ARTICLE

The baby business

SANDHYA SRINIVASAN

8 Seadoll, 54 Chimbai Road, Bandra (W), Mumbai 400 050, India. e-mail: sandhya@bom3.vsnl.net.in

Baby napping

White coats spell authority. So no identification was asked of the man and woman thus clothed who walked into the maternity ward of the state-government-run JJ Hospital in Mumbai on January 16, 2003. On one bed lay the 4-day infant born to 21-year-old Vidya Chavan. Ms Chavan had gone to the bathroom and on her return she found her baby missing. Eye-witnesses later stated that they assumed that the couple handling the infant were doctors.

The mystery seemed to be solved on January 19, when an infant suffering from acute diarrhoea was brought to the same hospital by a couple who described themselves as the infant's parents. They told the doctors that they had been referred to the hospital by Jawahar and Janaki Bijlani, who ran a clinic at Breach Candy—an up-market part of Mumbai. They were accompanied by an attendant from the Bijlanis' clinic. The couple had apparently boarded a flight to Delhi with the sick child, but fog in the capital forced the pilot to return to Mumbai. They rushed the sick child to the Bijlanis who sent them with an attendant to the JJ Hospital.

The doctors at JJ Hospital found the couple unable to provide satisfactory answers to the most elementary questions about the baby's feeding habits. The couple left the premises in a hurry, leaving the infant behind. The doctors alerted the police who went to the Bijlanis' clinic in Breach Candy and took them in for questioning. A couple of days later it was reported that the Bijlanis confessed to selling the baby to a New Delhi family for Rs 92,000. Once out on bail, however, the Bijlanis denied any connection to the abandoned infant.

Media frenzy

The events provoked a flush of speculative press coverage over the next few weeks. A young woman, Smita Kaparde, added fuel to the by-now raging fire when she announced that she had been forced to give her child to the Bijlanis for adoption some months earlier. Ms Kaparde stated that she contacted the Bijlanis when she was pregnant, and gave birth to her child in their Breach Candy nursing home. She said she gave her child up for adoption because she could not have supported the baby. She believed that her child was to be adopted, but now she feared that it had been sold, and wanted the baby back.

Meanwhile, DNA tests were carried out on the infant abandoned in the JJ Hospital to check if it was Vidya Chavan's missing child. Ms Chavan was reported to have demanded access to the child, but the hospital insisted on waiting for a DNA test. A month later the results of the DNA test revealed that there was no match between the Chavans and the infant.

It looks as if the story is over. The authorities do not seem to be interested in tracing Vidya's baby. The pressure was off them once the DNA results were out. Ms Chavan left the hospital and the dean of the JJ Hospital was transferred. The Chavans must move on with their lives. Nor does the press seem too concerned anymore.

Much has been written about poor security in public hospitals, overworked and underpaid staff who are susceptible to corruption. It is worth remembering that it was the doctors of the JJ Hospital who alerted the police leading to the Bijlanis' arrest. This may be the time for the medical profession to look at its role in the 'baby business'.

Social service or commerce?

Indian society puts a great deal of pressure on couples to have children, particularly male children. The medical profession has responded to this social demand in two ways, both of which deserve further examination. One response, going by reports such as the Bijlanis', seems to have been to play the role of agent between parents who want to 'adopt' a child without going through the legal requirements of adoption.

Doctors may do this to help a pregnant woman who has come to them, who is unable to take care of her child. Some might call this social service. Of course, they will have to recover the cost of providing medical services and food to the pregnant woman. For this they will have to ask for money from the person who 'adopts' the child.

According to a representative of the National Association of Adoptive Families (NAAF), a voluntary organiza-

tion promoting legal adoptions, the Bijlanis attended a number of their seminars. NAAF came across an advertisement for premises to run a shelter for 'exploited pregnant women till delivery and giving free counselling for adoption of children', giving the Bijlanis' telephone numbers. When the Bijlanis were questioned they stopped attending NAAF functions.

Such reports are not new. A little over a year ago the press reported a collaborative venture between an ayurvedic doctor and a gynaecologist; the former would send construction workers with unwanted pregnancies to the gynaecologist who would persuade the mother to go through with the pregnancy in return for Rs 1,000. Such acts of doctors demean the legal system of adoption. Despite a growing public acceptance of adoption, it is a process with an abundance of red tape—legal mechanisms protecting the rights of all concerned. Further, there is a shortage of male children for adoption, and Indian adoptive parents express a strong preference for male children. (The kidnapped Chavan child was male.)

India is part of an international trade. Not too long ago a court in Viet Nam sentenced 14 people to prison for involvement in an illegal adoption ring sending nearly 200 children to foreigners through an orphanage. Among these were a local obstetrician who 'located' pregnant women vulnerable to the idea of selling their children, and a former justice department official who legalized the adoptions for a price. Nurses were paid for every child they collected for adoption. Pregnant women who were either unmarried, sick or getting divorced were persuaded to give up their babies with the assurance that the children would be raised by relatives of medical workers.

Catering to 'need'

This 'baby trade' is not too different from the 'organ trade'. In both cases, the 'industry' caters to a perceived need. In both cases, there are other solutions to the shortage—adoption and cadaver donation—which are bypassed by such unethical practices. In both cases, the medical community plays a key role—that of a broker seeming to provide a solution to a serious problem. Both practices exploit the poverty of the person with the commodity for sale. Such practices are more common in societies with extremes of wealth and an unregulated medical practice.

There is no doubt of the scope for unofficial adoption directly from poor women, bypassing the legal system. Doctors are in contact with both—couples desperately wanting children without going through the right channels, and pregnant women wanting an abortion and who can be persuaded to give their children away, perhaps for a fee. If medical professionals continue to participate in such practices, we can hope for refinements, such as prenatal sex selection for adoptive children of the 'right' sex.

The next frontier: eggs for sale

Few doctors participate in the 'baby trade'. The more common response by the profession to the social pressure for fertility has been to promote drugs and high-tech fertility-boosting techniques. Given the financial incentives to promote drugs and treatments and the absence of internal or external regulation of medical practice, fertility specialists and general practitioners have prescribed these drugs and techniques irrationally, with potentially dangerous consequences. There are no systematic records maintained of whether these drugs and procedures work and how well, how many women experience side-effects, how many life-threatening situations develop because of the misuse of fertility technology, and so on.

As traditional exploitation of the poor combines with fast-developing fertility technology, it is not hard to anticipate the consequences. Already fertility specialists make grandiose statements about the absolute right of parents to choose in all aspects of reproduction and, following from this perspective, the right to do whatever is medically possible. What right does society have to oppose sex selection through IVF? What right do we have to deny a poor woman's right to be a surrogate mother? To sell her ova? Medical innovations can transform poor women's wombs into 'baby factories'. The ICMR recently proposed guidelines for infertility clinics which ban egg donation by relatives while giving legal sanction to paid 'donation'. This will give legitimacy to the exploitation of poor women and the further commodification of body parts. At least one fertility specialist is known to pay Rs 20,000 per procedure.

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(Inputs by Ranjani Ramaswamy)