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## **BIOETHICAL ANALYSIS OF RESEARCH ON THE ATTITUDES OF STUDENTS OF THE FACULTY OF EDUCATION ON SURROGACY**

### **Abstract**

Surrogacy is a form of medically assisted reproduction and is divided into two types: gestational surrogacy and traditional surrogacy. Gestational surrogacy refers to the process in which the intended parents' cells are combined, and there is no genetic connection between the surrogate mother and the embryo. Traditional surrogacy refers to the combination of the surrogate mother's reproductive cells and the intended father's sperm. Surrogacy can also be divided into two other types: non-commercial and commercial surrogacy. Non-commercial surrogacy refers to an arrangement in which the surrogate does not receive financial compensation for her service. Commercial surrogacy refers to an arrangement in which the surrogate receives financial payment for her service, or in other words, for carrying the child. The commercialisation of surrogacy is one of the key issues and raises numerous bioethical, legal, and moral debates. This issue is especially prominent in developing countries, which have become popular destinations for establishing surrogacy clinics and exploiting women. Numerous studies have confirmed that many surrogacy clinics have violated the rights of both women and children and that surrogate mothers often live in poor conditions. Additionally, apart from the questionable practices in clinics, many legal cases concerning violations of surrogacy laws have ended up in court across several countries. Therefore, this thesis includes

a study involving more than 150 respondents, aiming to explore the opinions of students from the Faculty of Education in Osijek. The research is based on a theoretical framework that describes surrogacy worldwide, to assess students' knowledge about surrogacy, legal frameworks, surrogacy contracts, religious influences, surrogacy farms, and children born with developmental difficulties.

**Keywords:** research, surrogacy, bioethics, opinion, students

## **1. Introduction**

Surrogacy is often mentioned in discussions about starting a family and having children. This topic is the basis of numerous discussions because it raises questions about the legal, social and moral boundaries when it comes to parenthood and having children, and the very way in which it is carried out. Opinions about surrogacy are divided because it allows some to fulfil their role as parents. On the other hand, it creates concerns among many individuals about the possible abuse of future mothers and the safety of their health. This paper will first explain the concept and meaning of surrogacy, as well as the numerous ethical issues. It will also present the current acceptance, laws and regulations of this practice in the world in general and in the Republic of Croatia. Many women decide on this form of motherhood to compensate for their inability to conceive, which is a consequence of numerous genetic predispositions that lead to infertility. Surrogacy is a form of motherhood in which a couple who are having difficulty conceiving chooses a surrogate mother, or a female person who is also called a surrogate mother. “A surrogate mother is a person who is over the age of eighteen and carries a child conceived through biomedically assisted reproduction (Bandula, 2018, p. 4).” Surrogacy or surrogate motherhood is a form of medically assisted reproduction that enables the acquisition of offspring in such a way that a female person over the age of 18 - the surrogate mother - carries and gives birth to a child for another person or couple. One of the key ethical problems of this form of motherhood is ensuring all the rights and dignity of all people involved in this process, specifically the surrogate mother, the child and the future parents. In particular, the question arises whether this practice can be considered completely voluntary, especially in cases where financial compensation for the surrogate mother is involved, especially in third countries of the world. In addition, it is essential to understand how society perceives surrogacy and the values that shape laws and norms. This thesis will examine the attitudes of the student population between the ages of 18 and 41, and the research was conducted at the Faculty of Education in Osijek, which included students from all majors and years of study. The research

among students contributes to a better understanding of this practice. It aims to gather the opinions and attitudes of students, as well as their level of information on this topic. The goal is also to offer an objective approach to the subject and ethical perspectives and to facilitate discussion on the given topic.

## **2. History of Surrogacy**

The word “surrogacy” comes from the Latin word *subrogare*, which means substitute, and the concept of surrogacy was first mentioned before the Common Era in the Old Testament, specifically in the Book of Genesis. The maidservant Hagar was a surrogate mother to Abraham and Sarah, who were unable to have children, and through her, they had a son, Ishmael. This way of acquiring parenthood became a common practice before the American Civil War, when enslaved people gave birth to children for their masters. The first example of the modern meaning of surrogacy appeared during the 1970s. Until the 1980s, most citizens of the United States had not heard of the concept because it was unknown to them, and they first heard of the concept of surrogacy when the first surrogacy contract was concluded. As Markens (2007) states, the first legal surrogacy contract was concluded by lawyer Noel Keane in 1976, and it agreed on traditional surrogacy in which the surrogate mother does not receive any financial compensation. In the USA, the first surrogacy contract with financial compensation was signed in 1980, signed by Elizabeth Kane, who became the first surrogate mother in history to receive money for giving birth to a child for another person. During the 1980s, the media played a major role in raising awareness about surrogacy, which began to report more frequently on a new and innovative way of achieving parenthood, so people became more informed about the concept of surrogacy and its role. According to Markens (2007), the “Baby M” case, which resulted in a change in surrogacy laws in the USA, occurred when the surrogate mother, Mary Beth Whitehead, changed her mind and asked for the child back. When the contract was signed, it was agreed that she would receive a financial compensation of ten thousand dollars for the child she would give birth to, the future parents, Elizabeth and William Stern. She demanded occasional photos of the child, specifically the girl Melissa. After giving birth to the child, Mary Beth increasingly wanted custody of the girl because she was the biological mother of the child. Her eggs, as well as those of the client's father, were used for the fertilisation process, so, as the biological mother, according to the law at the time, she could request custody. This case stirred up the public because it lasted almost a decade, and resulted in the father being

granted custody because the surrogate mother violated the terms agreed in the contract. After this case, as already noted, the surrogacy law was changed, specifying two alternative options: annulment of all contracts or court regulation, so if the court does not approve the contract, it is not valid. According to Markens (2007), many US states have begun to regulate surrogacy contracts, and the law was changed again in 2000. Today, surrogacy is prohibited in only three US states: Louisiana, Michigan, and Nebraska. More about surrogacy in the United States will be mentioned later in the paper.

1.2. Surrogacy from a medical perspective "Surrogacy is the best example of the far-reaching nature of assisted reproduction and represents the most complex medical-legal-(bio)ethical form of conception." (Aljinović and Jeličić, 2024, p. 518). According to Aljinović and Jeličić (2024), the development of technology and science in the 1970s and 1980s also brought about major changes in sciences such as genetics. After the discovery of medicines and vaccines for various diseases, treatment became possible, leading to the disappearance of diseases and infections that had been causing problems for the human race for centuries and resulting in high mortality rates. A major turning point was the transplantation of cells, tissues and eventually organs, which resulted in the first artificial insemination. Surrogacy is defined as a process in which a female person over the age of eighteen agrees to carry a child for another person, without any financial compensation, and after the birth of the child, is obliged to hand over the child to the parents. "A surrogate/surrogate mother is a woman who carries a child, after successful natural or artificial insemination (insemination) or implantation of an embryo into her uterus after in vitro fertilization for an infertile ordering couple, based on an agreement concluded before pregnancy, to hand over the child to the ordering couple who legally acquire parental rights and obligations." (Radan et al., 2015, p. 37). According to Radan et al. (2015), women who are most suitable and most inclined to participate in surrogacy (given their socioeconomic status, education, age and number of previous births – at least two or three children of their own) are most often between the ages of 27 and 30, married and have their own family. These are mostly either women who are employed part-time or unemployed women who are housewives, as pointed out by Radan et al. (2015). On the other hand, commissioning mothers are usually older than surrogate mothers, highly educated women with complex health histories that prevent them from having children naturally. In rare cases, they may be women who want to avoid the psychophysical challenges and complex conditions associated with pregnancy. There are two types of surrogacy: full or gestational and traditional or partial. Full or gestational surrogacy refers to the implantation of an embryo, more precisely, the child is created by combining the genetic materials of the mother and father, i.e. the commissioning couple, and has no genetic

link to the surrogate mother. According to Radan et al. (2015), the embryo was created in vitro by performing in vitro fertilisation and then transferred to the surrogate mother's uterus between 24 and 72 hours after successful fertilisation, which is also called embryo transfer. The second form, traditional or partial surrogacy, occurs either traditionally, through sexual intercourse between the surrogate mother and the ordering father or through insemination of male gametes. As Bandula (2018) states, with the traditional method, the ordering woman acquires parental rights only after the child is born, as previously agreed in the contract concluded with the surrogate mother. According to Radan et al. (2015), the motives for seeking a surrogate mother can be different – difficulties with adoption, genetic impossibility, personal reasons, and medical reasons that prevent individuals from having their offspring. In addition, same-sex couples, as well as single people who cannot have children, also opt for surrogacy. As already mentioned, there are various medical reasons, including serious illnesses. According to Radan et al. (2015), these factors are called womb factors, and they refer to: uterine anomalies, uterine insufficiency (Mayer-Rokitansky-Küster-Hauser syndrome), multiple miscarriages, and removal of the uterus due to cancer or fibroids. All of the above uterine conditions pose a risk to a woman's health, and pregnancy in such conditions is not recommended. All of the above medical reasons prevent natural childbirth, but also the impossibility of artificial insemination in some women, which ultimately leads them to surrogacy as a possibility of fulfilling their parental role. In addition, this form of procreation can also be decided upon by middle-aged or even elderly couples or singles who have failed to have a child even through multiple attempts at artificial insemination (problems with conception, infertility, incompatibility of partners). The medical causes of surrogacy are connected to other areas in such a way that individual doctors may invoke the appeal of conscience, thereby raising (bio)ethical and legal issues, depending on the legislation of the country in which the procedure is carried out.

### **3. Bioethical and religious connection of surrogacy**

Each religion has its position when it comes to surrogacy. In Christianity, surrogacy is considered unacceptable because it conflicts with numerous moral principles that Christian religions prescribe and teach. Jones (2016), as cited by Paponja (2020), believes that people do not take into account the moral effects of assisted reproductive technologies and that the woman's uterus is considered arbitrary. Vuletić (2010), as cited by Paponja (2020), believes that surrogacy involves the manipulation of the fetus and that numerous questions related to

human life are raised. "Especially when dealing with embryo manipulation, clear answers need to be given to questions such as when human life begins, is it possible to freeze gametes or embryos, is their transfer to the mother or surrogate mother permissible, and for how long? These questions are the most common dilemmas encountered by contemporary liberal bioethics and conflict with Christian bioethics because while liberal bioethics considers medically assisted reproduction to be a justified and acceptable method of procreation, Catholic ethics views this issue from a different angle and fundamentally does not justify any medical intervention in the process of human reproduction. Namely, in the process of creating a child, the sexual intercourse of fertilization is replaced by the in-vitro process, which is contrary to the understanding that "birth is the result of a certain conjugal act of love between spouses." (Paponja, 2020, 17; Vuletić, 2010, 589) Jones (2016), as cited by Paponja (2020), emphasizes that Christianity has encouraged adoption since the earliest times. Also, as Paponja (2020) points out, surrogacy according to Christian teachings disrupts the balance of the family, hinders the finding of one's own identity, and leads to the treatment of the child as an object. As Paponja (2020) states, Islam is divided into Shia and Sunni Islam, which are two completely different branches of Islam, and both branches are based on the Quran. Sunni teachings, most of them, consider surrogacy immoral and sinful because it violates the commandments prescribed by the Quran, while a few of these teachings consider surrogacy permissible. On the other hand, Shia teachings allow surrogacy for "married infertile couples as a cure for their infertility". (Paponja, 2020, p. 18) They also believe that if the surrogate is not married, the act of surrogacy is not sinful, and even if the surrogate received financial compensation for her service, then the same is allowed by the laws. Their teachings believe that the embryo that is inserted into the body of a surrogate is different from the gamete of an unmarried man. Surrogacy is the transfer of a fetus from the uterus of one woman to the uterus of another woman. Judaism or Judaism is a religion that promotes family and is oriented towards family life. This religion bases its religious interpretations on Jewish law, but supports all forms of medically assisted reproduction, if a married couple cannot have offspring naturally. Benshushan (1997), as cited by Paponja (2020), points out that surrogacy in Judaism is only allowed for married couples who must obtain numerous professional approvals to begin the surrogacy process, and after the birth of the child, the surrogate hands over the child under the control of social workers and the court. Eastern religions, specifically Buddhism and Hinduism, have different religious principles when it comes to surrogacy. Buddhism does not consider surrogacy sinful or immoral because, unlike Christian teachings, Buddhist teachings do not promote the family as such a community. At the same time, Hinduism believes that the family

is important. As Paponja (2020) states, family is important in Hinduism; therefore, surrogacy is permitted if natural parenthood is not possible, and these are the circumstances under which these services are permitted. India is one of the countries where Hinduism is the dominant religion. "However, it should be borne in mind that contemporary Hindu bioethics takes into account the fact that surrogacy has become a lucrative business in India, and they believe that the business relationship in which surrogacy takes place is contrary to their beliefs." (Paponja, 2020, p. 20).

#### **4. Bioethical and legal issues of surrogacy - commercialisation**

Today, numerous theoretical positions attempt to clarify this topic in more detail, since multiple doubts justify, but also challenge, surrogacy. Surrogacy is one of the key issues that bioethics deals with, as already noted in this paper. According to Aljinović and Jeličić (2024), there are bioethical doubts that relate to the freedom of choice of each individual and concerns about social sensitivity. When it comes to the right of each individual to choose, those who advocate the idea of surrogacy believe that limiting and prohibiting it violates the freedom of each individual to make their own choice. On the other hand, individuals who oppose the idea of surrogacy form their positions based on social status and poverty, which is often found in third-world countries. "Human dignity cannot be reduced to autonomy, which means that a human being has no price and cannot be commercialised, i.e., it is forbidden to use another person as a means to achieve one's own goals." (Aljinović and Jeličić, 2024, p. 534; Rendtorff, J. D. 2002, p. 237). As the authors Aljinović and Jeličić (2024) explained in their work, the question of the dignity of women should be raised, i.e., whether the dignity of a woman who is a surrogate mother is violated and whether all women who are surrogates and who expose their bodies to the entire surrogacy process are degraded. Numerous comparisons describe them as a means to an end, comparing them to incubators because (mostly) they do not have a genetic connection with the child, which is followed by another ethical dilemma - social sensitivity. Social sensitivity raises numerous ethical issues related to social justice for surrogates.

##### ***4.1. Surrogacy in North America***

In Western countries, where surrogacy is accepted and permitted, the practice of surrogacy is presented as an additional source of income. Surrogates can earn large sums of money for

this service, and prices in the United States reach up to \$200,000. As Topalović (2017) points out, this form of surrogacy is called commercial surrogacy. It differs from altruistic, or non-commercial surrogacy, for which the surrogate receives only compensation to cover medical expenses. In addition to the emphasis on earnings, many younger women decide to undergo this procedure to help couples who are unable to conceive naturally. To create a positive environment for the child, but also for the surrogate mother, the creation of a relationship between the surrogate and the ordering parents is encouraged. However, for a woman to become a surrogate mother in the United States, she must meet specific requirements. On the official websites of surrogacy clinics, they state that a potential surrogate mother must be between twenty and forty-two years old, have regular menstrual cycles, and have had at least one successful pregnancy without complications. On the official websites of the agencies, it is stated that how the surrogate mother gave birth is also important; that is, it is essential that she has not had more than one cesarean section birth. Also important is the body mass index, which must be below 32; she must not be a smoker and must not have a history of drug abuse. The surrogate mother is tested for drugs; at that time, she must not be taking any medications used to treat mental disorders and must not have a history of illness, such as anxiety, depression, and bipolar disorder. In addition, the surrogate must be financially stable, responsible, and have American citizenship or a visa to stay in the country. As noted on World Wide Surrogacy, in the United States, surrogacy is prohibited in Michigan, where it is punishable by fines and prison terms. It was legalised in New York in 2021 with strict regulations protecting the rights of surrogate mothers, including compensation for service and health care. The federal state of California is the most famous of all federal states for its liberal approach to surrogacy. It supports surrogacy contracts and provides legal protection for future parents and surrogates. Also, according to World Wide Surrogacy, there are many same-sex couples in the United States. For this reason, between two and three million children have same-sex parents or at least one parent who cannot have children due to their sexual orientation. This phenomenon results in international adoption contracts and surrogacy contracts. Non-commercial surrogacy is legal in Canada, just like in Mexico.

As Reilly (2007) states, until 2004, surrogacy in Canada was not regulated, and a new law received royal assent in March of that year. Canada is divided into provinces, and each province has its own legislation. However, the national (Canadian) Women's Bill of Rights gives every woman the right to complete autonomy. The surrogate can take into account the wishes of the commissioning couple and allow them to decide on the medical procedures that are best for the

surrogate mother. It is also imperative that the surrogate is not under pressure and makes decisions independently. The surrogate mother has the full right to confidentiality and what information the commissioning parents will learn about her pregnancy. Reame (1991) and Ber (2000), as Reilly (2007) states, believe that surrogacy should be considered high-risk for both the parents and the surrogate mother. Pregnancy is both a physically and psychologically demanding process for every woman in labour, so it is necessary to provide psychological help to surrogates during pregnancy, as well as after childbirth. In Canada, as already stated, only non-commercial surrogacy is allowed. As noted by White (2016), in Canada, there is a significant increase in problems with conception, which increases the number of surrogate mothers. Although commercial surrogacy is prohibited in Canada, White (2016) states that there are more cases of commercial surrogacy in Canada than are acknowledged. Commercial surrogacy is on the rise due to the lack of supervision, as White (2016) proved in her work. Although the goal of Canadian law is to protect women and children, the law encounters problems in its implementation.

#### ***4.2. Surrogacy in South America***

Commercial surrogacy, or surrogacy that involves financial compensation, has become popular in Latin American countries, which have, among other things, become one of the "lifebloods" of surrogacy in the world. There is no law regulating commercial surrogacy on a global level, which is the cause of numerous ethical, moral, and legal issues. According to Torres et al. (2019), South American countries are economically less developed, and the Catholic Church plays a significant role, which has a great influence on laws based on Roman law. The fertility rate is the lowest in Latin America, so this area is more than suitable for the development of commercial surrogacy. There is no law on surrogacy; it is regulated by ordinary law, before a judge who respects international law. In Argentina, the civil law (civil law no. 386), which governs family law and all contracts, states that such agreements are immoral and against customs. Still, there is no law prohibiting surrogacy in this country, and the practice is carried out with legal ambiguities. The situation is similar in Bolivia regarding the regulation of contracts. According to Torres et al. (2019), Bolivia is the country with the highest fertility rate in its region, and each woman gives birth to an average of three children, which makes it a suitable country for surrogacy.

According to the research of Jesus et al. (2014), as stated by Torres et al. (2019), who conducted the research in 2014, this has been confirmed because over 70% of the surrogacy contracts that have been concluded are mostly concluded by parents from abroad who came to fulfil their role as parents. Bolivia is the poorest country in Latin America, which is why women between the ages of eighteen and forty are motivated to become surrogate mothers. As stated by Torres et al. (2019), there is no law prohibiting surrogacy; there is only a law prohibiting the commercialisation of embryos, but the practice is still carried out in this country, due to the country's economic situation. In Brazil, where it is also called *Barriga Solidaria* or “temporary uterus donation”, surrogacy was prohibited by law and was considered human trafficking or child trafficking. The law was changed in 2015, and the new law only allows it in cases where the woman cannot carry the pregnancy on her own for health reasons or if the parents are part of a same-sex union. The surrogate mother must be related to the ordering parents, and a contract is signed with the ordering parents on the custody of the child. The parents will pay the surrogate mother all medical expenses. As stated by Torres et al. (2019), in Chile, due to the influence of the Catholic Church, surrogacy is legally prohibited, and everyone involved in the process can receive a prison sentence – the doctor, the surrogate mother and the ordering parents. Furthermore, in Colombia, for example, there is no law prohibiting surrogacy. Each “case” must be submitted to the court in order to agree that the surrogate mother also claims rights to the child she gave birth to. Despite the influence of the Catholic Church, due to the economic situation in the country, more and more women are choosing surrogacy precisely because of the financial compensation they receive. It was not until 2016 that a law was passed that prohibited commercial surrogacy in Colombia; only altruistic, i.e. non-commercial surrogacy, is allowed. Ecuador is the country with the highest infertility rate in the region, which is why surrogacy is legal in that country, and there is no difference between commercial and altruistic surrogacy. According to Torres et al. (2019), it was only in 2016 that a law was passed that protects the rights of the child, which was signed by a notary public. Ecuador is not the only country that is popular in this region; Peru is also a very popular destination. Peru has a very popular “surrogacy industry”, and there is no law regulating surrogacy in this country. It is precisely because of legal shortcomings that numerous problems arise – child trafficking, embezzlement, falsification of documents on birth certificates in hospitals. In 2006, a case arose when the police discovered a surrogacy network from Spain that used Peruvian women, and only two years later did the police manage to track down the perpetrators and stop the network. Also, as Torres et al. (2019) point out, changes to the law were proposed in 2013 and legalised only altruistic, i.e. non-commercial surrogacy. Although it has not been legalised, the

practice is still carried out, and a similar situation exists in Paraguay. According to Torres et al. (2019), Uruguay is the most liberal country in the region. However, the law in this country still states that all surrogacy contracts are invalid unless the surrogate mother is unable to carry the child for health reasons. In these cases, the ordering parents have their embryos implanted in the surrogate mother, who should be a second-degree family relative of any member of the couple, and the surrogacy agreement should be altruistic. The statute is innovative because it addresses a problem that is usually created with surrogacy contracts in Latin America by allowing the names of the intended parents to appear on the birth certificate without having to appear in court. In conclusion, as Torres et al. (2019) state, the biggest problem in Latin America is the rapidly growing and increasingly inclusive transnational market for commercial surrogacy, which often exploits women from low-income countries. In these countries, deep-rooted inequalities based on gender, class, race and ethnicity are becoming a key economic driver for the expansion of reproductive tourism. In addition, infertility clinics skillfully exploit the vagueness of the law and the lack of regulation, further complicating the issue. However, the lack of legal protection or regional legal harmonization does not seem to be an obstacle for women who decide to offer surrogacy services. There are numerous websites offering surrogacy services and they have become key platforms for advertising and making deals between surrogates and potential parents, regardless of their geographical or legal affiliation. The development of reproductive tourism, especially in South America, is further aided by the lack of legal frameworks and the presence of widespread poverty. The conflict between the free market and domestic legislators, guided by the moral principles of tradition and religion, clearly illustrates the need for the creation of international public policies. Although the establishment of such a framework is challenging, the World Health Organization, especially the Pan American Health Organization (PAHO), could take a leading role in shaping consensus and developing guidelines. The guidelines should be in line with public health principles, but also reflect the specific values and cultural norms of the region.

#### ***4.3. Surrogacy in Europe***

Unlike Latin American countries, in European countries, there is some regulation and control over contracts and the surrogacy process itself. In European countries, international contracts are typically concluded, which means that at least two legal systems are involved - the country where the process is performed and where it is legal, and the country where the

process is prohibited. "The conflict of regulations (i.e. national legal systems) has two negative effects: on the one hand, the ordering state does not allow them to become parents due to its prohibitions legally, and on the other hand, a child born from a surrogacy arrangement remains deprived of various rights guaranteed by international documents: the right to identity, parental care, family environment, health and nationality." (Hrabar, 2020, p. 178) This highlights numerous legal problems regarding the recognition of surrogacy by the ordering state, as well as issues concerning the rights of the child and the surrogate mother. In European Union countries, a mother is considered to be a woman who gave birth to a child and who is registered in the registry of births as the mother of that child, regardless of whether the child originates from her egg or the egg of another woman. In the case of surrogacy, the surrogate mother has no interest in being the mother of that child, but in most cases has a financial interest, which is why she concludes a surrogacy contract. In a surrogacy contract, the surrogate mother and her rights are put in the foreground, not the child and the child's rights. According to Radan et al. (2015), when concluding a contract, possible material damage related to costs and fees can also be discussed because, in addition to surrogate mothers who receive enormous financial support for the service, the agencies that conclude surrogacy contracts benefit the most. "Intermediaries or intermediary agencies are people who find surrogate mothers and connect them with clients. As with any mediation, their service is chargeable, and it is agreed as a percentage or in an absolute amount. In the countries in which they operate, they are registered specifically for providing such services. Intermediaries can also provide certain psychological services before accepting the offer, and most often they draw up contracts, but they are exempt from the guarantee of their implementation. They look after their interests and are ready to protect them in court." (Hrabar, 2020, p. 182).

According to the Convention on the Rights of the Child, as stated by Hrabar (2020), children should be at the centre, not the consequence of the contract, which means that there is a direct violation of the rights of the child. If the pregnancy fails or if the child is born with some developmental difficulties, the centre of attention is again placed on the surrogate mother, not the child. The original goal of these contracts is to enable parenthood for people who cannot have a child naturally. However, they can only become parents after the child is born. The rights of that child are not negotiated, or more precisely, no one stands up for the rights of the child, which makes them an object. As Hrabar (2020) argues, by putting children in this position, children have become legal subjects of the Convention on the Rights of the Child, which emphasizes four principles of children's rights, namely: the prohibition of

discrimination, the right to opinion, the right to survival and development, and the right to the best interests of the child. Contracts violate the rights of the child in such a way that the child loses the right to origin, more precisely, loses the right to biological parents after being handed over to the commissioning couple, but also loses the right to be raised by biological parents. Since most gamete donors are anonymous, the child loses another right in this way. If there are obstacles in the legal system, the child loses another right, which is the right to a family, because it cannot be handed over to the ordering couple. As the rights of the child are violated and custody issues arise, it is not uncommon for more and more cases to be brought before the European Court of Human Rights. In the last few years, there have been an increasing number of cases brought before the European Court of Human Rights due to violations of Article 8 of the Convention for the Protection of Human Rights and Fundamental Freedoms and Article 7 of the Convention on the Rights of the Child. According to Hrabar (2020), three cases have attracted public attention, namely *Paradiso and Campanelli*, *Mennesson and Labasse*. The *Paradiso and Campanelli* case was based on a contract concluded in Russia, where surrogacy was performed in a clinic in Russia, without the ordering couple's gametes. The case was initiated in 2011 when fertilisation and birth were successfully performed in Russia. Upon arrival in Italy, the ordering parents requested the child to be registered in the Birth Registry, thus violating Italian regulations, the ban on surrogacy, international adoption and heterogeneous insemination. The child was taken away, placed in a foster home, and the adoption process began, as well as legal proceedings against the ordering parents. "The child was placed in a children's home for fifteen months, after which he was placed in a family, and then adopted." (Summary of the judgment "*Paradiso and Campanelli v. Italy*", 2017) As Hrabar (2020) explains, this legal process showed that there are significant differences within the European Court when it comes to the connection between surrogacy and human rights. In this case, the difference between the first judgment from 2015 and the last judgment in 2017 is visible. According to the Summary of the Judgment from 2017, the parents filed a complaint with the European Court invoking Article 8 of the Convention concerning respect for family and private life. The Council issued a judgment in which it decided that there had been a violation of the Convention, specifically Article 8. The Court assessed that the measures taken had led to interference with the private life of the ordering parents, but that this interference had been by both international and Italian private law. In its conclusion in 2017, the Court concluded that there had been no violation of the Convention to strike a balance between all the interests involved in the case. The next case, *Mennesson v. France* (2014), which Hrabar

(2020) explained in her paper, changed the European judiciary in favour of the commissioning parents. The commissioning couple, who could not have children because the wife was infertile, went to the United States to fulfil their role as parents, using the male gametes of the commissioning parents, and thus had twins. The parents went to California and concluded and implemented a surrogacy agreement according to the local regulations described earlier in the paper. Upon their return to France, the state did not allow them to be registered as their parents, thus violating Article 3 of the Convention on the Rights of the Child. The European Court sided with the parents, or rather the children, but inconsistently, although it intended to protect the children and their rights. The court established the identity of the children and granted the commissioning parents custody of the children. According to Hrabar (2020), the negative outcome of this case is the encouragement of countries that use surrogacy for commercial reasons and the neutralisation of national solutions. Another case that came before the European Court is the case of *D v. Belgium*, which was based on proof of biological paternity to accept a child. This condition resulted in the separation of the child from the ordering parents for three months, and the European Court ruled that there was no violation of the Convention and that the Belgian authorities acted within the framework of their regulations and laws. Cases of international surrogacy have initiated numerous court proceedings before the European Court of Human Rights, and the above cases are just some of the cases that have ended up in the Court. Cross-border surrogacy has led to the violation and circumvention of the laws and regulations of numerous countries, and to avoid this, it is possible to move to a country where surrogacy is legal. However, in most cases, couples who want to have their offspring avoid moving to another country choose alternatives that violate the Convention on the Rights of the Child and the Family Law to achieve their goals. "Of course, due to this approach, the child will remain deprived of the convention right to identity (Art. 7), or to information about his genetic mother (surrogate or egg donor)" (Hrabar, 2020, p. 189) In addition, the mentioned cases greatly violate children's rights because in the *Paradiso* case, the child is the subject of human trafficking, where human dignity and humiliation of the child occur. According to Medenica et al. (2024), to raise awareness that surrogacy raises ethical issues, Italy, as a Catholic country, has introduced high penalties and bans for any attempt at surrogacy since 2004. As Italian law states, the commercialisation of surrogate mothers or embryos is punishable by a prison sentence of three months to two years and a fine of six hundred thousand to one million euros. Also, surrogacy concluded by an Italian citizen outside the borders of his country remains punishable, even though it is legal in the country where he went to conclude and implement the surrogacy contract. However, as the problem becomes supranational, this

Italian law does not prevail over European laws, which again raises questions of ethics and the dignity of both the child and the surrogate mother. In the case of *Mennesson and Labasse v. France*, the European Court ruled that the non-recognition of international surrogacy treaties violates the rights to family and private life – again ignoring children's rights. Therefore, as stated by Hrabar (2020), no regulation at the European Union level would regulate surrogacy, but there is protection for children and children's rights. The Council of Europe has banned the commercialisation of the human body, and with it surrogacy. The topic of cross-border surrogacy was mentioned in the Committee on Social Affairs, Health and Sustainable Development, and drafts were prepared, which were unfortunately rejected because it is a topic that requires cooperation through the Hague Convention on Private International Law. Currently, laws and regulations from a legal perspective are not based on ethics, double standards are created, national laws and regulations are denied, and children's and human rights are violated. Therefore, as is evident from the above cases, ethical, moral and legal laws are violated when concluding international treaties. If the case is a legal issue, it is not excluded that the case is also an ethical issue. In addition to the fact that children lose their rights during the entire process, the question of how ethical it is to allow such cases to occur is avoided. Surrogacy in Europe is legal in Russia, the Czech Republic, Ukraine and Cyprus, and only on a non-commercial level is it legal in Great Britain, Denmark, Spain, Norway, Greece, Belarus, Romania and Switzerland. It is completely prohibited in Bulgaria, Bosnia and Herzegovina, Austria, Germany, Italy, Sweden, France, Belgium and the Republic of Croatia. In other European countries, there is no legal regulation of surrogacy. Of the European countries where surrogacy is legal, Ukraine should be particularly highlighted, which, along with Russia, is at the forefront of the commercialisation of surrogacy. As Marinelli et al. (2022) state, commercial surrogacy was legalised in Ukraine in 2002, and this country has become a popular location for couples around the world to conclude surrogacy contracts. One of the most important reasons for the popularity of Ukraine in commercial surrogacy is the ease of contract legalisation and the lower prices of the service compared to other countries. In addition, after the introduction of a ban on surrogacy in India, Nepal and Thailand, Ukraine also experienced a significant increase in surrogacy contracts, and it is believed that up to four thousand children were born in this country. Since this country is poorer, surrogacy can be a good source of income for women living in poverty. According to Marinelli et al. (2022), surrogate mothers in Ukraine can receive up to thirteen thousand euros for one surrogacy, which is indeed a very suitable source of income given the economic situation of this country. The war complicates

the current situation with the conclusion and implementation of surrogacy contracts, as well as the COVID-19 pandemic since 2020. Still, their implementation has not stopped despite the numerous uncertainties and risks to which surrogate mothers, unborn children, and the parents themselves who came to Ukraine to become parents are exposed. According to a study by Tanderup et al. (2022) in Denmark, in which fourteen infertile couples participated from May to September, only one couple did not go abroad to have the desired child. Parents who went abroad could not obtain custody of the child under Danish legislation, which opened up new legal issues. Children born in Ukraine since the state of war often cannot be handed over to their commissioning parents. In addition, surrogate mothers also face legal challenges and their rights are therefore threatened, especially in the context of war, for example, when seeking refuge abroad because it is unsafe to give birth to a child in war conditions. Consequently, war conflicts further increase the risk that the most vulnerable groups will become victims of a commercial system that requires implementation even in unsafe conditions, which in turn calls into question ethics and respect for the dignity of others. Therefore, international efforts should currently be focused on achieving a balance between individuals and their desire for parenthood and protecting the rights of women who are subject to potential exploitation, as well as the rights of children who need to be born in such conditions, because the war conflict is still present in this country. As we can see, there are many countries in Europe where surrogacy is prohibited because it is considered unethical and illegal, precisely because of the enormous commercialisation and how it is carried out. The Catholic and Orthodox Churches have a great influence on such thinking, because European countries are Christian countries that promote certain moral and ethical values, so it is not surprising that in most countries it is prohibited or if it is carried out, it happens outside the borders of that country. In addition, family ethics are violated, and the structure of the family itself is changed by surrogacy. As already written in this paper, there is a loss of true parenthood and putting one's own goals in the foreground without thinking about how ethically correct it is to deprive a child of their rights and dignity. In the Republic of Croatia, surrogacy is prohibited, as already noted in this paper. According to Radan et al. (2015), if we look at laws and regulations chronologically, the first Human Reproduction Act in the Republic of Croatia was passed in 1978 and was not amended until the 2000s. More precisely, a draft of the new law was passed in 2005, voted in 2009, and entered into force in 2012. "Our new law has taken a prohibitive approach to surrogacy. Article 31 states: (1) It is prohibited to seek or offer the service of giving birth to a child for another person (surrogacy) by publishing a public advertisement or in any other way. (2) It is prohibited to contract or carry out medically assisted fertilisation to give birth to a child for other persons

and to hand over a child born after medically assisted fertilisation (surrogacy). (3) Contracts, agreements or other legal transactions on giving birth to a child for another person (surrogacy) and on handing over a child born after medically assisted fertilisation, with or without compensation, are null and void. The Medical Fertility Act prohibits surrogacy with accompanying misdemeanour provisions. Article 56 states that a legal person shall be fined 70,000 to 250,000 kuna for a misdemeanour if, according to paragraphs 1 and 18. item »... seeks or offers the service of giving birth to a child for another, or contracts, or carries out MPO to give birth to a child for other persons and hand over the child born after MPO«. This prohibits any form of involvement, realisation, offering or providing surrogate mother services. This prohibition is considered a punishable offence, and any participation in any phase of such activity is punishable by imprisonment for a term of at least 3 to 10, or even 15 years.« (Radan et al., 2015, p. 46) Therefore, the Criminal Code of the Republic of Croatia expressly prohibits human trafficking, exploitation of surrogacy and its commercialisation, which is also confirmed by the Convention for the Protection of Human Rights and Dignity of the Human Being about the Application of Biology and Medicine. Therefore, at the level of the European Union, as well as other European countries, surrogacy is a sensitive issue that raises numerous legal and ethical issues, as well as court disputes, because the contracts are mostly international and there are differences in the laws of individual countries and the European Court. These differences ultimately lead to uncertainty and legal gaps when it comes to the rights and identity of children born through surrogacy agreements, as is evident in the following: “It concludes that a holistic approach is needed in the area of surrogacy, and in particular “an assessment of the relationship between the EU, the Hague Conference on Private International Law (hereinafter: HCCH) and the International Commission on Civil Status (ICCS)”. However, two years later, on 17 December 2015, the European Parliament adopted a Motion for a Resolution which, in Article 115, “condemns the practice of surrogacy, which undermines the human dignity of women by using their bodies and reproductive functions as commodities, and considers that the practice of gestational surrogacy, which involves reproductive exploitation and the use of the human body for financial and other gain, in particular for vulnerable women from developing countries, should be prohibited and urgently addressed within the framework of human rights instruments”. The Council of Europe also rejected international guidelines on surrogacy in 2016. In this context, the European Union has not adopted any harmonised rules on surrogacy. However, some applicable rules can be found in Directive 2004/23/EC of the European Parliament and of the Council of 31 March 2004 setting standards of quality and

safety for the donation, procurement, testing, processing, preservation, storage and distribution of tissues and cells,<sup>17</sup> which standards may also be applicable in cases where donor gametes are used for surrogacy in the EU.” (Aljinović and Jelinčić, 2024, p. 525; European Parliament Resolution of 17 December 2015 on the Annual Report on Human Rights and Democracy in the World 2014 and the European Union’s policy on the matter (2015/2229(INI)).

#### ***4.4. Surrogacy in Africa.***

Numerous countries in Asia and Africa are popular destinations for commercial surrogacy, as are South American countries. As Attawet (2021) states, most of the clients' parents come from developed countries to developing countries to become parents, and developing countries are ideal for them. African countries are also on the list of countries that are popular locations for surrogacy. As Barnes et al. (2024) state in their work, many African countries do not have clear laws on surrogacy, which, of course, leads to reliance on the guidelines for implementing surrogacy in other countries such as the United States of America. Surrogacy is legal in South Africa, Kenya, Nigeria and Ghana. For example, commercial surrogacy is increasingly popular in Ghana, as there are currently fourteen surrogacy centres in that country. According to research conducted by Barnes et al. (2024), Ghana does not have clear ethical protocols for performing artificial insemination procedures, including surrogacy. Therefore, there is no professional body that monitors and regulates the practice. Research conducted by Barnes et al. (2024) shows that Ghana does not have laws and regulations that would control the exploitation of women, and respondents who participated in the research are demanding the adoption of a law that would exercise control. Respondents blame the country's Ministry of Health for this situation because they do not understand the seriousness of the situation and believe that if the Ministry passes a law that would regulate and control artificial insemination procedures, it should reflect the cultural and social context of the country. The results of the study show legal shortcomings in the law when it comes to artificial insemination procedures, which include surrogacy, and that only a few doctors follow ethical and legal practices. Unlike Ghana, in the Republic of South Africa, artificial insemination procedures, which include surrogacy, are strictly regulated. As Thaldar (2023) states in his work, three cases have made a major contribution to the development of reproductive rights in South Africa, namely: *AB*, *Ex Parte KF2* and *Surrogacy Advisory Group v. Minister of Health*. The first case mentioned, the *AB* case, which lasted for more than a decade, began in 2001 when a married couple experienced infertility. The following year, in 2002, the couple divorced, but the woman did

not give up on the idea of motherhood, and in 2009, the possibility of surrogacy opened up to her. With the help of an agency, she found a surrogate mother, but she encountered legal obstacles that prevented her from fulfilling her role as a mother. According to South African law, the child must not be genetically related to the surrogate mother, and the surrogacy contract must be confirmed and enforced by a court. Also, the child born to the surrogate mother must be registered as the child of the ordering parents at birth. The law of this country requires that when contracting surrogacy, the ordering parents must use their gametes to conceive a child, which was impossible in this case because the ordering mother had several unsuccessful artificial inseminations that ended in miscarriage, so she was forced to seek a surrogate mother. As Thaldar (2023) states, the ordering mother decided to seek help from the Surrogacy Advisory Group. She believed that she was discriminated against due to her infertility because she could not have a child using her gametes. The case ended up in court due to the interests of the future child and the right to know her origins, and the litigation resulted in the ordering mother, known under the pseudonym AB, losing the case. Another case that “answered” the questions left open in the AB case was answered in the Ex Parte KF2 case. This case addressed several legal issues that were beyond the scope of a typical surrogacy contract. In this case, both the ordering parents and the surrogate mother participated. Namely, the couple had been trying to have a child since 2006, and they had five unsuccessful attempts at artificial insemination. The couple still had four “unused” embryos when they decided on surrogacy because, under South African law, they have the right to a surrogate mother since they use their gametes. They found a surrogate mother who could help them fulfil their role as parents. The surrogate mother was a twenty-year-old girl who already had two children, and she became a mother for the first time at the age of seventeen and did not finish school, which became a problem in court. The court considered that the chosen surrogate mother was not the most suitable candidate because she was not emotionally mature to be a surrogate mother, and the court rejected the surrogacy application in this case. The court's decision was not objective, but rather subjective, which is why the couple decided to go to court in Johannesburg to get a ruling in their favour. The court there accepted the opinions of psychologists from earlier and included them in its ruling. The criteria from the ruling became part of the law and guidelines for lawyers and psychologists. The court also accepted a new psychological report on the surrogate, but this time, the question was raised about embryos and their rights. The court included this question in its ruling in the case Ex Parte KF2 and agreed with the position that embryos themselves do not have rights under the law of this country. The third case, Surrogacy

Advisory Group v. Minister of Health, is the case that has attracted the most attention due to the controversy surrounding the topic. The issue that this case dealt with was the selection of the sex of the child. As is known, today numerous methods can be used to perform numerous prenatal tests that can detect potential diseases of the fetus. Still, it is also possible to select the sex of the future child. In South Africa, in 2012, the Artificial Insemination Act banned the use of prenatal tests that include sex selection, as well as prenatal tests that detect genetic disorders, which has affected surrogacy in the country. This was followed by a lawsuit against the Ministry, focusing on the first trimester in which a woman can have prenatal tests, because in the first trimester, a woman has the right to an abortion without giving a reason for the abortion under the South African Choice Act. This means that a woman can also request an abortion based on the sex of the child without having to give a reason, because prenatal tests can be used from the tenth week of pregnancy. If South African law allows prenatal sex selection through the Choice Act, but at the same time prohibits gender selection through regulations, it effectively forces a woman who wants to choose the sex of her future child to use non-invasive prenatal testing, or NIPT, in the tenth week of pregnancy and, in the event of an undesirable outcome, to decide on an abortion and repeat pregnancies. This denies her the possibility of preimplantation sex selection, which has negative consequences for her physical and psychological integrity. From the aspect of physical integrity, sex selection does not carry medical risks, while abortion involves potential health complications, which directly endanger the woman's health. From the psychological aspect, while preimplantation sex selection does not require the destruction of the embryo, abortion does, which can be particularly difficult for women who attach moral value to embryonic life. This seriously violates their psychological integrity. The court's ruling in this case was over five thousand words long, and the decision clearly emphasised that choosing the sex of the child is stereotypical and sexist. The court considered that prenatal non-medical sex selection is legal, but that preimplantation non-medical sex selection is prohibited. Therefore, as Thaldar (2023) concluded in his work through these three cases, freedom includes the right to use new reproductive technologies, even when they are socially controversial. Although they do not directly affect existing individuals, they may have consequences for future children. This leads to the second principle that parental decisions should be legally limited to prevent harm to the future child. A study conducted by Oluwaseyi and Oladimeji (2021) in Nigeria shows that there is no legal framework for surrogacy in Nigeria. It is precisely because of the lack of laws that the rights of children born through surrogacy are violated, as the contracts themselves are violated and the entire process is commercialised. As stated by Oluwaseyi and Oladimeji (2021), there are currently two

potential laws that have not yet entered into force. As stated by Makinde et al. (2017), according to Oluwaseyi and Oladimeji (2021), the lack of laws in Nigeria has encouraged the development of baby factories that are bioethically unacceptable. Namely, women who are placed in these “factories” do not receive adequate health care and are not protected, and are often in contact with numerous men until fertilisation occurs. In addition to being abused, surrogates are at great risk of sexually transmitted diseases that they can transmit to children. In addition to adult women, as stated by Makinde et al. (2017), according to Oluwaseyi and Oladimeji (2021), minors are also found in “factories” and exploited as surrogate mothers, which violates children’s rights. Therefore, it is necessary to formulate laws in Nigeria as soon as possible and introduce medical care for surrogates for their health, but also for the health of unborn children. According to Gondouin et al. (2024), India has been very influential in East African countries for decades due to its trade interests, including in Kenya. In addition to trade influence, its health influence has also begun to increase, especially in Nairobi, the capital of Kenya. Since there is no law regulating surrogacy in this country, the surrogacy industry and the provision of services for commercial purposes have begun to expand. As Gondouin et al. (2024) state, there are no known data on the prevalence of surrogacy in Kenya because it is still developing. There is also information that Kenyan surrogates travel to India for fertilisation and return to Kenya, to circumvent the laws in both countries (Rudrappa, S. (2017). *Reproducing Dystopia: The Politics of Transnational Surrogacy in India*). Also, during this attempt to commercialise surrogacy, new unregulated "spaces" are created, rights are violated, and new ethical and social dilemmas are created.

#### ***4.5. Surrogacy in Asia***

As Hibino (2022) states, surrogacy has been on the rise in Asian countries over the past few decades because, like Ukraine, they have affordable prices and more favourable regulations. Like many women in Ukraine, women in Asia are forced by the economic situation of the country in which they live to have a lucrative source of income. For them, this is precisely surrogacy. Although recent attempts have been made to prevent and reduce commercial surrogacy, international agencies manage to find a way to conclude contracts under the guise of “the best interests of the children”. Surrogacy is prohibited by law in China and Japan, while many countries do not regulate surrogacy. India has become an ideal environment for commercial surrogacy due to unclear regulations, unethical implementation, and treatment of

surrogates and unborn children. According to Saravanan (2015), poverty in India has begun to decrease over time, but social differences are still visible when poverty is taken into account on a global scale. Also, research cited by Saravanan (2015) in her paper shows that gender inequality is deeply embedded in India, as the employment rate of women in India is very low. Still, the dropout rate is also very high. Most Indian surrogates are illiterate women, and only a few have completed secondary school. Poor governance is evident, as already noted, in the practice of surrogacy, as there were several thousand clinics in India offering surrogacy, and over several tens of thousands of infertility clinics that also offered surrogacy. As Saravanan (2015) states, many clinics offering surrogacy services operate unregistered, which further complicates the control and regulation of surrogacy in this country. Surrogacy is cheaper in India than in some other popular surrogacy countries, such as the United States, but in addition to being cheaper, surrogates have fewer rights over their bodies, the child they carry, receive less compensation for their services, and have less legal and psychological support. Inequalities in the rights of surrogates are best seen in the Indian government's Assisted Reproduction Bill, and in addition to surrogates, prospective parents who want a child in India must agree to the imposed rules set by surrogacy clinics. As Timms (2018) states, the first attempts to control surrogacy at the national level occurred in 2005, then in 2008, and in 2010. Surrogacy in India was banned for foreigners in 2016, and in 2014 and 2015, draft laws were passed that were only accepted in 2016. In addition to these key elements, there is another essential element that differs from some other countries, which is medical protection, or rather, the lack thereof. Indian surrogates are not medically protected and do not have medical insurance, which leads to the practice of exploiting women and their bodies. In addition, as Saravanan (2015) states in his work, some clinics do not even provide a copy of the contract to surrogates, which completely prevents them from any form of legal struggle, nor do they have the right to stipulate what kind of relationship they want with the ordering parents. Contracts are most often concluded in English, which is unfamiliar to most surrogates because of their limited education, and the terms of the contract are not explained to them. Surrogates will not receive any financial compensation if a spontaneous or induced miscarriage occurs, and medical support ends shortly after birth. Surrogate mothers are confined to hostel accommodation – substitute homes – throughout the entire process. When they give birth, they are expected to be with the newborn the entire time, in case the ordering parents are late, which can stretch over several weeks, not just a few days. Women who are placed in hostels, more precisely in surrogacy homes, are paid more, and women are also selected based on physical appearance, caste, class and religion. Their stay in surrogacy homes can last up to a year. They are also expected to comply with all

medical procedures and to maintain a distance from their parents, as already mentioned, without any psychological support. In addition to being placed in surrogacy homes – surrogacy homes that are organised on the principle of a hostel with arranged beds- surrogate mothers are not allowed to use the stairs during their stay, and they are only allowed to use the elevator with medical supervision. They are allowed to see their family, and especially their children, under special conditions, one day a week, namely on Sundays. Surrogate mothers have also complained about the conditions in which they live: lack of water, cramped space, poor food, poor hygiene and sanitation. The procedures that Indian surrogate mothers have encountered represent a violation of human rights, a violation of dignity and freedom according to the Declaration of Human Rights, but also according to the Universal Declaration of Bioethics and Human Rights. As Saravanan (2015) states, the commissioning parents are mostly wealthy and educated people, and they chose India because of the possibility of controlling the surrogate mothers' lives during pregnancy. Surrogacy deliveries are performed by cesarean section to avoid complications during childbirth. Doctors and clinics in India have the most power when it comes to surrogacy in this country because they manage almost everything, even finances, in case the commissioning parents want a slightly larger amount of money to end up in the hands of the surrogate mothers. In addition, the commissioning parents very often knew the sex of the child before its birth, which is illegal in India. According to Timms (2018), there is also a violation of the rights of the child because surrogacy in India stimulates the discussion about child trafficking. There are often problems with falsification of children's birth certificates, acquisition of citizenship and contracts for the handover of children. The fact that surrogacy is popular in India is evidenced by the fact that surrogacy clinics are located in almost all large cities, such as Mumbai, New Delhi, Bangalore, and also in smaller towns. Tanderup et al. (2015) conducted a study in New Delhi between December 2011 and November 2012, in which they interviewed surrogate mothers and doctors. Most of the surrogate mothers surveyed were married – twelve of them had their children, and two surrogates were widows, but they also had their children. The education of the surrogate mothers surveyed was low; they came from poorer social classes and were up to thirty years old. One of the surrogates surveyed described signing the contract without fully understanding the implications; she was not told about any potential risks, nor were the benefits of the whole process. She also noted that she was unable to ask doctors about possible complications, risks, and the entire procedure because she felt they were too busy with other patients. In addition, as Tanderup et al. (2015) state, none of the surrogates could explain exactly what the process of conception and pregnancy involved,

and they did not ask doctors out of fear – they all come from low-class backgrounds in which doctors are considered superior to them. Also, the surrogates were not informed if they were carrying twins or triplets and did not know that their birth would be by cesarean section. Very often, the ordering parents are informed about the number of children they will have, and the doctors make arrangements with them, but not with the surrogate mothers who are pregnant and need to give birth to children. In addition to being excluded from all important decisions related to their pregnancy, the surrogates must terminate the pregnancy if the ordering parents so decide and do not receive any money if this happens. Therefore, some clinics choose multiple surrogates for the same ordering couple to increase the chances of a successful pregnancy. In that case, if conception occurs with both surrogates, the ordering couple has the right to request the termination of one pregnancy. Also, as Tanderup et al. (2015) state in their paper, one of the doctors interviewed pointed out that surrogate mothers cannot make decisions because they are not the mothers of these children, but have rented their womb for nine months and are obliged to believe that nothing will go wrong. In some clinics, women in labour are forced to give birth by cesarean section to avoid complications during childbirth and do not have the right to natural childbirth. According to Tanderup et al. (2015), the decision on the method of delivery is mostly in favour of the ordering parents, not the surrogate mothers, because they do not want to risk complications during childbirth, as already mentioned. One of the doctors interviewed compared the surrogate mother to a baby-making machine. According to the World Health Organisation (WHO), the excessive use of cesarean sections during childbirth is dangerous for the mother herself. It should only be used in situations where it is necessary. This calls into question the ethics of surrogacy in India and how doctors and ordering couples through agencies treat surrogates. As Pande (2011) states, the differences between surrogates and ordering parents in India are more than obvious because they come from different cultural backgrounds, as well as socio-economic conditions. As Kashyap and Tripathi (2022) point out in their work, the change in the Law in India in 2019 and 2021 supports altruistic surrogacy, which includes surrogacy with family members – relatives. This law allows for the complete abolition of commercial surrogacy because altruistic surrogacy, as already noted, does not have any compensation – except for the payment of medical expenses and the insurance that the surrogate mother receives for her service. According to the new Law, women are only allowed to be surrogates once in their lives, and a major change is that the sex of the child must not be revealed throughout the pregnancy. In addition, as Kashyap and Tripathi (2022) point out, only authorised clinics with professional staff can provide surrogacy services, and couples who want to have a child through this method must obtain certificates

that they are a suitable couple, even to enter the process. Only Indian couples who have been married for at least five years and are between 26 and 55 years old, or between 23 and 50 for women. Also of great importance is the fact that parents may not abandon a child due to any developmental or mental disorder that may develop during or after pregnancy. This new law demonstrates ethics and humanity because until 2015, surrogacy in India was at the peak of the commercialisation of the human body and life, which entered human trafficking. Children and surrogate mothers were seen as objects that did not have the right to their own choices. However, looking at it from the other side, altruistic surrogacy is not feasible in India because it leads to family conflict and exploitation of women within the family, and the number of illegal surrogacies is only increasing, as Kashyap and Tripathi (2022) state in their critical review. As Gondouin et al. (2024) state, the new Law came into force in 2021 and it limits surrogacy exclusively to non-commercial surrogacy for couples – a man and a woman, who have medical documentation with confirmed problems with conception. Commercial surrogacy is legal in Thailand. Thailand has become a popular destination for commercial surrogacy after the ban in India. According to Attawet et al. (2022), this country has become a popular destination because it belongs to the Third World, more precisely, less developed countries. Attawet et al. (2022) conducted telephone interviews with women who are surrogates and who see surrogacy as a career, which raises the question of women's health and the ethics of carrying out surrogacy in Thailand. According to Hibino (2020), most contracts were concluded between 2012 and 2015, and as early as 2010, numerous online advertisements for surrogates could be found. Hibino (2020) conducted research in her work in which surrogates, who are called umbun in Thailand, shared their experiences. Several surrogates stated that they had been victims of violence or exploitation. One of the surrogates was not allowed to see anyone close to her during her pregnancy with twins, and for her service, she received a sum of money for only one child born. She was also forced to give birth by cesarean section. The respondents signed a surrogacy contract after the child was born, not in advance, as is common practice, and Thai surrogates are considered the legal mothers of the children. According to Stasi (2017), the first scandal related to surrogacy in Thailand occurred in 2011 when the police released eleven Vietnamese women in the Baby 101 case. An illegal company called Baby 101 advertised surrogacy services in Thailand, but also gamete donations, which operated in Bangkok, Thailand. The surrogates were brought to Thailand not knowing that they would be surrogates and would have to give birth to children, and if they refused to cooperate, they were forced to pay a fine and pay for their return ticket to Vietnam. The employees of this company

took away their documents, and they had no money to return, so in these circumstances, they agreed to surrogacy. Four Thai citizens were charged in this case. According to Schover (2014), another Thai case that stirred the public is known as the Baby Gammy Case. An Australian couple hired a young Thai woman, Pattharamon Janbua, as a surrogate mother, who already had two children of her own. The surrogate became pregnant with twins, and one of the twins had Down syndrome, which was discovered in the fourth month of pregnancy. The clinic where she was a surrogate asked her to abort the child with Down syndrome, but she refused. Janbua gave birth to twins, a boy with Down syndrome and a girl without developmental disabilities, who were taken to Australia by the commissioning parents. The boy was born with a heart defect and a lung infection and needed treatment that the surrogate mother could not pay for because she did not receive the full amount for her service. This case ended up in the media, and money was raised for the boy's treatment. The parents were investigated in more detail. As Stasi (2017) states, after this case in 2014, a proposal was made to change the law. In 2015, the Thai authorities banned commercial surrogacy, and only Thai citizens have the right to non-commercial surrogacy. One of the changes in the law from 2015 is the possibility that the ordering parents can be the legal parents of the child. Also, as Hibino (2020) states, under the new law, the surrogate mother should be a person who is related to the ordering parents. If the ordering parents have no relatives, they can choose a person who is not a family member. If the person chosen is a family member, then she cannot be the mother, daughter or granddaughter of the couple, but can be either a sister or a cousin. If commercialisation is discovered, both parties can be punished. This law has not eradicated the commercialisation of surrogacy, as many Thai women provide their services outside their country. In Vietnam, only non-commercial surrogacy has been allowed since 2015. As Hibino (2015) states, in June 2014, the National Assembly of Vietnam passed a new family law legalising non-commercial surrogacy, and the law came into force on January 1, 2015. Only married couples who cannot have children have the right to this form of procreation. Also, Hibino (2019) states that in Vietnam, non-commercial surrogacy between family members has been legalised, as commercial surrogacy was banned in 2003. Surrogates must have their children, but also have confirmation from their husbands that they can be surrogate mothers, and the embryo created during the contract is not genetically related to them. Still, it is made from the gametes of a couple who are unable to have children. Family is an essential part of everyday life in Vietnam, so this form of surrogacy is considered acceptable in their society because they believe that in this way they help each other overcome problems, without violating ethical norms. This also reduces the chance of potential conflict between the surrogate and the ordering mother, who is

the biological mother of the child. Commercial surrogacy is still carried out illegally in this country because the supply of surrogates to mothers remains high.

## **5. Surrogacy and the media**

Surrogacy is a topic that the media likes to report on because it is often associated with celebrities who have had children through surrogacy. The media that report on surrogacy rarely provide a realistic picture and concrete information about it. Instead, their focus is regularly either on the experiences of celebrities who have had children through surrogacy or on the most shocking examples of unwanted consequences of the surrogacy process. However, the media has a significant influence on the public's attitude towards this method of reproduction.” (Bandula, 2018, p. 8) Celebrities often use surrogacy services to fulfil their parental role. One of the most influential and famous people who has had children through surrogacy is Portuguese footballer Cristiano Ronaldo, who is known for having had three children through surrogacy, according to the portal novizivot.net. In addition to Cristiano Ronaldo, numerous other celebrities such as Kim Kardashian, Cameron Diaz, Tyra Banks, Nicole Kidman, as well as singer Ricky Martin, as reported by tportal.hr, were also cast in this role. As Bandula (2018) described in her paper, Croatian articles written about surrogacy describe the opposing sides of surrogacy that were mentioned in this paper, using the example of Thai twins, of which the boy had Down syndrome. In addition, they also mention child trafficking and surrogacy in Ukraine and Russia, as well as countries that do not have legalised surrogacy in Europe. Also, Bandula (2018) points out that the media often write about surrogacy in extremes - either as something exclusive or as something immoral, without an objective attitude, and only a few articles on this topic give an objective picture.

## **6. Research methodology**

### ***6.1. Sample of respondents***

The research involved students from all full-time and part-time studies in Osijek and at the dislocated study in Slatina. The research involved 154 respondents, of whom 37 were twenty years old, 31 were 21 years old, 26 were 19 years old, 17 were 22 years old, 18 were 23 years old, 13 were 24 years old, three were 25 years old, three were 26 years old, and the rest were between 27 and 41 years old. One of the shortcomings of our research is that only three male

students participated in the survey out of a total of 154 respondents. This can be explained by the specificity of study programs at the Faculty of Education, since the majority of students are female.

### **6.2. Objective of the research**

The objective of this thesis is to investigate and find out the opinions and attitudes of students of the Faculty of Education on surrogacy using a questionnaire, and whether students are familiar with the term surrogacy and how informed they are about the topic. Therefore, we designed the research based on seven hypotheses.

### **6.3. Hypotheses**

H1: “Students who took the Bioethics course are more likely to believe that surrogacy is bioethically acceptable.”

H2: “The Bioethics course has a significant impact on students’ awareness of surrogacy farms.”

H3: “Students are not informed about the Surrogacy Act in the Republic of Croatia.”

H4: “Students believe that surrogacy has a significant negative impact on the surrogate mother.”

H5: “Students believe that famous people influence the formation of attitudes about surrogacy.”

H6: “Students believe that religious attitudes can have a great influence on the formation of attitudes about surrogacy.”

H7: “Students believe that the surrogate mother and child should remain in contact after birth.”

### **6.4. Type of research**

According to the type, this research is quantitative, and the scientific paradigm of the study is positivism. The hypotheses were defined in advance, and the research instrument was a survey. The research concerns the current opinions and attitudes of students within a specific

time frame. Also, the research is considered transversal, and according to the method of data collection, this is empirical research. The research is entirely anonymous and voluntary, and the personal data of the respondents, such as name and surname, date of birth, etc., is not visible.

## **7. Research and interpretations**

The survey among students was conducted as follows: After the first introductory question, which determined the gender of the respondents, there were three male students and 151 female students. The next question in the survey referred to the study of the respondents. Most of the respondents who participated in the research are studying Teacher Studies, 69 respondents to be exact. Students of Educational Rehabilitation make up 44 respondents. Then came students of Early and Preschool Education, 29 of whom participated in the survey. The remaining 12 respondents are students of Speech Therapy. The third question in the survey related to students' attendance at the Bioethics course during their studies. A slight majority of 78 respondents attended the Bioethics course during their studies, while 76 did not participate. The fourth question, "Have you ever encountered the term surrogacy?" aimed to determine how familiar students were with the term surrogacy. Only one respondent out of 154 was not familiar with the term surrogacy. The fifth question, "Where did you hear about the term surrogacy?" offers a multiple-choice answer referring to the source of information about surrogacy. Most respondents learned about surrogacy through the media (132 out of 153 respondents), then from films and series (88 out of 153 respondents), and during education (83 out of 153 respondents). In the following question "how informed are you about the Law regulating surrogacy in the Republic of Croatia", the most significant number of respondents, more than half, 80 out of 154, are not informed about the Law regulating surrogacy in the Republic of Croatia, 53 out of 154 are partially informed, and only 21 out of 154 respondents are familiar with the legal framework of surrogacy in the Republic of Croatia. With the seventh question, "Do you think surrogacy should be legalised in the Republic of Croatia?", we determined that the majority of respondents, 96 out of 154, believe that surrogacy should be legalised in the Republic of Croatia, while the remaining 58 believe that it should not be legalised. The next question, "Should the state regulate surrogacy?" revealed that the majority of respondents, 135 out of 154, believe that the state should regulate surrogacy. Only a handful of respondents, 19 out of 154, believe that the state should not regulate. When asked "Do you

think surrogate mothers should have the legal right to keep the child, if they want to?", more than 60% of respondents, or more precisely 97 out of 154, believe that surrogates should not have the right to keep the child. The next question was "What form of surrogacy do you consider acceptable?" With the following answers: Altruistic or non-commercial surrogacy (without financial compensation), commercial (with financial compensation), both, none. The students were very divided in their answers, with an equal number of respondents, 48, answering that both forms of surrogacy are acceptable, 48 answering that neither form of surrogacy is permissible, 40 respondents considering commercial surrogacy to be acceptable, and only 18 of them considering altruistic surrogacy to be acceptable. The next question is "Do you think that surrogacy can be bioethically acceptable?" Yes / No / Depends on the situation. Explain which situation, if this answer were selected. The majority of 83 respondents believe that surrogacy is bioethically acceptable. Twenty-four respondents believe that bioethically acceptable depends on certain factors, and wrote their answers, some of which we will list below. One of the answers to this question is: "It depends on the moral compass of the child's parents and the surrogate mother. On the one hand, it is noble to have a heart to carry a child for a couple who are infertile and who desperately want a child. But there are many more problems. Carrying someone else's child that you know that after 9 months you have to hand over to other people and at the same time be extremely careful and protect your health and the health of the baby, and with all that not being attached to the child you are carrying - and receiving financial compensation as if the child is part of the transaction, which it is...personally does not seem moral and dignified to me. It is a human being, not traded. Also, in many cases, if the child is premature or born with some malformation, deficiency or other problem, the parents who "ordered" the child have the right to refuse to adopt that child. But if the surrogate mother does not want to accept the child either, where does the child go? To the state, i.e. social welfare. There are too many risk factors." The next response of the respondent expresses indecision regarding the bioethical correctness of surrogacy. "I can't exactly decide whether surrogacy would be ethically acceptable. On the one hand, it can be said that surrogacy represents a kind of trafficking in newborns, where the idea that motherhood is something unique for every woman is taken away, that is, that motherhood is precisely the passage through pregnancy itself. And in the case of surrogacy, the mother does not go through the said period of motherhood, in a way that opposes bioethical codes, because it is in nature for the mother of the child to give birth to that same child. I completely understand that some mothers cannot carry a pregnancy to term, but want to have "their" child, a child with their genes. Surrogacy is a perfect choice in that case. That is why I think there are two sides to surrogacy." There is also

an answer to why the respondent does not think surrogacy is bioethically correct. The answer is as follows: "I think it is not bioethically acceptable if the surrogate mother is paid in any way to do it, because it acts as 'renting out one's organ' and that should not be accepted at all. On the other hand, a person may want to do it for someone very close to them (e.g. a sister) who cannot have a child, and in some ways, it is a huge thing that a surrogate mother can do for them. Although it seems strange, it should be accepted and viewed with understanding. In any other way of coercion (money), exploiting a surrogate mother does not seem morally correct." Other respondents who answered this question, which was optional, believe that it depends on the circumstances of the parents who want a child, and they also mention same-sex unions and their desire to create offspring. Respondents also mentioned the problem of bonding with the surrogate mother and her emotional state and awareness of the process itself, which is evident in the following answer: "It may be acceptable, but on the other hand we encounter the problem of bonding that person to the child she is carrying and the possibility of falling into depression if she wants to keep it, and that is not possible." The next question, "Have you heard about surrogacy farms and the exploitation of women in India?" aimed to determine the respondents' awareness of surrogacy farms in India. The answers showed that almost 2/3 of the respondents (98 out of 154) had not heard of surrogacy farms and the exploitation of women in India. A smaller number of respondents (56 out of 154) who had heard of surrogacy farms and the exploitation of women in India had learned about it in a Bioethics course during their studies. To the question "Do you think the media portrays surrogacy more positively or negatively?" The majority of respondents, 65 out of 154, believe that the media has no particular influence, i.e. they do not portray surrogacy either positively or negatively. In contrast, 60 out of 154 believe that the media portrays surrogacy positively, whereas 29 out of 154 respondents do not agree and believe that surrogacy is portrayed in the media in a negative light. In the next question, when asked about the opinion of the respondents on the influence of celebrities on the formation of opinions about surrogacy. A large part of the respondents, 136 out of 154, believe that celebrities influence the formation of opinions about surrogacy. The respondents mentioned numerous celebrities who used the services of surrogates to fulfil their parental role. Numerous famous names were mentioned, from singers, actors, athletes, etc. Some of the public figures mentioned are: Sarah Jessica Parker, Cameron Diaz, Lilly Collins, Nicole Kidman, Marija Šerifović, Kim and Khloe Kardashian, Cristiano Ronaldo, Ricky Martin, Elton John, etc. When asked, "Do you think surrogacy has an emotional effect on the child's later life?" Most respondents, 55 out of 154, believe that surrogacy neither has nor has an emotional

impact on the child's later life; 30 out of 154 completely agree, 37 out of 154 agree, 21 out of 154 disagree, and 11 out of 154 disagree at all. In the next question, when asked, "Do you consider the commercialisation of surrogacy to be human trafficking?" The majority of respondents, 61 out of 154, believe that commercialisation neither includes nor does it include human trafficking; furthermore, 32 out of 154 completely agree, 34 out of 154 agree, and on the other hand, 20 out of 154 disagree, and only 7 out of 154 completely disagree with the stated question. When the next question was asked, "Do you think that surrogacy contracts violate the rights and freedom of the people who sign them?" The majority of respondents, 73 out of 154, have a neutral stance regarding freedom when signing a surrogacy contract. 18 out of 154 completely agree, 21 out of 154 agree, 31 out of 154 disagree, and 11 out of 154 completely disagree. The majority of respondents to the question "Do you think that surrogacy can have a negative psychological impact on the surrogate mother?" answered in the affirmative, with 52 out of 154 agreeing, 69 out of 154 completely agreeing, 22 out of 154 neither agreeing nor disagreeing, and only 8 out of 154 disagreeing and only 3 out of 154 completely disagreeing. The majority of respondents, 125 out of 154, to the question "Do you think that parents who have children through surrogacy have the right to reject a child if it is born with developmental disabilities?" answered negatively, 32 out of 154 disagreed and 93 out of 154 completely disagreed, while on the other hand, only 7 out of 154 agreed, 6 out of 154 completely agreed, and 16 out of 154 neither agreed nor disagreed with the stated statement. When it comes to controlling the life of a surrogate mother, to the question "Do you believe that parents who want a child through surrogacy have the right to control the life of a surrogate mother during pregnancy?" the majority of respondents, 56 out of 154, have a neutral position, only 5 out of 154 completely agree, 24 out of 154 agree, and on the other hand 32 out of 154 disagree and 37 out of 154 completely disagree. When asked "Do you think a child born this way will have identity problems later in life?" the majority of respondents, 59 out of 154, took a neutral position, 13 out of 154 completely agreed, 28 out of 154 agreed, on the other hand 35 out of 154 disagreed and 19 out of 154 completely disagreed. When it comes to global legal regulation of surrogacy, the majority of respondents, 119 out of 154, believe that there should be laws regulating surrogacy at the global level. Similarly, students responded to the following question: "Religious attitudes can play a major role in shaping attitudes about surrogacy." The vast majority of students, 120 out of 154, believe that religious attitudes play a significant role in shaping attitudes about surrogacy. Respondents to the last question, "Do you think that the surrogate mother and the child should stay in contact after the birth?", in the majority, 61 out of 154, gave a neutral answer.

## **8. Discussion**

The research conducted presents the opinions and attitudes of students of the Faculty of Education on surrogacy. The results of the research did not fully confirm the hypotheses; not all hypotheses were confirmed. The first hypothesis (H1) is also the only hypothesis that was not confirmed, that is, rejected. Students who attended the Bioethics course hold the views that surrogacy is bioethically acceptable, 36 of them, but also that it is not bioethically acceptable, 29 of them. Students who did not attend bioethics mostly answered that surrogacy is bioethically acceptable, with 47 affirmative responses. The respondents also had the option of answering "it depends" and could explain what it depends on, and the answers are shown in the research. Not all respondents explained what it depends on. Still, a smaller difference is visible among respondents who took the course, because more of them explained the factors on which its bioethical acceptability depends, and therefore expressed some restraint in agreeing or disagreeing with the statement. The second hypothesis (H2) is a hypothesis that was confirmed, and it refers to the information of students about surrogate farms and the exploitation of surrogate mothers in India. Namely, this hypothesis confirms that attending the Bioethics course has an impact on the respondents' knowledge, as evidenced by a significant difference in the answers. The majority of students who did not attend the course answered that they had not heard of surrogate farms, with 69 students reporting this, while only seven students who did not attend the course had heard of surrogate farms. Students who took the course also answered questions about where they had heard of surrogate farms, and mainly learned about them during lectures in the Bioethics course. In contrast, a smaller number of students answered that social networks were a source of information on the mentioned topic. Students who did not attend the course at the Faculty heard about the surrogate farm either in the Ethics class in high school or on the Internet (TikTok and YouTube). As surrogacy has been banned since 2015 in India, it is not surprising that the respondents are largely uninformed about the current situation. The third hypothesis (H3), which was also confirmed, is the hypothesis of information about the Surrogacy Act in the Republic of Croatia. The hypothesis assumed that the students/respondents are not familiar with the Act, and the assumption was proven, which means that the hypothesis is confirmed. The largest number of respondents, eighty of them, responded that they were not familiar with the Act in the Republic of Croatia regarding surrogacy. The smallest number of respondents, 21 of them, were familiar with the Act, while 53 respondents were partially informed. Surrogacy is not a frequently mentioned topic in the Republic of Croatia, as it is banned, so it is not surprising that the respondents were not

informed. The next hypothesis (H4), which was confirmed in the research, is a hypothesis that sought to prove students' attitudes about the negative psychological impact that surrogacy has on surrogate mothers. The majority of respondents, 52 of them, declared that they completely agreed that surrogacy hurts the surrogate mother. In contrast, 69 of them declared that they agreed that it has an impact on the surrogate mother. This confirmed the hypothesis because 121 respondents agreed with the hypothesis. Although this hypothesis is not based on a difference between students who took the Bioethics course and those who did not take the course, there is almost no difference in the responses of students who took the course and those who did not, as the study primarily examined students' attitudes and personal opinions. The fifth hypothesis (H5) was also confirmed, and it refers to the formation of attitudes about surrogacy influenced by the opinions of famous people. After conducting the research, the hypothesis was confirmed because as many as 136 respondents believe that famous people influence the formed attitudes about surrogacy. The majority of respondents, specifically 125 respondents, stated that they had heard of at least one famous person who used a surrogate mother to fulfil their parental role. The sixth hypothesis (H6) is the hypothesis about the role of religion in the formation of attitudes about surrogacy, which was also confirmed. The majority of respondents fully agreed with this statement – 62 of them, and 58 of them agreed. As previously shown in the graph, it is evident that the respondents believe that religion influences the formation of attitudes about surrogacy. The seventh hypothesis (H7) is a hypothesis that examines the attitude about whether the surrogate mother and the child should remain in contact after birth. Most respondents expressed a neutral position – neither agree nor disagree (61 respondents). This hypothesis was neither confirmed nor rejected, but it is also important. The respondents expressed neutral positions precisely because of the sensitivity of this topic and the numerous questions that are raised regarding surrogacy. This hypothesis clearly shows that information about the topic is necessary because it is expected that students will take a certain position that will either confirm or reject the hypothesis. In addition to the need for information about the topic, this hypothesis clearly shows the social sensitivity of the topic, as well as ethical considerations that require research and greater information.

## **9. Conclusion**

This paper explains surrogacy from a legal, bioethical, medical and religious perspective. The conditions, prohibitions or permissions are described, as well as cases that have sparked numerous discussions around the world when it comes to the rights of surrogate mothers, the

rights of the child, and the rights of parents who use surrogacy services. The paper clearly shows and describes surrogacy across continents, as well as changes in laws in certain countries. Based on relevant literature, a study was conducted to examine students' attitudes towards surrogacy. First of all, the study showed that students need to be informed about this topic. Students who attended the Bioethics course showed better understanding when it comes to surrogacy farms and offered answers that show that they reflect on their attitudes and create an opinion based on the information and knowledge they gained while attending the Bioethics course. In addition, all students showed social and emotional sensitivity in their answers, although some of the questions had neutral outcomes. This outcome is evidence that it is necessary to inform and raise awareness among students, as well as the general public, about the importance of this topic, because there is a visible lack of information on the topic and a lack of ethical awareness about surrogacy. The students agreed that surrogacy needs to be regulated on a global level, but they also do not believe that its commercialisation amounts to human trafficking. It is also important to emphasise that an equal number of respondents supported both forms of surrogacy. Still, neither form of surrogacy is mutually exclusive, and this proves that regardless of whether students attended the Bioethics course or not, they are free to reflect on their views. It is also important to emphasise that the research was conducted among students of one faculty who make up a homogeneous group of respondents. If the research were conducted in other higher education institutions in Osijek, the outcome might be slightly different. The research showed that the media have a significant influence on the formation of opinions and attitudes regarding celebrities, and that the media as a tool does not have a substantial impact on its own. Looking at the source of information, the media (and education) are the primary sources, which is not surprising because on social networks, numerous celebrities announce that they became parents through a surrogate mother, which indirectly affects the formation of personal views and opinions. The results of the research also showed that religious beliefs influence the formation of attitudes about surrogacy, because a large number of students confirmed this in their responses. Regardless of the personal religious beliefs of individuals, it is evident that the Catholic Church influences the formation of attitudes, as evidenced by the fact that students show that the Church can influence the formation of attitudes. Considering that the Republic of Croatia is a European and Catholic country, it is not possible to confirm that the results of the research would be the same in another country whose citizens have different religious beliefs. In conclusion, it is essential to emphasise that surrogacy is an unexplored topic that requires bioethical discussion and

research, but also that bioethical education has a vital role in informing about this topic. In addition to bioethical issues, it is essential to encourage social and legislative education about surrogacy to create a better and clearer perception of this topic in society in the future, as surrogacy is very popular and is becoming an increasingly important social problem due to its spread in third-world countries.

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## **BIOETIČKA ANALIZA ISTRAŽIVANJA O STAVOVIMA STUDENATA FAKULTETA ZA OBRAZOVANJE O SUROGAT MAJČINSTVU**

### **Sažetak**

Surogat majčinstvo je oblik medicinski potpomognute reprodukcije i dijeli se na dvije vrste: gestacijsko surogat majčinstvo i tradicionalno surogat majčinstvo. Gestacijsko surogat majčinstvo odnosi se na proces u kojem se stanice namjeravajućih roditelja kombiniraju, a ne postoji genetska veza između surogat majke i embrija. Tradicionalno surogat majčinstvo odnosi se na kombinaciju reproduktivnih stanica surogat majke i spermija budućeg oca. Surogat majčinstvo se također može podijeliti na dvije vrste: nekomercijalno i komercijalno surogat majčinstvo. Nekomercijalno surogat majčinstvo odnosi se na aranžman u kojem surogat majka ne prima financijsku naknadu za svoje usluge. Komercijalno surogat majčinstvo odnosi se na dogovor u kojem surogat majka prima financijsku naknadu za svoju uslugu, odnosno za nošenje djeteta. Komercijalizacija surogat majčinstva jedno je od ključnih pitanja i otvara brojne bioetičke, pravne i moralne rasprave. Ovo je pitanje posebno izraženo u zemljama u razvoju, koje su postale popularna odredišta za osnivanje klinika za surogat majčinstvo i iskorištavanje žena. Brojne studije potvrdile su da su mnoge klinike za surogat majčinstvo prekršile prava i žena i djece te da surogat majke često žive u lošim uvjetima. Osim

upitnih praksi u klinikama, mnogi pravni slučajevi vezani uz kršenje zakona o surogat majčinstvu završili su na sudu u nekoliko zemalja. Stoga ova disertacija uključuje studiju u kojoj je sudjelovalo više od 150 ispitanika, s ciljem istraživanja mišljenja studenata Pedagoškog fakulteta u Osijeku. Istraživanje se temelji na teorijskom okviru koji opisuje surogat majčinstvo širom svijeta, s ciljem procjene znanja učenika o surogat majčinstvu, pravnim okvirima, ugovorima o surogat majčinstvu, vjerskim utjecajima, farmama surogat majčinstva i djeci rođenoj s razvojnim poteškoćama.

**Ključne riječi:** istraživanje, surogat majčinstvo, bioetika, mišljenje, studenti