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THE CHARACTERISTICS OF LIFESTYLE AND ATTITUDES TO MOTHERHOOD OF SURROGATE MOTHERS IN UKRAINE

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The article of O. Lutsenko, V. Tsokota "The characteristics of lifestyle and attitudes to motherhood of surrogate mothers in Ukraine" is aimed to study surrogate mothers' attitudes to pregnancy and surrogate motherhood. The objectives of the study were to identify the characteristics of their social situation, lifestyle, volitional, moral, emotional and motivational qualities that can partially determine the decision to become a surrogate mother. 28 women included in the program of surrogate motherhood and three comparison groups of 20 people (the women without children, with 1-2 children and with many children) were interviewed using a semi-structured authors' interview of the 25 questions. It was found that the prospective surrogate mothers differ from comparison groups by less education, more frequent absence of husband or divorce in the family situation, not entirely satisfactory living conditions, lack of material support. They are less vulnerable, are not prone to long-term negative emotional states, have fewer fears associated with pregnancy and childbirth, and are much more positive about the surrogacy.

Key words: surrogate mothers, lifestyle, pregnancy, motherhood, social status, psychological features

Стаття О.Л. Луценко, В.Р. Цокоти «Особливості способу життя та ставлення до материнства у сурогатних матерів в Україні» націлена на вивчення суб'єктивного ставлення майбутніх сурогатних матерів до вагітності та сурогатного материнства. До завдань дослідження відносилось виявлення особливостей їх соціальної ситуації, способу життя, вольових, моральних, емоційних і мотиваційних якостей, що можуть частково обумовлювати рішення стати сурогатною матерю. 28 жінок, включених у програму сурогатного материнства та три групи порівняння з 20-ма особами в кожній (жінки без дітей, з 1-2 дітьми та багатодітні) відповіли на авторське напівструктуроване інтерв'ю з 25 питань. Виявилось, що майбутні сурогатні матері відрізняються від груп порівняння меншим рівнем освіти, більш частою відсутністю чоловіка або розлученням в сімейній ситуації, недостатньо задовільними житловими умовами, браком матеріального забезпечення. Вони менш ранимі, не схильні до тривалих негативних емоційних станів, мають менше страхів, пов'язаних з вагітністю та пологами, набагато більш позитивно ставляться до сурогатного материнства.

Ключові слова: сурогатні матері, спосіб життя, вагітність, материнство, соціальний статус, психологічні особливості

Surrogacy is a relatively new phenomenon in the life of modern society. There is an ambiguous attitude that manifests itself in the form of legislative prohibition or regulation, implemented in different countries.

In Ukraine it is allowed only gestational surrogacy (full, that is, the surrogate mother is not genetically related with fetus, its egg cannot be used); it may be a commercial; the parent/parents of a child which born from a surrogate pregnancy is not considered a surrogate mother, but an infertile couple who initiated the surrogate pregnancy.

As pointed out by C. Ryan and C. Jetha (Ryan, Jetha 2012), the concept of "one mother to child" has difficulty both in traditional and in modern Western societies. Motherhood seems to be split because a person may have a genetic mother, surrogate mother (which at the same time can be an aunt or grandmother to him/her) foster mother, godmother. Widespread of adoption, foster children from a previous marriage, surrogacy techniques, sperm donation and cryogenic preservation of embryos leads Homo Sapiens species, by the opinion of C. Ryan and his co-authoress, quickly moving away from "classical" nuclear family structures towards a more plastic forms of organization, hence the relevance of our research.

There are anthropological evidences that this activity (surrogacy) did not appear on empty place, but it has its historical and even evolutionary prototype. This is so-called "cooperative feeding." Famous modern anthropologist S. Hrdi indicates in her work "Mothers and Others" (Hrdy, 2001) that in the animal world and in traditional hunter-gatherer



societies distributed care of babies prevail that is similar to the “Distributed parenting”, which is achieved by means of assisted reproductive technologies. The presence of “assisted”, “external” mothers is quite common in the animal world and among tribes in the hunter-gatherer stage, which helps many species, including human, better nurse offspring in times of new areas exploring, shortage of resources and so on. S. Hrdi believed that humans evolved as cooperative breadwinners that provided an opportunity for them who feeds children are born helpless and grow long, have many descendants (that have shorter intervals between births each new baby) and get considerable flourishing as a species, that populated the entire planet. But this does not mean that the absolute norm is instinct of care and protection of offspring. S. Hrdi indicates that it is in humans and other “cooperative breadwinners” (e.g., squirrel-like monkeys or callitrichidae) the probability of leaving the newborn baby reaches 57% if the mother will not feel social support.

In the analysis of the literature on the issue of surrogacy there are some conflicting evidences. Namely, part of the works shows the absence of any undesirable effects of this activity. It also highlights the altruistic and positive psychological characteristics of surrogate mothers (Jadva., Murray, Lycett 2003; Teman, 2009; Teman, 2008; Van den Akker, 2007; Van den Akker, 2007). Other researchers, while recognizing the positive aspects of surrogacy, note that surrogate mothers feel the stress of in vitro fertilization, pain, unpleasant side effects, depression, sleep disorders, difficulty with breaking attachment, obsession or detachment in relationships with spouses who initiate a pregnancy (Reame, 1991; Storey, 2000). N.E. Reamy suggests that the seemingly “successful” surrogate mothers may be dysfunctional in terms of self-esteem and assertiveness, making the choice to suffer alone (Reame, 1991).

Early we found that there are three motivational tendencies (trends of drives by L. Szondi), in which the potential surrogate mothers differ significantly from women with other types of maternal behavior (Lutsenko, Tsokota, 2011). Namely, the contact drive / attachment in surrogate mothers expressed stronger, and the desire for aggression / dominance and shame / shyness in surrogate mothers are less expressed than in women who do not plan to become surrogate mothers. That is in their character present a contradiction: on the one hand they belong to traditionally feminine personality type - dependent, tolerant, but on the other hand, they are not shy and shyly that usually accompanies the feminine personality profile (Bem, 1994).

Poote A.E. and Van den Akker O.B.A., who studied British women attitudes to surrogate motherhood, found significant socio-demographic differences between women who were possibly willing (40% of the sample) and those who were unwilling (60% of the sample) to become surrogate mothers. General attitudes to surrogacy also differed between these two groups. This study supported the predictive utility of components of the Theory of Planned Behavior (I. Ajzen, 1985), and differentiated adequately between groups on attitudes to recruitment for surrogacy, the consequences of surrogacy, factors that induce people to become surrogates, social support, having personal control and reasons for parenthood. Age, attitudes to advertising and the consequences of surrogacy predicted (un)willingness to become a potential surrogate mother (Poote, Van den Akker 2009).

Our studies of adaptive abilities of potential surrogate mothers, compared with women who do not wish to participate in such activities, showed no difference in moral norms, but revealed higher neuro-psychological stability and communicative potential of surrogate mothers; as well as their less hypochondriacal, anxiety and individualistic (schizoid) features (Lutsenko, Tsokota, 2013).

Olga van den Akker in the longitudinal interview for a surrogate pregnancy and the first six months after birth explored psychological differences in surrogate mothers and infertile intended mothers (Van den Akker, 2007). The researcher did not found significant differences in terms of personal introversion, neuroticism, psychoticism and social desirability of surrogate mothers and mothers who initiate surrogate pregnancy. Their level of social support, family harmony and state anxiety differed significantly at different stages of pregnancy and in the postpartum period. Attitudes to pregnancy and fetus in the studied groups differed substantially in pregnancy, but it was not reveal signs of postnatal depression in any of the groups.

In an ethical sense, the importance of adequacy and completeness of the decision process of a surrogate mother to assume this role is shown in the study of C. Petitfils and M. T. Munoz Sastre in France where surrogate motherhood are legally prohibited (Petitfils, Munoz Sastre 2013). The authors found that although 29% of France inhabitants reject surrogacy in principle, 35% accept it completely and 68% accept it under conditions, that the surrogate mother solution is fully realized and it has completed the process of argument, why she is willing to participate in the program, and that she is not younger than 36 years old, she has two children of their own, she is married and her husband agreed to her participation in the program.

We have formulated the aim of the study with regard of the importance of an informed choice of potential surrogate mother to fulfill this role.

The purpose of the research was to find out what is subjective, conscious attitude of future surrogate mothers for pregnancy and surrogate motherhood. The objectives of the study were: to determine the characteristics of their so-



cial situation and lifestyle, moral, volitional and emotional features that can partially determine the decision to become a surrogate mother. This will allow better understand motivation of these women and form an appropriate attitude in a society that to avoid stereotypes and stigma, with a reasonable estimate of the ethical issues that arise in this area.

Subjects and setting. Targeted research group (group 1) consisted of 28 women who have expressed a desire to become a surrogate mother. At the time of the study they were included in the program of surrogate motherhood, implemented by the Center of surrogacy motherhood, that is, they were entered into the database of the Centre as a potential surrogate mothers wishing to provide such services to infertile couples, they have already been selected by a infertile family, they have undergone medical examination, legal advice and met with intended parents. There are several mandatory requirements that are set to candidates for the role of a surrogate mother in the Kharkiv Center of surrogacy motherhood. They are reproductive health, age up to 35 years and having their own child.

For comparison in the study were formed three control groups of 20 women in each: women, have not yet become mothers, that is, having no children (group 2); women with 1-2 children (group 3); mothers with many children, that is, women with 3 or more children (Group 4).

The average age of the surrogate mothers was 27 years (age range 20–35 years), women without children – 24 years (age range 20–41 years), women with 1-2 children – 33 years (age range 20–45 years) and women with many children – 36 years (age range 24–45 years).

Methods and procedure. Meeting with the members of the research with psychologists was voluntary and all respondents completed the informed consent protocol. The study design was approved by the Ethics Committee of Psychology School of V.N. Karazin Kharkiv National University.

It was used a semi-structured interview method, for which it was prepared 25 questions about social status, lifestyle and attitudes to pregnancy, childbirth and surrogacy.

More specifically, the interview consists of questions to get the information of three following categories. 1. Socio-demographic data about level of education, employment, marital status, financial situation and plans for the future (questions #1, 2, 5, 9, 14). 2. Information about their lifestyle, which concerned characteristics of social relationships, behavior, morality, emotional and volitional features of study participants (#10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24). 3. Information about attitudes to pregnancy, childbirth and surrogacy (questions #3, 4, 6, 7, 8, 25).

For women from the control groups questions #6, 7, 8, 19, 20, 25 (that is directly related to the surrogate pregnancy) have been replaced by the questions “Have you heard of such activities as a surrogate pregnancy?”, “How do you feel about that? «, « Do you want to become a surrogate mother?”.

Answers to questions about socio-demographic characteristics were a form of “Yes / No”. Their frequency counts, which is then converted into percentages.

That part of the responses to interview questions about lifestyle and attitudes to maternity and pregnancy which were not categorical (yes / no), but form a continuum were encoded as a ranking scale. There were the questions #3, 4, 10, 11, 12, 15, 16, 17, 18, 21, 22, 23, 24, 25 (first part). They were ranked according to the severity of the respondents’ phenomenon described in the question. Exactly, 2 points was attributed when this phenomenon was very pronounced, 1.5 points when it was expressed more than the average, 1 point when it was expressed moderately, 0.5 points when it was slightly expressed, 0 points when it was quite not typical, was not expressed. For example, if the answer to the question: “Do you have friends?” was: “Yes, a lot”, then it estimated at 2 points; if the answer was “Yes, enough”, then it estimated at 1.5 points; if the answer was “there are several”, then it estimated at 1 point; if the answer was “there are very few”, then it estimated at 0.5 points and if the answer was “almost no”, then it estimated at 0 points. Answers to the question about attitude to surrogacy coded as follows: 2 points coded “a very positive attitude”, 1.5 points coded “a positive attitude”, 1 point coded “moderately attitude”, 0.5 points coded “rather negative attitude” and 0 points coded a “very negative attitude”.

Results from the answers, translated into a quantitative view, were averaged for each group (group of candidates for surrogate mothers, and the comparison groups) and compared for each category of questions or separate questions. The significance of differences between groups was tested using non-parametric Kruskal-Wallis statistic (by the application StatSoft STATISTICA 6.0).

Some of the interview questions have purely qualitative character, that is, the answers were text (# 6, 7, 8, 13, 19, 20, 25 - second part). They were analyzed by the content analysis method. Exactly, the occurring types of responses were detected, then their frequency of occurrence was calculated, which was later translated into percentages.

Interview questions

1. Acquaintance: name, age, family status, where grew up and learned? (A brief biography). What kind is your relationship with your parents? Have you a husband or a permanent partner?

2. How many children of your own you have? How successful was the previous pregnancies? How do you feel at that time (physically, psychologically)?



3. What is your attitude to the pregnancy? (A gift from God, a natural process, a painful condition, other - please specify).
4. Are you afraid of your appearance or health during pregnancy and childbirth? What exactly you are afraid of and how to protect yourself from it?
5. Do you want more of your own children? How soon you plan this, under which circumstances (what you need to have - a husband, money, housing, stable work?)
6. What do you think, how you will feel about genetic parents of gestated fetus? (Respect, envy, responsibility, gratitude, anger, friendship, trust, other - please specify). Are you ready to accept them as who they are and respect their lifestyle?
7. What do you think, how you will feel about the fetus of surrogate pregnancy during the gestation?
8. Will the process of disconnection with a newborn painful for you, hard, or, conversely, not difficult, as a relief? Maybe there will be something in between, other - please specify?
9. Have you already worked somewhere or are working now? Describe yourself as an employee - what are your major professional qualities, what do you seek in the work process?
10. Do you have friends?
11. Do you often have conflicts with people? What kind of people you have conflicts with? What is the basis that most your conflicts arise on?
12. How long you worry about insults? What do you try to do in such situations: take revenge or to leave, to stop communicate?
13. Do you have any hobbies, interests? What do you enjoy doing most in your life?
14. What are your future plans? What will you do after the end of the contract for a pregnancy? What is your financial situation?
15. Do you think that all means are good to achieve the goal?
16. Do you believe in justice?
17. Do you believe in the honesty and decency of people?
18. Can you keep a secret?
19. Are you ready for questions from relatives, friends and acquaintances about the signs of the future surrogate pregnancy? What will you answer them?
20. Imagine that your friends who noticed your surrogate pregnancy, offer you a cot, pram, things for the newborn. Tell us how you will react?
21. What events, rumors, comments and questions "cut to the quick" you most of all?
22. How do you usually respond to criticism?
23. Have you ever had the long periods of sadness or melancholy? How are they came to an end, how long have passed, and why?
24. Are you a strong-willed person? Give the example of some situation in your life, when you have the will to win and succeeded.
25. What is your attitude to the phenomenon of surrogacy motherhood? Why did you decide or want to participate in the program of surrogacy motherhood?

Results and discussion.

Analysis of the social status.

Socio-demographic information about the level of education, employment, marital status, financial situation and future plans identified through five questions: #1, 2, 5, 9, 14. Surrogate mothers' education level was little lower than in other groups. Higher (university) education in Ukraine can be received for 16-17 years, secondary vocational education (college) can be received for 12-14 years, full secondary school or minimal vocational education can be received for 11 years. The average level of education in a group of surrogate mothers amounted to 12.9 years, of women without children was 13.9 years, of women with 1-2 children was 14.1 years and mothers with many children was 13.9 years.

Our obtained data on the educational level coincide with those of other authors, that the surrogate mothers have a level of education about 13 years (Storey, 2000).

Let's consider the employment. 40% of the surrogate mothers were women, who did not work due to care for their own small (up to 3 years) children; among women without children prevailed students of universities - 65%; in the group of women with 1-2 children were representatives of many different types of employment without any definite trend, and housewives were more frequent in the group of mothers with many children - 45%.

Surrogate mothers characterized by difficulties in family life. At the time of the survey 4% were widows, 32% were divorced, 18% were alone, and 46% of them were married. Women without children were not married yet, were



not separated, there were not widows among them. Among women with 1-2 children 35% have never been married, and 65% - were married, there were not among them widows and divorced persons. Among mothers with many children 15% were unmarried and 85% - were married, there were not among them widows and divorced persons.

Social and economic problems of potential surrogate mothers appeared in response to a question about plans for the future. In this group 50% reported plans to purchase housing; 21% reported about the desire to increase the standard of living for them and their child; 18% were planning to do repair of property and 5% indicated a desire to start their own business. Also it was planned to receive an education for themselves and their children and to make savings in the bank. One woman said that there are no plans.

In the group of women without children often it was told about plans to finish leaning at the university, find a job, build a career, created a family. Three respondents said that they have no plans, one respondent told about self-realization.

Women with one or two children most often mentioned the same categories as in the group without children, but instead of the word "work" they often talked about career (which indicates that they less interested in simple work but more in progress on career), and instead of the word "family", they said "children". Four women said that «there are no plans».

In the group of mothers with many children 50% of women planned "put on feet, raise their children" and 25% of them thought about grandchildren. It was told about work only twice, and about family - also twice. Two women said that they have no plans.

Analysis of the second part of the question #25, which was addressed only to surrogate mothers: "Why did you decide, wanted to participate in the program of surrogacy?" revealed the following distribution of responses. 53% of women were named as the cause of money, 36% said about improving housing conditions, 33% about help to infertile couples, 10% about get seed money for business, 10% said: "I can do it, this is the only thing that I can do well," 6% talked "to atone for the sin of abortion/abortions" and 3% said that they like the pregnancy, they have a need for it. Percentages were rounded by rounding rule. The percentage sum does not equal 100%, as many women called two or three causes at the same time. Thus, the dominant factor encouraging women in Ukraine to become a surrogate mothers is material one, though it was also expressed an altruistic motivation.

From the literature it can be detected differences on income level and employment of surrogate mothers that are due to the country where the surrogate mothers were studied. For example, in USA, as Storey G. P. write: «financial factor is not predominant in this decision making; they (surrogates) work and don't feel financial difficulties» (Storey, 2000). In Great Britain few surrogates explicitly stated that money was one reason for becoming a surrogate, and the majority said they did it for altruistic reason (Van den Akker, 2007). In Israel material factor plays a role, as mentioned in the literature, that some potential surrogate mothers ask too much money for their services, which makes this opportunity unavailable for part of intending parents (Teman, 2009). Motivation to improve their financial situation through a surrogate pregnancy extremely pronounced in India, where hiring of low-income women for commercial surrogacy has gained considerable scale (Pande 2009; Rudrappa, 2012).

Lifestyle analysis. Prospective surrogate mothers have such features of their lifestyle as the most pronounced as friendships, ability to keep a secret, advanced will, faith in the fairness and decency of people. They were not prone to react painfully on any topics in communication and to criticism.

A comparison of the averaged results of prospective surrogate mothers' group to the control groups' ones showed that women preparing for a surrogate pregnancy were more reserved in their assessments of friendly relations, than representatives of other groups, often said that they have little friends. But the differences between groups were not significant by this question. It was aimed to find out if surrogate mothers would have social support during future surrogate pregnancy.

Potential surrogate mothers, when asked about their disposition to conflicts, characterized themselves as mostly conflict-free, able to avoid confrontation (differences with other groups are not significant).

Prospective surrogate mothers are significantly lower than other groups of women consider themselves as prone to resentment (differences are significant at the level of $H = 8.5$; $p = 0.036$).

It was not found statistically significant differences between groups for questions regarding moral attitudes (whether you need to reach the goal by any means, whether you believe in justice and decency of people, whether you able to keep a secret). The last question was asked, because in Ukraine the majority of couples using surrogacy want that this fact would remain in a secret. The majority of surrogate mothers also tend not to manifest their surrogate pregnancy and hide it from anyone except husband or regular partner.

Prospective surrogate mothers described themselves as having fewer problem issues that they have experienced painfully (the difference with other groups are valid: $H = 38.1$, $p < 0.001$).



Also future surrogate mothers responded that they are not very reacting to the criticism (significant differences with other groups at $H = 14.4$; $p = 0.002$), and are not prone to prolonged sadness or melancholy (significant differences with other groups at $H=9,2$, $p = 0.026$). Questions about the experience of negative emotional states were asked to respondents based on the assumption that the strong tendency to negative emotion reactions may have a negative impact on them during the surrogate pregnancy or after it, because there is a problem of postpartum depression, which is proper to 10-15% of women who give birth (Rosenblum, Danon, Nestour, 2000).

Future surrogate mothers described themselves as strong-willed people, but the differences between the groups were within random.

One question concerning the lifestyle, assumed only a qualitative answer - this is a question #13. It was asked to find out whether the future surrogate mothers have any interests, which will allow them to occupy themselves during pregnancy and to maintain a good mood during this difficult period. Content analysis revealed that intended surrogate mothers as hobby predominantly named crafts, games with their child, child care, photographing of their child / children. It was not typical for them to mention reading, which dominated as a hobby in the group of women without children.

Analysis of attitudes towards pregnancy, childbirth and surrogacy.

Separately, we analyzed responses to interview questions about the studied women attitudes to pregnancy and childbirth, the presence of fears of pregnancy and childbirth and their attitudes to surrogacy. Answers were ranked according to the same scale (0, 0.5, 1, 1.5, 2; if the attitude is more positive, it has the more points).

The responses of future surrogate mothers were predominantly positive in regard to phenomenon of surrogacy and the fears associated with pregnancy and childbirth, were expressed the least.

It was not found significant differences between the groups in relation to pregnancy and childbirth. All groups have positive attitudes to the process of reproduction. Intended surrogate mother experienced significantly fewer fears associated with pregnancy and childbirth compared to other groups of women (the differences are significant: $H = 17.1$, $p < 0.001$). Prospective surrogate mothers often pointed out, that they are not afraid of pregnancy, they like this process, that "they become pregnant from the air" (meaning a very high fertility), and they often had a history of abortion (interrupting unwanted pregnancies) is due to the high reproductive capacity.

The attitude to the phenomenon of surrogate motherhood in the group of candidates for the role of surrogate mother is significantly more positive than in the other groups (difference is significant at $H = 62.0$, $p < 0.001$ level), which is consistent with studies of other authors (Poote, Van den Akker 2009).

Conclusions. The information, which was generated from the above study of interviews with women who are ready to become a surrogate mother, is discovered that they are characterized by: lower level of education, more frequent absence of husbands or divorce in family, unacceptable housing conditions and insufficient economic situation.

When the potential surrogate mothers described their reactions to problematic situations, they are not inclined to feel of resentments or criticism and be in state of durable sadness and melancholy. The intended surrogate mothers have not the painful topics for discussions, through which they can be "strike a nerve".

All women are characterized by the same positive attitude towards the process of pregnancy and childbirth. But the prospective surrogate mothers have difference from the others in that they are less afraid of aspects related to this process. They have also the most positive attitude towards surrogacy as a phenomena of contemporary life, and medical technology of infertility treatment.

In addition, despite a general adaptability of the surrogate mothers to this form of activity, it should be noted its maladaptive aspect such as a potential risk to the health and lives during childbirth and in the post-natal period in case of pathology. And furthermore, the pregnancy, the childbirth and the post-natal period are process of limits the activity of women. It is sometimes painful and unpleasant. From our point of view, the fact that these women make the decision to engage in such activities and to take risks, due to the lack of livelihood and the absence of acceptable economic alternatives.

From the perspective of evolutionary psychology, it can be concluded that the surrogate mother try to solve their problems through reproductive activity. And they choose the primary traditional feminine way - to bear children. Basically, in the conditions of division of labor, a person tries to carry out the activity in which he/she is the most successful, for which he is the fittest. This is leading to energy savings and satisfaction that come from the work which goes well. Since there is a category of women with highly reproductive function, and there is a category of women with problems in the field of reproduction, and this is beginning of an exchange between them, which lead to an advantage for both groups.

Limitations of the study. All participants were asked to be frank. It was explained to them that the interview has not right or wrong answers, and that their responses will not influence on their future (for example, their participation in the surrogacy program). Nevertheless, it can be assumed that the answers of respondents could be subject to social desirability response bias, aggravation or other subjective phenomena which distort the accuracy of the poll's results and of other interactive psychodiagnostic methods.



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