

Return of the *Sibaji*? Rethinking the Issue of Surrogacy in Contemporary South Korea

Young-Gyung Paik
Korea National Open University, Korea

Abstract

This paper explores the ways in which surrogacy in South Korea, by contrast to *sibaji*, is legitimized as a technological remedy to medical conditions and how it has expanded geographically and conceptually in the transnationalizing world. Recently, many anthropological studies on surrogacy have inquired into the ways in which the concept of “nature” and “motherhood” are negotiated in the “artificial” process of assisted reproduction, mainly in the cases of IVF surrogacy. Yet, the South Korean history of surrogacy illustrates what has given rise to natural surrogacy is actually the practice of IVF surrogacy. It was the technology of IVF used for gestational surrogacy that managed to categorically separate the modern practices of surrogacy from *sibaji*, its dangerously close Other. But, seen in the contemporary transnationalizing world of South Korea, *sibaji*, rather than quietly disappearing from the stage, seems to constantly remind us of our proximity to it, and of the permeability of the technological barriers conceptually separating IVF surrogacy from natural surrogacy.

Key words

surrogacy, In Vitro Fertilization (IVF), assisted reproductive technology, politics of reproduction, ethics, transnationalism, South Korea

I. Introduction: Surrogacy as a Site of Inquiry

In the current medical discourses, surrogacy has been an “accepted form of treatment for certain forms of childlessness,” such as “hysterectomy, congenital absence of the uterus, repeated failure of IVF treatment, recurrent abortion, and severe medical conditions incompatible with pregnancy” (Brinsden, Appleton, Murray, Hussein, Akagbosu, & Marcus, 2000). In fact, the concept of surrogacy, one woman bearing a child for another, has long existed in many parts of the world, for ex-

ample in the biblical reference of Sarah and Hagar. Also, the term of surrogate mother often means a fostering mother in many places, including Korea.¹

Recently, however, it was the introduction of assisted reproductive technology (ART) that eliminated the connotation of infertility from the practice of “natural” surrogacy involving sexual intercourse and established it as a legal and legitimate, if still dubious, medical treatment. On the other hand, surrogacy as a form of medical technology has become a dominating meaning of the term surrogacy. In this sense, if surrogacy is to be seen as a socially legitimate technology for infertile women to have babies, its legitimacy seems to be heavily dependent on the technologies separating reproduction from sexual intercourse.

This point seems to have a particular salience in the contemporary scene of transnational surrogacy in and around South Korea. Being ambivalent about surrogacy as a means to deal with the national low fertility rate and the individual infertility problem, the media and legislative bodies are often trying to defend altruistic IVF surrogacy but to question only transnational surrogacy based on its tendency to include “natural surrogacy.” ‘Natural surrogacy’ refers to the practice of inseminating surrogate mothers through sexual intercourse with sperm donor fathers. Natural surrogacy has been represented as a social anomaly, resulting from a lack of ethics and technology. However, a closer look suggests the complicated interactions between ART surrogacy and natural surrogacy, and among the state policy of reproduction and bioethics, and the individuals seeking transnational surrogacy. As the conflicting concerns about bioethics and depopulation crises leave the South Korean state at a practical impasse, the phenomenon of surrogacy has been increasing, both in terms of case numbers and geographical scope.

In this sense, the current traffic in surrogacy in and around South

¹ In fact, being asked about her opinion on surrogacy, a former Prime Minister Ms. Han Myeongsook answered that she would actively support and promote surrogacy on a TV discussion, which negatively affected her chance as a President candidate (September 7, 2007). Later, she explained that she confused *daerimo* (a surrogate mother) with *witakmo* (a foster/substitute mother or a caregiver). Although, in the context of TV discussion, it was quite obvious that the question was about the controversial issue of “medical” surrogacy, but, it should be noted that *daerimo* itself actually has been used to designate a fostering mother as well.

Korea can illuminate the dynamic interaction between national regulation and transnational practices as well as between technology and culture. Currently, the social scientific research on surrogacy has been focused on ethnographic and anthropological investigations of surrogate parenting participants (Goslinga-Roy, 1998; Ragoné, 1994, 1998, 1999; Roberts, 1998; Teman, 2001, 2003, 2008), or on ethical/legal and policy aspects of surrogate parenting (Andrews, 1989; Charo, 1989; Corea, 1991; Dolgin, 1997; Markens, 2007; Rae, 1994; Robertson, 2004; Spar, 2005; Taylor, 2003; Tong, 1995). As “natural surrogacy” is often not regarded as a form of technologically assisted reproduction, most recent studies tend to focus on IVF surrogacy (or gestational surrogacy), a more technologically mediated form of surrogacy.

While building upon these works, this paper tries to complicate our understanding of surrogacy by illuminating the ways in which the new reproductive technologies used in IVF surrogacy have contributed to the perpetuation of old practices of natural surrogacy, and how the former has gained legitimacy through the continuing existence of the latter. Also, by attending the increasingly globalizing scene of reproduction, this paper intends to show how reproductive and bioethical policies at a national level have made effects beyond national borders. It is argued that the technological barriers, conceptually separating IVF surrogacy from natural surrogacy, are more permeable and versatile than typically assumed by bioethicists, whose methodological framework often focus on individuals, moral principles, and the nation-based regulation (Kim & Kwon, 2005).

This paper is based on interviews with doctors, commissioning mothers and surrogate-candidates during November 2005-May 2006, in the Seoul Metropolitan area. Three commissioning “mothers,” three surrogate-candidates, and two women who seriously considered hiring surrogate women were interviewed. Interviews focusing on their experiences of infertility treatment, family life and reproductive decisions, and economic situations typically took 3-4 hours, without a specific set of questions.

II. From *Sibaji* to Surrogacy: The Medical Legitimization of Surrogacy

In 1987, the Korean actress Kang Su-Yeon won the Best Actress Award at the 44th Venice Film Festival for her performance in the film *Surrogate Mother* (씨받이, *Ssibat-I*, or *Sibaji*), the first South Korean film to receive an award at a major international film festival. Presumably set in the Chosŏn period, the film is a tragic story of a young girl named Ok-nyŏ who is chosen to be a surrogate mother or *sibaji*, literally meaning a “receptor of seeds,” for the childless heir of a distinguished noble family. Defying her position as a surrogate, she falls in love with the noble. Later, she gives birth to a boy and, then, hands him over without even looking at the infant. The film culminates when she hangs herself outside the noble family’s house to protest against the inhumane practices of *sibaji*.

The context surrounding the film *Sibaji*, if not its artistic value, is worth our attention. On the Korean side, although the film *Sibaji* was originally regarded as one of the common “folk-erotic” films in the days, following the international recognition given to it, the practice of *sibaji* was established as an authentically traditional custom of Korea and as an almost unquestionable historical fact. In the Western context, one might say it was the film’s theme of surrogacy and its perfect timing, rather than the artistic value of the film or the actress’ performance, which garnered the film’s recognition on the international circuit. In 1985, following the “Baby Cotton case,”² the UK government hastily passed the Surrogacy Arrangement Act prohibiting commercial agencies and individuals acting for commercial gain from participating in surrogacy. Potential surrogates and commissioning couples did not fall under the authority of the Act. In February 1987, the Vatican issued a statement condemning artificial reproduction and surrogate motherhood while the “Baby M case”³ engendered public uproar and broad uncertainty over the

² As it was known that Ms. Kim Cotton in the UK agreed to have a baby by natural surrogacy for £6500 through a commercial surrogacy agency in 1984 in the US, the Warnock Committee was asked to include surrogacy in its report. It stated that surrogacy could not be effectively banned but recommended banning commercial surrogacy (Warnock, 1985).

³ The Baby M case was a significant custody case in New Jersey, which held the public’s at-

legal status of surrogate parenting.

In this context, the carnal sexuality of natural surrogacy as presented in the film *Sibaji* provided the other to modern technologically-mediated surrogacy, maintaining the distance between reproductive technology and non-affective contractual relationship. In other words, for both the Western and Korean viewers, what the modern practice of surrogacy should be was defined by what the orientalized and sexualized surrogate woman in the film *Sibaji* was. It was only by keeping affective and carnal components out of surrogate reproduction that infertile couples and surrogate mothers could be framed as modern subjects and beneficiaries of technological advancement, rather than as victims of pre-modern misogynist oppression.

Perceived as a result of an innovative new technology, however, the surrogacy cases in the 1980s were mostly enabled by the age-old technique of artificial insemination. What made these cases extraordinary was not the technology used for surrogacy but “the changed legal and social circumstances that caused a routine medical procedure to take on the trappings of prime-time drama and morality play: for here it was a woman (not a man as in Assisted Insemination by Donors (AID) cases) who had allowed her genes and her body to be appropriated by an unrelated, childless couple” (Jasanoff, 1995, p. 178).

It was the introduction of IVF technology into the world of surrogacy that further altered the meaning of surrogacy in the popular imagination and fueled public debates. Now, IVF surrogacy was established as the “only medical treatment options for the infertile couples to have their own genetic children” (Brinsden et al., 2000, p.924): the “infertile couple” could have their own genetic child, and the surrogate mother be-

attention for several weeks in 1987. The dispute was over who should get custody of a baby girl, popularly known as Baby M, who was born out of a contractual arrangement between William and Elizabeth Stern and Mary Beth Whitehead. Under the contract that they signed, Whitehead agreed to be artificially inseminated with sperm donated by William Stern, and after the birth of the child, to relinquish parental rights and custody of the baby to the Sterns. She was to receive \$10,000 for her service. However, when Whitehead gave a birth to Baby M, she decided she wanted to keep the baby, resulting a legal dispute over custody. In 1988, the New Jersey Supreme Court determined that the surrogacy contract was invalid, restored the parental right that had been nullified by the decision of family court, and granted visitation privileges to Whitehead, yet awarded permanent custody to the Sterns.

came an incubator for embryos. Both sexual intercourse with the donor father and the genetic tie between gestational mother and child were removed from IVF surrogacy. In the US, the first successful birth through IVF surrogacy or gestational surrogacy was reported in 1985 (Utian, Goldfarb, & Kiwi, 1985).

In the UK, the first proposal was made in 1985, but the first case emerged only in 1989, after heated ethical debates (Brinsden et al., 2000, p. 925).

In South Korea, it was Roh Sung-il, a gynecologist and later Hwang Woo Suk's infamous partner, who succeeded in the first two successful births through IVF surrogacy in 1989 (Roh et al. 1989). As IVF surrogacy methods were established as treatment for infertile women following hysterectomies or in cases of severe endometritis, one local infertility clinic openly took a role of brokerage and even put an advertisement in daily newspapers to enlist surrogate mothers-to-be. Surrogate mothers were sought who were under the age of 35, with natural childbirth experience, and possibly married, for the negotiable service fee of 15 million Korean Won (about 20 thousand USD at the time). This advertisement emphasized that, "despite the possibility of legal and ethical complication, there is no question that the baby is the infertile couple's in a genetic sense" (Kookmin-Ilbo, May 13, 1995, with my emphasis). After three months, in a newspaper article, the clinic announced that one of the applicants was two months pregnant and the "co-culture technique" used for this treatment was a "technological breakthrough" (Kookje-Shinmun, Sep 14, 1995). If surrogacy as such was still regarded as a dubious practice, the medical professionals had constantly to deploy the rhetoric of a genetic tie between the child and the commissioning infertile couple and the technological innovations of IVF to defend surrogacy.

Between 1993 and 2002, however, no major Korean medical journal featured articles on surrogacy. As stated before, this can be attributed to the fact that the technological aspects of IVF surrogacy were well-established and therefore beneath notice in academic journals. It was a social controversy on surrogacy that refreshed doctors' interests in publishing articles on surrogacy. Ironically, social indifference to surrogacy was replaced by apprehensions when the Korean Medical Association (KMA) announced the Ethical Guidelines for Clinical Practices in 2001, recommending doctors avoid involvement in commercial surrogacy. As of 2000,

a total of 15,619 IVF procedures were reported to the Korean Society of Obstetrics and Gynecology, and about 4,000 neonates, estimated from the reported 25 percent take-home baby rate, were born out of IVF procedures (Korean Society of Obstetrics and Gynecology [KSOG], 2003). While there have been no official records or reports on the numbers of surrogacy, to this date, it was assumed that some double-digit babies per year had been born by AI or IVF surrogacy since 1990, which was frequent enough to cause anxieties among practitioners about the lack of regulations covering surrogacy. The KMA guidelines were the first in their attempt to regulate assisted reproduction. Though not a legally binding force, the KMA had to face severe criticism accusing the organization of categorically endorsing surrogacy.

Social controversies following the KMA issuing its guidelines showed the discrepancies between perspectives of those directly involved with surrogacy, and the views of the general public. In fact, in a survey conducted in 2004, 83.4 percent of the respondents replied they were not in support of commercial surrogacy, while 82.3 percent replied they were not in support of non-commercial surrogacy (Ministry of Health and Welfare [MOHW], 2005). Another survey reported that 28 percent of respondents replied that they would positively consider using donated germ cells and surrogacy (Seoul-Shinmun, Nov 14, 2005). In this context, a series of academic articles featured in the Korean Journal of Obstetrics and Gynecology beginning in 2003 was the medical professionals' way of joining the social debate about the legitimacy of surrogacy as an acceptable medical treatment (Lee, Shin, Park, & Choi, 2005; Park, Shin, Kim, Lee, & Kim, 2003).

The symptom mobilized to vindicate surrogate pregnancy was most commonly congenital absence of vagina from Mayer-Rokitansky-Kuster-Hauser-Syndrome, or Lack of Müllerian development, the second most common etiology of primary amenorrhea resulting in infertility. As the patients of Mayer-Rokitansky-Kuster-Hauser-Syndrome usually have normal ovarian function, it was argued that a "cure" should consist of restoring normal sexual life by constructing neovagina, and enabling the possibilities of having genetic offspring through surrogacy. It is interesting that the articles published in 2003 and 2005 commented on cases from the year 2000. Each article discussed the past cases and concluded with statements exonerating surrogacy, revealing doctor/author's motiva-

tions to assert that IVF surrogacy was an established medical treatment. By using adjectives like “useful,” “satisfactory,” “established,” “attractive,” “valuable,” and “only viable,” the medical discourses tried to depict IVF surrogacy as the only option for patients with certain diseases to have “their own genetic children,” which would have a particular “humanitarian” importance. As a congenital and not-very-rare but complicated-enough medical condition, Mayer-Rokitansky-Kuster-Hauser-Syndrome was ideal for the purposes of defending surrogacy as a sophisticated scientific innovation and establishing it as a routine technological intervention.

III. The Traffic in Surrogacy in the Globalizing World

Once surrogacy is normalized as a medically legitimate treatment, and acquires a tacit approval by pronatalist state policy⁴, the question in hand becomes the practicalities of where and how to find a surrogate mother. Since the surrogacy contracts cannot be guaranteed by civil law and both commercial surrogacy and professional surrogacy agencies fall into the realm of the illegal in South Korea, some of the people seeking surrogacy or the surrogacy brokers have turned their eyes to foreign countries. After all, we are living in a rapidly globalizing, “information-based” society. So many people now know that surrogacy is possible and legally practiced somewhere in the world. As early as 1992, US based agencies placed advertisements offering surrogacy services at Korean clinics, touting, “We can give birth to a baby in your place. Healthy surrogate mothers, whose average age is 26 and IQ (Intelligence Quotient) is in the range of

⁴ Surrogacy and assisted reproduction also have been framed within the South Korean context of national anxieties of low fertility rates and economic insecurity. As shown in the US context, public debates of human genetic engineering and bioethics often got thinned out to be preoccupied with the means of achieving assumed ends but not the ends themselves (Evans, 2002). In South Korea, what has thinned out the public debates on the regulation of assisted reproduction is not the professionalization of bioethics as in the US, but the sense of crisis that has been prevalent in South Korea following the IMF economic crisis in the East Asia. With this sense of crisis, “the desire to produce babies of their own” began to take priority over ethical concerns about commodification of eggs, surrogacy, or the indiscriminate usage of IVF technologies. For more detailed discussion about the way the depopulation anxieties have framed the issue of surrogacy and, in fact, have aggravated “the plight of the infertile”, see Paik (2009).

82-116, are waiting for your decision” (Donga-Ilbo, Apr 18, 1992).

More recently, the media has featured sensational articles and aired TV programs on the booming surrogacy services for the international visitors in China, India and the US. The international discrepancies of regulations often spark resentment among the planning individuals. In an interview with Jin-ah, a commissioning mother⁵, she states,

I think it is very unfair. Rich people go to the US or somewhere where surrogacy is easily available. But I can't. And, it is damn hard to handle surrogates-to-be in this country. Many of them are just swindlers, exploiting the pain of the poor infertile couples. Why should I be forbidden to have a child, just because I was born in this country and have not enough money to escape from here to go and find a surrogate mother? It is just *Yu'jŏn-yu'ja Mu'jŏn-mu'ja* (有錢有子 無錢無子: You have money, you have offspring. No money, no offspring)!

Transnational surrogacy has some history in South Korea. In early 1990s, right after IVF surrogacy was made common, ethnic Koreans from China provided a ready pool of surrogate mothers for Korean couples. Most commonly, the contract was made personally between an ethnic Korean woman and a commissioning Korean woman: the latter asked around for a candidate, usually among the ethnic Korean community, brought her into the clinic, and doctors would treat her under the name of the commissioning woman.⁶ Ethnic Korean women from China were considered the best candidates at the time. They shared the same phenotype with Koreans in Korea, and spoke Korean. Also important is the fact that these ethnic Koreans used to have precarious legal status until the reform of the nationality law in 2002. They could visit South Korea easily as a part of the Korean ethnic community, and comprised a substantial portion of manual daily workers and domestic servants. However, they were denied work permits making them virtually illegal

⁵ Interview, February 24, 2006.

⁶ An interview with Dr. Choi, gynecologist, on December 8, 2005.

aliens in Korea.

After the 1997 IMF economic crisis and the 2002 credit card crisis, however, South Korea began to produce enough willing candidates for surrogacy. At the same time, the reformed nationality law began to grant more secure positions and better bargaining power to ethnic Koreans from China as legal workers. Compared to ethnic Koreans from China, native Korean surrogacy candidates were expected to have higher levels of education and to be younger, and were thus more desirable. Using the message board at a big hospital website, the commissioning mothers could find candidates easily. As Myongshin, who had the experience of being a surrogate mother, recalled, cell-phones and the Internet allowed a certain amount of anonymity for both parties but still provided a regular place where the candidates and the prospective commissioner could look out for each other⁷.

It was when a DNA-BANK, headquartered in Seoul with a branch in Tokyo, was established in 2001 that this spontaneous virtual contact point developed into a transnational commercial network. Through the DNA-BANK, Hwang Woo Suk's research team obtained trafficked ova. Although known for its ova trafficking, and also arrested for the sale of ova on the Internet in 2005, DNA-BANK traded sperm and surrogacy service as well as ova. From the outset, their target group was Japanese couples visiting the US to seek surrogacy and ova donation programs, both of which are not allowed in Japan. Their main goal was to make Japanese couples look to the geographically close Korea, where they could get cheaper but still technically advanced and reliable IVF services. In November 2005, when they were finally arrested, according to the police report, these brokers had been buying ova from Korean women and selling ova to Japanese and Korean "couples" on the Internet. These brokers had been closely connected to several well-known infertility clinics in Seoul. However, after January 2005, when the Bioethics law came into effect, brokers started to bring some "donors" to Malaysia in order to avoid being documented. The "donors" were allegedly college students, mostly pressed with financial difficulties such as the burden of college tuition, debt or bad credit. The collection of eggs mostly took place at the M Hospital, which

⁷ Interview, February 19, 2006.

was the partner of Hwang's research team (Paik, 2006).

Although the police charge did not include DNA-BANK providing surrogacy service, the presence of the Japanese couples seeking surrogacy service had been widely known. Myongshin testifies,

I actually met a Japanese woman through a broker once in 2004. But the Japanese woman did not like me. ("Why was it?") I don't know exactly why. She spoke Japanese, and she and the broker were talking about something in Japanese. I was so disappointed, that I had been expecting to get paid better by offering my ova and renting my womb at the same time. I often saw the Japanese, mostly women and sometimes couples at the infertility clinic. Others [surrogate applicants] say the same thing. But, after she said no, I decided to see the brighter side. Japanese baby and Japanese sperms in my womb? I can't say that would feel very pleasant.⁸

And, the DNA-BANK was not the only case of the Internet-based trade of gamete and surrogacy service. As of early 2007, a Japanese company named "Excellence" was operating in Tokyo, offering sperm and ova donation programs and surrogacy services. Established in 1996 by a single female who had used the anonymous AID service in the past, Excellence advertised that there was a way to use surrogacy service "through the Korean route."⁹ The news that Japanese couples were still relying on Korea for ova donation and surrogacy services certainly disturbed the public. The media portrayed the phenomenon as "colonization of Korean wombs by the Japanese," and it was this nationalist sentiment that Pak Jae Wan, oppositional party member, wanted to mobilize in order to pass a bill regulating assisted reproduction in general. In an age of low fertility rates, the situation whereby Korean women were being used to bear Japanese babies was regarded as absurd and called for im-

⁸ Interview, February 19, 2006.

⁹ *Through the Korean route*. Last retrieved March 17, 2007, from <http://www.threeweb.ad.jp/~excellence/index.html> The website is no longer available.

mediate intervention (Paik, 2007).

Nevertheless, the inbound flow to South Korea, with foreigners coming into the country for surrogacy service, is only a part of the whole picture. Recently, one can quite easily find advertisements recruiting applicants for surrogacy service among the ethnic Koreans from China and Vietnam or offering “Chinese surrogacy service at much cheaper rates than Korean Surrogacy.” The websites displaying the advertisements offering and seeking surrogacy are mostly either the on-line based communities of ethnic Koreans from China or foreign workers or the international marriage agencies.¹⁰ While these advertisements lure “customers” with cheaper rates, for the parents-to-be, the potential parental rights and custody issues have been also of concern.

More recently, one can see advertisements offering cheaper and more reliable surrogacy services based in Northern China, in which Korean men visit China during the surrogate mothers-to-be’s ovulatory phase, and have babies conceived via natural surrogacy.¹¹ Albeit many of these advertisements often display only cell-phone numbers and though pretending to be individuals who need or offer services, they are mostly brokers. Some of their IP addresses are known to be located in China.¹² As the brokers take a half or a third of the money involved, some individuals actually prefer to have a person-to-person contract, especially after they accumulate enough knowledge about the market conditions through repeated trials (Choi, Aug 13, 2007). The brokerage involved also makes it hard for both parties to evade the commercialism in surrogacy and economic hierarchies between countries. Commenting on her encounter with a broker, Myongshin says, “I realized that I was just being traded. Up to that point, I think, I believed that it was a money business but it was good for the infertile couple too. I guess I still believe so, but, with the Japanese woman and a broker... it was very strange.”¹³

¹⁰ See <http://yanbian.co.kr> or <http://www.misscn.com> for example.

¹¹ Once pregnancy is confirmed, Korean men can either invite the surrogate mothers to Korea, to give birth in Korea, or they can adopt the babies “by acknowledgement of paternal origin,” once they are born in China. In either case, the DNA test is regarded as an essential step before the final payment should be made.

¹² Information from Pak Jae Wan’s secretary. Received via Korean WomenLink. October, 2007.

¹³ Interview, February 19, 2006.

Yet, since more and more contracts involve foreigners and crossing borders, it has become almost impossible for individuals to negotiate the whole process. Background checking, ID substituting, and shielding a person for an extended period while surrogate mothers are visibly pregnant, are all procedures that have been routinely involved with surrogacy within the nation. As the business is expanded to an international scale and more brokerage is entailed, surrogacy has become more like a business with expectations of what is paid and what services received.

In this sense, despite the current bioethical and legal discourses in South Korea, which intend to clearly separate commercial surrogacy from altruistic surrogacy, one might say that the brokerage has become the essential part of the business in the current transnationalized scene of surrogacy. On the one hand, to escape from the national regulation, the transnational business involving the agency is necessary. On the other hand, however, the brokerage makes surrogacy much more problematic, proving its undeniably commercial nature. In this sense, one can say that the brokerage is creating possibility and impossibility, at the same time, for the practices of surrogacy to take a place in the globalizing world.

IV. Return of the *Sibaji*: Natural Surrogacy and IVF Surrogacy

Besides laying fingers on the problem of commercialization and the brokerage's involvement, another way of expressing public concerns about the current practices of surrogacy is to call it the "modern version of *Sibaji*," which means it includes sexual intercourse. As the medical discourse and the media portrayal commonly frame surrogacy as a medical treatment of assisted reproduction for infertile couples, the so-called natural surrogacy involving sexual intercourse has been regarded as anomalous or backward. This is also the case in South Korea, where natural surrogacy has been located outside of the civilized world of ethical regulation and technological advance. Whether be it surrogacy within Korea or in rural northern China, natural surrogacy is associated with the *Sibaji*, sexualized and objectified as one sees in the film *Sibaji*, and is not imagined to belong to the same social world. The phenomenon has often been attributed to the immorality of individual women or to the backwardness of China; surrogacy involving sexual intercourse has been an important site of constructing the other and producing subjectivities for con-

temporary South Koreans.

Of course, it can be said that the commercial agencies have been shifting the practice of surrogacy from the urban center to Northern China, where there is no infertility clinics, to avoid the tightening regulations. Even within Korea, the brokers often prefer natural surrogacy as there is virtually no way to regulate it unless surrogacy is taking place using ART at infertility clinics. For IVF surrogacy, the broker needs to arrange replacing the commissioning mother's ID card with a surrogate's ID card for the full process of ova extraction, synchronization and embryo-transfer, which makes it harder to forge a baby's identity as a genetic child of the commissioning couple. For natural surrogacy, however, the ID card is replaced at childbirth which is enough to forge a baby's identity. Although natural surrogacy is regarded as more problematic, it is not a breach of the law forbidding ova trafficking or prostitution, giving brokers good reasons to opt for natural surrogacy.

In this sense, it already seems impossible to argue that natural surrogacy simply originates from the lack of regulation, but rather a particular kind of regulation based on a common assumption. This assumption that surrogacy is a form of assisted reproduction and can be controlled at infertility clinics, has introduced a particular kind of intervention such as recording the cases of ova extraction and embryo-transfer to prevent commercial forms of ova donation and surrogacy. Certainly, escapism is an important factor of having the conception happen outside the usual target of regulatory practices, especially in the transnational space. Yet, a closer look at the ways in which individuals commence natural surrogacy seem to suggest the relationship between natural surrogacy and IVF surrogacy is more entangled than often assumed.

Minji is a 32-year-old surrogate applicant, who has separated with her two children when she divorced three years ago. To accrue a deposit to rent a place where she could live with her children, Minji decided to be a surrogate mother, which did not require any certificate or skills. Nevertheless, her three years' endeavor turned out to be a disaster.

I never imagined that being a surrogate mother would include having sex. I used to look down upon the people on the Internet who said that they would not mind doing that. But,

now, I begin to think “why not?” I think I am up to it. I mean, not that I would like to, but, you see, having sex is not the worst thing in the world. If I can earn substantial money, I can put up with it. At least they say they will pay you every time you have a sex with them. In less than three year’s time, I have gone through five IVFs, three ova extraction. My body is completely fucked up now. But, because I failed every time, I haven’t been paid with real money. They pay you the retaining fee, when you start the process, but that is not much. (“Can you tell me how much was it?”) It is about a tenth, and I received 3 million Korean Won [about 3.3 thousand dollars]. But, if you want to keep the whole retaining money after the IVF failure, you have to do it again. Otherwise, you have to return half of it. I have a good constitution, and I can get easily pregnant. When I had my children, I got pregnant right away. I think it is due to their weak embryo, and IVF, that I fail constantly. They say aged ova are bad. Honestly, I don’t have a faith in ever succeeding in maintaining the IVF pregnancy to the full term. I started this not for fun or for leisure, you see. I don’t expect to earn a large sum now, but I need at least some compensation for my time and weakened body. If “going natural” is necessary, I guess I should...¹⁴

Technological uncertainty is an important reason that leads surrogate mothers and commissioning mothers to consider natural surrogacy instead of IVF surrogacy. As Jin-ah explains,¹⁵

I know they [surrogate mothers] complain that it is unfair that they end up with no money after several trials of IVF. Yet, it doesn’t mean that I did not lose anything. Time is more

¹⁴ Interview, April 12, 2006.

¹⁵ Interview, February 24, 2006.

precious for me. Well, for me, it is a real race against time, and one single day does matter to me. And, I had to pay all the expenses spent for those IVF procedures. When I hear that IVF failed again, I could not help blaming her. Only if she had been more cautious... I know she used to smoke and drink before. It is hard to expect a stranger to care about my embryo as much as I would have done. I now think, from time to time, maybe it is better to give the money needed for IVF directly to her, make her a little happier and more compliant... Then, it might work better, I hope. ... (“Do you have any concern about natural surrogacy?”) Of course, I am worried that she might replace my position in this house and my husband and she can have an affair. I heard that had happened to somebody. But, I don’t want to worry about something beforehand. If it happens, it happens. It is less costly than IVF, at least, you see.

It is interesting to note that while the media and the legal reformists often label the phenomenon of natural surrogacy as the outdated *Sibaji*, the persons concerned never use this term. For them, their experiences are situated in the highly technological world of IVF, and cannot be compared to the *Sibaji*, which belongs to the non-technological, traditional world. In fact, the rise of natural surrogacy in contemporary South Korea cannot be explained without the prevalent practices of IVF. Commissioning mothers, who have come to the decision mostly after the repeated failures of IVF, are now turning to natural surrogacy. Betrayed by the promise of modern reproductive technology, they try to find hope in the “natural” method of sexual intercourse, enduring the risk of adultery. The surrogate mothers-to-be also find the experiences of IVF procedures contradictory. While it would save them from the worse stigma of *Sibaji*, they feel it strange that they themselves need to deal with the uncertainty of IVF technology while their bodies seem to be perfectly capable of natural conception. For the brokers, the business of natural surrogacy is double-edged too. While it allows them to avoid the ever-tightening bioethical regulation and to relocate their business into more destitute corners of the world, by introducing sex into the allegedly modern medical practice, it is quite likely that the legitimacy of the

whole business becomes untenable.

V. Concluding Remarks

This paper explored the ways in which surrogacy in South Korea, by contrast to *Sibaji*, is legitimized as a technological remedy to medical conditions and how it has expanded geographically and conceptually in the transnationalizing world. The role of depopulation anxieties should be also noted: it has aggravated the plight of the infertile on the one hand, but at the same time, has tacitly endorsed the necessity of this measure to relieve the suffering of both the state and the individuals.

Recently, many anthropological studies on surrogacy have inquired into the ways in which the concept of “nature” and “motherhood” are negotiated in the “artificial” process of assisted reproduction, mainly in the cases of IVF surrogacy (Strathern, 1992; Cussins, 1998; Ragoné, 1998; Teman, 2003; Thompson, 2005). Yet, the South Korean history of surrogacy illustrates the ways in which the practice of IVF surrogacy actually has given rise to natural surrogacy. It was the technology of IVF used for gestational surrogacy that managed to categorically separate the modern practices of surrogacy from *Sibaji*, its dangerously close Other. But, seen in the contemporary transnationalizing world of South Korea, *Sibaji*, rather than quietly disappearing from the stage, seems to constantly remind us of our proximity to it, and of the permeability of the technological barriers conceptually separating IVF surrogacy from natural surrogacy.

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Biographical Note: Young-Gyung PAIK is faculty in Department of Culture and Liberal Arts at Korea National Open University. She taught Anthropology and Science and Technology Studies (STS) courses at Seoul National University and Korea Advanced Institute of Science and Technology (KAIST). She obtained her Ph.D. in Anthropology from Johns Hopkins University in 2009. Her publications include *Peurangkenshutainui ilsang: Saengmyeong gonghak sidae-ui geongang-gwa uiryo (Feminism and Biotechnology in Everyday Life, co-edited)* (2008). E-mail: yg.paik@kaist.ac.kr