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## Women as Consumers of Reproductive Technology: Media Representation versus Reality


Shirley Shalev

*Harvard University*, shirley@shalev.info

Dafna Lemish

*Southern Illinois University, Carbondale IL*, dafnalemish@siu.edu

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Contemporary media increasingly address contentious issues related to women's lives, in general, and their health, in particular. For example, both television news and entertainment programs deal explicitly with health related issues, and as such they have become primary sources of information for the general public. This is especially the case when television programs deal with complex and often unknown phenomena for which most viewers have no first-hand knowledge (Dutta-Bergman, 2004; Flick, 1998; Morgan et al., 2007). Ongoing advances in assisted reproductive technologies are excellent examples of a domain about which most individuals have no first-hand knowledge, and therefore greatly depend on the information provided by print, broadcast, and virtual media. Indeed, the past three decades are marked by far-reaching advances in the development of assisted reproductive technologies, including intrauterine insemination (IUI), in-vitro fertilization (IVF), sperm/egg/embryo donation and cryopreservation, pre-implantation genetic diagnosis, sex selection, and surrogacy. The media's nearly unfiltered inclusion of these technologies, across genres, means that it may well be playing an active role in shaping women's attitudes to their reproductive bodies, their choices, and evolving norms of behavior. Such extensive representations of reproductive technologies serves as an excellent example of 'second-hand reality' (Reese, 2003); that is, a sense of reality constructed primarily by the media since, as in the case of reproductive options, most people do not actively seek information about the overall legal status or implications of medical advances represented in the media unless they are themselves in need of such technologies.

As an example of this trend, surrogacy was selected as the focus of this study due to its complexity, scarcity, and controversy. In addition, this phenomenon offers the opportunity to examine media representations of women as consumers of reproductive technology, either as gestational carriers or prospective mothers. Indeed, if as we assume most media consumers do not have personal experience with surrogacy, then they may also be unfamiliar with the legal aspects as well as its medical and social implications. And, therefore, it is reasonable to assume that the media play a significant role in public education about this reproductive option. Indeed, research suggests that the media are a key factor in reproductive decision-making and are crucial in the success of public family planning programs (Tilson et al., 1997).

Since images and narratives from popular culture are referenced in public discourse, they, too, are a source of information and conduit for sharing views about reproduction.

Therefore, it is important to expand the study of media representations beyond news coverage to include detailed examinations of other genres, such as human interest stories, fiction, and entertainment television; and, as well, to account for different ways in which messages are processed cognitively by the audience (Henderson and Kitzinger, 1999; Slater and Rouner, 1996).

Accordingly, this article explores the contribution of entertainment media to the diffusion of information and conceptions about female use of assisted reproductive technology, in general, and surrogacy, in particular. We did so by applying a model that advances a comparative evaluation of television representations, on the one hand, with the medical, legal, and social aspects of empirical reality, on the other hand. The applicability of this comparative model is demonstrated by means of a case study of television representation of surrogacy in an Israeli popular television series entitled *A Touch of Happiness*. This particular case of surrogacy representation was chosen due to the unique reality of surrogacy in Israel; as Israel has a unique fertility policy that encourages and subsidizes the use of assisted reproductive technologies, in general, and has legislated an exceptional surrogacy law, in particular.

### **The Empirical Reality of Surrogacy**

Advanced reproductive medicine has given new meanings to human reproduction and has paved new ways for parenthood through modern surrogacy. Surrogacy enables the embryo developing in the uterus of the surrogate mother to be genetically related to the father (in the case of insemination) or to both parents (in the case of in vitro fertilization). In *traditional* surrogacy, the surrogate mother supplies her ovum in addition to her uterus [and thus is the genetic mother of the embryo], whereas in *gestational* surrogacy, the surrogate mother provides only the uterus, as the embryo is implanted following in vitro fertilization using the father's sperm and an ovum from either the mother-to-be or a donor (Ragoné, 1994).

Despite the fact that gestational surrogacy resolves some of the main ethical and legal questions raised by traditional surrogacy, in which the surrogate mother is required to give up a baby who is genetically hers, surrogacy remains a controversial fertility issue. Both supporters and critics have made arguments based on the discourse of civil and personal rights. Among the most common arguments against surrogacy are concerns for the rights and

autonomy of the surrogate mother; the reduction of women to their procreation function and fixation of their role as a vessel of pregnancy and childbirth; the undermining of the traditional institutions of family and motherhood; the physical and emotional risks that the surrogate mother faces; the potential exploitation of disempowered women from lower social-economic statuses and countries with fewer resources by rich, white men who wish to immortalize their genetic heritage; commercialization of the mother-child relationship, which may pressure women of lower socio-economic status to surrender their babies against their will and better judgment; anxiety over the possibility that the surrogate mother will change her mind and refuse to release the baby after birth; and concern for the well-being of a child born under these unique circumstances (Andrews, 1990; Farquhar, 1996; Field, 1990; Forna, 1998; Jaquith, 1988; Portugese, 1998; Raymond, 1993).

Surrogacy advocates claim that it enables parents to fulfill the basic human right of parenthood: both men and women are enabled to use all possible means to fulfill this right and women are able to realize their right to decide the fate of their own bodies. They reject the portrayal of surrogacy as a financial transaction in which the uterus is 'rented' and highlight the fact that the vast majority of surrogacy arrangements end to the complete satisfaction of all involved (Baker, 1996; Forna, 1998; Gostin, 1990; Teman, 2010).

Although the rate of infertility per capita in Israel is no greater than in other countries, the state of Israel has designed a unique and considerably generous, though contentious, fertility policy. This policy actively promotes free and unlimited female access to all fertility treatments up to the birth of two healthy children. As a result, Israel currently ranks as a world leader among industrialized nations in consumer use of assisted reproductive technologies, in the number of IVF cycles performed each year per capita, and in the number of fertility clinics per capita. Consequently, today the country's fertility rate is above the average in the Western world (Collins, 2002; Israel Women's Network, 2004; Portugese 1998).

Furthermore, Israel is the only state to legislate granting government control of surrogacy agreements through a designated public committee. According to the *Surrogacy Law* (1996), all persons involved-- including both the surrogate mother and the potential parents--must be thoroughly informed of the medical, psychological, and legal aspects of surrogacy and must sign a legal contract that is approved by a special government committee. The law forbids married women to act as surrogate mothers (due to religious concerns

regarding the birth of an illegitimate child) and stipulates that any surrogate mother must have given birth to at least one child of her own. Thus, it tends to target disadvantaged women who are either widowed, divorced, or single mothers. This policy stands in contrast to countries that allow married women to serve as surrogate mothers, where potentially they can enjoy the support of their husbands and families. Furthermore, it clarifies that the implanted embryo must be genetically related either to both the potential parents or to the father alone (in the case of ovum donation) but that in no case may the embryo be genetically related to the surrogate mother.

Given the centrality of female fertility in Israel, the intensive use of reproductive technologies has become the focus of vigorous public and scholarly debate (Birenbaum-Carmeli, 1997; Haelyon, 2006; Shalev and Lemish, forthcoming 2013; forthcoming 2014). Despite the considerable cost of these technologies, they have been highly prioritized in the public budget as part of Israeli fertility policy. Given such state support, some have argued that this can be perceived to be state promotion of female reproduction and conformity to demographic goals in light of Jewish religion and history, as well as, seemingly intractable existential threats to the state of Israel (Hashiloni-Dolev, 2006; Kahn, 2000; Prainsack, 2006).

### **A Television Representation of Surrogacy: *A Touch of Happiness***

When it first aired in December 2000 on a popular Israeli Cable TV channel (Viva), the series - *A Touch of Happiness* - was the first Hebrew tele-novella produced in Israel. The series quickly became a huge success, achieving a 19 percent gross rating (GRP) at its peak. At the time, this was the highest ever reported rating achieved by a cable TV channel in Israel. Since then, the full set of programs was upgraded to daily broadcasts on a mainstream commercial channel (Channel 10), including reruns at the 2002, 2007-8, and 2008-9 seasons. In 2005-2006, it was aired daily on another leading Israeli cable TV channel (Hot Entertainment). The series continues to be available as well on a popular Israeli Internet site. Such enormous popularity makes this series an extremely important cultural site for analysis, particularly after the legalization of surrogate motherhood and other reproductive technologies in Israel.

The main plot of the series focuses on the marital crisis of an upper class Jewish couple, Irit and Nadav. The claim is made that the couple's marital crisis is due to Irit's inability to

conceive as a result of a past elective abortion. When Irit realizes that hiring a surrogate mother is the only way to save her marriage, she offers Ofra, a poor young virgin, \$250,000 to serve as the surrogate mother. This sum will enable Ofra to pay for her mother's life-saving surgery. Irit manipulates Ofra into signing the surrogacy agreement without reading it or consulting a lawyer. Fearing that she will lose the opportunity to save her mother, Ofra signs the illegal contract and is immediately taken by Irit to her gynecologist brother's private clinic for insemination.

Irit's brother, a convicted felon, performs the procedure using Nadav's sperm and Ofra's ovum. Irit forbids any meeting between her husband and the surrogate mother, fearing that it could risk her own maternal status. She does not know that her husband, Nadav, met Ofra by accident and has fallen in love with her, though unaware she is carrying his child. Irit continues to control Ofra's life throughout the pregnancy, including isolating her from other family members and friends who might influence her to keep the baby. The relationship between Irit and Nadav continues to deteriorate after the baby is born, while Ofra's love and devotion to her son deepens. When Nadav eventually realizes that the woman he loves is also the mother of his child, he divorces his infertile wife and marries the surrogate mother who conceived and gave birth to his child, thereby uniting the genetic family.

### **Constructed versus Legal Surrogacy: A Comparative Analysis**

The focus of this study differs from previous examinations of surrogacy in Israel as well as in other countries (e. g., Birenbaum-Carmeli, 2007; Kaplan, 1999; Markens, 2007; Shalev and Lemish, forthcoming 2014) in that we explored the similarities and differences between, on the one hand, the empirical reality of women who turn to the aid of reproductive technologies for the purpose of advancing surrogate motherhood; and, on the other hand, constructed media representations of surrogacy.

In working within the qualitative methodological tradition, all 118 episodes of the series were viewed in order to create a final sampling of 68 episodes, selected by applying a simple numerical, linear criterion of successive episodes selected from the beginning, middle, and end of the series (episodes 1-30, 60-80, 100-118). Full transcriptions of pivotal scenes and dialogs from these episodes were prepared for use in further analysis. The selected exemplars were subjected to in-depth analysis and interpretation utilizing content, narrative, and semiotic approaches to the analysis of cultural texts (Denzin and Lincoln, 1994; Lindlof and Taylor, 2002). This resulted in categorization of major themes that reoccurred in the episodes

analyzed. These themes were compared with various medical and legal parameters of the Israeli *Surrogacy Law*.

While it could be argued that the legal framework of surrogacy is also a form of social construction, the limited focus of this article compares this framework *per se* with the televised construction of surrogacy. In addition, research conducted on actual cases of surrogacy in Israel since the passing of the law was considered to be part of the empirical reality of surrogacy for purpose of these analyses. Although we acknowledge that television representations of reproductive technologies, in general, and surrogacy in particular, involve a wide range of social, cultural, and gender-related concerns well beyond relations with the legal reality in Israel, these issues are not addressed here as they lie beyond the scope of this article and have been addressed elsewhere (Shalev and Lemish, forthcoming 2013; forthcoming 2014).

The comparison of the grounded analysis of the television representations with the formal and applied legal framework of surrogacy produced 19 different, yet inter-related parameters of interest (see Table 1). What we consider to be the 11 most central parameters are presented below.

### **Type of Surrogacy**

The Israeli law only allows for *gestational* surrogacy; that is, cases in which the surrogate mother provides her uterus for a fertilized ovum belonging to the future mother or to a donor. The series investigated violates this section of the law by referring to a *traditional* surrogacy procedure in which the surrogate mother carries a baby who is genetically hers. While such obfuscation may serve well as narrative device, what viewers are presented is both a direct violation of the law and insight into some of the consequences that the law sought to prevent: Namely, the fact that Ofra, the surrogate mother, is required to hand over her own genetic baby after birth deeply affects the emotional relationship between the two women involved and contributes to the narrative of rivalry between them. Irit, the designated mother in the series, attempts to prevent her husband from learning the identity of the surrogate mother. She does so because she fears that he might prefer Ofra (which indeed, happens at the end) not only because she is carrying his son but also because she is the son's genetic mother. Indeed, portraying the relationship between the surrogate mother and infertile wife as competitive, too, contravene the reported reality of surrogacy, as many women

involved in the process describe experiencing close bonding relationships of sisterhood, friendship, and mutual gratitude (Teman 2006; 2010). Indeed, even those who have not experienced such friendly and intimate relationships have not reported any of hostility and rivalry presented in the series.

In addition, Ofra, the surrogate mother, develops a deep emotional bond with the baby and later requests from the court to raise him herself, based on their genetic tie. This reflects the common approach that associates parenthood with its genetic components, which was at the core of the Israel legislation that prohibits traditional surrogacy. Here, too, the series clearly deviates from the reality of surrogate mothers in Israel, who maintain emotional distance and disassociate themselves from the baby, knowing that the child does not carry their genetic heritage (Kahn, 2000; Teman 2006). Therefore, the same essentialist grounds that focus on possessing or lacking a genetic tie to the baby are used to explain the close bonding between the televised surrogate mother and the baby, on one hand, and the emotional detachment experienced by real surrogate mothers in empirical Israeli reality, on the other hand. Furthermore, it could be argued that the legal prohibition of genetic relations between the surrogate mother and the baby (along with the legal emphasis on genetic tie between the designated father and the baby) incorporates and fosters a form of genetic essentialism (also widely criticized by feminist scholars) that views the surrogate mother as merely a vehicle of reproduction. The media representation of surrogacy in the series confirms this essentialist perspective, as the close bonding between the surrogate mother and the baby is explained mainly by the genetic make-up that they share.

### **Fertility Technology**

By allowing use of either the mother-to-be or a donor's ovum through the procedure of IVF, the Israeli law permits only *gestational surrogacy* to insure that the surrogate mother is not genetically related to the baby. However, the narrative in the series presents the case of *traditional surrogacy*; one in which the surrogate's own ovum is fertilized, typically by the IUI procedure (i.e., the father's semen is injected through a flexible catheter and placed directly in the surrogate's uterus). As a result, the act presented on television is both illegal and medically misleading. And, it incorrectly names the procedure as IVF when, in fact, it seems to be IUI.



In addition, the medical information provided in the series, which states only that Irit is infertile due to an earlier elective abortion, obfuscates as it does not explain why no attempt was made to use Irit's own ovum for an IVF procedure; a procedure that is both medically possible and legally preferable. Even if the previous abortion had damaged Irit's uterus, which is in fact a medical rarity, and this prevents her from carrying a pregnancy, her ovaries have not necessarily been damaged, so she is likely to be capable of normal ova production. Thus, despite the fact that it would have been medically and legally possible to offer Irit the option of having a baby that was genetically related to her, the narrative denies her this possibility and 'punishes' her for her previous abortion (Shalev and Lemish, forthcoming 2014).

### **Surrogacy as a First Pregnancy**

According to the Israeli Surrogacy Law, only non-married women who have given birth to at least one child of their own can serve as surrogate mothers. Indeed, through their own testimonies, surrogate mothers attest that this arrangement helps them channel their motherly sentiments toward their own children and not towards the baby they are carrying for another couple (Teman, 2006). In the television series, not only was surrogate Ofra not a mother, but she was actually still a virgin, and the artificial insemination procedure was the first visit she had ever made to a gynecologist. Thus, Ofra's impregnation casts her in the role of the sacred Madonna who performs a virgin birth (Canaan-Keidar, 1998). The narrative's choice to present Ofra in this manner contributes to constructing her as a modest and pure woman, associated with the motive of motherly devotion and sacrifice.

### **Informed Consent**

The Israeli law requires all participants to be engaged, willingly, in the surrogacy agreement, as well as, to be fully informed and understand the overall meaning and implications of the agreement. In contrast, Ofra gave consent to become a surrogate mother in absence of any information about the medical, legal, and emotional implications of surrogacy. Indeed, her consent was obtained through illegal and unethical means, including extortion and exploitation of her dire financial situation (i.e., her need to sponsor a life-saving surgery of her mother). Such a portrayal stands in stark contrast to the legislative requirement that the surrogate mother receive a detailed explanation of the procedure, as Ofra was denied the possibility of receiving legal consultation or medical information.

Furthermore, the gynecologist performing the artificial insemination was the brother of the designated mother and, thus, his involvement is identified solely as serving the interests of his sister. Yet, the fact that his practicing license had been revoked and he acceded to Irit's plea that he refrain from explaining to Ofra the various possible complications of the surrogacy procedure amounts to a significant violation of actual medical professional practice and physicians' reliability (Episode 9):

*Gynecologist:* I need to sit down and talk to her, to explain to her the various meanings, the dangers. She needs to know what she is facing. There are some risks as well. The human body is not some kind of a machine.

*Irit:* No way! She doesn't need to know anything. She is already afraid as is. If you put some nonsense into her head, she might change her mind!

Given this context, it is important to note that Section 13 of the *Israeli Law of the Rights of the Patient* (1996) requires that a patient receive all relevant medical information available – including success rates, risks, and side effects involved in treatment – so that he or she can make an informed decision regarding any proposed procedure (Beauchamp and Childress, 2009). Thus, constructing concealment of medical information from the surrogate mother is another serious violation of the law due to the fact that assisted reproductive technologies expose women to a wide variety of potential health risks.

### **Authorization of the Surrogacy Agreement**

The law requires that the parties sign the surrogacy agreement in the presence of the public committee established by law to conduct such a process. In contrast, the fictional construction of the agreement session presented in the series did not include any such public committee or representative. Rather, the agreement was presented to Ofra, the surrogate mother, in an informal meeting, in a café, and included dialogue that put her under a good deal of pressure (Episode 9):

*Irit:* You don't need to read anything! It is a medical agreement between you and me. It just states that you will give birth to my son from my husband—everything we agreed upon orally.

*Ofra:* I wasn't aware that I need to sign such a contract. May I take it to consult with someone?

*Irit:* No! You sign it now, or I give up on you and find someone else!

*Ofra:* Okay, I'll sign.

Thus, the surrogacy agreement is signed between the two women without the presence of any professional or official representative, and without any legal consultation; all of which

is demanded by law. The contract is drafted by Irit's lawyer, but the surrogate mother is pressured and consents to sign without having an opportunity to read it or to consult with her lawyer. And, different from the demands of the law, even the consent obtained from the father-to-be is obtained in violation of the law as Nadav does not know the identity of the surrogate mother nor is he party to the agreement that Irit, his wife, forced upon Ofra.

### **Amendment to the Surrogacy Agreement**

As the birth date approached, Irit demanded that Ofra sign an amendment to the surrogacy contract according to which she would commit to being alone during the birth in order to guarantee that no one would persuade her to keep the baby to herself (Episode 67):

*Irit:* I added an amendment to the contract [...] Since you have to give up the baby at the end of the pregnancy, it is recommended that none of your acquaintances be present at the time of the birth... this is what is customary done with other surrogates after the delivery.

This attempt by Irit, the mother-to-be in the series, to amend the surrogacy agreement without proper authorization, too, is a violation of the law, as such an act can only be conducted with the agreement and in the presence of the public committee assigned to manage all legal aspects of the surrogacy process. Thus, this presentation of the attempt to amend the agreement demonstrates a total disregard of the law and it is incongruent with the reality of surrogacy in Israel. In fact, research suggests that family support during the birthing and the separation from the baby is extremely valuable for surrogate mothers (Field, 1990; Teman, 2006; 2010). In doing so, the television series chooses to cite, selectively, and so reinforce the very few, highly publicized cases of *traditional* surrogacy procedures in other countries in which the surrogate mother refused to relinquish the baby to the designated parents. However, fostering such anxiety has very little to do with the Israeli reality, as no such case has ever been recorded, perhaps because traditional surrogacy is prohibited by law (Weisberg, 2005).

### **Objective of Payment**

The Israeli law was designed to protect the public from commercialization of surrogacy. Therefore, the law only allows payment as compensation for the surrogate mother's expenses, suffering, loss of time, and loss of earning power. Furthermore, the payment is arranged through a deposit to a third party in order to guarantee that the surrogate mother will indeed

receive the entire amount and that the parents will be protected from any form of extortion by the surrogate mother (Weisberg, 2005).

In the series, the payment exploits the commercial potential of this arrangement to its fullest when it presents the surrogacy agreement as a cold and alienating business transaction in which pregnancy is 'work' and payment is 'salary,' rather than as the law intended, as compensation or coverage of expenses. As a result, the relationship between the two women is constructed in an oppressive, hierarchical relationship between a boss and an exploited employee (Episode 13):

*Irit:* Ofra, you signed a contract [...] beyond the money I gave you for the surgery, I am paying you a monthly salary until delivery. It means that you are working for me now. Pregnancy is your job and I am your boss.

This representation of the two women is also reinforced and highlighted by their constructed appearances. While Irit, the 'boss,' is rich, fashionable, expensively dressed, and adorned with jewelry and makeup, Ofra is presented as a lower class, modest, even plain woman in appearance. This construction precludes any possibility of bonding between the two women as equals and stands in gross contrast to the actual experiences of women who share the surrogacy process, who often report the development of strong emotional bonds between them (Ragoné, 1994; Teman, 2006; Weisberg, 2005).

### **Payment Amount**

According to the law, the amount of payment to be made to the surrogate mother is determined by the public committee, and the average hovers around \$10,000-\$15,000. This sum seeks to guarantee that surrogacy will be a realistic possibility for infertile couples without great financial means (Kahn, 2000). The surrogate mother is prohibited from receiving additional pay so that, in most cases, it is not a financial transaction that can create a long-term change in her economic status. In sharp contrast, the television series states that the pay is an extravagant \$250,000 and is referred to as an outstanding opportunity for lower-class women (Episode 9):

*Irit:* You are receiving more than you are giving [...] where would you ever find someone who will give you hundreds of thousands of dollars in cash? I can find a thousand girls like you, a thousand girls who would be thrilled to get pregnant and earn in nine months a sum that you can't make in ten years.

Viewers unfamiliar with the requirements of the law might receive the very misleading impression that surrogacy is an easy way to make a lot of money in a very short time. This could contribute to the erosion of the altruistic motive behind many women's decisions to become surrogate mothers and to the commercialization as well as exploitation of the process.

### **Psychological Evaluation**

The Israeli law requires professional consultation and full psychological evaluations of all parties to the surrogacy agreement. None of these requirements are met in the series. If such an evaluation had taken place, it would have become evident that Ofra's motive in becoming a surrogate mother was extremely unusual. Research suggests that most women seeking to become surrogate mothers do so for a combination of reasons; such as an altruistic desire to provide a couple with a child, enjoyment and pleasure in pregnancy, self-fulfillment, economic motivation, and an attempt to compensate for a previous experience of abortion or loss of a child to adoption (Parker, 1983; Pretorius, 1994; Ragoné, 1994). In contrast, Ofra chooses surrogacy in order to be able to sponsor an expensive surgery for her mother (Episode 10):

*Irit:* You have two options: Either go through the process of fertilization, receive the money, and send your mother off to her surgery; or cancel everything, see your mother die, and pay me compensation. You have one minute to decide.

This dialogue sheds light not only on Ofra's reasons for becoming a surrogate mother but also on Irit's reasons for wanting a baby. A psychological evaluation may have detected that her interest in surrogacy was not a result of a deep yearning for a baby or for the experience of motherhood, as is the usually the case for real parents appealing for surrogate arrangements; but rather out of the fear that her husband will divorce her, as even her own mother states (Episode 9):

*Mother:* Nadav and Irit want a baby through the pregnancy of another woman. And I know that Irit doesn't really want a baby [...] she wants a baby so Nadav won't leave her.

A professional psychological evaluation may have also been able to uncover the unstable and treacherous relationship between Irit and Nadav, including the exchange of threats of divorce. This would have cast doubt on the couple's ability to be committed, long-term, parents to a child they share.

### **Status of Parents-to-Be**

Despite the fact that the Israeli law requires that only the designated father must share a genetic tie with the baby, it recognizes both husband and wife as the legal parents of the newborn—whether the ovum used belonged to the wife or a donor. Thus, Israeli law reflects the patriarchal perspective that values paternal relations over maternal ones, heterosexual over homosexual ones, and couples over individuals (n.b., currently only heterosexual couples are eligible for surrogacy using the designated father’s sperm). In contrast, the television text recognizes parenthood on the basis of genetics alone and thus only accepts Nadav as the sole, legitimate parent of the baby. It also gives him the privilege of deciding, on his own, which of the two women will raise his child—the surrogate mother or his wife. Since only the designated father is genetically related to the baby, Irit is put in an inferior and unequal position. This seemingly explains her alienated and distant relationship to the baby and her exclusion from maternal status, as her own mother explains (Episode 22):

*Irit:* He behaves as if it is only his baby.

*Mother:* Well, that’s true.

*Irit:* No, it is my baby too.

*Mother:* Not true! This baby is Nadav’s and this other woman’s, and nobody can change that!

The text also supports the connection between parental status and genetic relationship through Nadav’s refusal to adopt a child and his insistence on only having babies that carry his own genes. In this way, the narrative expresses an *essentialist* approach to parenthood, which determines its value based on genetic affinity rather than on constructivist-emotional ties that emphasize care-giving and relationships with the child. Moreover, it correlates the physical malfunction of the uterus with emotional inability to love and care for a child, thus contributing to the misconception that only fertile women are capable of worthy motherhood.

### **Remorse by the Surrogate Mother**

The Israeli law states that in the case that the surrogate mother requests to withdraw from the agreement, her request must undergo litigation and will only be accepted if there are major changes in life circumstance. In the television series, the surrogate mother changes her mind without involving the authorities. The issue is resolved when the father alone decides which of the two women he would like to have as his wife and as the mother of his child. This construction further legitimizes the patriarchal stance that, first and foremost, children continue

the genetic heritage of the father and thus belong to him (Collins and Rodin, 1991; Katz Rothman, 1989; Raymond, 1993).

The Israeli law also allows for a financial arrangement according to which surrogacy expenses will be repaid to the parents if there is change in the arrangements. However, here, too, the television narrative fails to comply with legal reality: Indeed, Irit has foreseen this possibility and made Ofra sign an agreement well in advance that prevents a change in legal or parental status (Episode 9)

*Irit:* Even if you want, you won't be able to change your mind! If you do, not only will you not receive a penny from me, but you will have to pay me compensation in an amount that you will never have in your entire life!

Such a depiction of surrogacy also emphasizes the commercial aspects of the agreement and puts pressure on the surrogate mother that casts doubt on her entering this agreement out of her own free will. It not only flaunts the Israeli law, but is also entirely unrealistic, as there has not been even one case to date of a surrogate mother changing her mind in Israel - and the state of Israel has authorized hundreds of surrogacy arrangements since the law was passed. On the contrary, many of the couples continue to maintain close relationships with the surrogate mothers and some have even returned to the same surrogates for a second pregnancy (Weisberg, 2005).

The above eleven main parameters, as well as, an additional eight are summarized in Table 1.

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### **Conclusion**

The comparison between the symbolic reality of media representations and the empirical legal, medical, and social realities analyzed in this article clearly demonstrates the power of contemporary entertainment media to construct misinformation and misconception through misrepresentations, in this particular case, of surrogacy. Moreover, the series presents major violations of the legal status of surrogacy in Israel and frames them as both legitimate and normative.

In contrast to many social phenomena about which viewers might have alternative sources of information and experience, surrogacy is a relatively new phenomenon in Israel. The majority of the population has no prior knowledge about it, and so viewers – including women who may become candidates for involvement in a surrogacy arrangement - are likely to learn most of what they know about it from what they consume through the media. Despite the fictional nature of the analyzed series, it still serves as a primary resource of information about surrogacy, parenthood, and women in reproductive ages. Indeed, research on the role of media, in general, and various forms of “edutainment”, more specifically (Singhal and Rogers, 1999; Singhal et al., 2004), demonstrates that television fiction is perceived as a viable source of medical information and does serve to educate the public. Therefore, it is important to extend the study of media depictions of reproductive technologies (in this case, surrogacy) beyond news coverage and other informative formats, to include popular television, as a source of information through entertainment. However, the distorted lessons offered by this series are illegal, even criminal, and medically misleading. Therefore, the series is involved in mis-education of the general public regarding the facts, norms, and overall implications of reproductive technologies, in general, and surrogacy, in particular

Despite the fact that the series was not designed as a public-health intervention or as educational fiction, the creative freedom it allowed itself and the measures taken that disregard the legal and cultural reality raise serious ethical concerns (Guttman, 2000). Thus, the critical analysis offered in this article seeks to contribute to the debate over the role the media should assume when constructing, in a responsible manner, portrayals of the realities of various aspects of the lives of contemporary women, especially in regard to complicated health and legal issues such as assisted reproductive technologies. Our research should also contribute to debate about the general issue of the responsibilities of creators of popular media when presenting complex issues, especially when it is known that most viewers lack alternative or even basic information about the occurrence of the phenomenon in social reality.

These practices and responsibilities should be of particular concern when we consider the role of the media in the lives of younger viewers. The afternoon broadcast of the series and the successful merchandizing campaign that accompanied it (including stickers, notebooks, school calendars, t-shirts, and the like) are evidence that young people comprised a large portion of the viewing audience of the series analyzed here. We know that children and youth have great dependence on the media for health-related information (Borzekowski and Strasburger, 2008;



Lemish, 2007; Levin-Zamir et al., forthcoming). This is especially true in regard to reproductive terms (e.g., abortion, IUI, IVF, c-section, surrogacy), most of which are extremely remote from their daily experiences.

Indeed, representations of surrogacy and other reproductive practices in Israel's news media have attracted limited attention by scholars and only recently have they become the subject of critical analysis (Shalev and Lemish, forthcoming 2013). The findings offered here come from but one case study of a television fiction series. However, it is this popular representation that gave it such a wide exposure to the broadest audience, including a very young one, as interest in the series sustained repeated airing over the past decade.

Furthermore, the series also contributes to and sustains a popular misconception about surrogacy as it places it within a very troublesome perception of parenthood and family: The father-to-be wants to divorce his infertile wife; the mother-to-be does not really want a baby; the parents-to-be cheat on each other regularly; and the mother-to-be and the surrogate mother are deeply hostile to each other. Yet, the more realistic situation in which a loving couple seeks the help of a surrogate mother in order to bring a child to the world to raise and love is not even alluded to as a possibility in the series analyzed. The narrative elements and audio-visual formal features work hand in hand to delegitimize surrogacy as an option and to reconstruct the traditional, biological form of procreation as the sole legitimate choice. In so doing, the series re-establishes the dominance and superiority of the normative nuclear family (father, mother, and their genetically-related children) as the only acceptable family arrangement in Israeli society (Shalev and Lemish, forthcoming 2014), thereby advancing biased and limited range of reproductive choices for women. It also cultivates a climate of mistrust between patients and caregivers that might negatively affect women as potential consumers of reproductive technology.

In conclusion, this case study suggests that the representations in the television series offered misleading information about women's reproductive health. It has portrayed, poorly, women's reproductive choices, relationships, and motivations as consumers of reproductive technologies. Rather than mobilizing the media to disseminate accurate information about complex social issues relating to women's health, families, and lives, the series and the broadcasters perpetuated misconceptions and stereotypes. In so doing, the series has failed to materialize its potential to act as a positive, driving force in pursuit of more just and healthy lives for women in contemporary society.

## References

- A Touch of Happiness* (Television series; in Hebrew: Lagaat Baosher) (2000), Director: Isaac Shauli; scriptwriter: Gal Friedman; Darset Productions, Israel.
- Andrews, Lori B. (1990). Surrogate motherhood: The challenge for feminists. In L. Gostin (Ed.), *Surrogate motherhood: Politics and privacy* (pp. 167-182). Bloomington and Indianapolis: Indiana University Press.
- Baker, Robin (1996). *Sperm Wars*. Great Britain: Fourth Estate.
- Beauchamp, Tom L. and Childress, James F. (2009) *Principles of Biomedical Ethics, 6th edition*. New York: Oxford University Press.
- Birenbaum-Carmeli, Daphna (1997). Pioneering Procreation: Israel's First Test-Tube Baby. *Science as Culture*, Vol. 6, pp. 525-540.
- Birenbaum-Carmeli, Daphna (2007). Contested Surrogacy and the Gender Order: An Israeli Case Study. *Journal of Middle East Women's Studies*, Vol. 3, no 3, pp. 21-44.
- Borzekowski, Dina L.G. and Strasburger, Victor C. (2008). Adolescents and Media Messages about Tobacco. In S. L. Calvert and B. J. Wilson (eds), *The Handbook of Children, Mmedia, and Development* (pp. 432-452). Oxford, UK: Blackwell.
- Cenaan-Kedar, Nurit (1998). *Images of Women in Medieval Art*. Tel-Aviv: Ministry of Defense [Hebrew].
- Collins, John (2002). An International Survey of the Health Economics of IVF and ICSI. *Human Reproduction Update* 8(3): 265-277.
- Collins, Aila and Rodin, Judith (1991). The New Reproductive Technologies: What Have We Learned?. In J. Robin and A. Collins (Eds.), *Women and new reproductive technologies: Medical, psychological, legal, and ethical dilemmas* (pp.153-161). New Jersey: Lawrence Erlbaum Associates.
- Denzin, Norman K. and Lincoln, Yvona S. (1994). Introduction: Entering the field of qualitative research. In N. K. Denzin & Y. S. Lincoln (eds), *Handbook of Qualitative Research* (pp. 1-17). Thousand Oaks, CA: Sage.
- Dutta-Bergman, Mohan J. (2004). Primary Sources of Health Information: Comparison in the Domain of Health Attitudes, Health Cognitions, and Health Behaviors. *Health Communication* 16: 393-409.

- Farquhar, Dion (1996). *The Other Machine: Discourse and Reproductive Technologies*. New York and London: Routledge.
- Field, Martha A. (1990). *Surrogate Motherhood: The Legal and Human Issues*. Cambridge and London: Harvard University Press.
- Flick, Uwe (1998). Introduction: Social Representations in Knowledge and Language as Approaches to a Psychology of the Social. In U. Flick (ed), *The Psychology of the Social* (pp. 1-14). Cambridge, England: Cambridge University Press.
- Forna, Aminatta (1998). *Mother of All Myths: How Society Moulds and Constrains Mothers*. London: HarperCollins.
- Gostin, Larry (1990). A Civil Liberties Analysis of Surrogacy Arrangements. In L. Gostin (ed.), *Surrogate motherhood: Politics and privacy* (pp. 3-23). Bloomington and Indianapolis: Indiana University Press.
- Guttman, Nurit (2000). *Public Health Communication Interventions*. Thousand Oaks, CA: Sage.
- Haelyon, Hilla (2006). "Longing for a Child": Perceptions of Motherhood among Israeli-Jewish Women Undergoing In Vitro Fertilization Treatments. *Nashim: A Journal of Jewish Women's Studies & Gender Issues*, Vol. 12, pp. 177-202.
- Hashiloni-Dolev, Yael (2006). Between mothers, fetuses and society: Reproductive genetics in the Israeli-Jewish context. *Nashim: A Journal of Jewish Women's Studies & Gender Issues*, Vol.12, pp. 129-150.
- Henderson, Lisa. and Kitzinger, Jenny (1999). The human drama of genetics: "Hard" and "soft" media representations of inherited breast cancer. *Sociology of Health & Illness*, 21 (5), 560-578.
- Israel Women's Network (2004). *Women in Israel: Compendium of Data and Information 2004*. Jerusalem: Israel Women's Network, The Resource and Policy Research Center [Hebrew].
- Israeli Law of the Rights of the Patient – 5756 [Hebrew year]* (1996). [Hebrew]
- Israeli Surrogacy Law - Agreement Ratification and Newborn Status, 5756 [Hebrew year]* (1996). [Hebrew].
- Jaquith, Cindy (1988). *Surrogate Motherhood, Women's Rights and the Working Class*. New York: Pathfinder.

- Kahn, Susan M. (2000). *Reproducing Jews*. Durham and London: Duke University Press.
- Kaplan, E. Ann (1999). The politics of surrogacy narratives: 1980s paradigms and their legacies. In Ann E. Kaplan and Susan Squier (eds.) *Playing Dolly: Technocultural formations, fantasies, & fictions of assisted reproduction* (pp. 116-133). New Brunswick, NJ: Rutgers University Press.
- Katz Rothman, Barbara (1989). *Recreating Motherhood: Ideology and Technology in Patriarchal Society*. New York and London: W.W. Norton and Company.
- Lemish, Dafna (2007). *Children and Television: A Global Perspective*. Oxford, UK: Blackwell.
- Levin-Zamir, Diane, Lemish, Dafna, and Gofin, Rosa (forthcoming). Media Health Literacy: Development and Measurement of the Concept among Israeli Adolescents. *Health Education Research*.
- Lindlof, Thomas. R. and Taylor, Bryan C. (2002). *Qualitative Communication Research Method*. Thousand Oaks, CA: Sage.
- Markens, Susan (2007). *Surrogate motherhood and the politics of reproduction* (pp. 102-138). University of California Press.
- Morgan, Susan E., Harrison, Tyler R., Chewing, Lisa, Davis, LaShara and DiCorcia, Mark (2007). Entertainment (Mis)Education: The Framing of Organ Donation in Entertainment Television. *Health Communication* 22(2): 143-151.
- Parker, Philip J. (1983). Motivation of Surrogate Mothers: Initial Findings. *American Journal of Psychiatry* 140 (1): 117-119.
- Portugese, Jacqueline (1998). *Fertility Policy in Israel*. Westport: Praeger.
- Prainsack, Barbara (2006). Negotiating life: The regulation of human cloning and embryonic stem cell research in Israel. *Social Studies of Science*, vol. 36, n. 2, pp. 173-205.
- Pretorius, Diederika (1994). *Surrogate Motherhood: A Worldwide View of the Issues*. Illinois: Charles C. Thomas Publisher.
- Ragoné, Helena (1994). *Surrogate Motherhood: Conception in the Heart*. Colorado: Westview.
- Raymond, Janice G. (1993). *Women as Wombs: Reproductive Technologies and the Battle over Women's Freedom*. San Francisco: Harper San Francisco.

- Reese, Stephen D. (2003). Framing Public Life: A Bridging Model for Media Research. In S. D. Reese, O. H. Gandy and A. E. Grant (eds), *Framing Public Life* (pp. 7-32). Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Shalev, Shirley and Lemish, Dafna (forthcoming 2012). "Dynamic Infertility": The Contribution of News Coverage of Reproductive Technologies to Gender Politics. *Feminist Media Studies*, Vol. 13, No.1.
- Shalev, Shirley and Lemish, Dafna (forthcoming 2014). "Infertile Motherhood": A Television Construction of Surrogacy. *Feminist Media Studies*, Vol. 14, No.1.
- Singhal, Arvind and Rogers, Everett. M. (1999). *Entertainment-Education: A Communication Strategy for Social Change*. Mahwah, NJ: Lawrence Erlbaum.
- Singhal, Arvind, Cody, Michael, Rogers, Evertett, and Sabido, M. (eds) (2004). *Entertainment-Education and Social Change: History, Research, and Practice*. Mahwah, NJ: Lawrence Erlbaum.
- Slater, Michael D. and Rouner, Donna (1996). Value Affirmative and Value Protective Processing of Alcohol Education Messages that Include Statistics or Anecdotes. *Communication Research* 23: 210-235.
- Teman, Elly (2006). Bonding with the field: On researching surrogate motherhood arrangements in Israel. In A. Gardner & D.M. Hoffman (eds), *Dispatches from the field: Neophyte ethnographers in a changing world* (pp. 179-194). Long Grove, IL: Waveland Press.
- Teman, Elly (2010). *Birthing a Mother: The Surrogate Body and the Pregnant Self*. Berkley, CA: University of California Press.
- Tilson Piotrow Phyllis, Kincaid, D. Lawrence, Rimon J. G. and Rinehart Ward (1997). *Health Communication: Lessons from Family Planning and Reproductive Health*. Westport: Praeger.
- Weisberg, D. Kelly (2005). *The Birth of Surrogacy in Israel*. Florida: University Press of Florida.

**Table 1****A comparison between the Legal Reality and Television Representation of Surrogacy**

<b>Parameter</b>	<b>Legal Reality</b> <i>Israeli Surrogacy Law</i>	<b>Television Representation</b> <i>A Touch of Happiness</i>
Type of surrogacy	Section 2(4) allows only gestational surrogacy, according to which the surrogate mother only supply the womb and not the ovum	Traditional surrogacy according to which the surrogate mother provides both the womb and the ovum
Fertility technology	Section 1 states that only an IVF procedure is permitted. Section 2(4) clarifies that the ovum must be of a woman other than the surrogate, fertilized by the father's sperm	The procedure employed is artificial insemination of the surrogate's ovum
Surrogacy as a first pregnancy	The woman must have her own child/ren prior to becoming a surrogate	The surrogate is a virgin, who has never had intercourse or visited a gynecologist before
Informed consent	Section 5(a) states that all parties involved have to sign the agreement willingly, with full understanding of its meaning and consequences	The contract is signed only by the surrogate and the mother-to-be, without involvement of the father, and without any medical or legal consultation to the surrogate
Authorization of the agreement	Section 5(b) states that all surrogacy agreements have to be authorized and signed in the presence of a special committee assigned by the Minister of Health	The agreement is signed in a café in the presence of the surrogate and the mother-to-be alone
Amendment to the surrogacy agreement	Section 5(b) states that any change to the agreement requires the authorization of the committee	As the due date approaches, the mother-to-be attempts to amend the agreement by adding a requirement that the surrogate be alone during the delivery. Following the birth arrangements are made for visitation of the surrogate

		mother and the baby without any authorization.
The agreement should not violate the rights of the parties or the child	Section 5(a, 3) states that the agreement should not include any terms that violate the rights of the child or any of the sides to the agreement	The agreement includes a series of conditions that violate the rights of the surrogate mother and allows the mother-to-be to supervise and control her autonomy and freedom of movement
Objective of payment	Section 6 permits paying the surrogate mother for her expenses as well as compensation for suffering, or loss of time, income, or earning power	The payment is defined as 'salary' for pregnancy 'work'. The mother-to-be is defined as 'boss' and the surrogate as her employee
Payment amount	Payment is limited to several thousand dollars	Payment is 250,000\$
Medical evaluation	Section 4 (a, 3) states that the committee shall receive a medical evaluation of all parties involved	No medical evaluation performed or presented to the committee
Psychological evaluation	Section 4(a, 4) states that the committee shall receive a psychological evaluation of everyone involved in the agreement	Neither one of the participants to the process has undergone psychological evaluation or received professional counseling
The clinic	Section 7 states that the IVF procedure will be performed only in an established medical facility that is authorized by the Ministry of Health	The artificial insemination is conducted in the private practice of the brother of the mother-to-be, who is a gynecologist whose practicing license has been revoked
Reporting estimated due-date and place of delivery	Section 9(a) states that at the end of the 5 <sup>th</sup> month of the pregnancy, a social-worker will be notified of the estimated due date and planned place of delivery	Nobody notifies the social-worker or any other authorized official
Post-delivery report	Section 9(b) states that the social worker be notified within 24 hours after delivery	Nobody notifies the social-worker
Handing over the newborn	Section 10(c) states that handing over the baby to	The baby is handed over the parents-to-be without the

	the parents-to-be will be performed in the presence of social worker	presence of the social worker or any other authority
Parental warrant	Section 11(a) states that within 7 days of delivery the parents-to-be apply to court for parental permit	The parents-to-be do not apply for a parental permit and do not notify any authority about the fact that the baby was taken home
Status of parents-to-be	Section 12(a) states that following the granting of the parental warrant, the parents-to-be become the sole guardians of the baby	There is no appeal to court to recognize the legal status of the parents. Furthermore, the father is presented as the sole parent who has the right to decide who will be considered the mother of the baby
Remorse by the surrogate mother	Section 13(a) states that any request by the surrogate mother to change her mind has to be litigated in court and will not be approved unless the social worker is convinced that there is a major change in circumstances that supports her remorse	The surrogate mother changes her mind without appealing to court and the matter is discussed directly between her and the parents-to-be. After the delivery they also decide on visitation arrangements on their own. In addition, the agreement requires the surrogate mother to pay hundreds of thousands of dollars to the parents-to-be in case of remorse
Penalty	Section 19(b) states that anyone involved in a surrogacy arrangement which is not performed according to the law and is not approved by the surrogacy committee will be sentenced to one year of imprisonment	There is no reference to the legal requirements and none of the parties violating the law stand trial