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“Who are surrogate mothers?”: Rethinking motherhood in Russia in the context of assisted reproductive technologies*

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Abstract. The development of assisted reproductive technologies, especially surrogacy, requires a reevaluation of motherhood and an understanding of how gestational motherhood fits into kinship structures since motherhood has transcended the boundaries of the “mother-child” dyad and expanded into the system of “surrogate mother-child-biological mother”, which has shaken the traditional foundations and meanings of this seemingly stable and unshakeable construct. This new reality questions the essence of motherhood and creates new roles within it, primarily determining the question: who are “surrogate mothers”? This question consists of two levels: the social portrait of the surrogate mother and her status. The social portrait will help to understand who becomes a surrogate mother and why; the authors attempt to define a range of demographic criteria (age, place of residence, marital status, level of education, etc.) and personal traits that enable a woman to fulfill this complex role. Concerning social status, the authors attempt to understand the role of surrogate mothers in public consciousness and how the actors involved (surrogates, biological parents, reproductive specialists) perceive her place within the structure of kinship. The study consisted of expert interviews with reproductive specialists, psychologists, and recruitment agents (N=6) and a representative survey (N=1300). The data presents a typical surrogate mother as a 25-33-year-old woman with 1–2 healthy children, often a single mother or remarried, with a vocational education and a low income, frequently residing outside of major cities. Experts describe her psychological profile as “a more relaxed outlook on life”, characterized by simplicity, responsibility and having a clear understanding of her life situation. In public perception, the surrogate mother is not integrated into kinship structures; she temporarily fulfills a role, after which her contractual obligations are complete. In Russia, surrogates are viewed as assistants in addressing infertility, hired to carry and deliver the couple’s genetic child. Both parties often anonymize this arrangement to present a conventional family image and alleviate social pressures on the surrogate.

Key words: family; assisted reproductive technologies; surrogacy; motherhood; surrogate mother; parenthood; kinship; expert interviews; survey

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The rise of assisted reproductive technologies has dramatically reshaped our understanding of kinship systems. Among the most notable and debated advancements is surrogacy that involves creating an embryo through artificial means, implanting it into a surrogate, who carries the pregnancy to term, and then handing the child over to the intended parents. While there are historical precedents for women giving birth to children for others, such as maids or concubines, surrogacy has fundamentally transformed the way we view motherhood, both socially and biologically. First, unlike in the past, these technologies allow for a biological connection between the child and the intended parents, as the surrogate is genetically unrelated to the child, who shares genetic ties solely with biological parents. In Russia, a surrogate mother cannot be an egg donor, according to the Federal Law No. 538-FZ as of December 19, 2022 [7]. The law also states that potential parents are the man and woman (or only the woman) whose gametes were used for fertilization, and for whom carrying and giving birth to a child is medically impossible. In such cases, potential parents are recognized as genetic parents. Second, participation in the program is voluntary for the surrogate mother, with altruistic motives being important. Third, surrogacy shares certain similarities with a commercial transaction, as it is conducted with legal support and involves compensation.

The term “surrogate mother” is debated: who is the mother (or the primary mother) — the woman who carried and gave birth to the child but has no genetic relation to him, or the woman whose egg formed the embryo and who plans to raise the child without being pregnant. The law does not always clarify this complex issue. In Russia, there is a problem of legal identification of the mother in cases of surrogacy. Federal Law No. 143 [6] requires parents, when registering the birth of a child conceived through surrogacy, to also the surrogate mother’s consent to be recorded as the child’s parents. Thus, the procedure allows for the child’s registration only by genetic parents. On the other hand, the Constitutional Court [15] clarifies that the surrogate mother’s consent for such registration means she has the option to record herself as the child’s mother, thereby establishing the rights and obligations for the woman who gave birth to the child. This document also includes an amendment stating that the court should be guided by the best interests of the child and make a final decision depending on situation. In other words, Russian legislation adheres to the gestational model of surrogacy, where the prior parental rights are determined by pregnancy, but in practice, various circumstances are taken into account, including the terms of the contract and the surrogate mother’s living conditions.

The drama of rethinking motherhood in Russia is reflected in the official statements of public officials. For instance, the Constitutional Court Judge A.N. Kokotov [11] argues that a child born as a result of this technology has two mothers: a genetic mother and a surrogate mother who “is not just a woman who gave birth to a child conceived artificially using the gametes of the genetic parents; she is indeed a mother who has given birth not only to another’s child but also to her own”. He argues that pregnancy influences the child’s immune and hormonal systems, creating blood ties and even spiritual connections. As a result, “regardless of the will and consciousness of the surrogate mother, the instinct of motherhood awakens within her, establishing a deep biological and emotional-spiritual bond between her and the child”. Furthermore, the surrogate mother as a poor woman experiences profound moral anguish, even to the point of “uncontrollable feelings of motherhood”. Thus, “the obvious ‘disparity’ in the living conditions of surrogate mothers compared to genetic parents does not mean that the poor are incapable of raising children properly” [11].

The opposite position is expressed by V.S. Korsak, the President of the Russian Association of Human Reproduction [13]. Speaking on behalf of the medical community, he states that surrogacy is a form of medical assistance for those suffering from infertility. From the legal standpoint, it is necessary to “eliminate the possibility of criminal acts by unscrupulous service providers”. Korsak asserts that surrogacy does not lead to any negative psychological consequences for the surrogate mother, parents or child, since the greatest harm to all parties comes from “the intense scrutiny of personal problems of people suffering from infertility, fueled by the media”. Thus, there are diametrically opposing views regarding the status of the surrogate mother and her role in the child’s life, which is inevitably reflected in the academic discourse.

The term “surrogate mother” is misleading as it implies that the woman who carried and gave birth to the child is an artificial substitute or imitation of the mother [5]. Already in the Roman law, the principle “mater semper certa est” (“the mother is always certain”) established the unquestionable identity of the mother, and this principle is still applied in all countries where surrogacy is practiced, prioritizing the rights of the biological mother [2]. In the United Kingdom and the Netherlands, a system that would automatically recognize the priority of genetic (social) parents is debated, which can have significant implications for human rights and the dignity of surrogate mothers [19].

The opinions of surrogate mothers are unequivocal: surrogate children belong to the parents who want them (i.e., social parents) [4]. The emphasis on chosen solidarity diminishes the importance of genetic ties and helps surrogate mothers maintain the traditional boundaries of their own nuclear family and the family of the intended parents. By studying public opinion and relevant social practices, researchers conclude that the reproductive labor of women in surrogacy is valued but not compensated [3]. This means that people believe that pregnancy for the

happiness of an infertile couple is a complex and noble endeavor, but market laws allow not only the evaluation of this service but also negotiations about its cost.

Elly Teman's *Birthing a Mother: The Surrogate Body and the Pregnant Self* represents one of the first attempts to explain the complex changes in the life and consciousness of a woman who chooses the path of surrogacy. While collecting data in Israel, she explored how women differentiate between their biological and surrogate pregnancies to normalize their choices. Surrogate mothers often use metaphors like “baby incubator”, “hothouse”, and “oven” to emphasize their temporary role in carrying a child as conceived by another couple. They express this distinction by saying “their bun, my oven”, clearly separating their bodies from the child they view as logical and justified to return to the biological parents. Surrogates also normalize their experience by reflecting on their bodies through the dichotomy of “natural pregnancy” versus “artificial pregnancy”, describing this experience as completely different (including the emergence of taste preferences in pregnant women that resemble those of the embryo's biological parents), which allows them to deny the development of psychological attachment to the child and, consequently, to calmly relinquish it [16]. In general surrogate mothers have a lower quality of connection with the newborn because their production of natural oxytocin is significantly lower than in natural pregnancy and breastfeeding [18].

As for the social profile of the surrogate mother, it is shaped by both legal norms and certain unwritten guidelines. The legislation in countries with legalized surrogacy contracts defines the age and status of parties, which can vary significantly across jurisdictions. For example, in Russia, a surrogate mother is typically a woman aged between twenty and thirty-five, in Israel — from twenty-two to thirty-eight, and in the USA — from twenty to forty years. A common requirement is to have at least one child. In Israel, a woman must not be married; in the USA, on the contrary, a potential surrogate mother may be rejected if she lacks the support of a spouse. In Russia, there are no such restrictions, but a married woman can only be a surrogate with her husband's written consent. The ways in which surrogacy is integrated into a woman's family, how complex boundaries between the two families are explained to her children, and how relationships are clarified also have national and cultural specificities [17].

Social-psychological characteristics of surrogate mothers are of particular interest as they may reveal patterns or identify a specific type of woman suited for this role. Limited empirical data suggest that a surrogate mother's social profile is closely linked to her living conditions. In countries with a high standard of living where commercial surrogacy is prohibited, this role is more often taken on by educated women with stable incomes (sometimes relatives of the couple) [1; 9; 10]. In poorer countries, especially with common commercial surrogacy tourism, it is typically poor and less educated women [8; 12]. There are unique and less apparent trends in surrogacy services in certain countries. For instance, in the USA, military wives actively pursue surrogacy, comprising an estimated 15 %–20 % of all surrogates.

Often facing unstable employment, they may leverage their “military mindset” as an asset in this role [22].

The psychological profile of surrogate mothers also raises scholarly interest. Riddle suggests that a woman’s psychological suitability for the role of a gestational carrier may be influenced not only by her psychological health but also by the psychological health of her partner and children [14]. Researchers generally agree that most surrogate mothers fall within the “normal range” of psychological resilience, intelligence, and morale and tend to normalize their surrogacy experience to avoid internal conflicts. However, most women face instability in the professional sphere and significant financial difficulties. Thus, the available data only outline to some extent an answer to the question “who are surrogate mother in Russias?” but provide almost no information about social positions within kinship structures that the society assigns to them. Since the study seeks to answer two questions — who Russian surrogate mothers are and what is their social position in the public perception — a comprehensive methodology was developed to operationalize both constructs. To address the first research question, data was collected with in-depth interviews with a small sample of experts (reproductive specialists, reproductive psychologists, and surrogacy recruitment specialists, N=6, Table 1). To address the second question, a mass online survey was conducted on a combined sample (stream N=620, panel N=680, total N=1300, Table 2) representative in terms of gender and age structure. The survey was conducted in Ekaterinburg, the Sverdlovsk Region, in February–March 2023.

To answer the question “Who are surrogate mothers in Russia?”, we will refer to expert interviews. As the demographic criteria for surrogate motherhood are established by specific regulations (primarily fertile age and having children), there are age trends (a shift towards older ages indicating psychological maturity) and patterns related to the number of children (women with multiple children rarely qualify for the program, mainly due to health issues after several pregnancies that prevent them from meeting the minimum medical requirements): *“According to the regulations, women up to 35 years old can be surrogates. They should have one or two children”; “This is a girl aged 27 to 32, and she has two children”; “I think it’s often girls in their early 30s who already have at least one child, sometimes two. I haven’t encountered anyone who had three. But this is quite risky because, most likely, at least in one of those three pregnancies, there was a cesarean section”; “Twenty years is the minimum threshold, and we still try to ensure that the woman is a little older, at least 22, so that she makes this decision with more consideration. This is also related to the fact that, as a rule, biological parents are in the age range of 35, 30, and older, so it can be difficult for them to establish communication with a younger generation. Therefore, we prefer ages from 25 to 30”.*

Table 1

Sample structure

<i>Gender</i>	<i>N</i>	<i>%</i>
Women	748	57.5
Men	553	42.5
<i>Age</i>	<i>N</i>	<i>%</i>
18–30	371	28.5
31–40	463	35.6
41–70	465	35.8
<i>Education</i>	<i>N</i>	<i>%</i>
Incomplete secondary or lower	10	0.8
Secondary education	82	6.3
Primary vocational (vocational school, lyceum, etc.)	65	5
Secondary vocational (technical school, vocational college, medical school, etc.)	306	23.5
Incomplete higher education (university studies without a diploma)	101	7.8
Higher education (specialist's, bachelor's, master's degree, etc.)	715	55
Postgraduate studies, academic degree, title	20	1.5
<i>Children</i>	<i>N</i>	<i>%</i>
Have children	809	62.2
No children	491	37.8
<i>Marital status</i>	<i>N</i>	<i>%</i>
Married	658	50.6
Single and never been married	268	20.6
Living together, but not officially married	178	13.7
Divorced	139	10.7
Widower/widow	22	1.7
Separated	17	1.3
Find it difficult to answer; another response	18	1.4

Table 2

List of experts

Position	Age	Gender	State/private institution
Obstetrician-gynecologist-reproductive specialist	50	Female	Private clinic
Reproductive specialist	29	Female	State clinic
Head of the ART department	42	Male	Private clinic
Obstetrician-gynecologist-reproductive specialist	44	Female	State clinic
Psychologist	37	Female	Private clinic
Director of the agency for recruiting oocyte donors and surrogate mothers		Female	Private agency

The marital status of surrogate mothers in Russia is not legally regulated, so the program includes both married women and single mothers. It is common for these women to be in second marriages and to have children from different men. Surrogate mothers often have vocational education, sometimes higher education, but they lack a clear career strategy. The maternity leave period, during which women are physically limited in their earning capacity, also contributes to their decision to pursue surrogate motherhood: *“They are not necessarily single women, although there can be those who are single mothers wanting to improve their own living conditions and those of their children, including education and so on. But there are also women who are married and have husbands”; “Most likely, it’s a second marriage, so it’s possible that children are from different husbands. She has a secondary vocational education and is currently on maternity leave, which is why she took on this side job: her child is just about to start kindergarten, and she can’t go back to work for some reason, making this a more or less accessible source of income”; “I have the impression that I haven’t come across two people with the same profession. I think many of them might not be working at that time, which is one of the reasons for their participation in such a program. For example, when the husband was the financial provider, and he left, they have no job and no financial support”; “Some are with higher education, some with no education at all... There are very low-income women who, before pregnancy, need to have their teeth treated and to clean themselves properly. We usually refuse such people”; “In terms of education, it seems to me that it’s either secondary or vocational*

education; it's rarer to find someone with higher education. There are some, but I can only recall a couple of people with higher education... Most often they are either not in an official marriage or less frequently have a permanent partner; even less often, they are in an official marriage. There is also this detail: having a partner or spouse does not mean that he is the father of the woman's child"; "They usually have vocational education. There are a few women who have higher education, but typically they do not work in their field. This leads them to participate in the program and receive an amount they wouldn't be able to earn in such a short period of time. Fifty percent of the women are those who are not in civil relationships (or official marriages), and fifty percent are divorced or single, with dependent children who also need financial support".

Often women in difficult economic situations and those living in peripheral areas choose surrogacy, and participation in the program provides them with significant rewards by the standards of their living area: *Most often... these are girls not from Ekaterinburg. They come from smaller towns in the region... Very often, probably in most cases... they have issues with housing: either they rent a place or live with relatives... I don't know any specific figures regarding their income, but from my conversations with them and judging by their occupations, I guess they have average or even below-average earnings".*

The most frequently mentioned definitions of surrogate mothers' social-psychological characteristics point to their moral resilience, independence, responsibility, and ability to normalize complex experiences and integrate them into their personality structure without harming their mental health. At the same time, the decision may be made under certain constraints (somatic or external), which limits the woman's ability to address her life challenges through other means: *"These are women who are quite determined and accustomed to relying on themselves. But first and foremost, they are used to achieving everything on their own, counting on themselves and helping their families"; "Most often, these are women from peripheral areas: either small towns, or villages... And there is usually some mild somatic pathology: either mild excess body weight, obesity, or euthyroidism... They are not ideal ladies with perfect health"; "Surrogate mothers are good girls, perhaps from a lower middle-income background, may be even slightly below average, but they are neat, tidy, and calm. They think everything through before coming to the clinic. They discuss everything with their family. They plan how they will explain things at work: they were pregnant, and then there's no baby. Everything is discussed beforehand. They are just very aware; they do all of this consciously".*

The decision to enter a surrogacy program often follows a complex journey through egg donation — positive experiences lead to contracts with infertile couples. In some cases, expert assessments of their frequency vary widely — from isolated instances to as much as 40 % — with surrogate mothers choosing to undergo the procedure again. Such experience is viewed as an advantage and can guarantee higher compensation as the procedure is familiar to the woman and had positive

results. Nevertheless, according to reproductive specialists, each new pregnancy (natural or artificial) carries certain health risks for the mother, which decreases the likelihood of successful outcomes: *“Usually, even experienced surrogate mothers ask for higher compensation for handing over the child. Why is that? Because... it includes the experience of a full-term pregnancy, positive interaction with biological parents, and a sense of responsibility for all the procedures and medications prescribed and for all the doctor’s recommendations. And, of course, it means that there are no problems during the child handover stage. She already understands this mechanism and will handle it smoothly”*; *“I think that having prior experience can be seen as an advantage, because there are really many aspects that a surrogate mother might encounter that she wasn’t even aware of or didn’t suspect when planning everything. Therefore, you never know how she will handle these situations, how her psyche will respond, and whether there will be any consequences. Of course, a surrogate mother with a previous pregnancy is a safer option”*; *“If a woman performed well in her first task (carrying the pregnancy, monitoring, and following the doctor’s recommendations) and there were no complaints about her, it is more likely that she will behave predictably in the next program, unlike women who are entering the surrogacy program for the first time”*; *“It’s quite uncommon for a surrogate mother to enter the program a second time, because there are several restrictions. This includes cesarean sections, which are undesirable... the age also has its limitations. They need to participate before the age of 35, and they must have at least one child, and some may have two. Therefore, entering the program a second time is something that some simply cannot do, no matter how much they want to”*; *“Not all women want to participate again, but there are those who see it as a convenient way to quickly earn money. There are surrogate mothers who call after three months... to do it again”*.

Thus, the surrogate mother in Russia is a woman aged 25 to 33, with 1 to 2 children, with a vocational education and an income below average, balancing her personal relationships (In a second marriage or cohabiting). She displays “normal” psychological reactions, seeking to address financial and housing issues through participation in the surrogacy program. According to the survey, surrogacy is the most well-known assisted reproductive technology in Russia (at least 84 % of respondents have heard of it), yet only 26 % are opposed to its prohibition (every third was unable to decide on this question). For most Russians who have not personally faced infertility or used assisted reproductive technologies, surrogacy is a “zone of great ambiguity” that creates significant contradictions within familiar kinship structures, which is reflected in the inconsistent responses and tendency to favor middle-ground options.

The public attitude toward surrogate mothers can best be described as contradictory — a combination of the positive image of a mother who gives life and helps in times of trouble (childlessness) and the negative aspect of the “sale” of a child and a woman’s ability to renounce her “maternal instinct”. Most

respondents are convinced that the decision about informing the child about the use of assisted reproductive technologies at birth should be made solely by parents (who raise the child and are initiators of birth) (Table 3). However, only a quarter believe that a child has the right to know the circumstances of birth. Almost as many are opposed to this for psychological or social reasons. The idea of not wanting the child to “find out by accident” is another popular opinion highlighting the potentially traumatizing experience, which could lead to family discord. None of respondents appealed to the feelings of the surrogate mother: she is excluded from the objects of concern; after the child is handed over, she ceases to be part of the family system as her contractual obligations have been fulfilled.

Table 3

Respondents' views on informing children about their birth via surrogacy (In %)

Should children born through surrogacy know that?	Total	Women	Men	18–30	31–40	41–70	Have children	No children
It is up to the child's parents to decide	36	38	32	34	39	34	37	34
Yes, everyone has the right to know their roots and the circumstances of their birth	25	20	30	36	22	18	20	32
It's better to tell the truth; otherwise the child might find out by accident, and it would be traumatic	18	18	17	22	16	16	16	20
No, it will only create problems for everyone and traumatize the child	15	15	15	6	16	21	18	10
No, the Russian society is not ready for such information yet	7	8	5	3	6	10	8	4
Find it difficult to answer	0	1	0	0	0	1	1	0

Moving from the general to the specific (Table 4), the judgments become even more definitive — nearly half of respondents would prefer to tell the truth, guided by humane considerations, while the other half would hide the fact of surrogacy to normalize their experience in the eyes of the public and in their memory. Becoming an “ordinary family” also means excluding the woman who gave birth to the child from all kinship structures, thereby recognizing the surrogacy experience as “not normal”, exceptional, and socially taboo.

Table 4

**Respondents' views on informing children
about being born via surrogacy in their family (In %)**

If a child in your family were carried by a surrogate mother, would you tell them about it?	Total	Women	Men	18–30	31–40	41–70	Have children	No children
Yes, I believe that the child should know the truth	48	46	51	61	47	39	41	61
No, this is my child, and he/she doesn't need any extra information	26	28	24	20	28	30	30	20
I won't tell anyone about this and will try to forget it — I believe that we are an ordinary family	22	22	22	17	21	27	26	16
Find it difficult to answer	1	1	1	1	2	1	1	1
This idea is unacceptable	1	1	1	0	1 %	2	1	0 %
Depends on the situation	0	0	0	0	1	0	0 %	1
I will tell the child when he/she grows up	0	0	0	1	0	0	0	0

Thus, Russians accept surrogacy as a form of helping infertile couples and show understanding toward women in difficult life situations (surrogate mothers). However, they exclude surrogate mothers from kinship structures, assigning them the role of temporary performers under contractual terms. In general, experts indirectly share this perspective, describing surrogacy in terms of “work” and “fulfilling obligations”. In general, surrogacy has profoundly transformed traditional kinship structures. What was once a unified and stable concept of motherhood has now divided into three distinct roles: genetic (the woman whose oocyte forms the embryo), gestational (the woman who carries and gives birth to the child), and social (the one who nurtures and raises the child). Each role can be fulfilled by different individuals or come into play at different stages of the child’s development. The mere existence of surrogacy challenges the belief in the “maternal instinct” which is seen as a cornerstone that compels women to bear and care for children, often at the expense of their own health and stability. It is crucial to understand that public reaction (collective judgments and opinions) and government sanctions (regulatory frameworks) not only reflect attitudes toward assisted reproductive technologies but also highlight the social positions of family structure agents in a specific society at a specific historical moment.

One of the most notable international studies on surrogacy in Russia was conducted by Christina Weis [20; 21]: she argues that surrogacy in Russia is viewed purely as an economic transaction, a short-term business agreement that lasts only until the child is born, i.e., the reproductive labor of women is disregarded, including by agencies that use women from rural areas as “reproductive vessels”. Unlike other countries, in Russia, altruistic motives are of little importance, with the focus placed solely on financial compensation. Additionally, Russian surrogate mothers tend to distance from kinship with the children they carry, drawing a clear boundary between them and their own children. Our data allows us to expand this picture by adding some overlooked key features: first, the medical community (a gatekeeper for potential surrogate mothers) indicates that financial motivation is preferred when selecting a surrogate mother. This can be explained by the fact that for Russians, the desire to earn money (especially to provide for their children) is an understandable and acceptable goal, whereas the desire to “help others” (especially abstract, unrelated people) raises suspicion as a sign of insincerity or even mental instability. Thus, women motivated by financial reasons meet the expectations of prospective parents and medical selection criteria.

Second, Weis’s view that provincial women are specifically chosen to reduce the cost of services requires reconsideration. Our data indicates that women from small towns and villages often become surrogate mothers; however, this may be related to the level of prices. Specifically, 2 million rubles (the average cost of surrogate mother services in Russia for 2024) is too small to purchase housing in a megacity but sufficient for provinces. Moreover, megacities offer more earning opportunities, but due to significant geographical remoteness of settlements in Russia people from provinces do not always have the opportunity to commute to work in a large city, which narrows the possibilities for economic maneuvering, especially for women with children.

Third, the distancing of surrogate mothers from children born for another couple can be a protective mechanism that helps maintain a normal psychological state in the extreme situation of surrogacy. Russians do not include the surrogate mother in the structure of kinship. Undoubtedly, there are situations of deep attachment between biological parents and the surrogate mother (as one expert said, there are cases when couples bring their surrogate mother back for a second child as they got along so well); however, this does not make them one family in the public perception. There is a clear division of roles and social positions: clients and performers with obligations within clear temporal and social boundaries. In our view, this distinction stabilizes the blurred contours of motherhood and role models for all parties. Thus, the distancing that Weis speaks of is nothing more than an attempt to normalize the surrogacy experience and bring both families involved into the state of a “typical” normative family.

Reinterpreting external evaluations through internal experiences significantly broadens the explanatory potential of sociological research: Weis’s description

of surrogacy in Russia captures its key visible features but misses its deeper complexities. Surrogacy in Russia is a much more intricate and internally conflicted phenomenon than was portrayed. Behind the seemingly transactional “business agreement” as if devoid of altruism or noble intentions, there is an effort to preserve the traditional family structure, with clearly defined boundaries separating the internal and external worlds of the family.

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«Кто такие суррогатные матери?»: переосмысление материнства в России в контексте вспомогательных репродуктивных технологий*

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Аннотация. Развитие вспомогательных репродуктивных технологий, особенно суррогатного материнства, требует переосмысления материнства как феномена и понимания логики встраивания гестационного материнства в структуры родства, поскольку материнство вышло за рамки диады «мать–ребенок» и расширилось до системы «суррогатная мать–ребенок–биологическая мать», что пошатнуло традиционные основы и смыслы, казалось бы, устойчивой и неизменной конструкции родительства. Новые реалии формируют новые трактовки и новые роли материнства, ставя перед исследователями задачу описания тех, кто сегодня принимает решение стать суррогатной матерью, а именно — ее социального портрета и социального статуса. Социальный портрет помогает понять, кто становится суррогатной матерью и почему, — авторы перечисляют ряд демографических характеристик (возраст, место жительства, семейное положение, уровень образования и т.д.) и личностных черт, которые позволяют женщине выполнять эту сложную роль. Также авторы пытаются реконструировать общественное восприятие суррогатного материнства и то, как вовлеченные стороны (суррогатные матери, биологические родители, специалисты по репродукции) определяют позицию суррогатной матери в структуре родства. Проведенное авторами эмпирическое исследование позволило описать среднестатистическую суррогатную мать и ее статус в системе семейных отношений на основе сочетания методов экспертного интервью (с репродуктологами, репродуктивными психологами и агентами по рекрутингу, N=6) и репрезентативного опроса (N=1300). Согласно полученным данным, суррогатная мать в России — это, как правило, женщина 25–33 лет, имеющая 1–2 здоровых детей, часто одинокая мама или состоящая в повторном браке, со средним профессиональным образованием и невысоким доходом, проживающая в регионе. С психологической точки зрения эксперты отмечают ее «легкий взгляд на жизнь», простоту, ответственность и адекватное понимание ситуации. В общественном

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мнении суррогатная мать не включена в структуру родства, а выполняет временную функцию, после чего ее договорные обязательства считаются завершенными, т.е. суррогатная мать выполняет роль помощника в решении проблемы бесплодия (оказывает услуги по вынашиванию и рождению генетического ребенка пары), факт обращения к которому часто анонимизируется обеими сторонами для создания «нормального» образа семьи и снижения социального давления на суррогатную мать.

Ключевые слова: семья; вспомогательные репродуктивные технологии; суррогатное материнство; материнство; суррогатная мать; родительство; родство; экспертные интервью; опрос

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