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ORIGINAL RESEARCH

Indian egg donors' characteristics, motivations and feelings towards the recipient and resultant child

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Abstract This is the first study to examine characteristics, motivations and experiences of Indian egg donors. In-depth interviews were conducted with 25 egg donors who had donated during the previous 8 months at a fertility clinic in Mumbai. The semi-structured interviews were conducted in Hindi and English. In addition to demographic information, data were collected on donors' motivations for donating, with whom they had discussed donation, and feelings towards the recipients. The response rate was 66%. All participants were literate and had attended school. Twenty (80%) egg donors had children and five (20%) did not. The most common motivation (19, 76%) for donating was financial need. Egg donors had discussed their donation with their husband or with close family/friends, with almost all mentioning that wider society would disapprove. The majority (20, 80%) had no information about the recipients and 11 (44%) preferred not to. The findings highlight the similarities and differences between egg donors from India and those from other countries and that egg donors are of a more varied demographic background than surrogates in India. Given that India has been a popular destination for fertility treatment, the findings have important implications for regulation and practice within India and internationally.

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KEYWORDS: characteristics, Indian egg donors, motivations, recipients

Introduction

It is estimated that approximately 70 million couples worldwide experience infertility and that, of these, roughly 40 million seek fertility treatment (Boivin et al., 2007). Egg

donation is used by infertile heterosexual couples when the woman is unable to produce good-quality eggs herself. It is also increasingly used by male couples and single men to achieve fatherhood: the egg donor provides the egg, which is fertilized by the father's sperm using IVF and the resulting

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embryo is gestated by a surrogate. India was a popular destination for gay male couples seeking surrogacy up until the change in regulation in 2012, which no longer permits male couples and single men to access Indian surrogacy (Jadva, 2016). There are no official statistics available on the number of egg donation cycles carried out in India. However, according to the National Assisted Reproductive Technology (ART) Registry of India, between 2007 and 2009 the number of anonymous egg donation cycles doubled, from 1047 to 2130 (Malhotra et al., 2013). This increase could be related to Indian patients becoming less concerned about using donated gametes (Widge and Cleland, 2011) and to the growing number of fertility clinics treating international patients (Gupta, 2012). The UK has seen a rise in the number of couples who travel abroad for fertility treatment (Crawshaw et al., 2012), although there are no official statistics available on its prevalence. A survey of Canadian and US clinics found that patients travelling abroad from the US for fertility treatment were most likely to travel to India and Asia, with 41% pursuing standard IVF and 52% looking for IVF with donor eggs (Hughes and DeJean, 2009). Reasons for travelling abroad include particular treatments being unavailable in the country of residence, either because of legislation, a lack of expertise, or because potential patients do not meet the criteria for receiving treatment (e.g. because of age) (Ferraretti et al., 2010). In addition, donor gametes may be unavailable in the country of residence, and success rates, waiting times and cost may be better elsewhere (Blyth, 2010).

The Indian Council of Medical Research (ICMR) does not allow known donation, i.e. donation by a friend or relative of the couple, although some clinics do offer this service to patients (Malhotra et al., 2013; Widge and Cleland, 2011). Egg donors must be aged between 21 and 35 years and may receive financial compensation for their donation, which may be a significant sum when compared with the amount that can be earned through other forms of work (Gupta, 2012). Financial remuneration has been found to be an important motivation for egg donors who donate in countries where payment is permitted, such as the USA, although this is often cited alongside altruistic motives (Almeling, 2011; Kenney and McGowan, 2010; Lindheim et al., 2001; Purewal and van den Akker, 2009). It has been argued that it should not be assumed that having financial motives for donating eggs prevents egg donors from being motivated to help others, as egg donors are likely to have more than one reason for donating (Pennings et al., 2014). Nevertheless, studies have found that egg donors who receive greater sums of money are also more likely to state financial motives (Lindheim et al., 2001; Pennings et al., 2014).

Egg donors in the USA, Canada and UK have been found to detach themselves emotionally from their eggs by viewing their donation as 'just an egg', which helps recipients to have 'their own child' (Almeling, 2011; Blyth et al., 2011; Graham et al., *in press*). Studies have also found that some egg donors want information about the outcome of their donation, specifically whether or not their donation had led to the birth of a child (Graham et al., *in press*; Kenney and McGowan, 2010; Purewal and van den Akker, 2009), although few donors receive information about this in practice.

In India, couples using gamete donation largely keep this a secret, not only to conceal their infertility and shield

themselves from the negative social stigma associated with it, but also to protect the perceived biological connection between the married couple and their child (Bharadwaj, 2003; Widge and Cleland, 2011). A study of the perceptions of gamete donation amongst Indian ethnic minority people living in the UK similarly found that gamete donation was often hidden from others owing to a fear of negative repercussions for the family and child (Hudson and Culley, 2014). One means of concealing the use of donor gametes was by finding a donor who was closely matched to the couple in terms of physical characteristics. However, in the UK there is a lack of donors from ethnic minority groups (Human Fertilisation and Embryology Authority, 2014), and Asian women have been reported to be less willing than Caucasian women to donate their eggs (Purewal and van den Akker, 2006).

Although there has been a great deal of interest in the experiences of surrogates in India, much less attention has been paid to the women whose eggs are used for surrogacy pregnancies. When Indian egg donors donate to international patients who are not of Indian ethnicity, the child may look different to his/her parents; this may make the parents more likely to disclose their child's donor conception to them. These children will be unable to obtain the identity of their donor should they wish to, as Indian egg donors donate anonymously. For children born to UK patients, this will be in direct contrast to their counterparts conceived at UK clinics, who will be able to access the identity of their donor when reaching adulthood. As very little is known about women who donate their eggs in India, this study aimed to investigate the characteristics, motivations and experiences of Indian egg donors, including who they discussed their donation with and their feelings towards the recipients and resultant child. This investigation will not only provide information for professionals and policy makers but will also inform future directions for study.

Materials and methods

Egg donors recruited to the study were from the Corion Fertility Clinic, Mumbai, and were originally referred to the clinic by an egg donor agency. The clinic is a leading fertility clinic in Mumbai and performs approximately 100–120 egg donation cycles per year, of which 60–70% are part of surrogacy arrangements. Approximately 60% of patients are from overseas, mainly from Australia, the USA, the UK, Israel and Ireland.

All egg donors who had donated at the clinic in the 8 months prior to interview were eligible for this study. In total, 46 egg donors were identified, of which eight could not be contacted. Of the 38 contacted, 25 agreed to take part, representing 66% of those contacted and 54% of all eligible egg donors. Semi-structured interviews were conducted in a private room at the clinic. The interviews were conducted in Hindi and English by NL who later translated the Hindi into English and transcribed the interviews for analysis. Data were obtained on egg donors' demographic characteristics, their reasons for donating, including where they had first heard about egg donation, their understanding of egg donation, with whom they had discussed egg donation and how they felt towards the recipient and future child.

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