relatively recent happening so it may be possible that not many people have adequate information or concept clarity about the same and they might just be aware of the broader definitions.

This finding can be supported by the research conducted by **Basbeth F. and et.al (2019)** entitled **“Knowledge and attitude towards surrogacy in medical students of Yarsi University and its review in the views of Islam”**. The findings of the study revealed that majority of 52.8% had an attitude not approving of the practice of surrogate mother, 27.2% were having good knowledge regarding surrogate mother, 51.1% were having enough knowledge whereas 27.2% were having less knowledge regarding surrogate mother.

Another study that supports the findings is by **Mate A. and Gomase K. (2018)** entitled **“A study to assess the knowledge and attitude regarding surrogacy among couples”**. it was revealed that majority of the couples have good and average knowledge regarding surrogacy. Most of the couples had an agreed attitude regarding assisted reproductive technology. There was negative correlation between the knowledge and attitude of couples who attended infertility clinic

One more study that supports the findings is by **Shojaie K (2016)** entitled **“Knowledge and Attitude of patients about the use of surrogacy as treatment method of infertile couples - Mostafa Khomeini hospital in 2016”** found out that 85.6% stated that they have information about surrogacy. 14.8% had good and very good knowledge of surrogacy. 43.5% had no religious perception about this method. 41.7% had negative attitude to the priority of surrogacy from family and friends. 66.7% agreed about insurance protection.

There are various ways to spread awareness about surrogacy, a boon provided by medical science for childless couples. Some of these ways are mentioned below: -

- Sustained awareness campaign by the Central Government and State Governments about Surrogacy (similar to the campaign on polio vaccine). It would be better if a public figure/celebrity can be associated with this Government-run campaign.
- Posters in simple language covering important aspects of surrogacy may be used in public places, hospitals, health centres, mohalla clinics and other places frequented by people. The language of the posters must be simple but should contain all essential information.
- The topic of Surrogacy should be suitably included in Biology text-books of XI-XII Standard text books.
- The doctors working in gynaecology departments of medical colleges, fertility clinics and medical centres and Asha workers in rural areas can also play a very important role to spread awareness on Surrogacy.

Information about surrogacy must be disseminated so that the childless couples and their family-members can be fully aware of the existence of such a wonderful gift of medical science.

Further, information about Surrogacy would also help people to know the procedure and to remove various superstitions from the minds of people who are ignorant about Surrogacy. Information campaigns are necessary so that childless couples can use this boon, have the joy of nurturing child/children with complete support and blessings from their family-member.

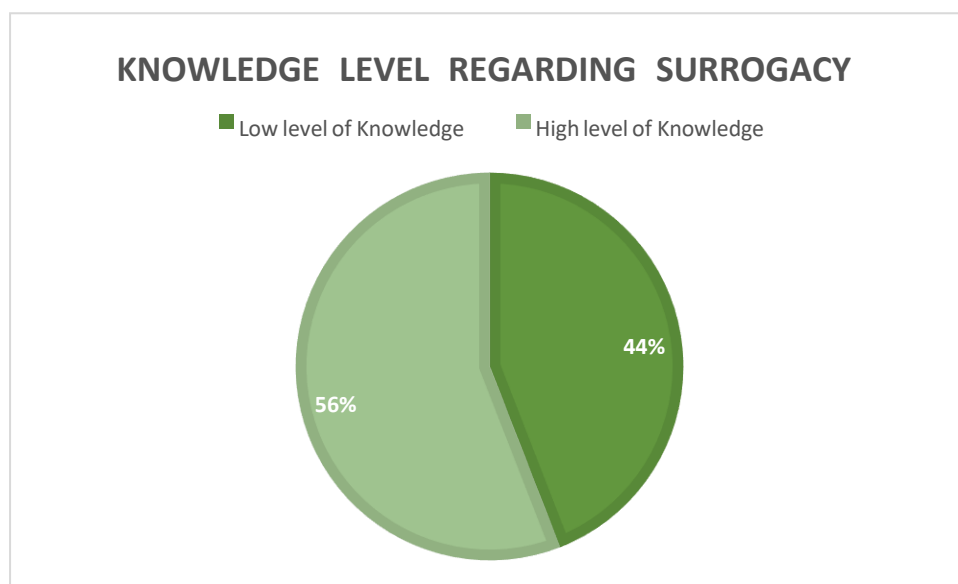


Figure 9 Percentage Distribution of the Selected Couples residing in New Delhi according to their Knowledge Level Regarding Surrogacy.

VARIABLES-WISE KNOWLEDGE OF THE SELECTED COUPLES RESIDING IN NEW DELHI REGARDING SURROGACY.

Table 33 Percentage Distribution of the Selected Couples residing in New Delhi according to their Knowledge regarding Surrogacy in Relation to Selected Variables.

Sr. No.	Variables	Categories	Higher Knowledge	Lower Knowledge
1.	Couple's Age group	25-30 years	44.4	55.5
		31-35 years	37.5	62.5
		36-40 years	37.5	62.5
		40+ years	76.1	23.8
2.	Years of Marriage	Newly married couple	44.8	55.1
		Middle-aged couple	61.0	39.0
3.	Family type	Nuclear	62.90	37.09
		Joint	41.93	58.06
4.	Family Monthly Income	Lower Income Group	47.2	52.7
		Middle Income Group	55.5	44.4
		Higher Income Group	71.4	28.5
5.	Family Ideology	Conservative	69.6	30.3
		Liberal	22.2	77.7
6.	Desire to have Children	Less Desire	59.1	40.8
		More Desire	52.2	47.7

Table 33 reveals the percentage distribution of the selected couples residing in New Delhi according to their knowledge regarding Surrogacy in relation to selected variables. The table reveals that 76.1% of 40+ years had higher level of knowledge regarding Surrogacy. 55.5% of the couples falling under the age group of 25-30 years had lower level of Knowledge. 62.5% of couples under the age group of 31-35 years and 36-40 years had lower level of Knowledge. 23.8% of the couples falling under the age group of 40+ had lower level of Knowledge regarding Surrogacy as well.

The probable reason behind this finding could be that couples who are more than 40 years of age maybe more informed, aware and open to change. They themselves might have thought of options for having their own child and thus came across the option of Surrogacy. Whereas, couples from the age group of 25-30 years, 31-35 years might still be looking for other options to have a child and hence may not be well aware of Surrogacy.

The finding implies that attempts towards sensitizing and spreading awareness regarding Surrogacy can make young couples more informed about the various options that they can explore.

61% of the middle-aged married couple residing in New Delhi had more knowledge regarding Surrogacy, whereas, 55.1% of the newly married couple had a lower level of Knowledge regarding Surrogacy. The probable reason behind this finding could be that middle-aged childless married couples might have thought about Surrogacy as an alternative to have children and for the same reason they may have read about Surrogacy, whereas newly married couples may still want to naturally have their own children thus, may not have looked or read about other options including Surrogacy.

62.9% of the couples living in a nuclear family had a higher level of knowledge regarding Surrogacy, whereas, 58.06% of the couples living in a joint family had a lower level of knowledge regarding Surrogacy. The probable reason behind this finding could be that the adult members of nuclear families get relatively more time to study a particular matter without much hindrance. Further, they can study books on any particular subject without much questioning from the elders. So, childless couples in nuclear families can acquire more knowledge about surrogacy and other topics than members living in joint families. Another possibility could be that the elders in a joint family may have conservative thought process and thus, may not allow for Surrogacy as surrogacy no longer remains an option for such couples, they don't try gathering knowledge about Surrogacy.

Majority i.e. 71.4% of the couples from higher income group had more Knowledge about Surrogacy whereas 52.7% from the lower income group and 44.4% from middle-income group had less Knowledge regarding Surrogacy. The probable reason behind such a finding could be that due to presence of more resources, childless couples from higher income groups could think of opting for Surrogacy and in order to do that they might have tried gaining more Knowledge about Surrogacy than couples from lower and middle income group. Another probable reason could be that as resources like books, articles are more accessible to people from higher income group, they could acquire more knowledge regarding Surrogacy.

77.7% of the couples belonging to a liberal family had lower level of Knowledge regarding Surrogacy whereas 69.6% of the couple belonging to a family with conservative ideology had a higher level of Knowledge regarding Surrogacy. The probable reason behind this could be that the family members belonging to a conservative family have more chances to discuss the issue of surrogacy in their home, especially when there is any childless couple in the family. The family members will have threadbare discussions on the pros and cons of the issue, views of religious gurus, etc and in order to have such discussions couples from conservative families may have gained more knowledge regarding Surrogacy. On the other hand, there is not much discussion on this issue. Childless couples from liberal families take a suitable decision regarding surrogacy based upon the knowledge/information acquired from various sources.

A little more than half i.e., 59.1% of the couples who had less desire to have a child had a higher level of Knowledge and 47.7% of the couples who had more desire to have a child had lower level of Knowledge. The probable reason behind such findings could be that couples having more desire to have children may still have not read about Surrogacy properly and thus have lower level of Knowledge and as they are yet not well informed about surrogacy, they still have a higher desire to have children than others. Another reason could be that to have a child of their own they thought about opting for Surrogacy but due to the complicated legal procedure, and the high cost they left the idea of having a child behind but gained information and other insights about Surrogacy.

The finding implies that rigorous attempts regarding spreading information and awareness regarding Surrogacy and creating open space for couples should be made. This not only will help people have options while having a baby but will also bring in more scope in medical advancements regarding the same.

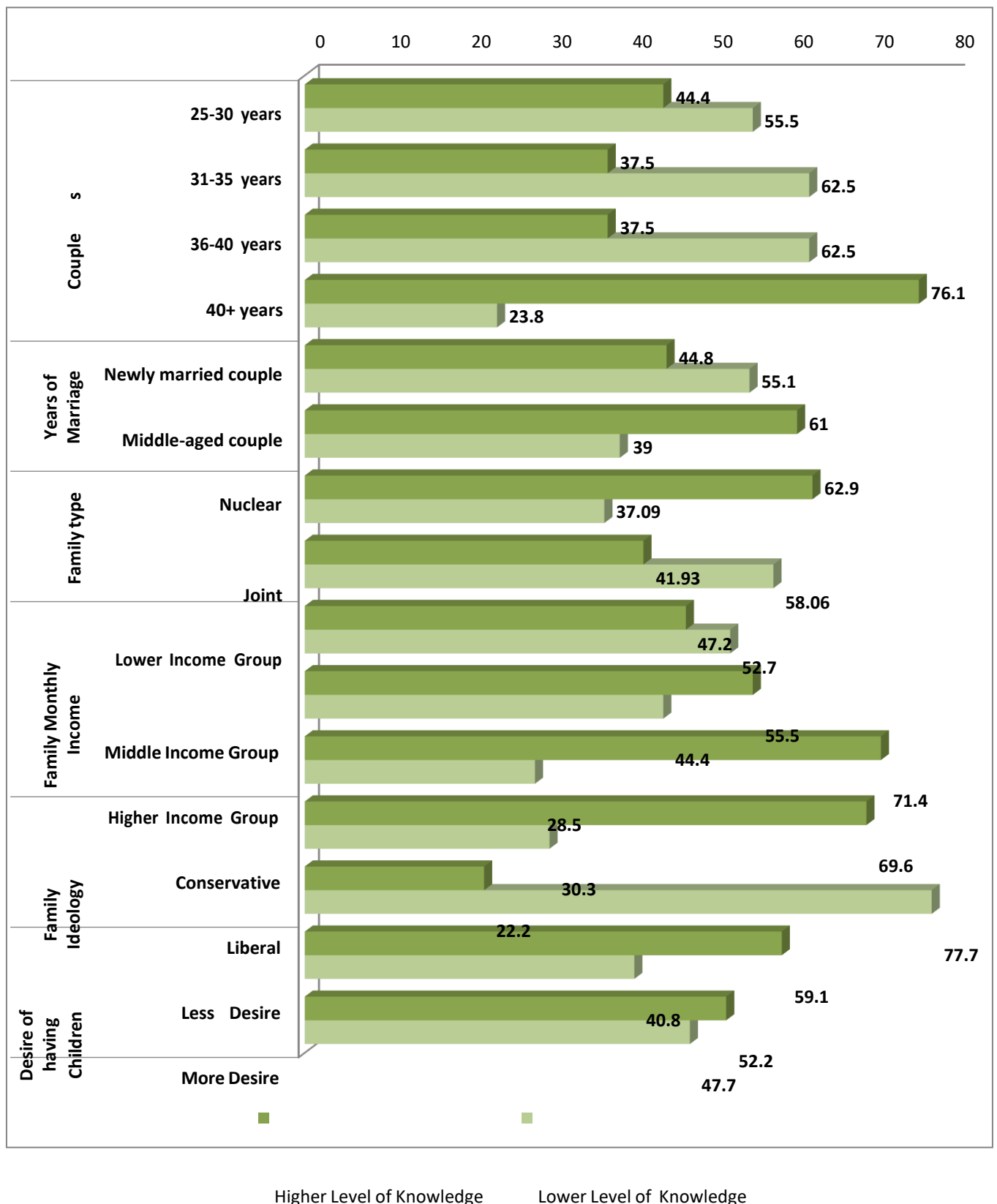


Figure 10 Percentage Distribution of the Selected Couples residing in New Delhi according to their Knowledge Regarding Surrogacy in relation to the Selected Variable

4.2.2 DIFFERENCES IN THE KNOWLEDGE OF THE SELECTED COUPLES RESIDING IN NEW DELHI REGARDING SURROGAC IN RELATION TO THE SELECTED VARIABLES

Table 34 Mann-Whitney test showing Variable Wise Difference in the Knowledge of the Selected Couples residing in New Delhi regarding Surrogacy.

n = 93

S.No	Variable	Category	Mean	Mann-Whitney	p-Value	Remarks
1	Years of Marriage	Few years of Marriage	38.8	691.5	0.049	Not Significant
		More Years of Marriage	50.7			
2	Type of Family	Nuclear	49.5	806.0	0.206	Not Significant
		Joint	42.0			
3	Family Ideology	Conservative	54.8	378.0	0.000	Significant
		Liberal	28.0			
4	Desire to have Children	Less Desire	52.3	817.0	0.044	Significant
		More Desire	41.1			

***= Significant at Level 0.05

Table 34 indicates that the knowledge level of the selected couples residing in New Delhi did not differ significantly according to the selected variables namely Years of marriage and Type of Family. Thus, the null hypotheses stating that there will be no significant differences in Knowledge level regarding Surrogacy among the selected couples with reference to the above- mentioned variables were accepted. The table also indicates that the Knowledge level of the selected couples residing in New Delhi differed significantly with the variable of Family Ideology. Thus, the null hypotheses stating that there will be no significant difference in the Knowledge level of the selected couples residing in New Delhi regarding Surrogacy was not accepted. The Knowledge regarding Surrogacy differed significantly due to Family Ideology and Desire to have Children for this present study.

The probable reasons for such findings may be that it may not be always true that couples having liberal ideologies regarding family have more knowledge about surrogacy. It may also be possible that as they are unorthodox and open to such new ideas they might have read about Surrogacy when the Surrogacy Regulation Bill was passed which was done very recently

Other than this they themselves might have thought of opting for it and hence had more Knowledge.

Couples who had less desire to have a child had a higher level of Knowledge reason could be that to have a child reason could be that to have a child of their own they thought about opting for Surrogacy but due to the complicated legal procedure and the high cost they left the idea of having a child behind but gained Knowledge and other insights about Surrogacy.

To disseminate more information about Surrogacy ongoing education about surrogacy by the Central government and state governments (similar to the campaign on polio vaccine) can be taken up. Better if this government-run campaign can be linked to a public person or celebrity.

In order to raise awareness of surrogacy, posters in layman's English may be shown in public areas such as malls, clinics, hospitals, and health facilities. The posters must use straightforward language while still providing the necessary information. Biology textbooks for students in grades XI–XII should appropriately cover the subject of surrogacy.

Further social media campaigns can be organized. Videos, Charts, Posters can be uploaded time to time to impart information.

Table 35 Kruskal Wallis test showing Variable Wise Difference in the Knowledge of the Selected Couples residing in New Delhi regarding Surrogacy

n = 93

Variables	Category	Mean	S.D	Asym p. Sig	p- value	Remarks
Couple's Age Group	Young Adults	37.83	4.69	6.7	0.000	Significant
	Middle-aged Adults	37.88	5.34			
	Adults	34.50	7.17			
	Older Adults	59.46	4.33			
Monthly Family Income	Lower income Group	37.13	5.21	5.2	0.007	Significant
	Middle-income Group	48.38	5.71			
	Higher-income Group	61.57	5.16			

***= Significant at Level 0.05

Table 35 indicates that the knowledge level of the selected couples residing in New Delhi did differ significantly with reference to the Couple's age group and the Monthly Family Income of the respondents. Thus, the null hypotheses stating that there will be no significant differences in knowledge level with the above-mentioned variables were not accepted.

Couple's age group always plays an important role regarding the knowledge level regarding surrogacy. It is quite natural that the couple from lower age-groups are more receptive about the concept of surrogacy. They are more adaptive and ready to accept this even if they didn't know about this earlier. Further, younger childless couples are physically more able and ready to go for surrogacy. On the other hand, childless couples of relatively older age may not be very receptive about this concept. Further, they might also be in a physically disadvantageous position to have a baby through surrogacy and to nurture such a surrogate baby at an advanced age.

Even now, surrogacy is very costly for most of the Indian couples who are childless. So, couples from lower income groups may not be even interested to learn about surrogacy, because they know that they can't afford it. In this way, monthly family income may affect the knowledge level of the couples regarding surrogacy. Thus, it may be quite possible that due to the above-mentioned reasons the present findings had emerged.

Even though it was observed that couples had higher level of Knowledge regarding Surrogacy yet more information should be disseminated about surrogacy so that childless couples and their family members are fully aware of this fantastic advancement in medicine.

Also, knowledge of surrogacy would assist people understand the process and dispel numerous superstitions from the minds of those who are unfamiliar with it. Informational efforts are required so that childless couples can take advantage of this opportunity and enjoy raising a kid or children with the full support and blessings of their family.

Section – 3

4.3 Perceptions regarding Surrogacy

Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy

Table 36 Percentage Distribution of the Selected Couples residing in New Delhi according to their Perception regarding Surrogacy

n = 93

Sr. No.	Perceptions regarding Surrogacy	Percentage
1.	Favourable Perceptions	45.2
2.	Unfavourable Perceptions	54.8

Table 36 reveals the percentage distribution of the selected couples residing in New Delhi according to their perceptions towards Surrogacy. Little more than half i.e., 54.8% of the couples residing in New Delhi had unfavourable perception, whereas little less than half i.e. 45.2% of the couples had favourable perceptions towards Surrogacy.

The probable reasons behind this finding could be that society in general has low acceptance of Surrogacy as also seen in the research conducted by **A. Fawole O (2021)** in his study

“Perceptions of Surrogacy Within the Yoruba Socio-Cultural Context of Ado-Ekiti, Nigeria.

Research findings elaborate that many childless families don't go for surrogacy as they feel that surrogacy is very costly and they may not be able to afford this, other than that surrogacy involves long legal procedures that can cause hassle if not done vigilantly. Lack of awareness among higher-income group people because it is a social taboo to discuss this topic openly even within the family. Finally, strong religious dogma and caste-related issues may create some hesitation towards surrogate mothers and the new-born baby's parentage.

Only a long-run awareness campaign and making surrogacy more affordable will help people to overcome the reservation against surrogacy among people in India.

A regulatory framework is required to address the complicated conceptions of surrogacy and surrogate mothers in Indian society in order to lessen the stigmatization of women. Local perceptions of this reproduction strategy must be taken into account when formulating policy to mitigate the potential effects of the dominant exploitation discourse.

The finding can be supported by the research conducted by **A. Fawole O (2021)** in his study **“Perceptions of Surrogacy Within the Yoruba Socio-Cultural Context of Ado-Ekiti, Nigeria**. The researcher expressed that In Nigeria, the reproductive sector is governed by a number of sociocultural and religious issues that make it difficult for surrogacy to flourish. It is incredibly challenging for procedures like surrogacy, which are regarded as unnatural, to flourish because of the pervasive influence of socio-cultural attitudes on problems like infertility. This study's key results include the fact that infertility is strongly gendered and that women frequently take centre stage in conversations about infertility. The results showed that there are socio-cultural and religious lenses through which women are regarded, and that these lenses do not support surrogacy and thus the unfavourable perception. When defining what it means to be a woman, gestation and carrying a baby to term are two important aspects that are mentioned. It is thought that the gestational time creates a unique relationship between the mother and the infant, which is crucial for the development of kinship. Intriguingly, the absence of clear laws governing surrogacy in Nigeria makes the procedure particularly difficult and exposes women and newborns to the risk of exploitation and abuse. The illegal trade in baby factories, which has grown to be extremely popular in Nigeria, has also been fueled by this legislative gap. Thus, the socio-cultural setting of this study does not offer a favourable climate for surrogacy to flourish,

Another research also supports this finding which was conducted by **Arvidsson A. et al. (2017)** conducted a study entitled, **“Surrogate mother – praiseworthy or stigmatized: a qualitative study on perceptions of surrogacy in Assam, India**. The researcher stated that Assamese people view surrogacy as a viable choice for childless couples since it would produce a child who is a "blood" relative, which is extremely desirable for sociocultural reasons. Nonetheless, the surrogate mother's role complicates local perceptions about surrogacy. The majority of individuals believe that paying the surrogate mother goes against social standards. A surrogate mother is frequently seen morally, either as a "bad mother" for selling her child or as a "noble woman" who deserves payment for her services because she aided an unmarried couple.

Accurate information, sustained campaigning, involvement of celebrities and religious leaders in campaigning and finally, empathy and patience on the part of medical advisor(s) will definitely help in creating a favourable perception towards surrogacy. These four steps would help convince not only childless couples, but also their family-members to accept surrogacy.

n = 93

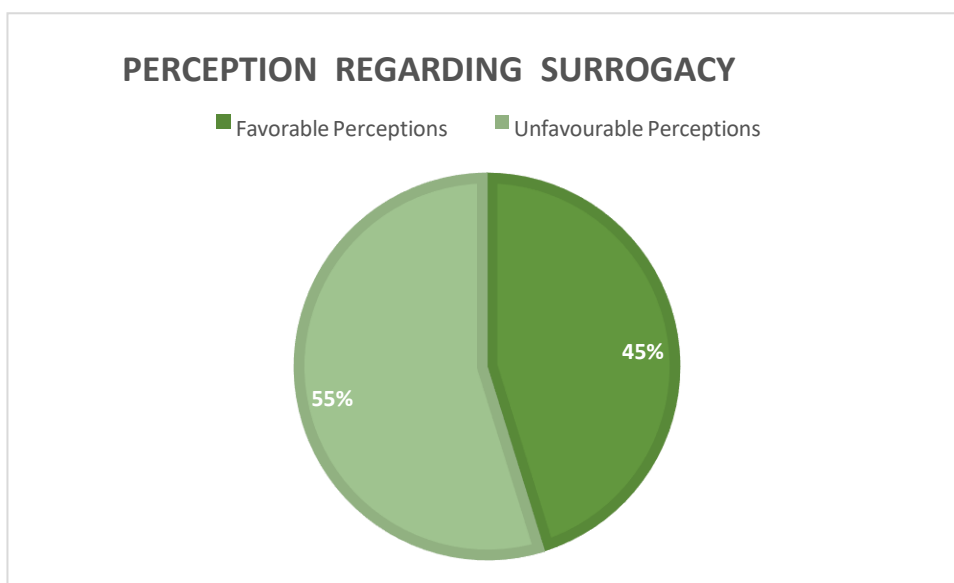


Figure 11 Percentage Distribution of the Selected Couples residing in New Delhi according to their Perceptions regarding Surrogacy.

4.3.1 Variable-wise Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy

Table 37 Percentage Distribution of the Selected Couples residing in New Delhi according to their Perceptions regarding Surrogacy in relation to Selected Variables.

n = 93

Sr. No.	Variable	Category	Favourable Perceptions	Unfavourable Perceptions
1.	Couple's Age Group	Young Adults	72.2	27.7
		Middle-aged Adults	62.5	37.5
		Adults	70.5	29.4
		Older Adults	38.09	61.90
2.	Years of Marriage	Few years of Marriage	65.5	34.4
		More years of Marriage	50	50
3.	Type of Family	Nuclear	46.7	53.2
		Joint	70.9	29.03
4.	Family Monthly Income	Lower Income Group	55.5	44.4
		Middle Income Group	58.3	41.6
		Higher-Income Group	47.6	52.3
5.	Family ideology	Conservative	45.4	54.5
		Liberal	77.7	22.2
6.	Desire to have Children	Less desire	46.9	53.06
		More desire	63.6	36.3

Table 37 reveals the percentage distribution of the selected couples residing in New Delhi according to the Perceptions regarding Surrogacy in relation to the selected Variables.

Majority i.e. 72.2% of the couple under the age group of 25-30 years had favourable perception regarding Surrogacy, whereas 37.5% and 29.4% of the couples under 31-35 years of age and couples in 36-40 years of age respectively had unfavourable perceptions regarding Surrogacy and 61.90% of the couples under the age group 40+ also had an unfavourable perception regarding Surrogacy.

65.5% of the Newly married couple of New Delhi had favourable perception regarding Surrogacy, whereas 50% of the middle aged couple had unfavourable perceptions regarding Surrogacy.

Majority i.e. 70.9% of the couples from joint family had favourable perception, whereas, little more than half 53.2% of the couples from Nuclear families had unfavourable perceptions towards Surrogacy.

Little more than half i.e.58.3% of the couple belonging to the middle-income group had favourable perceptions regarding Surrogacy, whereas, 44.4% couples from lower-income group and 52.3% from higher income group had unfavourable perception regarding Surrogacy.

Majority i.e. 77.7% of the couples having liberal family ideology had favourable perceptions. However, 54.5% of the couples having conservative family ideology had unfavourable perceptions regarding Surrogacy.

63.6% of the couples who had more desire of having a child had favourable perceptions regarding Surrogacy, whereas, a little more than half i.e. 53.06% of the couples who had less desire to have children had unfavourable perception regarding Surrogacy.

The probable reasons behind such findings could be that as seen earlier that couples falling under the group of 25-30 years, newly married couples, couples from joint families, couples belonging to middle income group, couples having liberal family ideology, and more desire to have children didn't have higher level of knowledge regarding surrogacy and thus maybe unaware about the complicated parts of surrogacy, hence all of them have a favourable perception.

Other than this, couples from liberal families may also be open to change and adopt new ideas and concepts thus have a favourable perception regarding surrogacy. Similarly, couples who have more desire to have children may be acceptable to concepts like surrogacy and hence have favourable perceptions towards it.

Table 37 reveals the percentage distribution of the selected couples residing in New Delhi according to their knowledge regarding Surrogacy in relation to selected variables. The table reveals that 76.1% of 40+ years had higher level of knowledge regarding Surrogacy. 55.5% of the couples falling under the age group of 25-30 years had lower level of Knowledge and table 13 reveals the percentage distribution of the selected couples residing in New Delhi according to the Perceptions regarding Surrogacy in relation to the selected Variables. Majority i.e. 72.2% of the couple under the age group of 25-30 years had favourable perception regarding Surrogacy and 61.90% of the couples under the age group 40+ also had an unfavourable perception regarding Surrogacy. The probable reason for such finding could be that couples above 40+ years have more Knowledge as they might have heard about surrogacy when new rules were forming and thus gained knowledge, whereas, couples under the age group of 25-30 years may not have higher level of knowledge but they certainly can be more acceptable to these new medical marvels and hence have favourable perception towards Surrogacy.

61% of the middle-aged married couple residing in New Delhi had more knowledge regarding Surrogacy, whereas 65.5% of the Newly married couple of New Delhi had favourable perception regarding Surrogacy, whereas 50% of the middle-aged couple had unfavourable perceptions regarding Surrogacy. The probable reason for this could be that, middle-aged married couples may be aware because of higher level of knowledge about the process of surrogacy and might have thought of it to be very cumbersome, complicated and hence had unfavourable perception towards it, whereas newly married couple still didn't have enough knowledge about the process so they had a favourable perception regarding Surrogacy.

62.9% of the couples living in a nuclear family had a higher level of knowledge regarding Surrogacy, and 58.06% of the couples living in a joint family had a lower level of knowledge regarding Surrogacy whereas, Majority i.e. 70.9% of the couples from joint family had favourable perception, whereas, little more than half 53.2% of the couples from Nuclear families had unfavourable perceptions towards Surrogacy. The probable reason for such finding could be that due to pressure from elders in joint families, childless couples might have thought of opting for Surrogacy, so even after having lower level of Knowledge regarding Surrogacy they still had a favorable Perception.

Majority i.e. 71.4% of the couples from higher income group had more Knowledge about Surrogacy whereas 52.7% from the lower income group and 44.4% from middle-income group had less Knowledge regarding Surrogacy and Little more than half i.e. 58.3% of the couple

belonging to the middle-income group had favourable perceptions regarding Surrogacy, whereas, 44.4% couples from lower-income group and 52.3% from higher income group had unfavourable perception regarding Surrogacy.

77.7% of the couples belonging to a liberal family had lower level of Knowledge regarding Surrogacy whereas 69.6% of the couple belonging to a family with conservative ideology had a higher level of Knowledge regarding Surrogacy and at the same time majority i.e. 77.7% of the couples having liberal family ideology had favourable perceptions and 54.5% of the couples having conservative family ideology had unfavourable perceptions regarding Surrogacy. The probable reason for this could be that couples from liberal families may be more open to change, more accepting, and hence had favourable perceptions regarding Surrogacy whereas couples from conservative families have higher level of Knowledge but may not be very accepting.

A little more than half i.e., 59.1% of the couples who had less desire to have a child had a higher level of Knowledge and 47.7% of the couples who had more desire to have a child had lower level of Knowledge however, 63.6% of the couples who had more desire of having a child had favourable perceptions regarding Surrogacy, whereas, a little more than half i.e. 53.06% of the couples who had less desire to have children had unfavourable perception regarding Surrogacy. The probable reason for such findings could be that couples might have thought of opting for Surrogacy as they had more desire to have children thus, they have a favourable perception regarding Surrogacy.

A study that supports the findings is a research study by **Ravi Vaswani et al. (2023)** titled “**Knowledge, attitude and perception about surrogacy among urban working women**” it was seen and concluded in the study that the urban working women had adequate Knowledge about Surrogacy but still didn’t have a favourable perception regarding it, they also thought that surrogacy shouldn’t be chosen and according to the results it was found that altruistic surrogacy should be promoted and not commercial surrogacy as commercial surrogacy leads to the exploitation of the mother’s womb for money. 70% of women in our study believe that the Indian government should not promote surrogacy and in order to protect the rights and prevent injustice suitable Laws should be made and put into action.

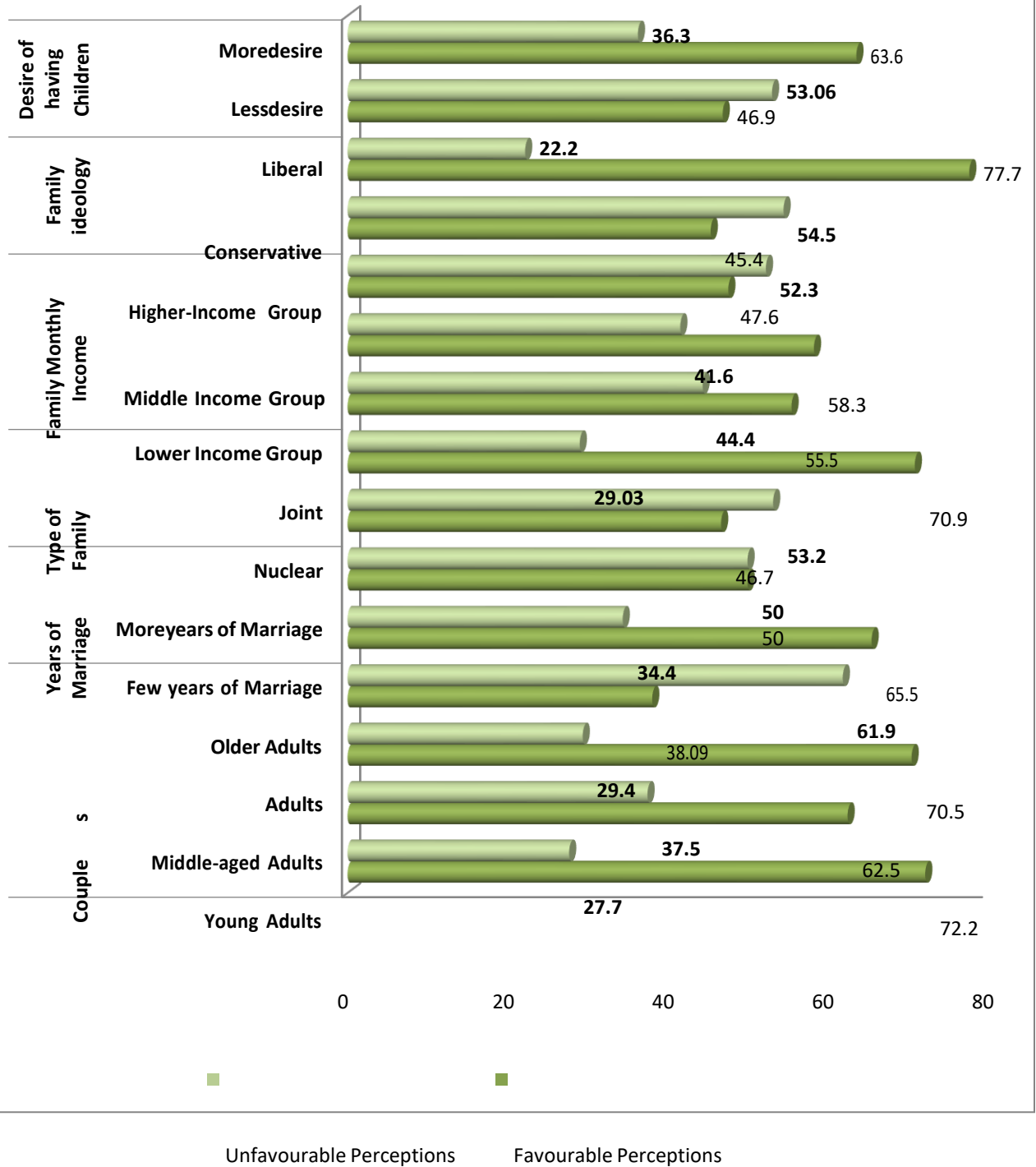


Figure 12 Percentage Distribution of the Selected Couples residing in New Delhi according to their Perceptions towards Surrogacy in relation to the Selected Variables

4.3.2 Variable-wise differences in the Perception of the Selected Couples residing in New Delhi regarding Surrogacy

Table 38 showing t- value variable-wise differences in the Perception of the selected couples residing in New Delhi regarding Surrogacy.

n = 93

Sr. No.	Variable	Category	Mean	Std. Deviation	T- Value	P- Value	Remarks
1.	Year of Marriage	More years of Marriage	128.7	14.5	1.34	0.184	Not Significant
		Less years of Marriage	132.5	11.6			
2.	Type of Family	Nuclear	132.0	13.0	0.78	0.438	Not Significant
		Joint	129.9	11.9			
3.	Family Ideology	Conservative	133.2	12.6	2.27	0.026	Significant
		Liberal	126.8	11.7			
4.	Desire of Children	Less Desire	133.2	11.5	1.52	0.131	Not Significant
		More Desire	129.2	13.5			

***= Significant at Level 0.05

Above table 38 indicates that the perceptions of the selected couples residing in New Delhi regarding Surrogacy did not differ significantly with respect to Variables namely Years of Marriage, Type of Family and the Desire to have Children. Thus, the hypotheses stating that there will be no significant difference in Perceptions level with respect to Years of Marriage, Type of Family and the Desire to have Children were accepted. However, the variable namely Family Ideology shows significant differences in the Perception levels regarding Surrogacy for selected couples. Hence, the hypotheses stating that there will be no significant differences in perception level with respect to Family Ideology was not accepted.

The probable reason could be that couples from conservative family maybe orthodox, laggards etc and thus have unfavourable perception towards surrogacy as they take time to adapt to new changes. Family ideology plays a very important role in developing understanding and creating a perception of couples in the entire South Asia including India. Indian society is family-centric and the advice/guidance of elders in the family and in the relative circle plays an immensely important role in creating a proper perception among the younger generation towards a new concept.

If a family is very religious and the family members follow a particular religious leader who doesn't support the idea of surrogacy, the family will develop a deep-rooted reservation against the concept of surrogacy. In such a case, a childless couple in this family would not go for surrogacy even if they are in a position to afford it.

Table 39 f-value showing the Variable wise difference in the Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy.

n = 93

Variables	Category	Mean	S.D	F-Value	p- value	Remarks
Couple’sAge Group	Young Adults	125.16	13.67802	4.0	0.011	Significant
	Middle-aged Adults	132.00	14.05703			
	Adults	127.00	10.31383			
	Older Adults	135.42	11.07434			
Monthly Family Income	Lower income group	132.22	12.68995	1.1	0.342	Significant
	Middle-income group	129.00	11.95229			
	Higher- income group	133.71	13.43556			

*****= Significant at Level 0.05**

Above table 39 indicates that the perception level of the selected couples residing in New Delhi differed significantly with the Couple's age group. Thus, the null hypotheses stating that there will be no significant difference in perception level of the selected couples residing in New Delhi regarding Surrogacy with respect to couple's age group was not accepted. However, the variable

Monthly family income of the couple does not show significant differences in the perception level. Thus, the hypotheses stating that there will be no significant difference in perceptions level with respect to monthly family income was accepted. The concept of surrogacy in the medical world was not much developed even 10 years ago. Quite naturally, the older generation people have not much knowledge, or, at best, have incomplete knowledge about surrogacy and thus an unfavourable perception.

If we go further, we will find that the people who are above 70 or so, have no knowledge about surrogacy. Many of them haven't even heard the term surrogacy. There may be some exceptions.

On the other hand, people from a family with family income will definitely have better knowledge on surrogacy, because in case of any such need, people from these families can afford to go for surrogacy. On the other hand, people from low-income groups don't have much knowledge about surrogacy because many of them cannot afford this even if there is an urgent need.

But in every group, there are some exceptions.

Couple's age group always plays an important role regarding the perception level regarding surrogacy. It is quite natural that the couple from lower age-groups are more receptive about the concept of surrogacy. They are more adaptive and ready to accept this even if they didn't know about this earlier. Further, younger childless couples are physically more able and ready to go for surrogacy. On the other hand, childless couples of relatively older age are not very receptive about this concept. They may develop a negative perception towards surrogacy.

Even now, surrogacy is very costly for most of the Indian couples who are childless. So, couples from the lower income groups may not be even interested to learn about surrogacy, because they know that they can't afford it. At the same time, their inability to afford surrogacy may create a wrong perception and negative attitude towards this medical procedure.

Section – 4

4.4 Expected Challenges Related to Surrogacy

Overall Expected Challenges of the Selected Couples residing in New Delhi regarding Surrogacy.

Table 40 Percentage Distribution of the Selected Couples residing in New Delhi according to their Overall Expected Challenges Regarding Surrogacy.

n = 93

Sr. No.	Challenges felt to	%
1	Great Extent	12.9
2	Some Extent	72
3	Less Extent	15.1

Table 40 reveals the percentage distribution of the selected couples residing in New Delhi according to the overall Challenges regarding Surrogacy. Majority of the couples i.e., 72% had expected some extent of Challenges regarding Surrogacy, 15.1% of the couples had less extent of challenges regarding Surrogacy and the remaining 12.9% has great extent of challenges regarding Surrogacy.

Thus, above table reveals that majority of the respondents felt that information related to Surrogacy i.e., laws, processes, etc are well laid and clear. Therefore, they may have felt challenges related to Surrogacy to some extent.

These findings imply that efforts have to be made at an individual level to have conceptual clarity and its implications on society at large. Families should have interactions on Surrogacy.

n = 93

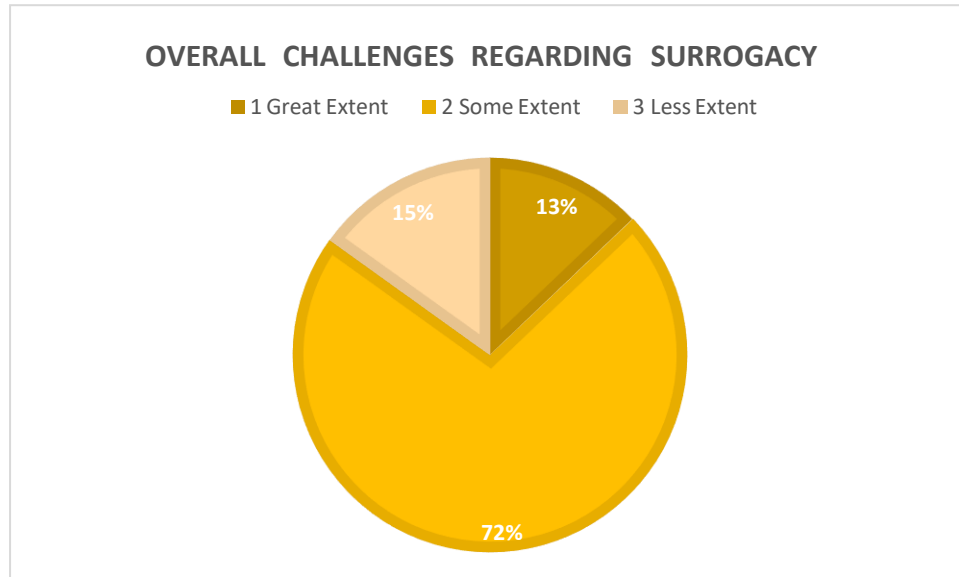


Figure 13 Percentage Distribution of the Selected Couples residing in New Delhi according to their Overall Challenges regarding Surrogacy.

Table 41 Item-wise Intensity Indices showing expected challenges related to Self regarding Surrogacy

n = 93

SR. NO.	STATEMENT	INTENSITY INDICES
Part A - Expected Challenges related to Self.		
1.	Lack of proper information about surrogacy.	2.26
2.	Lack of Confidence/ Trust in Surrogacy.	2.08
3.	Fear of unsuccessful surrogacy process.	2.06
4.	Society may not look upon with respect if one opts for Surrogacy.	2.02
5.	One may not want to become pregnant because of busy schedule.	2.00
6.	Fear of wasting money, if surrogacy fails.	1.98
7.	Fear of blame by the child born through surrogacy when he/she will grow.	1.98
8.	To trust a surrogate mother for the child may be a challenge.	1.94

9.	There is skepticism in society against having children with a surrogate mother, and we do not want our children to become affected.	1.94
10.	Constant fear of the surrogate mother black mailing the intended parents.	1.94
11.	Religion may not support Surrogacy.	1.94
12.	Fear that the surrogate will not return the child.	1.92
13.	Couples shy away from revealing the child as one obtained from Surrogacy.	1.89
14.	We may not be able to consider the child,ours if born through Surrogacy.	1.86
15.	We may not develop love for child bornthrough Surrogacy.	1.82
16.	We may be type-casted as parents who donot want to take the pain of child birth.	1.73
17.	Child may be discriminated in school ifborn through Surrogacy.	1.69

Table 41 depicts the response scale of the couples regarding the expected Challenges related to Self, which ranged from the highest 2.26 to the lowest 1.69. This means that the couples agreed the expected challenges related to Surrogacy range from some extent to less extent only.

From the above table it is revealed that couples think that lack of proper information about surrogacy (2.26), lack of confidence in surrogacy (2.08) are challenges.

According to the studies given above, couples do not have enough information about surrogacy. This can be as a result of them not receiving accurate and reliable information. It might be difficult for couples to completely have confidence and trust in the process of Surrogacy.

Further, the selected couples for the present study also responded to some extent for the following expected challenge: -

- Fear of wasting money, if surrogacy fails
- Fear of blame by the child born through surrogacy when he/she will grow.
- To trust a surrogate mother for the child may be a challenge.
- There is skepticism in society against having children with a surrogate mother, and we do not

want our children to become affected.

- Constant fear of the surrogate mother blackmailing the intended parents.
- Religion may not support Surrogacy.
- Fear that the surrogate will not return the child.
- Couples shy away from revealing the child as one obtained from Surrogacy.

This result shows that respondents believed that surrogacy might not be a realistic choice due to a limited lack of faith in the procedure. Cultural and societal conventions that prioritise biological motherhood and see infertility as a failure on one's part or as an embarrassment are some potential causes of the difficulties associated with surrogacy. Additionally, the practise of surrogacy may be perceived as unique or uncommon, which might breed mistrust. For some people, surrogacy may be a dangerous investment due to the high expense and likelihood of failure. Lack of trust and transparency in the surrogacy arrangement may be the root of the surrogate's concern of not returning the child or using the situation as leverage to extort money.

Further, the selected couple also responded to less extent for the following expected Challenges:

- Child may be discriminated in school if born through Surrogacy (1.69).
- Couple may be type-casted as parents who do not want to take the pain of child birth (1.73).

The above findings show challenges including bullying at school and worry about being held accountable by the surrogate child. It's because for many kids, the prospect of not having their parents as genetic relatives is more upsetting. This is perhaps because surrogacy is still less prevalent than other ways to start families, such adoption. In order to assist a child, build their identity as a surrogacy baby, good explanation and honesty are essential.

Table 42 Item-wise Intensity Indices showing expected challenges related to Family regarding Surrogacy

Part B	Challenges Related to Family.	Intensity
		Indices
1.	An average Indian family comprised of members of various age groups, the senior family members may not allow their wards to opt for Surrogacy.	2.20
2.	Lack of awareness regarding Surrogacy on the part of family members regarding the practice & knowledge on surrogacy.	2.16
3.	Family values/ ethics may not allow opting for Surrogacy.	2.14
4.	Family may not be ready to accept the concept of Surrogacy.	2.14
5.	In the Indian context, the family is considered an Important institution probability of weak bond with the child born out of Surrogacy may be challenging.	2.13
6.	Caste system still engraved in the minds of people in India may evoke challenge for Surrogacy.	2.10
7.	Challenge in persuading family members for Surrogacy.	2.04
8.	Family members may not accept a child born through Surrogacy.	2.03
9.	Family members may not trust the process of Surrogacy.	2.01

10.	Opting for surrogacy may cause problems in the family.	1.97
11.	Family may be prejudiced against the practice of Surrogacy.	1.96
12.	Fear of discontent of the surrogate child from family's ancestral property may become hurdle to opt for Surrogacy.	1.95
13	Family may not be committed for child born out of Surrogacy.	1.84
14	Family members may consider Surrogacy as a taboo	1.84
15	Family values may become a hurdle for accepting Surrogacy.	1.84
16	The fear of rejection for baby born out of Surrogacy from family members may became hurdle for couple to opt for Surrogacy.	1.82
17	Family members may not extend a social support system to the intended parent	1.76

Table 42 depicts the response scale of the couples regarding the expected challenges related to Family, which ranged from the highest 2.20 to the lowest 1.76. This means that the couples agreed the expected challenges related to Surrogacy range from same extent to less extent only.

From the above table it is revealed that couples think that an average Indian family comprised of members of various age groups, the senior family members may not allow their wards to opt for Surrogacy (2.20), Lack of awareness regarding Surrogacy on the part of family members regarding the practice & knowledge on surrogacy (2.16).

According to the findings, it's likely that couples who have a joint family may have elderly members who may have a traditional or conservative view of medical progress and may still believe in conventional methods of conception.

Even though the surrogate mother's cast carries the parents' genes, the family may not be happy with them because of things like their ethnic backgrounds, which may not meet their standards of living. Because they provide their children with the most stable relationships, parents and other family members have the most impact on their social and emotional development. This suggests that one of the reasons why surrogacy may be emotionally difficult for family members is due to above mentioned reason.

Further, the selected couples for the present study also responded to some extent for the following expected challenges:

- Challenge in persuading family members for Surrogacy
- Family members may not accept a child born through Surrogacy.
- Family members may not trust the process of Surrogacy.
- Opting for surrogacy may cause problems in the family.
- Family members may not trust the process of Surrogacy.
- Opting for surrogacy may cause problems in the family
- Family may be prejudiced against the practice of Surrogacy.
- Fear of discontent of the surrogate child from family's ancestral property may become hurdle to opt for Surrogacy.

The results above imply that it's likely that family members don't have accurate knowledge of surrogacy and think it's unethical for women to sell their bodies. Since surrogacy is viewed negatively in society and is technically a kind of prostitution, some people contend that it ought to be illegal for moral reasons.

Due to misperceptions, stereotypes, and social stigma of this nature, families may decide not to support children born through surrogacy. However, several of the above-mentioned anticipated family issues were experienced to some degree in the current study. Family members' hesitation about surrogacy, surrogate moms, and children born through surrogacy is only partially expressed.

Further, the selected couples also responded to less extent for the following expected challenges:

- Family members may not extend a social support system to the intended parent (1.76).
- The fear of rejection for baby born out of Surrogacy from family members may become hurdle for couple to opt for Surrogacy (1.82).

The findings indicate that it's likely that intended parents won't be successful in convincing their family members to become surrogate parents because they may be uninformed of the advantages of surrogacy or may not comprehend its essential principles, family members may lack trust in the surrogate mother and thus the child born through Surrogacy may not be fully accepted.

Table 43 Item-wise Intensity Indices showing expected challenges related to Process of Surrogacy

Part C	Challenges Related to the Process of Surrogacy.	Intensity Indices
1.	Emotional challenges may occur amongst Surrogate mothers as they keep the child in the womb for 9 months.	2.35
2.	The process of Surrogacy can be emotionally challenging.	2.32
3.	Surrogacy involves a tedious legal process.	2.30
4.	The postpartum separation from surrogate mother from the new born is a challenging situation.	2.30
5.	Couples shy away from revealing the child as one obtained from Surrogacy.	2.26
6.	It is a cumbersome process.	2.17
7.	The chances of leakage of medical confidentiality are high.	2.15
8.	The surrogate mother may withdraw her contract of delivering the new born to the intended couple.	2.12
9.	Physical complications do surface and risk the foetus.	2.10
10.	Surrogacy practices, sacrifice the natural reproductive capacity of the human being as a living creature.	2.04

Table 43 depicts the response scale of the couples regarding the expected challenges related to Process of Surrogacy, which ranged from the highest 2.35 to the lowest 2.04. This means that the couples agreed the expected challenges related to Surrogacy ranged from same extent to less extent only. From the above table it is revealed that couples think that emotional challenges may occur amongst Surrogate mothers as they keep the child in the womb for 9 months (2.35), the process of Surrogacy can be emotionally challenging (2.32). Surrogacy involves a tedious legal process (2.30) is a challenge as well.

This finding suggests that the process of becoming a surrogate mother is extremely emotional because the child has emotional contact with the surrogate mother. As a result, it may be difficult for the surrogate mother to hand over the child and for the intended parents to form an emotional bond with the child. Contrarily, surrogacy includes arduous legal procedures that are both expensive and time- consuming, thus they could not have enough patients.

Further, the selected couples for the present study also responded to some extent for the following expected challenges:

- Couples shy away from revealing the child as one obtained from Surrogacy.
- It is a cumbersome process.

The ethical issues surrounding the use of technology to modify or improve human reproduction as well as the emotional and physical toll that surrogacy may have on both the intended parents and the surrogate mother may be the causes of these difficulties. Some people might also think that it is a cumbersome process.

Further, the selected couple also responded to less extent for the following expected challenges:

- Surrogacy practices, sacrifice the natural reproductive capacity of the human being as a living creature (2.04).
- The chances of leakage of medical confidentiality are high (2.15).

The table also shows that respondents believe that the expected Challenges namely surrogacy practices sacrifice a person's ability to reproduce naturally as a living thing to less extent only. This could be due to the intended parents' own personal beliefs and thought processes, as well as the fact that they are not the biological parents of the child. Intended couples may become anxious and worried about the procedure because they believe that the surrogate mother will be emotionally taxed by having to carry the kid for nine months. However, the respondents considered the above mentioned expected challenges to some extent only.

Table 44 Item-wise Intensity Indices showing expected challenges related to Process of Surrogacy

Part D	Miscellaneous Challenges	Intensity Indices
1.	Surrogacy is a complicated procedure.	2.26
2.	The procedure for registering for surrogacy is complicated and time-consuming.	2.13
3.	Surrogacy is a financially draining process.	2.13
4.	Strange Laws / Regulations related to Surrogacy.	2.12
5.	No trust in the doctors/ surrogate	2.02

Table 44 depicts the response scale of the couples regarding the expected Miscellaneous Barriers related to Surrogacy, which ranged from the highest 2.26 to the lowest 2.02. This means that the couples agreed the expected challenges related to Surrogacy range from same extent to less extent only. From the above table it is revealed that couples think that Surrogacy is a complicated procedure (2.26), surrogacy is a financially draining process. (2.13). The procedure for registering for surrogacy is complicated and time-consuming (2.13) is a challenge as well.

The table suggests that intending couples may be less exposed to knowledge about the legal rules and regulations surrounding surrogacy. Additionally, it shows that binding agreements have been made to safeguard the intended parents as well as the surrogate mother. Additionally, many believe that the surrogacy process is time- and money-consuming.

Further, the selected couples for the present study also responded to some extent for the following expected challenge:

- Strange Laws / Regulations related to Surrogacy.

The response of some couples to the difficulty of the surrogacy process might have a variety of causes. Legal and medical complexities associated with surrogacy might be overwhelming for some people. Other reason was that couples may not have trust on the doctors or surrogates.

Further, the selected couple also responded to less extent for the following expected Barriers:

- No trust in the doctors/ surrogate. (2.02)

Thus, the table revealed the selected couples felt expected challenges regarding Surrogacy may come in the way. There may be a number of causes for someone not to trust their medical professionals or surrogate. It can be because of a previous bad experience with medical personnel or a general mistrust of the healthcare system. Lack of communication or knowledge about their medical condition, cultural or linguistic difficulties, and fear or concern about their health could all lead to a lack of trust. To gain the trust of their patients or surrogates, healthcare practitioners must recognize and address these concerns. This may entail paying close attention to their worries, outlining for them in detail their condition and available treatments, and including them in the decision-making process.

The enlisted challenges can be taken care of as with few modifications.

This is a positive indication that the challenges were felt from some extent to less extent as they can be treated well with proper planning and the results can be fruitful.

Thus, it can be concluded that, the couples who were the respondents for the present study although were divided into high Knowledge and Low Knowledge regarding Surrogacy and also for favourable and unfavourable Perceptions but high majority of them i.e. 72% expected the Challenges related to Surrogacy to some extent only this means that the respondents felt that the Challenges related to self, family, the medical process are not difficult to handle. This reflects that Surrogacy can be considered as a positive probable solution for childless couples of certain challenges coming in the way can be treated wisely.

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Section – 5

4.4 Suggestions Related to Surrogacy

4.5.1 Overall Suggestions of the Selected Couples residing in New Delhi regarding Surrogacy.

Table 45 Percentage Distribution of the Selected Couples residing in New Delhi according to their Overall Suggestion Regarding Surrogacy.

n = 93

Sr. No.	Suggestions regarding Surrogacy	Percentage
1.	Less suggestions	7.5
2.	Some suggestions	50.5
3.	More Suggestion	41.9

Table 45 reveals the percentage distribution of the selected couples residing in New Delhi according to the overall suggestions regarding Surrogacy. A little more than half the couples i.e., 50.5% had some suggestions regarding Surrogacy, 41.9 of the couples had many suggestions regarding Surrogacy and the remaining 7.5% had less suggestions regarding Surrogacy.

This finding implies that more than half of the couples wanted the information and knowledge regarding Surrogacy to increase and improve. Couples want necessary steps to be taken so as to sensitize people more about Surrogacy.

Figure 14 Percentage Distribution of the Selected Couples residing in New Delhi according to the Overall Suggestions related to Surrogacy

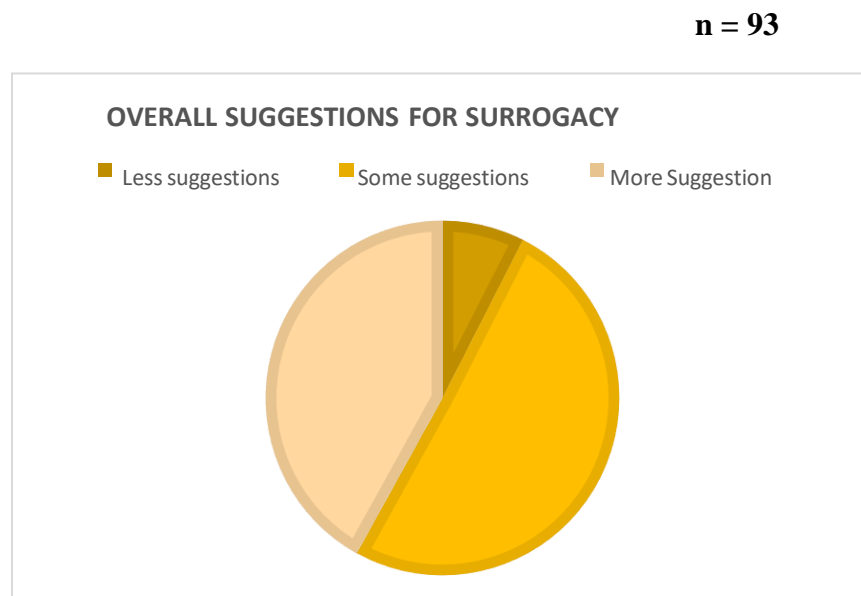


Table 46 Item-wise Intensity Indices showing Medical Suggestions regarding Surrogacy

n = 93

Sr.No	Statement	Intensity Indices
Suggestions for Medical Profession related to Surrogacy.		
1	Doctors can foster positive attitude regarding surrogacy amongst couples.	2.48
2	Organization/ IVF centers or clinics can provide the publicity about the procedures regarding Surrogacy.	2.45
3	Free distribution of literature on Surrogacy on medical store.	2.43
4	Doctor's associations, clubs can promote Surrogacy through awareness camps, with the help of famous personalities, through media.	2.43

5	All clinics, IVF centers, hospitals, should give wider publicity regarding Surrogacy	2.41
6	The medical process should be explained properly, so the common public can understand.	2.39
7	There should be a limit on the number of embryos that could be transferred during one ET session. It will help to avoid the process of foetal reduction in Surrogacy, which in the Indian context might end up in sex selection.	2.25

Table 46 depicts the response scale of the couples regarding the Suggestions related to medical profession with reference to Surrogacy, which ranged from the highest 2.48 to the lowest 2.25.

This means that the couples agreed to the Suggestions related to Surrogacy range from same extent to less extent only. From the above table it is revealed that couples think that doctors can foster positive attitude regarding surrogacy amongst couples (2.48). Further, organization/ IVF centers or clinics can provide the publicity about the procedures regarding Surrogacy (2.45).

The respondents suggested that doctor's associations and clubs should promote surrogacy through awareness camps, with the help of famous personalities, and through the media, and this was strongly supported by the respondents. People want to know the overall medical process of surrogacy, and they expect doctors from all clinics, IVF centres, and hospitals to know about it.

Further, the respondent responded to some extent to the following suggestions:

- All clinics, IVF centers, hospitals, should give wider publicity regarding Surrogacy
- The medical process should be explained properly, so the common public can understand.

The majority of respondents agreed with the aforementioned suggestions, which led to the conclusion that people want to know the full medical process of surrogacy and expect doctors from all clinics, IVF centres, and hospitals to be knowledgeable about it. Additionally, the respondents strongly recommended that doctor's associations and clubs promote surrogacy through awareness campaigns, with the help of well-known individuals, in the media, and with the help of famous personalities.

Further, the selected couple also responded to less extent for the following Suggestions:

- There should be a limit on the number of embryos that could be transferred during one ET session. It will help to avoid the process of foetal reduction in surrogacy, which in the Indian context might end up in sex selection. (2.25)

The suggestion that there should be a cap on the number of embryos that can be transferred during an ET session was the least frequently made by participants. As a result, the process of the foetus shrinking in the womb, which can lead to sex selection in the case of India, will be avoided.

Table 47 Item-wise Intensity Indices showing Suggestions related to Media regarding Surrogacy

S.NO.	STATEMENTS	INTENSITY INDICES
Part B - Suggestions for Media related to Surrogacy		
1.	Proactive media's contribution in the promotion of surrogacy can help in rise of surrogacy.	2.42
2.	Films / Public programs related to surrogacy and surrogates or Couples opting for Surrogacy should be made.	2.37
3.	Society may be sensitized regarding surrogacy through regular information about surrogacy.	2.33
4.	Local electronic channels including radio can promote the Surrogacy through the fillers/jingles, etc.	2.30
5.	Media can partner with any IVF centre or any fertility clinics in supporting surrogacy.	2.26
6.	Media should publish success stories on surrogacy in regular interval.	2.20

Table 47 depicts the response scale of the couples regarding the Suggestions for media related to Surrogacy, which ranged from the highest 2.42 to the lowest 2.20. This means that the couples agreed to the Suggestions related to Surrogacy range from some extent to less extent only. From the above table it is revealed that couples think that Proactive media's contribution in the promotion of surrogacy can help in rise of surrogacy. (2.42). Further, films / public programs related to surrogacy and surrogates or Couples opting for Surrogacy should be made (2.37).

According to the table, media is crucial in educating the public and establishing opinions about social issues, especially those about which people lack relevant knowledge or experience.

Surrogacy is one of the topics that is starting to spark public discussion. Most people haven't given it much thought. Also, it has been advised that media outlets regularly air surrogacy-related movies and television shows as well as feature success stories.

Further, the respondent responded to some extent to the following suggestions:

- Local electronic channels including radio can promote the Surrogacy through the fillers/jingles, etc.
- Society may be sensitized regarding surrogacy through regular information about surrogacy.

According to the aforementioned research, radio and other local electronic channels should advertise surrogacy. By continually presenting different opinions on the subject, individuals may start to develop interest in it.

Further, the selected couple also responded to less extent for the following Suggestions:

- Media should publish success stories on Surrogacy in regular intervals (2.20).
- Media can partner with any IVF centre or any fertility clinics in supporting surrogacy (2.26)

The aforementioned findings suggested that while surrogacy clinics and business owners frequently advertise online, it is uncommon to be able to verify the accuracy of the information before interacting with service providers. These findings also suggested that surrogacy clinics and entrepreneurs frequently assure visitors about the legal repercussions of surrogacy agreements in India, which promotes the idea of a hassle-free process. These campaigns progressively change the way orthodox people think, assisting them in accepting this medical advancement.

Table 48 Item-wise Intensity Indices showing Suggestions related to Government regarding Surrogacy

Sr. No	Statement	Intensity Indices
Part C - Suggestions reacted to Government		
1	Efforts have to be made by the government to have socio-legal attitude towards the acceptability of commercial surrogate motherhood.	2.56
2	Adequate information about different forms of assisted Reproduction should be provided by the government.	2.55
3	To decrease the stigmatization of women, a regular policy should be made in this regard by the government.	2.47
4	Legal literacy programs should be organized among general citizens/couples to enhance their understanding about surrogacy arrangements.	2.47
5.	Speed up the parliamentary process to bring a law in place to remove the ambiguities existing in the field.	2.45
6.	A government-regulated proper system needs to be in place regarding the handing over of the baby.	2.43
7.	Laws / Regulation regarding Surrogacy should be simplified.	2.39
8.	The law is proposed, the draft should be discussed keeping in mind the moral social aspects by legal, medical, social personnel.	2.37
9.	Every City should have IVF centers or Clinics counselling cell.	2.31

Table 48 depicts the response scale of the couples regarding the Suggestions for media related to Surrogacy, which ranged from the highest 2.56 to the lowest 2.31. This means that the couples agreed to the Suggestions related to Surrogacy range from some extent to less extent only. From the above table it is revealed that couples think that efforts have to be made by the government to have sociolegal attitude towards acceptability of commercial surrogate motherhood (2.56). Further, adequate information about different forms of assisted reproduction should be provided by government (2.47). According to the table, surrogacy clinics and business owners frequently advertise online, but it is rare to be able to verify the veracity of the information before interacting with service providers. They also advertise a hassle-free process by assuring visitors about the legal repercussions of surrogacy agreements in India.

Further, the respondents agreed to some extent for the following suggestions:

- Speed up the parliamentary process to bring a law in place to remove the ambiguities existing in the field.
- A government regulated proper system needs to be in place regarding the handing over of the baby.
- Laws / Regulation regarding Surrogacy should be simplified.

Further, the selected couple also responded to less extent for the following Suggestions:

- Every City should have IVF centers or Clinics counselling cell (2.31).
- The law is proposed, the draft should be discussed keeping in mind the moral, social aspects by legal, medical, social personnel (2.37)

The aforementioned findings suggest that in order to improve general citizens' and couples' understanding of surrogacy arrangements, legal literacy programmes should be organised. The proposed law should also be discussed by legal, medical, and social professionals while keeping moral and social considerations in mind, and the parliamentary process should be sped up in order to pass a law that will eliminate any existing ambiguities. Surrogacy should be promoted by the government on a local, state, and federal level. Additionally, laws and regulations must be harsh or powerful enough to alter people's perspectives. Famous people can be used to promote this kind of medical advancement in order to reach a wider audience.

Thus, the table revealed the selected couples felt that enlisted suggestions regarding Surrogacy may come in the way and the enlisted suggestions can be considered for betterment.

This is a positive indication that suggestions were felt from some extent to less extent as they can be treated well with proper planning and the results can be fruitful.

CHAPTER 5

SUMMARY

CHAPTER 5

SUMMARY

5.1 Introduction

From the very beginning of human civilization, human beings understood the importance of creating the next generation and the role of women for this purpose. Slowly, with the progress of civilization, women started feeling an urge to bear children. Those women who couldn't bear children, felt their life incomplete. This feeling or urge has not changed even now. However, with the advancement of knowledge, science and technology, various methods have been developed to help women who are unable to bear children due to various reasons. In the modern age, surrogacy has become a blessing for women who can't bear children. It is basically a method of assisted reproduction where intended parents work with a gestational surrogate, who will carry and care for their baby until birth. We are now going to discuss various aspects of surrogacy in the Indian context.

According to Merriam-Webster, the definition of surrogacy is, “The practice by which a woman (called a surrogate mother) becomes pregnant and gives birth to give it to someone who cannot have children.”

According to Segen's Medical Dictionary “The state of being a surrogate- usually understood to be a woman allowing use of her uterus to carry another woman's fertilised egg.”

(Source - <https://medical-dictionary.thefreedictionary.com/surrogacy>)

5.1.1 Types of Surrogacies

There are different types of surrogacies:

1. On the Basis of Nature of Surrogacy Agreement

- **Altruistic (non-commercial) surrogacy:** Aside from the necessary medical costs, the surrogate mother receives no financial compensation for carrying the child or for giving the child to the intended parents.

This typically occurs when the intending parents' relatives are the surrogate mother.

- **Commercial surrogacy:** The surrogate mother receives payment in addition to the required medical costs. When the surrogate mother is unrelated to the intended parents, this typically occurs.

2. On the Basis of Nature of Fertilization

- **Traditional surrogacy:** Using artificial insemination, the surrogate mother takes the kid to term and delivers it for the intended parents. The child's mother biologically is the surrogate.
- **Gestational Surrogacy:** In this procedure, the father's/sperm donor fertilizes the mother's eggs, and the fertilized eggs are then placed in the surrogate's uterus to develop into an embryo. In this instance, the biological mother's eggs will be used, making the surrogate mother the child's birth mother.

It is unlawful to pay a third party to coordinate a surrogacy, and looking for or hiring a surrogate parent is generally not permitted.

(Source - <https://indiansurrogatemothers.com/types-surrogacy/>)

As laws for Surrogacy are different in every country, it is important to know about the different types of surrogacies and about the ones which are legal in which country. Every country has its own set of laws regarding surrogacy that can make the process easier or more difficult.

Worldwide, there are different laws governing surrogacy. Laws that directly address surrogacy are rare in many nations. While some nations expressly prohibit surrogacy, others forbid it while allowing it to be done for charitable purposes (in which the surrogate is not financially compensated). With few limits, some nations permit commercial surrogacy. International surrogacy is included in certain governments' surrogacy prohibitions. Depending on the jurisdiction, adoptions may be subject to rules or be unregulated.

(Source - <https://physicianssurrogacy.com/surrogacy-laws-around-the-world/>)

5.1.1 Statement of the Problem

To seek answers to these questions it was decided to undertake a study on **“Knowledge and Perceptions of Selected Couples residing in New Delhi regarding Surrogacy.”**

5.1.2 Objectives of the Study

1. To Prepare the Demographic Profile of the Selected Couple residing in New Delhi.
2. To assess the Knowledge of the Selected Couples of New Delhi regarding Surrogacy with respect to following Variables:

- a. Age Group
- b. Years of Marriage
- c. Desire of having children
- d. Family Monthly Income
- e. Family Type
- f. Family Ideology

3. To Study the differences in the Knowledge level of the Selected Couple of New Delhi regarding Surrogacy with respect to the selected Variables.

5. To Study the perceptions of the Selected Couples of New Delhi regarding Surrogacy with respect to the selected Variables.

6. To Study the differences in the Perceptions of the Selected Couples of New Delhi regarding Surrogacy with respect to the selected Variables.

7. To identify the Challenges to Surrogacy according to the selected couple of New Delhi with respect to the selected variables.

8. To seek Suggestions regarding opting for Surrogacy by the selected couple of New Delhi with respect to the selected variables.

5.1.3 Null Hypotheses of the Study

1. There will be no significant differences in the Knowledge Level of the Selected Couples of New Delhi regarding Surrogacy with respect to the following Variables.

- a. Couple's Age Group
- b. Years of Marriage
- c. Desire of having children
- d. Monthly Family Income
- e. Family Type
- f. Family Ideology

2. There will be no significant differences in the Perceptions of the Selected Couples of New Delhi regarding surrogacy with respect to the following variables.

5.1.4 Assumptions of the Study

1. Selected Couples of New Delhi will Possess Knowledge regarding Surrogacy.
2. Knowledge with respect to Surrogacy will vary according to selected Variables.
3. Selected Couples of New Delhi will have Perceptions regarding Surrogacy.
4. The Perceptions regarding Surrogacy will vary according to selected Variables.

5.1.5 Delimitations of the Study

1. The Study will be delimited to the Selected Couples of New Delhi.
2. The Present Research will be delimited to study the Knowledge and Perceptions regarding Surrogacy.
3. The study will be delimited to study the Knowledge and Perceptions of the Selected Couples of New Delhi related to Surrogacy with respect to the selected Variables.

5.2 METHODOLOGY

5.2.1 Population of the Study

The population of the present study comprised of childless married couples residing in New Delhi.

5.2.2 Sample of the Study

The sample of the present study comprised a total of 93 childless married couples of 3 or more years of marriage residing in New Delhi.

5.2.3 DESCRIPTION OF THE RESEARCH TOOL

Table 49 Description of the Research Tool

Section	Content	Total no. of items	Tools	Response system
1	Part A – Profile of the Respondents (Couple’s Age, Total Years of Marriage, Educational Qualification, Occupational Status,	8	Checklist and open ended	Selecting an option from a given list that best applies to the respondent and write the

	Type of Family, Religion, Decision Maker, Family Monthly Income)			correct answer wherever the place is given.
	Checklist to measure the Respondent's Family Ideology	10	Checklist	Selecting an Option from a given list which best applies to the respondents.
	Checklist to check the Desire to have Children	10	Checklist	Three Point Rating Scale.
	Part B – Sources of Information Related to Surrogacy	15	Checklist	Selecting an option from a given list that best applies to the respondents
2	Knowledge regarding Surrogacy	35	Checklist, Multiple Choice Questions and True or False	Selecting an option from the given list which best applies to the respondents. One Correct Answer.
3	Perceptions towards Surrogacy	60	Interval scale	3-point rating scale
4	Expected Challenges related to Surrogacy	57	Interval scale	3-point rating scale
5	Suggestions for Surrogacy	24	Interval scale	3-point rating scale

5.2.4 Validation of the Research Tool

The tool was given to experts, three were teaching faculties from the Department of Extension and Communication, Faculty of Family and Community Sciences, for judging the content validity, relevance, logical sequence, language used, and appropriateness of the response system. Minor changes were made in the tool as per the suggestions and comments received from the expert.

5.2.5 Reliability of the Research Tool

The test-retest method was used for measuring the reliability of the questionnaire. The tool was given to ten Couples residing in New Delhi of three different religions Hindu, Islam, and Christian. To measure the reliability of the tool, the same tool was given again to those ten Couples residing in New Delhi after a gap of ten days.

The formula used to find out the coefficient of correlation was Karl Pearson's formula. $r = \frac{\sum XY}{\sqrt{\sum x^2 \sum y^2}}$

Where X= Responses of the respondents to whom the questionnaire was administered for the first time. Y= Responses of the respondents to the questionnaires were re-administered.

The reliability tool was found to be 0.924.

5.2.6 Collection of the Data

To study the Knowledge and Perceptions of Selected Couples residing in New Delhi regarding Surrogacy, the data were collected from couples residing in New Delhi by the investigator in November 2022

The Google forms were distributed to the couples residing in New Delhi according to the selected religion and age group.

Email IDs of the couples were taken so as to collect back the questionnaires.

5.2.7 SCORING AND CATEGORIZATION PLAN OF THE DATA

SCORING AND CATEGORIZATION OF THE INDEPENDENT VARIABLES

Table 50 Categorization of the Independent Variables

Variables	Basis	Categories
Age	25-30 years 31-35 years 36-40 years 40+ years	Young Adults Middle-aged Adults Adults Older Adults
Total years of Marriage	3-5 5+ years	Few years of Marriage More years of Marriage
Desire to have Children	- -	Less Desire More Desire
Monthly Family Income	<50,000 50,001-1,00,000 1,00,000+	Lower Income Group Middle Income Group Higher Income Group
Family Type	- -	Nuclear Joint
Family Ideology	- -	Conservative Liberal
Religion	Was dropped as a Variable after Data Collection	

Table 51 Scoring Pattern to check Family Ideology

Areas	Response System	Score
Family Ideology	Strongly agree	3
	Agree	2
	Neutral	1

Table 52 The Possible Scores for Desire to Have Children

Type of Statement	Maximum	Minimum
Checklist	30	10
Total	30	10

Table 52 The Possible Scores for Desire to Have Children

Type of Statement	Maximum	Minimum
Checklist	30	10
Total	30	10

5.2.8 CATEGORIZATION OF OTHER FAMILY BACKGROUND INFORMATION

Table 53 Categorization of the Background Information

Other Background Information	Basis	Categories
Education Qualification (Husband/ Wife)	Up to Graduate	Educated
	Post Graduate and Above	Highly Educated
Occupational Status (Husband/ Wife)	Full-Time Job, Self-Employed, Entrepreneur, Freelancer, Part-Time Job	Employed
	Retired, Homemaker	Unemployed
Source of Information	-	Less Source of Information
	-	More Sources of Information

SCORING AND CATEGORIZATION OF DEPENDENT VARIABLES

5.2.1 Table 54 The Possible Scores of Each Part of the Knowledge Test

Type of Statement	Maximum	Minimum
Multiple choice	18	0
True or False	17	0
Total	30	0

Table 55 Categorization of scores in Knowledge Test

Variables	Basis	Categories
Knowledge regarding Surrogacy	Above mean	Higher level of Knowledge
	Mean and Below Mean	Lower level of Knowledge

Table 56 Scoring Pattern According to the Nature of Statements for the Perception Scale towards Surrogacy

Statements	Agree	Neutral	Disagree
Positive statements	3	2	1
Negative statements	1	2	3

Table 57 Categorization of Scores in Perceptions Scale

Variables	Basis	Categories
Perception regarding Surrogacy	Above Mean	Favourable Perceptions
	Mean and Below Mean	Unfavourable Perceptions

SCORING AND CATEGORIZATION FOR STATEMENTS RELATED TO EXPECTED CHALLENGES RELATED TO SURROGACY

Table 58 Scoring Pattern according to the nature of Statements for the Expected Challenges related to Surrogacy.

Areas	Response system	Score
Expected Challenges related to Surrogacy	Great Extent	3
	Some Extent	2
	Less Extent	1

Table 59 The Possible Scores of Each aspect of the Challenge

Type of Statement	Maximum	Minimum
Expected Challenges related to Self	51	17
Expected Challenges related to Family	57	19
Expected Challenges related to the Process of Surrogacy	30	10
Miscellaneous Expected Challenges	18	6
Total	156	52

Table 60 Categorization of the Scores for Challenges related to Surrogacy

Areas	Basis	Categories
Expected Challenges related to Surrogacy	126 and above	Great Extent
	100-125	Some Extent
	99 and below	Less Extent

Table 61 The range of intensity indices for Expected Challenges related to Surrogacy.

The Extent of Expected Challenges	Score	Range of Intensity Indices
Great Extent	3	2.15-2.37
Some Extent	2	1.92-2.14
Less Extent	1	1.69-1.91

Table 62 The range of intensity indices for Aspect wise Expected Challenges related toSelf, regarding Surrogacy.

Range of Intensity Indices	Description
2.09-2.28	Great Extent
1.89-2.08	Some Extent
1.69-1.88	Less Extent

Table 63 The range of intensity indices for Aspect wise Expected Challenges related to Family regarding Surrogacy.

Range of Intensity Indices	Description
2.08-2.33	Great Extent
2.07-1.92	Some Extent
1.91-1.76	Less Extent

Table 64 The range of intensity indices for Aspect wise Expected Challenges related to Process of Surrogacy.

Range of Intensity Indices	Description
2.27-2.37	Great Extent
2.16-2.26	Some Extent
2.04-2.15	Less Extent

Table 65 The range of intensity indices for Aspect wise Miscellaneous Expected Challenges related to Surrogacy.

Range of Intensity Indices	Description
2.20-2.28	Great Extent
2.11-2.19	Some Extent
2.02-2.10	Less Extent

5.2.11 SCORING AND CATEGORIZATION OF SUGGESTIONS RELATED TO SURROGACY

Table 66 Scoring Pattern According to the Nature of Statements for the Suggestions Related to Surrogacy

Areas	Response System	Score
Suggestions related to Surrogacy	Great extent	3
	Some extent	2
	Less extent	1

Table 67 The Possible Scores of Each aspect of the Suggestions Scales

Type of Statement	Maximum	Minimum	
Suggestions for Medical Professionals	21	7	
Suggestions for Media	18	6	
Suggestions for Government	27	9	
Total	66	22	

Table 68 Categorization of the Scores for Suggestion related to Surrogacy

Statement	Basis	Categories
Suggestions related to Surrogacy	51 and above	Great Extent
	41-50	Some Extent
	40 and below	Less Extent

Table 69 The range of intensity indices for Suggestions related to Surrogacy.

The extent of Suggestions	Score	Range of Intensity Indices
Great Extent	3	2.54-2.70
Some Extent	2	2.37-2.53
Less Extent	1	2.19-2.36

Table 70 The range of intensity indices for Aspect wise Medical Suggestions related to Surrogacy.

Range of Intensity Indices	Description
2.43-2.51	Great Extent
2.34-2.42	Some Extent
2.25-2.33	Less Extent

Table 71 The range of intensity indices for Aspect wise Suggestions related to Media regarding Surrogacy.

Range of Intensity Indices	Description
2.37-2.44	Great Extent
2.29-2.36	Some Extent
2.20-2.28	Less Extent

Table 72 The range of intensity indices for Aspect wise Suggestions related to Government regarding Surrogacy.

Range of Intensity Indices	Description
2.49-2.57	Great Extent
2.40-2.48	Some Extent
2.31-2.39	Less Extent

5.2.12 Plan for Statistical Analysis of the Data

Table 73 Different Statistical Measure used for the Analysis of the Data

Sr No.	Purpose	Statistical Measures
1.	Background Information of the Selected Couples residing in New Delhi.	Percentage
2.	Basic Information related to Surrogacy of the Selected Couples residing in New Delhi.	Percentage
3	Variable Wise Knowledge of the Selected Couples residing in New Delhi regarding Surrogacy.	Percentage
4	Variable Wise Knowledge of the Selected Couples residing in New Delhi regarding Surrogacy.	Percentage
5	Differences in the Knowledge of the Selected Couples residing in New Delhi regarding Surrogacy with respect to Variables.	Mann-Whitney & Kruskal Wallis Test
6	Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy.	Percentage

7	Variable Wise Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy.	Percentage
8	Differences in the Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy with respect to Variables.	T-test & ANOVA
9	Overall and Aspect-Wise Challenges of the Selected Couples residing in New Delhi.	Percentage and Intensity Indices
10	Overall and Aspect-wise Suggestions of the Selected Couples residing in New Delhi.	Percentage and Intensity Indices

5.3 MAJOR FINDINGS OF THE STUDY

5.3.1 Background Information of the Couples

- ☐ 45% of the couples were from the age group of 40+.
- ☐ 68.8% of the couples were married for 5 or more years.
- ☐ 66.7% of the couples belonged to a nuclear family.
- ☐ Both low and middle-income groups comprised of 38.7% of the couples.
- ☐ 71% of the couples were from families that had conservative ideology.
- ☐ 52.7% of the couples had less desire to have children.
- ☐ Majority (72.4%) of the couples gained information about surrogacy from movies, from TV and then discussions with a friend helped in disseminating more information about Surrogacy.

5.3.2 Knowledge of Selected Couples residing in New Delhi regarding Surrogacy

- ☐ A little more than half i.e., 55.9% of the couples had higher level of knowledge regarding Surrogacy.
- ☐ 76.1% of the couples under the age group of 40+ had more knowledge regarding Surrogacy.
- ☐ 61% of the middle-aged married couple residing in New Delhi had more knowledge regarding Surrogacy.
- ☐ 62.9% of the couples living in a nuclear family had a higher level of knowledge regarding Surrogacy.

- Majority i.e. 71.4% of the couples from higher income group had more Knowledge about Surrogacy.
- 77.7% of the couples belonging to a liberal family had lower level of Knowledge regarding Surrogacy whereas 69.6% of the couple belonging to a family with conservative ideology had a higher level of Knowledge regarding Surrogacy.
- A little more than half i.e., 59.1% of the couples who had less desire to have a child had a higher level of Knowledge.

Differences in the Knowledge of the Selected Couples residing in New Delhi regarding Surrogacy

- The knowledge level of the selected couples residing in New Delhi did not differ significantly according to the selected variables namely years of marriage, Type of Family, and Desire to have children, Couple's age group and Monthly Family Income.
- The Knowledge level of the selected couples residing in New Delhi differed significantly with the variable of Family Ideology.

5.3.3 Perceptions of Selected Couples residing in New Delhi regarding Surrogacy

- Little more than half i.e., 54.8% of the couples residing in New Delhi had unfavourable perception.
- Majority i.e. 72.2% of the couple under the age group of 25-30 years had favourable perception regarding Surrogacy, 61.90% of the couples under the age group 40+ also had an unfavourable perception regarding Surrogacy.
- 65.5% of the newly married couple of New Delhi had favourable perception regarding Surrogacy.
- Majority i.e. 70.9% of the couples from joint family had favourable perception.
- Little more than half i.e. 58.3% of the couple belonging to the middle-income group had favourable perceptions regarding Surrogacy.
- Majority i.e. 77.7% of the couples having liberal family ideology had favourable perceptions.
- 63.6% of the couples who had more desire of having a child had favourable perceptions regarding Surrogacy.

Differences in the Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy

- The Perceptions of the selected couples residing in New Delhi regarding Surrogacy did not differ significantly with respect to Variables namely Years of Marriage, Type of Family and the Desire to have Children.

The variable namely Family Ideology, Monthly Family Income and Couple's age group. shows significant differences in the Perception levels regarding surrogacy for selected couples.

5.3.4 Expected Challenges Related to Surrogacy

- Majority of the couples i.e., 72% had expected some extent of Challenges regarding Surrogacy.
- The intensity indices regarding expected challenges related to self ranged from highest 2.26 to lowest 1.69.
 1. Lack of proper information about surrogacy (2.26)
 2. Lack of confidence in Surrogacy (2.08)
 3. Fear of unsuccessful Surrogacy process (2.06)
- The intensity indices regarding expected challenges related to family ranged from highest 2.20 to lowest 1.76.
 1. An average Indian family comprised of members of various age groups, the senior family members may not allow their wards to opt for Surrogacy (2.20)
 2. Lack of awareness regarding Surrogacy on the part of family members regarding the practice & knowledge on surrogacy. (2.16)
 3. Family values/ ethics may not allow opting for Surrogacy. (2.14)
 4. Family may not be ready to accept the concept of Surrogacy. (2.14)
 5. In the Indian context, the family is considered an important institution probability of weak bond with the child born out of Surrogacy may be challenging. (2.13)
- The intensity indices regarding expected challenges related to process of surrogacy ranged from highest 2.35 to the lowest 2.04.
 1. Emotional challenges may occur amongst Surrogate mothers as they keep the child in the womb for 9 months. (2.35)
 2. The process of Surrogacy can be emotionally challenging. (2.32)
 3. Surrogacy involves a tedious legal process. (2.30)
 4. The postpartum separation from surrogate mother from the new born is a challenging situation. (2.30)
 5. Couples shy away from revealing the child as one obtained from Surrogacy. (2.26)
- The intensity indices regarding expected miscellaneous challenges ranged from highest 2.26 to the lowest 2.02.

1. Surrogacy is a complicated procedure. (2.26)
2. The procedure for registering for surrogacy is complicated and time-consuming. (2.13)
3. Surrogacy is a financially draining process. (2.13)

5.3.5 Suggestions related to Surrogacy

- ☐ A little more than half the couples i.e., 50.5% had some suggestions regarding Surrogacy.
- ☐ The intensity indices for the suggestions for medical professions related to surrogacy ranged from highest 2.48 to the lowest 2.25.
 1. Doctors can foster positive attitude regarding surrogacy amongst couples. (2.48)
 2. Organization/ IVF centers or clinics can provide the publicity about the procedures regarding Surrogacy. (2.45)
 3. Free distribution of literature on Surrogacy on medical store. (2.43)
 4. Doctor's associations, clubs can promote Surrogacy through awareness camps, with the help of famous personalities, through media. (2.43)
- ☐ The intensity indices for the suggestions for media related to surrogacy ranged from highest 2.42 to the lowest 2.20.
 1. Proactive media's contribution in the promotion of surrogacy can help in rise of surrogacy. (2.42)
 2. Films / Public programs related to surrogacy and surrogates or Couples opting for Surrogacy should be made. (2.37)
 3. Society may be sensitized regarding surrogacy through regular information about surrogacy. (2.33)
- ☐ The intensity indices for the suggestions for Government related to surrogacy ranged from the highest 2.56 to the lowest 2.31.
 1. Efforts have to be made by the government to have socio-legal attitude towards acceptability of commercial surrogate motherhood. (2.56)
 2. Adequate information about different forms of assisted reproduction should be provided by government. (2.55)
 3. To decrease the stigmatization of women, a regular policy should be made in this regard by the government. (2.47)
 4. Legal literacy programs should be organized among general citizens/couples to enhance their understanding about surrogacy arrangement. (2.47)

5.4 CONCLUSION

The present study was conducted with the major focus on the “Knowledge and Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy”. The study revealed that nearly majority of the respondents had higher level of Knowledge and unfavourable Perceptions regarding Surrogacy. It is seen that for “India” the Surrogacy concept is not new. The Hindu Mythology has many famous stories to illustrate how Surrogacy was not unheard of in the pre, historic times. With the passage of time, surrogacy has become known among people in all walks of life in India. Many people now know about surrogacy and its cost and need. But even then, there are reservations against surrogacy, which is a boon of modern medical science. The exact reasons behind their reservation among people from different strata of society have to be traced. Only after finding the exact reason(s), remedial measures can be taken. It was found that couples who were 40 and above had more knowledge about Surrogacy. It was also seen that couples who were married for more than 5 years, belonged to a nuclear family, had a conservative family ideology and had less desire to have children had more information and thus Knowledge about surrogacy.

It was also seen that couples who were married for more than 5 years, belonged to a nuclear family, had a conservative family ideology and had less desire to have children had more information and thus Knowledge about surrogacy. The probable reasons behind this could be that couples who were married for long had already learned and gained information about surrogacy so as to have their own child, Couples who are 40 and above, married for more than 5 years, belonged to a joint family, had a liberal family ideology and more desire to have children had unfavourable Perceptions towards Surrogacy, similarly it was seen the same variables and category had more knowledge regarding Surrogacy, it is a high possibility that considering surrogacy as a cumbersome process the couples have an unfavourable perception towards the same.

As the study also revealed that the overall Challenges related findings reveals that there is 72% had some extent of Challenges, 12.9% had great extent of Challenges and 15.1% had less extent of challenges regarding Surrogacy. With reference to suggestions related to Surrogacy findings revealed that, couples had suggestions in relation to great extent to government, followed by suggestions in relation to medical profession and at last suggestions in relation to Media.

It is important to spread awareness about surrogacy, the Government may start awareness campaign all over India. The doctors, nurses, para-medics and even contractual health workers may be given short-term training on various aspects of surrogacy. They must understand this medical marvel and can explain to the local populace about this blessing from the 'medical gods' in simple and understandable language. Long-term campaigns by the local health workers can counter the negative campaign about Surrogacy by many rural leaders and religious persons.

The health workers may explain how this new boon (surrogacy) helps childless couple to have satisfaction of having a baby, which will also save them from mental trauma and ridicule from others for being childless. However, efforts can be made by medical fraternity to work towards reducing the cost for the entire process of Surrogacy so that the financial challenge can be curbed and large numbers of aspiring people can opt for this medical marvel called Surrogacy.

5.5 FUTURE RECOMMENDATION FOR RESEARCH

2. Action Project can be taken up to spread awareness and Knowledge regarding Surrogacy.
3. Comparative Study on Knowledge and related to Surrogacy of Medical Doctors and the General Public residing in New Delhi.
4. Research study on Opinions/Perceptions related to Surrogacy of Medical Doctors
5. and the General Public residing in New Delhi

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APPENDICES

APPENDIX 1

RESEARCH TOOL WITH ANSWER KEY

Section – 1

A. Profile of the Respondents

Direction – Please read carefully and give the following information by tick marking  or writing wherever necessary in the space provided.

1. Age of wife - _____ Age of husband - _____

2. Total years of marriage - _____

3. Education Qualification	Wife	Husband
10th Pass		
12th Pass		
Under Graduate		
Post Graduate Diploma		
Post Graduate Degree		
Any Other		

4. Occupation	Wife	Husband
Full-time job		
Self-employed		

Entrepreneur		
Freelancer		
Part-time job		
Retired		
Homemaker		
Any other (please specify)		

5. Type of Family: -

- Nuclear: _____
- Joint: _____
- Extended: _____

6. Religion: -

- Hindu: _____
- Muslim: _____
- Christian: _____
- Others: _____

7. Decision Maker: -

- Wife
- Husband
- Others
- Both Husband and Wife

8. Total Monthly Family Income - _____

B. Checklist to measure the Respondent's Family ideology.

Direction – Please read the following questions carefully and tick mark the appropriate option in the givenspace.

Here, SA represents **Strongly Agree**


A represents **Agree**

N represents **Neutral**

Sr. No	STATEMENTS	SA	A	N
1.	Autonomous <i>(Condition of self-Government)</i>			
	Non-autonomous <i>(not having the right or power of self-government)</i>			
2.	Liberation <i>(freedom from limit on thought or behavior)</i>			
	Confinement <i>(captivated)</i>			
3.	Unconventional thinking <i>(looking at the world through an inquisitive, investigative lens)</i>			
	Conventional thinking <i>(the usual way of thinking and doing things)</i>			
4.	Unorthodox <i>(contrary to what is usual, traditional)</i>			
	Orthodox <i>(following or conforming to the traditional or generally accepted rules or beliefs of a religion)</i>			
5.	Revolutionary thinking <i>(brings about a big or important change)</i>			
	Non- revolutionary thinking			

6.	Creation/ Creator			
	Follower			
7.	Don't believe in customs			
	Adhere to customs			
8.	Believe in Concept of change			
	Believe in Concept of permanence			
9.	Early adopters			
	Laggards <i>(makes slow progress)</i>			
10.	Radical <i>(a person who advocates thorough or complete political or social change)</i>			
	Traditional			

C. Desire to have Children

Direction – Below mentioned is the list of activities. Please read the following items carefully and tick mark  the appropriate in the given space.


Here, GE represents Great Extent

SE represents Some Extent

LE represents Low Extent

Sr. No	Statements	GE	SE	LE
1.	We have recurring thoughts of having a child.			
2.	We talk to other people about the idea of having a baby.			
3	We want to have children as soon as possible.			
4.	When we see babies or young children, it makes us want to have one too.			
5	If we had a child now, we would be happier.			
6.	We believe having a child makes one family more complete.			
7.	We enjoy spending time with young children/ babies.			
8.	Looking at other couples having a baby makes us want to have one too.			
9.	We have plans in the future which include our own child.			
10.	Deeply rooted societal factors wakes an intense desire in us to have children.			

D. Source of Information Related to Surrogacy

Direction: - Please read carefully and give the following information by tick marking  in the space provided.

(Note: The respondent can tick mark the multiple options for these questions)

Sr. No	Source	Mark
	I have heard/read about surrogacy through -	
1.	Hoardings/ Billboards	
2.	Pamphlets	
3.	Discussions with family	
4.	Discussions with a friend	
5.	TV	
6.	A movie	
7.	Poster in a public place	
8.	Information provided by a medical professional, clinic, or doctor's office	
9.	Advertisement	
10.	Book	
11.	Seminar	
12.	Mail	
13.	A family member/ friend/ colleague opted for it	
14.	Facebook	
15.	News coverage	
16.	Conference	
17.	YouTube	

18.	Instagram	
19.	WhatsApp	
20.	Twitter	

SECTION-2

Knowledge Regarding Surrogacy

Instruction: - Following are the statements to check “THE KNOWLEDGE REGARDING SURROGACY”

1. Directions: - Please read the following items carefully and tick mark the appropriate answer.

1. A surrogate mother is a woman who bears and gives birth to a child for a person or a couple who then adopts or takes legal custody of the child. This can also be called what?

- temporary motherhood
- **mothering by proxy**
- a big payday birth mothering
- Guardianship

2. The common way a surrogate gets impregnated is when the father's sperm is implanted into the surrogate's womb. This process is known as...?

- A cheap date
- Medical insemination
- **Artificial insemination**
- Medical interference

3. When a woman can't carry a fetus to full term, so the fertilized eggs are implanted in a surrogate mother. This process is also called...

- in vitro fertilization
- **gestational surrogacy**
- nine months of waiting
- traditional surrogacy

4. The concept of surrogacy is from?

- The 18th Century
- 21st Century
- The 19th Century
- **Biblical times**

5. Surrogate mothers must meet all of the following criteria except for one. What is it?

- Clear criminal background checks
- Delivered at least one healthy child
- **A steady job**
- A partner who is supportive regarding surrogacy

6. Which country is a leader in international surrogacy?

- China
- Switzerland
- The United States
- **India**

7. Surrogate mother:

- **bears and delivers a child for another couple.**
- is a female who cannot produce children.
- is a female who provides ovum to another woman.
- Both a and c

8. Which of the following statements describes a surrogate mother?

- One who has undergone tubectomy after her first child
- One who is unable to conceive for a second time
- **One who carries a child in her womb on behalf of someone else**
- One who is unable to produce milk after the birth of her child

9. Who are the people involved in a surrogacy journey?

- Intended parent(s)

- Egg donor/ sperm provider
- IVF clinic professionals
- **All of the above**

10. When did the Surrogacy (Regulation) Act, 2021 receive the assent of the President of India?

- November 30, 2021
- December 10, 2021
- December 17, 2021
- **December 25, 2021**

11. Who chooses surrogacy as a way to become parents?

- People who have struggled with infertility
- Prospective single parents
- Anyone who is unable to safely carry a pregnancy to term
- **All of the above**

12. Surrogacy in India is:

- Legal
- Illegal
- **Regulated**
- None of These

13. Identify the correct definition of surrogacy from among the following, as stipulated by the Surrogacy Regulation Act.

- **“a practice whereby one woman bears and gives birth to a child for an intending couple with the intention of handing over such child to the intending couple after the birth”**
- “a practice whereby one woman bears and gives birth to a child for an intending couple without the intention of handing over such child to the intending couple after the birth”

- “a practice whereby one woman offers a child for an intending couple with the intention of handing over such child to the intending couple after the birth”
- “a practice whereby a person bears and gives birth to a child for an intending couple with the intention of handing over such child to the intending person after the birth”

14. Surrogacy is permitted...

- When an intending couple has a medical indication necessitating gestational surrogacy.
- When it is only for altruistic surrogacy purposes.
- When it is not for commercial purposes and also not for producing children for sale, prostitution or any other form of exploitation.
- **All of these.**

15. Which of the following is a type of surrogacy?

- Modern
- Clinical
- **Traditional**
- Physiological

16. How long is the procedure of surrogacy?

- **1 to 2 years**
- 5 years
- 6 months
- 9 Months

17. Which of the following women is legal mother of a child?

- **A woman who commissions a surrogate where the surrogate uses that woman's egg**
- A woman who commissions a surrogate where the surrogate uses someone else's egg
- A surrogate mother
- All of the above.

18. Which surrogacy is banned in India?

- Traditional
- **Commercial**
- Gestational
- Altruistic


**2. Please read carefully and state whether the statement is true or false.
(Note: The respondent will be given 1 point for every correct answer and 0 for the incorrect ones.)**

Sr. NO.	STATEMENTS	TRUE/FALSE
1.	Surrogacy is a way to help infertile couples have a child with their own genetic.	True
2.	A relative/ friend can act as a surrogate for friend/ family member.	True
3.	Surrogacy involves ethical and social issues.	True
4.	Surrogacy is against some religions.	True
5.	Relatives/ Friends are allowed for gamete donation.	True
6.	Intended parents have to meet the surrogate's requirements too	True
7.	Disclosure of surrogacy is considered as an inalienable right of the child.	False
8.	Surrogacy is allowed in every country.	False
9.	Children born via surrogacy show difference from traditionally conceived children.	False
10.	Children born via surrogacy don't know about their surrogates.	False
11.	Only the commissioning couple are truly parents of the child.	True
12.	Surrogate mother's role is as an antenatal nanny.	False
13.	Surrogacy is allowed only for the wealthy public figures.	False

14.	There is no need to maintain contact with surrogate mother after delivery of the baby.	False
15.	The surrogate can parental custody of the child, if she wants to.	False
16.	Surrogacy is a cheap procedure in India.	False
17.	Surrogacy for gay couple is allowed in India.	False

Section – 3
Perception towards Surrogacy

Instruction: Following are the statements to check “THE PERCEPTIONS TOWARDS SURROGACY”

Direction: - Please read the following statements carefully and tick mark  in the most appropriate Colum.

A - Represents “Agree”, N - Represents “Neutral”, D - Represents “Disagree”

Sr. No.	STATEMENTS	A	N	D
1.	Surrogacy is a cruel human act.			
2.	In the name of Surrogacy, women make business of selling their womb.			
3.	A surrogate mother cannot live a healthy life.			
4.	We prefer to be voluntarily childless rather than to accept surrogacy.			
5.	Surrogacy could not be followed by ethical and social issues.			
6.	Surrogacy is a noble act, which helps a childless couple in having their own child.			
7.	Good publicity for creating awareness about surrogacy is the need of the hour.			
8.	Surrogacy must be hidden from others in order to prevent society to reject the child.			
9.	Children born through surrogacy may have further risk of birth defects than others.			
10.	Children born through surrogacy may have further risk of psychological problems than others.			
11.	We are willing to opt for surrogacy if required.			

12.	Surrogate mother's identity must be hidden from the child.			
13.	Close relationship of the child and surrogate mother may cause insecurity of parental relationship between the commissioning parents and the child.			
14.	Disclosure of surrogacy to the child is better to be after his/her adolescence stage.			
15.	Surrogacy should be allowed for infertile heterosexual or homosexual couples.			
16.	Surrogate mother's intention is to get money rather than to be altruistic.			
17.	Emotional bonding may cause surrogate mother to avoid relinquishment of the child.			
18.	There is no need to maintain contact with surrogate mother after delivery.			
19.	If we know that one of our relative or friends decide to be a surrogate mother, we will support them.			
20.	In case of use of surrogacy, parents should disclose the truth to their child in future.			
21.	Becoming a parent through surrogacy is a positive experience.			
22.	If religious organizations promote surrogacy, people will support it.			
23.	Family members should support surrogacy if kin is interested in it.			
24.	The complex procedure of surrogacy is one reason, people do not want to indulge in it.			
25.	The laws related to surrogacy are difficult to comprehend.			
26.	A brutal act of commercial trade goes on in the name of surrogacy, so it should be banned completely.			
27.	Family member's acceptance for surrogacy is important.			
28.	Surrogacy is an attractive alternative for infertile couples.			

29.	An infertile couple gets their long-desired biological baby through surrogacy.			
30.	Women who do not want to take trouble of carrying their own baby,surrogacy is an easy solution.			
31.	Adoption is a better alternative than surrogacy.			
32.	Agents involved in the surrogacy process treat the surrogate mothers as commodities.			
33.	Children born through surrogacy may face issues related to citizenship of country.			
34.	Surrogacy for same sex couples should be allowed.			
35.	Children born through surrogacy are at risk of worse mental functioning.			
36.	Surrogacy is a good alternative for people who have already exhausted other possibilities of having a child with their own genetic characteristics.			
37.	If I and my partner could not conceive a child on our own, we would consider Surrogacy.			
38.	Surrogacy in every country should be legalized.			
39.	Surrogacy allows for genetic connections.			
40.	Surrogacy creates relationship.			
41.	Surrogacy is an inferior route to parenthood.			
42.	Intended parents may feel insecurity in their parent role.			


43.	The practice of Surrogacy has contentious nature			
44.	The Surrogacy parents show higher level of emotional overinvolved with their infants.			
45.	Surrogacy is just like prostitution as both involve payment for the use of female's body.			
46.	Surrogacy represents slavery whereby a woman exchanges the use of her body for money.			
47.	Surrogacy is an act of kindness.			
48.	The option of surrogacy serves for the sustainability of marriage union.			
49.	It is an extremely difficult decision to opt for Surrogacy.			
50.	Surrogacy is an empowering process for intended parents.			
51.	Surrogate maternity is not a natural kind of maternity & hence it harms the identity of individual.			
52.	Surrogacy process erodes the social values of a society.			
53.	Surrogacy is a viable alternative to bear their baby.			
54.	Surrogacy is a boon for childless couples.			
55.	Surrogacy is considered social stigma.			
56.	Surrogacy is considered a form of reproductive oppression.			

57.	Surrogacy trample the female dignity			
58.	Surrogacy is a philanthropy act.			
59.	Increasing access to assisted reproductive technologies (ART) has opened new path to obtaining genetically related children.			
60.	Surrogacy as a method of assisted reproductive should be publicly financed.			

SECTION-4

Challenges related to Surrogacy

Instruction: The following section consists of statements related to "**EXPECTED CHALLENGES TO SURROGACY**".

Direction: - Please read the following statements carefully and tick mark  in most appropriate column.

Here GE: - represents to Great Extent.

SE: - represents to Some Extent.

LE: - represents to Less Extent.

Sr. No	Statement	GE	SE	LE
Part A	Challenges related to Self.			
1.	One may not want to become pregnant because of busy schedule.			
2.	Religion may not supporting Surrogacy.			
3.	Lack of proper information about surrogacy.			
4.	Fear of unsuccessful surrogacy process.			
5.	We may not be able to consider the child, ours if born through Surrogacy.			
6.	Society may not look upon with respect if one opt for Surrogacy.			
7.	Child may be discriminated in school if born through Surrogacy.			
8.	Lack of Confidence/ Trust in Surrogacy.			
9.	Fear of blame by the child born through surrogacy when he/she will grow.			

10.	We may be type-casted as a parents who do not want to take the pain of child birth.			
11.	We may not develop love for child born through Surrogacy.			
12.	Constant fear of the surrogate mother black mailing the intended parents.			
13.	Fear of wasting money, if surrogacy fails.			
14.	There is skepticism in society against having children with a surrogate mother, and we do not want our children to become affected.			
15.	Fear that the surrogate will not return the child.			
16.	Couples shy away from revealing the child as one obtained from Surrogacy.			
17.	To trust a surrogate mother for the child may be a challenge.			
Part B	Challenges Related to Family.			
1.	Family members may not accept a child born through Surrogacy.			
2.	Lack of awareness regarding Surrogacy on the part of family members regarding the practice & knowledge on surrogacy.			
3.	Family values/ ethics may not allow opting for Surrogacy.			
4.	Challenge in persuading family members for Surrogacy.			
5.	Opting for surrogacy may cause problems in the family.			
6.	Family may not be ready to accept the concept of Surrogacy.			
7.	In the Indian context, the family is considered an important institution probability of weak bond with the child born out of Surrogacy may be challenging.			
8.	An average Indian family comprised of members of various age groups, the senior family members may not allow their wards to opt for Surrogacy.			
9.	Family members may consider Surrogacy as a taboo.			
10.	If a couple opts for surrogacy may face rejection from the family.			


11.	The fear of rejection of baby born out of Surrogacy from family members may become hurdle for couple to opt for Surrogacy.			
12.	Fear of discontent of the surrogate child from family's ancestral property may become hurdle to opt for Surrogacy.			
13.	Family values may become a hurdle for accepting Surrogacy.			
14.	Surrogacy may be emotionally challenging for family members.			
15.	Family may not be committed for child born out of Surrogacy.			
16.	Family members may not extend a social support system to the intended parent.			
17.	Family members may not trust the process of Surrogacy.			
18.	Caste system still engraved in the minds of people in India may evoke challenge for Surrogacy.			
19.	Family may be prejudiced against the practice of Surrogacy.			
Part C	Challenges Related to the Process of Surrogacy.			
1.	Process of Surrogacy can be emotionally challenging.			
2.	It is a cumbersome process.			
3.	Physical complications do surface and risk the fetus.			
4.	Emotional challenges may occur amongst Surrogate mothers as they keep the child in the womb for 9 months.			
5.	Surrogacy involves tedious legal process.			
6.	Surrogacy practice, sacrifice the natural reproductive capacity of human being as a living creature.			
7.	The chances of leakage of medical confidentiality are high.			
8.	Couples shy away from revealing the child as one obtained from Surrogacy.			
9.	The postpartum separation of a surrogating mother from the newborn is challenging situation.			

10.	Surrogate mother may withdraw her contract of delivering the newborn to the intended couple.			
Part D	Miscellaneous Challenges			
1.	No trust in the doctors/ surrogate.			
2.	Procedure for registering for surrogacy is complicated and time consuming.			
3.	Surrogacy is a complicated procedure.			
4.	Strange Laws / Regulations related to Surrogacy.			
5.	Surrogacy is a financially draining process.			
6.	It is a challenge for the intended parents to seek the official documents like passport visa, identity card for the child born out of surrogacy.			

SECTION-5

Suggestions for Surrogacy

Instruction: The following section consists of statements related "SUGGESTIONS FOR SURROGACY".

Direction: - Please read the following statements carefully and tick mark  in most appropriate Colum.

Here, GE- represents to Great Extent, **SE-**represents to Some Extent. **LE-** represents to Less Extent.

Sr. No	Statement	GE	SE	LE
Part A	Suggestions for Medical Profession related to Surrogacy.			
1.	All clinics, IVF centers, hospitals, should give wider publicity regarding surrogacy.			
2.	Doctor's associations, clubs can promote Surrogacy through awareness camps, with the help of famous personalities, through media.			
3.	Free distribution of literature on Surrogacy on medical store.			
4.	Organization/ IVF centers or clinics can provide the publicity about the procedures regarding Surrogacy.			
5.	Doctors can foster positive attitude regarding surrogacy amongst couples.			
6.	There should be a limit on the number of embryos that could be transferred during one ET session.			
7.	The medical process should be explained properly, so the common public can understand.			
Part B	Suggestions for Media related to Surrogacy.			
1.	Proactive media's contribution in promotion of surrogacy can help in rise of surrogacy.			

2.	Media can partner with any IVF center or any fertility clinics in supporting surrogacy.			
3.	Local electronic channels including radio can promote Surrogacy through fillers/jingles, etc.			
4.	Media should publish success stories on surrogacy at regular intervals.			
5.	Films / Public programs related to surrogacy and surrogates or Couples opting for Surrogacy should be made.			
6.	Society may be sensitized regarding surrogacy through regular information about surrogacy.			
Part C	Suggestions for Government related to Surrogacy.			
1.	Every City should have IVF Centers or Clinic counseling cell.			
2.	Laws / Regulations regarding Surrogacy should be simplified.			
3.	The law is proposed, and the draft should be discussed keeping in mind themoral, and social aspects by legal, medical, and social personnel.			
4.	A government-regulated proper system needs to be in place regarding thehanding over of the baby.			
5.	Speed up the parliamentary process to bring a law in place to remove the ambiguities existing in the field.			
6.	Legal literacy programs should be organized among general citizens/couples to enhance their understanding about surrogacy arrangements.			
7.	Adequate information about different forms of assisted reproduction should be provided by the government.			
8.	To decrease the stigmatization of women, a regular policy should be made in this regard by the government.			
9.	Efforts have to be made by the government to have socio-legal attitude towards the acceptability of commercial surrogate motherhood.			

APPENDIX 2

TOOL VALIDATION LETTER

DEPARTMENT OF EXTENSION AND COMMUNICATION
FACULTY OF FAMILY AND COMMUNITY SCIENCES
THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA, VADODARA

To,

Date:

Subject: - Covering letter for Tool Validation

Respected Sir/Madam,

I, **Ms. Pritha Kansabanik**, Masters student of the Department of Extension and Communication, Faculty of Family and Community Sciences, The Maharaja Sayajirao University of Baroda, Vadodara.

I am working on a research study entitled, “**Knowledge and Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy**”. For that, I have prepared a questionnaire to study the “Knowledge and Perceptions” of selected couples residing in New Delhi regarding Surrogacy.

In this regard, I have attached a questionnaire that contains questions regarding Knowledge and Perceptions regarding Surrogacy. You are selected as one of the experts to validate the tool as you have had valuable experiences of working in this field. I request you to validate the tool of my research in terms of its content validity, response system to make my study valuable.

I wish to convey my thanks in anticipation for contributing your valuable suggestions and your valuable time to help me to make an authentic tool.

Thanking You,

Yours Faithfully

Pritha Kansabanik
(Sr MSc)

Guide
Prof Anjali Pahad
Faculty of Family and Community Sciences,
The Maharaja Sayajirao University of Baroda, Vadodara

APPENDIX 3

COVERING LETTER

DEPARTMENT OF EXTENSION AND COMMUNICATION
FACULTY OF FAMILY AND COMMUNITY SCIENCES
THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA, VADODARA

To,

Date:

Subject: Covering letter

Dear Respondent,

I, Ms. **Pritha Kansabanik**, Masters student of the Department of Extension and Communication, Faculty of Family and Community Sciences, The Maharaja Sayajirao University of Baroda, Vadodara.

I am working on a research study entitled, "**Knowledge and Perceptions of the Selected Couples residing in New Delhi regarding Surrogacy**".

I would like to request you to give responses as asked. These details will be kept confidential. And all your responses will be used for my research purpose only.

I wish to convey my thanks in anticipation for contributing your valuable time for filling the questionnaire.

Thanking You,

Yours Faithfully
Pritha Kansabanik
(Sr MSc) 2023

Guide
Prof Anjali Pahad
Faculty of Family and Community Sciences,
The Maharaja Sayajirao University of Baroda, Vadodara

APPENDIX 4

ETHICAL CERTIFICATE



Institutional Ethics
Committee for Human
Research
(IECHR)

FACULTY OF FAMILY AND COMMUNITY SCIENCES,
THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA,
VADODARA

Ethical Compliance Certificate 2022-2023

This is to certify that Ms. Pritha Kansabanik's study titled, "Knowledge and Perceptions of the selected couples residing in New Delhi Regarding Surrogacy" has been approved by the institutional Ethics Committee for Human Research (IECHR), Faculty of Family & Community Sciences, The maharaja Sayajirao University of Baroda, Vadodara. The study has been allotted the ethical approval number IECHR/FCSc/M.Sc./2022/17

Prof. Shagufa Kapadia
Chairperson ,
IECHR

Prof. Mini Sheth
Member Secretary
IECHR

**Chair Person
IECHR**

Faculty of Family & Community Sciences
The Maharaja Sayajirao University of Baroda

APPENDIX 5

PLAGIARISM REPORT

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