







Surrogacy as a Social Stigma for Surrogate Mothers in Isfahan, Iran: A Qualitative Study

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Abstract

Background: Beyond medical aspects, fertility and infertility encompass psychological and social dimensions. Surrogacy, a special method of having children, serves as a treatment for infertility and carries significant social implications. This study aimed to explore the social aspects of surrogacy from the perspective of surrogate mothers.

Methods: This qualitative study involved 11 surrogate mothers, selected purposively, who were interviewed from February 2021 to January 2022 at the Fertility and Infertility Center in Isfahan, Iran. The study was conducted using a qualitative approach based on the naturalistic paradigm and conventional content analysis. Data were collected through in-depth semi-structured interviews and analyzed utilizing the conventional content analysis method.

Results: Findings were classified into three main categories, including *society's negative attitude towards surrogacy*, *concealing surrogacy from society*, and *restricting social interactions and relationships*.

Conclusion: Surrogate mothers often face adverse social consequences, such as blame and social isolation, driven by society's disapproval of surrogacy. Therefore, they need comprehensive support to address and mitigate these challenges.

Keywords: Surrogate mothers, Society, Infertility

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Introduction

The inability to have children is one of the most distressing life experiences (1). Since time immemorial, humankind has sought ways to overcome infertility, with assisted reproductive techniques (ARTs) representing some of the most significant advancements of the late 20th century (2). Among these, surrogacy is a notable method. It provides an alternative for women unable to conceive (3,4) or prohibited from becoming pregnant due to medical conditions, allowing them to have a child using their own oocytes (5). In this ART process, a third party, known as a surrogate mother, carries the embryo created via in vitro fertilization (IVF) for the commissioning couple and relinquishes the infant after birth (6,7). Surrogacy, as a treatment for infertility, is associated with complex moral, psychological, and social issues (8).

Since surrogacy is a social and cultural lived experience, its social aspects vary across different societies (7). For instance, in India, despite increasing practice, surrogacy remains taboo (9). Unlike Western societies (10), India has limited awareness of surrogacy and often considers it

immoral and inappropriate. Moreover, physical signs of pregnancy cannot be concealed, leading to social isolation and loss of social support for surrogate mothers (11) (12,13,14). A study in Yazd, Iran, reported that many surrogate mothers suffer from social problems, such as rejection from others (15). Similarly, research conducted in Iran suggests a generally negative social attitude towards surrogacy (16,17). Such negative perceptions often result in reduced social support (18,19), which is critical as it can lead to depression or anxiety (19). Social support is essential for the health of pregnant women and can affect pregnancy outcomes (20).

The social consequences of surrogacy, shaped by cultural, economic, religious, and motivational factors, are variable across different societies (15). Accordingly, the present study focused on the social consequences of surrogacy among surrogate mothers in Isfahan, aiming to explore and understand their social experiences and challenges.

Methods

This qualitative study was conducted on 11 surrogate



mothers who were selected purposively from among Iranian mothers who had experienced at least one successful surrogacy. The study was conducted at the Fertility and Infertility Center in Isfahan, Iran. The social consequences of surrogacy were examined using a qualitative approach based on the naturalistic paradigm and conventional content analysis. Volunteer surrogate mothers were selected to capture maximum variation regarding age, education, number of pregnancies, number of surrogacies, ethnicity, and interval since the last surrogacy. Data were collected through in-depth semi-structured interviews, conducted after explaining the study's objective and obtaining informed consent. An interview guide was developed by the research team to facilitate discussions. Each interview was guided by the responses of the participants, supplemented with exploratory questions to gain a deeper understanding of their experiences. Each participant was interviewed during one or two sessions, with a mean duration of 40 to 60 minutes. All interviews were audio-recorded in a private, quiet setting, with notes taken when participants preferred not to be recorded. Demographic information was collected before the interviews. Data collection continued until saturation was achieved. The interviews, along with field notes, were transcribed verbatim and analyzed concurrently using conventional content analysis based on Graneheim and Lundman's approach. After each interview, the transcripts were repeatedly read to identify meaning units, which were then condensed into codes reflecting key concepts. Similar codes were grouped into subcategories, which then formed the main categories (21).

In the present study, credibility, transferability, confirmability, authenticity, and dependability were considered during data collection and data analysis to enhance the reliability of findings. The accuracy and trustworthiness of data were ensured by enhancing credibility through ongoing engagement with the data, peer debriefing, and member checking. Confirmability was maintained by involving external researchers to review the findings. To increase dependability, the research process was documented in detail to allow other researchers to follow-up. To assess transferability, findings were presented to individuals similar to the participants, who provided feedback to verify relevance (22).

Results

A total of 11 surrogate mothers with a mean age of 33 years (SD=3.0) participated in this study. The majority of participants did not have a high school diploma, and most had previously donated eggs or embryos before their surrogate pregnancy. Besides, most participants had one or two of their own children (Table 1).

Analysis of the data revealed three main categories, including *society's negative attitude towards surrogacy*,

concealing surrogacy from society, and *restricting social interactions and relationships*.

Society's negative attitude towards surrogacy

Participants perceived a negative societal attitude towards surrogacy, often stigmatizing it. Surrogacy for divorced women, in particular, was deemed unacceptable.

Society's view of surrogacy as a stigma

The descriptive analysis of participants' interviews showed that society views surrogacy as a stigma. (Participant 1): "People often look at me negatively. Even when I seek prenatal care because I am a surrogate, they mistreat me".

Non-acceptance of surrogacy for divorced women

Participants noted that pregnancy for divorced women is socially unacceptable. Divorced surrogate mothers faced increased restrictions and blame from those around them. (Participant 4): "I come from a respected family. Now, my family disapproves of my work. They say it's humiliating when people learn that I am unmarried and pregnant".

Concealing surrogacy from society

Most surrogate mothers concealed their pregnancy from others and were reluctant to fully disclose the fate of the baby after birth.

Hiding surrogacy

Most of the surrogate mothers participating in the study hid their surrogacy from others, presenting their pregnancy as a normal one between themselves and their husbands. (Participant 7): "It would be disgraceful if my husband's family learned I was pregnant for another family. They might say we did it for money, or that her husband lacked zeal. If they knew the truth, it would be problematic. Therefore, I stated that the pregnancy and the baby were mine".

Failing to honestly disclose the baby's fate

After giving birth, most surrogate mothers told those around them that the baby had died due to illness or other causes. Some even reported their gestational age as less than it actually was, to mask the premature birth. (Participant 2): "I told everyone that it was my baby, so no one would know that I had become pregnant for another family. I said the baby was born early and had died because of underdeveloped lungs. I claimed the gestational age was one month less than real. I said that the child was born at eight months and died because of this".

Restricting social interactions and relationships

Following surrogacy, surrogate mothers experienced limitations in their social interactions and relationships. These restrictions were driven by the need to care for the pregnancy, fears of jeopardizing the fetus's health, societal

Table 1. Demographic characteristics of surrogate mothers

Participant code	Age	Education level	Egg/embryo donation history	Number of surrogacies	Number of children
P1	29	High school	1	1	2
P2	34	Diploma	0	1	1
P3	35	Elementary school	0	1	1
P4	34	High school	3	2	1
P5	37	Elementary school	1	1	2
P6	34	Elementary school	1	1	2
P7	31	Secondary school	1	1	1
P8	28	University student	0	1	1
P9	38	Elementary school	0	1	3
P10	32	Secondary school	1	1	1
P11	35	High school	0	2	2

attitudes, and the secrecy surrounding surrogacy.

Restricting social engagements

Several surrogate mothers forcibly refused to participate in social and family gatherings during pregnancy to protect the fetus. (Participant 3): *“Although my pregnancy was normal, I didn’t travel during those nine months. I rarely left the house and mostly rested because the pregnancy was entrusted to me, and her parents suffered a lot financially”*.

Social isolation

Most surrogate mothers limited their social relationships during pregnancy, often hiding their pregnancy altogether. (Participant 5): *“We kept my pregnancy a secret. Because my appearance changed, I did not go anywhere, and we told everyone I was sick and needed to rest at home. We hid it from everyone”*.

Discussion

This study explored the experiences of 11 surrogate mothers to investigate the social implications of surrogacy, revealing that this type of pregnancy carries distinct social nuances due to its unique nature. The first theme identified in this study highlighted that societal attitudes toward surrogacy are predominantly negative. Similar studies exploring mothers’ experiences in Iran also confirmed this finding (3,23,24). Consistent with previous studies in Iran (25,26,27), our findings indicated that surrogacy is perceived as a social stigma in some cultures. Similar research from Canada and the United States also highlighted low social acceptance of surrogacy, with religious beliefs and health concerns cited as reasons for negative perceptions. Since surrogate mothers face adverse reactions from their families or society, they may experience social problems (28).

Another significant finding was that many surrogate mothers concealed the true nature of their pregnancy from society, often pretending it was a normal pregnancy due to negative social attitudes. The majority of participants

concealed their pregnancy from their relatives, sometimes even resorting to moving residences to maintain secrecy (19,29). Garmaroudi et al. reported that several participants disclosed their decision to surrogacy due to cultural factors, while others kept it secret, attributing pregnancy to their wives, and announced the child’s death after giving it over to the petitioner’s parents (30). Similarly, Pashmi et al. noted that half of the surrogate mothers kept their pregnancy hidden because of unfamiliarity with surrogacy or religious concerns, believing surrogacy was prohibited by Sharia law (23). Lamba et al. found that 32% of surrogate mothers concealed their pregnancy from everyone, and 68% from most people around them, with 26% facing blame for the birth of the child (11).

The results of this study also demonstrated that surrogate mothers limited their social interactions and experienced social isolation stemming from society’s negative attitudes towards surrogacy. Arvidsson et al., in a study conducted in India, identified various cultural perceptions of surrogacy. While some viewed surrogacy as a way for infertile couples to have a child with their genetic characteristics – an accepted notion – others saw surrogates as unethical or as individuals who sold their children, with wages being viewed as incompatible with social norms (31).

Conclusion

Surrogate mothers tend to conceal their pregnancies, primarily due to a lack of social support driven by negative social attitudes toward surrogacy. This social disapproval causes psychological distress, leading to social isolation, blame, and rejection by their friends, acquaintances, and even family members, which can turn pregnancy into a painful experience for surrogate mothers.

Following this type of pregnancy, surrogate mothers often experience negative social consequences, and they need support to deal with them. Society’s negative attitudes towards surrogacy are rooted in prevailing beliefs, cultural norms, and levels of awareness. To mitigate adverse social

impacts for surrogate mothers, it is necessary to promote public education through films, books, articles, and media campaigns that present diverse perspectives on surrogacy. Developing a respectful social platform can encourage acceptance and prevent marginalization. Creating a conducive sociocultural environment will motivate infertile couples to consider surrogacy as a viable option for building families without fear of stigmatization. Ultimately, if surrogacy is recognized akin to blood or organ donation—valuable and noble—it can become a widely accepted practice benefiting individuals and society alike.

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Authors' Contribution

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Competing Interests

The authors declare that they have no competing interests.

Ethical Approval

This study was approved by the Ethics Committee of Najafabad Branch, Islamic Azad University, Isfahan, Iran (Code: IR.IAU.NAJAFABAD.REC.1399.156). Written and verbal informed consent was obtained from all participants for recording the interviews and the possibility of follow-up interviews.

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