**SURROGACY: BLESSING OR CURSE TO POOR SOCIETY IN INDIA**

Pytetska N.,Molodan D**.,** Saini E.

Kharkiv National Medical University

The advances of surrogate motherhood have introduced incredible opportunities in reproductology. The literal meaning of a surrogate is substitution. The word surrogate means appointed to act in the place of another. Surrogacy agreement is the carrying a pregnancy for intended parents, which is used by infertile women or unable to carry a pregnancy.

There are three main types of surrogacy: gestational, traditional and donor surrogacy. In gestational surrogacy, an egg is removed from the intended mother or anonymous donor and fertilized with the sperm of the intended father or anonymous donor. In traditional surrogacy, a surrogate mother is artificially inseminated by an either the intended father or an anonymous donor and carries the child to term. In donor surrogacy, there is no genetic relationship between the child and the intended parents as the surrogate is inseminated with the sperm, not of the intended father, but of an outside donor.

What are prerequisites for the emergence of the reproductive services industry? First of all, this is the increased demand and the emergence of new reproductive technologies from the developed countries. In addition, the delay in the creation of a family by educated and working women reduces their ability to create a family, the lack of time to get pregnant. The rise of lifestyle disorders such as obesity and diabetes have certainly contributed to infertility.

 Globally, India is one of the most popular providers of surrogate mothers where commercial surrogacy is legalized. Reproductive tourism in India is developing for several reasons. There is easy availability of English speaking, and highly trained doctors, presence of a well-developed medical tourism infrastructure, medical care integrated travel, hotel, and insurance services. Also, the cost is only one third of that in developing countries. A favorable exchange rate leads to lower prices. Foreigners enter into surrogacy agreement in India due to restrictions in their countries. It is very important that the maternal surrogacy presents an opportunity for very poor women to make easy improvements in their financial crisis. In addition, Indian women are less likely to drink alcohol and smoke less, which can be detrimental to a successful pregnancy. Thus, the global increase in the prevalence of infertility and the rise of the poor population in India will ensure that the reproductive tourism industry in India will grow steadily.

Surrogacy raises ethical issues such as medical protections and informed consent. Commercialization of surrogacy creates several social conflicts. A surrogate mother is often poor, uneducated, or semi-literate, which complicates the uncertainty of true informed consent. In addition, these women are rarely fully aware of the potential health risks that are associated with surrogacy or emotional damage that can result from child abandonment. In India, surrogates are implanted with multiple embryos in order to increase the chances of pregnancy, which however increases the health risks of children and mothers (multiple pregnancies, low birth weight, giving birth to ugly children). Moreover, there is a high risk of developing metabolic and cardiovascular complications such as diabetes or hypertension, as well as death. Domestic violence and household strife occur on surrogate mothers due to dislikes of male partners. In addition, uncertainty exists whether the surrogate will be able to enjoy sexual relations with her husband.

Conclusion. Surrogacy in India is not only a contractual agreement between the parties, which must be drawn up with care to avoid human rights violations. Surrogacy is a public health problem associated with both medical and social problems.