ABSTRACT

Title of Dissertation: "BABY MILES": REPRODUCTIVE RIGHTS, LABOR, AND ETHICS IN THE TRANSNATIONAL KOREAN REPRODUCTIVE TECHNOLOGY INDUSTRY

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This dissertation examines the transnational circuits of the assisted reproductive technology (ART) industry in South Korea to demonstrate how the concepts of reproductive rights and labor have been contested, negotiated, and reconstructed by various actors—including infertile couples, gamete donors, gestational surrogates, state agents, and medical professionals—across national boundaries. This study envisions reproductive ethics as part of a transnational feminist agenda by examining the ethical issues raised by the complicated relationships between intended parents and gamete donors/surrogates.

Although feminist scholars and bioethicists address issues of how intended parents practice their reproductive rights and how egg providers/surrogates' bodies are commercialized and exploited as they navigate the transnational ART industry,

very little exists in the way of an integrated framework that allows us to understand the interdependent relationships between intended parents and gamete providers/surrogates, even though both are "users" of ART technologies as well as "patients" of medical procedures. Furthermore, while current research successfully examines the ethical problems of the transnational ART industry, it unintentionally reinforces the binaries between Asian women as exploited objects and White Westerners as liberated subjects. In order to address these issues within the current literature, I position this project to dispute the unilateral understanding of ART by focusing on the complex relationships between Korean intended parents and non-Korean gamete providers and surrogates.

In order to analyze the transnational circuits of the ART industry, I use the term "baby miles" to show the great distances people, capital, and technology travel as they interact in the baby-making process. Drawing on three years of multi-sited ethnographic research conducted in Seoul, Bangkok, Taipei, and Kiev, which included in-depth interviews with 60 people as well as participant observation, I argue that while the increased baby miles create unprecedented legal, social, and ethical issues, prohibiting commercial baby-making industries and returning to a "local baby" is not a solution as it reinforces both the ideology that motherhood is "natural" and the stratified reproduction system.

“BABY MILES”: REPRODUCTIVE RIGHTS, LABOR, AND ETHICS IN THE TRANSNATIONAL KOREAN REPRODUCTIVE TECHNOLOGY INDUSTRY

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List of Abbreviations

AI	Artificial insemination
AMH	Anti-Müllerian hormone
ART	Assisted reproductive technology
FINNRAGE	Feminist International Network of Resistance to Reproductive and Genetic Engineering
GIFT	Gamete intra-fallopian transfer
ICPD	International Conference on Population and Development
ICSI	Intra-cytoplasmic sperm injection
IUI	Intra-uterine insemination
IVF	In vitro fertilization
IVF-ET	In vitro fertilization-embryo transfer
KSOG	Korean Society of Obstetrics and Gynecology
MOHW	Ministry of Health and Welfare
OECD	Organization for Economic Cooperation and Development
OHSS	Ovarian hyperstimulation syndrome
PGD	Preimplantation genetic diagnosis
PGS	Preimplantation genetic screening
WHO	World Health Organization
ZIFT	Zygote intra-fallopian transfer

Introduction

On November 26, 2016, I was on an airplane with Sonya, a Ukrainian woman who was carrying the baby for a Korean couple as a gestational surrogate, as we traveled to Kiev. She had stayed in Seoul for the previous three months to undergo IVF procedures, and she planned to go back to Ukraine to give birth to the baby. At the Incheon International Airport just outside of Seoul before we left, Sonya was seen off by Jiyoung, the Korean woman who had hired Sonya to have her baby. They hugged each other and cried. In South Korea, they went through all the medical procedures related to gestational surrogacy and lived together for three months. Although it was confirmed that Sonya was pregnant, they could not be confident that the surrogacy contract would have a happy ending because the pregnancy test was conducted at a very early stage in the pregnancy. If Sonya would have stayed in South Korea a couple more weeks, the results of the pregnancy test could have been clearly confirmed as a success or a failure. However, Sonya had to leave South Korea right after the first pregnancy test because her own child was waiting for her in Ukraine. Moreover, they knew that it would be really hard for both of them if the pregnancy test turned out to be a failure. Thus, Sonya would have the second pregnancy test in Ukraine rather than continuing to stay in South Korea. If the pregnancy was confirmed, they would be reunited because Jiyoung had to go to Ukraine to pick up her baby. If not, they would not have any chance or any reason to see each other again.

With a lot of tears, concerns, and anxiety about their unpredictable futures, Sonya boarded the airplane with me. For a while, she kept silent and just stared at photos of her daughter in her cell phone, looking at them again and again. Since there was no direct flight from Seoul to Kiev, we had to wait in the Almaty International Airport in Kazakhstan for a five-hour layover. The layover time seemed long to Sonya because she wanted to see her daughter as soon as possible. We had already flown 2,625 miles, which was enough to make us feel drained, but we still needed to travel 2,207 miles more. In the small airport, late at night, we could see only an endless, snow-covered field through the window. At the only coffee shop that was open at that hour, Sonya and I passed the time by calculating the total the distances that the people involved in this baby-making project had to travel. The first leg of the journey was traveled by a transnational surrogacy broker who flew from Seoul to Kiev and back when the project was initiated. In Kiev, he interviewed several potential gestational surrogates and prepared the necessary legal documents, and then he came back to South Korea to meet with the Korean parents who commissioned the pregnancy and to arrange for their travel to Kiev (9,664 miles). In the meantime, Sonya submitted her surrogacy application and had to visit an IVF clinic twice for medical exams. A month later, the Korean intended parents (Jiyoung and her husband) and the broker came to Kiev to meet Sonya, and the signed gestational surrogacy contract was notarized in the court (28,992 miles). At that time, Sonya did not realize that how far she had to travel to participate in the project because she did not have any international travel experience. After finalizing the contract, the Korean intended parents went back to Korea and started to receive IVF treatments to create

embryos that would be transplanted into Sonya's uterus. Because Sonya had to go to South Korea to complete her surrogacy work, she had to travel to another city in Ukraine to leave her child with relatives (1,848 miles). Then, Sonya flew from Kiev to Seoul (4,832 miles). Once in Seoul, she had to visit an IVF clinic that was located five hours away from the city to undergo IVF gestational surrogacy procedures (twice a week for three months); however, she did not undertake this alone, as the broker or the intended parents always accompanied her to these the clinic visits (19,392 miles). Now, she was flying back to Kiev (4,832 miles), and if the baby-making project went smoothly, nine months later, the intended parents would travel to Ukraine again to pick up their baby and return home (28,992 miles).

By the time this baby-making project was done, the four key individuals involved would have traveled 64,728 miles in total. We suddenly realized what a great distance was required to make one baby. Further, if we considered the additional people who were part of the process, including medical professionals, interpreters, and travel coordinators, the total miles would increase even more. From mile zero to 64,728, when the journey to conceive a baby expands exponentially beyond national boundaries, how many people participate in the process, and how do they interact with each other? How do they manage the complicated and unpredictable situations that they have to face throughout the long journey? What implications do these extensive miles have on the larger society?

This dissertation examines the transnational circuits of the assisted reproductive technology (ART) industry in South Korea to demonstrate how the concepts of reproductive rights and labor have been contested, negotiated, and

reconstructed by various actors—including infertile couples, gamete donors/surrogates, state agents, and medical professionals—across national boundaries. In order to analyze the transnational ART industry, I use the term "baby miles" to show the great lengths people, capital, and technology travel to interact with each other in the transnational circuit of ART industries—distances that stand in sharp in contrast to the past, when the process of having a baby, from fertilizing embryos to delivery, was completed in one woman's body. Instead of centering on "bioethics," which focuses on the moral status of embryos and fetuses, this study's goal is to envision "reproductive ethics" as part of a transnational feminist agenda by examining the ethical issues raised by the complicated relationships between intended parents and gamete donors/surrogates. By following the people, gametes, capital, and technology that form the transnational ART network (including to countries like South Korea, Thailand, Taiwan, and Ukraine), this ethnographic research focuses on how Korean intended parents traveling to Thailand and Ukraine collaborate and conflict with non-Korean gamete donors and surrogates in the baby-making process.

The issue of baby miles originated with the advent of in vitro fertilization (IVF) technology in 1978. When the fertilization of eggs by sperm was only possible inside of women's bodies, conceiving a baby did not create additional miles outside of a woman's body. However, once embryos could be fertilized, transported, stored, and transferred outside of women's bodies, the distances among gamete producers, surrogates, and legal parents expanded geographically because a baby's genetic mother (egg donor), birth mother (gestational surrogate), and legal and social mother (intended mother) no longer had to be the same person. Furthermore, as the spatial

distances between agents involved in the baby-making process increased, the temporal distance from planning to have a baby to giving birth also grew beyond the typical nine-month period of traditional pregnancies. Due to this spatial-temporal expansion, unprecedented issues have emerged, such as who should have rights as parents, how we can protect the rights of children, and how we view the commodification of gametes and wombs. Although feminist scholars and bioethicists address issues of how intended parents practice their reproductive rights and how egg providers and surrogates' bodies are commercialized and exploited as they traverse these the baby miles, very little exists in the way of an integrated framework that allows us to understand the interdependent relationships between intended parents and gamete donors/surrogates, though both are "users" of ART technologies as well as "patients" of medical procedures. While current research successfully examines the ethical problems of the transnational surrogacy industry, it unintentionally reinforces binaries between Asian women as exploited objects and White Westerners as liberated subjects. In order to address these issues within the current literature, I position this project to dispute the unilateral understanding of ART by focusing on the complex relations between Asian intended parents and Asian/non-Asian gamete providers and surrogates. Following transnational feminist scholars and bioethicists, this research project asks the following questions: How are Asian actors who travel these baby miles disrupting hegemonic discourses about transnational surrogacy and (re)constructing the meanings of reproductive rights and labor in non-Western contexts? How should transnational feminist scholarship intervene in issues of reproductive justice when the relationships between intended parents and gamete

providers/surrogates are created based on their racial, gender, class, and national differences on a global scale?

Theoretical Context

This research project relies on feminist scholarship on reproductive technology and reproductive rights, transnational studies on the fertility tourism industry, and Korean studies focused on reproduction.

Reproductive Rights in Feminist Discourse

In Western feminist discourse, reproductive rights have typically been discussed in terms of abortion rights. In the United States, women's health and abortion rights were key concerns of the second-wave feminist movement (Ruzek, 1978; Petchesky, 1980; Rosen, 2003; Morgen, 2002). As unsafe abortion practices seriously threaten women's health and lives, feminist activists in prochoice movements tried to make abortion legal, and in the meantime help women access safe, illegal abortions (Joffe, Weitz, & Stacey, 2004, p. 786). The issue of abortion has been polarized into prolife and prochoice camps, and the U. S. Supreme Court's *Roe v. Wade* decision in 1973 supported the prochoice perspective by declaring that the right to privacy extended to a woman's right to choose an abortion. As a result, privacy, choice, and self-determination have been key principles in the defense of reproductive rights because the concept of reproductive rights has been developed through the movement for the legalization of abortion in the United States (Garrow, 2015). However, although *Roe v. Wade* was a landmark decision in the advancement of women's rights, the legalization of abortion did not fully guarantee reproductive

rights for different groups of women. Legal abortions have been widely practiced following *Roe v. Wade* while forced sterilization—a legacy of eugenics—continued into the 1970s, particularly affecting Native Americans, African Americans, Puerto Rican Americans, and women on welfare (Kranz, 2002). Based on critiques about how the prochoice movement in the U.S. has excluded women of color and women on welfare, many feminist studies scholars have suggested that new reproductive rights and justice discourses need to be created that are based on the reproductive experiences of women of color and go beyond the binary of prolife versus prochoice (e.g., Smith, 2005; Rudy, 1997; West, 2009; Ross, 2006).

At the international level, reproductive rights became an important part of the human rights agenda during the 1990s. The Program of Action from the 1994 International Conference on Population and Development (ICPD) defined reproductive rights as embracing certain human rights already recognized in national laws, international human rights documents, and other consensus documents (United Nations, 2014). According to the ICPD, reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so; furthermore, couples and individuals have the right to attain the highest standard of sexual and reproductive health (United Nations, 2014). The Program of Action also includes the right to make decisions concerning reproduction free of discrimination, coercion, and violence, as expressed in human rights documents (United Nations, 2014). As the official ICPD Program of Action reflects the holistic perspectives on sexual and reproductive health and rights for which many feminist

activists from various countries have campaigned for a long time, it was evaluated as a successful conceptual framework for promoting reproductive rights (Correa & Reichman, 1994). Moreover, as reproductive rights were declared international human rights, feminist activists in many countries where abortion was illegal could use the international human rights standards to advocate for legal reform (Nowicka, 2011).

Nevertheless, there have been many critiques of the ICPD Program and its effects among feminist scholars. For example, Betsy Hartmann (2002) argued that the achievement of ICPD was not far removed from the Malthusian paradigm because women's reproductive health and empowerment were discussed as effective ways to reduce population growth. Moreover, she pointed out that the U.S. government was willing to participate in addressing concerns regarding reproductive rights because of the ways in which addressing population control issues would help maintain U.S. hegemony in international politics. Additionally, feminists from the Global South argued that by focusing on a liberal notion of reproductive health, the concept of reproductive rights in ICPD failed to address women's general health, education, freedom from violence, and the desire for bodily integrity (Klein, 1995).

Following the 1994 ICDP conference, reproductive rights have been discussed widely among feminist scholars, particularly in conversation with how the right's discourse has been constructed based on a concept of ownership that hews to the liberalist tradition (Raymond, 1994). In other words, reproductive rights are understood as an individual's freedom to choose anything related to their reproduction because they own their bodies. Thus, some feminists, such as

Schwartzman (2006), suggested that such liberalist discourses based on ownership are not effective in improving women's lives because the social circumstances that shape women's reproductive lives and decisions tend to be overlooked and because collective women's issues are dealt with as an issue of an individual woman's "choice." However, Petchesky (1980) argued that, although the idea of "a woman's right to choose" is vulnerable to political manipulation because it does not challenge social relations of production and reproduction, a new vision of the reproductive rights movement would be possible (p. 107).[1] She argued that feminist thinking about reproductive freedom could move toward a concept of reproduction as an activity that concerns everyone—that is, an entire society—as well as a basis for creating genuine reproductive freedom for all individuals.

Although the concept of reproductive rights has remained controversial because of the liberalist ideals rooted in the rhetoric of individual choice, global discussions on reproductive rights have become more complicated with advancements in ART. The use of ART has increased as infertility has emerged as an important global health issue. The World Health Organization (WHO) (2014) defined infertility as a disease of the reproductive system signified by the failure to achieve a clinical pregnancy after 12 months or more of regular, unprotected sexual intercourse. Worldwide, approximately 8–12% of couples are estimated as infertile, and the number of couples faced with infertility issues was found to be 48.5 million in 2010 (Mansour et al., 2014). Considering this, in the article "Assisted Reproduction and

[1] Petchesky (1980) argued that there are two essential ideas that underlie the feminist view of reproductive freedom: (1) an extension of the general principle of "bodily integrity" or "bodily self-determination" to the notion that women must be able to control their bodies and procreative capacities and (2) a "historical and moral argument" based on the social position of women and the needs that such a position generates (p.106).

Reproductive Rights," Robert Blank (1997) clearly categorized reproductive rights as the right "not to have children" as well as the right "to have children." Although feminist scholars have demonstrated that the notion of reproductive rights and the use of ARTs should both be considered within the social structures from which they emerge, the concept of reproductive rights still tends to be widely understood as a liberal concept of reproductive choice in North America. According to Charis Thompson (2005), while the framing of ARTs in the past was similar to that of adoption, espousing the rationale that it is "in the best interests of the child," the current use of ARTs is framed more within a broad understanding of "reproductive choice" (p. 110).

Discussions regarding reproductive rights and the use of ARTs are not limited to Western countries. Although many people might believe that IVF treatment is more prevalent in North America, the use of reproductive technology has grown far beyond the industrialized West (Ryan, 2009, p. 811). In this context, Marcia Inhorn (2009) argued that it is time to rethink the meaning of reproductive rights through a framework that includes infertility and ARTs in developing countries. She argued, in other words, that in addition to the right to "control" fertility, the right to "facilitate" fertility should be considered as part of reproductive rights because women's fertility, health, and ability are threatened in low-resource countries (Inhorn, 2009). Considering that infertility issues in developing countries are overlooked in part because these countries are typically assumed to be overpopulated, the lack of awareness about and funding for infertility treatments can exacerbate reproductive health issues in developing countries.

Although these studies focusing on reproductive rights in developing countries are useful for contextualizing the accessibility of ARTs as an urgent social justice issue in the Global South, the issue of reproductive rights for egg donors/gestational surrogates in developing countries has yet to be approached. My doctoral research subsequently intervenes upon current reproductive rights discourses focused on infertile women, which have yet to explore how to approach the practices of egg donors and surrogates and how to solve conflicts of interest between "genetic mothers" (egg donors), "gestational mothers" (surrogates) and "social and legal mothers" (intended mothers) within the current reproductive rights framework.

Race Politics in the Globalized ART Industry

ARTs have created international markets in the trade of reproductive body parts and expanded the possibilities for the increasingly lucrative business of medical tourism. Sperm, eggs, embryos, and wombs are all desirable and profitable commodities, the trade of which serves the intersecting interests of many parties (donors, recipients, infertility specialists, and IVF brokers) and is facilitated by advances in global communications.[2] In order to explain the preconditions of reproductive technology medical tourism, Gupta (2012) discussed three major driving factors: (a) transportation technology by which both customers and reproductive cells can be quickly transported over long distances to accomplish "global assemblages," (b) the proliferation of information and communication technologies, especially the

[2] According to the report *Global In Vitro Fertilization (IVF) Market Size, Share, Trends, Opportunities, Global Demand, Insights, Analysis, Research, Report, Company Profiles, Segmentation and Forecast, 2013–2020,* the global IVF market was valued at $9.3 billion in 2012 and is expected to increase to $21.6 billion by 2020 (Allied Market Research, 2013).

Internet, and (c) a liberalized free market that allows capital flows without hindrances (p. 29).

In addition to Gupta's three driving factors, different regulations and costs in each country are fundamental elements that explain the formation of the global reproductive industry. As the quality of reproductive medical services is sufficiently standardized worldwide, customers can choose destination countries in which to access appropriate and affordable medical treatments that might be forbidden, unavailable, or costly in their home countries (Speier, 2011, p. 593). Along with the different regulations, the varying prices of IVF treatments, gamete donations, and surrogacy procedures are important factors that propel the transnational reproductive technology industry forward. Nevertheless, depending on the country, the different costs of IVF services, gametes, and surrogacies attract foreign customers looking for less pricy treatments and services. Although IVF-related services are not affordable for domestic patients in developing countries, they are often affordable for—and thus attractive to—wealthy customers who live in the Global North who can purchase the medical services and gametes at relatively low costs in the Global South.

Under these circumstances, current transnational studies about reproductive medical tourism, the global gamete market, and international surrogacy tend to focus on the flow of intended parents and their money from the West to Asia. In particular, much research has focused on the Indian surrogate market and its Western customers (e.g., Bailey, 2011; Crockin, 2013, DasGupta, 2014; Deonandan, 2012; Knoche, 2014; Pande, 2010; Smerdon, 2008). Among the countries that have liberalized legislation regarding commercial surrogacies, at one point, India emerged as the most

popular surrogacy tourism destination[3] with more than 250 fertility clinics and several agencies that were dedicated to commercial surrogacy (Pande, 2011). The global "womb-to-rent" industry India once participated in, however, has been criticized as commercializing and exploiting women's bodies. Many scholars in the field of bioethics, women's studies, and public health (e.g., Panitch, 2013; Nayak, 2014; Knoche, 2014; and Parks, 2010) have criticized commercial surrogacy in India based on a feminist biomedical ethics framework that discusses how the agency of Indian surrogates can be understood in terms of reproductive rights issues.

In particular, Black feminist critiques of surrogacy provide an especially useful framework for analyzing how the racialized surrogates' bodies function in the transnational ART industry. In the book *Outsourcing the Womb: Race, Class, and Gestational Surrogacy in a Global Market*, Twine (2011) claimed that the current surrogacy market should be considered in light of the U.S.'s history of slavery because all Southern Black women were part of a "surrogate class" as they gave birth to children with the understanding that these children would be owned by others (p. 14). Dorothy Roberts (1997) posited that women of color tend to be gestational surrogates for White customers, arguing that the differences in race and skin color between the intended mothers (genetic mothers as egg providers) and gestational surrogates critically function to naturalize the detachment of the babies from their gestational surrogates. In other words, the "womb-to-rent business" can only be successful when the surrogate babies have no relationship with their gestational

[3] For over a decade, India was the largest gestational surrogacy market after the Indian government legalized commercial surrogacy in 2002; however, that changed in 2015 when commercial gestational surrogacy for foreign couples was made illegal (Rudrappa, 2017).

surrogates and when gestational surrogates cannot claim custody of the surrogate babies; thus, the differences in race and skin color between intended parents and surrogates act as confirmation that the role of the surrogate is simply to carry the baby like a human incubator.[4]

As most consumers of the surrogacy market are Westerners, many researchers focus on the unequal relationships between the Global North and Global South within larger discussions of global health justice (Ryan, 2009; Inhorn, 2002). By focusing on Asian women as victims of an international division of reproductive labor, however, these studies can themselves unintentionally reinforce the centrality of Western hegemony by homogenizing the non-Western countries of concern. In this discourse, the emerging East Asian customers who participate in global reproductive technology markets tend to be ignored and rendered invisible. This dissertation expands upon existing literature by focusing specifically on the ways in which East Asians actively engage in the transnational reproductive technology industry as consumers, complicating Global North/South divisions with a nuanced portrait of the multiple avenues by which different actors in the ART industry connect to and through transnational surrogacy markets.

Women's Agency in Relation to ART

Since the advent of ART in the 1970s, such technologies have become an important part of feminist agendas invested in women's bodies, reproductive health,

[4] The actual delivery process is also designed to encourage the detachment of surrogates from surrogate babies. According to Hochschild (2012), all surrogates gave birth by C-section in one Indian surrogacy agency because it was believed to reduce surrogates' memories of the births and undermine any possible bond between surrogates and babies.

and motherhood. As some feminist scholars and advocates argue, the use of ARTs has the potential to deconstruct gender roles and motherhood ideologies. Focusing on such liberating aspects, Firestone (1971) argued that reproductive technology could contribute to women's liberation from "the tyranny of their reproductive biology" (p. 206). Because pregnancy and childbirth are regarded as naturalized women's capacities, women are considered as the primary caregivers and homemakers in the private sphere, and reproductive biology justifies the public/private gender division. However, the use of reproductive technology potentially challenges ideologies of motherhood because the technology can reshape the entire process of pregnancy and childbirth. As women currently have several medical options related to reproduction, feminists who support the use of reproductive technology highlight that it allows women greater freedom in their reproductive choices (e.g., Beckman & Harvey, 2005; Cannold & Gillam, 2003; Cussins, 1996; Walker, 2003), arguing that the use of reproductive technologies should be understood as an individual woman's autonomous decision-making process (Bennett, 2003).

Whereas some feminists have focused on the positive aspects of reproductive technologies, others have argued that they are merely another form of patriarchal domination. In particular, feminists against reproductive technologies established the group Feminist International Network of Resistance to Reproductive and Genetic Engineering (FINRRAGE) in 1985 to raise public awareness about the use of reproductive technologies (Klein, 2008).[5] They argued that new reproductive

[5] Feminists from various countries created a network called FINNRET (Feminist International Network on New Reproductive Technologies) in 1984, and the women affiliated with the network organized the Women's Emergency Conference on the New Reproductive Technologies in Sweden in 1985. As a result of the conference, the name of the network was changed from FINNRET to

technology would not contribute to the empowerment of women's reproduction because it was so closely related to the practice of eugenics (Corea, 1985), practices of population control (Woll, 1992), the objectification of women's bodies (Arditti, 1974), the commodification of reproduction (Mies, 1988), and the reinforcement of patriarchal maternity (Gimenez, 1991).

In an effort to bridge the polarized gap between feminists' optimism and pessimism about the use of reproductive technologies, Wajcman (2007) pointed out that the new technologies can be seen as having the potential to empower as well as to disempower because the gender–technology relationship is fluid and flexible (p. 287). Thus, recent research has focused more on how the meaning of reproductive technologies differs for women in different social relations as well as how such meanings change as the use of reproductive technology becomes increasingly normalized and accepted in many societies. In an effort to figure out the complexity of women's agency in the field of ART, many scholars have found the concept of "reproductive labor" (Lock & Franklin, 2003; Thompson, 2005; Dickenson, 2007) to be useful. For example, in order to create human embryos, women are injected with hormones to create multiple eggs and then undergo surgeries to extract them—the same procedure as an IVF treatment. In order to recognize women's roles in this bioeconomy, some feminist scholars (e.g., Lock & Franklin, 2003; Thompson, 2005; Dickenson, 2007) have argued that the concept of reproductive labor is meaningful when referring to women's labor that has otherwise been made invisible or undervalued in the name of altruism.

FINRRAGE (FINRRAGE, 2018). As the network name states clearly, from its initial stages, the group has focused on the relationship between reproductive technology and genetic engineering.

Although the recognition of women's invisible contributions is important in the current context of commercial egg and embryo markets, it does not address the strong negative stigmas attached to the practice of selling eggs and undergoing surrogacies, which rely on similar processes. In the article "From Reproductive Work to Regenerative Labour," Waldby and Cooper (2010) argued that if the concept of labor is not reconstructed beyond the modern labor concept based on Fordism, the notion of reproductive labor could be appropriated to justify the market rationale that women's body parts are exchangeable as products.[6] In light of this, my research examines how the women who are involved in ART procedures as intended parents, egg donors, or gestational surrogates *themselves* define their medical/emotional/social labor around the use of reproductive technologies. By doing so, I examine how the concept of reproductive labor is constructed based on their bodily experiences rather than simply defining the practice of egg selling and surrogacy as reproductive labor. In the process, I take intended mothers, gamete donors, surrogates, and their individual and collective experiences seriously, approaching intended parents and donors/surrogates as people who have vested interests in the intersections of reproduction and rights as well as reproduction and labor. Thus, I find their roles in the construction of the meaning of reproductive rights to be as important as that of any other actor.

[6] This argument is similar to discussions regarding prostitution. In order to empower sex workers, the concept of labor is important. However, at the same time, it is important that the main purpose of such a concept is not to justify the current market system and the exploitation of women's bodies and sexualities (Thorbek, & Pattanaik, 2002).

Reproduction/Race Politics in the Korean Context

In order to understand the social, cultural, and legal factors that are creating Korean intended parent subjects in the transnational ART industry, it is important to address how the concept of reproductive rights and the use of reproductive technology have been discussed in Korean feminist scholarship. While abortion has been an issue of reproductive rights/reproductive choice in the hegemonic narrative of Western feminist movements, the reproductive rights/reproductive choice discourse could not be applied to the use of reproductive technology in the Korean context. In South Korea, abortion has been widely practiced without any restriction or prosecution for the last 50 years, in part because the Korean government, following the recommendations regarding a birth control campaign, worked to reduce the total fertility rate in order to receive international aid in the 1960s and 1970s (Cho, 2013). Because Korean women can access safe and affordable abortions in hospitals**,** it might seem that Korean women have already acquired reproductive rights. However, considering that abortion has been used as a governmentally condoned way to control the population and reduce social welfare costs, Korean feminist scholars have argued that accessibility to abortion does not have the same meaning as achieving reproductive rights in the Korean context (Bae, 2005; Yang, 2005, Ha, 2007). These studies meaningfully demonstrate how the concept of reproduction cannot be understood solely within Western hegemonic discourse.

While the use of abortion technologies was widely encouraged during from the 1960s to the 1980s under the population control policy, governmental policy has dramatically shifted since the 2000s as Korean society moved toward a low fertility

rate. The total Korean fertility rate was 1.08 in 2005, which was the lowest in the world (Song, 2011).[7] Although the total fertility rate increased to 1.3 between 2005 and 2012, the rate is still low compared to other Organization for Economic Co-operation and Development (OECD) countries, considering that the average fertility rate in OECD countries is 1.74 (Hwang, 2013). This low fertility trend has been widely discussed as the harbinger of a dystopian future. The Korean government (2006) projected that the labor force would decrease and, as a result, the burden of caring for the elderly would increase. In the risk discourse on the trend of low fertility, it is projected that young people will pay higher taxes to support the elderly and social security systems (Shin, 2010). In order to solve this problem, in 2005, the Korean government outlined a "basic plan for low fertility and population ageing" and the governmental population policy became a "childbirth promotion policy" (Bae, 2010).

Since the rising number of infertile couples—approximately 1 in 7 couples (Ministry of Health and Welfare, 2015)—has been considered one of the major factors exacerbating the trend of low fertility rates, the Korean government has initiated the Infertile Couple Support Policy to subsidize the medical cost of IVF and thus promote childbirth. Through this subsidy program, over 30,000 eligible infertile couples have received infertility treatments annually (Hwang, 2015). As the use of ARTs has been widely accepted as a normalized medical intervention for infertile couples, Korean feminist researchers have subsequently conducted research focusing

[7] A total fertility rate (TFR) of 2.1 is estimated as the replacement level; a fertility rate below 2.1 is considered a low fertility rate. Kohler (2002) defined a TFR below 1.3 as the "lowest-low fertility" (p. 642).

on the relationship between the use of ARTs and gender politics in Korean society (Baik, 2010; Ha, 2007, 2012, 2013; Jeong, 2013; Kang, 2012; Kim, 2012; Kim, 2006), as well as both infertile and surrogate women's agency in the field of reproductive technology (Cho, 2005; Park, 2004; Lee, 2008). In particular, feminist scholars have been concerned about how women's bodies have been the main targets of population control (Baik, 2010; Ha, 2012, 2015) and how the Infertile Couple Support Policy has failed to address infertile women's reproductive health and reproductive right issues (Kim, 2012, Ha, 2015). In the article, "The Evaluation and Prospect of Infertile Couple Support Policy," Gyoung-Rae Kim (2012) argued that the actual beneficiaries of this policy are mainly educated, middle-class women living in metropolitan areas in South Korea—though the government publicized that they would support the accessibility of ARTs for working-class women in particular.

Most of the research focusing on the use of reproductive technology and pronatalistic policies, however, has largely ignored how race plays a role in the practice of reproductive technology—though research on married immigrant women and their motherhood has dramatically increased since the 2000s (Lee, 2013; Kim & Min, 2006; Choi, 2015; Hwang, 2012; Cho, 2008; Kang & Jang, 2009), as has interest in the reproductive health issues of immigrant women more broadly (Kim et al., 2008; Han, 2006; Kim, 2010; Lim, 2014; Lee, 2012). Although these studies focus on individual immigrant women's marginalized childbirth experiences, how immigrant women's reproduction affects and is integral to reproduction politics in Korean society has not fully been examined yet. The current reproductive technology industry in Korean society requires the analysis of race politics because Korean parents' use of

ARTs, particularly regarding childbirth via donated eggs from women from other Asian countries, has raised complicated questions related to the concept of (mixed) race, "Koreanness," and reproduction.[8] Dong-hoon Seol (2007) examined the social construction of mixed race in Korea, arguing that multicultural children born to Korean fathers and migrant women from Southeast Asian countries are not treated as Koreans despite their legal citizenship because of the strong myth of "pure-bloodism" and ethnic nationalism that pervades national discourse. This myth has profound effects on the transnational ART industry, especially as commercial egg donation is illegal in Korea, leading to many couples going to other countries where the egg market has been liberalized.

To this end, Korean intended parents are likely to use eggs from women of Chinese descent in Thailand or Taiwan for their IVF conception, raising questions about whether a baby's race is decided by genetic or social factors. Further, when Korean couples give birth using Asian egg banks in other countries, what role does race play in the process of egg donor selection? Thus situated at the junction of race, economics, and reproduction politics in South Korea, my project examines how certain transnational ART practices carried out by Korean intended parents, including their selection of eggs of non-Korean descent from Asian egg banks or their hiring of non-Korean surrogate women, challenge or reinforce this enduring myth of pure-bloodism that reinforces racial hierarchies in South Korea.

[8] According to a staff member in a reproductive technology medical tourism agency in Seoul, although most Korean parents strongly prefer to buy Korean eggs, some Korean customers use donated eggs from women of Chinese descent due to the lack of Korean egg donors.

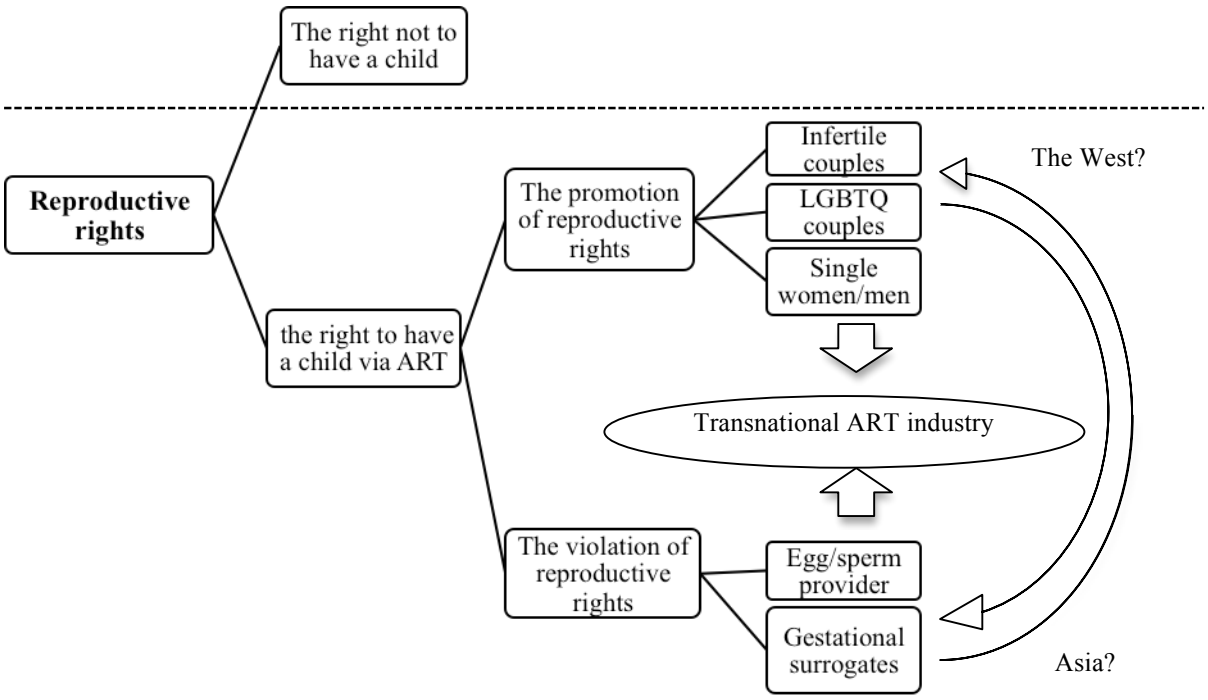

Figure 1. Current framework of reproductive rights in the biomedical technology era.

Research Methods

As a qualitative, multi-sited ethnographic research project, this study includes in-depth interviews and participant observation. To collect the ethnographic data, including in pilot studies, I conducted 60 in-depth interviews in Seoul, Bangkok, Taipei, and Kiev between June 2014 and February 2017. The specific goals of this field research were to (a) examine what social, cultural, and legal factors are creating Korean intended parents as subjects; (b) explore how infertile women and egg donors/surrogates interpret their everyday bodily experiences as "users" of reproductive technologies; and (c) specify how intended parents, gamete donors/surrogates, medical professionals, and governments collaborate or compete with the concept of reproductive rights in a non-Western context. The main research participants were Korean intended parents, Asian egg donors, and Thai/Ukrainian

surrogate mothers. Additionally, I interviewed transnational surrogacy brokers, governmental officials, medical professionals, interpreters, non-governmental organization (NGO) activists, and legal and bioethics scholars. Furthermore, I conducted participant observation by attending regular meetings between intended parents and surrogates, monthly orientation sessions, and committee meetings in ART clinics, surrogacy agency offices, and egg banks.

Research Sites

This research project was designed using multi-sited research because the main research participants, such as intended parents and gamete donors/gestational surrogates, interact with each other only by moving from one site to other sites, often beyond national boundaries, due to the nature of the transnational ART industry. As a research method, the significance of multi-sited research is not simply based on the number of research sites, but instead, it can be useful to the research itself when research subjects/objects are not located at a single site. George Marcus (1995) noted that

> multi-sited research is designed around chains, paths, threads, conjunctions, or juxtapositions of locations, which the ethnographer establishes from a literal, physical presence with an explicit, posited logic of association or connection among the sites that drives the argument of the ethnography (p. 105).

While traditional ethnographic research tends to focus on a single site, remaining at that site for extended periods of time, my multi-sited research more productively follows the mobility of the people, gametes, capital, and technology that make up the transnational network this dissertation pursues. Following the physical manifestation

and circulation of reproductive technologies through South Korea, Thailand, Taiwan, and Ukraine simultaneously allows me to trace how the *concepts* of reproductive rights, technology, reproductive cells, and intended parents also travel transnationally.

Due to the nature of the research objects, the research sites of this project had to be moved and changed continually. During the last 10 years, the transnational ART industry has rapidly expanded, growing by 1,000% between 2006 and 2010 (Finkelstein et al., 2016), and while the prevalence of ART industries varies from country to country, rising and declining as regulations regarding commercial surrogacy contracts for foreigners change, globally, the transnational ART industry continues to grow. In 2014, when I conducted my first pilot research in Seoul, the majority of transnational gestational surrogacy agencies sent their Korean customers to Thailand, India, or the United States. However, when I visited Seoul one year later, the transnational reproductive tourism agencies had shifted their focus, sending Korean intended parents to Nepal or Cambodia because of legal changes in Thailand and India. When I came back to South Korea for a year of fieldwork research in 2016, I realized that most domestic surrogacy agencies had closed their businesses, and the directions, routes, and services of transnational Korean ART industries had been greatly diversified to meet the demands of individual Korean intended parents. Thus, during the dissertation fieldwork period, I collected data on a wide variety of experiences regarding ART industries from intended parents, gamete donors, and surrogates who traveled to Thailand, India, Cambodia, the Philippines, Nepal, Mexico, Denmark, Russia, Ukraine, Kazakhstan, and the United States.

Among the complicated transnational ART networks traversed by Korean intended parents, this research project focuses on the baby miles that span from South Korea to Thailand and Ukraine, the study's major research sites. As I specifically positioned this project to dispute a unilateral understanding of ART, the research sites were suitable to explore the complicated relationships created by the "baby miles" that stand between Korean intended parents and non-Korean gamete donors/surrogates. Thailand and Ukraine have historical, social, and cultural roots that appeal to Korean intended parents and shape the scope of trans-Korean baby miles. Although not designed as a comparative study, this multi-sited research is useful for examining the multiple facets of reproductive technology tourism. The demand for reproductive technologies in South Korea has been increasing rapidly as people delay marriage and childbearing, and delayed pregnancy is one of the major factors in the growth of ART and gamete/surrogacy markets. However, the use of commercial reproductive cells and surrogacy is illegal in South Korea, so intended parents wanting to use donated gametes or hire surrogates must travel beyond South Korea's borders. Thailand has emerged as a hub of medical tourism, especially for East Asians seeking reproductive assistance, but after Thailand, India, Cambodia, and Nepal banned commercial surrogacy for foreigners between 2015 and 2016, Ukraine became a desirable destination because intended parents can legally purchase eggs from Ukrainians of Korean descent and can secure affordable surrogacy contracts. While Thailand and Ukraine are destination countries for intended parents who are seeking gestational surrogacy services, Taiwan is the place for East Asian intended parents who want to use anonymously donated eggs or sperm for conceiving.

In-Depth Interviews

In order to collect ethnographic data for the research project, I conducted in-depth interviews in Seoul, Bangkok, Taiwan, and Kiev between June 2014 and June 2017. The main research participants were Korean intended mothers, Asian egg donors, and non-Korean surrogate mothers (see Appendix 1). I also interviewed governmental officials, medical professionals, travel coordinators, and interpreters who were important mediators within the transnational ART industry. Although this dissertation research fieldwork was started in 2014, my study of the use of ART in South Korea was initiated in 2008 when I conducted research for and wrote my M.A. thesis, "Infertility Treatment Industry and the Politics of Reproduction in South Korea." Through this early research conducted in South Korea, I built a network of contacts who would further connect me to the sites and people approached for this research project. Furthermore, with funding from the Korea National Institute for Bioethics Policy, I conducted research about the experiences of Korean gestational surrogates. This research experience was particularly helpful in finding contacts who were involved in the transnational ART industry, which is at times located in a space between "legal" and "illegal," and in building rapport with gestational surrogates and intended parents who were reluctant to talk with other people due to the stigma attached to surrogate pregnancies. In order to recruit interview participants, I posted an advertisement in local newspapers during June 2016 and October 2016,[9] and I also made contact with research participants through the participant observation I

[9] As a recruiting method, the advertisement was not very successful. However, I received a lot of phone calls during that time from potential intended parents and gestational surrogates who wanted information about gestational surrogacy contracts.

conducted in transnational ART agencies. My native language is Korean, and I conducted interviews in Korean with Korean research participants in South Korea. I conducted interviews in English with medical professionals, transnational ART agencies, and other related people in Taiwan, Thailand, and Ukraine because most medical professionals who are associated with transnational medical tourism are fluent in English due to the nature of their jobs. However, I also used interpreters with Thai and Ukrainian research participants who were more comfortable speaking in their languages even if they could speak in English.

When I interviewed intended mothers, egg donors, and gestational surrogates, I conducted these interviews using a feminist ethnographic research method. Feminist ethnography can be defined as a method that is (a) focused on women's lives, activities, and experiences, (b) informed by feminist theories and ethics, and (c) an analysis that uses a feminist theoretical lens and/or pays particular attention to the interplay between gender and other forms of power and difference (Buch & Staller, 2007, p. 190). As my research focuses on the interplay of technology, capital, and the states of women's reproductive bodies, using a feminist ethnographic method allowed me to analyze the specific relations between Korean intended mothers and non-Korean surrogates, all of whom were women but were located at different intersections in terms of race, class, nationality, and other identity factors. Employing a feminist ethnographic framework, I encouraged my subjects to explain how they viewed their circumstances, to define issues in their own terms, to identify processes leading to different outcomes, and to interpret the meaning of their lives to the researcher, rather than merely identifying the outcomes (Cuádraz & Uttal, 1999, p.

160). Thus, this feminist ethnographic research allowed me explore the complex and multiple aspects of the women's agency and actions—be it thinking of them as "users" of cutting-edge technology, "consumers/laborers" in neoliberal markets, or "victims" under a patriarchal system in the transnational reproductive technology industry—through their *own* representations about their experiences. I used a semi-structured interview method with questions such as, "What was your everyday life like when you were involved in the medical procedures?" and "How did you prepare for using assisted reproductive technologies as a gamete donor/surrogate?" In the case of key research participants, I conducted multiple interviews with the same interviewees in order to get increasingly in-depth interview data.

Primary Research Participants

A total of 11 Korean intended parents participated in this study. The age range was 31 to 50 years old. Seven intended parents made surrogacy contracts, two intended parents used both donated eggs and surrogacy, one intended parent only used egg donation, and one intended parent only used sperm donation.[10] Eight intended parents were heterosexual married couples, and three intended parents were same-gender couples. The countries involved in these research participants' ART processes include Ukraine, Thailand, the Republic of South Africa, the Philippines, Mexico, Denmark, the United Kingdom, Uzbekistan, the United States, and South Korea. As a counterpoint to these interviews, 13 women who had experience as egg donors and surrogates participated in the research as well. Their age ranges were 25

[10] Among these, nine intended parents successfully had babies using gestational surrogacy or donated gametes, two intended parents were undergoing gestational surrogacy procedures after previous failed attempts, and one intended parent gave up on having a baby after previous failures.

to 35 years old. Except for one woman who was an egg donor, all the other women had their own children. Among the women who had children, only one had a husband at the time of her interview; the other women were single mothers. Although all interviewees did not have the same experiences, their general attitude about third-party reproduction was positive, and most indicated that they chose to participate in this research to challenge the general misconceptions about the ART industry. Although their opinions and experiences do not represent the ART industry in its entirety, the voices of intended parents and surrogates/egg donors are valuable when revisiting the concept of reproductive rights.

Participant Observation

Along with in-depth interviews, I conducted participant observation by attending regular meetings between intended parents and surrogates, monthly orientation sessions, and committee meetings in ART clinics, surrogacy agency offices, and egg banks in Seoul, Taipei, Bangkok, and Kiev. At each site, I intended to examine how the multiple actors, such as infertile women, egg donors/surrogates, medical professionals, and travel coordinators, interact with each other and how gender, race, ethnicity, nationality, and physical ability emerge and are intertwined in their everyday interactions. As I described earlier, since research objects kept travelling across national boundaries, my participant observation also frequently occurred "on the way" to go to certain spaces, such as IVF clinics, surrogates' homes, or egg banks. In particular, I accompanied a gestational surrogate who went through two cycles of the IVF process over the course of 2 months by following her "surrogacy work schedule." During this period, we went to an IVF clinic twice a

week, and the commuting time was approximately eight hours, although on some days, the actual medical checkup was less than 30 minutes. Also, I accompanied a surrogate and an intended mother on two round trips between Seoul and Kiev. Due to the nature of ART procedures, a significant portion of my participant observation was made on trains, buses, metro systems, and airplanes before or after the actual events and procedures occurred, and I considered these times and spaces essential to constructing the meaning of reproductive labor because although the most important surrogacy work was completed by the medical professionals at the IVF clinics, significant emotional and physical labor were invested in those in-between spaces.

Issue of Positionality

While I was conducting this dissertation research in South Korea, the most frequent questions that I faced were, "Why do so many intended parents try to have a baby using such 'extreme' ways?" and "How much are surrogates exploited and oppressed?" With the strong stigma attached to surrogacy, contract pregnancy is easily understood as an immoral practice that only upholds the patriarchal familism and bloodism that exists in South Korea. From lay people to bioethicists, women's health activists, and medical professionals, people who I met during my fieldwork research were strongly against commercialized third-party reproduction, and they insisted that I explain my political and personal stances about the transnational ART industry as a feminist researcher. For instance, when I submitted my application for my research proposal to the Institutional Review Board (IRB) in South Korea in 2016, they required that I not use the term "surrogacy contract" in my application in order to be approved. The IRB letter stated that immoral practices such as surrogacy

should not be expressed in terms of "contracts" because using such a term to refer to the commissioning of a pregnancy implies approval of the practice. This means that even during the IRB approval process, studies related to surrogacy should state that the purpose of the research is to criticize commercial surrogacy practices because positive or neutral perspectives on surrogacy are regarded as problematic or unethical in South Korea. Additionally, when I requested to interview a feminist activist to ask her opinions about the transnational surrogacy industry, she required that I prove that my research was not intended to justify the surrogacy market based on the agency of surrogates before she accepted my request because she said she did not want to talk with a researcher who did not believe in the abolition of the commercial surrogacy industry. Because of these recurring situations, even though I did not believe that gestational surrogacy contracts were simply "win-win situations," as argued by surrogacy brokers, because the relationships between intended parents and gestational surrogates could not be entirely free from unequal social structures, to complete my research, I was frequently required to position my research within the frameworks of the anti-surrogacy and pro-surrogacy arguments that are advanced by different stakeholders in South Korea.

However, I was more interested in exploring what constitutes the ethical concerns that surround the use of ART, including gamete donation and gestational surrogacy, where the moral judgments about third-party reproduction come from, and how discussions about the transnational ART industry can be developed to go beyond the dichotomy of abolitionism and market liberalism. Thus, I made an effort to observe and listen carefully to intended parents and gestational surrogates as they

interacted with each other before I engaged in making arguments about third-party reproduction practices. Since intended mothers and gestational surrogates as well as transnational surrogacy brokers all recognized that their reproductive practices were widely and openly criticized, initially, they were very suspicious of outsiders. However, once I contacted them and explained my research project to them, they became eager to share their desires, frustrations, and thoughts about third-party reproduction because they needed someone who did not have any direct stake in the process with whom they could talk about their experiences.

As a feminist researcher, a woman, a Korean, and a PhD student in the United States, I faced different expectations and roles at each stage during my fieldwork research. For Korean research participants, including Korean intended parents and Korean brokers in transnational ART agencies, the fact that my current association was not in South Korea functioned to create a safe space between them and me because they hesitated to share their experiences with other Korean people, as they wanted to maintain their privacy and protect themselves from the judgments of others. Additionally, because I am studying in the United States, which has the most liberalized legal system related to the use of ARTs, they tended to believe that I might be more open-minded about third-party reproduction or commissioning pregnancy practices. The most interesting part of my positionality in this research was that I was regarded as both a potential customer and a potential gestational surrogate in the transnational circuits of the ART industry. When I was conducting my M.A. thesis, which explored the experiences of infertile women who used IVF technologies multiple times to have a baby, I was in my mid-20s. As I have gotten older, my

perspectives on the issues of ART and women's bodies have changed just as the attitudes of my research participants toward me have changed. When I was in my 20s, due to the limitations of my previous experiences, I had difficulty understanding the lives of married women who were under pressure to conceive babies. At that time, my research focused on how women's bodies and reproductive capacities were controlled and manipulated by social, cultural, and legal structures in South Korea; however, I became increasingly interested in understanding how these women who were using ARTs to have babies interpreted, negotiated, and reconstructed their experiences within the continuums of their lives. Additionally, when I conducted my M.A. thesis, I was easily regarded as a young graduate student who did not have any personal connections to the research topic. Yet, because I conducted this dissertation fieldwork research in my mid-30s, which is almost within the age range considered to be that of "late and high risk pregnancy," I was considered to be more closely aligned with the profile of an "infertile" woman. Because of my age and because I was a PhD student, which some people assumed meant I had no time to have a baby, my research participants thought I might need a gestational surrogate, although I clearly mentioned that I did not have any plans to have a baby. Contrastingly, by telling me a lot of stories about egg donors and gestational surrogates who wanted to earn money for higher education and tuition, other research participants told me that I could be a desirable gestational surrogate by using my fertile, healthy body and educational background. Repeatedly, my current status as a PhD student in a U.S. institution was coded as privileged and also precarious, and thus, my positionality changed from

being viewed as never being a consumer or a reproductive laborer to the perception that I could be both under certain socioeconomic and cultural circumstances.

Terminology

Intended parent: "Intended parent" refers a person or couple who are willing to be the legal parent(s) in a third-party reproduction contract. In contrast to gestational surrogates or gamete providers, intended parents are social and legal parents regardless of their biological or genetic connections to a baby. Typically, the term "intended parents" has been regarded as synonymous with "infertile couples" because infertile couples who are not able to conceive a baby without medical assistance are usually the ones who participate in commissioning pregnancies. However, since the concept of infertility has become more fluid and ambiguous as ARTs have advanced and more users have engaged with the technologies, I use the term "intended parents" rather than "infertile couples" in this dissertation because the identity of "potential parents" is much more important for commissioning parents than whether they are infertile or fertile by medical definitions. Additionally, while intended parents tend to be described as "reproductive medical tourists" or "fertility tourists" in the transnational ART industry, I do not use these terms because the experiences of intended parents in my study do not fit those of stereotypical tourists.

Infertile couples/patients: While I use the term "intended parents" to refer to commissioning parents (as the counterparts of gamete donors/gestational surrogates), I use the term "infertile couples" or "infertile patients" to refer to intended parents who identify themselves as infertile through their engagement with long-term infertility treatments in IVF clinics. WHO defines infertility as a disease of the

reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular, unprotected sexual intercourse. While the clinical definition is widely accepted and used, the concept of infertility "remains ambiguous medically as it is variously conceptualized as itself a disease, a symptom of disease, a cause of disease, a consequence of disease, and as not a disease at all" (Sandelowski and Lacey, 2002, p. 35). Although the meaning of infertility has continually changed, I use the term "infertile woman" to refer a woman who constructs that identity for herself by participating in infertility treatments as a patient. Furthermore, I use the term "infertile couples" to refer the population that is defined as such by the Korean government in policies and legal discourses.

Gamete donors/providers: Although the actual practice of gamete donation might more accurately be called "gamete transaction," I use the term "gamete donor" to refer to people who provide their sperm or eggs for other people's reproduction regardless of whether the purpose is for financial compensation or not. The term "gamete provider" is used interchangeably with "gamete donor." However, to clarify the roles of those involved in the third-party reproduction process, I also use the term "gamete provider" to refer to intended parents when they use their sperm or eggs as part of the commissioned pregnancy.

Surrogates: In this dissertation, "surrogacy" and "surrogates" refer to "gestational surrogacy" and "gestational surrogates" unless traditional surrogacy is mentioned because almost all commercialized surrogacy services in the current transnational ART industry involve gestational surrogacy. While gestational surrogates are not genetically related to the babies they carry, traditional surrogates

are the biological and birth mothers of the babies they carry because traditional surrogates use their eggs for conceiving in conjunction with either AI (artificial insemination) or sexual intercourse with the intended father. In South Korea, the term "*daerimo*" (surrogate mother, 대리모, 代理母) refers to "surrogate mother," but there is no term in Korean to refer to a surrogate that does not include or imply the meaning "mother." Thus, Korean intended parents and ART agencies in South Korea tend to use "surrogacy" or "surrogate" in English. In addition, since the surrogates in this study did not identify themselves as the mothers of their surrogate babies, I use the term "surrogate" instead of "surrogate mother."

Assisted Reproductive Technology: I use the term "reproductive technologies" to refer to a broad range of technologies that involve women's bodies and reproduction, ranging from contraceptive technology to assisted reproductive technology (ART). Although these technologies have opposite purposes, the technologies for producing a baby and the technologies for preventing pregnancy should be understood as being part of the same continuum, as the actual uses of reproductive technologies are interrelated and interdependent. When I refer to the narrow meaning of assisted reproductive technologies in terms of those used to have a baby, I use the acronym ARTs or, more specifically, in-vitro fertilization (IVF) technologies to clarify the meanings of certain reproductive technologies. In this dissertation, ARTs and IVF are used interchangeably.

Dissertation Overview

In Chapter One, "The Formation of New In-Fertile Subjects: Reproductive Politics Around the Use of ARTs in South Korea," I address the social, cultural, and

legal factors that create Korean intended parent subjects by analyzing the major laws related to reproduction and motherhood, including the Mother and Child Health Act and the Bioethics Safety Act. Although the Korean government expanded the ART industry by enacting the Infertile Couple Support Policy, I show how this policy reinforces Korea's stratified reproduction system and how certain people who are prohibited from using ART even in a pronatalistic country, including people with disabilities, single individuals, same-gender couples, and older women, become potential customers in the transnational ART industry.

Chapter Two, "The Path to Becoming a Parent: Routes of the Transnational Korean ART Industry," investigates the formation of the baby-making industry in South Korea. By analyzing transnational ART agencies' strategies to recruit and mediate both intended parents and egg donors/surrogates, I present how and why the transnational Korean ART agencies do business in Thailand, India, Nepal, Mexico, Cambodia, the United States, Ukraine, and Taiwan, though this project primarily focuses on Thailand and Ukraine. In contrast to local surrogacy contracts in South Korea, this chapter discusses the significant roles played by transnational surrogacy brokers, especially because of difficulties individuals may have accessing information about global surrogacy contracts. Furthermore, I argue that in order to fully understand the driving factors of transnational ART industries, cultural factors such as confidentiality should be considered as well as the different regulations and costs among the different countries.

Chapter 3, "Paid Mother and Unpaid Mother: Reproductive Labor in the Transnational Korean ART Industry," examines how the concept of reproductive

labor has been contested, negotiated, and reconstructed by intended mothers and gestational surrogates in the transnational circuits of the ART industry in South Korea. By analyzing the everyday experiences of Korean intended mothers and Ukrainian surrogates as they participate in the baby-making process together, this chapter aims to reevaluate reproductive labor as a central key to understanding the lucrative ART industry. By examining two sets of intended mothers and surrogates, this chapter argues that intended mothers and gestational surrogates collaborate and conflict with each other when they perform reproductive labor as mothers.

Chapter Four, "My Body, Your Baby, and Our Decisions: Questioning Reproductive Rights in the Transnational Korean ART Industry," focuses on the meaning of reproductive rights in the transnational ART industry. Based on interviews and participant observation, I argue that intended parents are not just greedy exploiters, and surrogates are not simply victims of patriarchal global capitalism. Although their relationships are already structured by multiple categories (such as able bodies and disabled bodies, consumer and laborer, wealthy country and poor country, etc.), both intended parents and surrogates have made constant efforts to understand the role of third-party reproduction in their lives and to figure out how to exercise their reproductive rights.

Chapter Five, "Can 'Local Baby' Movements Be a Remedy?: Bans on Transnational Surrogacy and Overseas Adoption," aims to discuss the future direction of feminist intervention in the transnational baby-making industry. By focusing on transnational surrogacy bans in Thailand and India and the overseas adoption ban movement in South Korea, this chapter argues that prohibiting commercial baby-

making industries and returning to a “local baby” is not a solution as it reinforces the ideology that motherhood is natural. Going beyond hegemonic bioethics approaches to the transnational Korean ART industry, which tend to reproduce the pro-life versus pro-choice framework, this chapter envisions reproductive ethics as a feminist intervention in the baby miles.

Chapter 1: The Formation of New In-Fertile Subjects: Reproductive Politics Around the Use of ARTs in South Korea

In 2016, the South Korean government announced two important policies related to the use of reproductive technologies to increase the country's birthrate. First, the government proposed a bill that would increase the penalties on doctors who perform illegal abortions.[11] Second, policies that provide support to infertile couples to use assisted reproductive technologies (ARTs) were reinforced. Although the Korean government enacted the Framework Act on Low Birth Rate in an Aging Society in 2005 and invested 80 trillion won in childbirth promotion policies, there were 406,400 births reported in 2016—the lowest number since the government started to collect demographic data in 1970. Thus, in order to rapidly increase the birthrate, the South Korean government prohibited abortion and encouraged infertile couples to use ARTs.[12] Through these pronatalist policies, women's bodies and reproductive capacities have become the main targets of the government's population policies. In order to analyze the formation of "new in-fertile subjects" in the South Korean context, this chapter examines who is mobilized to be mothers using ARTs and how such mobilization occurs in South Korea—since, even though the

[11] Since 1953, Criminal Law (Sections 269 and 270) has strictly prohibited abortion on any grounds in South Korea, and abortion remains illegal except in very limited circumstances, such as if the mother was raped or if there is a genetic disease. Despite this, during the 1970s and the 1980s, abortion was widely accepted and recommended as part of antinatalist policies; yet, as the total fertility rate has dropped recently, the South Korean government has revived the law, which was viewed as a mere scrap of paper for the last 50 years.

[12] Interestingly, the annual number of abortions is estimated at 200,000 (Ministry of Health and Welfare, 2011), and the annual number of infertile patients is also estimated at 200,000 (Hwang et al., 2016).

government encourages women to give birth in the name of patriotism,[13] its pronatalist policies do not affect all women in the same way.

In Western feminist discourse, debates about the use of ARTs have been polarized, ranging from the argument that ARTs could liberate women from the tyranny of their reproductive biology (Firestone, 1971) to the notion that women could become "mother machines" (Corea, 1985); however, there were no significant debates around the use of ARTs when the technologies were first introduced in Korea in the 1970s. Yet, as the use of ARTs emerged as a normalized medical intervention in the 2000s, Korean feminist scholars have become increasingly interested in the issue of the complicated relationships between infertile women's agency, ARTs, and population policies (Paik, 2010; Ha, 2013; Kim, 2006; Kang, 2012). Under the government-led birth control campaigns between the 1960s and 1980s,[14] women's reproductive bodies were highly objectified and controlled; as such, some scholars have critically examined the relationship between women's reproductive rights and the government's role in the assisted reproductive technology era (Ha, 2007, 2012; Jeong, 2013; Kim, 2012). In particular, studies about support policies for infertile couples show that access to ARTs does not simultaneously guarantee women's reproductive rights since the use of ARTs is encouraged as a childbirth-promotion

[13] Many public campaigns claim that "childbirth is a national power" and "we can defend our nation through childbirth" (Park, 2017). (See also http://www.hani.co.kr/arti/society/women/797134.html.)

[14] "The family planning program" in South Korea during the 1960s-1980s is evaluated as the most successful example of a population control project (Hernandez, 1984). Through this program, the total fertility rate, which was 6.0 in the 1960s, declined to 4.5 in the 1970s, dropped to 2.8 in the 1980s, and then fell even further to 1.6 in the 1990s (Bae, 2005). Furthermore, in front of the backdrop of Cold War international politics, the relationship between South Korea and the United States also played an important role in the formation of "the family planning program." The Korean government received international aid after following the recommendations about a birth control campaign and importing contraceptive technologies (Cho, 2013, p.127).

policy in Korea (Kim, 2012; Ha, 2012). Also, in qualitative research focused on the experiences of infertile women in clinics, researchers argue that infertile women can be either empowered or disempowered through ARTs depending on the specific situations that they are in, although the use of ARTs tends to reinforce biological motherhood under a patriarchal family system (Cho, 2005; Park, 2004; Lee, 2008). In existing studies, while multiple aspects of the relationship between ARTs and infertile women have been explored, the issue of how various types of ARTs constitute relationships among specific groups of women has not been fully examined, although it is clear that the practice of using ARTs cannot be separated from the "stratified reproduction system"[15] in South Korea.

The question of which women the government expects to be mothers is also important as not every woman is given that responsibility; in fact, historically, the government has constructed a stratified version of motherhood by including and excluding certain groups of women.[16] Along with which women are regarded as eligible for motherhood, the use of certain kinds of ARTs are encouraged over others by the Korean government, and questions regarding which ARTs are promoted and prohibited should be carefully examined because of the meanings such selective support constructs. Additionally, questions regarding which infertile patients are allowed access to reproductive technologies and what ARTs are considered legitimate are closely related to the formation of the transnational reproductive technology

[15] The term "stratified reproduction" refers to the power relations by which some categories of people are empowered to reproduce and nurture their children while others are disempowered (Colen, 1995).

[16] For example, although induced abortion is illegal according to the Criminal Law, a pregnant woman with mental or physical disabilities is permitted to get an abortion based on the Mother and Child Health Act.

industry. Thus, by exploring the politics regarding the use of reproductive technology in South Korea, this chapter aims to contextualize emerging "new in-fertile subjects"[17] who are often not seen as eligible infertile patients in the transnational reproductive technology industry.

In order to address these questions, this chapter analyzes media discourse,[18] laws/policies related to infertility and ARTs, and interview data from infertile women in South Korea.[19] Since most people in Korea are not familiar with ARTs as a new medical technology, the general public's knowledge of and conceptions about ARTs often depend on the attitudes of the media (Kim et al., 2014). Thus, by analyzing media coverage about ARTs, this chapter traces how the social meanings of infertility have changed. In addition to media coverage, this chapter will examine the various laws and policies that the Korean government has enacted and revised in recent decades that have shaped the concept of infertility and ARTs. Through these analyses, the chapter will explore how the concept of infertility is shaped by social norms and values and how political maneuvering has challenged or reinforced the stratified reproduction system in South Korea.

[17] Since being an "infertile subject" in the reproductive technology era means they are eligible to be fertile by using ARTs, I use the term "in-fertile subject" to show they are in the process of being fertile.

[18] I used the Korean Integrated News Database System (KINDS) for this analysis. By using the keywords "infertility" and "assisted reproductive technology," I found approximately 1,000 newspaper articles related to ARTs in major newspapers, including opinion-based columns, from 1970 to the present day.

[19] Although the major methods in this paper are discourse analysis, I also used interview data, which I collected for other chapters in my dissertation. I conducted in-depth interviews with 20 Korean infertile women between 2014 and 2017.

The Normalization of ARTs

In order to discuss the social meanings of ARTs, it is important to first examine how the concept of ARTs in South Korea has changed from a "dangerous technology" to "hope technology."[20] In 1985, when the first in-vitro fertilization (IVF) baby was born in South Korea, media coverage focused on moral concerns about artificial medical reproduction, including the possibility of human cloning, the deconstruction of the family, the risk of dehumanization, and the lack of motherhood. However, in the 20 years since the first IVF baby was born, social conceptions about IVF have changed dramatically so that many now perceive it as a technology of hope. The total number of infertile patients who used ARTs in South Korea has increased from 58,754 in 2000 to 209,319 in 2014, and as a result, the number of IVF babies was estimated at over 4.4% of total births in 2015.[21] How did this "dangerous technology" become a "hope technology" even though the IVF process, which was once said to dismantle the entire process of pregnancy and delivery, is exactly same in both 1985 and the present? Considering that infertility had a strong stigma for women in Korean society, how has the stigma attached to infertility changed?

From Dangerous Technology to Hope Technology

From the 1970s to the 1990s, the major discourse about the use of ARTs tended to focus on how the new technologies were potentially dangerous because they

[20] The term "hope technology" has dual meanings. In South Korea, IVF technology is conceptualized as a good technology that gives hope to infertile couples. Also, Franklin (2002) uses the term "hope technology" to describe why infertile women have difficulty quitting IVF procedures even when they have failed multiple times.

[21] Since the statistics only include the number of IVF cases supported by the government, the total number of IVF cases and IVF babies would likely be higher than the reported statistics data.

challenged traditional family systems, values, and gender roles. Thus, when ARTs were introduced to Korean society, the mass media villainized infertile women who were using them because they believed that they were related to incest and "bastards," and they expressed concern that such technologies would one day pave the way for the creation of human factories. ARTs were represented as unreliable technologies with high moral, financial, and legal risks. As one writer noted in a newspaper column,

> [b]ecause of assisted reproductive technologies, the possibilities of incest will be increased and the gender ratio will be imbalanced. Also, there are concerns about polygamy. Modern society was built based on human dignity. If people can purchase sperm and eggs and create life in a test tube, how can we find the basis for human rights? These kinds of test-tube babies are the same as bastards. [People will] order babies in test-tube baby factories. (1974, July 18, *Donga Ilbo*)

Another writer wrote the following in an opinion piece for *The Chosun Ilbo*:

> [w]hen infertile families visit the IVF clinics, they are grasping at straws. However, there is a lot of tension between infertile couples and IVF clinics because many infertile couples failed to conceive although they spent a lot of money on IVF treatment. If reproductive medical technologies are widely used in a short time without correcting any legal and moral problems, the "human factory" that was predicted by Aldous Huxley in *Brave New World* will happen in the near future.[22] (1989, November 10, *The Chosun Ilbo*)

[22] "Artificial Reproduction Report, 500 Test Tube Babies were Born Since 1985," November 10, 1989.

Based on mass media representations, social conceptions about infertility and the use of ARTs have been stigmatized for some time (Kim, 2010). The conceptualization of ARTs as dangerous technologies was initially caused by an unfamiliarity with how reproductive technology was invented in Western countries. Additionally, during the 1970s to 1980s in South Korea, infertility was not considered a social problem because sterilization, contraceptive technologies, and abortions were more important in medical fields related to reproduction in order to reduce total fertility rates (Kim, 2014). However, after the use of ARTs was included in the government's childbirth policies, the meaning of ARTs changed dramatically. While infertility was an individual woman's issue in the past, it became a social issue that the government is expected to make an effort to solve, largely through the advocacy efforts of infertile women themselves.

Before 2000, infertile women remained individual patients who did not have a collective identity or voice. However, as the demand for ARTs increased, women started to speak out about their experiences with infertility to claim the necessity of social supports. Although there are a lot of medical and environmental reasons to explain the increasing number of infertile women, one of the major factors is the normalization of late marriage. During the last 26 years, the average age of a woman's first marriage in South Korea has increased from 24.8 in 1990 to 32.7 in 2016.[23] The delayed marriage trend is closely connected to the age in which women experience infertility issues. While the "normal family ideology" seems to have weakened because of this delay, the forms that families can take has not been

[23] In the United States, the average age at first birth was 26.4 in 2015 (CDC, 2017).

diversified and the ideology that married couples should have children is still strong. The rate of childless married couples is very low in South Korea compared to other countries.[24] In fact, according to research about the relationship between fertility rates and marriage, the most important predictor of the fertility rate in South Korea is the marriage rate because the fertility rate among married couples has not changed during the last several decades, but the total fertility rate has decreased due to the diminishing rate and late age of marriage (Lee, 2016).

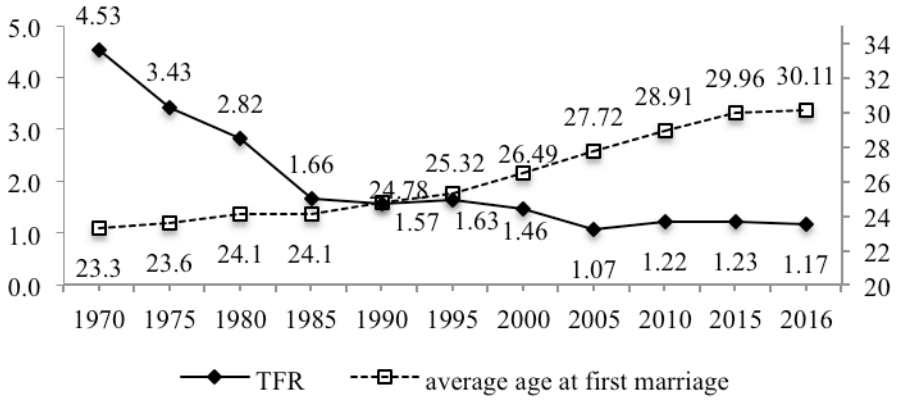

Figure 2. Total fertility rates and the average age at first marriage in South Korea. (KOSIS, 2017a; 2017b)

As delayed marriage is normalized but the nuclear family model has not changed, married women often demand to use ARTs to have children.[25] In the past, when women tried to use ARTs in fertility clinics, they faced many obstacles in terms

[24] For example, in France, which has one of the highest fertility rates among European countries, approximately 10% of married couples are childless. However, in South Korea, the rate of childlessness in 2010 was 7.7% among married couples ages 30-34 and 1.8% among married couples ages 40-44. Moreover, among childless couples in South Korea, 12.9% responded that they are voluntarily childless (Choi, 2010).

[25] The trends of delayed pregnancy and childbearing have been widely observed in industrialized countries as the rates of women's labor participation and higher education have increased (Briggs, 2010). For example, the proportion of first births to women ages 35 and older has increased nearly eight times compared to the rates in the 1970s (CDC, 2009). In South Korea, delayed pregnancy is more closely related to delayed marriage because the latter is considered a precondition for having a baby.

of emotional, physical, and financial barriers due to the high costs of ARTs and the lack of support provided to infertile women. Therefore, infertile women started to create self-help communities and tried to raise social consciousness about infertility. However, their claims regarding the need for government supports were not recognized as basic human rights because reproduction was regarded as a private issue that individual women should handle themselves. Thus, when organizations supporting infertile couples advocated for governmental assistance, the official response was that there was no reason to support infertility treatments using governmental funds because infertility is not the same as a life-threatening disease such as cancer (Park, 2017).

However, when South Korea's fertility rate dropped to the lowest level in the world in 2005,[26] infertile women's request for the government to protect their reproductive rights was finally recognized (Ha, 2012), and in 2006, the government launched the Infertile Couple Support Policy in an effort to increase the total fertility rate. Furthermore, to explain their rationale for supporting IVF treatments for infertile couples, the Ministry of Health and Welfare highlighted the success rates and efficiency of IVF technologies:

> In contrast to other diseases, the treatment rate of infertility is over 50%. If half of the infertile couples, who comprise 10-15% of the couples within fertile age groups, succeed in conceiving, tens of thousands of IVF babies will be born. Also, since infertile couples have a much stronger desire to have

[26] At this time, the major discourse on the low fertility rate tended to focus on why young women were hesitant or resistant to having babies.

babies than the general population, the response to the policy will be fast. (Ministry of Health and Welfare, 2009)

Although the Infertile Couple Support Policy was initiated as a childbirth promotion policy by the government, infertile women played a significant role in enacting the policy based on the emerging positive perspectives toward infertile couples. With the support of Agaya, an organization that advocates for infertile families, infertile women launched a petition drive for government support and continued to gather signatures to gain health insurance coverage for infertility treatments. Agaya also advocated for infertile couples, using the argument that "if the government wants women to give birth, they should support us because we are the group most passionate about women having babies" (Chae et al., 2008, October 5). As being a mother is highly valued in Korean society, infertile women were viewed as an important group, and their claims seemed justified within the public discourse. Thus, the Infertile Couple Support Policy can be understood as resulting from the government's agenda to promote childbirth and the ways in which this need aligned with the main goal of an organization that advocated for infertile couples—and the infertile couples themselves (Kim, 2012).

In addition, Agaya reconstructed the meaning of ARTs. One of their most important campaigns was to change the terms that are used to refer to infertility.[27] In the Korean language, the word for "infertility" is "*burim*" (불임, 不妊), which translates to "the medical condition causing the impossibility of conceiving." The

[27] In 2003, the organization started a campaign to obtain signatures to advocate for necessary health insurance coverage for infertility treatments. They received signatures from 8,504 citizens.

campaign effectively changed the term to "*nanim*" (난임, 難妊), which means "the conditions that make conceiving difficult." As the director of the organization said,

> The term *burim* reproduces negative social perspectives about infertility and aggravates the feeling of guilt and inferiority in infertile women. Thus, we use *nanim* instead of *burim* because *nanim* means that infertility can be easily overcome through appropriate medical treatments. (Park, 2007)

Because "*nanim*" is more focused on the *possibility* of conceiving, infertile women who hope to become pregnant through IVF technologies are willing to accept the term to define their condition.[28] Similar to the ways in which advanced medical technologies can change the perception of once-incurable diseases to curable ones, infertility is now seen as a temporary condition characterized by difficulties in conceiving. Thus, in the reproductive technology era, "*nanim*" became the more correct term to use when referring to infertility. Although the term "*nanim*" was initially created and supported by infertile women, as it was absorbed into the government's language, the word had unintended results: Through the government's pronatalistic policies, it was possible that the term "*nanim*" could reinforce the social/moral responsibilities of childbirth for women because the rhetoric of "*nanim*" implies that even women with medical difficulties cannot be exempted from childbirth.

With the changing concept of infertility, the government provided subsidies for the costs of IVF and AI (artificial insemination) technologies for infertile couples

[28] Furthermore, because infertile women's definition of themselves aligned with the direction of governmental policies in campaigns promoting childbirth, the government adopted the language as well. In 2010, all governmental documents changed "*burim*" to "*nanim*," and in 2011, the new term was registered in the National Institute of Korean Language.

through the Infertile Couple Support Policy. Although the eligibilities and ranges of covered treatments have changed during the last 10 years, currently, infertile couples could receive approximately $1,900 USD for each IVF cycle.[29] Also, if they try to transplant fresh embryos three times, they can use frozen embryos another three times. In 2015, a total of 47,886 IVF treatments were supported by the Infertile Couple Support Policy, and the total number of recipients was 31,791 (Ministry of Health and Welfare, 2016). The budget of the Infertile Couple Support Policy makes up over 50% of the total "low fertility trend" solution policy budget, including childcare costs. As a report about the Infertile Couple Support Policy suggests, since the ultimate goal of the policy is to improve the low fertility rate nationally by increasing the pregnancy rates of recipients (Ministry of Health and Welfare, 2008), the government further revised and enacted related laws to support infertile couples. For example, the Mother and Child Health Act was revised in 2016 to include articles related to infertility treatments. Additionally, the government opened a national counseling center for infertile couples and provided infertility treatment leave. Finally, all types of ARTs will be covered by the national health insurance from October 2017.

From a Woman's Problem to a Family Matter

Throughout this process, the meaning of infertility has changed from a woman's problem to an issue for families, and the use of ARTs has become more justified as government support has increased. Considering that infertile women have been stigmatized as sexually promiscuous or lacking femininity in Korean society, the changing framework of infertility has had positive effects on individual women who

[29] In 2015, a total of 90 billion won was invested in the ART subsidy program.

are struggling with infertility. However, since the basic unit of the governmental support policy is a *married couple* and the primary goal of ARTs is to solve the *country's low fertility problem*, the actual use of ARTs is limited in its protection of individual women's reproductive health rights.

The shifting meaning of infertility was initiated by the Mother and Child Health Act. The Mother and Child Health Act defines infertility as the failure of a married couple to conceive after 12 months or more despite having unprotected, normal sex (Article 2). Since the Act defines infertility as a problem for married couples, infertility issues moved from being a woman's responsibility to a couple's issue. For example, according to this legislation, IVF clinics require infertile patients to submit their marriage certificates before starting infertility treatments. When infertile couples visit IVF clinics, they are registered in the clinics as patient 1 (wife) and patient 2 (husband).[30] Considering that infertility treatments require the collaboration of wives and husbands, the policies of IVF clinics could be considered reasonable in the way that men in such couples are also required to register as infertile patients and participate in the process of ART treatments. However, although men become in-fertile subjects as the beneficiaries of these government supports, this does not change the reality that women's bodies are the major targets through which the pregnancy and delivery are carried out. The fact that infertility is not the individual woman's "sin" any more can be considered a positive change, but

[30] Also, the numbers of the governmental supports provided are connected to the family unit and not individual women. Although the government explained that the number of supports is designed to protect infertile women's health, this is not necessarily true as infertile women can try IVF treatments four times via the program, but if the woman is divorced and remarried to another man, she can renew the number of supports.

infertility can be still problematized when it becomes a "family problem" rather than an individual woman's reproductive health issue.

The most significant indicator to show how infertile women's health rights are not protected in the context of South Korea's population policy is the high percentage of "unknown factors" recorded as contributing to infertility. Although the reasons for infertility have been recorded as a female factor (25%), male factor (25%), both a female and male factor (25%), and unknown factors (25%) (NIH, 2013), the unknown factors are very high in South Korea, as the graph shows below.

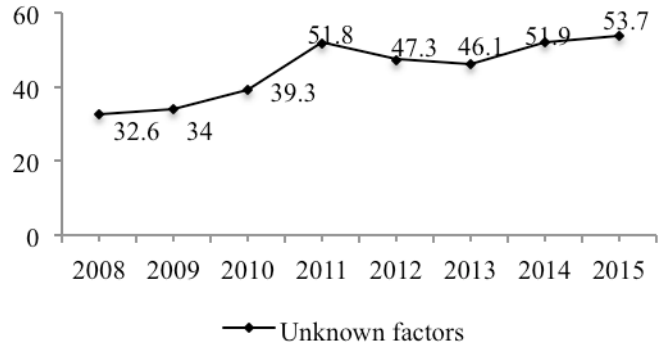

Figure 3. The unknown factors of infertility. (MOHW)

Before 2005, when the government did not support IVF treatments, the rate of "unknown factors" contributing to infertility was 21.4%, which is the same level as other countries. However, since the government enacted the Infertile Couple Support Policy, the rate of "unknown factors" has increased annually because the guideline of the policy defines eligible beneficiaries as those who are "infertile for over three years" and "women over 35 years old" (Ministry of Health and Welfare, 2016). Due to the broad definition of infertility, many women who have difficulties conceiving are regarded as infertile in IVF clinics. In fact, IVF doctors and patients often use ARTs without figuring out the reasons for infertility, since to correctly diagnose the

reasons for infertility, patients need to take extra exams, and it often takes at least 3 to 12 months to treat the cause. Through this, married women who do not yet have a baby are easily trapped in the use of ARTs because the most prioritized goal of ARTs is to increase the number of newborn babies—rather than to protect individuals' reproductive health rights by providing appropriate medical treatment.

In addition to the issue of "unknown factors," the number of embryos transplanted shows how reproductive health rights conflict with governmental policies. In order to improve the success rates of IVF, multiple embryos tend to be transplanted into women's bodies. Since the success rates of IVF treatments is typically 20-25%, infertile women often engage in multiple IVF cycles. As the number of IVF babies increased in South Korea in the early 2000s, the rate of multifetal pregnancy also increased from 1.68% in 2000 to 3.3% in 2013. Among the total number of IVF babies in 2006, the number of multifetal births was 51.2%. Likewise, as multifetal births have been normalized, the Korean government has revised laws about maternal leave to provide additional support to mothers who give birth twins or triplets.[31] Since multifetal pregnancy is closely related to preterm births and low-weight births, in 2015, the government made guidelines to regulate the number of transplanted embryos. However, since this is recommended to IVF clinics as a guideline, many tend to ignore it because their success rate is the most important factor to show the quality of their technologies and services. Furthermore, even in reports that are concerned about the transplanting of multiple embryos, the "danger" of multifetal pregnancy is discussed as the harmful effects on "fetuses" or "newborn

[31] In South Korea, the period of maternal leaves is 90 days, and in the case of multifetal births, leave is extended to 120 days.

babies" rather than on pregnant women.[32] In these circumstances, the use of ARTs has simply functioned as a means to increase the number of newborn babies, and the medical and health risks for infertile women are still overlooked and trivialized.

Good Technology and Bad Technology

While the previous section discussed how ARTs have become a normalized medical intervention in the context of childbirth promotion policies, this section examines the diversification and stratification of ARTs and their contextualization and implementation within dominant sociocultural norms. In Korean society, motherhood is generally understood as a natural or intrinsic characteristic of women, although motherhood is socially constructed in many different ways. Since the concept of motherhood is closely related to nature, becoming mothers by using artificial technologies can be problematic. Although ARTs are recognized as a "hope technology" for infertile couples, "natural pregnancy" is still deemed the most valuable practice of motherhood, in contrast to any means of artificial medical reproduction. However, this definition of motherhood is being redefined by women who use ARTs—though who is included and excluded from new definitions of "motherhood" and "parenthood" is still debatable.

Further, according to a study on perceptions about bioethics (Bioethics Policy Research Center, 2008),[33] the general Korean public's feelings regarding the ethics of ARTs differ from both the actual practices of ARTs in clinical fields and bioethics

[32] Furthermore, as twins are normalized in South Korea, some couples tend to use IVF technologies to have twins even though they are not infertile. Considering that for many women it is difficult to use maternal leave twice, IVF technologies become a kind of "planned parenthood" for couples who want to have two children.

[33] The number of respondents is 1,000 and the age range is 20–70.

discourse in academia. For example, while the use of gestational surrogacy technology requires much more emotional, physical, technological, and ethical risks than the use of IA or IVF for single women, there are no significant differences between Koreans' responses regarding surrogacy versus single motherhood (67.9% of respondents disagree to the practice of gestational surrogacy and 61.5% of respondents disagree to the use of ARTs for single women). Also, in order to prevent eugenic practices in biomedical technology, the Korean government regulates the use of preimplantation genetic diagnosis (PGD); however, the general public understood the use of PGD as a good technology that prevents diseases or disabilities in the fetus (11% disagree). In addition to the perceptions about PGD, the percentage that disagreed to the practice of creating a designed baby (45.5%) is lower than the percentage that disagree with single women using ARTs. This study shows the meaning of certain ARTs cannot be separated from existing social perceptions about single mothers and people with disabilities. Thus, which reproductive technologies are recommended for use by infertile patients and which technologies are not widely accepted should be examined because, in the Korean context, there is a hierarchical system that privileges some ARTs above others and determines their specific meaning.

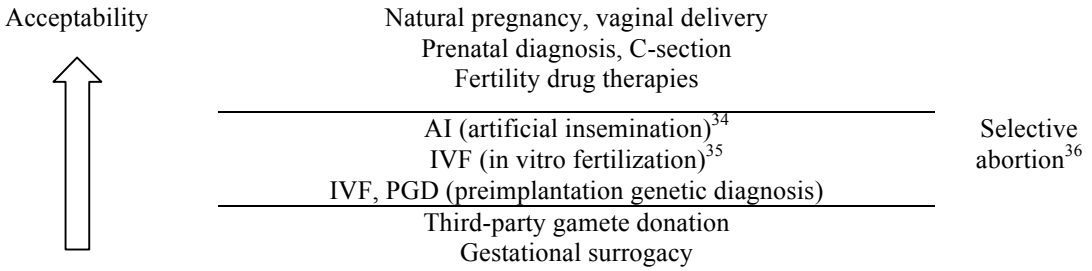

Figure 4. The hierarchical structure among reproductive technologies in South Korea.

Infertility Treatments

As reproductive technologies have advanced, ARTs have diversified from low-level technologies such as AI[37] to high-level technologies like IVF, PGD, and gestational surrogacy. These reproductive technologies are closely related, and many infertile women experience different kinds of ARTs depending on the reasons for their infertility. For example, when infertile couples visit IVF clinics, they are required to try fertility drug therapies and AI first. However, when AI fails, as the next step, couples usually use IVF technologies. When multiple attempts at IVF are unsuccessful, couples must use PGD technologies to figure out the problems with the embryos. If the reasons for infertility are sperm or eggs, infertile patients are

[34] AI includes IUI (intra-uterine insemination) and GIFT (gamete intra-fallopian transfer).

[35] IVF technologies include ICSI (intra-cytoplasmic sperm injection), IVF-ET (in vitro fertilization-embryo transfer), ZIFT (zygote intra-fallopian transfer), natural cycle IVF, and cryopreserved embryo transfer.

[36] Selective abortion or selective reduction is the practice of reducing the number of fetuses when a woman is pregnant with multiple fetuses. In IVF procedures, although selective abortion has been widely practiced, it has not been discussed because abortion technology is regarded as being in opposition to the technology of ARTs.

[37] Artificial insemination (AI) technology means the injection of collected sperm into the vagina or uterus. Since the process does not require a high quality of biomedical technologies, at-home insemination is also widely used, although the success rate is relatively low compared to IVF technologies.

recommended to use donated gametes. Also, if the infertile woman is not able to carry and birth a baby using her womb, gestational surrogacy becomes an option for them. Although in the reproductive continuum it is difficult to make a clear line between "good technology" and "bad technology," certain types of technologies are regarded as good for infertile couples and certain technologies are excluded (gestational surrogacy) or made invisible (selective abortion).

These hierarchical conceptions regarding the use of reproductive technologies are based on how much the medical technologies intervene in the process of being a "natural" mother. Therefore, in order to change the perceptions about using artificial means of reproduction, infertile women who are using IVF to have babies tend to emphasize their own efforts to be mothers as a natural desire. For them, the use of IVF is simply viewed as medical assistance needed to remedy their infertile statuses rather than being seen as a baby-making technology. In reality, the fact that IVF is not a seamless technology that offers a 100% guarantee of childbirth opens space for infertile women's agency. The success rate of IVF is approximately 20-30%. The low success rate could be one of the fundamental reasons for infertile women's experiences of depression, anxiety, and pain; however, the process also allows infertile women to take an active role in their IVF cycles because they could not achieve the goal without their efforts. As one infertile woman noted in an interview, "[a]lthough the reproductive technologies are advanced, they could only make embryos and transplant [them] to my body. The success of implantation is decided on my efforts. I searched all the books and information about infertility treatments." Another described her experience after failing an IVF cycle in this way:

> At that time, I realized that the most important thing was my efforts. My doctor was very disappointed when the implantation had failed. The quality of eggs was very good, so my doctor expected me to be successful. There was no reason to explain why I had failed.

Since the infertile women I interviewed deeply understood that infertility treatments would not be successful without their efforts, they argued that, "having a baby is my achievement rather than the achievement of technology." The idea that the success of IVF cycles is determined by mothers' efforts brings new meaning to IVF babies and motherhood. As the term "test-tube baby" shows, IVF technology involves babies being created outside of women's bodies. Although eggs and sperm are fertilized in vitro, the embryos must be transplanted into women's bodies to be born. However, the term "test-tube baby" tends to omit the role of women's reproductive bodies.[38] In order to resist the belief that entering motherhood through the use of reproductive technologies is weak or manipulated, infertile women use strategies to emphasize their genuine efforts. As one woman I interviewed said,

> [b]efore I went to an infertility clinic, I had a preconception about IVF treatments, and I was repulsed to use artificial ways to have a baby. However, I have changed my mind. When people asked me whether I used IVF technologies or not, I answered very proudly. In the future, I will talk to my babies and say: "I made a much greater efforts to meet you than any other mothers."

[38] Because of this, the NGO for infertile women also created a campaign to end the use of the term "test-tube baby." They argued that this term produces negative connotations about IVF procedures and allows for false beliefs that test-tube babies could gestate in labs instead of within women's bodies.

One of the negative perceptions associated with IVF technologies is that IVF babies are born without love because the babies were not the result of sex. In order to justify the existence of IVF babies without sex, infertile couples tend to highlight how much they went through to have their babies. In their rhetoric, IVF babies are the result of the enormous love of their parents. Through their experiences with reproductive technologies, infertile women reconstruct the meaning of motherhood. For them, motherhood is constructed through strong will, good preparation, and intensive effort rather than an accidental occurrence.[39]

Third-Party Reproduction

The concept of motherhood as constructed through infertile women's efforts is connected to the idea of "intended motherhood." The concept of the intended mother/father has emerged in the discourse regarding reproductive technology industries. Since IVF technologies isolate each step in the process of pregnancy and childbirth, the intended mother, the biological mother, and the birth mother do not need to be seen as one woman. In the use of ARTs, the problem of who can be a mother or father raises ethical and legal questions. While many countries have not reached universal rules to address the issue,[40] the concept of the "intended parent" is widely accepted in many countries. However, while the use of ARTs with a couple's

[39] The infertile women's narratives, with their emphasis on well-prepared motherhood, result in the exclusion of single mothers. According to the infertile women's narratives, single mothers' state of motherhood is caused by unintended, accidental pregnancies. Interviewees had a negative perspective about single mothers and abortions because they believed that single mothers show a lack of responsibility and strong will regarding their babies.

[40] The fact that each country has different regulations about the use of third-party reproduction is the most important driving factor behind the creation of the transnational reproductive technology industry.

own eggs, sperm, and womb are justified as effective methods to treat infertility in South Korea, third-party reproduction is very controversial even as it is widely practiced. As the graph shows below, third-party reproduction has increased along with the rising number of IVF cases. Considering that the IVF data are collected based on the self-reporting of IVF clinics, the total cases of third-party reproduction could be much higher.

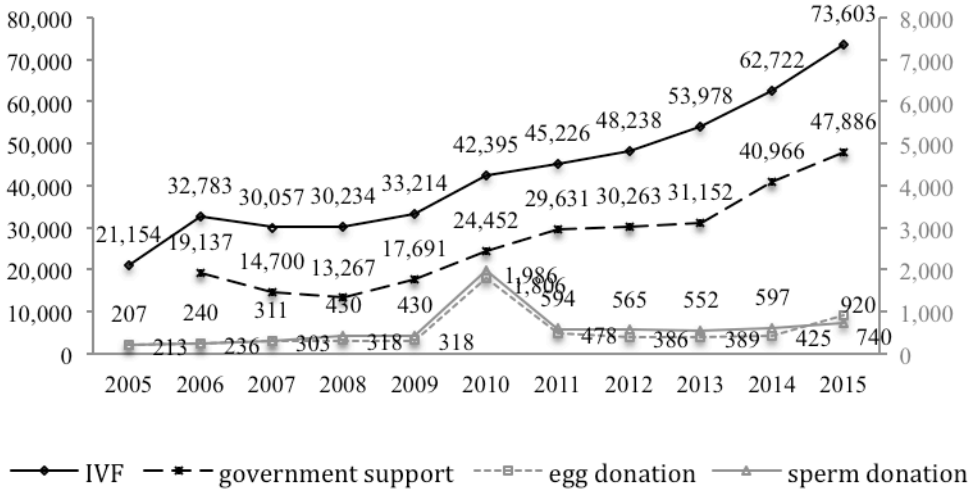

Figure 5. The use of ARTs in South Korea. (MOHW)

The third-party reproduction process is not very different from general IVF treatments. The major IVF treatment components are (1) induced superovulation, (2) extraction of eggs and sperm, (3) fertilization of the eggs and sperm in vitro, (4) transplantation of the embryos to a woman's womb, and (5) pregnancy and delivery. The only difference in the third-party reproduction process is that while one woman undergoes all of these steps during the general IVF procedures, third-party reproduction requires two different women to take these steps—one woman (the infertile woman or the egg donor) who undergoes steps one and two and another woman (the surrogate or the infertile woman) who carries out steps four and five. In

order to go through the entire treatment process together, they need to collaborate as if having one body. In one type of IVF technology, if an infertile woman uses donated eggs, the role of the infertile woman is like a surrogate; conversely, if an infertile woman hires a surrogate, the role of the infertile woman is like an egg donor. However, third-party reproduction has been regarded as a different technology from general IVF procedures, which have been normalized as a medical intervention.

Although there is no comprehensive law related to ARTs, the Bioethics Safety Act includes how gametes and embryos should be dealt with in IVF clinics. Article 25 of the Bioethics Safety Act, which was enacted in 2005, prohibits the commercial trade of gametes.[41] In it, the government divided the use of third-party reproduction into "altruistic donation" and "commercial trade," allowing only the former. Although the use of donated eggs or sperm is not technically illegal in South Korea, it is difficult to find altruistic gamete donors, especially egg donors, due to the high risk of the medical procedures. As a result, individual infertile couples have tended to depend on brokers to find "commercial" egg donors. Since the Bioethics Safety Act prohibits the brokerage of gamete donations, the existence of brokers is illegal in South Korea; however, because IVF clinics do not have any obligation to investigate whether egg donors are altruistic or commercial, infertile couples use brokers to covertly pay extra money to egg donors.

Although third-party reproduction is not illegal in South Korea if it is not commercial, it is highly stigmatized because if eggs or sperm are donated from others,

[41] According to Bioethics Safety Act, "No person shall provide or use an embryo, ovum, or spermatozoon for money, an interest in property, or any other consideration; solicit another person to provide or use an embryo, ovum, or spermatozoon for such consideration; or act as a broker for providing or using an embryo, ovum, or spermatozoon."

the IVF baby is not 100% biologically related to the parents. If an infertile couple uses donated eggs or sperm, the parent-child relationship is regarded as artificial and suspicious.[42] Also, because the process of gamete donations requires extra money, the process is assumed as a kind of selling and buying of potential human beings. Furthermore, compared to sperm donation, since egg extraction is a surgical procedure that could be harmful to egg donors, issues regarding the health of egg donors have been raised.[43]

Since there are no specific laws surrounding gestational surrogacy, during the last 27 years, infertile Korean couples and surrogates have made contracts without any regulations.[44] However, surrogacy contracts are typically regarded as null and void according to Article 103 of Civil Law, which states that "a juristic act which has for its object such matters as are contrary to good morals and other social order shall be null and void." However, while many people believe that gestational surrogacy procedures are illegal, it is not difficult to find IVF clinics that utilize gestational surrogacy technologies in South Korea. Yet, since most clinics follow the Korean Society of Obstetrics and Gynecology's (KSOG) Ethical Guidelines on Assisted Reproductive Technologies (2011), infertile women and surrogates should obtain IRB

[42] Although statistical data show that increasing numbers of infertile couples use donated eggs or sperm, few come out publicly regarding their use of the third-party reproduction. Even in online communities for infertile mothers, it is very easy to find postings that reveal negative perspectives regarding gamete donations because they believe that babies born via gamete donations cannot be entirely their owns babies because the genetic materials of the babies come from other people (gamete donors).

[43] To solve the problem, the government revised the Bioethics Safety Act in 2010 to regulate that an egg donor could not donate eggs more than three times during her lifetime.

[44] According to a survey about current gestational surrogacy practices, 67.5% of the members of the Korean Society of Obstetrics and Gynecology answered that over 10% of infants were born via gestational surrogacy (Lee, 2005).

approval in the clinic, and the surrogate and biological parents sign consent forms.[45] In addition, the KSOG Ethical Guidelines define who is eligible to use surrogacy technology.[46] When it is deemed medically futile to attempt another IVF with the infertile woman's uterus, an infertile couple may consider surrogacy as an alternative. Still, while the use of ARTs among infertile couples is widely accepted, using donated gametes and surrogacy technologies is highly stigmatized in South Korea because it challenges social norms about family and children and raises a variety of ethical questions.

Eligible Infertile Patients and New In-fertile Subjects

In order to overcome infertility, IVF intervenes at each stage of reproduction to assist intended parents in having a child.[47] Technically, everyone can be an intended parent by using IVF technologies because women after menopause, same-

[45] The consent form for the surrogate includes clauses such as "the signatory has no financial interest with the biological parents," "the signatory is entitled to be reimbursed for actual expenses for pregnancy and childbirth," and "the signatory agrees that all rights and obligations to the child born of the uterus of the surrogate belong to the biological parents and that the surrogate relinquishes all parental rights to the child." The form for biological parents contains stipulations such as "the signatory recognizes that the legal status of the child born by the surrogate is equal to that of the biological child," "the signatory pledges to raise the child to the best of their effort," and "the signatory has no financial interest with the surrogate."

[46] According to the KSOG Guidelines (2011), a woman is eligible for surrogacy technology if she (1) is born without a uterus; (2) had a hysterectomy due to cancer, uterine bleeding, or other illnesses; (3) has an illness in a major organ so that pregnancy may cause serious harm to her health; (4) has damage in her endometrium caused by illnesses such as severe intrauterine synechiae or uterine tuberculosis; or (5) has repeatedly failed in carrying pregnancies to term or in the implementation of embryos (in this case, the possibility of success in achieving or maintaining pregnancy has been deemed medically too low).

[47] With the advance of assisted reproductive technologies (ARTs), infertility is no longer regarded as a personal tragedy or inevitable destiny. While many infertile couples considered adoption in the past, currently, involuntarily childless couples now have more options to overcome infertility. For instance, for issues with ovulation, people can take hormones; for problems with sperm mobility, they can use artificial insemination (AI); for a failure to produce eggs or sperm, they can use donated eggs or sperm for use in in vitro fertilization (IVF). With these advances in reproductive technologies, medical intervention in childbirth has become normalized in the world.

gender couples, and single women and men are able to have babies by using donated eggs or sperm from a third party and/or by hiring gestational surrogates. This means that the ideological norm of the nuclear family, which is comprised of a heterosexual couple and their children, can be challenged by the use of ARTs. In this context, a new social definition of infertility has recently emerged. In October 2016, the World Health Organization announced that "single men and women who have not found a sexual partner to have children with will be classed as 'infertile'" to affirm that every individual has "the right to reproduce" (Bodkin, 2016). This changing definition of infertility reveals that "infertility" is a socially constructed concept as well as a clinical diagnosis.

Although technological advancements create new in-fertile subjects who are beyond the ideological family norm, not everyone is recognized as eligible infertile patients in South Korea under current, stratified reproduction policies. The term "stratified reproduction" refers to the power relations by which some categories of people are empowered to reproduce and nurture their children, whereas others are disempowered (Colen, 1995). The concept of stratified reproduction is also useful to explain how the use of reproductive technologies, from contraceptive technologies to assisted reproductive technologies, reinforce social inequality (Reid, Dirks, & Aseline, 2008). For example, although black women's infertility rates are higher than white women in the United States, black women are less likely to receive IVF treatments—and their success rate is lower than white women—due to different social and cultural expectations regarding reproduction and race (Roberts, 1997).[48] Furthermore,

[48] Roberts (1997) argued that the nonmedical criteria in IVF clinics for prospective IVF patients, such as "a 'stable' marriage, sufficient education to comply with treatment regimens, and the financial

although there are no technological obstacles when non-heterosexual couples use reproductive technologies, many countries, including those where the commercialized gamete and surrogacy industries are booming,[49] have enacted their own guidelines that prohibit single individuals or same-gender couples from using donated gametes or surrogacy. Along with the race and sexuality issues that surround the use of ARTs, feminist scholars have revealed complicated relationships between ARTs and disability (Saxton, 2006; Hwang, 2014),[50] age, and class on a global scale.[51]

In the South Korean context, although the government expanded the ART industry by enacting the Infertile Couple Support Policy, this policy reinforces Korea's stratified reproduction system, in that certain women are prohibited from using ARTs, including people with disabilities, single women, people in same-gender relationships, and older women. According to the Mother and Child Health Act, infertility is a matter of married couples. Further, as the Infertile Couple Support Policy is implemented in IVF clinics nationally, to make an appointment with an IVF clinic, those seeking treatment are required to submit a marriage certificate. Therefore, non-married couples or single men and women cannot receive IVF treatment in South Korea because they are not considered to fall within the definition of "infertile." Even if they want to diagnose whether they are infertile, they have to spend more money to

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resources to provide 'adequately' for a child", also played important roles, and these criteria tended to present barriers as well as economic barriers when Black women need to use ARTs (p. 256).

[49] Specifically, this includes countries such as Thailand, India, Cambodia, and Ukraine.

[50] For example, ARTs have been developed to diagnose and remove genetic disabilities. With the advance of this technology, embryos and fetuses with disabilities are selected and discarded.

[51] Recent studies about transnational surrogacy effectively show the complicated relationships between ARTs, class, and race on a global scale (e.g., Bailey, 2011; Crockin, 2013, DasGupta, 2014; Deonandan, 2013; Knoche, 2014; Pande, 2010; Smerdon, 2008).

do the same medical check-up. For example, an anti-Müllerian hormone (AMH) test is commonly used to figure out the age of one's eggs. The quality of eggs is important for conception, and the AMH test can help predict the possibility of natural pregnancy. When the test is used for infertile couples as an infertility treatment, it is covered by the national health insurance. However, if a single woman takes the test, it is not covered because they are technically not "infertile." Furthermore, although egg-freezing technologies have emerged as a good solution for preserving the eggs of women with cancer, the reproductive technologies are not covered by the national health insurance because women who want to preserve their fertility are not technically considered infertile.

The criteria for determining infertility are also applied to gamete donation. If the women who are willing to be mothers have healthy ovaries and healthy wombs, they can conceive with donated sperm. However, single women cannot access ARTs in South Korea because the Bioethics and Safety Act requires a recipient of gametes to receive the permission of their spouse. For example, if a couple wants to receive eggs from another woman, both the infertile woman and her husband must submit the signed consent form to the IVF clinic. Therefore, a woman who does not have a husband cannot use a sperm bank. Similarly, if lesbian couples want to be parents, they cannot access the use of reproductive technologies. Since AI is a simpler technology than IVF, however, they might try a home insemination kit to conceive using donated sperm from known people.[52] There is no technological obstacle to

[52] Since AI is comprised by the process of collecting sperm and injecting the sperm to women's bodies, it can be practiced at home. However, the success rate is relatively low compared to IVF. Also, it cannot ensure the prevention of transmission of sexually transmitted diseases (STDs).

become pregnant by using (illegally) donated sperm because single women giving birth is not illegal, and in terms of legal protection, since Korean law defines the birth mother as the mother of the baby, single women can register the baby as their child without any problems. However, due to the strong stigma attached to single mothers, pregnant single women cannot expect appropriate medical and social supports.[53] Additionally, as same-sex marriage is not legalized in South Korea, lesbian couples cannot both be legal parents of the baby even though one might be the biological mother (genetic mother and birth mother) of the baby.[54]

Compared to lesbian couples or single mothers, gay male couples have more difficulty giving birth in South Korea due to their gender and sexuality. First of all, since same-sex marriage is illegal, gay couples cannot be recognized as eligible intended parents. Also, if gay men want to have a baby, they need to have donated eggs and also a surrogate. Since there is no law about gestational surrogacy, gay couples can hire surrogates and make an agreement with them. However, after birth it is more complicated to be the father of the baby. In the Korean legal system, since the original caregiver is assumed to be the mother, single fathers are not recognized as legitimate parents of their babies. Until 2015, when the laws about birth certificate registration were revised, only birth mothers could apply for birth registration. Thus, single fathers and their babies have had serious problems because of the lack of legal systems to support them. Amid these circumstances, it is almost impossible for gay

[53] Until now, it has been recommended that pregnant, single mothers in Korea give their babies to clinics and shelters for adoption. Also, the governmental supports provided to adoptive families are much more extensive than those provided to single mothers who want to raise their babies by themselves.

[54] However, I have observed a transgender man who legally used third-party reproduction to conceive a baby because the couple is legally married in South Korea.

male parents to have their partnerships and their parent-child relationships recognized in South Korea.

Moreover, although the normalization of ARTs is based on the notion that infertility is a disease, ironically, some women with disabilities cannot be considered infertile because of the definition of infertility. In this definition, women who are not able to be pregnant due to an inherent disability cannot be infertile according to the Mother and Child Health Act. For example, a woman who was born without a womb is not eligible to receive any support from the government. The exclusion of women with disabilities in the use of ARTs is closely related to social conceptions that render disabled women ineligible to be mothers. Although the Criminal Law strictly prohibits abortion in South Korea, the Mother and Child Health Act has an exception clause: According to Article 14, "a medical doctor may perform an induced abortion operation when [the mother] or her spouse suffers from any eugenic or genetic mental disability or physical disease prescribed by President Decree."[55] Additionally, although sterilization is generally not covered by the national health insurance, the medical cost is only covered when women with disabilities receive a sterilization operation. These examples show that women with disabilities are not encouraged to be mothers—although the use of ARTs might make motherhood possible regardless of their disabilities.[56]

[55] Although many people think that women can terminate a pregnancy when the fetus has a disability, the actual permission to have an abortion is for pregnant women with disabilities based on eugenic ideology.

[56] The complex relationship between disabled women and ARTs has been studied by a range of researchers (e.g., Hwang, 2014).

Similar to women with disabilities, women in their 40s or 50s often have difficulty accessing ARTs. As I discussed earlier, age is a very important factor for explaining the increasing number of infertile patients in South Korea. However, although age-related infertility is a major issue in infertility treatments, the Infertile Couple Support Policy has an age limit for using ARTs. The maximum age of eligible infertile patients is 44 years old. Since the primary goal of supporting ARTs is to increase total birth rate, the government argues that since women's fertility rapidly decreases after 40 years old, in terms of the effectiveness, the age limit is reasonable (Hwang, 2015). However, the policy to limit the use of ARTs for women over 44 years old is not justified because the age limit only applies to women—although men's fertility is also affected by age, and reproductive capacities differ among individuals (Kim, 2013). Furthermore, the fertility rates of women in their 40s have doubled compared to 10 years ago, while the fertility rates of women in their 20s have decreased (Kim 2011). Along with the trend of delayed marriage and childbirth, the issue of how the government determines the ideal age for women to be mothers—and, thus, decides the age limit for using ARTs—is debatable.

Through the guidelines provided by the government, certain groups of individuals are excluded from the use of ARTs in South Korea. While some legal restrictions function directly to prohibit use by single women or non-married couples, many other governmental guidelines and medical practices tend to discourage potential infertile patients who are not "ideal parents" in subtler ways, such as regulating eligibility for medical procedures via the national health insurance. However, one of the unintended consequences of the expansion of ART industries

through the government supports might be the democratization of ARTs in South Korea. The formation of new in-fertile subjects is facilitated through the growing transnational ART markets, and although disabled women, single individuals, old women, or same-sex couples have not been given the obligation to be parents in Korean society, the use of ARTs still remains a "hope technology" for them as well as other eligible, infertile married couples. In this circumstance, the questions of whether the stratified reproduction system and normal family ideology in South Korea have been—and will continue to be—reconstructed by the new in-fertile subjects remains to be examined.

Conclusion

This chapter explores the reproductive politics regarding the use of ARTs in South Korea by focusing on issues regarding who is encouraged to use of ARTs and what kinds of ARTs have been accepted within Korean society. Although ARTs can be used in many ways that create or reinforce various narratives and ideologies, from reinscribing gender roles and patriarchal family systems to challenging the dominant ideological norms regarding the definition of "family," the use of ARTs in South Korea has been conceptualized as a hope technology for young, heterosexual, married couples. Further, as the government started to support the use of ARTs, the meaning of infertility has been changed from something that is a woman's fault to a family issue. During the process, the stigma attached to infertile women has weakened as the responsibility of childbirth has been distributed to the larger family structure; however, since government support has been offered to increase the population rather than to protect reproductive health rights, the risks to individual women's

reproductive health have been overlooked and trivialized. Considering that women's bodies and reproductive capacities are objectified and mobilized through the government's blatant childbirth promotion policies, South Korea could be classified as a pronatalist country; however, the question of who is encouraged to give birth is also important because for certain groups of people who exist outside of the normative family ideology, South Korea could be called an antinatalist country.

The South Korean government has shaped the meaning of ARTs by regulating certain types of reproductive technologies and who can access them. In this regard, while general AI and IVF have been widely practiced as infertility treatment technologies, third-party reproduction has not been widely accepted in Korean society because it has the potential to threaten the current social norms of the heterosexual family system. Also, although the pronatalistic Korean government expanded the overall ART industry by enacting several policies and laws to increase the use of ARTs, the governmental supports reinforce and reproduce Korea's stratified reproduction system, and as such, certain individuals and couples are prohibited from using ARTs, including people with disabilities, single people, same-gender couples, and older individuals. However, the normalization of ARTs in South Korea also contributes to the formation of new in-fertile subjects. As such, new in-fertile subjects, who have not considered being parents, are able to have a baby using ARTs with donated gametes or gestational surrogacies in the transnational Korean ART industry.

Although this chapter does not focus on the transnational Korean ART industry, examining the local reproductive politics around the use of ARTs is critical because it contextualizes how and why intended parents in Korea are created and

travel at a global level. While “fertility tourists” are typically imagined as the white exploiters, privileged Westerners, or wealthy consumers in contrast to poor surrogates in the Global South, the fact that the intended parents in the transnational Korean ART industry do not fit the stereotypical images of “fertility tourists” shows the complexity and multiplicity of transnational ART industry.

Chapter 2: The Path to Becoming a Parent: Routes of the Transnational Korean ART Industry

> I was very anxious all the time during the whole period of pregnancy and delivery because I could not do anything in the situation. If I were pregnant, I could do my best for my baby. However, if my baby was inside of another woman's body, what could I do? What should I do? Although I trusted the surrogate and really appreciated all her efforts and help, I was always concerned about whether she could do something harmful to my baby. Honestly, I think being pregnant with my own baby and being pregnant as a surrogate are totally different. For surrogates, it might be really rare for them to take care of the babies they are carrying as cautiously as other pregnant mothers would do. (Intended mother, interview, July 28, 2016)

The interviewee quoted above, who had a baby via local surrogacy contract[57] in South Korea, expressed how powerlessness and restless she felt while she was waiting for the baby to be born. Since the interviewee had a hysterectomy, the interviewee and her husband created their own embryos and transplanted the embryos into a surrogate. From the perspective of the interviewee, the fetus inside of the surrogate's body was conceptualized as a couple's baby, and she felt that they left

[57] Since there are no laws related to the use of gestational surrogacy technology in South Korea, the surrogacy contract is neither legal nor illegal.

their baby for nine months with the surrogate because the interviewee was not able to take care of the baby. However, during the nine months of pregnancy, the baby was detached from the intended mother because physically the baby belonged to another woman (the gestational surrogate). The distance between the intended parent and the surrogate caused the interviewee to have higher anxiety and uncertainty about the entire process, although the distance between them did not extend beyond the national boundary. Considering that the local surrogacy contract is already full of risks due to the distance, if the distances between intended parents and surrogates are extended to thousands of miles at a global level, why do intended parents take the higher emotional, physical, and financial risks? How do intended parents navigate and handle the long journey—both temporal and spatial—to conceiving a baby?

In order to address these questions, this chapter explores where Korean intended parents travel to conceive their children, how they make their journeys feasible, and who mediates or facilitates this transnational mobility. While Chapter One focuses on the reproductive politics that surround the use of ARTs in South Korea and the formation of new in-fertile subjects in a Korean context, this chapter explores how the mobility of new in-fertile subjects, who have the potential to be customers in the transitional baby-making business, is shaped by the transnational circuits that are created around Korean subjects. Although the expansion of the transnational ART industry is observed all around the world,[58] existing studies show how the reproductive journeys of intended parents, gamete donors, surrogates, and

[58] According to the report, *Global In Vitro Fertilization (IVF) Market Size, Share, Trends, Opportunities, Global Demand, Insights, Analysis, Research, Report, Company Profiles, Segmentation and Forecast, 2013 – 2020,* the global IVF market was valued at $9.3 billion in 2012 and is expected to increase to $21.6 billion by 2020.

medical professionals differ based on the historical, legal, and geographical contexts of each country (e.g., Egypt (Inhorn, 2002), Thailand (Whittaker, 2009), Argentina (Smith et al., 2009), Romania (Nahman, 2008), Germany (Bergmann, 2011), India (Pande, 2010), and European countries (Shenfield et al., 2010)). Thus, this chapter aims to contextualize the formation of the transnational Korean ART industry by focusing on the mobility of Korean subjects, who challenge the unilateral understanding of ART as one where the West consumes the East. The direction of this circulation has typically been imagined as a one-way relationship between White Western customers in the Global North and Asian surrogate women in the Global South. However, the flows from South Korea to other countries, such as Thailand, Ukraine, and Taiwan, demonstrate the multiplicity and complexity of the ART industries.

Furthermore, to discuss the formation of the transnational baby-making industry around and beyond South Korea, this chapter focuses on the roles of transnational ART agencies, which actively mediate between intended parents and surrogates/gamete donors in the baby miles.[59] Compared to the use of third-party reproduction options in South Korea, making a baby via the transnational circuits of ART industries requires the involvement of transnational ART agencies due to language, cultural, legal, and other barriers that individual general customers face. Thus, while one-on-one relationships between infertile couples and surrogates would

[59] "Baby miles" refers to the distance from the producers (gamete donors/surrogates) to the customers (intended parents) to show the long distances people, capital, and technology travel and interact with each other in the transnational circuit of ART industries—distances that stand in contrast to the past when the process of having a baby was completed in one woman's body.

be possible in local surrogacy contracts, the brokers of transnational ART agencies take on the roles of IVF clinic interpreters, travel coordinators, and legal translators to mediate between individual potential customers and gamete donors/surrogates. By examining how Korean ART brokers have participated in already-existing ART networks and have initiated new business for Korean intended parents, this chapter will show the complex relationships among intended parents and other agents in the ART industry, especially focusing on the relationship between infertile women and brokers.

Agency Broker	Target Countries	Services	Major Customers	Year Established
A	South Korea, Thailand	Gamete Donation Surrogacy, PGD[60]	Korean	2010
B	Thailand, Cambodia	Gamete Donation Surrogacy, PGD	Korean, Australian	2011
C	Thailand, United States	Gamete Donation Surrogacy, PGD	Korean	2012
D	Ukraine	Gamete Donation Surrogacy, PGD	Korean, Chinese	2014
E	India, Nepal, United States	Surrogacy, PGD	Korean	2012
F	Taiwan	Gamete Donation	Japanese, Korean, Chinese	2012
G	Ukraine	Gamete Donation Surrogacy, PGD	European	2012

Table 1. Transnational Korean ART agencies

This chapter mainly uses qualitative data from in-depth interviews with transnational ART brokers and intended parents in South Korea to trace the formation of the transnational Korean ART industry. Since the practice of donating gametes or engaging in gestational surrogacy is highly stigmatized, I expected that being able to interview surrogacy/gamete donation brokers in South Korea would be very difficult. However, when I contacted them via the Internet, rather than hiding their businesses,

[60] The use of PGD (Preimplantation Genetic Diagnosis) for nonmedical purposes, such as gender selection, is illegal in South Korea. Therefore, the agencies provide the PGD service as well as other third-party reproduction services.

most agencies tended to talk about how much their brokerage practices were transparent and legitimate. Additionally, most webpages they were running advertised that they obey the Bioethics and Safety Act. While stereotypical images of brokers suggest that they are swindlers or pimps, the brokers who participated in this research tried to challenge the negative connotations about ART brokers. I conducted interviews with seven gamete donation/surrogacy agencies and accompanied them on the trips three times between 2014 and 2016. Since regulations regarding third-party reproduction have changed rapidly throughout the world, the agencies have also modified their business following such legal changes. For example, agencies mediating between Thai surrogates and Korean intended parents have extended their business to Cambodia after the Thai government prohibited commercial surrogacy contracts with foreign intended parents in 2015. Further, after the Indian government announced a draft bill to ban commercial surrogacy in 2016, brokers moved their IVF clinics to Nepal. Thus, although each agency has specialties in terms of destination countries, rather than establishing or rooting themselves in a certain country, these agencies remain flexible and continue to evolve to respond to the legal changes and challenges they face. In this chapter, along with interviews with ART agencies, newspaper articles and governmental reports focused on the transnational ART industry are used to cross-check interview data.

The Formation of Transnational Korean ART Industry

When the transnational Korean ART industry first emerged as a social issue in South Korea in 2005, the industry focused on Japanese couples as intended parents and Korean women as egg donors or surrogates. Until 2005, the major destinations

for Japanese couples who wanted to use donated eggs or surrogacy were South Korea and the United States (Semba et al., 2010). The geographical proximity, advanced IVF technology, and affordable costs of donated eggs and surrogacy services made South Korea a popular destination for Japanese infertile couples.[61] However, as the commercial trade of eggs and surrogacy services for Japanese couples was covered by the mass media, the practice of third-party reproduction between South Korea and Japan became labeled the "colonization of Korean wombs by the Japanese."[62] The rhetoric of the colonization of wombs aroused nationalistic sentiment, and detractors called for immediate intervention (Paik, 2010). However, the brokerage practices between Japan and South Korea were not maintained for very long due to the enactment of the Bioethics and Safety Act in 2005, which prohibits the commercial trade of gametes in South Korea. With the ensuing enforcement of the Bioethics and Safety Act, agencies finally had to close down their business in South Korea (Semba et al., 2010).[63]

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[61] According to Paik (2010), DNA-BANK, one of the ART agencies established in 2001, had a branch in Tokyo and recruited Korean egg donors for Japanese couples via the Internet. Since the agency had close connections with several IVF clinics in Seoul, they could engage in business across Japan and South Korea. Although Thompson (2009) argued that Japanese infertile couple hesitated to receive eggs from a Korean heritage woman in Hawaii due to the historical relationships between Japan and Korea, according to an egg donation agency in Taiwan where the most clients are Japanese, Japanese infertile couples prefer Korean egg donors because they believe the average educational level of Korean women is higher than other Asian countries.

[62] Shim (2006) covered the issue of the colonization of Korean wombs in an article titled "Japanese Infertile Couples who came to South Korea for Using Surrogacy Services Are Prevalent" (retrieved from http://www.seoul.co.kr/news/newsView.php?id=20061017001007). Similar newspapers throughout South Korea have subsequently covered the issue (e.g., Kim, 2006; Shin, 2006, Jung & Kim, 2007).

[63] Nevertheless, the IVF clinic doctors who I interviewed in 2016 were still worried that Korean women's reproductive capacities would be colonized if surrogacy contracts were legalized in South Korea because they observed how many Japanese couples came to South Korea to seek egg donors or surrogates at that time.

While Korean women acted as egg donors or surrogates in the early stages of the transnational Korean ART industry, the ART industry later reorganized itself to provide services for Korean intended parents who were seeking third-party reproduction. Immigrant women[64] from China and Southeast Asian countries living in Korea were recruited as surrogates[65] between 2007 and 2010 because they were one of the most vulnerable groups of women in South Korea due to the lack of language proficiency and unstable legal status. According to the *Sisa Journal* newspaper article "Crossing National Borders to Seek Colonized Wombs" (Jung & Kim, 2007), to recruit immigrant women as surrogates, surrogacy agencies posted job ads on blogs and in online communities as well as on the webpages of centers for migrant workers. However, although the compensation for surrogacy when intended parents hired immigrant women in South Korea was lower than what Korean surrogates were paid, immigrant women were not preferred as surrogates by Korean intended parents. As Broker A states,

> In terms of local surrogacy contracts, our agency is the best in Korea because we have a lot of surrogate candidates compared to other agencies. We are very proud that we do not mediate with *Joseonjok* (조선족, Korean Chinese) or other immigrant women. The brokers who mediate immigrant women are

[64] The majority of immigrant women in South Korea are so-called "marriage-based migrant women." Because of the prominence of the national birth control project and female selective abortion during the 1970s and the 1980s, fertility rates plummeted and an imbalanced sex ratio rose in South Korea (with greater numbers of males than females). In order to solve the problem, the Korean government has supported international marriages between low-class Korean men and Asian women, such as those from China, the Philippines, Cambodia, and Vietnam.

[65] In terms of gestational surrogacy, since there is no biological relationship between surrogates and the baby, surrogates' race, skin color, or other such traits are not considered. However, since egg donors provide genetic materials to the baby, immigrant women are less likely to be preferred as egg donors.

> frauds because the contract will be very risky. I have observed several cases in which *Joseonjok* received the deposit money for the surrogacy contract and fled to China. As surrogates, they cannot make reliable relationships. (Interview, June 10, 2014)

Although the argument of broker A shows the prevalence of prejudices about immigrant workers in South Korea,[66] it also means that, as surrogates, immigrant women might not be suitable for maintaining the long-term relationships that are required by surrogacy contracts—not because they are irresponsible but because of the instability of their immigrant statuses. As the practice of gestational surrogacy is not criminalized in South Korea but the contract has no legal validity, Korean women, who are guaranteed their Korean citizenship, would seem preferable as surrogates, if only because of their greater stability. Under these circumstances, Korean intended parents who are not able to have a baby without third-party reproduction typically pursue two options: (1) finding Korean egg donors or Korean surrogates in South Korea and (2) travelling to other countries to seek ethnically Korean or Asian egg donors or any surrogates regardless of race, ethnicity, or nationality in other countries. Although both of these options are still available, the trend of the third-party reproduction industry is shifting to the second option with the specialization of transnational ART agencies.

[66] According to research about stereotypes regarding different nationalities of immigrants in South Korea, while immigrant women from Southeast Asian countries who married Korean men tend to garner sympathy, Korean Chinese people are regarded as potential threats to Korean society because they are widely represented as criminals and frauds in the media (Kim, 2017).

In order to understand why Korean intended parents are willing to travel to other countries when the use of donated gametes and surrogacy services are still available (if limited) in South Korea, the multiple driving factors that have been discussed in studies about reproductive tourism should be critically examined. To explain the preconditions of reproductive technology medical tourism, Gupta (2012) discussed three major driving factors: (1) transportation technology by which both customers and reproductive cells can be quickly transported over long distances to accomplish "global assemblages," (2) the proliferation of information and communication technologies, especially the Internet, and (3) a liberalized free market that allows the flow of capital without hindrances (p. 29). In addition to Gupta's three driving factors, different regulations and costs in each country are regarded as fundamental reasons to explain the formation of the transnational ART industry. As the quality of reproductive medical services become sufficiently standardized across the globe,[67] customers can choose a destination country to access appropriate and affordable medical treatments that are generally forbidden, unavailable, or costly in their home countries (Speier, 2011, p. 593). Along with the different regulations, the varying prices of IVF treatments, gamete donations, and surrogacies are important factors that propel the transnational reproductive technology industry. Generally, the cost of IVF treatments is expensive everywhere—no matter the country. Although the mean charge for an IVF cycle in 25 selected countries ranges from $1,300 in Iran and Pakistan to $6,400 in Hong Kong, there is no developing country in which the cost of

[67] After the first IVF baby was born in 1978 in the UK, many countries developed and accessed advanced reproductive technologies. Currently, there is no significant difference among different countries in terms of the success rates of IVF because, even if clinics are located in countries where the medical technologies and services are poor, IVF doctors or embryologists are trained in Western countries.

an IVF cycle is less than half of an average annual income in that country (Nachtigall, 2006, p. 874). Nevertheless, depending on the country, the different costs of IVF services, gametes, and surrogacies attract foreign customers looking for less expensive treatments and services. Although the costs of IVF-related services are not affordable for domestic patients in developing countries, it is attractive for people who live in the Global North because they can purchase the same medical services and gametes at relatively low costs in the Global South.

Likewise, cost and regulation seem to be the most important factors to explain the expansion of the transnational ART industry. However, the mobility of Korean intended parents in seeking egg donors or surrogates cannot simply be explained by factors of cost and regulation because there are no significant differences between the total cost of making a baby in South Korea versus in other destination countries, and some intended parents can still take advantage of loopholes in South Korean law. First, cost is regarded as one of the major factors that has facilitated the formation of the transnational reproductive ART industry. The most famous destination countries, such as Thailand or India, were less expensive than IVF costs in other industrialized, Western countries. However, for Korean intended parents, the cost would likely not be a major reason to go to other countries. While the use of IVF technology is one of the more expensive medical treatments in South Korea,[68] IVF treatments, including freezing eggs or engaging with specialized technologies that are generally not covered by subsidy programs, are less expensive in South Korea than in many other

[68] One major obstacle for infertile couples is the high cost of IVF treatments. According to a report about the Infertile Couple Support Policy (Hwang, 2014), 81.4% of respondents said they suffered from the high costs of IVF treatments.

countries. The cost of IVF treatments in South Korea per cycle was $1,781 in 2008 (IVF-Worldwide.com, 2008).[69] Due to the Infertile Couple Support Policy, the cost of IVF in South Korea is less expensive compared to other Asian countries, such as Thailand ($4,047), Taiwan ($4,856), and Japan ($4,047) (IVF-Worldwide.com, 2008; see Appendix 2). Even when Korean intended parents are not eligible to receive aid by the Infertile Couple Support Policy, the cost of IVF is estimated at $3,600. This means that there is no significant cost benefit for Korean intended parents when they go to other countries to conceive via IVF. Although India is less expensive than South Korea, considering the travel costs, there is little cost benefit for Korean intended parents who go to India only for IVF treatments.

If intended parents have to use surrogacy technology, it could affect the decision of intended parents because the compensation for surrogates creates significant differences in the total costs of ARTs. Although medical costs and medication prices are relatively equivalent in many countries without governmental supports, the compensation for surrogates is very different because the prices depend on the wage level in each country. For example, although the cost of surrogates in South Korea ranged from $50,000 to $70,000, the compensation for surrogates in Ukraine, Thailand, or India is under approximately $20,000. However, considering the cost of undergoing IVF procedures in other countries, including airfare, lodging,

[69] IVF-Worldwide.com is a website for medical professionals and intended parents. Although there are similar types of reproductive tourism websites that provide the prices of IVF procedures, the numbers included here all come from the IVF-Worldwide website. Because they have not updated the data since 2008, it is difficult to track the price changes. However, according to the transnational ART agencies that I met with during the fieldwork research, the interviewees confirmed that the price ranges in each country have not changed very much in the last 10 years.

and other extra fees, the competitive price of transnational ART services is offset. Related to the costs of transnational surrogacy, Broker B states,

> I can say that there are no huge price differences in most countries that have commercialized surrogacy markets except in the United States. The total costs might be very different if the gestational surrogacy procedures are not successful. While some intended parents succeed to have a baby during the first cycle of IVF, most cases require multiple IVF procedures. If gestational surrogacy is not successful on the second try, intended parents have to seek another surrogate. This increases the cost when compared to other intended parents who succeed on the first try. As a broker, the most difficult part is that we cannot predict the result of IVF procedures. (Interview, June 12, 2014)

Since the success rate of IVF is approximately 25% even in countries that have the highest quality of medical technologies and services, the most important factors to determine the cost of gestational surrogacy is how many times intended parents should try the procedures to achieve their goal.[70]

Second, different regulations about the use of gestational surrogacy technology in each country have facilitated the expansion of transnational surrogacy markets at a global level as intended parents who live in countries with very

[70] In terms of demand in the baby-making industry, Spar (2006), an economist, argues that the relationship between demand and price in the industry does not fit into existing economic models because customers tend to pay as much as they can to conceive a baby. Unlike the purchase of other products or services, the final product of this investment is a baby that the intended parents might consider "priceless"; thus, the total cost of gestational surrogacy would not the most important consideration for intended parents. While intended parents are often assumed to be wealthy couples from the upper-middle class, not all intended parents in my study had enough money to pay for gestational surrogacy services or the medical costs incurred. Some intended parents mortgaged their houses to get bank loans. However, this does not mean that all Korean in-fertile subjects can be fertility customers in the transnational ART industry regardless of their socioeconomic status. Marriage and childbirth are already considered a class issue in South Korea as the numbers of involuntarily single individuals and childless couples have increased due to economic insecurity.

restrictive laws related to third-party reproduction move to countries that have fewer regulations regarding gamete or surrogacy markets (see Appendix 3). However, in South Korea, the effect of such regulations on the mobility of Korean intended parents is not clear because the commissioning of a pregnancy remains in the gray space between legal and illegal. The most significant feature of surrogacy in South Korea is the lack of legislation surrounding it, despite laws that regulate commercial gamete donation.[71] Article 25 of the "Bioethics Safety Act," which was enacted in 2005, prohibits the commercial trade of gametes.[72] In it, the government divided the use of third-party reproduction into "altruistic donation" and "commercial trade," allowing only the former. Although the use of donated eggs or sperm is not technically illegal in South Korea, it is difficult to find an altruistic gamete donor, especially egg donors, due to the high risk of the medical procedures. As a result, individual infertile couples have tended to depend on brokers to find "commercial" egg donors. Since the "Bioethics Safety Act" prohibits the brokerage of gamete donations, the existence of brokers is illegal in South Korea; however, because IVF clinics do not have any obligation to investigate whether egg donors are altruistic or commercial, infertile couples use brokers to covertly pay extra money to egg donors.

[71] The actual practice of gamete donation is far from the literal meaning of "donation," as donors are financially compensated. Although the selling and buying of gametes would be the correct way to refer the actual practice, I use the term "donation" in this chapter because it is widely used by medical professionals, infertile couples, and gamete donors, although they fully recognize the nature of the transaction.

[72] No person shall provide or use an embryo, ovum, or spermatozoon for money, an interest in property, or any other consideration, solicit another person to provide or use an embryo, ovum, or spermatozoon for such consideration, or act as a broker for providing or using an embryo, ovum, or spermatozoon.

Although the law prohibits the commissioning of a pregnancy, the IVF clinic doctors, brokers, and surrogates recounted that it was not difficult to find commercial egg donors or gestational surrogates between 2005 and 2010 due to the lack of punishment. However, after 2011, both infertile women and surrogates claimed that commercial egg trades and surrogacies became very difficult due to two major reasons. First, as web portals and other websites blocked search terms like "surrogate," "egg donation," or "sperm donation" in accordance with the Bioethics and Safety Act of 2010, it became much more difficult to broker illegal egg donation deals on the Internet. Second, a revision of the Bioethics and Safety Act in 2008 specifically notes that egg donors should not donate their eggs over three times in a lifetime and that egg extractions should be conducted at an interval of at least six months—meaning that most potential egg donors already extracted their eggs three times between 2008 and 2010.[73] Following this, local surrogacy markets also shrunk as many brokers were arrested on charges of egg trading, though surrogacy brokerage itself is not illegal. As a result of the rigid enforcement of regulations regarding commercial egg donation, surrogacy markets mediated by brokers went into decline after 2010. However, this does not mean that demand for third-party reproduction also dropped. As more knowledge regarding the gestational surrogacy process became widely distributed to infertile women and surrogates by mass media, online self-help communities, and word-of-mouth, and as the number of surrogacy brokers decreased, it has recently become more common for infertile women and surrogates

[73] However, the decrease in the number of donated gametes from 2011 should not be directly interpreted as a decrease in the trend of IVF treatment using donated eggs because, simultaneously, transnational reproductive technology markets emerged in the late 2000s.

to seek direct contact without the intervention of brokers. Nevertheless, intended parents who consider the legitimacy of surrogacy contracts as the most important aspect have moved to other countries that have laws legalizing surrogacy, and this reproductive travel has been supported and mediated by transnational surrogacy brokers who shifted their business from South Korea to other countries to escape the meshes of Korean law.

Third, along with the issues of cost and regulation, confidentiality should be considered as a major driving factor to explain the formation of the transnational Korean ART industry. Since the stigma attached to the use of third-party reproduction is still very strong in Korean culture, most intended parents do not want other people to know they use donated gametes and surrogacy technologies. In order to keep the practice of third-party reproduction secret, intended parents prefer to go to other countries. Since the Bioethics and Safety Act only allows using altruistic gamete donation and the ethical guideline of the Korean Society of Obstetrics and Gynecology (KSOG) also prohibits the commercial surrogacy, IVF clinics recommend the siblings or relatives of intended parents as potential egg donors and surrogates. First, in terms of gamete donations, if intended parents use their relatives as gamete donors, they could give birth to a genetically related baby. Second, since both egg donation and surrogacy require medical, physical, and emotional risks, it is assumed that only close relatives will engage in these procedures voluntarily without financial compensation. Due to these two reasons, before the emergence of the commercialized egg and surrogacy markets, only siblings or relatives were available

and acceptable as egg donors or surrogates (Kim, 2007).[74] However, since many infertile couples want to hide that they are giving birth via donated gametes or surrogacies, they often prefer to use egg donation/surrogacy agencies. Additionally, even though siblings or relatives are willing to help such couples, the efforts cannot be fully non-commercial because intended parents tend to pay much more money in the form of gifts to egg donors and surrogates when they are siblings or relatives.[75]

> As one of my interviewees who was looking for a surrogate explained,
>
> It is a lie that siblings or relatives are altruistic surrogates. I know someone (whom I have contacted via the online community for intended parents) who had a really difficult time after she had a surrogate baby. Her husband's sister volunteered to be a surrogate for the couple. It seemed everything went smoothly before the surrogate requested more money for compensation. Since there was no surrogacy contract, the couple had to give the requested money to her. Even after that, whenever the surrogate's family needed money, they came to the infertile couple. Sometimes, relatives are worse than strangers. Although they wanted to end the relationship with her, it was really difficult as long as they lived in Korea. I am also concerned that, if a surrogate feels attachment to my baby, it might be a very complicated and difficult issue. So, I never consider having my relatives be surrogates. (Interview, July 26, 2016)

[74] In particular, if an infertile woman has sisters, they are recommended as egg donors. Since such medical customs have been widely spread, even though intended parents hire commercial surrogates, they are required to list the relationships between intended parents and surrogates as relatives in IVF clinics.

[75] Not everyone has the same experiences. One of my interviewees who donated her eggs to her older sister remembered that she was really willing to help her sister. The motivation was purely altruistic, and she did not seek any financial compensation from her sister. However, the relationships between intended parents and their donors might be very different, as each family has different relationships among their family members.

In these circumstances, in order to prevent possible problems with egg donors or surrogates who are siblings or relatives, intended parents prefer to make relationships with egg donors or surrogates with whom they have no chance of meeting after completing all the procedures of making a baby. Thus, the increased confidentiality in the transnational ART industry as compared with the local ART industry has been regarded as the most positive aspect of transnational reproductive tourism for Korean intended parents. Ironically, under these circumstances, intended parents prefer to seek a stranger to carry their children so that they can better build their own parent-child relationships, which is regarded as one of the closest relationships in Korean society.

However, although intended parents can benefit from the confidentiality found in the transnational Korean ART industry, the uncertainty and anxiety surrounding gestational contracts are often greater due to the nature of such pregnancies. In order to keep confidentiality, while the distance between intended parents and surrogates is necessary, the distance should not exceed a manageable limit for intended parents. Although eggs, sperm, and embryos can be transported outside of human bodies, implanted embryos should not be detached from the pregnant women's bodies during the nine months of pregnancy. One of the biggest concerns of intended parents, then, is the possibility of drug use, drinking, or smoking by the surrogate, which would likely have harmful effects on the fetus. Thus, in the case of local surrogacy practices, local brokers used to place surrogates in group homes to monitor their behavior, or sometimes intended parents would live together with surrogates. However, in terms of transnational surrogacies, intended parents have no way to monitor surrogates'

everyday lives. In addition, because of the mediation of brokers, most intended parents cannot make one-on-one relationships with surrogates living in other countries because of language barriers or the rules of surrogacy agencies. In this situation, when considering the expansion of the transnational Korean ART industry, how intended parents can build trust with brokers and how confidentiality outweighs reliability for intended parents would be important issues to explore.

Navigating the Journey

While the previous section discusses why intended parents use transnational ART services instead of accessing local trades of eggs or surrogacy, this section examines where and how Korean intended parents travel to conceive their babies. The first step they take in navigating their journey is finding a broker. Currently, the Internet is an essential tool for transnational ART brokers, as it is where they advertise their business and recruit potential customers. Most agencies have their own webpages, and sometimes they provide blogs or online boards for customers to share their experiences. When intended parents have interest in transnational ART agencies, they make an appointment with brokers. Since the decision to be intended parents in the transnational ART industry requires high financial, legal, and emotional risks, potential customers are very cautious to select the proper agencies. While the media portray transnational surrogacy contracts as simple transactional purchases, in reality, intended parents spend at least a year—and sometimes as long as six years—before making their decision and getting in touch with brokers. Multiple brokers said that it often takes a significant amount of time after their initial meeting for intended parents

to finally decide to travel to other countries to hire surrogates. When intended parents decide to cross national boundaries, they have several options.

Gestational Surrogacy

For Korean intended parents who want to hire surrogates, Thailand and India were the most desirable destinations before these governments revised their laws to prohibit commercial gestational surrogacy for foreigners between 2015 and 2016.[76] Agencies A, B, and C had experiences bringing their customers to Thailand between 2010 and 2015 and Agency E established its medical tourism agency in India in 2012. After the Thai and Indian governments banned commercial surrogacy for foreigners, Ukraine emerged as a new destination that has legalized commercial surrogacy.[77] Agency G was launched in 2012, and Agency D has worked with Agency G since 2014.

Thailand has emerged as a hub of medical tourism in the world, especially for intended parents seeking reproductive assistance (Whittaker & Speier, 2010). The Thai government has actively supported the medical tourism industry, especially infertility treatment, as an important source to increase the national wealth.[78] The high quality of medical services, natural tourist attractions, and affordable cost remained

[76] The Thai government passed a law to ban commercial surrogacy for foreigners in 2015, and the Indian government announced a bill to prohibit commercial surrogacy for foreigners in 2016. Although transnational ART agencies are likely moving to other countries with more liberal surrogacy laws, still some brokerages remain due to loopholes in surrogacy laws (Cook, 2017).

[77] As of July 2017, the commercial surrogacy contract for foreigners is legal only in Ukraine, Russia, Mexico, Cyprus, and several states in the United States.

[78] According to Cohen (2014), in 2003, the Thai government strategically invested US $2 billion in medical tourism, which was about 0.4% of Thailand's GDP, in order to overcome the 1997 Asian financial crisis.

major factors that enticed foreign customers who wanted to hire surrogates.[79] Along with Thailand, India was recently among the most popular destination countries for commercial surrogacy. India was the first developing country to have a flourishing industry in national and transnational commercial surrogacy (Pande, 2011, p. 619). Indian surrogacy industries are useful examples of the role of government in medical tourism because the Indian government supported the development of the commercial surrogacy business by providing incentives to medical tourism (and the surrogacy business, in particular) due to its importance as an export industry (Deomampo, 2016). As a result, the Indian Council for Medical Research calculates that profits will reach nearly $6 billion in the next few years (Rudrappa, 2010). With such governmental supports, private IVF clinics in India are promoting many different types of marketing strategies not allowed in other countries. For instance, many Indian surrogacy agencies also provide a guarantee program, which means the agencies offer a money-back warranty if the procedure is unsuccessful.[80] Considering that the Guaranteed Program Package Fee at one surrogacy agency[81] is $60,000 (if one surrogate mother gets pregnant) to $70,000 (if two surrogate mothers get pregnant), the Indian program is very attractive cost-wise for customers in the United

[79] Additionally, Thailand is the desirable destination for intended parents who want the use pre-implantation genetic diagnosis (PGD) technology to select the sex of their child, which is illegal in Korea.

[80] The guarantee program in the reproductive technology industry is not new. Many IVF clinics already have provided money back warranty programs. Murray (1997) discussed ethical concerns related to guarantee programs.

[81] In order to be eligible for the guarantee program, the intended parent must be willing to share the donor's eggs with other prospective parents as well as to choose an egg donor among seven to eight egg donors. When the embryos are created, they are transferred to two surrogate mothers at the same time in order to get successful results as early as possible. If the intended parents are not ready to care for more than one baby, they are required to grant the clinic the right to give the baby up for adoption (see http://www.newlifeindia.com/our-guaranteed-program/).

States as well as people in other Western countries. The cheap costs, the large numbers of well-qualified and English-speaking doctors with degrees and training from prestigious medical schools in India and abroad, and well-equipped private clinics made India an ideal destination for reproductive tourism (Pande, 2011, p. 619).

While two of the main reasons that both Thailand and India became popular destinations were that they had specialized IVF clinics for medical tourism and infrastructures for English speakers, these were not always advantageous for most Korean customers. For example, several interviewees who were looking for transnational surrogacy agencies complained that they had a hard time getting information about IVF clinics in Thailand or India because they only provided English versions of webpages. Even though these interviewees had a lot of information in general about the gestational surrogacy process because they had experiences engaging with such systems in South Korea, they were not able to contact IVF clinics in Thailand or India due to the language barrier. In this situation, Korean brokers could make their business by mediating between Korean intended parents and the IVF clinics or surrogacy agencies in Thailand and India. In order to recruit their potential customers, in a briefing session, Broker D highlighted that

> I admit that many Korean people prefer to go to Thailand because it is closer to South Korea than India. However, India is less expensive than Thailand, and more importantly, the physical conditions of Indian surrogates are much better than Thai surrogates. The health conditions of surrogates are closely connected to the fetuses. Compared to Korean women who have been exposed to unhealthy environments, Indian surrogates' lives are close to nature. Also,

> Thailand is a more sexually open society than India. Think about the huge sex industry in Thailand. It means a Thai surrogate would have had many more sexual experiences than Indian surrogates. (Interview, June 25, 2016)[82]

Although there were not significant advantages for intended parents in India when compared to Thailand, the broker tried to brand Indian surrogates as the better choice by using sexist and colonized images of Indian women and Thai women to entice their potential customers. By portraying Indian women as bodies close to nature and Thai women as sexual bodies, which are not suitable for mothering, the broker argued for the superiority of Indian surrogates to recruit potential Korean customers.

While the Agencies that send their potential customers to Thailand and India label their surrogates as Thai women and Indian women, Agency D, which mediates between intended parents and Ukrainian surrogates, highlights that their surrogates are White women. Agency D's website advertises the potential benefits of having a White surrogate for Korean intended parents, and the broker also explained that

> The Ukrainian surrogates are well educated, young, and healthy. Additionally, they are White. This means there is no possibility that the surrogates will claim rights to the surrogate baby. Personally, I think surrogates have to feel attachment with the baby during their pregnancies because they carry the baby for nine months. However, if a baby is not genetically related to a surrogate, and also the baby comes from Korean intended parents, the surrogates would

[82] During the surrogacy screening process, medical tests are required, including STD tests. Technically, although there is no relevance between sexual experience and gestational surrogacy, the broker reproduces the patriarchal ideology that wombs should be "clean" for babies. Since Thailand is one of the famous places for sex tourism for Koreans and many Thai migrant women work in illegal prostitution and massage shops in South Korea, these prejudices about Thai women tend to be reinforced.

not think, “The baby is mine.” The clear phenotypical differences between Ukrainian surrogates and Korean intended parents would be good in the gestational surrogacy contract. (Interview, July 12, 2016)

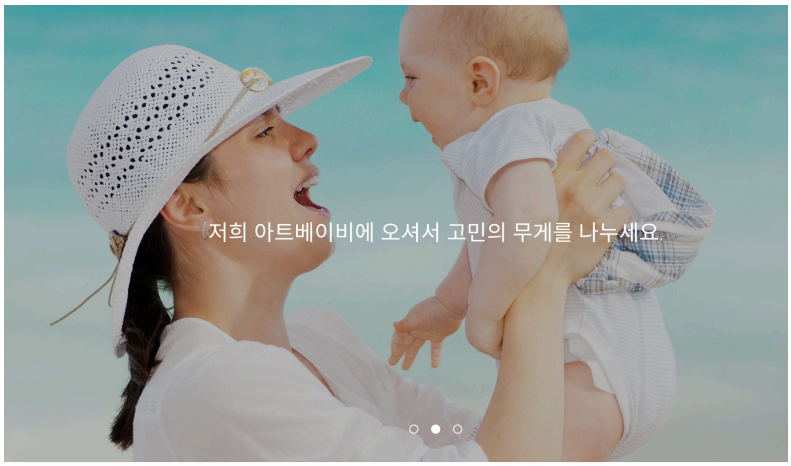

Figure 6. Webpage of Ukrainian surrogacy agency. (Artbaby Consulting, 2017)

The function of race in gestational surrogacy practices is not a new issue. In particular, Dorothy Roberts (1999) criticized that women of color tend to be gestational surrogates for White customers, arguing that the race/skin color differences between the genetic mother and gestational surrogates critically function to naturalize the detachment of the babies from the surrogates. In other words, some believe that the “womb-to-rent business” can only be successful when the surrogate babies have no ties with their gestational surrogates and when surrogates cannot claim custody over the surrogate babies; the race/skin color differences between surrogate babies and gestational surrogates function to confirm that the roles of gestational surrogates as just carriers and not (legal, social, or biological) mothers. Although the existing critiques about race and surrogates have been focused on women of color as surrogates, the opposite situation, in which White women are hired as surrogates for Asian couples, is also observed in the current transnational ART industry.

Likewise, each transnational reproductive tourism agency advertises the advantages of each destination country by using selective cultural images as well as their combinations of price and regulations. In case of Agency C, since they have two major connections in Thailand and the United States, they explain the strengths and weaknesses of each country for potential customers and let their customers choose specific plans among several options. As Agency C explained,

> We provide two different options. In terms of geographical proximity, it is more convenient to go to Thailand. We believe that the quality of medical technology and services are quite good in Thailand. However, the actual success rate is higher in the United States. We can say that considering the fact that intended parents can try (IVF) twice or three times in Thailand with same amount money (compared to trying one cycle of IVF in the United States), it is up to the personal preference of the intended parents. If they are willing to give U.S. citizenship to their babies and have enough time to stay there, we suggest going to the United States. However, if they can leave only for a couple of days, Thailand would be better. (Interview, June 18, 2015)

As Agency C shows, if intended parents need assistance via gestational surrogacy, they have to weigh multiple options. For example, how much money can they spend on the baby-making market? How many days can they leave work? How frequently can they visit their surrogates? What are the most important characteristics of surrogates to them in terms of race, educational level, physical condition, appearance, health condition, previous pregnancies, etc.? Should they use extra technologies, such

as PGD/PGS[83] or gender selection? How can they confirm their legal parental relationships with surrogate babies: adoption or pre-birth order? As they look more specifically into the options, intended parents often have difficulties navigating their journeys and have to rely on the recommendations or suggestions of their brokers.

For same-gender couples or non-married couples, the navigation of the reproductive journey is much more complicated because many countries are allowed to use gestational surrogacy only for heterosexual married couples. Although India is the most famous destination for same-gender couples seeking IVF treatments, after the Indian government prohibited commercial surrogacy for homosexual couples in 2013 (Bhowmick, 2013), Thailand has emerged as a new tourism destination. However, when the Thai government disallowed commercial surrogacy contracts with foreigners in 2015, many same-gender couples went to Cambodia or Nepal to seek legal surrogacy services (Kamin, 2015). Although same-gender surrogacy has not emerged as an important social issue yet in Korean society, all agencies that I interviewed had experience working with same-gender Korean couples. According to Agency B,

> As I have observed (this industry) for the last 8 years, among total surrogacy agencies, infertile couples are 40% and gay couples are 60%.[84] Since many

[83] Both Preimplantation Genetic Diagnosis (PGD) and Preimplantation Genetic Screening (PGS) are used to select embryos before transplanting. When intended parents have hereditary diseases, the use of such technologies is sometimes recommended; however, many IVF clinics use these technologies to increase their success rates, as gestational surrogacy procedures require higher risks than general IVF treatments. Also, gender selection is offered as an important option to intended parents.

[84] There are no statistics to confirm the experiences of this agency. However, according to a study about gay couples who use IVF clinics in the United States (Symons, 2016), during the last 5 years, the number of gay intended parents who have had babies via donated eggs and gestational surrogacy has increased by up to 50%. Interestingly, this study also shows that the average income of married gay male couples who have children via donated eggs and gestational surrogacy is $275,000, which is

countries prohibit the use of ARTs for same-sex couples, they have to go to other countries where the procedures are legal. I have worked for several gay couples from Korea. I believe they have the same rights to have a baby, though many other Korean people might not think so. However, as a person who should have a responsibility, I can say that the brokerage for gay couples has a higher risk than brokerage for heterosexual couples. Although heterosexual couples can also be divorced during the surrogacy process, their relationships tend to be more stable than same-sex couples. (Interview, April 29, 2016) [85]

Although Agency B argued that the relationships of same-sex couples are less stable than married heterosexual couples, the more critical factor that makes the use of ARTs for same-gender intended parents risky is legal prohibition.[86] Because same-gender marriage is not legal in South Korea, there are extra obstacles that same-gender couples must overcome if they want to have a baby, including the difficulties gay men often face with the birth registration.[87] As many countries that have legalized surrogacy laws, such as India, Thailand, Cambodia, Ukraine, and Russia, also regulate gestational surrogacy to allow use by heterosexual married couples only,

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more than double the average income of heterosexual and lesbian couples who have children via those methods.

[85] Gay surrogacy is not a simple issue. In my study, only gay couples who had babies via surrogacy technologies maintained contact with their surrogates after returning home. While other intended parents deleted all information about their surrogates, gay intended parents tended to send pictures of their babies to their surrogates. Since there was no strong emotional tension between gay clients and surrogates as compared to infertile women and surrogates, they seemed to make long-term relationships.

[86] Because of legal problems in South Korea, same-gender intended parents with whom I met in this study are likely living in other countries or their partners tend to have other citizenships.

[87] In South Korea, the information of the birth mother is required for the birth registration.

during the last few years, same-gender couples and brokers have searched for affordable surrogacy services across the globe, and the locations recommended for such couples have continually changed depending on changing regulations in each country.

Gamete Donation

While most transnational ART agencies provide gamete donation services as well as surrogacy, Agency F, which is located in Taiwan, focuses on egg donation. Compared to surrogates, matching egg donors with intended parents can be much more difficult because the generic material of egg donors is regarded as an essential part of the baby. In a society in which the heterosexual nuclear family is idealized, the relationship between intended parents and a baby born via donated gamete or surrogacy is regarded as suspicious or inauthentic. Therefore, to justify the practice of third-party reproduction, the roles of gestational surrogacy are trivialized as the surrogate is represented as a carrier, vessel, or incubator of babies. However, in the case of intended parents who need donated eggs, the role of the intended mother is the same as the surrogate in IVF procedures. To resolve the irony of this situation, egg banks highlight that the pregnant women and fetus are physically connected and share a lot of biomaterials during the pregnancy period. In contrast with gestational surrogacy, egg donation agencies encourage their potential customers by focusing on the important role of pregnant women.

Nevertheless, since donated eggs help determine the babies' genetic characteristic, the race of egg donors emerged as a critical issue in transnational egg

trade.[88] Agencies A, B, and C trade eggs from Thai women of Chinese heritage, and Agency D trades eggs from *Koryoin* (고려인, Ukrainian women of Korean heritage). Although these egg donors can be categorized as Asian,[89] Korean intended parents hesitate to use the donated eggs from other Asian women because they believe that the babies are mixed race. However, in Korea, each national group is considered a different racial group, and a complicated racial hierarchy has been created.[90] Because the concept of race in Korea is different from that in Western countries, the concept of "mixed race" is also constructed differently. In the United States, the term "mixed race" is often interchangeable with "biracial" or "interracial." Thus, children born within certain interracial groups are not regarded as "mixed race."[91] For example, if a baby was born to Korean American and Filipino American parents, the baby is not considered "mixed race" according to the United States Census and sociocultural

[88] Before enacting the Bioethics and Safety Act in 2005, gamete donation was practiced in IVF clinics following the ethical guidelines of the Korean Society of Obstetrics and Gynecology. Interestingly, the guidelines only stated that sperm donors should be of the Korean race (한민족). Considering that the guidelines did not mention the race of egg donors, this reflected the patriarchal ideas present in the practice of third-party reproduction.

[89] According to the U.S. Census Bureau (2011), an "Asian" is defined as a person having origins among any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Republic of the Philippines, Thailand, and Vietnam.

[90] For example, in research about "social distance toward immigrant groups" in South Korea (Hwang et al., 2007), whereas most Koreans tended to be in favor of immigrants from the United States (4.7) and European countries (4.57) more than from North Korea (4.53), they tended to feel more social distance toward immigrants from Southeast Asian countries (4.21) and China (3.93). Analyzing the research results is still problematic because social distance cannot be directly interpreted as racism; however, this research raises interesting questions, such as why Korean people are more willing to accept Westerners than North Koreans, or why Korean people are more apt to denigrate Southeast Asians than Americans. While racism is understood and examined as White privilege in relation to people of color in Western societies, racism has emerged as the form in which Koreans discriminate against other Asian people as the number of Asian immigrants in Korea increases.

[91] According to the report, "The Two or More Races Population in 2010" Jones and Bullock (2012) noted that in the U.S. Census, the populations described as "two or more races" are divided into combinations of White, Black, American Indian or Alaska Indian, Asian, Native Hawaiian or Other Pacific Islander, and Some Other Race.

measures because Korean and Filipino belong in the same racial category (i.e., "Asian"). However, according to the definition given by Pearl Buck International Korea, when one of the parents is Filipino, Thai, Vietnamese, or Southeast Asian, their babies are included in the category of "mixed race" in Korea (Seol, 2007).

As the number of immigrants in South Korea has grown, the number of mixed-race children has also increased. Although they are legal citizens in Korea, the general Korean population tends to treat these two groups as "others," and some regard themselves as "non-Koreans" because of the strong myth of pure blood and ethnic nationalism (Seol, 2007, p. 151). Since there is a stigma attached to mixed-race children, the expansion of the transnational gamete market has been sluggish compared to the booming surrogacy industry. In this circumstance, Agency F, an egg bank, has implemented an aggressive marketing strategy in South Korea to increase their customers.

Since commercial egg donation is legal in Taiwan, Agency F initiated their business there in 2012. While the majority of customers were Japanese, currently, the IVF clinic has expanded successfully to reach Korean and Chinese patients. They hired a Korean staff member in the clinic, and she coordinates all supplementary work related to Korean patients, such as translations, paperwork, and counseling. Agency F also held an egg donation fair in Seoul to recruit potential customers in March 2017, an event that will be held again in November. At the fair, the director of the clinic and the Korean staff deliver detailed information about their programs and services, including discussion of the race issue in egg donation.

Figure 7. Taiwanese egg donation fair in Seoul.

At the event, the staff showed pictures of Tzuyu,[92] Vivian Hsu, and other famous Taiwanese actresses to demonstrate that the appearance of Taiwanese egg donors would not be different from that of Koreans.[93] When I interviewed the director of the clinic, he showed me a number of pictures of babies who were born in this IVF clinic. He pointed to a baby in the picture and asked whether the baby is Korean, Japanese, or Chinese. Then, he said,

> All the babies in the pictures were born via egg donations from Taiwanese women. However, look at this. It is really hard to recognize the (phenotypical) differences among these babies. [Points to a baby on the screen.] This baby was raised in Japan with Japanese parents. The parents visited my clinic when the baby was 3 years old. He learned the Japanese language and lived in Japan

[92] Tzuyu is the member of Twice, which is one of the most famous Korean girl groups. Since the girl group is very famous and familiar to many Korean people, the egg bank uses the image of the Taiwanese performer.

[93] Cultural representations of eggs and sperm are strongly associated with gender roles and gender stereotypes, though eggs and sperm are merely reproductive cells and not male and female human beings. Thus, egg donors tend to be represented as beautiful, attractive, and feminine women, although no one knows the sex/gender of the baby who will be born via egg donation (Heidt-Forsythe, 2012; Almeling, 2011).

> as Japanese. [Pointing to another baby.] This baby is Chinese because her (social and legal) parents are Chinese. We—Japanese, Chinese, and Koreans—all look the same. So, it doesn't matter if we use donated eggs from Taiwanese women. (Interview, November 14, 2016)

Although many intended parents in Korea want to use Korean eggs, with the enforcement of the Bioethics and Safety Act in 2010, they often have to find egg donors across national boundaries. For them, Agency F offers a good rationale as to why the origin of eggs does not matter when they have their own Korean baby. Regardless of the intentions of intended parents, the practice of third-party reproduction via Taiwanese eggs challenges the concept of mixed race in South Korea and raises questions of what determines the race of a child if it is not an issue of biology. Furthermore, the Taiwanese law that egg donation should be anonymous functions to detach donated eggs from egg donors. When the intended parents register at the clinic as recipients, the staff reviews the profiles of egg donors and provides the specific information of donors to the recipients. Among two or three candidates, the intended parents select a donor. Information about the height, skin color, and blood type of donors are shared with intended parents. Since intended parents could not see the specific information of egg donors, such as occupation, educational level, or appearance, the donated eggs become separate, independent, and abstract forms of "biomaterial" that are detached from live humans.

The Relationships Between Brokers and Intended Parents

In the transnational Korean ART industry, what are the roles of brokers? What are the relationships between brokers and intended parents? Are the brokers pimps[94] or frauds? As discussed earlier, brokers play significant roles in the formation of the transnational ART industry because individual intended parents have difficulties planning transnational reproductive travels by themselves due to higher entrance barriers compared to the use of the local ART industry in South Korea.

Initially, even in South Korea, infertile couples used to be highly dependent on brokers due to the difficulty of accessing in-depth information on surrogacy or gamete trades. For example, the cultural taboo of surrogacy and the stigma faced by infertile women and surrogates made it impossible for them to gather information openly, to get formal consultation on the problems they faced, or to find someone with whom they could share their troubles. Therefore, both infertile couples and surrogates had to rely on brokers, who, in fact, stood between infertile couples and surrogates and took the upper hand in the relationship by monopolizing much of the information.

However, as more information on the gestational surrogacy process has been widely distributed to infertile women and surrogates by mass media, online self-help communities, and word-of-mouth, information on cases of harmful practices and fraud by brokers was also widely circulated, and the number of surrogacy brokers decreased. Recently, it has become more common for infertile women and surrogates to seek direct contact without the intervention of brokers in South Korea. Surrogates

[94] Raymond (1989) and Bendel (2016), who are famous feminist scholars and activists against prostitution, argued that the role of brokers in ART industries is the same as pimps.

and infertile women often post in online support groups that share resources on fertility treatments, and recent posts usually specify, “No brokers allowed.” This reticence to work with brokers is reflected in the following quote from a surrogate I interviewed:

> When I posted that I am a surrogacy applicant, a lot of people sent messages to me. If I felt the message was sent by a broker, I didn’t respond. Last time [2009], I worked with a broker because I didn’t know how I could find a client. Since the broker lied several times to the client and me, we said that we didn’t want to go through a broker anymore, and we underwent surrogacy procedures without the broker. I heard that the broker is now in prison due to fraud. (Interview, June 31, 2016)

One of the infertile women I spoke with noted similar difficulties in working with brokers:

> I met several brokers between 2008 and 2010 to find a surrogate. They knew that we are the most vulnerable and desperate. They took advantage by using our situations. They introduced a potential surrogate to me, but the broker didn’t want me to contact her directly. In each process, I had to communicate with her via the broker, and the process was very slow and annoying. I had to quit the surrogacy contract finally when I couldn’t contact the broker for a while. (Interview, July 3, 2016)

Like the interviews above, it appears that the primary reason for seeking a one-on-one relationship without brokerage stems from the desire to be directly involved in the matters that arise in the surrogacy process rather than to leave them to

brokers. The Korean surrogates and the infertile women I met for this study would often relate the negative experiences they had with brokers, mostly discussing the anxiety and distrust they felt because of the lack of transparency in sharing information. It also appears that it has become possible for them to come in direct contact without the service of brokers because they have either had previous experience or have access to the bulk of information on surrogacy that is currently being circulated via the Internet. In the early stages of the ART industry in South Korea, neither clients nor surrogates were familiar with the details of surrogacy, such as which clinic to go to in a certain region, how much to pay the surrogate, what the laws and regulations are regarding surrogacy, what kind of relationship to form with the surrogate, and what the client can demand of the surrogate and vice versa. However, with the increase in the number of surrogates who had previous experience as egg donors or surrogates, it appears that more infertile couples and surrogates are choosing to reach out to each other in person rather than to rely on the judgment of brokers. Thus, the necessity of brokers has diminished in the local ART industry.

However, when infertile couples try to cross national boundaries for their IVF treatments, one-on-one relationships between intended parents and gamete donors/surrogates become almost impossible without the mediation of brokers. Because of the more complicated medical and legal processes involved with gamete trades and gestational surrogacy in other countries, intended parents have to rely on brokers' guidance. Although the roles of brokers depend on their business types,[95]

[95] In countries where the use of commercial surrogacy is legal, there are several large ART agencies, such as Circle surrogacy agency. However, since it is neither legal nor illegal in South Korea, the ART agencies there are very small businesses and sometimes one-person enterprises.

broadly speaking, most Korean ART brokers are divided into two categories: (1) individual consultants who have networks in transnational ART industries, and (2) managers in branches of transnational ART agencies. This means that both types of brokers do not own their own IVF clinics or recruit egg donors/surrogates. They simply mediate between intended parents and each part of the transnational reproductive tourism, such as tour guides, law firms, IVF clinics, gamete banks, and surrogacy agencies. Since each part is divided and separated from each other, as intermediaries, only brokers know the whole process of transnational reproductive tourism. Furthermore, since the practice of third-party reproduction in the transnational ART industry tends to exist somewhere between legality and illegality, brokers can make their business by taking advantage of the loopholes in the laws.

Since brokers monopolize the knowledge about the process of third-party reproduction in other countries, the unequal knowledge distribution makes power relations between brokers and intended parents. During the entire process of gestational surrogacy, intended parents have to make a decision among multiple options and go through a lot of unexpected events in foreign countries where everything is unfamiliar to Korean intended parents. In these circumstances, intended parents tend to depend heavily on brokers. Although the detailed procedures could be different in each case, the general process of gestational surrogacy is divided into four steps: (1) making a contract, (2) fertilizing embryos and transplanting the embryos into a surrogate, (3) waiting nine months during the pregnancy period, (4) registering a birth and taking the baby to Korea. At each stage, the vulnerable status of intended parents can become an opportunity for brokers to earn a profit.

During the entire process, intended parents who I met in this study had to go to Thailand or Ukraine at least three times to have a baby. The first step was surrogacy selection. Intended parents received lists of potential surrogates and chose one. In the profiles of potential surrogates, intended parents saw their personal information, living conditions, educational background, marital status, previous birth experiences, and health records. When intended parents chose a surrogate, the IVF clinics where they recruit potential surrogates in Thailand and Ukraine ran medical tests on potential surrogates. After that, intended parents had to go to Thailand or Ukraine to sign the surrogacy contracts and had their first meetings with their surrogates. The next step was creating embryos to transplant into surrogates. In order to minimize the number of visits for intended parents, after making a contract, intended parents stayed in Thailand or Ukraine for one or two weeks to prepare for sperm collection and egg extraction. Intended mothers who used their eggs in the gestational surrogacy procedures had to prepare in IVF clinics in South Korea before leaving because the process of egg stimulation requires 10 to 20 days. After retrieving eggs in Thailand or Ukraine, the intended parents came back to South Korea. In the meantime, fertilized embryos were transplanted into the surrogates, and the intended parents were notified of the results of the IVF procedures via brokers. Although the visiting of intended parents to their surrogates was minimal during the pregnancy period, most intended parents went to Thailand or Ukraine to see their surrogates in the second trimester, and the surrogates received their interim payments. Until the due date, brokers mediated communications between intended parents and surrogates. Since intended parents could not communicate with their surrogates or doctors in IVF

clinics, they tended to report feeling powerless. One of my interviewees who had a surrogate baby in Ukraine stated that

> We are the most desperate parents who wish for a baby. Everyone exploits our situations. I don't know what exactly is going on. Since the broker let me know that the housing fee[96] for the surrogate is $500 per month, I paid the money. However, I am not sure why the rental fee for such a small apartment in Ukraine is so expensive. Although I think if someone takes a cut of the money, it would be okay. However, they lied several times before. Last time, they informed us that the surrogate moved to an apartment near the clinic, but it was not true. I don't know whether the clinic deceived me or if the broker is a fraud. There are a lot of lists of extra things I have to pay for, such as vitamins, medical checkups, ultrasound, etc. I don't know what exactly the costs of these items are. I just want to know my baby is okay, but it is really difficult to know. (Interview, November 28, 2016)

Like the interviewee, many other intended parents who I met during this research complained about how the procedures are not transparent. Sometimes, even until a surrogate baby is born, an intended parent does not know how their broker applies for the birth registration with a foreign embassy to get a passport for the surrogate baby.[97] After they sign the contract and their embryos are transplanted,

[96] In Ukraine, surrogates move to places near the IVF clinics in the late stages of pregnancy. Usually, they live in a studio or one-bedroom apartment for two or three months, and then after giving birth, they go back to their homes.

[97] Sometimes, intended parents did not know the nationality or citizenship status of their surrogate babies. Although the legal procedures to confirm the parent-child relationship are the most important part of the transnational surrogacy contract, most intended parents do not understand the process. Since the legal documents and paperwork are very complicated, the intended parents interviewed tended to leave all the legal work to their brokers.

intended parents have to follow and trust the directions suggested by brokers to keep their baby. However, the relationship between intended parents and brokers could not be defined as simply unequal or exploitative because intended parents and brokers tend to make very close and intimate relationships during the entire process of transnational reproductive tourism. In particular, since gestational surrogacy requires more than nine months of involvement, intended parents and brokers have to maintain good relationships until the surrogate baby is born and brought back to South Korea.

First, intended parents want to stay connected to surrogates to overcome the long distances between them. In order to contact a surrogate, intended parents have to communicate through a broker, and then the broker approaches the IVF clinics that have the responsibility to take care of the surrogates. When a coordinator in the IVF clinic communicates with the surrogate, the coordinator tends to e-mail the broker about her status, and then the broker lets the intended parents know whether their surrogate is fine. Although the complicated ways of communicating with their surrogates are not satisfying, intended parents have to rely on their brokers to act as their representatives. Second, brokers play the role of assistants to IVF doctors. Intended parents, especially infertile women, are physically involved in the baby-making process as egg providers. In order to make an appropriate schedule for transnational reproductive tourism, brokers must know the menstrual cycles of infertile women. Furthermore, brokers deliver detailed information about what kinds of tablets the infertile women should take, what the functions of each medication are,

and what the symptoms of superovulation are.[98] For some, a strange man asking a 40-something married woman about her menstrual cycle might paint a strange picture, but in the relationship between brokers and intended mothers, conversations about menstruation and medical history are regarded as important information. Last, I have observed that brokers often become a kind of counselor for intended parents. Due to the strong stigma attached to gestational surrogacy, intended parents often suffer from prejudice about having a surrogate baby and hesitate to discuss their problems with others. For intended parents, brokers are almost the only people with whom they can share their experiences. One of the interesting parts of Korean brokers in transnational ART industries is that many of the brokers had previous experiences as intended parents. Since they had to get information without the assistance of agencies in the early 2000s, they could make a business by using their own experience and knowledge. Additionally, since they share similar experiences with current intended parents, they can build rapport more easily with intended parents. Furthermore, in the long journey to having a baby, intended parents tend to be easily discouraged due to the accumulated experiences of failure in the past. One of the important roles brokers play is encouraging intended parents to achieve their goals to succeed in having a baby. Thus, the intimate relationships between brokers and intended parents are essential in the parents' journeys, and without the mediation of brokers, most intended parents could not find a way to have their babies.

[98] On July 2017, a broker was arrested on charges of violating medical law. The broker prescribed medicine to infertile women related to ovulation induction (Kim, 2017). (See http://www.yonhapnewstv.co.kr/MYH20170719019800038/?did=1825m.)

Conclusion

This chapter traces the pathways and circuits of transnational Korean ART industries to understand how and why Korean intended parents cross national boundaries to have babies. As discussed in Chapter One, although the use of ARTs has become a normalized medical intervention in South Korea, third-party reproduction is still marginalized. While transnational reproductive tourism has been explained as appealing to intended parents because of lower costs and different countries' regulations, these two factors alone cannot explain the appeal for Korean intended parents. Although the costs of surrogacy are less expensive in countries like Thailand, India, or Ukraine when compared to South Korea, the other expenses that accompany transnational surrogacy, such as the cost of international travel and the extra medical procedures, do not seem to offer a strong enough advantage. Additionally, since legal aspects related to third-party reproduction are ambiguous in South Korea, the situation of Korean intended parents is not the same as intended parents who live in countries that strongly prohibit the use of third-party reproduction, as commercial gamete trades and surrogacy are neither legal nor illegal in South Korea due to loopholes in the laws related to third-party reproduction. As such, the most important factor to explain the increasing number of Korean intended parents in the transnational ART industry is confidentiality. In order to protect the parent-child relationship from social stigma, Korean intended parents need surrogates who they know they will not see again after giving birth to their babies.

The expansion of the transnational ART industry provides multiple options to Korean intended parents. Since each destination country has different advantages and

disadvantages, choosing a destination country can be very difficult for individual intended parents who do not have foreign language fluency. Furthermore, considering the fact that travel for transnational ART procedures requires higher financial, emotional, physical, and legal risks, the roles of brokers who mediate between intended parents and surrogates/egg donors in other countries are significant. In order to navigate their reproductive journey, intended parents have to rely on brokers. Due to the lack of transparency in the brokerage business, these brokers are often represented as frauds or pimps by the mass media. However, the brokers are the only people who can guide intended parents through the paths to having a baby. In addition, compared to other transnational ART agencies that have huge capital, most Korean ART agencies are small-scale businesses that do not have the power to control other parts of the system, such as IVF clinics or surrogates.

Through the assistance of brokers, Korean intended parents can navigate their long journeys from making contracts with surrogates to returning home with their babies. As discussed at the beginning of this chapter, the biggest concern of intended parents comes from the distance between them and the surrogates. As the distance increases, intended parents work to find ways to communicate with surrogates—ultimately, to reach the fetuses, or their future babies. Throughout this whole process, the meaning of being a parent has dramatically shifted from being a part of human nature to fulfilling a well-planned project by navigating complicated processes that span national boundaries. Efforts to find proper brokers, to examine multiple options related to medical services, to search for the best egg donors/surrogates, and to communicate with surrogates for the duration of the pregnancy become important

parts of the newly constructed meaning of being a parent in the transnational ART industry. In the long-distance journey to becoming a parent, how intended parents (re)construct the meaning of reproductive rights and labor with egg donors and surrogates will be examined in following chapters.

Chapter 3: Paid Mother and Unpaid Mother: Reproductive Labor in the Transnational Korean ART Industry

> In the 60's, the introduction of the birth control pill took the risk of "making babies" out of sex. Today, new technologies have taken sex out of the act of "making babies." Now all you need is a credit card. Instructions can be found on YouTube. (Excerpt from the documentary film, *Google Baby*)

The documentary *Google Baby* (Frank, 2009)[99] portrays the transnational baby-making industry by following the journey of Israeli intended parents from the United States to India and begins with the quote above. By focusing on the fact that advanced assisted reproductive technology (ART) allows anyone—infertile couples, same-gender couples, and single individuals—to be a parent, this film argues that "[n]ow all you need is a credit card" to have a baby. However, it is obvious that money and technology alone cannot make a baby; indeed, the process requires human labor, especially women's labor as egg providers and gestational carriers. Behind the booming multi-billion dollar industry, that the baby-making industry is a highly labor-intensive industry tends to be overlooked and invisibilized.[100] Additionally,

[99] This film is also well known in South Korea. Since the film was screened at the EBS International Documentary Festival in 2009, it has been screened repeatedly in public lectures, college classes, and feminist events in South Korea. Since the film is currently the most popular media representation of the issue of transnational surrogacy, the images and narratives in the film have strongly affected public perception of the surrogacy industry for many Koreans who are interested in this field.

[100] The invisibilization of women's reproductive clinical work as egg producers has been examined among biomedical technology fields. For example, although critical experimental materials (eggs are

even for intended parents, the proposition that all they need is a credit card is questionable. Although intended parents are often depicted simply as consumers and surrogates as reproductive laborers in mass media representations, including in the film, *Google Baby*, intended mothers are actually required to participate actively in the ART industry because current third-party reproduction technology requires at least two different women—an egg producer and gestational carrier. If an infertile woman who does not produce eggs anymore purchases eggs from other women and gets pregnant through IVF treatment with the donated eggs, how is the role of the infertile woman as a gestational carrier different from other gestational surrogates whose fetuses came from other people? When an infertile woman has to undergo superovulation to use gestational surrogacy technology, how is the experience as an egg producer different from that of commercial egg donors? Is the only difference that the former is unpaid work and the latter is paid work? If both intended mothers and egg donors/surrogates are doing the same work, how are their efforts conceptualized in similar/different ways?

In order to address these questions, this chapter examines the meaning of reproductive labor in the transnational Korean ART industry by analyzing the everyday experiences of intended parents and egg donors/surrogates when they participate in the baby-making process together. While Chapter Two explores how Korean intended parents navigate the paths to becoming parents through the assistance of brokers, this chapter focuses on the next stage, when intended parents and egg donors/surrogates meet each other and make contracts regarding third-party

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required in stem cell research), the fact that eggs should be cultivated and extracted through women's reproductive labor tends to be ignored (Jeong, 2013; Waldby & Cooper, 2010; Ha, 2007).

reproduction. Since the process of third-party reproduction in the ART industry cannot be completed immediately like other transactions because of the nine-month pregnancy period, it is important to examine what both intended parents and egg donors/surrogates actually do and what kinds of issues or problems arise between signing the contract and picking up the baby after delivery. By analyzing the experiences of intended mothers and surrogates, this chapter aims to reevaluate reproductive labor as a central key to understanding the lucrative ART industry.

While many feminist scholars have recently tried to conceptualize gestational surrogates' work as reproductive labor (e.g., Jacobson, 2016; Pande, 2014), other feminist groups have claimed that being a surrogate cannot be a job because it is a kind of human trafficking or slave labor (e.g., Raymond, 1989; Corea, 1987; Ekman, 2013). Although existing studies related to transnational surrogacy are not all divided into these two categories, there is a tendency for feminist anthropologists to have more interest in the formation of gestational surrogates' agency (Bailey, 2011), and anti-surrogacy feminists have argued for the abolition of surrogacy practices using a surrogate-prostitute analogy. Since FINNRRAGE (Feminist International Network of Resistance to Reproductive and Genetic Engineering) was established in 1985, anti-surrogacy feminists have argued that the use of assisted reproductive technology is a new form of the new practice of eugenics (Corea, 1985), the objectification of women's bodies (Klein, 2008), the commodification of reproduction (Mies, 1988), and the reinforcement of patriarchal maternity (Gimenez, 1991). While the notion of surrogacy as labor has been widely debated, how to approach the reproductive labor performed by intended mothers (infertile women) tends to be overlooked because it is

easily understood as a "labor of love" or as a natural reproductive desire. Thus, in this context, it is useful to examine both intended mothers' and surrogates' roles in the framework of reproductive labor. The term "reproductive labor"[101] was originally coined to refer to women's unpaid labor as housewives and mothers (Federici, 1975); later, this term became widely used in reference to waged care work and included nannies, domestic workers, and caregivers (e.g., Hochschild 1983; Boris, 2010; Constable, 2009; Parreñas, 2010). Although all different kinds of care work and domestic work have been conceptualized as reproductive labor, pregnancy and delivery have rarely been discussed as such. However, since gestation is also a kind of care work of embryos and fetuses as part of the continuum of childbearing (Jacobson, 2011), work related to human reproduction can also be considered "reproductive labor." Additionally, considering that the term "reproductive labor" was initially coined to conceptualize women's invisible and unpaid labor, infertile women's labor also should be considered as reproductive labor along with paid surrogates and egg donors. Thus, this chapter discusses how paid mothers (gestational surrogates) and unpaid mothers (infertile women) perform their reproductive labor in similar and different ways when they work together to produce babies in the transnational Korean ART industry.

In terms of research methods, this chapter uses case studies to analyze reproductive labor experiences, which are interdependent and interrelated between two mothers. During my fieldwork research period, I interviewed 6 egg donors, 5 surrogates, and 11 intended parents. Since they all have different experiences

[101] In the book, *Womb in Labor,* Pande (2014) uses the term "labor" to refer to work both as a means of earning income and the process of childbirth (p. 8).

depending on their medical situations, family support, and locations/destinations, it is difficult to generalize their experiences. Additionally, since the nature of the transnational ART industry is continually changing due to shifting regulations, one destination country is usually not a major destination for the transnational ART industry for a long time. Because the mobility of intended parents, egg donors, and surrogates has also been changing quickly, I had to move to follow the participants. Ukraine was not a major destination country for Korean intended parents, but it emerged as a popular destination after the Thai and Indian governments introduced bills about commercial surrogacy bans in 2015. Therefore, although I interviewed intended parents who had experiences with third-party reproduction in Thailand, Denmark, India, the Philippines, Mexico, Cambodia, and the United States, this chapter is focused on Ukraine because many Korean intended parents are engaging with the ART market in that country.

This chapter focuses on two cases. The first case is Sonya and Jiyoung's story.[102] Sonya is a Ukrainian gestational surrogate who made a contract with Korean intended parents (Jiyoung and her husband). In September and November 2016, she stayed in Seoul to complete the implantation of Jiyoung and her husband's embryos. After she received two cycles of IVF in South Korea, she went back to Ukraine in November 2016. From the beginning, I was able to accompany Sonya as an interpreter as she journeyed across South Korea and Ukraine. The second case is Margaret and Mihyun's story. Mihyun is a Korean intended mother who had a surrogate baby in Ukraine in 2016. I also accompanied her on her travels from South

[102] All names are pseudonyms.

Korea to Ukraine, during which time I acted as an interpreter. I did participative observation by attending regular meetings between intended parents and surrogates, monthly orientation sessions, and committee meetings in ART clinics and at surrogacy agency offices across Seoul and Kiev. Since Sonya and Margaret could speak English, we did not need an interpreter for everyday conversation. However, I conducted two more formal interviews with Sonya and Margaret using Russian-Korean speaking interpreters. In these two cases, the Korean women's husbands also played important roles by providing sperm as well as emotional and logistical support as the intended fathers;[103] however, this chapter focuses on the women's experiences because greater clinical labor is required for women as egg producers and gestational carriers as compared to sperm providers.

Two Mothers

Case 1: Jiyoung and Sonya

Sonya was born in Ukraine in 1986. As a third-generation Koryoin (고려인, ethnic Koreans in the former Soviet Union), Sonya cannot speak Korean, but she has always considered Korea her homeland. Since she lived with her grandmother when she was young, she just could understand a few Korean sentences. Before 2014, whether she could speak Korean or not was not an important issue for her. She graduated college and worked in a small office. Later, she got married to a Russian

[103] Compared to other potential fathers who have a child via traditional ways, these intended fathers made significant efforts during the ART process, from researching transnational ART agencies to picking up their babies to return home. Additionally, they had more responsibilities throughout the entire process because there were more spaces in which intended fathers could participate in baby-making procedures as compared to the typical experiences of potential fathers who do not conceive using ARTs.

man and gave birth to a girl, but the marriage did not last very long. When her child was 3 years old, she divorced and moved to Kiev with her daughter. (Her hometown is Donetsk, and the area there is still at war because they claim to be independent from Ukraine.) She got a job at a Korean restaurant in Kiev, where she worked for two years. However, although she worked for more than 10 hours a day, her income was only around $300 per month because of inflation of the Ukrainian currency. Due to the harsh economic situation, many Ukrainians had difficulties after 2014. One day, the owner of the restaurant suggested that Sonya become a gestational surrogate. Since she observed that the niece of the owner already worked as a gestational surrogate, the decision was relatively easy for her to make, and she submitted the application to be a gestational surrogate to an IVF clinic and took a medical test there.

Jiyoung was born in South Korea in 1985. She and her husband graduated college in Seoul, where both were currently working. They got married in 2014. They were a typical, middle-class family, but their only concern was Jiyoung's medical condition. She had a hysterectomy that included the removal of the uterus only (preserving the ovaries). In other words, she produces eggs without a problem, but she is not able to become pregnant. Before they got married, she and her husband talked about how they would deal with this issue. Many things affected their decision-making process, including Jiyoung wanting to have a baby and her husband being the only son in his family.[104] Additionally, since they had experiences with medical

[104] Because of the importance of carrying on the family bloodline in Korean culture, if he had a sibling who could have a baby, the feeling of obligation regarding childbirth would be somewhat alleviated. However, since he is the only son in his family, if he does not have a child, the patriarchal bloodline would die out. Although the importance of the family bloodline has been weakened as the society has become more individualized, many people still believe that childbirth is important, particularly if a man is the only son in his family.

professionals before (Jiyoung was working in the medical field),[105] they quickly decided to hire a gestational surrogate and started looking for gestational surrogates right after they got married. Considering the normalization of the trend of late marriage and delayed childbirth, the fact that Jiyoung and her husband were in their early 30s when they tried to use gestational surrogacy is surprising because many other intended parents are between their late 30s and 50s. However, while other infertile couples tend to try IVF treatments several times first before considering third-party reproduction, Jiyoung could decide promptly to hire a gestational surrogate because she knew that there was no other option for her.

Sonya and Jiyoung met in September 2016 via the assistance of a surrogacy agency. It is more common that intended parents go to Ukraine to receive IVF treatment. However, Jiyoung and her husband had difficulty taking off work for such a long time. Furthermore, since Jiyoung planned to quit her job and move to another job after the baby was born, she had to keep working at that time.[106] Therefore, they looked for a potential surrogate who could come to South Korea. For Sonya, she was willing to go to South Korea because her mother and many of her cousins and friends were working in South Korea due to the economic situation in Ukraine. Since she wanted to immigrate to South Korea with her daughter, she thought it would be a

[105] The fact that Jiyoung worked in the medical field had a positive effect on their third-party reproduction experience because there is much less psychological rejection regarding gestational surrogacy for medical professionals than among the general population. According to one broker, his major customers were medical professionals. Since the transnational ART industry is quite expensive, upper-middle-class people (a class that often includes medical professionals) can more easily access the industry than lower classes. It is also important to note that medical knowledge and information function to reduce the emotional hesitation of intended parents. The general population often confuses *ssibaji* and gestational surrogacy.

[106] Since it would be difficult to lie to her colleagues, when the baby was born, she planned to leave work for a while when she picked up the baby.

good opportunity to earn money and get information about South Korea. Although Sonya was initially supposed to come to South Korea in August, the schedule was delayed because of her daughter. In order to travel to other countries with her daughter, her ex-husband had to sign an agreement; however, when contacted, her ex-husband did not respond at all. Therefore, she could not get a passport for her daughter. Because of this, she had to leave her daughter at her mother's friend's house, and Jiyoung paid money for childcare.

When Sonya arrived at Incheon airport, the broker checked whether her period had started because she had to go to the IVF clinic right after menstruation. Since she arrived in South Korea on a Saturday afternoon, the broker was very anxious because they had to wait 2 days to go to the clinic. Taking an IVF cycle is much like clockwork, and if she missed the time to go to the clinic, everyone would have to wait another month. Since Sonya left her daughter in Ukraine, her main purpose was to become pregnant as soon as possible and go back to Ukraine. Further, since the cost of Sonya's stay and her daughter's childcare was charged to Jiyoung, no one wanted to delay the schedule. The broker made an appointment at the IVF clinic for 8:00 a.m. on Monday, which was the earliest available time.

During the period that Jiyoung and her husband waited for Sonya to come to South Korea, they started to prepare to make embryos. For IVF treatment, women should produce multiple eggs in one menstrual cycle. In order to superovulate, women take Clomiphene every day, which is a medication to stimulate ovulation, and they inject Gonal-F, which is a follicular stimulation hormone and a self-injection. Since each woman reacts to the hormone treatments differently, IVF doctors monitor

their oocytes. Based on the monitoring result, IVF doctors tend to adjust the medications because some women are very sensitive to the medication while other women are not. If the reaction is too great, too many eggs could be produced, which could be harmful for the woman's health. The most well-known side effect of IVF is ovarian hyperstimulation syndrome (OHSS),[107] and although monitoring technology has been developed to prevent the OHSS, it is quite a common side effect of egg retrieval. Due to such side effects, the Bioethics and Safety Act (Amended, 2008)[108] dictates that egg donors should not donate their eggs more than three times during the course of a lifetime. However, many infertile women try to undergo egg retrieval multiple times because there are no restrictions regarding egg extractions when they occur for women's own attempts to conceive. Like other infertile women, Jiyoung went to an IVF clinic to create embryos. The procedure is the same as in other IVF treatments, but the difference this time was that two women—an egg provider and a gestational carrier—would have to go through the procedure together. Because of that, although there are many IVF clinics near Jiyoung's house, she chose to go to P clinic, which is located in another city, to keep her gestational surrogacy IVF secret.

Since Jiyoung did not have a strong response to the hormone therapy, she did not have a problem with side effects like OHSS. When the follicles became mature

[107] Ovarian hyperstimulation syndrome is described as "the most common and most threatening risk in women undergoing IVF" (Beeson & Lippman, 2017, p. 86). The Centers for Disease Control and Prevention (2014) define OHSS as being characterized by the enlargement of the ovaries and an accumulation of fluid in the abdomen; the organization further notes that it can cause morbidity and be life-threatening (CDC, 2014).

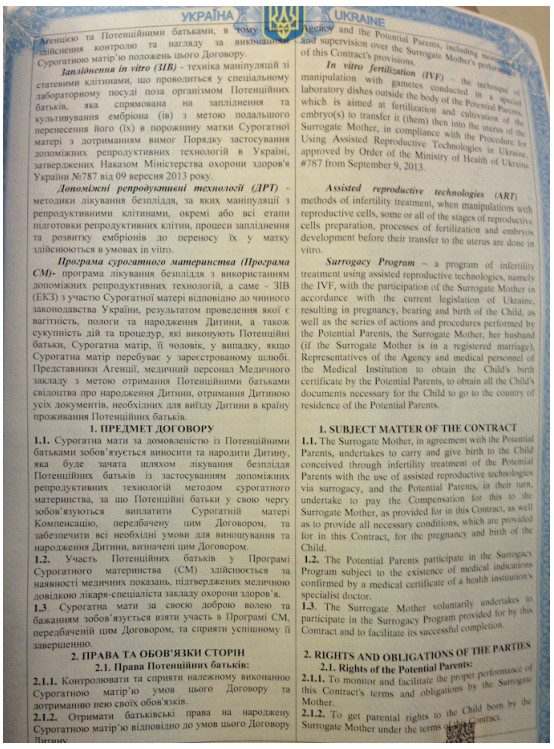
[108] Article 11 (Restriction on Frequency of Ova Extractions) states the following: (1) The frequency of ova extractions under Article 27 (3) of the Act shall be three times in a lifetime, and ova extractions shall be conducted at an interval of at least six months. (2) Where there occurred side effects of ova extraction, ova may be re-extracted more than six months since the side effects have been completely cured.

(about 15mm to 20mm diameter), the egg extractions proceeded. Since egg extraction is an invasive surgery, Jiyoung had to receive anesthesia, and the procedure took a whole day. In the meantime, her husband went to a sperm collection room. Compared to egg extraction, sperm collection is completed relatively quickly. However, regardless of time spent in procedures at the IVF clinic, both Jiyoung and her husband spent time preparing to create "healthy sperm and eggs" by doing extra work during two months prior to the egg extraction and sperm collection. While the importance of prenatal care was emphasized only for women in the past, currently, men have also become important "fertile subjects" as sperm producers. In order to make healthy embryos, both eggs and sperm should not have genetic defects. Thus, both Jiyoung and her husband took folic acid and exercised regularly without drinking or smoking (taking folic acid helps prevent DNA defects in sperm). As a result, they finally got five embryos. If Sonya came to South Korea during the originally planned time, they would have been able to try an IVF cycle using the fresh embryos. However, since the schedule was delayed because of the issue with Sonya's daughter, they froze the embryos and awaited Sonya's arrival.

When Sonya went to IVF clinic, she had to do some paperwork first. She brought the contract that was confirmed in a Ukrainian court. The clinic copied the contract and signed the agreements. In order to prevent any potential legal issues, the clinic prepared many documents. The original legal contract was written in both Russian and English. While many other surrogates, such as those in India, experience

problems with contracts that are unfair because they cannot read them,[109] in this case, the Korean intended parents had a problem understanding the contract because it was not written in Korean. In the transnational ART industry, the major customers are assumed to come from English-speaking countries, and as English is also regarded as a "universal language," most legal documents, brochures, and webpages in this field are written in English. Therefore, Jiyoung and her husband had to rely on their brokers to understand the original legal contract. Conversely, since Sonya did not speak Korean, she was embarrassed when she went to the Korean IVF clinic for her medical checkups and was unable to communicate in the local language. Nevertheless, the fact that Sonya was better informed of the original contract than Jiyoung raised Sonya's bargaining power.

[109] In her ethnography about Indian surrogacy, Pande (2014) describes that Indian surrogates have to sign a contract after undergoing a counseling session, but they often cannot read the contract because the form is in English (p. 69).



УКРАЇНА

Агенцією та Потенційними батьками, в тому здійснення контролю та нагляду за виконанням Сурогатною матір'ю положень цього Договору.

Запліднення in vitro (ЗІВ) - техніка маніпуляцій зі статевими клітинами, що проводиться у спеціальному лабораторному посуді поза організмом Потенційних батьків, яка спрямована на запліднення та культивування ембріона (ів) з метою подальшого перенесення його (їх) в порожнину матки Сурогатної матері з дотриманням вимог Порядку застосування допоміжних репродуктивних технологій в Україні, затверджених Наказом Міністерства охорони здоров'я України №787 від 09 вересня 2013 року.

Допоміжні репродуктивні технології (ДРТ) - методики лікування безпліддя, за яких маніпуляції з репродуктивними клітинами, окремі або всі етапи підготовки репродуктивних клітин, процеси запліднення та розвитку ембріонів до переносу їх у матку здійснюються в умовах in vitro.

Програма сурогатного материнства (Програма СМ)- програма лікування безпліддя з використанням допоміжних репродуктивних технологій, а саме - ЗІВ (ЕКЗ) з участю Сурогатної матері відповідно до чинного законодавства України, результатом проведення якої є вагітність, пологи та народження Дитини, а також сукупність дій та процедур, які виконують Потенційні батьки, Сурогатна матір, її чоловік, у випадку, якщо Сурогатна матір перебуває у зареєстрованому шлюбі. Представники Агенції, медичний персонал Медичного закладу з метою отримання Потенційними батьками свідоцтва про народження Дитини, отримання Дитиною усіх документів, необхідних для виїзду Дитини в країну проживання Потенційних батьків.

1. ПРЕДМЕТ ДОГОВОРУ

1.1. Сурогатна мати за домовленістю із Потенційними батьками зобов'язується виносити та народити Дитину, яка буде зачата шляхом лікування безпліддя Потенційних батьків із застосуванням допоміжних репродуктивних технологій методом сурогатного материнства, за що Потенційні батьки у свою чергу зобов'язуються виплатити Сурогатній матері Компенсацію, передбачену цим Договором, та забезпечити всі необхідні умови для виношування та народження Дитини, визначені цим Договором.

1.2. Участь Потенційних батьків у Програмі Сурогатного материнства (СМ) здійснюється за наявності медичних показань, підтверджених медичною довідкою лікаря-спеціаліста закладу охорони здоров'я.

1.3. Сурогатна мати за своєю доброю волею та бажанням зобов'язується взяти участь в Програмі СМ, передбачений цим Договором, та сприяти успішному її завершенню.

2. ПРАВА ТА ОБОВ'ЯЗКИ СТОРІН

2.1. Права Потенційних батьків:

2.1.1. Контролювати та сприяти належному виконанню Сурогатною матір'ю умов цього Договору та дотриманню нею своїх обов'язків.

2.1.2. Отримати батьківські права на народжену Сурогатною матір'ю відповідно до умов цього Договору Дитину.

UKRAINE

Agency and the Potential Parents, including monitoring and supervision over the Surrogate Mother's performance of this Contract's provisions.

In vitro fertilization (IVF) – the technique of manipulation with gametes conducted in a special laboratory dishes outside the body of the Potential Parents, which is aimed at fertilization and cultivation of the embryo(s) to transfer it (them) then into the uterus of the Surrogate Mother, in compliance with the Procedure for Using Assisted Reproductive Technologies in Ukraine, approved by Order of the Ministry of Health of Ukraine #787 from September 9, 2013.

Assisted reproductive technologies (ART) – methods of infertility treatment, when manipulations with reproductive cells, some or all of the stages of reproductive cells preparation, processes of fertilization and embryos development before their transfer to the uterus are done in vitro.

Surrogacy Program – a program of infertility treatment using assisted reproductive technologies, namely the IVF, with the participation of the Surrogate Mother in accordance with the current legislation of Ukraine, resulting in pregnancy, bearing and birth of the Child, as well as the series of actions and procedures performed by the Potential Parents, the Surrogate Mother, her husband (if the Surrogate Mother is in a registered marriage), Representatives of the Agency and medical personnel of the Medical Institution to obtain the Child's birth certificate by the Potential Parents, to obtain all the Child's documents necessary for the Child to go to the country of residence of the Potential Parents.

1. SUBJECT MATTER OF THE CONTRACT

1.1. The Surrogate Mother, in agreement with the Potential Parents, undertakes to carry and give birth to the Child conceived through infertility treatment of the Potential Parents with the use of assisted reproductive technologies via surrogacy, and the Potential Parents, in their turn, undertake to pay the Compensation for this to the Surrogate Mother, as provided for in this Contract, as well as to provide all necessary conditions, which are provided for in this Contract, for the pregnancy and birth of the Child.

1.2. The Potential Parents participate in the Surrogacy Program subject to the existence of medical indications confirmed by a medical certificate of a health institution's specialist doctor.

1.3. The Surrogate Mother voluntarily undertakes to participate in the Surrogacy Program provided for by this Contract and to facilitate its successful completion.

2. RIGHTS AND OBLIGATIONS OF THE PARTIES

2.1. Rights of the Potential Parents:

2.1.1. To monitor and facilitate the proper performance of this Contract's terms and obligations by the Surrogate Mother.

2.1.2. To get parental rights to the Child born by the Surrogate Mother under the terms of this Contract.

Figure 8. Gestational surrogacy contract.

Sonya's first medical exam evaluated the depth and length of her womb and whether the uterus was physically suitable for pregnancy. Additionally, she had to take X-rays and a blood test. After that, she was prescribed hormones to prepare for transplantation. Since the hormone therapy functions to artificially prepare the uterus for pregnancy, taking the medication at the regular time every day is very important. Sonya was made aware of the way to take the medicine to maintain a suitable depth of wall in her uterus before the embryo transplantation. After that, in order to find the best time to transplant the embryos, over the course of two weeks, Sonya had to receive a transvaginal ultrasound test every other day.

Sonya and Jiyoung lived together in Jiyoung's house. Jiyoung's apartment was a two-bedroom apartment, and Sonya used the master bedroom because they initially thought Sonya would be coming to South Korea with her daughter.

Furthermore, since Sonya could not speak Korean, she needed someone who could take care of her. Sonya went to the IVF clinic about three days per week, and on her "off day," she tended to go to shopping or walk around the house. Although her mother was working in another city in South Korea, she was not able to go see her mother even on her off day because when she talked to her mother about the surrogacy work, her mother became very upset. During this time, Sonya spent most of her time thinking about her daughter. Due to the time difference between Kiev and Seoul, it was difficult to call her daughter during the daytime. Therefore, for a long time, Sonya could not sleep at night because she did FaceTime with her daughter every night. In this way, during the daytime, she did reproductive work for another woman's child, and during the nighttime, she did reproductive work to take care her own child.

Finally, the IVF doctor decided on the transplantation date. The embryo transplant day was the most important day of the entire IVF procedure for both Sonya and Jiyoung because both women's lives would be dramatically changed depending on the success or failure of the embryo transplantation. Unlike the other regular medical checkup days that came before, the embryo transplantation day was full of tension for Jiyoung, Sonya, and the IVF clinic's doctor and nurses. First, 2 hours prior to the transplantation procedure, Sonya was given medicine via an IV that prevents uterine contractions. Additionally, to help complete a successful embryo transplantation, the doctor said that the bladder should be expanded to help the doctor find the accurate place in her uterus where the embryos should be transplanted. In the prep room, there were several small tubs of water for footbaths, and every woman

who was waiting for the embryo transplantation had a footbath (to help blood circulation) while each also drank one liter of water. There were several timers to let staff know the order of patients. Since Jiyoung used frozen embryos, the exact timing was critical. When the embryos defrosted and were ready to be transplanted, it was important that the body of the surrogate was also ready. Because they consumed so much water, the surrogates in the prep room wanted to go to the restroom, but the nurses stopped them because, if they urinated, they had to start the 2 hours of prep again. This is the kind of work Sonya had to do in the IVF clinic; however, while she did it to earn money, there were a lot of other women who did the same work to have their own babies. Sonya thought it was a hard day compared to other days when she only had her medical checkups. After the embryo transplantation, she was confined to bed rest for 3 hours; then, she could leave the IVF clinic again.

After the embryo transplantation, they had to wait to find out whether the implantation was successful. During the week between implantation and finding out the results, both intended parents and gestational surrogates tend to be nervous. While other pregnant women usually notice that they are pregnant several weeks after conception, in the case of IVF procedures, the IVF clinic completes blood tests to confirm pregnancy. From a clinical perspective, after the transplantation occurs, the only work the women who receive the transplanted embryos do is take medicine to prevent miscarriage. However, Sonya and the other interviewees who participated in this study reported that they did extra work to increase the success rate of their pregnancies. For example, they requested and ate a lot of different foods that were known to be good natural ingredients to support implantation, and they spent most of

their time in bed because, for successful implantation, they thought staying in bed would be helpful.[110]

When surrogates go to IVF clinics to check on the statuses of their pregnancies, both intended parents and surrogates are typically very nervous because if the surrogate is pregnant, their lives could change dramatically. Even with healthy embryos and wombs, the success rate of IVF treatments is around 25%; thus, most are not very optimistic about the first attempts. Still, both parties usually want to confirm the pregnancy as quickly as possible. For Sonya, Jiyoung, and Jiyoung's husband, the first cycle of IVF failed. Although they knew that it was very rare to succeed on the first attempt, they were very disappointed. Since the three of them lived together, it was emotionally very difficult for them. When Sonya found out that the embryos had not transplanted to her uterus, she had to decide whether she would go back to Kiev or try one more time. She decided not to leave South Korea because she needed to earn money. Since the implantation had already failed once, she knew this chance would be the last opportunity she had; otherwise, she had to go back to Ukraine.

During the second cycle of IVF, Sonya was much more cautious when following the procedures. Whenever she received prescribed medication, she paid more attention to the detailed directions. For the implantation, since they used two embryos during the first cycle, three embryos remained. With the remaining embryos, Sonya completed the same IVF procedures again. Since she had already completed

[110] There are a lot of folk remedies known to support embryo implantation. Although such remedies are not confirmed by scientific research, surrogates shared this information via online forums, suggesting how one should eat, walk, sleep, and excise after the embryo transplantation. Furthermore, as the surrogate's womb is imagined as a carrier to develop a fetus, intended parents believe that the surrogates should be strong vessels to carry their fetuses. Since these intended parents believe that IVF technology is just a method to assist them in conceiving, surrogates are required to maintain healthy and strong uteruses by practicing folk remedies.

one IVF cycle, she said the second trial seemed smoother. After the implantation was completed and the waiting period was over, the doctor conducted another blood test, and Sonya, Jiyoung, and her husband waited three to four hours to receive the results. The IVF doctor said that he would call to Jiyoung first and then let Sonya know. Because "the status of pregnancy" in a contract pregnancy is considered the legal or social status rather than the material or physical status of a woman, the intended mother is notified of the results of the pregnancy test first.

When Jiyoung received the phone call from the IVF clinic, this time she heard the doctor say, "You are pregnant." She cried a lot, and Sonya also cried. It is difficult to discern who is more desperate for a successful pregnancy—the surrogate or the intended mother. Both intended mothers and surrogates want successful results as soon as possible. If the pregnancy fails, the relationships are ended quickly to reduce the potential emotional stress and tension between intended mothers and surrogates. Therefore, the blood test is conducted as soon as possible after the transplantation of the embryos. Additionally, since the blood test is conducted at quite an early stage of the pregnancy, surrogates take pregnancy tests several more times to confirm the pregnancy. In these tests, how much the hormone level is increasing is used as a barometer for the status of the pregnancy; however, the final confirmation of pregnancy is determined when they see the fetus via ultrasonogram images. It takes almost one month after the transplantation to see the fetus by using an ultrasonogram. When the pregnancy is confirmed, the surrogates and intended parents enter a second phrase of the contract pregnancy, and it means they continue the contract. If the

surrogate fails to become pregnant, the contract is ended. The compensation for the reproductive labor up to that point is included in the contract.

After Sonya received the second blood test, she booked an airplane ticket to Kiev. While many people might think that pregnancy is confirmed through one or two tests, the status of a pregnancy is on a continuum. Even if the first pregnancy test is positive, there are many possibilities that could cause a termination of the pregnancy before delivery. Sonya's second blood test was somewhat ambiguous, and the IVF doctor said it could mean she's pregnant—or she could not be pregnant. Furthermore, they said it could be multiplet pregnancy or it could be an ectopic pregnancy. Regardless of the result, Sonya had to leave as scheduled, and they decided to continue the tests in Kiev. When Sonya took a pregnancy test in Kiev, the result was positive. Thus, she could receive money to rent an apartment to live with her daughter. However, after 2 weeks, the ultrasound could not find the fetus in the uterus. It turned out that the embryo had a problem. While the embryo was successfully transferred, it was not able to continue as normal pregnancy due to the abnormality of the embryos.

Case 2: Mihyun and Margaret

When Mihyun and her husband started on the reproductive journey to have a baby, Mihyun was 50 years old and her husband was 53 years old. They got married in 2009. Although Mihyun wanted to be married by the time she was in her 30s,[111]

[111] In 2016, the average age of first marriage in South Korea was 32.79 for men and 30.11 for women. Considering that the average age of women's first marriage in 1995 was 25.32, Mihyun's case was rare because she did not have a strong intention to be a single. However, she did not have any family pressure to get married because her three sisters and one brother got married earlier. Before her marriage, she lived with her mother.

her marriage was unintentionally delayed because she could not find the right person. Since she and her husband were in their mid-40s when they got married, they decided not to have a child. However, as their married life continued, Mihyun and her husband realized that they really wanted to have a child. They tried to receive IVF treatments several times, but it failed because of their age. Like many other infertile couples, it was very difficult to quit the IVF procedures before achieving their goal of having a baby. When they entered into the "hope technology" (Franklin, 2002) industry, they were required to have the strong will to become parents since, as described earlier, infertile couples must engage in high emotional, financial, and medical risks during the repetitive procedures. If infertile couples are successful in their IVF treatments, all the previous suffering and efforts can be considered inevitable investments that helped them reach their goal. However, if they quit the procedures, infertile parents have difficulty finding meaning in the years of IVF treatments they have undergone.

When Mihyun and her husband tried to complete IVF treatments for the last time in 2015, there were a lot of unexpected incidents. On the day of sperm collection, her husband had to cancel just a few hours before the appointment time due to an acute stomachache. He was rushed to the emergency room and had an appendectomy. Additionally, on the embryo transfer day, Mihyun felt very uncomfortable when she was sitting in the gynecological examination chair, which is called a "humiliating chair" among Korean women.[112] For the embryo transfer, she

[112] Many young Korean women tend to be reluctant to visit the OB/GYN due to a taboo about women's sexuality: Young, unmarried women who visit the OB/GYN are assumed to be promiscuous. Additionally, the position patients take in the gynecological exam chair makes many women feel humiliated because they have learned that women should not spread their legs.

had to sit still during the procedure, and it aggravated her back pain. The embryo transfer failed, and after that, she had to receive lumbar disc surgery. These coincidences collectively created critical momentum for the couple to give up on additional cycles of IVF because they interpreted these instances as a strong sign that continuing IVF treatment was pointless.

After giving up on having a baby using IVF technology, Mihyun and her husband realized that third-party reproduction would be the only way to have their own baby. In order to find an egg donor and a surrogate, they went to Ukraine in 2015. During the process of getting information about transnational ART agencies and navigating their journeys beyond national boundaries, her husband played a primary role because the childbirth task became work performed outside the home, beyond the domestic, family affairs stereotypically performed by wives. Like many other Korean married couples in their 50s, they felt comfortable with the strong gender division in Korean society. Although Mihyun had also worked in an office, she was still responsible for all housework and family affairs. However, while the repetitive IVF treatments were led by Mihyun, the third-party reproduction was planned and managed by her husband. Since an IVF clinic in Kiev had egg donors who were of Korean heritage, they tried to find an egg donor first. Since, like Taiwan, egg donation in Ukraine is anonymous, they could not see the specific and personal information about the egg donors except medical histories and basic information. From selecting an egg donor to making an agreement with a surrogate, her husband navigated the complicated process of securing third-party reproduction options, and Mihyun followed him.

Margaret was the gestational surrogate for Mihyun and her husband. She was born in 1990. After graduating from college, she worked in a drug store as a pharmacist in Ukraine. She married a man who had a small, family-owned business and gave birth a daughter. Before 2014, her wage was approximately $1,000 per month. Since they lived in a suburb area, the income was not a big problem at that time. However, since the Euromaidan Revolution, the value of Ukrainian Hryvnia has dropped dramatically. Although she did the same work, the value of her income decreased to $350 per month, like many other Ukrainian laborers. As is the case with many gestational surrogates, economic reasons had the most influence on Margaret's decision to apply for the gestational surrogacy program. The wage for gestating a child was approximately $15,000[113] at that time, and she thought the amount of money would be worth trying for. Thus, she took the job as a gestational surrogate and tried to work hard to earn the money.

When Margaret, Mihyun, and Mihyun's husband first met in Kiev, Mihyun and her husband liked Margaret because they thought she fit the ideal type of surrogate that was they had imagined. While Indian surrogates were branded as "cheap, docile, selfless, and nurturing" (Pande, 2014, p. 64), many Korean people do not have preconceptions about Ukrainian surrogates because they have never seen any representations of them. Therefore, like many other Korean people might, Mihyun and her husband tried to understand Margaret by comparing and contrasting her with their preexisting knowledge about Indian or Thai surrogates, who have been

[113] According to brokers in Ukraine, the compensation for gestational surrogates was over $20,000 in 2014. However, as the number of potential surrogates has increased with greater numbers of applicants from outside of Kiev, the compensation has since decreased.

represented more in mass media. For Mihyun, the first impression about Margaret was very good because she seemed very relaxed, well educated, and strong. She said that if Margaret looked miserable or shabby, she would regret hiring a surrogate to have a baby. Although they decided to use third-party reproduction, the fact that gestational surrogacy meant Mihyun had to use another woman's uterus made her feel very uncomfortable. In this circumstance, the dignified appearance of Margaret made her feel relieved because the contractual relationship with her seemed more fair or equal. Furthermore, since Mihyun had some racialized conceptions about White women, such as that they are independent, active, rational, and liberal, her ideas regarding White surrogates were far from the stereotypical images used to depict traditional Korean surrogates, who are often portrayed as pitiable, dutiful, and emotional.[114] Since Mihyun could not speak English or Russian and Margaret could speak neither English nor Korean, they had to communicate using two interpreters. Thus, communication itself was structured in a very formal way. Therefore, although the nature of work was very intimate, Mihyun and Margaret felt that the relationship was official and contractual rather than personal. Due to these complicated ways of communicating, they did not have time to get to know each other.

While Indian surrogates tend to stay in hostels during the pregnancy period, Ukrainian surrogacy agencies did not have these kinds of facilities. Margaret received IVF treatment twice and succeeded in becoming pregnant on the second attempt. After the confirmation of her pregnancy, she came back to her house to stay with her

[114] These images of surrogates are based on stereotypical images of Asian women who are assumed to be docile and patient caregivers. However, when surrogates are not Asian, the conceptions about them are different. For example, in her research about American surrogates who are military wives, Ziff (2017) argues that American surrogates are assumed to be independent, strong, and self-reliant.

daughter and husband. Although she had to visit the clinic at least once a month for regular medical checkups and prenatal diagnoses, in general, she stayed with her family. According to the rules of the IVF clinic, she had to come back to the clinic 3 months before the due date. Although the normal pregnancy period is around 40 weeks, in order to prepare for the possibility of a preterm birth, the IVF clinic required surrogates move to near the clinic before the due date. Because she lived in a small town located 4 hours from Kiev, if an emergency situation occurred, the surrogate and the baby would be in danger. Since during the last term of pregnancy, preterm births or other medical emergencies could happen, living near the clinic is considered the safest and most convenient option for surrogate mothers.

While Margaret stayed in her hometown, Mihyun and her husband were very curious about where she lived and what she did every day. However, Mihyun and her husband could only see the monthly report about the pregnancy. Along with a sonogram picture, the monthly report showed the status of the fetus's development, such as heartbeat, head circumference, and lengths of arms, legs, and feet. During the pregnancy period, the surrogate is required to follow the rules agreed to in the contract. Surrogates are not supposed to drink alcohol or take medicine without a doctor's permission. Extreme sports are also regulated. In the contract, detailed information is suggested that surrogates should follow. Even though intended parents cannot check whether their surrogates follow the directions, the signed contracts can function as evidence if the baby has a problem. Although the contract mentioned these detailed instructions, Mihyun could not be completely at ease because there was no way to see whether Margaret and the surrogate baby were fine every day.

In Korean society, there are a lot of customs and norms around pregnancy and delivery. In particular, *Taegyo* (태교, 胎敎, prenatal education) is considered one of the most important parts of the pregnancy. *Taegyo* is based on the belief that all of a pregnant woman's behaviors and thoughts affect the emotional, physical, and intellectual development of a fetus. Therefore, pregnant women are encouraged to do good things, such as listening to music, reading books, or doing exercise. In Korea, when a baby is born, the baby is considered already 1 year old because people believe that the nine months in the womb should count toward the child's age. These ideas within Korean culture also affect the selection of surrogates. Although there is no genetic relation between surrogates and the surrogate baby, educational levels or occupations are assumed to be important factors because educated surrogates are expected to perform good prenatal care (Kim, 2007). Due to the *Taegyo* culture, being a surrogate often means more than just being a carrier or vessel because as pregnant women, the surrogates are the only people who can directly affect the fetuses—in both positive and negative ways. In this context, Korean intended parents who want to control the bodies of surrogates in the name of *Taegyo* tend to have conflicts with surrogates who just want to protect their privacy within the boundaries of their contracts.

Furthermore, Margaret could negotiate the relationship with Mihyun and her husband based on the *Taegyo* culture even though Margaret did not know or understand that culture. According to the contract, she was supposed to live alone after moving to the apartment near the IVF clinic. The apartment near the clinic was brand new and very convenient because grocery stores and other facilities were

located in the apartment complex. However, staying at home all day by herself was very boring and isolating for Margaret. Additionally, since she left her daughter in her house, Margaret missed her daughter greatly. In these circumstances, Margaret asked Mihyun and her husband to let her live with her daughter. Margaret said if Mihyun and her husband wanted to be real parents, they had to understand how she felt when she left her daughter to do this surrogacy work. While the Indian surrogate hostel justifies their system by saying that surrogates can have a relaxing time when they are free from the responsibilities of childcare, housework, and other labor they conduct as wives and mothers at home (Pande, 2010), Margaret wanted to live with her daughter. When Mihyun talked about the issue with Margaret, she and her husband thought it would not be fair if they made Margaret's baby suffer for their own baby. Furthermore, Mihyun and her husband thought this situation could create very negative emotions in Margaret, which would also be very bad for their own baby. Therefore, they requested to the IVF clinic to let Margaret take her daughter to the apartment during the late term of the pregnancy. Although the IVF clinic did not allow the request at first because it could violate their rules, they had to make an exception for Margaret. Because Mihyun hired a nanny for Margaret's daughter and paid the money for this service, the IVF clinic could not argue that childcare would be difficult for Margaret, who was in the late term of her pregnancy. After that, when Margaret wanted to negotiate something with the IVF clinic, she wanted to directly discuss it with Mihyun without the mediation of the agency.

Yet, Margaret's navigation of the *Taegyo* culture had its limits. When Mihyun's husband visited the surrogate's apartment, he checked the refrigerator first

and found only a few potatoes and oranges. He wanted to fill the refrigerator because he thought food is very important for their surrogate baby as well as the surrogate mother, who might have difficulties going to the grocery store. Korean intended parents believe that prenatal care is related to the dietary habits of pregnant women; yet, outside of the IVF clinic, intended parents have little control over the eating behaviors of surrogates. In this case, since Mihyun's husband had access to Margaret and saw her near-empty refrigerator, he tried to do grocery shopping for her, and the surrogate became very upset. She said that she could do it without their help. She felt uncomfortable because they intervened too much in her everyday life or perhaps violated her privacy. They argued about the issue of food, and Margaret was very upset because she believed that what kinds of food she ate should not be controlled by others, even though he was the intended father. However, from Mihyun's husband's perspective, Margaret's diet was not an issue of privacy because what she ate could directly affect his baby.

When the due date was approaching, the IVF clinic contacted Mihyun, and she had to arrive in Ukraine 2 weeks before the expected due date. In order to receive the birth certificate in the clinic, the intended mother has to be present on the day of delivery because the name of the intended mother is written on the birth certificate issued at the clinic. Furthermore, in order to register the birth with the South Korean government, Mihyun had to be in Ukraine before the baby was born. If Mihyun did not arrive in Ukraine before the baby was born, the baby's legal status would be in danger, as the baby would be without legal parents and legal citizenship. Therefore, Mihyun's date of entry in Ukraine was very important. Although Mihyun did not

physically give birth to the baby, legally, Mihyun's presence was much more important than her husband's because only a woman could be named the legal mother instead of Margaret. According to the contract, since Margaret was the surrogate of Mihyun, Mihyun's husband could not exert his parental right to the baby without Mihyun.

This legal procedure played an important role in making Mihyun feel like she became a real mother. While Mihyun's husband use his sperm as part of the baby-making process, since Mihyun used donated eggs and surrogacy technology, she was not involved in physical or biological ways. However, she did not think that the baby was not related to her because of this. For her, having a baby via surrogacy was not an independent event that was separate from her previous efforts. She had tried to be pregnant throughout the previous seven years by receiving IVF treatments. For Mihyun, having a baby via surrogacy was understood as a continuum of all her reproductive labor. Many people argue that women who want to have a baby even though they had to use donated eggs and surrogacy are obsessed with familism or bloodism because the baby is only biologically related to their husbands; however, for Mihyun, having a child who is biologically related to her husband was not the only reason to use ART rather than adoption. For her, since she did not produce healthy eggs anymore and her uterus did not function well, she needed the assistance of reproductive medical technologies. Therefore, although she did not experience pregnancy physically and the baby was not genetically related to her, still she could envision the subject of reproduction as herself.

One week before the expected due date, Mihyun visited the maternity clinic where Margaret would give birth. The clinic was built only for delivery and postnatal care of surrogacy births. Next to the delivery room, there were patient rooms and parent rooms. After giving birth, gestational surrogates stayed in the patient rooms to recovery for 3 days, and intended parents stayed in the parent rooms to take care of their new babies. During that time, nurses taught new parents basic skills and information regarding how to care for newborn babies. Mihyun had an orientation session about the facilities and services in the maternity house and started to prepare birth supplies. Since her husband was supposed to come to Ukraine when she and her baby were ready to go back to South Korea, Mihyun had to do everything by herself, from shopping for baby supplies to registering her baby's birth with the South Korean consulate. Since it was the first time for her to travel abroad by herself, Mihyun felt very nervous and restless.

When Mihyun had a final meeting with Margaret, she asked she could pray for Margaret and the baby. As a strong Christian believer, Mihyun wanted to show her appreciation for the efforts of the surrogate. While Mihyun kept trying to build rapport with the surrogate to relieve the tension, Margaret seemed disinterested. With mixed feelings of guilt and excitement, Mihyun asked Margaret, "Do you need something that I can do for you?" Margaret answered, "Please make sure the last payment is in U.S dollars." Since the currency rate had been changing continually, the payment was set up in U.S. dollars. If Margaret received the payment in UAH, the Ukrainian currency, it would be a loss for Margaret. Thus, at the last meeting, Margaret wanted to confirm the contract again. Margaret just wanted to complete this

work and receive the payment and go back to live in her hometown with her family. While the delivery date would be Mihyun's first day of being a real mother, it would simply be the last task for Margaret to complete.

Reproductive Labor

The two cases, Jiyoung and Sonya, Margaret and Mihyun, show how two different mothers—intended mothers and surrogates—made different relationships each other. In both cases, Sonya and Margaret were Ukrainian surrogates and Jiyoung and Mihyun were Korean intended mothers (although Sonya came to South Korea and Mihyun went to Ukraine to use gestational surrogacy technology). While they had different experiences using ART, depending on what baby-making procedures they pursued and how involved they were in them, all four women became mothers through the process of surrogacy technologies. In this section, how both types of mothers—intended mothers and surrogates—have identified their labor experiences will be explored, particularly as they became mothers through distinctly different processes.

Being a Mother

For Jiyoung and Mihyun, the meaning of being a mother is much more complicated compared to other women who became mothers by giving birth using their own uteruses. In South Korea, a birth mother is regarded as a child's true/original/real mother. In contrast to a child's social or legal mother, birth mothers are assumed to have naturally strong relationships with their babies.[115] Therefore, as

[115] In Korea, the term "birth mother" is generally used to refer biological mothers and is the antonym of "adoptive mother."

this stereotypical idea that only a birth mother can be a "real mother" is prevalent, Jiyoung and Mihyun had to think about what being a mother meant for them.

In the case of Jiyoung, she had never tried to engage with a normal IVF cycle because she does not have a uterus. However, she does not think she is not eligible to be a mother because she could produce "healthy and normal" eggs. For her, it means that she could possibly have a baby who is genetically related to her, just as Jiyoung's husband does not give up to his fatherhood due to his lack of a uterus. Additionally, as an egg producer, Jiyoung did a lot of work in the IVF clinic, as described earlier. Since she participated in the whole clinical process and the embryos that transferred to a gestational surrogate were created by her own efforts, she believed that she had the same stake in the surrogate baby. However, in Mihyun's case, she did not use her own eggs to have the baby. She did not gestate a baby, and the baby is not genetically related to her. However, she did not think she did not contribute anything to the whole project. As a result of the last 7 years of effort, she finally became the mother of a baby. For her, being a mother is not decided by a single case of an IVF cycle. Although the final successful attempt was completed through donated eggs and surrogacy, Mihyun cannot separate this experience from her previous IVF experiences. In the continuum of all assisted reproductive technologies, she interprets the use of gestational surrogacy technology with donated eggs as a kind of medical assistance technology that she would try if nothing else works. She believes that she finally could have a baby, and it could not have happened without her previous efforts. Therefore, even though she did not participate in the IVF clinic as a patient in the surrogacy procedure, she still could be a subject as an intended mother.

While Jiyoung and Mihyun became mothers by claiming that they have stakes in the babies though they did not gestate, Sonya and Margaret became "mother-worker[s]" (Pande, 2016) by detaching their labor from the original mothering. In the book, *Labor in Womb*, Pande (2016) described the identity of surrogates as contracted by combining mother (reproduction) and worker (production). In that the nature of commercial gestational surrogacy is challenging the dichotomy of reproduction and production, how the reproductive labor of surrogates is constituted and performed is very important. However, that many gestational surrogates who perform as mother-workers are also legal and social mothers of other children tends to be overlooked. Distinct from other jobs, gestational surrogates who already have their own children often become mother-workers due to medical and social reasons.[116] First of all, previous childbirth experience itself is the best way to confirm the capacity of gestational surrogates. Although surrogacy applicants receive a range of medical exams to check whether they can carry babies, the medical tests cannot affirm the fertility levels of applicants because the rate of unknown infertility factors is not low. As IVF treatment with gestational surrogacy requires a lot of time, energy, and money, there is no reason for surrogacy agencies to hire women who do not have previous gestation experiences. Second, since there is a possibility that surrogates might be infertile after the contract reproduction, the ethical guidelines provided by the Korean Society of Obstetrics and Gynecology (KSOG) suggest women who have not gestated should not be gestational surrogates in order to protect their fertility. Last, if a gestational surrogate has no child, people believe that she could attach to the

[116] In the United States, all surrogates are supposed to have their own children because if women have a previous experience with delivery, surrogacy is assumed to be less risky (Ziff, 2017).

surrogate baby. In order to prevent gestational surrogates from claiming their parent rights to the surrogate baby, women who already have their own children are selected as gestational surrogates. This means that Sonya and Margaret are not only mother-workers but also working mothers.

Therefore, for Sonya, being a surrogate is not separate from her experience and status as a mother of her child. In particular, as a single mother, Sonya has a responsibility to raise her child by herself. Although Margaret is in a married relationship, many other surrogates who I met for this study are single mothers. According to Article 844 of Korean Civil Law, "a child conceived by a wife during the marriage shall be presumed to be the child of the wife's husband." Due to this article, if a gestational surrogate in South Korea has a husband, the legal issues related to parents' rights to a baby born via surrogacy could be more complicated in South Korea. Therefore, in order to prevent such legal conflicts, single mothers are usually preferred. As a single mother and as a breadwinner, Sonya worked very hard to earn a livelihood for her family. She had done manual labor in factories during the daytime and also worked in restaurants at night. When she decided to work as a gestational surrogate, the strongest motivation was the labor conditions of surrogacy work. As Sonya stated,

> When I worked in a factory, I could not watch my daughter grow because I had to go out before my daughter woke up, and when I came back home, she had already fallen asleep. Surrogacy work allows me to stay with my daughter. This is the biggest difference between surrogacy work and my other previous work. Except for this point, I cannot say which work is less

dangerous or less difficult. There is no work where you can earn money easily.[117]

As Sonya explained, her identity as a mother has affected her work as a surrogate. Sonya has a "mother-worker" identity as a surrogate, but she is also a working mother. Other surrogates who I met for this study describe that the primary purpose of being a surrogate was to raise their own children. Considering that the age of surrogates should not exceed 35, it is not surprising that all these surrogates have young children for whom they have to care. Ironically, although Sonya decided to be a surrogate to be a stay-at-home mother, she had to leave her daughter for over three months when she was in South Korea for the embryo transfers. Margaret, too, left her daughter in their hometown when she received IVF treatment in Kiev. Like other immigrant care workers, they tend not to take care of their own children in order to care for (and in this case, gestate) other people's children.

Paid Mother and Unpaid Mother

Sonya and Margaret became gestational surrogates to earn money.[118] The surrogacy contracts obviously show the relationships between intended parents and surrogates are based on financial transactions. Although anti-surrogacy feminists argue that surrogacy contracts are abuses of women's and children's human rights

[117] Like Sonya's experience, other surrogate interviewees defined their surrogacy work as labor on a continuum with their other previous working experiences. While anti-surrogacy activists argue that surrogacy work is a qualitatively different form of exploitation, current research related to gestational surrogates shows that surrogacy work is not a qualitatively unique form of suffering when compared to other types of work (Lewis, 2018, p. 2).

[118] The motivation for becoming a gestational surrogate is financial compensation. However, just as Rudrappa (2017, p. 9) described the Indian gestational surrogates she met during her fieldwork as not living in absolute poverty, so also can Sony and Margaret be defined as the "urban precariat." They became gestational surrogates for better housing and better educational opportunities for their children rather than to escape from the absolute poverty.

because they are equivalent to human trafficking (StopSurrogacyNow, 2017), Sonya and Margaret claim that they did not sell anything. In order to resist the idea that the commercial surrogacy contract is the same as baby-selling, Sonya argued,

> If I receive all the money from the intended parents after giving birth, it could be a similar practice to baby-selling. However, our contract was not designed for that. I received money monthly like other regular workers. I did not rent my womb. My womb was used for someone else's baby, but it should not be called renting. I was working 24 hours a day to raise a fetus. If you calculate my hourly wage, you could realize how low that payment is.

Like Sonya's argument, other surrogates in my research stated how much hard work they do as surrogates. Since pregnancy and delivery have not counted as an exchangeable value on the market until recently, no one knows how much payment is fair for their labor. However, they received money for the reproductive labor they performed. Further, the wage level is not decided by what they did; instead, their payments are decided based on the average income level where they live. The reason that surrogacy labor could be an exploitation of poor women is that they have to provide cheaper labor when compared to other surrogates in North America doing the same work—not because the surrogacy contracts themselves exploit women. Related to this issue, in the article "Surrogate Tourism and Reproductive Rights," Panitch (2013) argued that the fairness of benefit-sharing in surrogacy work should be evaluated among surrogates who perform the same type of work because the counterparts of surrogates in the Global South are not only the contracting parents (typically in the Global North) but also the surrogates who live in the Global North.

In order to approach the issue of underpayment, surrogates' conceptualization of their surrogacy work as legitimate labor should be acknowledged instead of judging their work as immoral and/or labeling it "slave labor." The predominant discourse that describes transnational surrogacy as a "womb-for-rent" business fails to capture the actual labor of surrogates.[119] As described earlier, Sonya and Margaret resist the concept of the "womb for rent" because their work means more to them than just renting a space in their bodies. They took their jobs very seriously, and the surrogacy work required their full range of abilities to manage the emotional, physical, and medical risks. Similar to the cases of Sonya and Margaret, Jacobson (2011) argued that surrogates are not "mere vessels" because they play active roles in the management and the corporeal process of their surrogacy journeys (p. 65).

Furthermore, in the process of Margaret and Sonya identifying their surrogacy work as labor, the fact that their work is paid contributes to the development of their specific work ethics. As discussed earlier, all surrogates have previous experiences of carrying their own babies. To differentiate their previous experiences from current contract pregnancies, Sonya and Margaret pointed out that whether it is paid for or not is critical to determining each experience. For them, the experiences of reproducing and birthing their own children were remembered as very special and unique events. Sonya described how she felt when she had morning sickness and how she felt when she felt fetal movement. However, as surrogates, they did not have strong attachments to the babies they carried. Although they did reproductive work to

[119] Nevertheless, moral judgments about gestational surrogacy work are prevalent even in the United States, a country which has the most liberalized laws in relation to commissioning pregnancies. The American Society for Reproductive Medicine recommends that low-income women who receive Medicaid or other governmental assistance should not be gestational surrogates to prevent them from choosing gestational surrogacy work as a job for financial gain (Ross et al., p. 210).

take care of the babies inside of their bodies, they believed that the other women were the babies' mothers. Therefore, although such events were painful experiences, like other industrial accidents might be, Sonya and Margaret could keep their composure when they had miscarriages during their surrogacy contracts. After one of the miscarriages of her surrogate pregnancy, Sonya said,

> I was very disappointed when I noticed that I had a miscarriage. Since this was the second trial, I expected that this time I could succeed. It is not my fault, as the doctor explained that the miscarriage happened when the embryo had a problem (the embryos were created by Jiyoung and Jiyoung's husband). Anyway, the contract will be terminated as my pregnancy is ending in a miscarriage. Although I received the payment monthly, the termination of the contract will be a big loss because I am not able to receive the final compensation. However, for Jiyoung, it will likely be much more painful because of the result.

As Sonya indicated, she felt the miscarriage would affect Jiyoung and Jiyoung's husband more seriously than it did her because while Sonya was losing an opportunity to earn money, Jiyoung and Jiyoung's husband were losing their (future) baby.

While a certain level of detachment from the baby is essential to constituting surrogacy as work (and the wage for surrogacy supports such a detachment process), conversely, intended mothers become mothers by developing an attachment to the expected baby being carried inside of another woman. Ironically, the attachment is further justified by the fact that they are unpaid mothers. Since being a mother has

been deeply associated with concepts of unconditional love, love of labor, altruism, and natural motherhood, intended mothers can be true/original/real mothers because, out of their unconditional love, they take great emotional, physical, medical, and financial risks to have their babies. As surrogates refuse the idea of baby-selling, intended parents also argue that the surrogacy contract is not the same as baby-selling because intended parents believe that the baby already exists when their sperm and egg are fertilized prior to being transplanted into a surrogate's uterus. This means that for intended parents, the concept of baby-selling does not make sense because the surrogate baby originally belongs to the intended parents.

Furthermore, the reproductive labor performed by intended mothers stands in contrast to the dominant mass media representations of the surrogacy industry—stereotypes that would not be applied to general intended parents. In the American mass media, intended parents are portrayed as "rich, insensitive, and desperate for a biological child" (Jacobson, 2016, p. 50). As some media even promotes the inaccurate idea that intended parents hire surrogates because they do not want to undertake the laborious work of pregnancy and delivery, some people predict that if surrogacy contracts are normalized, no women who have enough money to hire a surrogate would want to give birth themselves (e.g. Ku, 2008). However, as I discussed in Chapter Two, having a baby via a surrogacy contract is never easy or convenient when compared to traditional ways of giving birth, and intended mothers do not remain simply "consumers" because they have to carry out their responsibilities throughout the process of gestational surrogacy.

Conclusion

Although the documentary *Google Baby* claims that to have a baby, the only thing a person needs now is a credit card, through the examination of two case studies of third-party reproduction in the transnational Korean ART industry, this chapter explicates why a baby cannot be born without the reproductive labor of both intended mothers and surrogates. While *Google Baby* tried to reveal the realities of the transnational "womb-for-rent" industry, Sonya and Margaret's experiences as surrogates show that their bodies, labor, and efforts cannot be reduced to simply renting out a body part for financial compensation. Additionally, intended mothers are not just understood as selfish consumers because they also engage in clinical reproductive labor as egg providers (when they contract with surrogates) and gestational carriers (when they use donated eggs) as well as undertaking caring labor as they manage the third-party reproduction process.

By examining the narratives and experiences of two sets of mothers (Sonya and Jiyoung, Margaret and Mihyun), this chapter aims to figure out how they collaborate and conflict with each other when they perform reproductive labor as mothers. In their experiences, being a mother has multiple meanings. For Sonya and Margaret, by performing surrogacy work from embryo transplantation to delivery, they became "mother-workers," and at the same time, the precondition and motivation to be surrogates came from the fact that they are mothers of their own children. As working mothers and mother-workers, being a mother had multiple meanings for these surrogates. Sonya and Margaret relieve the tension between being working mothers and mother-workers by differentiating paid mothering from unpaid

mothering. Since motherhood ideology is closely related to the concept of being a "labor of love," the fact that surrogacy is paid labor plays an important role in detaching surrogates from the fetus. Contrastingly, but under this same ideology, intended mothers like Jiyoung and Mihyun conceptualize themselves as the real mothers of their surrogate babies based on their commitment to "unpaid" mothering. In comparison with the surrogates, intended mothers are not compensated for their reproductive labor, including hormone injections, ovulation induction, and egg retrievals; in fact, they typically have to pay significant amounts of money to perform such reproductive labor as a "labor of love." Additionally, as Jiyoung and Mihyun's interviews suggest, because conceiving via surrogacy is much more difficult, complicated, and laborious than "natural" childbirth and intended mothers are willing to take so many emotional, physical, and financial risks without compensation, intended mothers can obtain—and also deserve—the status of being the "real," "original," and "true" mothers of their surrogate babies.

Thus, with these experiences in mind and using a feminist lens of inquiry, more important questions arise than whether surrogacy can be defined as labor. Currently, the transnational baby-making industry is booming, and it does not appear like it will be declining in the near future, even though many governments, such as Thailand, India, and Cambodia, have tried to regulate the industry. Undoubtedly, the advance of medical technologies, transnational capital, and inequality between the Global North and Global South have created the lucrative ART industry, and the industry would not be successful without the reproductive labor of both intended mothers and surrogates as paid and unpaid workers. Therefore, the question of how

we evaluate the willingness and laborious participation of intended mothers and surrogates in the transnational ART industry becomes the central question in feminist inquiry because without understanding the agencies of both intended parents and egg donors/surrogates, there is a clear limitation in the design and implementation of the regulations that govern the transnational ART industry, especially if the regulations are purportedly enacted to protect reproductive rights. To avoid the pitfalls of judging intended mothers as having false conceptions (i.e., feeling pressured to have a baby because of sociocultural or familial obligations, believing that children are the source of women's happiness, etc.) or surrogates as simply being victims of poverty, in the following chapter, the concept of reproductive rights and its applicability to the evaluation of reproductive labor will be discussed.

Chapter 4: My Body, Your Baby, and Our Decisions: Questioning Reproductive Rights in the Transnational Korean ART Industry

Does gestational surrogacy technology promote or violate reproductive rights? When both opponents and proponents of contract pregnancies use reproductive rights to oppose and support surrogacy contracts, respectively, what is the meaning of "reproductive rights" within the transnational ART industry? Furthermore, considering that the strongest opponents of surrogacy contracts are pro-life groups, should anti-surrogacy feminists make strategic alliances with pro-lifers?

In order to discuss how the concept of reproductive rights has been constructed and contested around the use of third-party reproduction, this chapter examines who stands against the transnational surrogacy industry, why they oppose surrogacy practices, and how intended parents and egg donors/surrogates who are directly involved in the practice of third-party reproduction respond to the criticism. While Chapter Three focused on how reproductive labor is performed and constructed by intended mothers and surrogates, this chapter explores how both pro-choice and pro-life groups use the reproductive rights framework to evaluate and criticize the reproductive labor in third-party reproduction. "Pro-choice" and "pro-life" groups have been polarized around the issue of abortion rights. Although abortion rights seem to be a very different issue from third-party reproduction, as abortion is about the "right to not have a child" and assisted reproductive

technologies are related to the "right to have a child," current reproductive rights discourse shows how these two issues are greatly entangled. Because of questions regarding to what extent an individual's choice should be guaranteed and to what extent it should be limited (for example, along the spectrum of IVF treatments, gestational surrogacies, and preimplantation genetic diagnosis), as well as questions regarding when human life begins (i.e., when an egg is fertilized, when it becomes an embryo, when it is a fetus, etc.), support of (or opposition to) ART becomes complicated, particularly since the use of ART has become a normalized medical intervention in human reproduction along with abortion technologies.

Furthermore, although some level of abortion rights were achieved in the 1970s in some "Western" countries, movements for abortion rights are still going on throughout the world; thus, third-party reproduction issues need to be discussed alongside abortion issues because reproductive rights movements have raised questions and quandaries that connect the two. From 2016 to present, across the globe, reproductive rights movements have been reignited through multiple protests staged to resist draconian anti-abortion laws. In September 2016, Irish protestors called for abortion access (Slawson, 2017), and Poland saw a mass protest for similar rights in October 2016 (Davis, 2016). South Korea also had a large rally for abortion rights in October 2016 (Seok, 2016). While some North American and European countries seem to regard reproductive rights (seen as abortion rights) as having already been achieved, many countries continue to define abortion as criminal, prompting waves of resistance among women's rights and reproductive rights activists. Furthermore, even in the United States, reproductive rights have not been fully achieved due to backlash

from pro-life groups.[120] Under these circumstances, Margaret Atwood's (1984) feminist dystopian novel *The Handmaid's Tale* was adapted for television and broadcast on Hulu (a popular streaming, subscription video service) in the United States in 2017. In the book and the TV show, in the Republic of Gilead is a totalitarian theocracy state where women have no civil rights and "handmaids" are a class of women forced into surrogacy for the ruling class.[121] In real life, they became a strong symbol of the protest for reproductive rights. In fact, with the critical and popular success of *The Handmaid's Tale* TV show,[122] reproductive rights activists have been wearing the costumes of the handmaids—vivid red robes and white bonnets—at protests of anti-abortion laws in Poland (Vagianos, 2017), Ireland (Mulraney, 2017), the Isle of Man (Darbyshire, 2017), St. Petersburg (DiNatale, 2017), Ohio (Weiser & Lawler, 2017), Texas (Greenwood, 2017), Missouri (Crum, 2017), Washington, D.C. (Hauser, 2017), and Canada (Mosleh, 2017). One reason that the handmaid has become such a symbol for reproductive rights is that the handmaid was described as a kind of forced motherhood, as the women do not have the right to terminate their pregnancies. Yet, as women's reproductive capacities are often controlled and exploited under patriarchal governments—like that of Atwood's novel—the regulation of women's bodies via surrogacy contracts resonates with

[120] The Trump administration tried to prohibit abortion for undocumented immigrants (Lauter, 2017), and 168 anti-abortion bills have been introduced and passed in state governments as of February 2017 (Perry, 2017).

[121] In the Republic of Gilead, women are classified into several statuses, such as Wives (married to high-ranking men), Marthas (domestic servants), Handmaids (surrogates), Jezebels (prostitutes), and Unwomen (sent to Colonies).

[122] *The Handmaid's Tale* TV show won eight Emmy Awards this year (Sims, 2017). The popularity is not just limited to the United States. The novel, *The Handmaid's Tale*, was initially translated and published in South Korea in 1990, and the limited edition was published in 2017. The limited edition became a bestseller in South Korea (Kim, 2017).

similar issues raised by abortion rights activists. Thus, while pro-choice movements speak out using the voices and images of the fictional handmaids, the relationship of *The Handmaid's Tale* to the realities of gestational surrogacy has not been fully explored. Additionally, questions arise regarding whether the central arguments abortion activists use to advocate for a woman's right to control her reproductive practices can be applied to surrogacy contracts as well.

In this context, this chapter explores the following: (1) how the concept of reproductive rights, which was initiated to defend women's right to access safe and legal abortions, has evolved and experienced contention in regards to the transnational surrogacy industry and (2) how intended parents, surrogates, and egg donors have created counter-narratives that challenge existing critiques related to third-party reproduction by claiming their reproductive rights. Since the concept of reproductive rights is neither fixed nor stable, it is important to understand how discourse around reproductive rights has evolved, been challenged, and been reconstructed as different kinds of reproduction-related issues have emerged.

The Topography of Anti-Surrogacy Discourse

On the international level, reproductive rights became an important human rights agenda during the 1990s. The Program of Action from the 1994 International Conference on Population and Development (ICPD) defined reproductive rights as embracing certain human rights already recognized by national laws, international human rights documents, and other consensus documents (United Nations, 2014). According to the ICPD, reproductive rights stand based on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number,

spacing, and timing of their children and to have the information and means to do so. Furthermore, they have the right to attain the highest standard of sexual and reproductive health.[123] The Program of Action also includes individuals' right to make decisions concerning reproduction free of discrimination, coercion, and violence, as expressed in human rights documents. Following the 1994 ICDP conference, reproductive rights have been discussed widely among feminist scholars, particularly in conversation with how reproductive rights discourse has been constructed based on a concept of ownership that hews to the liberalist tradition (Raymond, 1994). In other words, reproductive rights are understood as an individual's freedom to choose anything related to their reproduction because they own their bodies. Thus, some feminists (Schwartzman, 2006) argued that reproductive rights based on ownership was not an effective way to improve women's lives because, in the liberalist discourse, social circumstances that shape women's reproductive lives and decisions tend to be overlooked and because collective women's issues are dealt with as issues of an individual woman's "choice."[124] However, Petchesky (1980) argued that, although the idea of "a woman's right to choose" is vulnerable to political manipulation because it does not challenge social relations of production and reproduction, a new vision of the reproductive rights movement could be possible (p. 107).[125] She suggests that feminist thinking about

[123] Currently, the ICPD Program of Action is recognized as Sexual and Reproductive Health and Rights (SRHR), and it is widely used as a basic human rights norm.

[124] Maria Mies also argued that "reproductive rights lays out a superficial market-based theory and property version of reproductive rights for women" (Raymond, 1994, p. 191).

[125] Petchesky (1980) argued that two essential ideas underlie the feminist view of reproductive freedom: (a) an extension of the general principle of "bodily integrity" or "bodily self-determination," which in this case means that women must be able to control their bodies and procreative capacities,

reproductive freedom could move toward conceptualizing reproduction as an activity to concern an entire society, and individual reproductive rights, which include maintaining control over one's body, could be a basis to create genuine reproductive freedom.

Although the concept of reproductive rights has remained controversial because of liberal ideals rooted in the rhetoric of individual choice, global discussions on reproductive rights have been more complicated with the advance of assisted reproductive technologies (ARTs). The use of ARTs has increased as infertility has emerged as an important global health issue. The World Health Organization (2014) defined infertility as a disease of the reproductive system based on the failure to achieve a clinical pregnancy after 12 months or more of regular, unprotected sexual intercourse. Worldwide, approximately 8-12% of couples are estimated to be infertile, and the number of couples faced with infertility issues was found to be 48.5 million in 2010 (Mansour et al., 2014). Following this, in the article "Assisted Reproduction and Reproductive Rights," Robert Blank (1997) clearly categorized reproductive rights as the right "not to have children" as well as the right to "have children" using ARTs. Although feminist scholars have demonstrated that reproductive rights and the use of ARTs should be considered within the social structures in which they emerge, in North America, it tends to be widely understood as a liberal concept of reproductive choice.[126]

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and (b) a "historical and moral argument" based on the social position of women and the needs that such a position generates (p.106).

[126] According to Charis Thompson (2005), while the framing of ARTs used to be similar to that of adoption, which espouses the rationale of being "in the best interests of the child," the current use of ARTs is framed more within a broader understanding of "reproductive choice" (p. 110).

Feminist Debates Around ARTs

In this context, feminist debates around the use of ARTs have been divided based on whether the technology promotes or violates reproductive rights. On the one hand, feminists who focus on the positive possibilities of reproductive technologies to empower women's autonomy argue that the concept of reproductive rights has been expanded to include the right to have a child, which entails having a right to access ARTs as an appropriate medical intervention. As women currently have several medical options related to reproduction, feminists who support the use of reproductive technology highlight that reproductive technology allows women greater freedom in their reproductive choices (Beckman & Harvey, 2005; Cannold & Gillam, 2003; Cussins, 1996; Walker, 2003). Additionally, in the research about reproductive decision-making, Bennett (2003) argued that the use of reproductive technologies should be understood as part of individual women's autonomous decision-making regarding their reproduction (Friedman, 2014).[127]

On the other hand, while arguments in support of reproductive technologies are based on the assumption that women would have more options and choices through advanced technologies, opponents of reproductive technologies have focused on whether and how the actual use of reproductive technologies are linked to racism, classism, heteronormativity, and ableism. In particular, feminists against reproductive technologies established the group, Feminist International Network of Resistance to

[127] Among the different kinds of reproductive technologies, egg-freezing technology has been discussed in the context of women's agency and empowerment. As many women tend to delay childbirth to pursue their professional careers, egg-freezing technology was introduced as a technological solution for women who want to delay pregnancy. For example, in October 2014, Apple and Facebook announced they would cover the costs of egg freezing for female employees (Tran, 2014). Whether such benefits would increase female employees' reproductive and labor rights is an important question.

Reproductive and Genetic Engineering (FINRRAGE) in 1985[128] to raise public awareness about the use of reproductive technologies. Their critique of reproductive technologies was based on the origin of reproductive technology itself—ARTs that were later used for human reproduction were initially developed on farms to improve the breeding of livestock, and the main purpose of the technology was based on eugenics. For example, in the article "The Reproductive Brothel," Corea (1987), a member of FINRRAGE, argued that the practice of reproductive technology for women does not differ from the practice of using reproductive technology on farms, and women's bodies would become "mother machines" like the female animals' bodies had, with reproductive technology simply improving women's breeding capabilities. Likewise, many radical feminists argued that the new reproductive technology would not contribute to the empowerment of women's reproduction because it is closely related to new practices of eugenics (Corea, 1985), the objectification of women's bodies (Arditti, 1974), the commodification of reproduction (Mies, 1988), and the reinforcement of patriarchal forms of maternity (Gimenez, 1991).

FINRRAGE also emphasizes that the use of reproductive technology is a new kind of population control practice (Woll, 1992, p. 2). Although new reproductive technologies look different from old ones, such as contraceptive technology or abortion, they argue that the core idea of reproductive technologies is the same for

[128] According to FINRRAGE (2016), feminists from various countries created a network called FINNRET (Feminist International Network on New Reproductive Technologies) in 1984, and the women affiliated with the network organized the Women's Emergency Conference on the New Reproductive Technologies in Sweden in 1985. As a result of the conference, the name of the network was changed from FINNRET to FINRRAGE (Feminist International Network of Resistance to Reproductive and Genetic Engineering). As the network name clearly states, from its initial stages, the organization has focused on the relationship between reproductive technology and genetic engineering.

both old and new technologies. As such, they believe that while the old technologies were aimed at reducing the fertility of women as a form of antinatalist population control in the "Third World," the new pronatalist reproductive technologies are aimed at increasing the fertility of "worthy" women in "Western"/industrialized countries where the birth rate had been steadily decreasing (Klein, 2008). In this context, FINRRAGE states that "reproductive technologies, at their core, are not only sexist, but racist, classist and deeply eugenic" (Klein, 2008, p. 158). Furthermore, the commodification of reproduction was also an important issue raised by radical feminists. In research that analyzed the effects of reproductive technologies from a Marxist, feminist perspective, Gimenez (1991) pointed out that ARTs involve the commodification of reproduction and motherhood as well as the reinforcement of the domination of women by "oppressive pronatalist ideologies" (p. 337). Because ARTs segment and specialize the process of reproduction, such as extracting eggs, combining eggs with sperm, and implanting embryos, this segmentation creates egg donors, gestational surrogates, and social mothers. In this process, eggs and wombs become exchangeable commodities in the reproductive technology market. Gimenez (1991) was also concerned that while social mothers (intended mothers) receive medical, legal, and social approval, the medical and legal fields, as well as society at large, exploit egg donors and the surrogates who provide both the eggs and the womb in return for economic compensation (p. 338). In the current transnational ART industry, as poor women in developing countries tend to be surrogates for wealthy couples from "Western" countries, the feminist critiques about the commodification

and objectification of women's bodies and reproduction increasingly appear to gain justification.

Recently, these critiques from FINRRAGE converged into organized, anti-surrogacy activism. Members of FINRRAGE, such as Renate Klein, Maria Mies, and Ana Reis, participate in the organization Stop Surrogacy Now and were its original signatories. Stop Surrogacy Now states that surrogacy should be stopped because it is an abuse of women's and children's human rights. Interestingly, Stop Surrogacy Now is well known as an ally of both pro-choice and pro-life groups. Considering that FINRRAGE has strongly criticized the way women's bodies are treated like vessels, it is important to determine how FINRRAGE and pro-life religious groups can speak with one voice on the surrogacy issue and what consequences such an alliance might have on the current discourse surrounding reproductive rights.

When Feminism Meets Pro-Life

As described earlier, Hulu's *The Handmaid's Tale* has been widely circulated as a symbol of reproductive rights. With the popularity of the TV show, many writers of newspaper articles, blog posts, columns, and comments have become interested in analyzing current commercial surrogacy in comparison with the handmaids' situation in the Republic of Gilead (the book and show's fictional setting). Even in South Korea and countries around the globe, *The Handmaid's Tale* has been used in protests for abortion rights. Since *The Handmaid's Tale* depicts a dystopian society in which women do not have any rights and only exist as incubators to produce children to

increase the population,[129] opponents to surrogacy actively borrow the rhetoric of *The Handmaid's Tale* to criticize the current surrogacy industry. For example, the following critiques in newspaper columns have been made: "whatever the reasons, it's nothing more than *The Handmaid's Tale* without the hats" (Stasi, 2017); "*The Handmaid's Tale* has already come true—just not for white western women" (Glosswitch, 2017); "*The Handmaid's Tale* shows exploited surrogacy as fiction, but it's happening in [the] world today" (Lahl, 2017); and "Could *The Handmaid's Tale* happen today? For some women, it's already reality" (McCormack, 2017). In these articles, the authors focus on the analogy between current gestational surrogates in the Global South and handmaids in the Republic of Gilead. Just as Offred, the book and TV show's protagonist, is forced to carry a baby for other people, modern-day surrogates are also giving birth to babies for other people. Since one of the major reasons to become a surrogate in the Global South is undoubtedly financial compensation, opponents argue that it cannot be a voluntary decision. Furthermore, the fact that 50% of Indian surrogates are illiterate confirms that the concept of informed consent in surrogacy contracts is meaningless. The overall arguments of anti-surrogacy discourse that use *The Handmaid's Tale* as an analogy reflect existing criticisms made by FINRRAGE.

However, the use of *The Handmaid's Tale* to oppose the surrogacy industry is not limited to feminist groups. Although the Republic of Gilead is imagined as a theocratic and totalitarian government, pro-life religious groups are also willing to

[129] Although there are other subordinated classes of women, such as Marthas, Jezebels, and Unwomen, they are deployed to these classes because they are infertile. In the Republic of Gilead, a woman's reproductive capacity is most important.

borrow the narratives of *The Handmaid's Tale* to criticize the use of ARTs and surrogacy practices. In *The Federalist,* Gabarino (2017) argued that the Republic of Gilead resembles California, which has the most liberal surrogacy laws. As he wrote in his article,

> What would make California, that beacon of progressivism, curtail the rights of women? There's another group whose rights trump those of women—men. The goal of Gilead's repressive regime was to control reproduction for a small, influential group of men. California is doing the same thing for a small, influential group of men. In Gilead, birth rates plummeted among this select group because of environmental disaster. In California, this select group of men has trouble birthing their own babies because they're gay. They need these surrogates more than the leaders of the fictional Gilead do. (Gabarino, 2017)

Since third-party reproduction allows gay couples and individual men to give birth to biologically related children, pro-life groups (especially conservative, religious groups who are against lesbian, gay, bisexual, and transgender (LGBT) rights are particularly concerned with gestational surrogacy technologies.[130] FINRRAGE's radical feminist idea that women's bodies and reproductive capacities can be easily exploited under patriarchal, capitalistic societies is thus displaced by conservative, traditional ideas that only heterosexual married couples should have a baby via "natural ways" because, as some groups argue, reproduction without love represents

[130] In South Korea, the issues of LGBT rights and gestational surrogacy tend to be attached. In discussions of same-gender marriage or LGBT rights, the possibility of increasing the number of surrogacy contracts is used as the strongest evidence to oppose gay rights.

Sodom and Gomorrah.[131] Furthermore, along with LGBT reproductive rights, the fact that IVF technologies, including gestational surrogacy, are closely related to abortion issues often influences members of the pro-life camp to actively participate in anti-surrogacy activism (e.g., the Center for Bioethics and Culture Network).[132] While radical feminists like FINRRAGE and pro-life religious groups have not shared much common ground before, they currently have created alliances because their perspectives about gestational surrogacy are the same, with a shared aim to abolish gestational surrogacy. For example, in Romania and Greece, the Church, radical and socialist feminists, and pro-life associations and supporters for the "traditional family" all tend to align themselves against surrogacy on bioethical grounds (Davies, 2017, p. 12); similarly, in Sweden, left-wing feminists made a coalition with a conservative Catholic group to oppose surrogacy in their country (Momigliano, 2017). As both pro-choice feminists and pro-life religious groups have worked together, they have come to use similar language to criticize surrogacy. For example, one of the anti-surrogacy organizations is the Swedish women's lobby, which is an umbrella organization for women's organizations in Sweden established in 1997.[133] Now, they

[131] Sodom and Gomorrah are cities in the Bible's Old Testament. Anti-LGBT Christians claim that Sodom and Gomorrah were destroyed by God due to their residents' homosexual activities. In order to argue that surrogacy contracts are immoral, the metaphor of Sodom and Gomorrah is used by conservative Christians in a similar way. For example, in the newspaper article "The dark relationship between gay 'marriage' and surrogacy," White (2015) argues that legalized gay marriage could exacerbate the reproductive trafficking market.

[132] For example, the pro-life website *Lifesitenews* published articles related to surrogacy, and these articles are categorized under the "abortion" section. One of the articles argued that gestational surrogacy is related to selective abortion and destroying extra embryos, which is regarded as abortion by many pro-lifers.

[133] The foundation of their activities comes from the UN Convention of Elimination of All Forms of Discrimination Against Women (CEDAW) and the Beijing Platform for Action.

have announced the campaign "Feminist No to Surrogacy Motherhood"; according to the policy paper they published,

> [a]llowing surrogacy is to make use of women's bodies and reproductive organs for the enjoyment of someone else, to the detriment of the woman herself. We premiere the right to bodily integrity and fundamental human rights over the right to children [emphasis added], which is in fact not a human right, but has been treated as such in the discourse on surrogacy. We renounce the view of a liberal market approach to surrogacy and the right of the paying buyers which are premiered whilst women's rights are negotiated. (Feminist No to Surrogacy Motherhood, 2016)

Although feminist groups who oppose surrogacy contracts, such as FINNRAGE, and pro-life religious groups have focused on different aspects and issues around the use of ARTs, they have made allies because both they recognize that the "Republic of Gilead" is the urgent issue of here and now in the current transnational surrogacy industry.

Anti-Surrogacy Discourse in South Korea

While the objectification and commercialization of women's bodies and reproductive capacities, the exploitation of poor women, and the possibilities of baby trafficking are major issues of "Western" anti-surrogacy discourse, the critiques about ARTs in South Korea tend to be focused on the patriarchal family system.[134] Since, under the traditional patriarchal family system in South Korea, the most important

[134] However, this does not mean that other issues are not considered important in the discussion of ARTs, including moral and ethical concerns regarding the use of surrogacy contracts in South Korea.

obligation of married women is to give birth to children, especially sons, who continue the patriarchal family line, opponents to surrogacy argue that if surrogacy contracts are allowed, the pressure placed on infertile women would be exacerbated (Kim, 2000). For example, newspaper columns and opinions regarding surrogacy births have tended to focus on how the Korean patriarchal traditions relate to surrogacy practices, as demonstrated by the following quotes from two newspaper articles:

> Surrogacy birth is a tragedy made by Confucian culture, which suggests that women should give birth to carry on a family line and reinforces the wrong perception that my blood relationships are my only true offspring (Ku, 2015).
>
> The surrogacy practice is widely used in South Korea because of the patriarchy, in that even though a woman is infertile, she has to give birth to continue the blood lineage of her husband (Ku, 2006).

In these critiques, the use of surrogacy technology is understood as a new form of women's oppression related to the Korean *ssibaji*[135] (씨받이, which literally means "seed carrier") tradition, which refers to the practice of employing a woman to have sex with another woman's husband to conceive his child and carry on a family line. *Ssibaji* is a traditional Korean version of *The Handmaid's Tale* because the surrogates were not able to keep and be mothers to children they carried even though they were the babies' biological and birth mothers.[136] Although the current medical procedures

[135] The most famous media representation of *ssibaji* is the film, *Ssibaji* (English Title: *The Surrogate Womb*) (Im, 1987). The film portrays the life of a *ssibaji* woman during the Joseon Dynasty. The lead actress Soo-yeon Kang won Best Actress at the 1987 Venice Film Festival.

[136] The film *Ssibaji* and the TV show *The Handmaid's Tale* have many similar narratives. Like the handmaid Janine, who attempts suicide after giving birth to a surrogate baby after fully realizing the

of gestational surrogacy via IVF technologies are different from the old forms of *Ssibaji* and the fictional ones depicted in *The Handmaid's Tale*, opponents of modern gestational surrogacy tend depict the procedures as denying and depriving women of motherhood due to the fact that gestational carriers do not have parental rights over the surrogate babies.

While surrogates are represented as victims of the traditional patriarchal family system, intended mothers or infertile women tend to be portrayed as victims of false conceptions that married women are obligated to birth children to carry on the family lineage or as selfish women who are trying to satisfy their desire to have biologically related babies via inappropriate methods. Since third-party reproduction is still not socially acceptable in South Korea, as discussed in Chapter One, the use of IVF technologies per se tends to be seen as analogous to cosmetic surgery, which is widely recommended but also derided. When infertile women initiated a campaign urging that South Korean national health insurance should cover ART procedures, there was a strong backlash against the intended parents. One person posting in an online forum to discuss ART coverage made the following argument:

> First, let's compare infertility with an incurable disease. If you do not get infertility treatment, is your life threatened? Some people claim that if they are not pregnant, they want to commit suicide. They claim that the threat to their lives is the same as with an incurable diseases. I would like to say that I do not have money for such people, and I do not want to die because I cannot do

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baby does not belong to her, Ok-Nyeo in *Ssibaji* commits suicide after losing her surrogate baby. Both female characters fall in love with the male characters who are the fathers of their surrogate babies and are later discarded by them.

> plastic surgery. People with intractable diseases die when they are not treated. I think infertility is not a matter of life and death but a matter of choice. I would like to ask once if it is for the purpose of raising a child or just conceiving a child. Adoption is also an excellent alternative. (kid4****, 2005)

Like the commenter above, the demand of infertile women to have access to ARTs has often been regarded as the same as women wanting cosmetic surgery, particularly as both cosmetic surgery and ART treatments are highly gendered and stigmatized medical technologies in South Korea.[137] Since adoption is also available, intended parents who want to use ARTs or third-party reproduction are easily blamed for exploiting other people to satisfy their desire to achieve the social norm that married women should give birth a baby.

Overall, the anti-surrogacy discourse concludes that the use of third-party reproduction does not empower the reproductive rights of intended parents, gamete donors, and surrogates. Further, opponents to third-party reproduction argue that it could be harmful to potential human beings (surrogate babies) and even entire societies. However, the intended parents, egg donors, and surrogates who participated in third-party reproduction who I met during my fieldwork research did not identify themselves as victims of the patriarchy or capitalism. Nor did they appear to be greedy, rash, or materialistic exploiters or lethargic, tragic, and ignorant victims. They were also fully aware of existing criticisms regarding third-party reproduction as they were actual stakeholders in the transnational ART industry, and they bore

[137] In this context, the catchphrase of infertile women supporting the campaign in 2005 was that "infertility treatment is not cosmetic surgery" (Kim, 2008).

responsibility for the outcomes of the third-party reproduction in which they participated.

Counter-Narratives

This section examines how the direct and primary users of third-party reproduction, such as intended parents and egg donors/surrogates, understand the concept of reproductive rights and react to anti-surrogacy discourses. Since they are the stakeholders of third-party reproduction, their attitudes toward the transnational ART industry tend to be defensive because they know how other people think about the use of these technologies and how much stigma is attached to them. The main reason to focus on their counter-narratives is neither to refute anti-surrogacy discourses nor to claim that only they can speak the truth about third-party reproduction. By highlighting intended parents and egg donors'/surrogates' narratives, this section aims to explore their multiple agencies and different experiences, which are not represented in anti-surrogacy discourses.

My Womb is My Decision

Intended parents. The most common critiques about ARTs focus on women's objectification and the commodification of women's bodies. The concept of bodily integrity is a core principle in reproductive rights because it highlights the importance of women's autonomy and self-determination. While bodily integrity was initially used to advocate that women have the right to terminate unwanted pregnancies, currently, anti-surrogacy advocates are using the concept to posit that gestational surrogacy violates bodily integrity. However, both intended parents and

egg donors/surrogates in this study argue that third-party reproduction per se does not harm bodily integrity. In the case of intended parents who have a child via gestational surrogacy technology, they tend to understand the use of third-party reproduction as an extension of medical assistance used to become parents. As one intended mother who had a child via gestational surrogacy last year stated,

> I had never thought about my life without a child. Some people said to me that I did not need to feel pressure to have a baby. I knew they wanted to console me, but it did not help to solve my situation. They assumed that I tried to have a baby due to the pressure from my parents-in-law. I knew that my parents-in-law wanted to have a grandchild. However, they also knew that we tried IVF cycles several times and failed. Currently, they encouraged us to live by ourselves without kids. Many people asked me about whether my parents-in-law would be fine if I did not give birth to a child. I think my parents-in-law would be fine, but the problem is that I am not fine. I wanted to be a mother for a long time. People who did not have the same problems could not understand my situation. (Interview, July 28, 2016)

Many people believe that Korean infertile women want to have a baby via ART because of the pressure of the patriarchy and traditional bloodism;[138] however, their practices cannot be fully explained as originating from patriarchal family pressures. Although the traditional family norm that married women should give birth a child to carry on the husband's family line has remained, infertile women who desire to

[138] The term "*chilgeojiag*" (칠거지악) describes the seven sins that are cause for a man to divorce his wife, and one cause is infertility. This shows the importance of childbirth as an obligation for married women in traditional patriarchal Korean culture.

reproduce cannot be judged simply as victims of false conceptions. Rather than this, through engaging with ART, they actively create the values of partnership, intimacy, and other constructs of the "modern family" that contrast directly with "traditional family values." Another interviewee explained their desire to reproduce as follows:

> I got married when I was 45, and my husband was 47. Because of our ages, we did not think having a child could be an option we could consider. So far, our relationship is good. Without the obligation of being parents, we enjoyed a lot of free time. Although I did not expect it, suddenly, we felt that having plenty of free time was boring compared to other people who were struggling with their children. Weekdays would be fine because both of us had to work hard in an office. Every weekend, we could not find anything to do. I realized that we might need a child. We wanted to have something we could do together (to develop our relationship). (Interview, February 7, 2017)

Like this interview shows, the strong desire of intended parents to have children cannot be simply explained as the internalization of the patriarchy. While married women's experiences of being pressured to give birth and their uses of surrogacy call for further research and analyses, it could be inferred from the interviews that the intended mothers' own determination mattered much more than outside pressure, as the process of contracting a surrogate entailed emotional, physical, and financial risks that were substantially higher than those of other normal IVF procedures.

Furthermore, the infertile women interviewed interpreted that the embryos created between them and their spouses had the potential to become their children; all they lacked was the ability to realize that potential. Therefore, they viewed surrogacy

as receiving help from others to meet their children. Since their children—the embryos—were already in existence, infertile women thought the difference between surrogates and foster mothers or nannies was simply whether the baby was inside of the women or not. Therefore, like many mothers who feel guilty when they leave their children to other women, such as nannies or childcare workers, these women felt anxiety about and dissatisfaction with being infertile, because to them it meant they could not take care of their babies inside of their bodies. However, intended mothers in this study did not think family members forced them to hire a surrogate. These findings show that the patriarchal family structure of South Korea does not offer a sufficient explanation as to why gestational surrogacy should be considered a violation of reproductive rights.

Moreover, the fact that the use of gestational surrogacy also has the potential to deconstruct the patriarchal family system has been overlooked. Lesbian, gay, bisexual, and transgender couples as well as single women and men can have babies using ARTs. Regardless of whether the reproductive activities of these populations are supported, this possibility shows that gestational surrogacy technology cannot be framed as an obsession with patriarchal family completion.

Surrogates. In surrogacy contracts, since surrogates do not purport to be the mothers of the children they are carrying, their bodies function as "vessels" or "human incubators." The objectification and commercialization of women's bodies has been criticized as a violation of ("natural") motherhood and women's rights because the practice of selling a woman's body parts to earn money is further interpreted as human trafficking, particularly because most surrogates are young, poor

women who do not have other skills or resources to earn their livings—except their "fertile bodies." Moreover, since pregnant gestational surrogates carry babies who do not belong to them inside their bodies for nine months, surrogacy labor is assumed to be one of the most alienating and exploitative forms of labor. In addition, because the main motivation for becoming a surrogate typically comes from economic reasons, opponents to gestational surrogacy have often called surrogates "breeders" (Ekman, 2013) and called surrogacy "womb slavery" (Stasi, 2017).

However, in contrast to the multitude of criticism contending that surrogacy technology commercializes women's bodies and motherhood by fragmenting the process of pregnancy and delivery, surrogates who participated in this study had a tendency to interpret the surrogacy contract as not violating their human rights. Surrogate interviewees framed surrogacy as an experience that was qualitatively different from carrying and giving birth to their own children. They understood surrogacy as a form of wage labor as described in Chapter Three, in contrast to their previous pregnancies and childbirths, which they regarded as processes to have their own children.

The interviewees in this study who had experience as gestational surrogates argued that although their experiences themselves were not exploitative, the social perception that surrogacy contracts are immoral violated their reproductive labor rights. In terms of reproductive rights, in general, while intended parents are considered as pursuing their reproductive rights ("positive rights") by engaging with ARTs, as the counterparts to intended parents, surrogates are viewed as having their reproductive rights ("negative rights") violated by intended parents (Panitch,

2013).[139] However, in this study, many former and current surrogates argued that the government should not criminalize their bodies, yet in the government's regulation policies, they indeed become criminalized. These interviewees suggested that, like the intended parents, they also need positive reproductive rights (i.e., the right to bodily autonomy). In particular, one former surrogate[140] conceptualizes her surrogacy experience along the continuum of being a single mother in a society that has illegalized abortion and condemns single motherhood:

> Surrogacy is not prostitution.[141] There is no reason to ban surrogacy. The most difficult thing during the pregnancy period was that I had to hide my pregnancy. I was not ashamed of being a surrogate. I just could not bear what other people were thinking about me. If someone who knows me saw my pregnant belly, they must think that I am pregnant with an illegitimate child because I do not have a husband. I could not endure how they would look scornfully at me. Since I am a single mother, I knew well the situation of women who are pregnant outside of marriage. Being a surrogate is not illegal and not immoral. The only problem is that they would blame me for being

[139] Panitch (2013) divided reproductive rights into positive reproductive rights and negative reproductive rights to explain intended parents' rights and surrogates' rights. In the book *Reproductive Justice,* Ross and Solinger (2017) described negative rights as "a government's obligation to refrain from unduly interfering with people's mental, physical, and spiritual autonomy" and positive rights as "a government's obligation to ensure that people can exercise their freedom and enjoy the benefits of society" (p. 10).

[140] She is a Korean surrogate who had experience as an egg donor and a surrogate between 2011 and 2014. She was planning to go to Guam to be a surrogate for a Korean intended parent in 2016.

[141] Prostitution has been illegal in South Korea since 2005. The analogy between surrogacy and prostitution should be further examined not only because anti-surrogacy activists argue that surrogacy and prostitution are the most representative forms of women's oppression (e.g., Raymond, 1988; Bendel, 2016) but also because many surrogates explain their experiences with surrogacy in comparison with prostitution.

> pregnant with a baby when I do not know the father. When I became pregnant with a baby (as a single mother), I decided to give birth to my daughter, but I knew that being a single mother and having an abortion were both regarded as immoral and unacceptable in South Korea. Also, the government has not given me any support. So I don't understand why the government tries to interfere with my body and my womb (by enacting anti-surrogacy laws as well as enacting anti-abortion laws). (Interview, November 5, 2017)

As a single mother and as a surrogate mother, this interviewee's most painful memory was not about the objectification or commodification of her reproductive capacity. Instead, the social stigma attached to women who are pregnant without husbands was harder for her. In the situation that women pregnant as surrogates are automatically assumed to be single mothers, this interviewee argued that her self-determination to be a surrogate was not recognized as a proper and rational decision. While the most common criticism of gestational surrogacy contracts is based on the perception that intended parents pay money to rent surrogates' wombs to have babies, surrogates argue that the decision to become surrogates is their own and that the government does not have the right to control such a decision.

While the narratives of surrogates in this study stand in sharp contrast to the major discourse of surrogacy as a tragedy, many legislators and bioethics scholars have argued that commercial surrogacy should be banned due to its violation of human rights (Kim, 2014). Therefore, many countries with legalized surrogacy, such as Thailand and India, have amended the laws from allowing commercial surrogacy to only allowing altruistic surrogacy. Though it was not passed, the Korean

government also prepared the Medical Assisted Reproduction Bill (175175) in 2008, which would have banned commercial surrogacy and allowed altruistic surrogacy. However, allowing only altruistic surrogacy is not a solution to protect the reproductive rights of surrogates. As discussed in Chapter Three, surrogates claim that it is a kind of job they choose, so according to them, the government should not criminalize their reproductive activities. Additionally, the concept of altruistic surrogacy reinforces the idea that women are naturally good at nurturing, caring, and helping other people without any compensation. Considering the long history of the devaluation of women's work, such as domestic work and childcare, because it is not wage labor (Hochschild, 1983), the notion that prohibiting commercial surrogacy protects women's rights should be carefully examined.[142]

Egg donors. As with the interviews of surrogates, egg donors who participated in this study also argued that they have the right to utilize their body parts as they see fit. In terms of egg donation, many countries including South Korea prohibit the commercial selling of eggs because it is understood to be a violation of human rights, in which case body parts cannot be a commodity. For example, in the United States in 2011, a group of egg donors filed a lawsuit against the price guidelines for egg donations used by fertility clinics nationwide. The American Society for Reproductive Medicine suggested that payment for egg donations should not be over $10,000 to prevent the commercialization of egg selling and the exploitation of young, poor women (Jones, 2015). Looking to the logic of the free

[142] In the article "New Surrogacy Policy: Great Leap Backwards," Nishtha (2016) argues that altruistic surrogacy can be more harmful to surrogates than commercial surrogacy contracts in terms of emotional exploitation.

market, though, the plaintiffs argued that egg price-fixing was a violation of federal antitrust laws and suppressed the compensation that they could get through selling their eggs (Lewin, 2015).[143] Some countries outlaw the selling of eggs outright: In South Korea, only altruistic egg donation is technically allowed. However, one interviewee who had experience as an egg donor argued that the regulation was originally enacted to restrict the reproductive rights of egg donors and that it violates her reproductive autonomy:

> I am not a child. I can decide whatever I want to do. However, when I donated my eggs, the IVF clinic requested that I bring my parents because I am single. It is so ridiculous. The IVF clinic said that egg donors should receive agreement from their legal spouses. Since I did not have a husband, my consent was not regarded as real consent. This means I am subordinated under my parents until I get married. The process of egg extraction was painful but bearable. I could take a rest for a couple of days. It was fine. However, I still get upset when I remember the humiliating situation. (Interview, March 23, 2017)

As the interview shows, although the major existing critiques focus on how the procedures of egg extraction are potentially harmful to women's reproductive health and how the commodification of eggs degrades women's rights, the egg donor is

[143] Responding to the claims of egg donors, the American Society for Reproductive Medicine announced that they would remove the compensation guidelines (Vorzimer, 2016).

more concerned that her self-determination and autonomy were not respected during the procedure.[144]

My Baby, Your Baby

The other major critique regarding the use of third-party reproduction is related to the supposed degradation of motherhood. In the current ART industry, gestational surrogates are represented as pitiful and miserable birth mothers who have lost their babies.[145] This representation about gestational surrogacy came from the idea that current gestational surrogacy is connected to the old form of traditional surrogacy. In the book *Outsourcing the Womb: Race, Class and Gestational Surrogacy in a Global Market*, Twine (2011) claimed that current surrogacy practices need to be considered in the context of the history of American slavery, as all Southern Black women were considered part of a "surrogate class" and had to give birth to children with the understanding that these children would be owned by others (p. 14).[146] This means that women who functioned as a "surrogate class" existed long before ART inventions, and those women were not eligible to be social or legal mothers of the babies to whom they gave birth. Moreover, the fact that the process of pregnancy and delivery affects women's reproductive health is considered a major

[144] Additionally, while many feminists criticize egg donation as exploitation of women's bodies or reproductive capacities, actual egg donors who donated their eggs for stem cell research complained about the lack of information about the research post-donation rather than complaining about the objectification of their bodies (Jeong, 2015).

[145] Contrastingly, they are also represented as greedy mothers who sell their babies to earn money.

[146] Because of this history in the U.S., *The Handmaid's Tale* has been criticized in terms of its ignorance of race. Although some of the main characters who were originally White in the novel have been changed to people of color in the TV show, the show fails to discuss how racism intersects with the issue of women's oppression in the totalitarian theocracy of the Republic of Gilead, which instead is portrayed as a post-racial society (Gibney & Askeland, 2017; Berlatshy, 2017; Narcisse, 2017).

problem of surrogacy births. For example, one Korean newspaper article described the problem of surrogacy as follows:

> The problem with surrogacy is that women become a tool of pregnancy and delivery. The maternal mortality rate in South Korea is very high compared to the average maternal mortality rates of the OECD (The Organization for Economic Cooperation and Development) countries. Likewise, the risks during pregnancy and delivery are very high. Although there is no biological link between surrogates and babies, during the prenatal period, motherhood is created. Thus, gestational surrogacy ignores the motherhood created during the process of pregnancy and delivery and violates women's human rights (Choi, 2014).

As presented in this argument, moral judgments about gestational surrogacy are typically based on the belief that pregnant women create a strong bond with their fetuses as potential mothers. Since, during the nine months of pregnancy, pregnant women are literally connected to the fetus via umbilical cord, the attachment between pregnant women and fetuses seems natural. However, considering that all pregnancies do not finish in childbirth and that many pregnant women decide not to be mothers for various reasons, being a surrogate does not mean automatically being a mother who is deprived of her child, particularly if the surrogate does not have an intention to become a mother (or become the mother of another child). As described in Chapter Three, surrogates who participated in this study claimed that their experiences as surrogates were qualitatively different from being mothers of their *own* children. One

surrogate who gave birth to a surrogate baby in 2014 looked back on the delivery date, describing it as follows:

> When I gave birth the (surrogate) baby, I did not know how to explain my feelings. The duration of the labor pains was not long. I could say that it was very smooth. When I saw the newborn baby, I felt deep sympathy for the baby. I think the feeling came from the thought of how such a small creature can live in a tough world…. I had a lot of mixed feelings. It was a very unforgettable experience. I could not say it was bad or good. I cried, but it was not a sense of loss. Since I had done my job successfully and the baby was healthy, I felt profound relief. (Interview, July 26, 2016)

As this interviewee described, since the delivery is an embodied experience and the fetus is inside of a surrogate's body, the emotional and physical attachments between surrogates and fetuses seem obvious.[147] However, the relationships between surrogates and their fetuses can neither be understood as the same as other ("traditional") birth mother-child relationships nor as the same as simply being "mother machine[s]" (Corea, 1985)." In other words, surrogates are neither mothers[148] nor machines. Although they play roles of caring for and bearing fetuses in the place of the social/legal/intended mothers, their pregnancies are not initiated with

[147] Therefore, as a way to increase detachment between the surrogates and babies, C-section is widely used in the transnational surrogacy industry, especially in India. According to Hochschild (2012), all surrogates gave birth by C-section in an Indian surrogacy agency because it could reduce surrogates' memories of the births and undermine any possible bond between surrogates and the babies. Moreover, since intended parents have to pick the baby up to return to their home countries, C-section is preferred in order to arrange the arrival times of intended parents. However, not all surrogacy deliveries are completed using C-sections. In Ukraine, vaginal births are much more prevalent, and C-sections are only used in emergency situations.

[148] In a study about lesbian motherhood using ARTs, Ehrensaft (2008) coined the term "birth other" to replace the term "birth mother" because she rejects the term "mother" and "father" to refer surrogates and gamete donors.

the intention of becoming mothers. Also, as discussed in Chapter Three, the entire embodied reproductive labor experiences of surrogates cannot be reduced to their simply being "wombs for rent."

Nevertheless, because the result of the surrogates' labor cannot belong to the reproductive laborers themselves, surrogacy labor tends to be defined as alienated labor. However, if the alienation is intentional and is helpful in maintaining the bodily integrity of the surrogates, the question remains regarding how gestational surrogacy can be criticized based on the concept of alienated labor. As a contract gestational carrier, the surrogates who I met during my fieldwork research tried to keep the boundaries clear between their roles and the intended mothers' roles. When I did participant observation at an IVF clinic in Ukraine, all surrogates used the term "mother" cautiously. The first time when I heard that they were talking about "mothers" (for example, "I need to talk with the mother," "the mother should be considering this issue," "I will call to the mother," etc.), I thought they were talking about their own mothers. However, I suddenly realized that the term "mother," as they were using it, actually referred to the intended parents of their fetuses. In order to avoid confusion in IVF clinics[149] and to make a boundary to protect their responsibilities, surrogates did not identify themselves as mothers. This attitude is also related to perspectives regarding surrogate fetuses. In gestational surrogacy procedures, the transplantation of multiple embryos is widely practiced in order to

[149] Because two different women are involved in the process of IVF, the language of "mother" could cause confusion. If an IVF doctor needed to discuss an issue with "the mother," whether they meant the intended mother or the surrogate mother could be unclear. Therefore, in IVF clinics in which gestational surrogacy occurs, the term "mother" typically refers to an intended mother as understood through a kind of unspoken agreement.

increase the success rates. After the transplantation of three embryos, a surrogate talked about the possibility of a multiple pregnancy:

> I do not think deeply about having twins or triplets. It could be harder than a single pregnancy. If it happens, I do not care about that because I am not the mother of the babies. I will not raise the twins or triplets. I am busy enough with my one daughter. (laughs) It would be really hard for the mother to take care of two young babies if I am pregnant with twins. (Interview, December 12, 2016)

Since a multiple pregnancy can seriously affect the health of a pregnant woman, it is not true that surrogates do not need to be concerned about such a pregnancy. However, the surrogate believed that a multiple pregnancy would have a greater bearing on childrearing than childbearing, and she thought the issue of caring for the children after birth was not her business.[150] In contrast to the belief that motherhood and maternal affection are naturally created when women are pregnant, surrogates who participated in contract surrogacy resisted such a naturalized concept of motherhood by disagreeing with the notion that surrogates are mothers who lose their babies. In addition, although the proponents of anti-surrogacy activism claim that motherhood should not be a commodity that is sold and bought in markets, it is important to look at the fact that, in many societies, mothering has long been performed by people who are not biological or birth mothers, such as adoptive parents,

[150] This perspective seems to stand in opposition to famous surrogacy scandals, such as the Baby M case (Garrison, 2000) or Baby Gammy case (Schover, 2014). In both two cases, surrogates claimed their maternal rights to their surrogate babies. As the details of both cases were widely spread via the media, many people believe that surrogates have strong maternal affection for their surrogate babies. However, such cases were widely covered by mass media because they do not happen frequently in contract surrogacy.

foster families, relatives, nannies, wet nurses, and teachers. If the reason behind the anti-surrogacy movement is based on the notion that commercial surrogacy contracts degrade motherhood, the argument that only biological and birth mothers could be "real mothers" or "enough of a mother" would not be far behind—an argument that serves only to reinforce hierarchies among mothers in a society.

The collective experiences of surrogates in this study cannot be understood as solely exploitation of their reproductive capacities and bodies nor romanticized as a "global sisterhood."[151] Instead, the surrogates interviewed defined their surrogacy work as exercising their "right to reproductive labor" on the grounds that they have the right to make decisions regarding their own bodies and reproductive rights. Thus, they disagreed with the notion that surrogacy violates motherhood because they need to earn money to be a "mother" for their *own* children, and being a surrogate is a way to realize that.

To Be a Better Parent

The last major criticism regarding third-party reproduction is related to the best interests of the child. While those in feminist circles tend to focus on the exploitation of surrogates based on their vulnerable socioeconomic statuses, pro-choice camps have raised more questions about the issues facing the babies themselves. Since they believe that human life starts when embryos are fertilized, they claim that contract pregnancy is no different from baby trafficking. Because they

[151] Along with the anti-surrogacy discourse, a "global sisterhood discourse does not accurately capture the relationships between intended parents and surrogates. In 2006, the Oprah Winfrey show dealt with an American intended couple who had a surrogate baby in India. In this show, the surrogacy contract was portrayed as "win-win for everyone" and as "women around the world… helping other women" (Fixmer-Oraiz, 2013; Chatterjee & Whelan, 2017). Pande (2011) critically examines this rhetoric of "gift giving" and "global sisterhood."

argue that fetuses are the most vulnerable human beings—more vulnerable than the pregnant women—they argue that the best interest of the child should be considered in surrogacy contracts as well as in traditional childbirth. Considering that the surrogacy contract could create a number of different legal issues due to the different regulations in each country, critics argue that babies born via the transnational surrogacy industry could be the most vulnerable of all because they could be orphan refugees if intended parents chose to abandon them. However, the possibility of babies being abandoned during the third-party reproduction process does not seem any greater than babies who are conceived via "normal" methods of conception.[152] Indeed, since intended parents are some of the most committed parents who are willing to have babies, the intended parent interviewees argued that their greatest concern was to make the best choices for their surrogate babies.

Because ARTs are sometimes understood as technologies used to make a "better baby" through the enhancement of genetic traits, intended parents who use gamete donations sometimes face the critique that such procedures could become a new form of eugenics because they try to choose "better genes." Since intended parents can choose gamete donors based on race, skin color, educational level, physical condition, and/or medical history and use PGD/PGS[153] to avoid certain genetic diseases, the possibility that new eugenic practices could develop is

[152] Annually, approximately 200 babies are abandoned in the Baby Box, which was started by a pastor to save abandoned babies from infanticide in South Korea. Since abortion is illegal in South Korea, women who do not find abortion services tend to drop their babies to the Baby Box (Gu, 2017).

[153] Preimplantation genetic diagnosis (PGD) and preimplantation genetic screening (PGS) refer to genetic testing done on embryos before transplantation. Through these technologies, intended parents can select embryos that do not have chromosomal abnormalities. Additionally, these technologies are used as sex-selection technologies.

convincing. However, in the actual practice of third-party reproduction, intended parent interviewees were not very picky when they chose their gamete donors. As one interviewee who received IVF treatment with donated eggs in 2016 stated,

> When I first received the profiles of the egg donors, I did not have any idea how I could choose an egg donor. I just wanted to have a healthy baby.[154] I did not care about intelligence or appearance. I heard that when intended parents look at the list, the more they see it, they start to look at each applicant very meticulously. I intentionally tried not to select donors. If I selected the donor based on certain criteria, it would mean I would love my child because he fits the certain criteria. I felt uncomfortable about this situation. Also, I thought it is ridiculous that would I judge other people even though I was also not flawless. We just wanted to have a baby who looked like us. (Interview, September 26, 2016)

Like other intended parents I interviewed who used donated gametes, this interviewee claimed that they did not use third-party reproduction in order to have a designer baby.

Since families that are created by third-party reproduction are located beyond the "normal" family ideology, intended parents are also very cautious about that issue. The major concerns of intended parents are that their babies might be bullied or have identity crises as they grow up. In order to prevent such problems, the intended parents who participated in this study thought through many different strategies even when they had just started to make agreements with gamete donors or surrogates.

[154] While the general population believes that ART could be a new form of eugenics because of the many prenatal diagnoses available to find disabilities and diseases, some disabled couples try to use PGD technology to have a baby who has the same disability. For example, some deaf parents want to use PGD to have a baby like just as other hearing parents use PGD to have a hearing baby (Sanghavi, 2006).

Such strategies often differed based on the intended parents' social status. For example, one set of intended parents who are in their early 50s explained that they are going to say that they adopted the baby. The intended mother expressed her feelings two days before the baby was born:

> Because we are too old to give birth to a baby, no one would believe that we gave birth to a baby. If we told our family members and other friends that we adopted our baby, they would not have a doubt about my baby. If we said that we actually hired a surrogate, there might be a strong stigma attached to my baby. I do not want my baby to suffer from the icy stares of other people. I would confess to my baby how we conceived him when he is ready. I don't know whether it is right or wrong. It could be a great confusion to him, but the only thing we can do is make great efforts to give as much love as we can to him. (Interview, November 28, 2016)

While the intended parents decided not to disclose their surrogacy journey to other people, other intended parents who participated in this study explained that they let their families know about their decision to have a surrogacy baby. As one interviewee stated,

> I had not contacted my parents for 10 years after coming out as gay because they were not able to accept my identity. However, when I decided to have a baby with my partner, I started to contact to my mother again. Contrary to my expectation, my mother was very glad and supportive to have a baby. Also, since I have a couple of friends who had the same experiences before, I could gather the courage to have a baby. I made a video recording of the process

> when I had a meeting with the egg donor and surrogate. They gave messages to my baby. When my baby is grown up, I will show the video to explain how they were born with so much love and with the blessing of so many people. (Interview, April 17, 2016)

In this case, since the interviewee lived in a country that was much more LGBT-friendly than South Korea, they decided not to hide that the fact that they gave birth via third-party reproduction.[155] As discussed earlier, since surrogacy technology makes it possible for gay couples to have babies, anti-LGBT rights groups strongly oppose surrogacy technology.[156] However, the argument that the babies of gay parents born via third-party reproduction could have significant emotional and physiological problems tends to reproduce and reinforce the "normal" family ideology in Korean society and discrimination against all children in diverse forms of families.

Although every intended parent has different experiences in different situations when they are involved in third-party reproduction, all the interviewees agreed that being a parent in the transnational ART industry is quite different from "naturally" conceiving. Thus, they could argue that they might be better parents because they exerted much greater efforts than other parents. Indeed, they all emphasized how engaging in the transnational ART industry showed their willingness to be "better parents" rather than revealing a desire to have a "better baby."

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[155] They also continued to contact to their donors and surrogates (with their permission) after the child's birth, sending them the baby's pictures.

[156] Although one of the major reasons that anti-LGBT rights groups in South Korea are against the marriage of same-gender couples is that they are not able to have babies, with the advance of reproductive technologies, they can now have genetically related babies.

Conclusion

This chapter explores how the concept of reproductive rights has been discussed in regards to the transnational ART industry and how the multiple agents who constitute the ART industry, such as intended parents, egg donors, and surrogates, respond to the anti-surrogacy discourse. While some liberal feminists argue that the use of ARTs could give more options and choices to women, many other feminist scholars, activists, bioethicists, and religious groups who are against third-party reproduction in the transnational ART industry claim that the use of gestational surrogacy should be banned or regulated because it violates women's reproductive rights as well as children's rights. Since certain gestational surrogacy practices in particular contexts could be accompanied by serious violence and exploitation, their criticisms are valid. However, the problem is that the framing of surrogacy contracts as exploitative of women's bodies and their reproductive capacities has strong limitations that affect activists' and scholars' understanding of intended parents or surrogates who are not represented in hegemonic surrogacy narratives like *The Handmaids' Tale, Google Baby,* or *Ssibaji*, as well as other mass media coverage.

As discussed in this chapter, intended parents are not just greedy exploiters, and surrogates are not simply victims of patriarchal global capitalism. Although their relationships are already structured by multiple categories (such as able bodies and disabled bodies, consumer and laborer, wealthy country and poor country, etc.), both intended parents and surrogates have made constant efforts to understand the role of third-party reproduction in their lives and to figure out how to exercise their

reproductive rights. Since being a parent and being a surrogate via third-party reproduction could affect their entire lives, more than anyone else, the participants in the system have to determine what third-party reproduction means in the context of the current transnational ART industry. Under such circumstances, the argument, "my uterus is my decision," which is repeated both by intended mothers and egg donors/surrogates, should be interpreted more carefully. Initially, the catchphrase "my uterus is my decision" was widely used in abortion rights movements. Although the concept of "pro-choice" has been criticized because it hides broad social inequalities and reduces the issue of social justice to one of individual choice or privacy, when surrogates or intended mothers argue that they have rights to choose their reproductive practices, it does not automatically mean that they can do anything because their bodies are their properties. Rather, they argue that their experiences, their voices, and their decisions should be respected before quick and easy moral judgments. Returning to *The Handmaid's Tale,* not all current gestational surrogates in the transnational ART industry are like "handmaids," and they resist being labeled as such. In order to empower surrogates to ensure their reproductive rights, their strategies and their practices as gestational surrogates should be further considered before defining them as part of a modern "handmaid" class.

Nevertheless, it is obvious that not all gestational surrogacy contracts go smoothly or are free of conflicts, although the surrogates and intended parents who participated in this study tended to have quite good relationships with each other. In particular, since South Korea does not have any laws related to surrogacy contracts, there are cases of surrogates inflicting damage on intended parents by disappearing

immediately after receiving payment or by having abortions; conversely, there are other cases in which infertile couples demand that surrogates terminate their pregnancies when they divorce or conceive children naturally. In some cases, surrogates claim their parental rights to the babies to blackmail clients for money. As a result, in cases of conflict, it is not easy for either party in a surrogacy arrangement to air their grievances, let alone file lawsuits against the other, because both are aware of the stigma attached to surrogacy contracts.

In Chapter Five, suggested laws and policies related to third-party reproduction that address problems within the transnational ART industry and that promote reproductive rights will be examined. In order to potentially protect both intended parents and surrogates, legislation regarding gestational surrogacy contracts is required. However, many countries, such as India, Thailand, and Cambodia have recently enacted anti-surrogacy laws to prohibit commercial surrogacy contracts for foreign intended parents. Such hasty legislation that does not reflect the experiences of the parties involved can lead to other, more serious problems. By examining the cases in these countries, Chapter Five discusses how the emerging issues of ARTs interlock with issues of transnational adoption and why a framework of reproductive ethics is necessary to approach these interconnected reproduction-related issues in South Korea.

Chapter 5: Can "Local Baby" Movements Be a Remedy?: Bans on Transnational Surrogacy and Overseas Adoption

> "This law (transnational surrogacy ban) aims to stop Thai women's wombs from becoming *the world's womb* [emphasis added]. This law bans foreign couples from coming to Thailand to seek commercial surrogacy services.[157]" (Niyomyat, 2015)

> "South Korea, now clearly recognized as an advanced nation, continues to send children to families in the West. After 65 years of *overseas adoption* [emphasis added], will the Pyeong Chang Olympic Games mark another moment in which national pride turns into *national shame* [emphasis added]? …. We ask the Moon Jae-in administration to immediately terminate overseas adoption from South Korea." (Declaration Calling for an Immediate End to the Industrial International Adoption System from South Korea, 2017)

This chapter aims to discuss the future direction of feminist intervention in the transnational baby-making industry. The previous chapters of this dissertation examine why the transnational Korean ART industry has expanded beyond national boundaries and how the concepts of reproductive labor and rights have been

[157] Wanlop Tankananurak, a member of Thailand's National Legislative Assembly, explains the context of the legislation in the article "Thailand Bans Surrogacy for Foreigners in Bid to End 'Rent-A-Womb' Tourism" (Niyomyat, 2015).

reconstructed through interactions among Korean intended parents and non-Korean egg providers/surrogates, who meet at the intersections of identity markers such as class, race, nationality, and disability. Continuing the discussion about reproductive rights and labor in the transnational Korean ART industry, this chapter examines whether the current legal changes intervening in the transnational baby industry, including new legislation regarding gestational surrogacy and adoption, could be part of a solution that speaks to the major concerns that critics raise about such industries, that is, the exploitation of motherhood and violations of children's rights.

Since all the unprecedented ethical, social, and legal problems surrounding the transnational ART industry (e.g., exploitation of gestational surrogates and complicated custody issues) have been caused by the increasing distances between intended parents (consumers) and gamete providers/surrogates (laborers),many countries that were previously famous as destinations for reproductive tourism, including Thailand, India, Nepal, and Cambodia, have recently enacted surrogacy laws to reduce the baby miles by banning gestational surrogacy contracts for foreign intended parents. In the meantime, the practice of intercountry adoption has also been limited based on reflections that such a practice is not very different from child trafficking or child selling. In order to protect children's rights, Ethiopia, India, China, Russia, and South Korea have regulated or banned sending their children to other countries for international adoption. In this chapter, I describe the trends of transnational surrogacy bans and overseas adoption bans as "local baby" movements because of the direction of legal changes that curb the circulation of babies outside of national boundaries. The assumptions that domestic surrogates should be used only

for domestic citizens and that babies produced within a nation should only be adopted within that nation both support local baby movements. The goal of this chapter is to analyze (1) why each government decided to reduce the baby miles, (2) what the consequences of local baby movements are, and (3) ultimately, whether returning to the ways of the past when there were no transnational industrialized baby industries and when pregnancy and delivery were completed in one woman's body would be the best way to protect vulnerable women and children.

In order to address these questions, this chapter focuses on the transnational gestational surrogacy industry and intercountry adoption. Although the intercountry adoption industry and transnational gestational surrogacy industry have their own histories, both have several parallels that should be discussed together, including adoptive parents and intended parents,[158] birth mothers and surrogate mothers,[159] and adopted babies and surrogate babies (Scherman et al., 2016). Furthermore, as two major options for involuntarily childless couples and individuals, adoption and surrogacy have been practiced in mutually supplementary ways, although the major trend among baby industries has shifted from intercountry adoption to gestational surrogacy as the scope and size of the intercountry adoption industry have been reduced. While gestational surrogacy contracts provide an option to have a genetically related baby, which was impossible via traditional adoption, adoption has

[158] Since surrogacy laws and regulations are different in each country and each state, the legal process of confirming parent-child relationships in surrogacy births are also different. In some cases, surrogates should register the surrogate baby's birth first, and intended parents should adopt the baby from the surrogate. In this case, there is no legal difference between traditional adoptive parents and intended parents in a contract pregnancy.

[159] The biggest difference between birth mothers and surrogate mothers are whether financial compensation is involved or not. However, in the case of altruistic surrogacy, the boundary remains unclear.

still been suggested as a more ethical and humanitarian way to have a child. One the one hand, gestational surrogacy can be an alternative way to be a parent for those who are living in countries in which non-heterosexual couples or individuals are not legally eligible to be adoptive parents because surrogacy contracts tend to be less regulated compared to traditional adoption. On the other hand, anti-surrogacy advocates claim that adoption is a better way to create a family than by gestational surrogacy because they believe that there are still numerous parentless children who are looking for a new home while "selfish" fertility tourists seek vulnerable women who can gestate their babies at a cheap cost.

With the parallels and differences between adoption and surrogacy, the current discussion about the transnational surrogacy industry in the international human rights framework has been shaped in close relationship with intercountry adoption. Since both intercountry adoption and transnational surrogacy cannot be regulated by the effort of a single country due to the nature of cross-border industries, legal scholars have highlighted the importance of international law and agreements to approach issues of transnational contract pregnancy and adoption. The most critical milestone in the practice of intercountry adoption is the Hague Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption (Hague Adoption Convention). The Hague Adoption Convention articulates that the best interests of the child should be prioritized in the process of intercountry adoption. With this emphasis on the best interests of the child, the Hague Convention on Private International Law published "A Preliminary Report on the Issues Arising from International Surrogacy Arrangements" (Hague Conference [HCCH], 2012). In the

report, they mention that "the 1993 Hague Intercountry Adoption Convention 'inspire' some of the thoughts which follow concerning possible future approaches to multilateral regulation in this field" (HCCH, 2012, p. 26). Based on the framework of the Hague Convention, many researchers have conducted studies to suggest how governments can regulate the transnational gestational surrogacy industry and prevent the birth of stateless and parentless babies by reinforcing the transparency of the process of intercountry adoption (Pande, 2017; Scherman et al., 2016; McLeod & Botterel, 2014; Trimmings & Beaumont, 2011). However, while a framework has been developed regarding the legal protections necessary for adopted and surrogate babies, the issue of how the human rights of birth mothers or surrogate mothers should be protected has not been fully examined, and sometimes such issues tend to be viewed as less of a priority due to the emphasis placed on the best interests of the child. Why is the concept of the child's best interests assumed to be in conflict with the parents' best interests? If the rights of birth mothers or surrogate mothers are in conflict with the rights of the child, which rights should be prioritized? In terms of reproductive rights, what are the limitations of policy implementations that are based solely on the best interests of the child?

The Emergence of "Local Baby" Movements in the Transnational Baby Industry

Anti-Overseas Adoption Movements in South Korea

Transnational adoptions have been prevalently practiced since the end of World War II when at least 50,000 children are estimated to have been internationally adopted from their origin countries from 1948 to 1969 (Voigt & Brown, 2013). Although initially transnational adoption was understood as an altruistic response to

provide new, permanent homes for war orphans and abandoned children (Masson, 2001), studies of the transnational adoption industry after the 1970s reveal the ways in which the industry developed to meet the high demands for children in the Global North. During the 1970s, the advancement of contraceptive technologies and changing social attitudes toward single mothers contributed to a decline of domestic babies who were available for adoption in Western countries (Cuthbert & Fronek, 2014). In the local adoption market crisis, countries with fewer regulations in terms of their adoption laws, including South Korea, Romania, China, Russia, and Ethiopia, became the largest supply countries for babies. Since intercountry adoption has operated as a child trade between upper-middle-class couples who want to have babies in the Global North and lower-class mothers in poor countries, intercountry adoptions have been characterized as a neo-colonial mistake (Selman, 2012), criticized as contributing to the exploitation of women and children (Herrmann & Kasper, 1992), and described as equivalent to child trafficking (Smolin, 2004).

In order to address these issues, the Hague Adoption Convention prioritized the pursuit of the best interests of the child. In the guide, "The Implementation and Operation of the 1993 Hague Intercountry Adoption Convention," the authors state, "Such a policy would ultimately incorporate support to families in difficult situations, prevention of separation of children from their family, reintegration of children in care into *their family of origin, kinship care, national adoption* [emphasis added] and more temporary measures such as foster and residential care" (Hague Conference / Conférence de la Haye (Hague Conference on Private Internatio nal Law), 2008, p. 29). This document clearly suggests that all children should have

the right to be raised in their families of origin and that domestic adoption should be prioritized over overseas adoption, although whether it is better for children to remain in institutional care in their countries of origin or be adopted in another country continues to be debated.[160]

As one of the largest sending countries in the transnational adoption industry after the Korean War, South Korea has sent approximately 20,000 children to other countries for adoption during the last 65 years, constituting an estimated 40% of total intercountry adoptions worldwide. For a long time, the South Korean government did not pay attention to the issue of intercountry adoption because the government did not consider it a relevant political or economic issue until the 1980s.[161] However, when the South Korean government held the Olympic Games in 1988, the international media both focused on and criticized intercountry adoption in South Korea. For example, in 1988, *The New York Times* covered the adoption issue in South Korea in an article entitled "Babies for Export: And Now the Painful Questions" (Chira, 1988). In this article, Chira (1988) claimed that

[160] According to the Hague Convention, domestic adoption should be prioritized over transnational adoption to meet the best interests of the child. However, it does not mean that intercountry adoption should be the last consideration. The guideline mentions, "It is sometimes said that the correct interpretation of 'subsidiarity' is that intercountry adoption should be seen as 'a last resort.' This is not the aim of the Convention. National solutions for children such as remaining permanently in an institution, or having many temporary foster homes, cannot, in the majority of cases, be considered as preferred solutions ahead of intercountry adoption. In this context, institutionalisation is considered as 'a last resort'" (p. 30). The ranking system is in conflict with the UN Convention on the Rights of the Child because the UN places intercountry adoption at the end of the list of possible childcare following foster care in the children's countries of origin (Pfund, 1994).

[161] Overseas adoption in South Korea was the easiest way to maintain the patriarchal "pure blood" nation-state. During the 1960s, the majority of adoptees were mixed-raced children born between Korean women and U.S. soldiers during the Korean War. Thus, overseas adoption was viewed as sending the children to their fathers' countries (Jeonhong, 2017).

> [t]he debate touches on sensitive issues for this swiftly growing, swiftly changing nation. South Korea is no longer a third-world country, so poor that it cannot afford to feed and shelter its children. Yet this very industrial development has helped to swell the nation's pool of unwanted children, even as the number of war-displaced or orphaned children shrank. (para. 5)

After the international press's portrayal of Korea as a "child exporter" in 1988, overseas adoption in South Korea became framed as an issue of both national shame and pride. Because of the rapid economic development that South Korea experienced during the 1960s and the 1970s, which was called "Miracle on the Han River" (Ahn & Lee, 2005), South Korean people experienced a sense of national pride; however, the fact that South Korea did not have the ability to care for their own children was considered a national shame. In public discourse about overseas adoption, a hegemonic rhetoric developed that insisted that since South Korea has been a successfully developed country, it should stop sending its babies to other countries because being labeled as a "baby exporter" is closely connected to Korea's "national pride" (e.g., Byun, 1988; Ahn, 1989; Lee, 1990), and the only way to "vindicate [Koreans'] honor" (e.g., Kim, 1993; Choi, 1989) is for the government to ban transnational adoption.

Along with condemnation by the international community, the increasing numbers of returning Korean adoptees and their testimonies regarding their experiences have raised social awareness about overseas adoption. Although Korean people have generally believed that overseas adoption would provide better opportunities to Korean adoptees because they could live in wealthier families and in

wealthier countries compared to their families of origin in South Korea, returning Korean adoptees have revealed the realities of adoptees' lives. One of the representative adoptee organizations is Adoptee Solidarity Korea (ASK), which was founded in 2004. The organization was created by Korean adoptees who believe that overseas adoption should be abolished (Lee, 2008). Along with this organization, other non-governmental organizations[162] have constantly urged the Korean government to enact legislation to protect the rights of adopted children (Trenka, 2009).

In order to respond to criticism from both inside and outside of the country while also recognizing the voices of Korean adoptees and the organizations that serve them, the South Korean government created the first domestic adoption agency in 1989 and worked to reduce the number of overseas adoptions.[163] Although governmental efforts to reduce overseas adoptions have been inconsistent depending on Korea's varying political and economic situations,[164] the number of overseas adoptions has been declining continually since 1989, and since 2007, the number of domestic adoptions has outweighed the number of overseas adoptions. Furthermore, the South Korean government enacted and revised the Act on Special Cases Concerning Adoption in 2012 to reduce the overseas adoption issue (Kim, 2017). The

[162] Such as Truth and Reconciliation for the Adoption Community of Korea (TRACK), KoRoot, NGO for Unwed Mothers, and Gonggam Public Interest Lawyers.

[163] In 1989, the South Korean government announced that they would ban overseas adoption in 1996 (Kim, 1990). However, in 1994, the government withdrew the overseas adoption ban plan. In 1995, the government announced that a ban on overseas adoption would be implemented in 2015 to reduce the number of adoptees by 3–5% annually (Yoon, 1997). As of early 2018, the overseas adoption ban has not been fully implemented.

[164] As one of the largest sending countries, South Korea had to enroll in the Hague Adoption Convention. However, as of 2018, the South Korean government has still not ratified a treaty regarding the Hague Adoption Convention, although they signed the agreement in 2013.

Act on Special Cases Concerning Adoption focused on the facilitation of domestic abortion and the protection of babies.[165] The initiation of the promotion of domestic adoption in South Korea is evaluated as positive progress in terms of the government's recognition of its responsibilities toward adopted children. In the Act on Special Cases Concerning Adoption (2012), it is noted that the purpose of this legislation is to

> provide for special cases concerning the requirements, procedures, etc. for the adoption of children in need of protection and matters necessary for the support thereof, thereby contributing to the promotion of the rights, interests and welfare of the children to be adopted (Art. 1).

Article 3 of the legislation further states, "every child shall be raised healthily in the household to which he/she is born" (Act on Special Cases Concerning Adoption, 2012). Considering that the adoption industry in South Korea flourished because of the assumptions that unwed[166] mothers are not able to raise their children and that the

[165] The Adoption Special Law clearly describes the preferential promotion of domestic adoption in article 7 and the reduction of overseas adoptions in article 8.

[166] "Unwed mothers" (*mihonmo*) are different from "single mothers" in South Korea. In order to resist the stigma attached to the term "unwed mothers," feminist scholars have discussed whether using the broader term "single mothers" to include unwed mothers would encourage the status of unwed mothers (Korean Women's Development Institute, 2017). Yet, the organizations representing unwed mothers continue to use the term "unwed mothers" to discuss clearly the issues related specifically to that population. In South Korea, different terms are used to refer to and categorize single mothers. The term "unwed mothers" (*mihonmo*) generally refers to young women who give birth to a baby before/outside of marriage. Since all women are expected to get married under the patriarchal ideology, women who are not yet married are required to be virgins (until marriage). The sexual relationships and experiences of unwed women are only visualized through the existence of *mihonmo*. Yet, a "not-yet-married" status is different from "not willing to be married." Women who do not want or intend to be married but still want to be mothers are called "*bihonmo*." *Mihonmo* and *bihonmo* seem similar in that they become mothers outside of married relationships; however, since being a *bihonmo* is not the result of an unexpected pregnancy and since such women are willing to use ARTs to have babies, *bihonmo* are relatively free from the stigma of sexual promiscuity attached to *mihonmo*. "*Hanbumo*" refers to single parents, particularly fathers or mothers made single due to divorce or the death of a spouse. The social meanings are all different, and the policy approaches are different. In this article, I use the term of "unwed mother" to refer *mihonmo*.

children of unwed mothers should be adopted into "normal families," this emphasis on the preservation of the birth family marks important progress.[167]

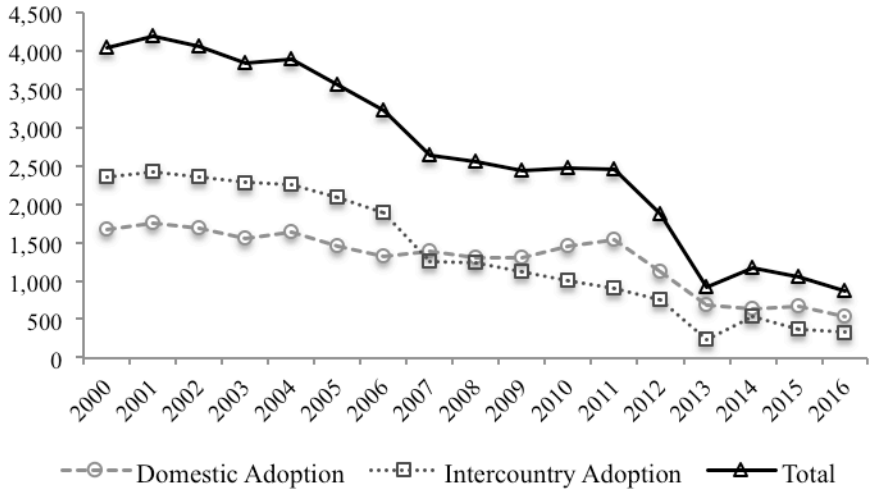

Figure 9. The trend of adoption in South Korea (2000–2016). (KOSIS, 2017c)

In order to reduce overseas adoptions, two major policies have been implemented: (1) supporting unwed mothers as they raise their children and (2) supporting adoptive families by promoting domestic adoption (Kim & Lim, 2011). These policy directions are also reflected in the Framework Act on Low Birth Rate in an Aging Society of 2005 because the numbers of overseas adoptions are considered as having a negative impact on the birth rate in South Korea. However, although promoting domestic adoption could be evaluated positively in terms of resisting the industrialized adoption industry and confirming the responsibility of the government to protect adoptees, simply asserting that "our babies should be raised by ourselves" (Chung, 2017) avoids core questions about *why* babies are continually put up for adoption (or abandoned) in South Korea.

[167] The majority of adopted babies were born to unwed mothers. In 2016, a total of 880 children were adopted, and among them, 808 cases (96%) were the children of unwed mothers (Kim, 2017).

While several public awareness campaigns have focused on how to promote domestic adoption by changing the strong adherence to bloodism in South Korea,[168] the more fundamental problem originates from the lack of women's reproductive rights in South Korea. While abortion has been widely practiced in South Korea, it is not accessible for all women because it is illegal. Furthermore, although abortion is viewed as an issue affecting unmarried women (because they are assumed to not be eligible to be mothers), the rates of abortion are higher for married women. According to a report about the conditions of abortion in South Korea, the abortion rate among married women (17.1%) was estimated as higher than that of unmarried women (14.1%) (Son et al., 2011). In addition, the total estimated number of abortion cases among married women in 2010 was 96,286—57.1% of the total annual abortion cases in South Korea that year (Son et al., 2011). However, these higher rates do not mean that married women have more unwanted pregnancies than unmarried women; instead, these rates are likely more closely related to the accessibility of abortions. Although abortion is illegal and considered a criminal act, the Mother and Child Health Act of 2015 defines limited permissions for induced abortion operations. First of all, "[a] medical doctor may perform an induced abortion operation with the consent of the pregnant woman herself and her spouse (including persons in a de facto marital relationship; hereinafter the same shall apply)" (Mother and Child Health Act, Art. 14, 2015) in a limited range of cases.[169] Because of the spousal

[168] The South Korean government designated May 11 as Adoption Day in 2005 to facilitate domestic adoption.

[169] According to the Mother and Child Health Act of 2015, Article 14, the cases of permissible induced abortion operations (consented to by a woman and her spouse) include the following: "1) Where she or her spouse suffers from any eugenic or genetic mental disability or physical disease prescribed by Presidential Decree; 2) Where she or her spouse suffers from any contagious disease prescribed by

permission requirement, unwed women have significant difficulties accessing abortions because ob/gyns tend to refuse abortion operations if pregnant women are not able to bring their spouses or partners to sign the consent form (Chung, 2013).[170]

Considering that over 90% of adoptees are born to unwed mothers, this clearly shows that the adoption industry in South Korea is connected to the lack of reproductive rights for non-married Korean women. As accessibility to safe abortion is very limited because abortion is illegal, when non-married women become pregnant, they do not have many options when deciding whether to give birth to their babies. During the last 40 years, the overseas adoption industry in South Korea functioned to eliminate such problems efficiently because, without strict regulations on adoptions, the babies born to unwed mothers were sent to other countries. However, as requests for a ban on overseas adoption grew, the policy direction simply replaced overseas adoption with domestic adoption rather than focusing on the lack of reproductive rights for non-married Korean women and its impact on the rates of adoptable (and/or abandoned) babies. Thus, the fundamental problem of the adoption industry is that adoptable babies are continually supplied when non-married, pregnant women can neither access abortion nor be eligible to be mothers.

The other problem with the anti-overseas adoption policies is that the implementation of two of the policies—the preservation of the original family and the

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Presidential Decree; 3) Where she is impregnated by rape or quasi-rape; 4) Where pregnancy has taken place between relatives by blood or by marriage who are legally unable to marry; 5) Where the maintenance of pregnancy severely injures or is likely to injure the health of the pregnant woman for health or medical reasons."

[170] According to criminal law, if an illegal abortion is performed, the pregnant woman and the medical professionals who assist with the abortion are all punished. Most cases in which pregnant women and medical professionals have been charged with undertaking illegal abortion procedures have originated from accusations made by the spouses or boyfriends of the pregnant women. In order to prevent such legal risks, ob/gyns require the consent of the spouses of pregnant women.

promotion of domestic adoption—are contradictory. One of the major obstacles to domestic adoption is the strong bloodism in South Korea (Chung et al., 2012; Jang, 2010; Cha, 2010). In the cultural ideology of bloodism, biologically related parent-child relationships are regarded as authentic and real and adoptive parent-child relationships are assumed to be superficial or easily broken if the children find their birth mothers.[171] As the notion of bloodism has not changed in South Korea, the development of ART has been also considered a major factor in reducing domestic adoption rates.[172] In order to promote domestic adoption, the social conception that parents' adopted children are different from their biological children needs to change. However, the governmental policy of supporting unwed mothers to facilitate the preservation of the original family tends to be justified based on the belief that biological parent-child ties are much stronger than adoptive families' ties, privileging blood over the perception that unwed mothers are ineligible for motherhood. Although the preservation of original families and the facilitation of domestic adoption could be pivotal in eliminating overseas adoption in South Korea, these two policies are contradictory in their justifications. While some governmental policies have attempted to address the greatest obstacle to domestic adoption, which is the social conception that only biological parent-child relationships can be real and strong, other anti-overseas adoption policies emphasize the importance of the preservation of

[171] According to research on adoptive parents (Bae et al., 2016), adoptive parents experience social prejudice and discrimination due to Koreans' culture of and emphasis on "bloodism."

[172] Although the majority of adoptive parents are assumed to be infertile couples, the rates of infertile couples among adoptive parents have been decreasing continually. In 2003, while 80.7% of adoptive parents were infertile, the percentage decreased to 63.3% in 2006 (Chae et al., 2008).

the original family, justifying their stance using the social conception that birth mothers can be the best caregivers for their children as compared to adoptive parents.

The Transnational Surrogacy Ban in Thailand and India

Globally, intercountry adoption peaked in 2004 and declined rapidly during the last decade (Rotabi & Bromfield, 2012). In the meantime, the commercial gestational surrogacy industry has expanded rapidly. Despite the lack of accurate data about the total size of the transnational gestational surrogacy industry, the International Reference Centre for the Rights of Children Deprived of Their Family estimated that approximately 20,000 babies—which is more than the number of intercountry adoptions in 2012—were born annually through the gestational surrogacy contracts in 2013 (Scherman et al., 2016). Furthermore, the Permanent Bureau of the Hague Conference on Private International Law states that between 2006 and 2010, the number of gestational surrogacy contracts has increased by nearly 1000% (Hague Conference on Private International Law, 2012). As a lucrative business, transnational surrogacy industries have flourished in India, Thailand, Nepal, and Cambodia (Abrams, 2016). Although each country has its own historical background in terms of appealing to foreign customers who are seeking surrogacy, the rise and decline of surrogacy markets in these four countries have often interacted with each other because when one country would close its doors (i.e., increasing regulations on surrogacy or initiating bans), another would fling theirs open. Therefore, the regulations of each country have been greatly influenced by others' policies.

India was the first developing country with a flourishing industry in national and transnational commercial surrogacy (Pande, 2011, p. 619), and at one point, India was one of the largest surrogacy industries in the world. In 2011, India had 200 infertility clinics registered with the National Association for Assisted Reproduction in India, and the gestational surrogacy industry was estimated to be a $2 billion industry (Rudrappa, 2017). The Indian government enacted its surrogacy law in 2002 to legalize commercial gestational surrogacy (Verma, 2017). Because of this legislation, India emerged as an Asian hub for the transnational surrogacy industry, as described in Chapter One. However, the lucrative surrogacy industry has since declined rapidly after the Indian government decided to regulate commercial surrogacy services for foreign customers. The most important case to lead the legal change in India was the Baby Manji case (Parks, 2016). Baby Manji was born on July 25, 2008, to a surrogate mother in Dr. Nayana Patel's clinic, commissioned by a Japanese couple, the Yamadas. The surrogate Baby Manji was born via the intended father's sperm and anonymously donated eggs. However, the intended parents divorced a month before the birth of Baby Manji, and the intended mother refused to take the baby. Since Indian surrogacy laws define the intended mother as the recipient of the surrogate baby, the intended father—who was also the biological father as a sperm provider—was not able to take the baby although he wanted to bring the baby back to Japan.[173] The birth of this stateless baby was highlighted on international media because it was regarded as showing the dystopian nature of the transnational surrogacy industry (Rudrappa, 2017). Since the birth of a stateless baby was

[173] Finally, the case was resolved when the Indian government issued a transit permit for the baby to travel to Japan (Points, 2009).

considered the most serious form of a violation of human rights, the Indian government had to react to solve the problem (Garg, 2016). Initially, the Assisted Reproduction Technologies (ART) Bill was introduced in 2008 and redrafted in 2010 and 2014 (Kaul, 2017). Finally, the Surrogacy (Regulation) Bill, which was introduced by Lok Sabha, was approved by the Cabinet in August 2016. According to the bill, the reason for this legislation was that "[t]here have been reported incidents of unethical practices, exploitation of surrogate mothers, abandonment of children born out of surrogacy and import of human embryos and gametes" (Surrogacy (Regulation) Bill, 2016). In order to protect the surrogates and children, this bill regulates gestational surrogacy by permitting only "ethical altruistic surrogacy to the intending infertile Indian married couple between the age of 23–50 years and 26–55 years for female and male respectively" (Surrogacy (Regulation) Bill, 2016).[174]

Along with India, Thailand has been a famous destination country for intended parents who want to hire surrogates. Thailand has emerged as a hub for global medical tourism, especially for East Asians seeking reproductive assistance (Whittaker & Speier, 2010). The Thai government has actively supported the medical tourism industry, especially in the field of infertility treatment, and has viewed the industry as an important source to increase the national wealth.[175] The high quality of medical services, geographic proximity, and affordable cost remain major factors in enticing East Asian customers who want to hire surrogates or use pre-implantation

[174] This bill also includes a stipulation that the intended couple must be married for at least 5 years and be Indian citizens.

[175] According to Cohen (2014), in 2003, the Thai government strategically invested U.S. $2 billion in medical tourism, which was about 0.4% of Thailand's GDP, in order to overcome the 1997 Asian financial crisis.

genetic diagnosis (PGD) technology to select the sex of their child, which is illegal in South Korea.[176] Whittaker (2009) noted that IVF clinics in Thailand reported that, on average, over 30% of their patients were foreigners, though exact statistics on the number of travelers who come to Thailand for reproductive tourism are unknown.

However, Thailand also enacted a surrogacy ban for foreigners in 2015 in response to the international scandal caused by the Baby Gammy case (Parks, 2016). On July 2014, a Thai surrogate mother gave birth to twins for an Australian couple. Because one of the babies was born with Down syndrome, the intended parents only accepted the "normal" baby and rejected the baby with Down syndrome. Although the parents were criticized publicly, they argued that they requested to use prenatal diagnosis screening and selective abortion earlier, but the surrogate rejected their request. The surrogate claimed that she wanted to be the legal mother of Baby Gammy, and she applied for Australian citizenship for Baby Gammy. Additionally, because the intended father was a convicted sex offender, the Baby Gammy scandal made daily headlines in the international media (Taylor, 2016). The horrific media reports and sharp public criticism forced the Thai government to act to regulate the gestational surrogacy industry in Thailand (Whittaker, 2016). In 2015, the National Peace and Order Council (NPOC)[177] passed legislation[178] that "aim[ed] to stop Thai women's wombs from becoming the world's womb," according to Wanlop

[176] The cost of IVF treatment is approximately 80,000 Baht (USD $2,270) per cycle (Whittaker & Speier, 2010). This is half of the cost of the treatment in South Korea.

[177] The military government (NPOC) formed following a coup d'état on 22 May 2014.

[178] NPOC renamed the "Assisted Reproductive Technologies Bill" to "The Protection of Children Born from Assisted Reproductive Technologies Act," which shows the changing attitudes toward ARTs and that the purpose of this legislation is to stop the international trade of gestational surrogacy services (Whittaker, 2016).

Tankananurak, a member of Thailand's National Legislative Assembly (Niyomyat, 2015). Further, Whittaker (2016) suggested that the surrogacy ban showed "the NPOC['s] emphasis upon 'Thai values' and also reflected ongoing nationalist concerns with Thai women's bodies as symbolic boundaries of the Thai state (p. 77)." With the enactment of this legislation, the Protection of Children Born from Assisted Reproductive Technologies Act (2015), Thailand prohibited commercial surrogacy for foreigners, and as of 2017, gestational surrogacy is only permitted for married couples in Thailand. According to the Protection of Children Born from Assisted Reproductive Technologies Act (2015), intended parents are only eligible for gestational surrogacy if both applicants (husband and wife) meet the following criteria: both or one of the applicants is Thai, and the couple has been married for at least three years (Art. 21). Additionally, gestational surrogates should be a blood relative of either of the applicants (but may not be either applicants' parent or descendant), and they should have had a pregnancy before the surrogacy (Art. 21). Like the Indian surrogacy bill, Thailand also prohibits commercial gestational surrogacy for foreigners and only considers heterosexual couples among those eligible for gestational surrogacy.

However, the transnational surrogacy bans in India and Thailand, countries that once had the biggest surrogacy markets in the world, do not mean that the entire size of the surrogacy industry has shrunk at the global level. With India and Thailand banning commercial gestational surrogacy services for foreigners, during the last few years, the surrogacy industries have expanded to Nepal and Cambodia. Initially, although India was the most famous destination for intended parents, including single

parents and gay couples who were seeking gestational surrogacy services, after the Indian government prohibited commercial surrogacy for same-gender couples in 2013 (Bhowmick, 2013), Nepal and Thailand became popular surrogacy destinations for gay couples and single parents. After that, when the Thai government banned commercial surrogacy contracts with foreigners in 2015, Nepal became the most desirable destination country for same-gender intended parents (Kamin, 2015). Additionally, due to its geographical proximity to Thailand, Cambodia soon developed into a new surrogacy hub in Asia after 2015 (Srivastava, 2016). However, the booming surrogacy industries in Nepal and Cambodia did not continue for a long time. Recently, both Nepal and Cambodia announced bans on commercial surrogacy for foreigners. On December 12, 2016, the Supreme Court of Nepal announced that "surrogacy is legal for infertile Nepali married couples, but illegal for single men or women, transgender couples, and foreign nationals" (U.S. Embassy in Nepal, 2017). Moreover, although Cambodia became the Asian hub for surrogacy after India, Nepal, and Thailand banned commercial gestational surrogacy services for foreign couples (Murdoch, 2017), the commercial surrogacy industry could be permanently banned if a bill drafted by the country's Women's Affairs Ministry is approved in 2018 (Sidhu, 2017).

To summarize, several countries that were once hubs of reproductive tourism and central purveyors of the lucrative transnational surrogacy industries now ban the use of gestational surrogacy, particularly by foreign nationals. In terms of the legalization and regulation processes, the strongest statements against transnational surrogacy argue that poor women should not be exploited as "wombs for the world"

and that governments should prevent the birth of stateless babies. Under this logic, in order to prevent the exploitation of women and protect the child's rights, the four main countries that engaged in the transnational surrogacy industry in the last decade (India, Thailand, Nepal, and Cambodia) now have approved or pending legislation that prohibits commercial surrogacy for foreigners and only allows heterosexual, married citizens in their own countries to use such technologies.

What are the implications of these bans on transnational surrogacy? Just as the reproductive rights of "birth mothers" in the South Korean adoption industry have not yet been addressed by the "local baby" movement, so also have concerns regarding the reproductive rights of surrogates not been solved by transnational surrogacy bans. For example, one of the representative anti-surrogacy organizations praised the surrogacy ban in India, noting that "India's new law represents a major step forward given its recent history as the surrogacy capital of the world" (Sloan, 2016). However, while the overseas adoption ban movement was initiated as part of nationalistic sentiment to address the dishonorable reputation that South Korean had gained as a "child exporter" country, the commercial surrogacy ban in several countries was also enacted based on anti-colonialism, as discussed earlier. Moreover, as the names of famous international scandals such as "Baby Manji" and "Baby Gammy" show, the gestational surrogacy industry regulations were initiated to protect surrogate babies rather than prioritizing the rights of either gestational surrogates or intended parents. Although the Indian government claims that the purpose of the regulations is to protect poor and vulnerable women, since the surrogacy bans were not, in fact,

enacted to address the interests of gestational surrogates, several issues still remain and other issues are exacerbated due to such surrogacy bans.

The most important question in terms of transnational surrogacy bans is whether they truly promote the surrogates' reproductive rights and health. While opponents of the surrogacy industry in India argue that "Indian women can no longer be rented as breeders and exploited like cattle for the wealthy" (Sloan, 2016), due to the new surrogacy ban, the lives of surrogates in India have become more difficult because they have lost a way to earn money. Although the Indian government recognizes that surrogacy is how many Indian women make a living, they do not provide any alternative economic solutions for such women. Considering that Indian gestational surrogates in the transnational surrogacy industry could earn between $5,000 and $7,000 USD plus food and housing, which is almost the same as the income a rural Indian woman makes after working for 10 years (Haworth & Claire, 2009, para.3), it is obvious that Indian gestational surrogates cannot find the same jobs anymore. Furthermore, while surrogates have lost access to higher paying markets because of the ban on transnational surrogacy, the newest surrogacy legislation further limits contracts made by Indian intended parents to "altruistic surrogacy" only, which means that women who engage in gestational surrogacy work cannot accept monetary compensation. The surrogacy regulations that prohibit commercial surrogacy and allow only altruistic surrogacy are based on the assumption that if they allow paid gestational surrogacy contracts, it is not different from baby selling or child trafficking. In order to prevent the commercialization of babies as final products in the transnational ART industry, each government has tried

to prohibit commercial surrogacy, but consequently, these regulations reinforce the traditional motherhood ideology that mothers are unconditional caregivers. Therefore, both abolitionists (e.g., Ekman, 2013; Raymond, 1993) and reformists (e.g., Gupta, 2014; Nayak, 2014; Pande, 2014; Rudrappa, 2017; Teman, 2010) regarding gestational surrogacy would argue that allowing altruistic surrogacy alone is not the solution that best protects women from exploitation in the surrogacy industry because it reinforces the assumption that women's labor, such as housework, emotional labor, childcare, pregnancy, and delivery, should not be paid work because it is part of women's altruistic nature.[179]

Because of the surrogacy ban, Indian women who were dependent on the surrogacy industry cannot earn money with such work anymore; further, should they engage in such work still, their working conditions have been exacerbated because it is illegal. Many scholars have voiced their growing concerns about surrogacy bans, noting that the criminalization of commercial surrogacy has the possibility of sending the industry "underground" (Wilkinson, 2016). The clearest example of the consequences of the surrogacy ban might be seen in the Nepal earthquake surrogacy scandal. When the Indian government announced its commercial surrogacy ban regarding same-gender couples Indian surrogacy agencies moved to Nepal with Indian surrogates (Rudrappa, 2017). The earthquake in Nepal in April 2015 revealed the complex relationship between gay couples in Israel and surrogate mothers in

[179] In addition, the Indian surrogacy bill and Thai surrogacy act both suggest that the eligible gestational surrogates should be relatives or siblings of intended parents based on the assumption that family members can help each other out of altruistic motivations rather than for monetary compensation. However, considering the current and historical prevalence of domestic violence worldwide, it is obvious that the family cannot be seen as an egalitarian community, and it cannot be assumed that there is no possibility that family members would exploit gestational surrogates.

Nepal (Shalev, Eyal, & Samama, 2016). When 26 surrogate babies of Israeli gay couples were found in the disaster zone, the Israeli government quickly evacuated the newborn babies from Nepal but left the surrogate mothers behind (Kamin, 2015). Furthermore, that the surrogates in Nepal came from India shows that the surrogacy ban can put surrogates in greater danger because they are forced to move to other countries where they do not have resources to protect themselves. In the opinion piece "How India's Surrogacy Ban is Fuelling the Baby Trade in Other Countries," Rudrappa (2017) argued that Indian gestational surrogates in Nepal are much more vulnerable because surrogacy agencies control their housing, food, money, and their contracts while surrogates are isolated from their close friends and family.[180] As many researchers have pointed out (Rudrappa, 2017; Aggarwal & Garg, 2016), bans on surrogacy for non-heterosexual couples and foreign couples have nothing to do with the reproductive rights of the surrogates. Instead, such bans simply reinforce heteronormativity and the stratified reproduction system by allowing heterosexual married couples to engage in gestational surrogacy based on the assumptions that the reproductive desires of heterosexual couples should be supported by society because they are "natural."[181]

Overall, although bans on gestational surrogacy have been claimed as a feminist argument for a long time (by organizations such as Stop Surrogacy Now and

[180] Similar cases have also been observed in South Korea. Currently, Korean gestational surrogate applicants are requested to move to other countries such as the United States to avoid legal conflicts in South Korea, which does not protect the rights of intended parents. One of the interviewees who tried to do gestational surrogacy work stated that as Korean IVF clinics reinforce gestational surrogacy review processes, enforcing the guideline that only altruistic surrogacy should be allowed, she had to move to other countries to engage in surrogacy work.

[181] In particular, regarding the Indian Surrogacy (Regulation) Bill of 2016, Roy (2016) argued, "It effectively made live-in couples, single persons, gays, and even NRIs second-class citizens of India" (para. 2).

Feminist International Network of Resistance to Reproductive and Genetic Engineering), in practice, surrogacy bans in certain countries do not protect surrogates from exploitation. A recent study by Huber et al. (2017) examines Indian surrogates' perceptions of the transnational surrogacy ban and reveals that the Indian government's decision to ban commercial surrogacy for foreigners does not reflect the experiences and interests of surrogates; in fact, the surrogates in the study actually argued that the government should not ban transnational surrogacy contracts. Furthermore, while the surrogacy ban is regarded as an attempt to stop the exploitation of surrogates, in Huber et al.'s (2017) study, the surrogates interviewed were more interested finding ways to control and better navigate the whole process of surrogacy in terms of negotiating payment, receiving accurate medical information, and making relationships with intended parents. One of the fundamental problems within the transnational surrogacy industry is the lack of transparency. Since there are no standard guidelines about labor conditions and compensation, surrogates tend to be exposed to exploitative practices because medical professionals or surrogacy agencies control the entire process (Pande, 2016). As such, a ban on transnational surrogacy does not generate any positive changes for surrogates because they still do not have the power to negotiate with their counterparts. Moreover, the labor conditions of surrogates further worsen when only "altruistic" and "domestic" surrogacies are allowed because they have to do the same work for less money under the name of "altruism."

Although the use of ARTs has been criticized due to the possibility that it is closely related to the practice of eugenics (Corea, 1985), the objectification of

women's bodies (Arditti, 1974), the commodification of reproduction (Mies, 1988), and the reinforcement of patriarchal maternity (Gimenez, 1991), the positive aspects of ART include their potential to deconstruct gender roles and motherhood ideologies. Focusing on this liberating aspect, Firestone (1971) argued that reproductive technology could contribute to women's liberation from "the tyranny of their reproductive biology" (p. 206). Because pregnancy and childbirth are regarded as naturalized women's capacities, women are considered as the primary caregivers and homemakers in the private sphere, and reproductive biology justifies the public/private gender division. However, the use of ART could challenge the motherhood ideology because technology dismantles the entire process of pregnancy and childbirth. While in the past, young, fertile women could only become pregnant by having sexual intercourse, currently, single women and men are able to have a baby using donated eggs, sperm, and surrogates through ART. This means that a biological/genetic mother does not need to be the same as the caregiver, and being a mother does not require a heterosexual relationship. Through the advancement of ART, being a mother has become a matter of individual choice and decision rather than a biological destiny. As women currently have several medical options related to reproduction, feminists who support the use of reproductive technology highlight that reproductive technology allows women greater freedom in their reproductive choices (e.g., Beckman & Harvey, 2005; Cannold & Gillam, 2003; Cussins, 1996; Walker, 2003).

Regardless of how close the actual practices of the ART industry are to the ideals that the advancement of ART can help promote women's autonomy and rights

by denaturalizing motherhood, current trends of gestational surrogacy regulations tend to eliminate all positive potentials around the use of ARTs, including the deconstruction of a gendered labor division and heteronormativity, by restricting eligible users of the technology to heterosexual, married citizens. Furthermore, along with the concern that current surrogacy laws favor more conservative ideals, the effectiveness of transnational surrogacy bans is also questionable. Although India, Nepal, Thailand, and Cambodia have currently closed their doors to foreigners who are seeking gestational surrogates, this does not indicate an end for transnational surrogacy industries, which have moved to Ukraine, Georgia, Mexico, and the United States (Richards, 2017). If all governments were to take the issue of the exploitation of surrogates seriously, rather than criminalizing and stigmatizing the pregnant bodies of surrogates, such governments should recognize that surrogates are reproductive laborers and that their labor needs to be regulated by appropriate guidelines—not banned altogether.

Rethinking Baby Miles as a Site of Reproductive Ethics

If "local baby" movements cannot be a remedy used to solve the problems of the current transnational baby industries, what kinds of feminist interventions are requested in the baby miles? In order to address this question, this section envisions reproductive ethics as a new framework that is differentiated from bioethics. The term "reproductive ethics" typically refers to a subsection of biomedical ethical concerns related to human reproduction, especially regarding issues raised by the use of ARTs (Nelson, 2000). Additionally, since reproductive practices are closely related to women's bodies and rights, reproductive ethics is considered an important subtheme

of feminist bioethics (Dodds, 2013). While the term "reproductive ethics" has already been widely used as a subcategory of bioethics, I define "reproductive ethics" as being separate from bioethics, instead reclaiming reproductive ethics as part of the transnational feminist agenda. Although the concept of reproductive ethics is neither entirely exclusive from bioethics nor a replacement for existing bioethical inquiry, this section focuses on how and why reproductive ethics can be a useful framework by which to approach the transnational Korean ART industry.

First, the term "reproductive ethics" can clearly show who and what are the main subjects of ethical concern in regards to the use of ARTs. In bioethics discourse, the central subjects are abstract forms of life, as indicated by the word part "bio," from the Greek word "*bios*," meaning "life." For example, the topics of abortion, euthanasia, cloning, organ transplantation, and genetic testing have been mainly studied in bioethics because these topics are related to the boundaries of life and death. Although many feminist bioethicists (e.g., Warren, 1973; Thompson, 1971; Mackenzie, 1992) have argued that abortion is not a problem of selecting either the fetus or the pregnant woman, the framework of pro-life versus pro-choice has not been fully challenged in abortion debates in which fetuses are imagined as the origin of life. Furthermore, with the advance of reproductive technologies like IVF technology, embryos have become primary subjects in bioethics. In South Korea, in particular, embryos are considered an important resource for scientific research as well as reproduction.[182] As such, just as abortion was framed as a bioethical issue,

[182] In South Korea, ironically, the penalty for illegally discarding embryos is more severe than that for abortion.

discarding embryos has also been discussed as a violation of human dignity.[183] Although the moral and legal statuses of embryos are important because such biomaterials have the possibility of becoming humans under certain circumstances, discussions regarding the extent to which embryos should be protected tend to fail to address the fact that embryos are created as the result of women's decisions and their reproductive labor. Under such circumstances, the term "reproductive ethics" can be useful in highlighting women's reproductive labor as a central ethical concern in the discussion around the use of embryos.

Furthermore, in the South Korean context, when the use of ARTs, including gamete donation and gestational surrogacy, has been discussed in bioethics, the "bio" of "bioethics" tends to only represent embryos, fetuses, and potential babies and not the women who are involved in the actual reproductive processes. This framework of bioethics versus women's interests has been reinforced in South Korea since 2005 when the government enacted the Bioethics and Safety Act. Whenever the government has had to engage in public hearings or forums related to the use of ARTs, a panel of professionals is assembled with representatives from the fields of bioethics, science/medicine, and feminist activism. In this framing of the issue, bioethicists represent pro-life arguments, scientists/medical professionals discuss the "objective" information about the issue, and feminist activists seek to uphold women's rights. In this context, the concept of reproductive ethics can challenge the dichotomy between bioethics and feminism by clarifying that the bioethical issues in

[183] Amid the discourses that consider embryos as potential human beings, certain religious groups have made a campaign called the "embryo adoption movement." Since they believe embryos should not be discarded because human life begins when eggs and sperm are fertilized, they have tried to save embryos by seeking our parents for them. In their narratives, frozen embryos are depicted as orphans frozen in ice who are waiting for their potential parents.

new reproduction practices are not limited to the moral statuses of embryos and fetuses.

Second, using a reproductive ethics framework allows for the discourse to focus on ethical conflicts among the multiple human actors involved in the baby-making process instead of focusing solely on biomaterials. It is important to examine the relationships among the multiple stakeholders in third-party reproduction not only because doing so challenges the framing of the conversation as "fetus-versus-woman" but also because the advancement of medical technologies necessitates changes in existing abortion debates. While traditional abortion debates tend to center on the conflicts of interest between fetuses and pregnant mothers, the debate becomes more complicated in third-party reproduction because there are multiple "mothers" who are involved in the baby-making process. For example, in terms of gestational surrogacy contracts, social/legal/genetic mothers are not the same as gestational carriers. When intended mothers want to terminate their pregnancies or gestational surrogates want to abort their babies but in opposition to their counterparts, who has the right to have a baby or not becomes a more complicated ethical question. According to the guidelines for gestational surrogacy as suggested by the Korean Society of Obstetrics and Gynecology, gestational surrogacy applicants should consent that they will not perform an abortion if they succeed in becoming pregnant. If a gestational surrogate wanted to abort a fetus after making a contract, should they have the right to not give birth to a baby? Conversely, as discussed earlier in this chapter, Baby Gammy's case shows the opposite situation, as intended parents wanted to perform selective abortion and the gestational surrogate refused to abort the fetus, which was diagnosed with

Down syndrome. As such, when multiple actors are involved in the reproduction process, the existing frameworks of reproductive rights or reproductive justice have limitations when attempting to solve the problems found in the transnational ART industry. As a political movement that combines reproductive rights with social justice, reproductive justice includes three main principles: (1) the right not to have a child; (2) the right to have a child; and (3) the right to parent a child in safe and healthy environments (Ross et al., 2016, p. xiii). In the ART industry, though, problems arise from this because when different stakeholders claim their rights to a baby, it is unclear whose rights should be prioritized. Beyond pro-choice and pro-life debates, reproductive ethics can deal with this issue by focusing on the relationships among different reproductive stakeholders.

Lastly, reproductive ethics can help reconstruct intended parents and gestational surrogates/gamete providers as ethical subjects rather than treating them as potential violators of bioethics. In situations in which third-party reproduction in the transnational ART industry is judged as ethically problematic, both intended parents and gestational surrogates/gamete providers are regarded as objects who should be educated or rescued to preserve the sanctity of life. However, as I described in Chapters 3 and 4, intended parents and gestational surrogates/gamete donors are already ethical subjects who try to take responsibility for their decisions to participate a baby-making process. Furthermore, the increased baby miles should be considered a site of reproductive ethics because of the ethical issues that are created when intended parents and gestational surrogates/gamete donors who are from different races, classes, nationalities, and abilities come face-to-face amid these baby miles. In my

fieldwork research, I observed that intended parents spend at least a year—and sometimes as long as six years—before making their decision, deliberating, and then getting in touch with potential surrogates. In the baby miles, what are the issues that they agonize over for such a long period of time? What kinds of conclusions are considered ethical from their points-of-view? How do they solve the ethical dilemmas in interdependent ways? These questions could be examined as part of a broader discussion around reproductive ethics as they relate to the transnational ART industry.

Conclusion

This chapter discusses the current trends of "local baby" movements as they seek to intervene in transnational baby industries. Both anti-overseas adoption movements and transnational surrogacy bans have been deployed to address the expansion of such industries. Although the detailed practices of adoption and gestational surrogacy have many differences,[184] both baby industries are understood as examples of global reproduction inequalities among birth mothers/gestational surrogates in less developed countries and intended/adoptive parents in developed countries. Within this framework, in order to protect the rights of the children and women who are easily violated in such transnational baby industries, each government has tried to curb the transnational circulation of babies by enacting transnational gestational surrogacy bans or intercountry adoption bans. However, as

[184] For example, while the major motivation for gestational surrogates to participate in the baby industry is financial compensation, birth mothers do not receive any compensation. Additionally, adoptees are biologically related to their birth mothers in the adoption industry, but usually surrogate babies are genetically related to their commissioning parents.

discussed earlier, “local baby” movements cannot be a remedy for improving women’s reproductive rights because they tend to reinforce traditional motherhood ideologies (i.e., motherhood as biological destiny, women as nurturing caregivers, etc.) instead of challenging “normal” family ideology and heteronormativity. Further, since the baseline motivation behind the bans on overseas adoptions and transnational surrogacy is based on the best interest of the child, the “local baby” movement reinforces the dichotomy between children’s rights and women’s rights in the same ways as the older, equally problematic framework of pro-life and pro-choice.

While most sending countries in intercountry adoption and most destination countries for gestational surrogacy are located in Global South and the babies born by birth mothers and surrogates in the Global South move to the Global North, the positionality of South Korea within transnational baby industries is ambiguous because, historically, South Korea has been one of the largest sending countries in the intercountry adoption industry while, simultaneously, South Korean intended parents are currently travelling to other countries to seek gestational surrogacy services. As discussed in Chapter Two, while new Korean in-fertile subjects have emerged as customers in the transnational surrogacy industry, at the same time, there is a prevalent concern that poor Korean women can easily become gestational surrogates for foreign intended parents if the South Korean government legalizes commercial surrogacy. In the complicated context that Koreans can be both subjects/consumers as well as laborers in such baby industries, critical reflections on anti-overseas adoption movements and transnational surrogacy bans in countries like India and Thailand can offer important lessons to the larger Korean society as well as to the country’s

lawmakers, who currently face urgent requests to pass new laws related gestational surrogacy.[185]

Nevertheless, as the low fertility rate trend is regarded as a national crisis, the South Korean government has implemented myopic policies[186] related to reproduction that seek only to increase fertility rates in the short term instead of attempting to formulate synthesized policies related to reproduction. However, as discussed earlier, until women's reproductive rights "to have a baby" and "to not have a baby" regardless of their marital statuses are fully guaranteed in South Korea, the number of unwanted pregnancies and adoptable babies will likely not be reduced domestically, and the number of intended parents who travel to other countries to use the ARTs that are not allowed in South Korea will likely not decrease. Under such circumstances, rather than approach the fundamental issues related to reproductive rights in South Korea, the Korean government and medical professionals have suggested ways to promote domestic adoptions for infertile couples because they believe that legalizing gestational surrogacy is "unethical" as there are many abandoned, adoptable babies who remain in South Korea (IVF Bill, 2006). Following the government's suggestions, would all of South Korea's problems be solved if Korean intended parents turned to domestic adoption instead of seeking outsourced gestational surrogacy services, allowing the country to escape the national shame of

[185] As discussed in Chapter One, there are no laws related to the use of gestational surrogacy although the use of gametes has been regulated by the Bioethics and Safety Act since 2005.

[186] For instance, according to the plan for an aging society and population (Government of the Republic of Korea, 2015), the main outcomes of the plan include (1) reducing abortion rates, (2) promoting domestic adoption, and (3) supporting infertile couples in order to increase fertility rates in South Korea.

being a “child exporter country” while also raising the population? If not, what are the possible suggestions to approach the regulation of baby-making industries?

As many other scholars have suggested, bans on surrogacy and intercountry adoption in a single country will not abolish the transnational baby industry. The industry has moved continually to other countries that have fewer regulations and/or more vulnerable women. Thus, the necessity of international laws to intervene in transnational baby industries could be inarguable. However, the current framework based on the Hague Convention on Private International Law of 2008, which emphasizes the best interests of the child, has limitations in terms of solving ethical dilemmas and conflicts regarding the rights of multiple agents involved in the baby industries; this is because the approach of the Hague Convention separates reproductive subjects, including both intended parents and gamete donors/gestational surrogates, from the children by stating that the fundamental principles of the Convention are built on the protection of children. In order to avoid the danger of reproducing the old framework that the interests of the child are in conflict with their mother’s rights, as has occurred in the pro-life versus pro-choice movements, reproductive ethics, which focuses on ethical concerns among multiple reproductive rights holders in the baby-making industries, should be integrated into current ethical and legal discourses around the use of ARTs across the baby miles.

Conclusion

Through this dissertation research project, I have learned that third-party reproduction practices such as gestational surrogacy or gamete donation are not inherently unethical. Furthermore, intended parents are not just greedy exploiters, and surrogates are not simply victims of patriarchal global capitalism. Although the fierce controversy surrounding commissioning pregnancy in the transnational ART industry has emerged because of advancements in assisted reproductive technology, considering the long history of adoptive families, wet nurses, and nannies, human reproduction has never been entirely completed in a nuclear family comprised of a biological father and biological mother. Moreover, the issues of stratified reproduction were present even when reproductive capacities and labor were not fully commercialized in the past. Nevertheless, ethical concerns related to the transnational ART industry tend to be more focused on the moral and legal status of embryos, fetuses, and potential human beings rather than the major human actors of reproductive practices, such as intended parents, gestational surrogates, and gamete donors. In order to challenge the bioethical discourse that focuses on the relationships between fetuses and women as if both are independent, individual subjects, this dissertation places the relationships between intended mothers and gestational surrogates at the center of its analysis. Although anti-surrogacy arguments tend to describe both intended mothers and gestational surrogates as objects that need to be educated or rescued to protect bioethical values, I have observed that intended mothers and gestational surrogates are instead ethical subjects who take on all the moral and ethical responsibilities related to their reproductive decisions. In a world of

increasing baby miles, it takes a significant amount of time for intended parents and gestational surrogates to go through each step of making a baby in the transnational circuits of the ART industry. In the expanded time and space of the transnational baby-making process, how intended parents and gestational surrogates reflect on, deliberate on, withdraw from, and reconsider their decisions and experiences as ethical subjects should also be considered to expand feminist critiques on reproductive technologies and reproductive rights.

Throughout this dissertation, I examined how Korean intended parents and non-Korean gestational surrogates and gamete donors experience ART as users, consumers, and laborers in the transnational ART circuits. As I described in Chapter One, although the South Korean government has aggressively implemented childbirth promotion policies since 2005 in order to solve the country's low fertility rate issue, the pronatalistic policies have reinforced stratified reproduction in South Korea by supporting only eligible intended parents, or those who coincide with a "normal family ideology," as they seek to use ARTs and by regulating third-party reproduction that could threaten the family norm. In the reproductive politics of South Korea, new in-fertile subjects—those who were not regarded as fertile in the past, but were given the potential to be parents using infertility treatment technologies—have participated in the transnational ART industry to realize their potential as intended parents. In Chapter Two, I analyzed how new in-fertile subjects can become intended parents by navigating the circuits of the transnational Korean ART industry, and I discussed the social structures that mediate the relationships between Korean intended parents and non-Korean gestational surrogates/egg donors. The formation and

expansion of the transnational Korean ART industry show how race, nationality, and class differences between intended parents and reproductive laborers are complicated and reimagined when non-Western customers participate in the transnational ART industry as "consumers," particularly as such customers challenge the notion that reproductive journeys in the transnational ART industry only involve customers moving from the Global North to the Global South. Through discussions about the roles of the state and market in mediating intended parents and gestational surrogates, in Chapter Three, I examined the experiences of intended mothers and gestational surrogates and found that the concept of reproductive labor is key to understanding the lucrative ART industry. In this chapter, I focused on how intended parents and gestational surrogates collaborate and conflict with each other when they perform reproductive labor as egg providers and gestators in the baby-making process. Continuing the discussion on the concept of reproductive labor, in Chapter Four, I discussed how intended parents, egg donors, and surrogates have reconstructed the concept of reproductive rights by challenging the anti-surrogacy discourse while opponents of commissioning pregnancy argue that the gestational surrogacy business violates women's reproductive rights. Although their relationships are already structured by multiple categories as examined in Chapter Two (such as able bodies and disabled bodies, consumer and laborer, wealthy country and poor country, etc.), both the intended parents and the surrogates I interviewed made a consistent effort to understand the role of third-party reproduction in their lives and to figure out how to exercise their reproductive rights. Although the concepts of reproductive labor and reproductive rights should be explored further to better understand the transnational

ART industry, as discussed in Chapter Five, current legal changes tend to eliminate the possibility of new reproductive practices by banning commercial surrogacy for foreigners. In order to discuss the future direction of feminist interventions on the baby miles, I discussed the current legislation related to the baby-making industry in multiple countries and analyzed why such laws and policies do not necessarily support or extend individuals' reproductive rights.

This dissertation makes substantive interventions across multiple disciplines and areas of inquiry. First, it contributes to the feminist scholarship on reproductive rights. Although feminist researchers have provided meaningful critiques on reproductive rights in the context of the biomedical technology era, much research tends to focus on the partial experiences of either "infertile women" or "egg donors/surrogates" when discussing the meaning of reproductive rights in this field. As infertile women as consumers and egg donors/surrogates as sellers or laborers appear to be located at opposite ends of the reproductive technologies spectrum, their experiences and subjectivities have been dealt with separately. However, my project focuses on the meaning-making processes that occur within the relations between infertile women and egg donors/surrogates because their distinct, embodied experiences are nonetheless closely related to one another and because they both have significant perspectives on the construction of the very concept of reproductive rights.

Second, to expand the relationships between intended parents and egg donors/surrogates from individual levels to transnational levels, my project offers a more complicated picture of the ART industry within the field of transnational studies. Current research about transnational reproductive medical tourism, including

international gestational surrogacy, successfully examines the social and ethical problems in the booming surrogacy industry in the Global South, but an unintentional consequence of the research reinforces the binaries between Asian women as exploited objects and "Western" women or gay couples in the Global North as liberated subjects. My research project challenges this binary by focusing on the multilateral flows of the transnational reproductive technology industry.

Third, this project builds on recent efforts to stimulate race studies within Korean Studies (Seol, 2006; Ha, 2012; Bae, 2013). Since Korea has historically been regarded as a racially homogenous society, Korean mono-ethnic nationalism has been very strong. However, as the number of immigrants to South Korea has been steadily rising (mostly coming from Southeast/East Asian countries), racism and racial hierarchies in Korea and in Asia, more broadly, have become important, emerging issues that require careful examination.[187] To this end, current Korean feminist scholarship has been interested in the reproductive health issues and reproductive rights of immigrant women who are often caregivers for Korean babies (E. Lee, 2013; J. Hwang, 2012). However, these studies do not challenge the hegemonic feminist research about reproduction in South Korea, in part because they frame the

[187] In 2012, the total number of marriage-migrant women in South Korea who were from Vietnam was 7,549 (34.3% of total marriage-based migration). The next largest groups were women from China (33.9%), the Philippines (9.3%), Japan (5.0%), and Cambodia (4.3%) (KOSIS, 2012). More than 120,000 migrant women have come to South Korea through international marriage, and it is predicted that the number of marriage migrant women will soon comprise 20% of the total households in South Korea (KOSIS, 2016). Although the number of immigrant workers has increased since the 1990s, the group of marriage migrant women is more significant to the examination of racism in Korea because they are the first "settler type" of immigrants (Kim, H., 2007). Although international marriage between Korean women and migrant men has also increased, they were not initially considered as new settlers under the patriarchal legal system. Before the reform of Korean citizenship laws in 1998, only immigrant women who married Korean men could obtain Korean citizenship.

reproductive issues of immigrant women as separate, minority issues that are distinct from those of Korean women. By focusing on the roles of non-Korean women as egg donors and gestational surrogates who participate in the Korean baby-making process, my work challenges this assumption and recognizes non-Korean women as central subjects—and reproductive subjects—in the larger systems of producing Korean babies.

Throughout this dissertation, I have brought social science and humanities lenses to the study of reproductive technology in order to examine these central questions: How do Asian actors who travel these baby miles disrupt the hegemonic discourse about transnational surrogacy and construct meanings of reproductive rights and labor in non-Western contexts? And how should transnational feminist scholarship intervene in the issue of reproductive justice when the relationships between intended parents and gamete providers/surrogates are created based on their racial, gender, class, and national differences on a global scale? To develop and expand upon these questions, several other avenues of research need to be further explored. First, since this dissertation mainly focuses on the relationships between intended mothers and gestational surrogates, other key actors participating in the baby miles are not fully examined in this research. In particular, the role of Korean men involved in ART should be analyzed further in future research. While women have been regarded as the primary subjects in the role of reproduction in the Korean context, men have become critical reproductive subjects as both sperm providers and intended fathers in the transnational ART industry. When Korean gay couples or single men participate in the ART industry as intended parents, how are the gender

role divisions and gender politics in South Korea changed or reconstructed? How are the relationships between infertile men and sperm donors different from the relationships between infertile women and surrogates? Considering that the rate of third-party reproduction via sperm donation is two times greater than that of egg donation in South Korea annually, how does third-party reproduction challenge or reinforce the bloodism and patriarchal familism entrenched in South Korean culture? In order to address these questions, it is important to contextualize the meaning of being a father in Korean society, particularly in comparison with conceptualizations of Korean motherhood.

Second, although I include the egg markets and the experiences of egg donors in this dissertation because the process of undergoing IVF using donated eggs is not different from gestational surrogacy, the social and cultural meanings of egg donors and gestational surrogates are quite different because egg donors are "genetically" related to a baby. Therefore, the ways in which gamete donation has created different reproductive politics need to be examined and compared to gestational surrogacy practices. Matching egg donors with intended parents can be difficult because the genetic materials of egg donors are regarded as an essential part of the baby. Since donated eggs help determine the babies' genetic characteristics, the race of egg donors has emerged as a critical issue in the transnational egg trade. During the last few years, the egg donation agency in Taiwan at which I conducted participant observation and interviews in 2016 has expanded successfully to reach Korean and Chinese patients while, previously, the majority of customers were Japanese. While in Western countries, an "Asian" is defined as a person having origins among any of the

original peoples of the Far East, Southeast Asia, or the Indian subcontinent, in South Korea, if a baby is born with one parent who is Korean and another who is non-Korean Asian, the child is considered "mixed race" due to the strong myth of pure blood and ethnic nationalism. Thus, an examination of inter-Asian race politics in Taiwan's egg donation markets could show the medical, cultural, and legal processes through which Korean intended parents make a "Korean baby" using "Taiwanese eggs" and, more broadly, how such egg donation practices disrupt or reinforce current concepts of race, ethnicity, and nationality in inter-Asian contexts. Additionally, this research can be expanded to studies about the use of ARTs in East Asian countries, including Japan and China. East Asian countries have shown similar patterns of delayed marriage, late childbirth, and low fertility rates. Moreover, since these countries prohibit commercial third-party reproduction in their countries, intended parents travel to the same destinations (i.e., Thailand, India, Taiwan, Ukraine, and the United States) to seek "Asian" egg donors or surrogates. Through comparative research, how reproductive politics in Japan and China have shaped the meaning of ARTs in different/similar ways to South Korea and how the concepts of Asia or Asianness are contested in the baby-making industry for East Asian customers should be examined.

Finally, whereas this dissertation focuses on the use of third-party reproduction using IVF technology, including gestational surrogacy technology, future research projects could be broadened to include examinations of other ARTs, such as uterus implantation technology and artificial womb technology. As discussed in Chapter Five, for some, the "local baby" movement has been considered a remedy

to solve the ethical problems within transnational ART industry; yet, others have discussed more advanced reproductive technologies, such as uterus implantation technology and artificial womb technology, as the ultimate solutions that will prevent the exploitation of surrogates. Further, since these technologies have the potential to make it possible for men to become pregnant and have babies, whether these technologies could end the concept of "biological destiny" and the implications of such gender-neutral reproductive technologies should be dealt with in feminist scholarship. Through comparative research regarding assisted reproduction, the ethical issues raised by the advance of reproductive technologies could be explored along with how such issues are similar to or different from those raised by the use of gestational surrogacy; in addition, how reproductive politics are reshaped and contested among such new human (re)productive technologies would be important questions to consider as part of an emerging site of interdisciplinary inquiry.

Appendices

Appendix 1: Research Participants

Category	#	Role/Organization	Location	Year	Remarks	Gender
Brokers/ Agency	#1	Local broker	Incheon	2014	Egg donation Surrogacy	F
	#2	Thailand, USA broker	Seoul	2014	PGD Surrogacy	F
	#3	India, Nepal broker	Seoul	2016, 2017	Egg donation Surrogacy	M
	#4	Ukraine broker	Seoul, Kiev	2016, 2017	Egg donation Surrogacy	M
	#5	Thailand, Cambodia broker	Seoul	2016	Surrogacy	M
	#6	Ukraine broker	Kiev	2016	Egg donation Surrogacy	F
Medical Professionals	#7	C IVF clinic doctor	Seoul	2016	Member of National Bioethics Committee	M
	#8	M IVF clinic doctor	Seoul	2016	Egg freezing	M
	#9	H IVF clinic doctor	Seoul	2016		M
	#10	P IVF clinic doctor	Busan	2016	Sperm bank	M
	#11	N ob/gyn doctor	Seoul	2016		F
	#12	M ob/gyn doctor	Seoul	2016		F
	#13	H IVF clinic doctor	Taipei	2016	Egg bank	M
	#14	J IVF clinic doctor	Seoul	2016	Pro-life activist	F
Coordinators/ Interpreters	#15	IVF clinic staff	Taipei	2016	Korean staff	F
	#16	Surrogacy coordinator	Kiev	2016		F
	#17	Interpreter	Seoul	2016	Ukrainian	F
	#18	Interpreter	Seoul	2016	Uzbek	F
	#19	Interpreter	Busan	2016	Russian	F
	#20	Interpreter	Seoul	2016	Russian	F
Egg Donors	#21	Egg donor	Incheon	2016	Korean Age: 35	F
	#22	Egg donor	Cheong-ju	2016	Korean Age: 34	F
	#23	Egg donor	Busan	2016	Kyrgyzstan Age: 25	F
	#24	Egg donor	Ansan	2016	Uzbek Age: 30	F
	#25	Egg donor (spouse)	Busan	2016	Kyrgyzstan Age: 27	M
	#26	Egg donor	Seoul	2016	Uzbek Age: 30	F
	#27	Egg donor	Kiev	2017	Ukrainian Age: 25	F
Gestational Surrogates	#28	Surrogate	Busan, Seoul	2016	Ukrainian Age: 32	F

	#29	Surrogate	Chungju	2016	Korean Age: 30	F
	#30	Surrogate	Bucheon	2016	Korean Age: 34	F
	#31	Surrogate	Ansan	2016	Thailand Age: 27	F
	#32	Surrogate	Incheon	2016	Thailand Age: 35	F
	#33	Surrogate	Kiev	2016	Ukrainian Age: 32	F
	#34	Surrogate	Ansan	2015	Korean Age: 32	F
Intended Parents	#35	IP (Ukraine)	Incheon	2016	Age: 33 Surrogacy	F
	#36	IP (Ukraine)	Incheon	2016	Age: 31 Surrogacy	M
	#37	IP (Korea)	Seoul	2016	Age: 40 Surrogacy	F
	#38	IP (Uzbekistan)	Busan	2016	Age: 50 Egg donation	F
	#39	IP (Uzbekistan)	Busan	2016	Age: 52 Egg donation	M
	#40	IP (Ukraine)	Kiev	2016	Age: 50 Egg donation/Surrogacy	M
	#41	IP (Thailand, Republic of South Africa)	Jeonju	2016	Age: 36 Gay Egg donation/Surrogacy	M
	#42	IP (The Philippines, Mexico)	Seoul	2017	Age: 30 Gay Egg donation/Surrogacy	M
	#43	IP (Denmark)	Seoul	2017	Age: 34 Lesbian Sperm donation	F
	#44	IP (Korea)	Seoul	2016	Age: 35 Egg donation	F
	#45	IP (United States)	Virginia	2015	Age: 40 Surrogacy	F
Government	#46	Ministry of Health and Welfare	Seoul	2016	Infertile Couple Support Policy	F
	#47	Korea National Institute for Bioethics Policy	Seoul	2016	Secretary General	F
	#48	Embassy of the Republic of Korea	Seoul	2017	Consul	M
NGO	#49	Organization for infertile couples	Seoul	2016	Chair	F
	#50	Women's organization	Seoul	2016	Research fellow	F
	#51	Women's organization	Seoul	2016	Director	F
	#52	Lawyer	Seoul	2016	Lawyer	F
	#53	Health organization	Seoul	2016	Research fellow	F
	#54	Immigration organization	Ansan	2017	Staff	M

Scholars	#55	ART experts	Seoul	2016	Sociologist	F
	#56	ART experts	Seoul	2016	Anthropologist	F
	#57	ART experts	Taipei	2016	Sociologist/member of bioethics committee	F
	#58	ART experts	Bangkok	2015	Political science scholar/member of bioethics committee	F
	#59	ART experts	Bangkok	2015	Feminist researcher	F
	#60	ART experts	Kiev	2016	Anthropologist	F

Appendix 2: IVF Cost by Country[188]

IVF Cost per Cycle Worldwide All costs have been converted to US$.					
Country	**Projected Cost per Cycle**		**Actual Figures Found in August 2008**		**Comments**
	2008	**2009**	**Lower cost**	**Upper cost**	
Argentina			$4,160		excluding medication
Australia			$5,200	$7,000	including medication
Austria			$3,600		
Canada	$5,571	$5,766	$4,300		+ $2,900 medication
China	$2,345	$2,428	$2,400		
Czech Republic			$2,500	$3,000	
Denmark	$4,613	$4,775	$4,000	$9,000	
Dominican Republic			$8,300		
Finland	$3,157	$3,267	-	-	
Greece			$4,300		excluding medication
Hong Kong	$7,819	$8,093	$10,000		including medication
Hungary			$2,200		+ $1,500 medication
Iceland	$4,856	$5,026	-	-	
India	$3,128	$3,238	$690	$1,800	
Indonesia	$4,692	$4,856	-	-	
Iran	$1,564	$1,618	$5,200		
Israel	$4,692	$4,856	-	-	
Italy	$5,318	$5,504	$3,150		
Japan	$3,910	$4,047	-	-	
Jordan	$2,345	$2,428	-	-	
Kenya			$5,000		
Korea	$1,721	$1,781	$1,600	$3,600	
Latvia			$2,500		excluding medication
Lebanon	$6,256	$6,475	-	-	
Lithuania			$3,500		
Malaysia	$7,037	$7,284	$3,400	$4,600	
Netherlands	$2,510	$2,598	-	-	not possible privately
Norway	$4,370	$4,523	$3,200		
Pakistan	$1,564	$1,618	-	-	
Portugal			$4,000		excluding medication
Qatar			$2,800		
Russia			$3,400		excluding medication
Saudi Arabia	$6,256	$6,475	-	-	
Singapore	$7,037	$7,284	$6,300	$10,000	
South Africa			$3,000		including medication
Spain			$5,600		
Sweden	$5,099	$5,277	$8,000		
Switzerland			$3,700	$4,900	excluding medication
Taiwan	$4,692	$4,856	-	-	
Thailand	$3,910	$4,047	$3,000	$5,000	
Turkey			$3,000		+ $1,600 medication
UK	$3,632	$3,760	$7,500	$15,000	range given by HFEA
Ukraine			$6,500		excluding medication
USA	$11,736	$12,146	$10,000	$15,000	including medication

[188] The estimated costs are calculated in 2008. Retrieved from http://www.ivf-worldwide.com/about-us.html.

Appendix 3: Surrogacy Practices by Country[189]

COUNTRY	APPROX. COST ($US)	DONOR & SURROGATE SCREENING	EXPERIENCE	LEGAL ISSUES
AUSTRALIA	IVF: $15,000 Surrogacy: $22,000	Donor screening offered only if through an egg bank	<5 years	Transfer of legal parentage available 4-6 months after birth if uncompensated surrogacy used domestically
CAMBODIA	$45,000	Donor screening offered only if through an egg bank	<6 months	No laws pertaining to surrogacy
CANADA	$90,000		>15 years	
UK		www.SurrogacyUK.com offers a forum for meeting potential surrogates and facilities agreements	>15 years	Transfer of legal parentage available
USA	IVF costs: $18,000 Surrogacy: $68,000 Other costs: $20,000	Varies by agency	30 years	Parents' names on the BC as mother and father
CYPRUS-USA	Unknown	Surrogate screening done by US agency	?	Parents' names on the BC as mother and father
INDIA	IVF: $2,000+ Surrogacy: $22,500+ Indian egg donor: add $4,000 Fly-in donor: add $14,000+	Surrogates screened for infectious diseases; must have at least one child of their own with a problem-free pregnancy	8 years	Parents' names on the BC as mother and father; Indian surrogates cannot be named as the mother
NEPAL	$35,000 – $45,000	Surrogates screened for infectious diseases;	15 months	Parents' names on the Nepali BC as mother and father

[189] This table shows the different legal issues related to surrogacy. Since surrogacy laws in each country change continually, some information might not reflect the current issues. Retrieved from http://www.familiesthrusurrogacy.com/surrogacy-by-country/.

		must have at least one child of their own with a problem-free pregnancy		
UKRAINE/GEORGIA	IVF: $8,500 Surrogacy: $26,000+ Local egg donor: add $5,000+	Surrogates screened by age, genetics and lifestyle, mental and physical health	~5 years	Intended parents named on birth certificate to meet the criteria of countries such as the UK; single surrogates are available, and DNA testing is available
POLAND	IVF: $10,850 Surrogacy: $35,800+ Known egg donor add $8,200+	Unknown		Surrogate and biological father listed on birth certificate
GREECE	IVF: $5,100 Surrogacy: $34,000+ Local egg donor: add $1,360+ Fly-in donor: add $12,200+ EU surrogate: add $28,500+			Recently opened up to foreigners; surrogate and biological father listed on birth certificate
MEXICO	$39,000 (incl. US egg donor)	Unknown	<1 year	
CYPRUS	IVF: $3,050+ IVF + Egg Donor: $6,100 + Surrogacy: $32,500 Fly-In Donor: add $5,430 EU surrogate: add $21,700+ US surrogate: add $62,000		<4 years	Surrogate and biological father listed on birth certificate

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