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Author(s)	Hibino, Yuri; Shimazono, Yosuke
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FINDINGS

Becoming a Surrogate Online: "Message Board" Surrogacy in Thailand

YURI HIBINO AND YOSUKE SHIMAZONO

I. Introduction

The development of assisted reproductive technologies (ARTs) over the past several decades has enabled infertile couples to fulfil their desire to have their children. In particular, *in vitro* fertilisation (IVF) has made it possible to "separate the procreation of an embryo from its gestation", thereby giving rise to various novel possibilities for infertile couples to have children. These include "the possibility of finding substitutes not just for parental genetic material but for the womb" (Strathern 2003). The practice of nourishing another's foetus in the womb is known as surrogacy.

Surrogacy has been the most contentious use of ARTs. Although surrogacy is totally prohibited in some European countries such as Germany, France, and Austria, it is permitted in a non-commercial form in other countries such as the UK. The US has long been the sole country in which commercial surrogacy has been practised openly, with some states permitting the operation of for-profit agencies that arrange surrogacy contracts. However, this situation has been rapidly changing during the past decade. With the dissemination of ARTs throughout the world, the practice of commercial surrogacy has been developing in other countries. In particular, India has been emerging as a hub of transnational surrogacy and has attracted many individuals from around the world.

Whereas commercial surrogacy has not yet evolved into a huge industry as it has in India, it is nonetheless being practised in Thailand, where about 30 IVF clinics are currently operating and approximately 3,000–4,000 IVF cycles are performed annually. According to national records, 2,623 IVF

cycles were performed in 2003, 3,140 cycles in 2005, and 3,304 cycles in 2007 (Vutyavanich *et al.* 2011). The practice of third-party reproduction is currently "regulated" by guidelines issued by the Medical Council of Thailand in 1997 and 2001 (Announcement nos. 1/2540 and 21/2545). These guidelines prohibit medical practitioners from becoming involved in commercial activities pertaining to gamete donation and surrogacy as well as from practising pre-implantation embryo sex selection. The ARTs Bill, which included prohibition of commercial surrogacy and egg donation, was approved by the Thai Cabinet in June 2010 but was left unratified by the National Assembly. In February 2010, the police arrested a Taiwanese brokering agency called "Baby 101" and held in custody 15 Vietnamese women who were being trafficked to deliver "designer babies" to foreign clients for a fee of about USD5,000. Media coverage of this incident caused a huge controversy, and the need for ART legislation has been widely recognised. However, ARTs in Thailand remain in legal limbo under the current conditions. Consequently, commercialisation of third-party reproduction has been occurring.

Although not yet as common as paid egg donation, the practice of monetary remuneration for surrogacy has been gradually gaining ground. Advertisements for surrogacy are found on the internet but *not* on agency websites that openly run commercial surrogacy programmes; instead, they are found on online message boards that usually serve as a medium for Thai infertile couples to exchange information and share experiences. Message boards or internet forums found on websites, such as *weneedbaby.com*, *clinicrak.com*, or *Dr. Seri's clinic*, have become a platform for arranging surrogacy and egg donation. Although few doctors and clinics actively facilitate these procedures, monetarily remunerated surrogacy is practised with connivance.

"I am a 26-year-old woman. I am in good health, fair skinned, and, most importantly, have a pleasant personality," says a message written in Thai. It continues: "I have completed my undergraduate degree with excellent results, and I am currently enrolled in graduate school. I am not ready to have my own child. Please contact me if you are interested." This is the kind of message that one would expect to find at an online dating site. However, a Thai woman who posted this on a message board does not expect any reply from a man looking for a marital partner or a girlfriend. The reply she expects is one from infertile couples looking for an egg donor or surrogate mother. Other messages are more straightforward: "Hello, I want to become a surrogate mother or an egg donor. I was a one-time surrogate mother. Height, 157 cm; weight, 50 kg; blood group, A. I have one child. If you are interested, please contact me."

The present study explores this new form of surrogacy, which we call "message board surrogacy." This article addresses the following questions based on interviews conducted with Thai women who sought surrogacy arrangements through online message boards. Who are these prospective surrogates? What are their motivations? What are their views on surrogacy? We then discuss the costs and benefits of this new form of surrogacy compared with those of organised and institutionalised commercial surrogacy programmes and address the public policy issues raised by surrogacy.

II. Methodology

The research on which the present study was based evolved from an ongoing project examining ARTs and "reproductive tourism" or "cross-border reproductive care"(CBCR) in Asian countries. As part of this project, we examined the current state of affairs of third-party reproduction in Thailand to further investigate "reproductive tourism" or CBCR. The choice of Thailand as a focal research site was partly based on the fact that Thailand has emerged as a global hub of "medical tourism", and some reports have suggested that reproductive medicine has also been incorporated into this emerging industrial field (Whittaker 2011; Whittaker and Speier 2010).

During the initial phase of this study, we identified online message boards or internet forums visited by infertile couples as a major platform for surrogacy. We recruited prospective surrogate mothers as interviewees through email or through advertisements posted on online surrogacy message boards. 14 women agreed to participate. Additionally, we included one participant, who was introduced to us by a lawyer, who already had experience with surrogacy.

Semi-structured interviews were conducted via an interpreter, and each interview session lasted 1–2 hours. Most of the basic demographic information (age, marital status, family structure, income, and educational background) was obtained and the following themes were discussed with participants: a) How did you learn about surrogacy?; b) What motivated you to post an ad on a message board; c) How much money do you expect to receive from a surrogacy arrangement and how will the surrogacy income be spent?; and d) How do you think you will feel about giving up a baby? All interviews were conducted in Bangkok between September and December 2010. Privacy and anonymity were assured, and informed consent was obtained. Transcripts of the interviews were prepared in Thai and translated into English. Data were analysed and topics and themes that recurred were identified. The findings from these interviews are described below.

III. Findings

Interviewee Profiles

The basic profiles of the interviewees are presented in Table 1. The women's ages were 24–36 years. Monthly income of those employed was 10,000–30,000 baht (1 USD = 30 baht). Only two interviewees were legally married, whereas seven had a live-in partner (informally married). Four participants were divorced from their spouse, and two participants had never had a spouse or a live-in partner. 13 women had children of their own but, notably, two did not have any delivery experience.

The educational backgrounds of the women varied significantly. Four women had an elementary school education. Four other women had a junior high school or high school education. The remaining women had more than a high school education. Although the survey method did not allow us to draw any conclusions on this issue, the high rate of college and junior college graduates merits attention in view of the fact that previous studies on surrogates in India have suggested that most women had a relatively impoverished educational background.

Of 15 interviewees, four (Natthakarn, Natthachai, Nattaporn, and Monthita's friend) had previous experience with surrogacy. Natthakarn also had previous experience with egg donation. All interviewees had been approached by intended parents either via email or through phone calls. Two interviewees (Natthachai and Satorn) were in the process of becoming surrogates, but they were not pregnant at the time of the interview.

Financial Needs

Most participants responded in economic terms when asked about the reason for posting an advertisement. They noted that surrogacy would give them an opportunity to receive a large sum of money to which they would otherwise not have access. The "going rate" for successful delivery was 200,000–400,000 baht.

The particular reasons for needing money varied from case to case. For example, Noppadon, a single freelance graphic designer, stated that she "wanted money to pay for tuition" and to become more highly qualified. Chanikarn needed money to pay off debt incurred by the bankruptcy of her clothing shop. After stating that her husband's monthly income of about 20,000 baht was sufficient to make ends meet, she explained: "But, now we have a credit card loan. […] So, if I get money from surrogacy, I will pay off that debt first."

Table 1

ID	Age	Marital status	Occupation	Husband's income and occupation	Household composition	Children	Education	Experience
A	25	Divorced		Soldier (8,000–9,000 B)		Two boys (aged 10 and 3 years)	Junior college after junior high school dropout	Surrogacy, three egg donations
B Worranut	29	Divorced	Family business (28,000 B)		Adults: 7 Children: 3	One girl (aged 18 months)	6th grade (elementary school)	Recruited once by a US agency; 7–8 enquiries
C Parichat	27	Separated from previously co-habitating partner	Clerk (10,000 B) Immediately before surrogacy; no occupation currently			One girl (aged 5 years)	6th grade (elementary school)	Three meetings; surrogacy planned in October; 350,000 B; Built a house
D Aunchale	28	Cohabitation	None	Building janitor (8,000–9,000 B)		One boy and one girl (aged 5 and 3 years)	6th grade (elementary school)	
E Spanie	36	Divorced (4 years ago)	Formerly employed at a factory (30,000 B); currently unemployed	60,000–70,000 B		One boy (aged 13 years)	Junior college graduate	One month ago (4–5 contacts)

continued overleaf

Table 1. continued

ID	Age	Marital status	Occupation	Husband's income and occupation	Household composition	Children	Education	Experience
F Nattapat	27	Never married	IT part-time freelance graphic designer (10,000 B)		With a friend	None	High school graduate	US agency contact (300,000 B offer) Will meet in 2 weeks
G	24	Cohabitation	Housewife	IT Programmer (30,000 B)	Husband, sister, parent, child (100,000 B total)	One girl (aged 18 months)	College graduate	Surrogacy (600,000 B in total, individually met); posted during surrogacy, 3 contacts; former client recommended her to others
H	31	Divorced (three years ago)	Clerk (15,000 B)	Family-operated business (20,000 B; no remittances)	Mother and two children (4–50,000 B)	One girl and one boy (aged 15 and 2 years)	Junior college graduate	
I	34	Cohabitation	Clerk (10,000 B)	Repairer of medical surgical tools (15,000 B)	13, Sister, brother's family	One boy and one girl (aged 4 and 2 years)	Junior college + 2 years	
J	34	Cohabitation (second)	Nursery and laundry	6,500 B	Husband, mother, brother (taxi driver), sister (8,000 B), owns family business (nursery)	One boy (aged 12 years) by her former husband	8th grade (junior high school)	4–5 enquires (1 year); she met some couples and almost reached an agreement with one, but the couple chose a different surrogate, because they were younger

Table 1. continued

ID	Age	Marital status	Occupation	Husband's income and occupation	Household composition	Children	Education	Experience
K	29	Married	11,000 B	Currently in the military		One boy (aged 1 year)	6th grade (elementary school)	
L	30	Cohabitation (second) after divorce	Doughnut shop (10,000 B)	Cameraman	20,000 B	Two boys (aged 13 and 2 years)	9th grade (junior high school)	Her friend experienced surrogacy
M	25	Boyfriend	5,000 B from husband and parents	Construction (12,000–13,000 B)		None	College graduate	Ten enquires since September; one British male, another Thai. Met with Briton (31 years) (300,000 B; 6,000 B monthly allowance); will begin in April; 300,000 B (10,000 B monthly allowance)
N	25	Married	Clerk (10,000 B)	Plant manager (100,000 B) Debt manager (300,000 B)		One boy (aged 5 years) and currently carrying her own baby	Junior college graduate	20 enquires in June; Thai, Japanese man with Thai wife, Koreans living in Thailand; other enquires (to have sex)

The financial needs of parents were also often mentioned by interviewees. Rapeepan stated that the major financial need arose from her mother's kidney disease: "I need money, because my mother requires dialysis treatment." A 36-year-old divorcee explained that, as a divorcee and a breadwinner for her household, which included two children and her mother, she was responsible for feeding her family. Vorawan, a 29-year-old divorcée with one child to support, stated that she needed income to pay off a debt incurred by her mother's business failure but also needed to take care of her child. When she learnt about surrogacy, it appeared to be a good solution, as surrogacy was an attractive means to gain income and also fulfil domestic and care-giving responsibilities. In her words, "I am going to do this a few times to pay off my mother's 2,000,000 baht debt."

Notably, not all participants were in desperate need of money. Nattanan, who ran a small day nursery, wanted money to build a new house for her 60-year-old mother. Asked if she had difficulty living within the family income, she answered: "No, far from it. I can stay within the budget. I want some money to build a new house for my mom. If I cannot be a surrogate mother, that's fine."

Compassion: "I feel pity for them"

While interviewees frankly admitted the significance of financial incentives, most also emphasised that the financial incentive was not the sole motivating factor for posting an online surrogacy advertisement.

They stated that they felt pity for infertile couples and wanted to help them have a child. For example, Eakarapong, a 34-year-old clerk and mother of two, stated: "I want some money to start a small business, and I want money for my children." However, she also noted that compassion for infertile couples was a major motivating factor. In her words, "I really wanted to help them after I read the details on the Internet." Many other women expressed a similar idea. "I found the details on the Internet; there are a many couples who want a baby, so, I thought I could help them," stated Noppadon. "I feel pity for childless couples," said Keamrat. Similar statements were made by Nattanan, a 34-year-old mother of a 12-year-old child. Rapeepan also explained, "I would like to feel the pleasure of helping an infertile couple have a child."

Some women stressed that their deep compassion for infertile couples outweighed economic motivations. Ratchanon, a 33-year-old nurse helper, stated: "I paid for my child's education. I don't want a new house. I've already got a car. If I get the money, I will give it to my mom." According to her, pity

for an infertile couple was a stronger motivating factor than was earning money, and she added that she would accept a lower fee if the commissioning couple could not afford the ordinary fee. Similarly, Nattakorn, a 28-year-old housewife, stated that she would use the money that she received from a commissioning couple for her two children. She also stated that "I feel like helping others rather than receiving money."

Pregnancy as an Enjoyable Experience

"Love of being pregnant" was also commonly mentioned as a factor influencing the decision to advertise for surrogacy. Pregnancy was mentioned by several women as an enjoyable and pleasurable experience in itself. Vorawan stated; "I am happy when I'm pregnant." Nattakorn also stated; "I love to be pregnant. I feel happy when I am pregnant. I love children." Interestingly, Satorn, who had a boyfriend but had not had a delivery experience, explained that she wanted to become a surrogate to experience what it was like to be pregnant. She stated; "I can't bring up a child on my own, but I would like to try pregnancy and delivering a child."

Two ex-surrogates, Natthachai and Nattaporn, stated that they wanted to repeat the joyful feeling of handing over a baby to intended parents. Natthachai stated, "I don't mind doing surrogacy again, because four more frozen embryos remain for a commissioning couple … I felt very happy when I handed over the baby." Recalling the moment of delivery during her first surrogacy, Nattaporn, a 24-year-old housewife with a 2-year-old daughter, stated that the moment of birth made her and the intended parents, who attended the delivery, cry with delight. As she was married to a husband who was a computer programmer and earned 30,000 baht, she was not in desperate need of money. One of Nattaporn's motivations was to experience this kind of emotion again and to rejoice in the infertile couple's happiness.

Helping Infertile Couples as Tan-Bun (Merit-Making)

Several women used the term *tan-bun* (merit-making) to explain their motivation to become a surrogate. *Tan-bun* is a term that means a meritorious and good act. At the same time, it has a specific meaning in the Buddhist context and refers to acts such as giving food to monks and making temple donations. In the latter context, this term is also strongly associated with the idea that meritorious or good deeds counterbalance demerits accumulated through sinful and bad deeds and ensure the alleviation of suffering in this or the next life.

In two cases, it was not clear to what extent references to surrogacy as merit-making were associated with counterbalancing demerits, whereas another interviewee clearly alluded to this motivation. Kajornsak, who belonged to the privileged middle class and was the wealthiest of our interviewees, had aborted a child several years ago because her husband had started his own factory, and economic conditions were unstable at that time. After her husband's factory recovered, she began to regret having the abortion. "Infertile couples could not have a baby, even if they desperately desire. I aborted my child, and now I am regretting it," stated Kajornsak. "So I'd like to earn merit as compensation for the abortion."

Expected Feelings towards the Child

The case of Baby M raised the issue of whether relinquishing a child could expose surrogates to psychological distress that they could not completely foresee before the delivery. The underlying presumption in this regard is that a pregnant woman does not have a "natural" tendency to feel attached to the baby in her womb. However, empirical studies indicate that refusal to turn over a baby to a commissioning couple rarely occurs and that the vast majority of surrogate mothers do not feel anguish in doing so.

Although the notion that a natural attachment between a mother and a baby develops through pregnancy is not absent in Thailand, all potential surrogates interviewed for this study were confident that they could completely control their emotions. Responses included: "It is no problem for me because that's what I intended to do from the beginning" (Vorawan); "It would be OK, as it's not my baby" (Nattakorn); "I have no illusions about it. It's just work" (Keamrat); "That was the contract from the beginning" (Eakarapong); and "I think of it as part of my job and just do it" (Satorn). One participant mentioned a difference between partial and full surrogacy. She did not want to become a surrogate with her own egg, because a child from a partial surrogacy would be a part of her. Even if they were to develop an attachment to the baby, most women would be prevented from keeping the child due to insufficient income.

Participants who had already undergone an actual surrogacy stated that they did not encounter serious emotional problems. For example, Nattaporn stated; "I was trying to convince myself during pregnancy that it was not my baby, so I did not want to meet the child even if I loved him/her. I would tell the child that the intended parents are his/her real parents if he/she come to see me in the future" (Nattaporn). She also said: "I was attached to the child but I do not have a desire to meet the child. If the child comes to me

in the future, I would say, although we were together for 9 months, your real parents are the intended couple." She further explained: "there is a difference between attachment to my own baby and a child through surrogacy. The reason for this is partly due to the fact that my own egg is not used for a surrogate pregnancy." Similarly, Natthachai stated that "I don't think it's my baby. I prepared myself during the pregnancy by persuading myself that it was not my baby."

The above statements suggest that the absence of genetic ties between the birth mother and child during a gestational surrogacy allows surrogates to conceptualise the newborn not as *their* child but as the child of the *intended couple*.

Choosing a "Good" Commissioning Couple

According to participants, negotiations proceeded in specific steps. After posting a message on a web board, prospective surrogates received contacts from interested couples via email or telephone. (The number of enquires received by participants in this study ranged from several to 20.) Surrogates and couples may agree to meet in person. Although several prospective surrogates were contacted by a brokering agency based abroad, the vast majority of intended parents who made enquiries were from within the country. Arunwan stated that she had refused one surrogacy agreement because the Thai intended parents wanted her to live with them during pregnancy and then feed the baby. Although she was offered 600,000 baht when she delivered twin babies, she did not leave Bangkok.

During negotiations, agreement is reached over such issues as how much money will be paid for a single or twin delivery. From the prospective surrogate's point of view, a transaction should not be too "business-like", and intended couples should be sympathetic. Eakarapong stated that she would agree to reduce the price if the intended parents were not rich because "they have paid a lot of money for infertility treatment." However, she added, "I would not agree to a discount if the intended mother asked me to be a surrogate due to fears about losing her figure." Nattaporn, who had already completed a round of surrogacy and was looking for another commissioning couple, also stated; "the important thing is how much they can protect me, how much they care. That is more important than money."

A few women noted that they expected special treatment and protection by expectant mothers during pregnancy. Natthakarn, who already had surrogacy experience, stated: "I was given an apartment close to the intended parent's house. They often communicated with me. I was cared for and felt safe when

I lived near their house." Satorn, who was single but wished to get pregnant for others, was expecting to receive special treatment from a rich childless couple in exchange for delivering their child. She stated: "My commissioning couple is very rich. They run a company that I have visited several times. They are so kind and friendly. When I succeed in getting pregnant, I will be given an apartment close to the intended parents' house. The intended mother often communicates with me by phone. I will be able to get healthcare and feel safe when I live near their house during the pregnancy." To become a surrogate was seen as a means to forge a lasting personal relationship with a commissioning couple who were richer and belong to a higher social stratum. Similarly, several other prospective surrogates expected that their compassion in helping an infertile couple would be reciprocated not only by monetary payment but by special treatment during pregnancy and after the delivery. In short, surrogacy cannot be treated like a commercial service, and a surrogate mother's willingness to help should be met by a commissioning couple's eagerness to care for, protect, and provide needed benefits to a surrogate mother.

IV. Discussion

After describing the major findings of our study, we discuss them in the context of the results of other studies, conducted in the US, Israel, and India, countries that contain more established commercial surrogacy programmes. The regular involvement of a third party in the form of an egg donor or a surrogate mother has been accompanied by the commercialisation of the process of third-party assisted procreation and "commodification" of female bodies. The commercialisation of human reproduction has taken on a global dimension with the spread of *in vitro* fertilisation (IVF) facilities and technical expertise around the globe. The fact that Thailand is not totally immune to this trend is clearly exemplified by messages posted on internet forums offering "eggs for sale" or "wombs for rent." Commodification of female bodies occurs at the juncture of the development of information technology and the dissemination of access to cyberspace on the one hand, and the spreading of ARTs on the other hand. Because Thailand is known for its flourishing sex industry, in which poor women's bodies are commodified to fulfil the desires of domestic and foreign men, ARTs may serve as a medium through which Thai women are exploited and their body parts are alienated from them for distribution in local and global markets (Van Esterik 1990). In this view, surrogacy is yet another form of the commodification of the female body, and it is attributable to the procreative desire of both men and women.

However, such a view can be an oversimplification. A common image of commercial surrogacy is that the "unnatural" practice of becoming pregnant to turn the child over to another parent could only be made as a "desperate choice." That is, a stereotype of a surrogate mother is that they are women "compelled" by poverty and destitution. For example, based on a commonly drawn analogy between prostitution and surrogacy, Tong stated: "Most surrogate mothers, like most prostitutes, are much poorer than the people to whom they sell their services. Unable to get a decent job, a woman may be driven to sell her body if it is the only thing she has that anyone seems to value enough to buy"(Tong 1997: 200–1). Our interviews suggest that this view is not unanimously held (see also Teman 2008).

The prospective surrogate mothers we interviewed were certainly poorer than the intended parents with whom they negotiated, and some interviewees referred to the pressing financial needs of their families as a reason for becoming a surrogate; pressing financial needs arose from divorce, underpayment, and other reasons. However, as more than half the participants were college or junior college graduates (eight of 15), not all prospective surrogate mothers interviewed belonged to a lower social stratum. Many of the interviewees were employed or had been employed. This finding should be compared with data from India, where the vast majority of surrogate mothers are from households with incomes below the poverty line (Pande 2010). The prospective surrogates we interviewed had regular access to the internet, which poorer Thai women do not.

We must identify relevant social and cultural motivations other than "economic" concerns to fully understand why women enter into surrogacy arrangements. In this regard, a tentative conclusion that can be drawn from our results is that the cultural norm determining a woman's social role as wife, mother, and daughter has a significant effect on a woman's decision to become a surrogate mother. Notably, wanting to help their parents was often mentioned by our participants as a reason for becoming a surrogate, and this harkens back to the cultural significance of the role of women in the Cognatic kinship system in Thai society. The filial duty, conceived as repayment of a debt incurred by being born and nourished, is imposed on children of both sexes, but daughters are expected to take a more active role in caring for ageing parents than are sons. This gender role is reinforced by a popular Buddhist notion that a son can and should repay debt by becoming a monk, as offering a son to Sangha is one of the most significant merit-making acts for parents (Van Esterik 1982: 77; Keyes 1984: 227–30). Our interviewee's statements suggested that surrogacy is often linked with this gender role of women as

daughters. From a comparative perspective, the Indian surrogates described by Pande and Vora, the Israeli surrogates described by Teman, and the American surrogates described by Ragone did not mention a desire to help their parents as a reason for becoming a surrogate as frequently as did the Thai surrogates in our study. Another cultural factor that motivated a woman who had had an abortion to become a surrogate was *tan-bun* (merit-making). One study found that one-third of surrogate mothers had experienced abortion and this led to the suggestion that reparation for having aborted a foetus may be an explicit or implicit motivation for becoming a surrogate mother. This observation implicates surrogacy as a gender issue across borders.

Notably, the social form and process of "message board surrogacy" allows room for a woman to derive various benefits from the surrogacy experience. They can choose for whom they provide gestational services and with whom they actively negotiate the arrangement rather than passively accept an intended parent and a fixed price set by a third party. This is supported by Thai Civil and Commercial Codes that recognise the birth mother as the legal mother and hold that any contract regarding surrogacy is not legally enforceable.

The informal and personalised nature of the interaction between a prospective surrogate mother and a commissioning couple enhances a surrogate mother's confidence not only in the financial transaction but also in the meaning of the arrangement itself. Ragoné noted that surrogacy programmes in the US often stress the theme of the "gift of life" and encourage commissioning couples to establish a personal relationship with the surrogate mother (Ragone 1994; Schwartz 2003). In fact, commissioning couples may provide very expensive gifts. In contrast, Pande and Vora both suggest that Indian surrogate mothers are usually kept at a distance from local or foreign commissioning couples (Pande 2010; Pande 2010; Pande 2009; Vora 2009; Vora 2009). In such cases, the commodification of procreative capacity is undisguised, and surrogacy is tantamount to offering a "womb for a rent" and nothing else. The nature of "message board surrogacy" allows women to counteract the potentially demeaning implications of a blatant commercialisation of procreative work and the commodification of their body. Through intense personal interactions with intended parents, the process of surrogacy can be choreographed in such a way that it appears as both a compassionate and meritorious act. By choosing a caring and kind infertile couple, the surrogate can reasonably expect that her service will be reciprocated by "grateful" beneficiaries. This partly explains why becoming a surrogate through an online message board can appear attractive, even to Thai women who are not economically desperate.

Despite these advantages, "message board surrogacy" also contains seeds of difficulties. The informal and backdoor nature of surrogacy arrangements can be associated with medical and psychological risks. First, Thai women who become a surrogate through this route are likely to be insufficiently informed of medical risks during pregnancy. Second, the legal invalidity of the surrogacy contract means that surrogate mothers are left without any legal means to rectify damage. For example, when intended couples fail to pay the agreed amount of money or when they refuse to accept a newborn due to a disability, the surrogate has no legal recourse. Finally, prospective surrogates may not be prepared to deal with various problems during surrogacy. In the US, commercial agencies have made psychological screening and counselling a routine process, and peer communication occurring in the context of support groups provides social support (Ragone 1994; Edelman 2003). Such approaches to the psychological processes involved in surrogacy are not available to Thai women. Thus, they walk into a "psychological minefield" (Cook 2003) without much protection.

V. Concluding Remarks

The surrogacy experience may vary from country to country and depends, in part, on cultural, social, and historical contexts. ARTs and third-party reproduction are still poorly explored in emerging Asian countries. This study examined one way that surrogacy is practised in Thailand. Further empirical research will be needed to address ethical issues related to ARTs, public policies regarding CBRC, and commercialisation of surrogacy in Asian countries.

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