UNDERSTANDING SOCIO-ECONOMIC CHARACTERISTICS OF KIDNEY SELLERS IN PAKISTAN

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Character cannot be developed in ease and quiet. Only through experiences of trial and Suffering can the soul be strengthened, vision cleared, ambition inspired and success achieved.

(Helen Keller).

I thank God for giving me the ability and perseverance to finish and for all of the support.

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Abbreviations

AN	After Nephrectomy
BN	Before Nephrectomy
ESRD	End Stage Renal Disease
GNP	Gross National Product
HOTA	Human Organ Transplant Authority
LNRD	Live Non-Related Donor
NGO	Non-Governmental Organization
NOTA	National Organ Transplantation Act
THOTO	Transplantation of Human Organ and human Tissue Ordinance
UAGA	Uniform Anatomical Gift Act
USD	United States Dollar
ACTS	Asia Against Child Trafficking

Abstract

This exploratory multiple Case study identified the channel that a seller goes through to sell his kidney and identified economic, health, social and psychological post nephrectomy effects that a kidney seller faces. The data was collected using in depth interviews from 16 male and female kidney sellers. Data was analyzed using cross case analysis that congregated axial codes according to themes, in relation to study objectives.

Kidney sellers are all Muslim Sheikh and uneducated. The study identified the channel that a seller goes through to sell the kidney and it analyzed the social, economic, health and psychological post-operative effects of selling a kidney. Technological driven demand of human organs created a black market, where the supplier are asset less poor who are lured by lucrative offers. Respondents sold kidneys through a middleman and direct to clinics and the presence or absence of a middleman did not appear to be affecting the amount received against kidney. Inefficiency of the THOTO (2007) is evident from the emerging themes that kidney-selling process continued to work without any change in the channel. Economic status and health of the respondents is deteriorating over the time. Kidney selling is a social stigma in Pakistani society, so respondents had to face severe criticism from the family and community. The respondents were also facing psychological affects like fear and depression. Current study suggests that all the sellers are asset less and thus they had to make decision of selling their kidneys. All the respondents are facing deteriorating living standards. The situation of transplant tourism in Pakistan is worse and THOTO had proved to be ineffective.

Such situation depicts the social and moral degradation of the society, and explains situation of social injustice and bio violence. It provides an answer to Western proponents of establishment of market and their claims that legalized selling will benefit the seller. Actually, it will result in medical apartheid. It also urges the medical specialist and market proponents to understand substantial cultural resistance against such notions, and understand importance of local concepts of personhood and body integrity.

Chapter 1.

INTRODUCTION

1.1 Background

The kidney transplantation started in 1951 with the very first successful kidney transplantation at the Brigham and Women's Hospital, Boston. However, transplantations at massive scale started with the development of immunosuppressive drugs like cyclosporine, which provided a chance against the bodily rejection of newly transplanted organ. Since then the number of kidney transplantation is ascending but not as rapidly as the number of defective kidneys along with other organs, is increasing. The result is ever increasing queues for transplantation and ever increasing number of deaths because of unavailability of transplantable kidneys (Becker, 2007). Despite of its success, some believe that transplantation process has fallen in its own cage because of the unavailability of live donors. Medical professionals are also frustrated that despite of all the modern technology and equipment they cannot save enough lives because of donor shortage in the whole world (Raza, 2007). Such desperation activated the long muted demand for human organs and brought the concept of market for kidneys that human organs can be dealt with the forces of demand and supply (Borna, 1987).

WHO (World Health Organization) reported that currently, renal transplantation is being carried in 91 countries (Shemazono, 2007) and Pakistan falls in the list. The process started in Pakistan in the year of 1979, as the first renal transplant was successfully performed in a hospital of Rawalpindi (Raza, 2007) but systemic transplantation process did not start till the mid of 1980 in Pakistan. Since then the transplantations are being carried out in many hospitals of the country

but most of the kidneys are being collected from non-related donors, where donors are compensated with the monetary benefits, but Pakistan is not the only country where kidneys are being obtained through illegal means (Moazam, 2012).

The history of transplantation process reveals that there is a global increase of 32.5% and 80.3% in the transplantation of human organs and humans kidneys, respectively. Kidneys alone make 90% of the total human organs being transplanted and yet there is shortage of kidneys because of which 17 people are dying in the US, each day (Friedman and Friedman, 2006). This shortage of kidneys is lengthening the waiting list to undergo the transplantation and the current waiting list is comprised of 100,000 people globally. In the developing countries financial constraints and limited access to health facilities along with shortage of kidneys while in the developed countries, unavailability of kidneys for transplantation accounts for the major reasons for continuous increase of the waiting list (Jha and Chugh, 2006). On the other hand, people of developing countries like Pakistani people are facing the problems of stone disease, diabetes, and hypertension and as health care facilities are not in the reach of everyone, so often these diseases are not diagnosed at the early stages. Therefore, it often results in end stage renal disease and the only sustainable solution for such patient is kidney transplantation (Moazam, 2012).

Imbalance created in the supply and demand of the kidneys and illegality of the regulated sale and purchase of the kidneys forced the patients to adopt illegal means to obtain a properly medically matched kidney. Because there is no stable enough alternative to the transplantation, except dialysis but medical professionals do not rely on dialysis because of its volatility and its effects on the patients' health. Although WHO (World Health Organization) declared that sale and purchase of the kidneys is illegal and along with WHO, most of the countries except Iran

have completely or partially banned the trade of human kidneys but still more 10% of the total 63,000 transplants are illegal globally. The reasons for the persistence of these sales constitute campaign for the privatization of the market for human organs; which has somewhat justified changes in the medical ethics, false promises of higher earnings from sale and loopholes in the laws which have failed to prohibit transplant tourism in the developing countries (Gatarin, 2012).

This wide and even getting wider gap between the supply and demand of the kidneys is possible to reduce only if the willing sellers will be allowed to sell in the free market because no efforts to increase the supply of the kidneys have brought that much successful result that can fulfill the current demands. However, involvement of brokers and large scale trafficking of organs especially in the countries of South Asia urged the Governments to ban the sale of the kidneys (Jha and Chugh, 2006). However, the very idea of a free market or even the idea of a regulated market brings in many doubts and threats for the developing countries. Asia ACTS described that Filipino Kidneys worth US$1500, which are twenty times lesser than the value of a single kidney in America (and in the case of some other countries the reported price is US$2000 to US$5000 and still the price is reported as 30 times lesser than the value of a kidney in US). Which explains how kidneys will flow from one side of the world to the other (Gatarin, 2012). The demand for kidneys and continuous pressure from the developed world for the establishment of a market are changing the meaning of being a human and are making human beings as means to achieve a higher purpose or prosperity for few and ignoring the fact that each human is end in itself (Major, 2008). It is the case with the kidneys and there is objection on the argument by the supporters of kidney markets that every human can live on one kidney without compromising his functionality in daily life. However, kidneys are not some surplus objects, which can serve a

better purpose and it is the matter of human dignity that no man's life is better than other (Kassim, 2013). The argument that was presented at the International Forum on Transplant Ethics for the reopening of the debate for the ban on organ sales that the ban has brought more misery than prosperity ignored the fact that prosperity of whom, what consequences this prosperity will bring for the poor of developing countries (Daar, 1998).

While the debate for the establishment of market is catching fire, transplants are increasing in number as World Health Organization reported that 6,000 kidney, 21,000 liver and 6000 heart transplants were carried out in 2005, globally. Despite of all increasing numbers the median wait for US citizen for kidney transplant was three years and projections revealed that the time would increase in the future. In United Kingdom, 8000 patients need immediate transplantations and the trend is increasing with 8% annual increase. To overcome this shortage of the developed world the prisoners were executed and the black markets, which are operational at massive scale in Pakistan and India, are playing their role and helping the foreigners to with their transplant. Twenty five hundred transplants were carried in Pakistan in 2007 and the share of the foreigners was more than 66% (Major, 2008). The developing world is facing the problem of kidney selling and the laws, which are devoted to curb the sales, have not met much success. The major countries, which are involved in selling, include China, Pakistan, Mozambique, Moldova, and India and out of developing world, Pakistan is preceding India with fourth place (Major, 2008).

In developed world, most of the organs that are being transplanted are the cadaveric organs as developed countries have passed presumed consent laws. They are also introducing certain proposals for compensating the family of the deceased if they allow securing organs of the deceased. The developing countries and especially Pakistan will be facing critical effects of the

ban on the sales because Islam lays much stress on the body integrity and urges that one should not mutilate the body, which can bring the patients of end stage renal disease in a critical situation. However, in 2012, a meeting was held in Pakistan and was headed by Prof. Dr. Jawad Sajid Khan, which discussed the issue that if a person gives his consent then after the clinical death of the patient his organs would be transplanted to the needy patient. Moreover, a countrywide campaign, supported by religious scholars, social organizations, media and dignitaries associated with the health sector would be launched to make people aware of human organs transplantation (The Express Tribune, December 15, 2012).

Every Society is built on its complex social structures; it confines a specific culture, and is devoted to its own complexities and ethical issues. Interference with such subtle matters can disintegrate the society itself or such meddling will have to endure certain reactions from the society. A society like Pakistan, where the major power originates from the religion and violation is very unacceptable, the option of cadaveric organs does not stand a chance, until now. On the other hand, 60.19% people of Pakistan are living below poverty line (poverty line at $2 per day), according to Economic Survey of Pakistan 2013-2014. As a result, there could be so many potential sellers, who will sell to the wealthy buyers, whether selling is legal or illegal. The reason can vary from a single particular reason to complex web, which can have the integration with the economic and social marginalization.

The rapid urbanization in the developing nations and subsequent change in dietary habits (more use of high protein food) and muscular activity (as the services sector is the major employment provider) are increasing the number of patients with end stage renal disease. Such conditions will increase the number of patients with ESRD (End Stage Renal Disease) and as the dialysis is

costly, fragile as compared to transplant, so more patients will be willing to undergo kidney transplant, which will bring the problem of available kidneys. On the other hand, unlike developed nations which have developed a well-organized system for deceased organ procurement and more than 60% transplantable kidneys come from deceased donors, the developing nations are struggling with certain institutional and societal barriers for the acceptance of kidneys from deceased donors, so most of the kidney come from living donors. The kidney transplantation centers are increasing in numbers as in Iran the number of transplantation centers has increased from 2 to 25 in two decades (Moazam, 2012). So is the case with the transplant tourism (in Pakistan, 67% of the kidneys are transplanted to foreigners) and black markets of kidneys which are acting as major organ provider agency, especially after the ban on the sales of kidneys. However, in this completely systematic operation, the interests and condition of the person who provides kidney is being undermined (Moazam, 2012).

This research will analyze the possibility of the legalization of kidney selling by analyzing the condition of previous sellers. The question of legalization is in need to be evaluated on the merits and demerits of selling not for the country or society but for the single individual who has undergone the process of selling. The proponents of free market and of those who do not support the idea have carried out enough ethical and philosophical debate but all the debate has considered only the ethical views. How an individual who is living below poverty line and is marginalized by the government, and the society feels about his decision of selling and why he even thought about selling, is in need to be analyzed with respect to the experience of seller. This study will analyze the evidence of the organ sellers and their decision of organ selling, whether it was fruitful for them! The research will undertake the claim of the developed world that market

of organs will bring prosperity for the poor, and will examine it against the evidence from the organ sellers.

1.2 Purpose of Study

The purpose of the study was to define the sequence of events, which drove the people in abject poverty to sell their kidneys to fulfill their dire needs and examine those needs and to understand the mechanized system of selling and identify the stakeholders involved. Economic, health, social and psychological post nephrectomy effects were also evaluated that how the decision to sell turned out. For this purpose, multiple case study method was used which allowed for rigorous cross case analysis. The data was collected using in depth interviews. The research consisted of qualitative data analysis of the data collected through interviews. Sixteen case studies were selected for the analysis. First, within case, analysis was performed and after finding the themes within case, patterns of data within themes and across cases were identified. The research was guided by the following objectives:

1.3 Research Objectives

- To identify the reasons behind kidney sales.
- To identify health, psychological and social and economic implications of kidney sales.

1.4 Organization of the Thesis

The following research was conducted to identify the channel through which a potential seller of the kidney goes to be a seller and how his life is affected because of the selling. The second chapter of the study represents a summary of existing literature and gives insight for the

particular study. It includes the ethical perspective of selling a kidney, laws regarding sales, background of the sellers to the debates about establishing a legalized market for kidney sales. The chapter also describes the alternative options to fulfill the medical needs of the patients without involving live kidney sales. Moreover, it deals with the economic perspective of selling a kidney and discusses already established and possible systems for the procurement of organs. Finally, the chapter includes the debates about cultural issues for selling and concludes about whether a seller should sell a kidney or not.

Chapter 3 “Data and Methodology” suggests the methodology used to carry out this particular research, sampling technique used, data collection method, technique used in data analysis and the validation Strategies.

The 4th chapter encompasses findings and results of the chapter. It derives the channel of selling a kidney that how respondents came to know about selling itself, what drove them to undergo nephrectomy. Information about the recipients, their feelings at the hospital, their information about the illegal nature of the procedure, elements of possible physical threatening and their experience that how much important was the aspect of saving a life in their decision making for selling.

Chapter 5 is about the discussion and conclusion of the study. In this chapter, both objectives are compared and contrasted with the existing literature about the said phenomenon. Finally, implications from the results are drawn on the last conclusion about the study is presented.

Chapter 2.

Review of Literature

The following chapter encompasses the summary of the existing studies. The chapter starts with the view about ethical perspective about the kidney sales. The next section is entitled to the debate of laws for the organ trade and organ sale and then the seller's background is elaborated, from the existing literature. The debates about the establishment of market kidneys are presented next and debates about possible alternatives of kidney sales and their complexities are discussed. Next section is about the economic perspective of the phenomenon and details about the possible financial incentives to increase the kidney pool and reasons that why or why not a market should be established. The section further discusses already established market and its outcomes and other possible ways like single purchaser system are discussed.

Advances in pharmacy and invention of drugs like cyclosporine, dramatically increased the success of human organ transplantation thus left the availability of organs as the only major limiting factor for the surgeries, along with the financial constraints (Borna, 1987; Gill and Sade 2002). This success activated the long muted demand for human organs, and introduced the concept of market in kidneys, which can be managed through the forces of demand and supply (Borna, 1987; Dukeminier, 1970; Joralemon, 1995; Titmus, 1971). During 1988 to 2004 there is a global increase of 32.5% and 80.3% increase in the transplantation of human organs and kidneys respectively (Friedman and Friedman 2006). Kidneys make 90% of all the transplants of human organs (Campbell and Davison 2012, Jaroleman 1995, Finkel 2001). Despite the success of transplantations, still there is shortage of human organs, which is causing the death of 17

people each day in US (Friedman and Friedman 2006). The reason for this shortage is the risk involved with the transplantation, which is definitely far more than the risk attached to other legal ways to earn, like blood selling (Borna, 1987). This shortage developed the concept of viewing human body as a collection of replaceable parts that the body parts of healthy bodies can be used to replace the expired body parts of sick bodies (Jarolemon 1995).

However, this apparently simple enterprise has certain ethical, economic, and legal restrictions hindering the progress towards establishment of efficient human organ market (Wikinson and Garred, 1996). As Prottas (1983) observed that organ, selling is inscribed into a triangle of law, the society, and the demand for kidneys (Prottas, 1983). Therefore, there is a need to argue about each possible aspect related to the debate for establishing a market in kidneys.

2.1 Ethical Perspective

Persons, regardless of their social position and economic strength are not means to an end but are end in themselves. A Person thus should act in a way that his actions should show respect for himself as well as for the rest of humanity. The value of a human being is what makes a human and saves him for being treated as an animal, saves him from being the slaves of powerful ones, but who is the powerful, it could be an individual or a society as a whole or a Government. Therefore, the value-oriented interpretation of being human does not allow any space for injustice or coercion. It further extends that only those actions are morally permissible which insure the positive affirmation for the value of being human. The human beings are rational by nature but up to certain capacities, so being human means being rational and to set and achieve certain goals, but to achieve them with the confirmation to self-suggested moral imperatives and with confirmation to other's moral imperatives, is what matters (Kant and Gregor, 1996).

There is a polarization of ethical arguments in favor and against the commercialization of human organ selling. At the one end of arguments are the advocates of maintaining body integrity that should not be violated in any case and consider violation as immoral act (Wilkinson and Garred, 1996). The advocates of body integrity school mostly include believers from Kantian ethics. However, the argument of moral degradation associated with kidney selling should be under consideration because degradation is a subjective phenomenon and cannot be objectified unless the answer to the question of "what is degrading" is provided. Under the weight of decision that what should be saved from degradation, morality of a society or life of *Homo sapiens* (Chadwick, 1989; Gill and Sade, 2002; Morelli, 1999).

The argument of body integrity has some serious philosophical loopholes and inconsistencies such as; why altruism or even *martyrdom,* which may vary in terms of their severity of the violation of body integrities but after all are the violation of body integrity are highly regarded in many societies! The problem is not with the selling or donation, the problem is with the reason that organ should not be sold for financial benefits. At the other end are those who see nothing wrong in selling a human organ to save a human life if the donor can still live a healthy life (Andrews, 1986; Campbell, 1992; Gill and Sade, 2002). As the Ashkenazi's Rabbi of Israel suggested that human organs could be sold and bought but only if the donor can spend, a healthy life and three members of Knesset are in a struggle to legalize the sales of kidney but the health department of Israel is halting the process (Daar, 1998). Same views expressed by a Catholic priest and bioethicist Father Haley in the specific context of Philippine (Daar, 1998). The dilemma with this set of arguments is that if the selling of human organs is allowed, it will create a market that will exploit the poor who will agree to sell their organs because of poverty – a

shameful reality that can be condemned morally but cannot be banned. As a matter of convenience, it appears to be much easier to allow selling as compared to the efforts that are required get rid of abject poverty (Wilkinson and Garred, 1996).

The code of medical ethics provides another argument in the favor of full functioning market for human organs. It argues that it is not fraudulent (morally) if someone sells kidney to save a life, but the problem lies with the refutation of viable values (Breschere, 1990; Wilkinson and Garred, 1996). The religious traditions as well as basis of medical ethics both describe the sellers and buyers rights. The human society is dynamic and always shifts according to the new changes but how to use that change for the betterment of society is the question that should be answered (Joralemon, 1995).

The ethical debate is not depending on, whether the surgeon, physicians and other staff involved in transplantation are performing their duties within the limits of bioethics or dealing the transplantation process as purely commercialized phenomenon (Daar, 1998), instead it is heeding on the immensely overlooked characters known as kidney sellers and widespread social injustice associated with such transactions (Gartin, 2008). The liberals seek the confirmation of their idea that “everything comes with the specific price tag” so with better policies for social welfare the problems of sellers and buyers can be handled, but universal commodification is the prime objective. On the other hand, sellers are the victims of social injustice while unequal distribution of wealth is the virtue of free market, so the poor cannot be left at the mercy of free market but the poor cannot be wholly deprived of a chance to earn money. So the concept of commodification can be handled with libertarian social justice by mixing the nonmarket order and market order, which will secure the sale as well as the benefits of sellers and buyers

(Gatarin, 2012). The Marxist view utterly opposes the very idea of such an agreement because it will be only the expression and reinforcement of the structural injustice of capitalistic classes. Where one class will be the organ bank for the other one, but both libertarian and Marxist views are providing us with no absolute way through which rights of both parties can be secured (Gatarin, 2012).

Foucault's views the whole idea of commodification as the new way for the governing structures to be more powerful and gain more control over the lives of poor. Where value of human beings (poor) will be analyzed by bio value and the utility of their parts. The promises for better quality of life for the poor will be allured by the profits from transplant industry (Gatarin, 2012). This argumentation for commodification describes how the neoliberal agenda works with political rationality and secures its own profits by adjusting and bringing the laws and governing system parallel to their own advantages by utilizing the phenomenon of minimal government involvement (Gatarin, 2012). Only morality cannot handle the burden of our debate as morality describes the ideal situation that how a society should be but economics provide the real life analysis that how actually the world is functioning (Sandel, 2013). Human feelings perform the key role in the judgment of a particular behavior in an ethical system but these feelings could be a hindrance in the development of civilization, so the use of ethical systems as an evaluating tool for the development of market for human organs could be misleading (Borna, 1987).

2.2 Laws Governing Organ Trade

In 1985, more than 17 European countries including France and Sweden passed the Presumed Consent Law to enable the physicians to harvest organs after the confirmation of the brain death (Bilgel, 2010; Joralemon, 1995). The American Congress passed NOTA (National Organ

Transplant Act) in 1984 in order to restrict the brokerage of human organs (Gill and Sade, 2002). In US, the Pennsylvania voluntary benefit program (1994) was started to induce the people towards organ donation and save more and more lives (Jasper se al 2004). Even despite controversies in the Halhalic Jewish Law over creating markets for human organs, Rabbi Elyashiv – an authority, permitted the organ sales (Friedman and Friedman, 2006; Kunin, 2005). In the 1979 Pakistan also allowed kidney transplantation between blood relatives and later allowed selling – paving a way for the mafia to turn Pakistan into the cheapest transplant center of the world (Transplantation of Human Organ and Tissues Act, 2010).

In 2007, after more than a decade of continuous pressure "The transplant ordinance" was issued by the Government of Pakistan in response to the Suo-Moto notice of Supreme Court and the notice was issued to the private organizations to control illegal business of organ trafficking and transplantation. Transplantation of Human Organs and Tissue Ordinance (THOTO) was approved and later passed by the Senate. A monetary body "Human Organ Transplant Authority" (HOTA) was established, which enlisted all the institutions, which were involved in the transplantations and enforced THOTO's standards and implemented THOTO's instructions (Raza, 2007). To control criminal acts, the bill for organ transplantation was passed in 2010 but still the organ trafficking is on the rise. (Transplantation of Human Organ and Tissues Act, 2010).

Still THOTO and HOTA do not have success in completely eradicating the sales of kidneys because of some loopholes. Such as, along with donation from blood relatives, people can also donate out of love and affection but have to satisfy a committee that this donation is purely

noncommercial and this loophole paved the way for brokers to bring in poor for commercial transplantations, disguising them as relatives or out of affection donations (Moazam et al., 2009).

Instead of complete eradication of kidney sales from Pakistan, THOTO only shifted it under the cloak. Still the tourism for organs is on the go. Obviously, the frequency of foreign tourists has decreased, but still the kidney sale is there. An effective role of health department, law enforcement institutions, and judiciary is required for curbing the trade. Moreover, efforts should be made to increase the effectiveness of THOTO as well as there's need to improve the lives of the poorest of the country to keep them from falling in such desperation. No law can curb such trade, no matter how efficient and effective it is, unless the poor don't want to sell and that's only possible by providing them alternate sources to earn their livelihoods to eradicate their abstract poverty (Raza, 2007).

2.3 Socioeconomic Background of Organ Sellers and Buyers

Mostly the sellers of Human Organs are from developing countries where poverty is widespread, wages are low, and debt burden is collapsing the poor (Borna, 1987; Kagan, 1984; Shimazono, 2007). Economically rich countries like US, Israel, France and Saudi Arabia import kidneys from India, China and other developing countries. The recruitment of human kidneys takes place through broking agencies operating on huge margins on the deals (Jarolemon, 1995). Further, partial ban on the kidney selling in developing countries have operationalized black markets where agents are stalking millions of indigent people. These agents tell them the stories of sleeping kidney and promise them better and bright future (Moniruzzaman, 2012).

Eventually, some of these poor rickshaw pullers, laborers, farmers, and slum dwellers give themselves in for the sake of better tomorrow (Moniruzzaman, 2012). In Pakistan during the last decade, about 1500 kidney transplants were done for an amount of USD 20,000 to 30,000 based on the kidneys obtained from below poverty line bonded laborers (Transplantation of Human Organ and Tissue Act, 2010). The Laws of human organ selling and organ donation vary across regions and countries. In USA for example, the Uniform Anatomical Gift Act (UAGA) 1968 legalized the desire to donate organs (Gill and Sade, 2002; Uniform Anatomical Gift Act, Uniform Laws Annotated8, 1972). Subsequently, in the 1972, the Congress legalized the complete medical treatment of kidney failure including the transplant and passed Organ Transplant Act (1984) to institutionalize the procurement of human organs (Gill and Sade, 2002).

Nevertheless, such legislature could not respond to the concerns raised by Gill and Sade (2002) as Jasper et al. (2004) noted that no provisions in those laws were made to enable the poor to procure a human organ from those centers (Jasper et al., 2004). Moreover, most of the kidney sellers are from the province of Punjab, where certain number of people is working as bonded labors in the agriculture sector and in the industry of brick kilns, but the poverty is not only in this part of Pakistan. Therefore, poverty may be one of the reasons that people sell their kidney but it is not the sole as illiteracy misinformation and disinformation also pose serious threats (Moazam et al., 2009).

2.4 Market for Kidney

The kidney shortage and ban on the kidney selling in many countries is highly controversial. It has influenced even cultural and religious monopolies to enter into debate, which give prime importance to body integrity, along with medical communities are constantly drawing attention

to the shortage with ever new moral concepts and this crisis lead to the development of a market for kidneys and such markets exist in all countries whether developed or developing (Kassim, 2013). Close examination of the black market reveals that these markets are bringing deconstruction and demolition to the economically marginalized class. The trade transforms the human beings into tradable, economically beneficial, defragmented parts and then transports them transnationally to the economically privileged individuals and it provides drive thru and courier facilities (Kassim, 2013). WHO (World Health Organization) articulates that there is an illegal kidney being sold in the world every hour. A brokerage group was exposed in South Africa where the donors of kidneys were poor Africans and European, selling their kidneys for 5000 to 10,000 dollars (Scheve, 2012). In the USA also, a black market for human tissue is operating on human tissues obtained from freshly buried bodies (Scheve, 2012).

Even the kidneys were stolen during surgeries without the consensus of the patients belonging to poor and marginalized sections of society (Scheve, 2012). The illegal trade of human organs has raised to a level that 10,000 operation are taking place annually in the China (according to WHO) (Campbell and Davison, 2012) in which organs obtained from poor donors getting a compensating amount of USD 5000 to 6000. It is then sold to rich buyers paying a price ranging between USD 100,000 to 200,000 (Campbell and davison, 2012; Finkel, 2001; Jaroleman, 1995).

The black markets are thriving in all parts of the world, although the regulated sales are banned in these countries. These illegitimate markets are more harmful than the regulated markets and their inferior conditions are bringing more harm to the sellers than the regulated markets, as the regulated market will be more functional and will provide better safeguards to the vendors. But the question of presence of black markets and absence of regulated markets, and the reverse of

situation is based on certain host of factors that how effectively regulated market will crowd out black market (Leider and Roth, 2010).

Exploitation under regulated regime will be more mechanized than exploitation under deregulated system. In addition, if the black markets are difficult to identify then the regulation will not only regulate the market but it will improve its functioning and black market will penetrate within the regulated system (Greasley, 2014). The example of the situation can be learned from India where a black market is thriving again the regulated and legal ban against kidney selling in the country. Covert complicity, government officials and hospitals are supporting this market because the stakes attached to the market are high. The black kidney passes through all the phases and stamps of approval and then goes for transplantation. Government factory playfully makes this illegality, legal because all the way loopholes are secured in the law to keep the interests intact. The law that ideally stops the operation of black markets and brokers is now simply protecting them as it happened in the case of Tamil Nadu. Therefore, the situation reminds us that what could be the best way in an ideal situation, may be the best non-ideal situation (Greasley, 2014).

2.4.1 Alternatives to Human Organ Selling

Financial incentives, public awareness, professional education programs, required legal frameworks are being used as incentives to obtain organs from dead bodies which is an alternative to organ selling (Jasper et al., 2004). The financial approach is the most successful though it is a controversial act but this had success to acquire blood, sperm, and eggs donation (Jasper et al., 2004). However, due to inefficient organ procurement system, dialysis is the only option for the survival of patients with failed kidneys (Dewar, 1998). Indirect monitory benefits

to the relatives of deceased are the best practices to acquire an organ in various countries such as United States of America and United Kingdom (Jasper et al., 2004). Instead of individual buyers, WHO and other healthcare organizations should play their role because the individual buyers will limit the chances of receiving poor patient and sellers will be subject to violation (Guttman and Guttman, 1993) and institutions should regulate their practices effectively (Wilkinson and Garred, 1996). An agency for regulating the purchase of kidneys should be established which should collaborate with the United Network for Organ Sharing to establish a self-financing organization (Friedman and Friedman, 2006).

However, organ donation or selling issue is more critical because the receivers would want the donors dead in case of donation (Prothas, 1983) and the humanity would be exploited by commodification of the human beings. Therefore, the phenomenon of donation is also not so simple; on the other hand, the establishment of the market is promising the true value for their commodities. Moreover, several laws in the different parts of the world had been passed but most of them are ineffective, especially in the case of developing countries, the private lobbies, following their interests provide such legislations with obstacles or at least they assure to create a loophole in the implementation of such laws so that their interests would not be compromised. In such market, the poor will also have the equal access to the market (Prothas, 1983).

Most of the discussion had been on the issue that there should be a market for human organs or not. There's a notion that poor will be the farm of organs, but the income they would receive would help them to make them better off or it will make their situation worse, and will they be able, after selling an organ, to work so hard as they used to do before selling it? The answer of this question was sought in the research of Rothman that health and income of the organ seller

depreciates as 87% of the sellers testified worsening health and 34% reported decrease in income in India (Rothman and Rothman, 2006). Therefore, in the process of organ selling, the poor will remain poor and he will lose one organ, which will add to his misery. However, a tax-free payment and health insurance for the rest of life can make the seller a little better (Friedman and Friedman, 2006).

For countries like U.S., which spends 15% of their GNP on the health care facilities and are equipped with modern technologies, the transplants are not functioning at their optimum level. This is because of the unavailability of the organs, so making these patients as the high cost ones and limiting their chances of survival because transplants are the cost effective in terms of their allocation as compared to any other alternative (Dewar, 1998). This shortage gave rise to organ trafficking from poor to rich countries, coupled with the globalization it has become an industry. Often, the poor sellers are not paid the amount they were promised as they go with an unofficial contract and the demand, which created this industry, has pulled in many surgeons, physicians, contractors, and sellers (Cho, Zhang,Tanusuhaj, 2009). This trade is another way showing unequal exchanges between poor and rich and it holds its premises inter and intra nations while globalization has acted as facilitator to take it beyond national level and laws against organ selling has done nothing except providing help in establishing a black market for organs (Cho, Zhang,Tanusuhaj, 2009).

Donation of organs can be increased from the deceased, but these kidneys should qualify the transplant criteria. Supply will not increase the quality because dead donors may or may not have properly functioning kidneys. Moreover, relatives of the dead protest against the removal which

make it more difficult to secure the kidney and ultimately transplant becomes more complicated as the matching issues are also to be dealt with (Federick, 2010).

Mississippi started a new incentive for the convicts that they can trade their sentence time with one of their kidneys, which shows that how the US Government is desperate to vanish the pain of its citizens and why it should not be? It is the duty of a welfare state to relieve its citizens from immense suffering and threat to life. The reaction to the law is controversial but it may be the beginning of a new era in the world of organ procurement but how this law will prevent the exploitation of masses as it has been happening in China, where prisoners were slaughtered for their kidney, leaves a question mark (Burkle, 2011).

2.4.2 Opt In and Opt out system

In 1948, United Nations adopted the Universal Declaration of Human Rights and gave rise to the concept of welfare state. The basic motive of this declaration was to ensure the safety of individual rights against oppressive powers and provide individuals with better health care system, educational system and to provide a better and living environment. Therefore, nations are in a continuous struggle to provide its citizens with all the facilities possible. Successful transplantation of kidneys gave a hope to the patients of end stage renal disease who were once doomed and desperate and were at the verge of premature death. But the scarcity of kidneys provided them with another hurdle against a prosperous and useful life (Venter, 2013). While the live donation has gathered much criticism in the globe, the nations are adopting different policies to ensure the availability of kidneys and have designed different systems to achieve the goal (Venter, 2013).

To procure more organs the world has adopted two possible policy options. The opting in system, that is based on voluntary explicit consent to donate organs before the death of a person and currently is being followed by United States of America, United Kingdom, Iran, and South Africa. Opting out system considers all the human beings as the potential donor and a person have to register before death if that person does not want to donate and currently France, Spain, Belgium and Singapore have adopted this system. The opting out system has more success rate than the opting in system (Venter, 2013) but it is more prone to critique because of its contentious presumed consent nature (Raza, 2007). So, opt in system can be upgraded to the default level because it shows respects for both, donor and non-donor groups but countries with opt out system have 25 to 30% more donation rate than the countries with opt in system. Nevertheless, opt out system can have catastrophic outcomes in societies, where body integrity is important (Raza, 2007). If we institutionalize a presumed consent law, the policy will change our society from a society in which individual occupies the central place to a society where state will have more control over people and will use the individuals for the betterment of society without the consent of its members (Hershenov, Delaney, 2010).

2.4.3 Paired Kidney Exchange

Kidney transplantation process has severe matching issues and it is common difficulty to find a matching donor. What will be circumstantial issues and results if donor's kidney is not a good match with the recipient? The kidney would be rejected but sometimes doctors can help you by finding another such complicated cases and if the kidney of donor 'A' matches with the recipient 'B' and donor 'B's kidney matches with recipient 'A's, then paired kidney exchange can take place where donor 'A' donates to recipient 'B' and donor 'B' donates to recipient 'A'. In the

United States of America, initially hospitals were not willing to perform such paired kidney transplants because of which "The Norwood act" was passed to overcome this difficulty. In paired kidney exchange there is no chance for the poor to earn money, no signs of coercion, and no worries for the involvement of market transaction and morally and ethically it is quite sound so such operations can be legalized and can benefit the patients (Posner, Gulati, 2013).

2.4.4 Complexities with Donation

The Philosophers come into play with two basic motives: to protect the poor from coercion and avoid the commodification of the body. However, the second goal has its complications that a person cannot gain at all from donation, or he is denied to gain only specific gains. He is denied only monetary benefits then what is about in kind benefit or stochastic benefits or future loyalty or promise to look after donor's health? The donor becomes more uneasy as the benefits are more specified. The poor is more likely to sell when the return is in monetary terms rather than other benefits. Is the donation of a kidney is such a gift that there's no altruistic substitute and there may be the possibility of sham altruism that 'A' is donating 'B' because 'A' is in need of something from 'B' and can we match or even identify different impulses in the name of altruism (Posner, Gulati, 2013).

Presumed consent is no doubt a success in Spain, and other countries but all the other proposals are still under debate and concerns about the health care and literacy rate are making it worse in the developing countries (Friedman, 2006). However, kidney sale is no doubt banned and condemned and donation is a legal way and the owner earns respect too but there are stages between two heights that moral justice can allow such transaction, as paired kidney exchange (Posner, Gulati, 2013)

2.5 Economic Perspective

The underlying threat to the commodification of human organs cannot be ignored because the poor societies will become farms for human organs to serve the rich (Borna, 1987; Kagan, 1984). The laws governing the rules like National Organ Transplantation Act (NOTA) can restrict only the individuals from earning profits but may fail to restrict hospitals, medical staff, and surgeons to earn undue profits. As every individual possesses equal rights and have the right to earn profits then the owner of the body should not be deprived of earning profits (Andrews, 1986; Daar, 1992; Jarolemon, 1995; National Organ Transplantation Act Marvados, 1980). Wilkinson and Garrd (1996) opined that organ selling can save lives and makes the sellers financially better off and thus it shouldn't be more condemnable than the low wages and poverty creating very basis of such enterprise. In other words, starvation is more shameful for a society than accepting the selling of human organs and if formalized in well-established markets, organs can be rightly valued (Bresher, 1990; Wilkinson, 1996).

The demand side of this, simple in appearance but complex in its roots, phenomenon deals with the patients with end stage renal disease. who'll be buying if the price is appropriate and even the insurers will be willing to pay for their customers as the expenditures associated with end stage renal disease are higher than the transplantation (Posner, Gulati, 2013).

We are suggesting action of demand and supply forces under the utilitarian assumptions without considering that utilitarianism tends to maximize welfare regardless its distribution. So we are in need to revive the welfare economics, which will address the defects of utilitarian, approach and underlines better distributive principles (Sandel, 2013).As the number of kidneys will increase, more lives could be saved. Nevertheless, the relation between the buyers and sellers in this

particular business appears to be extremely exploitive as human organs are treated as a commodity and brokers get lion's share of the deal (Bressher, 1990; Wilkinson 1996; Bressher 1990). Such businesses can be formalized and poor can be saved from exploitation. However, how such a formal system will take care of poor requiring an organ - another kind of exploitation still awaiting debate (Gill and Sade, 2002).

Social choices can never be value free and some markets if established may bring more harm than the benefits. However as the distributive justice of human rights at individual level is concerned then why only allow market for human organs (kidneys). Why not allow paid sex, surrogacy or pregnancy, hired mercenaries be allowed and why not a US citizen should sell his nationality in a regulated or free market (Sandel, 2013). Market exchanges for kidneys have moral objections but there is a possibility that negative externalities can outweigh benefits of seller and buyer (Sandel, 2013). By increasing the supply of kidneys, human lives can be saved and seller can be made better off, but some object such transaction calling their arguments from religion, while others just object on the sales and the objectification of human body as spare parts, while still there are people who find nothing objectionable in the sales of kidneys (Sandel, 2013).

The question to identify the ways to increase the supply of kidneys remains critical. Therefore, if we are accepting the first view, then all the patients will suffer, in the second view only the gifts and kidneys from cadavers can save few lives while the third option can save more lives and goes beyond in kind exchanges but is most debatable and can corrupt human beings as individuals and societies. The stigma of gift giving calls in utilitarian view under consideration as utilitarianism calls the phenomenon of gift giving as the irrational obstacle in the way of

achieving maximum utility that a monetary benefit can provide, but the honor that such a norm brings can outweigh the monetary benefits (Sandel, 2013).

People can donate their kidneys at the time of their death and will love to receive a specific amount in return, a simple standard procedure (Sandel, 2013). Is it that simple, as it seems to be? People can donate to someone who can assist their heirs in any way, may be monetary benefits or other kind of services can be received against their donation, so the donation should be anonymous to save the very nature of gift giving. Black market activities suggest that the demand and supply of kidneys can reach to equilibrium at the price of $150,000 and we are talking about paying for each single kidney, both obtained from cadavers and live donors (Cho et al., 2009). Live donation cannot be that simple because the choice to sell may be coerced because of the necessities that are in need to be fulfilled in order to sustain life. Alternatively, any other reason but coercion fails the argument that both parties should agree under same conditions and calls an investigation for the reasons that are responsible for the coercion. This normative question seeks investigation for distributive justice and crowding out of worthy non-market values should be justified as the introduction of market can crowd out and can change social practices (Sandel, 2013).

2.5.1 The Case of Financial Incentives

The case of using financial incentives for the donors (sellers) as proposed by Barnieh et al. (2013) that if the donation of $10,000 will increase the supply by 5% then the proposal will be cost saving for the patient, is under the threat of ethical criticism. Which are posing serious problems to the acceptance of this proposal (Allen and Reece, 2013). The introduction of financial incentives will be violating the principle of personal liberty, as the poor will be

considering the current financial rewards, which will coerce individuals to accept the certain risks, which normally will be obnoxious to them. Such incentives can lure a person to ignore the future prospects of his health and will concentrate on the current gain. People with social and economic poverty will be easily lured for the money and will be a victim of coercion, because he has no choice but to sell. It all depends on the price, which will represent higher the social and economic background higher the price for kidney, and it will have its implications nationally and internationally as the kidneys will travel from the countries with lower per capita income to the countries with higher per capita income. Moreover, such kind of practices will destroy the altruism as no one will be donating the kidney, once the incentives are established, thus it will crowd out altruism (Allen and Reece, 2013).

The crowding out effect can be minimized by compensating all the live donors whether related or not and to avoid any moral criticism direct and indirect incentives (tax waiving, health insurance etc.) can be introduced. Here we are talking about the egalitarian approach that all sellers will get same compensation for the same gift regardless of their underlying motivation that they donated to someone out of love or for their personal need (Barnieh et al., 2013). Again, the personal and social liberty of the sellers would be at stake as they are out of options (Allen and Reece, 2013). On the other hand, long waiting lists of patients suffering from end stage renal disease is coercing the professionals to evaluate new arenas to increase the availability of kidneys. However, limited empirical evidences are not making it possible for the professionals to know how much veracity is in such doubts (Allen and Reece, 2013).

Protest against the financial incentives, is based on the philosophical and policy objection. The philosophical objection assures us that the very idea of payment for kidney is unacceptable,

intrinsically false in its structures, and even worse than slavery. On the other hand, policy objection does not feel anything wrong with selling itself but its fears are about the political injustice, as it will draw the poor on the supply side because of economic desperation. Such a system will always play on the disadvantages of the sellers (Greasley, 2014) and the promise that this system will be withheld Pareto improvement, is a lie in its very basis, and will crowd out nonmarket norms of a society (Sandel, 2013).

2.5.2 Why or why not to establish a market

The U.S. Task Force for organ Transplantation rejected the idea of incentives for live kidney donation as it will undermine the free will and coerce them to sell their kidneys and the victims for such tyranny will be the poor. Who will sell at much lesser prices than the rich ones, only if we assume that everybody will sell and is just waiting for the right price? The human beings whether rich or poor cannot be treated as mere things, providing luxurious options to the ones with money as it will injure the human race morally and spiritually. So the fear of coercion of poor and tyranny of rich stands out the limiting factor to the better life quality, which only transplants can provide but is it the only limiting factor? The fears and doubts is longer than we can imagine and understand and spreads from the complex debates of morality to the commercialization of sacred relation of doctor-patient and will make the hospitals the places of monetary benefits. The commercialization will not only erode the essence of community but it will abolish the altruism and all this social and market cost bearing victims will be the poor people of poor countries. The poor are free to make a choice; they can undergo surgery and will receive transaction or they can refuse it, the choices are there and why deny them an opportunity! When such market forces will prevail in the society, the poor have enough incentive to go for the

nephrectomy, so the poor will go on with a transaction and the rich with better life but in the long run, the poor will perish and rich will enjoy, thus making it a mutually advantageous trade for the rich. However, even if the poor are undergoing a surgery with their consent the process is still immoral and the consequences are unacceptable (Cherry, 2000).

So if a market is to be established, it is to be evaluated on the benefits versus cost proposition, who is getting what and the cost should not be measured on individual basis instead kidney selling should be analyzed as a social practice because the very idea of selling will undermine the conception of altruism. No doubt, that the more availability of organs whether from cadavers or live donors will reduce the suffering and will shorten the long waiting lists but a market based on financial incentives will increase the pool. If selling is allowed, the seller will only sell to the highest bidder, so it will exterminate the chances of poor to get a kidney and will only open window for the rich ones. The poor will only be suffering on the diminishing line of available kidneys, more competition will result in more deaths, and the poor will have to go even for the inferior kidneys (Matas, 2004).

On the other hand if the sellers are not allowed to sell in the market, it will diminish the availability of kidneys, especially if the Government is using its coercive forces to preclude such ways to earn, which will significantly crowed out the availability of kidney for the patient. The receivers in live kidney donations are mostly relatives and loved ones. The motivations behind such donations are not the profit markets but the factors, which make the very foundations of a society and decide the norms of society like love, care, respect, gratitude etc. These donors are not the particular sellers but they are the ones who are undergoing the surgery out of particular social bonds and the relative number of such transfers with selling for money will not undergo a

change in the absence or presence of a market. Such strategies cannot be recognized as the alternatives to the establishment of a market. We need other multiple parallel approaches, which can increase the availability of organs (Cherry, 2000), and we need such institutional system which will increase the availability of organs as well as will advantage the poor, but which system will fulfill the need; a system that prohibits the sale of kidneys, a Government regulated system or the free market. However, this is an empirical question and depends on the individual needs (Cherry, 2000).

In a free market, the poor will sell their organs to the needy ones thus creating a new space in social and political systems, creating new options for organ procurement and will deal with the so-called "crowding out" proposition without compromising the availability of other opportunities to increase the organ pool (Cherry, 2000).

The longevity of the seller is not compromised by selling a redundant internal organ but the primary risks are attached with the process of harvesting but the modern technology have diminished the risk to .03% deaths during nephrectomy. On the other hand, organ selling can bring a positive change by upgrading him to the higher position on the social and economic ladder and higher social and economic status can bring positive effect on the vendors' health and selling is a lifesaving activity, so will bring him deep sense of satisfaction. The problem of exploitative profits for the rich in this transaction can be solved through a legislation of floor pricing, so monetary exploitation of the poor can be minimized, and such legislation can be helpful to deal with the psychological distress to the poor. Kidneys are not just the organic spare parts, which can be dealt with the utilitarian approach, the exchange involves human and social

values, and complex structures of social webs, and such decisions not only affect the life of individuals but also affect the community (Jha and Chough, 2006).

The question of coercion brings in more debate as the market will bring rational choices and the preexisting seller will not be depriving of other available choices. Moreover, the problem of coercion is associated with the need, and in our case, seller is in need of money and buyer is in need of kidney to prolong his life and without kidney, he is facing an imminent threat to his life. Therefore, the need decides who is more prone to the phenomenon of coercion in their own circumstances. The selling is exploitative because of property discourse and markets transactions because it will encourage individuals to treat human beings as scarce medical resources or may be because selling has its debilitating impact on social solidarity and altruism. But transplant is again to be carried out in perfectly established commercial settings where hospital staff, pharmaceutical companies and everyone related to transplant is gathering profits except the altruistic donor, whether living or dead, so who is going to take the burden of fostering altruism. The altruism and sales of kidneys is to prevail side by side, and the market can only be unjust if the grounds for establishing a market is unbalanced (Cherry, 2000).

The question that the poor do not have the required information and knowledge to make a rational decision, cannot underestimate the fact that the proposition goes for all the markets. Therefore, there is no need to fear from the creation of economically marginalized underclass because such segments are already been created, again we cannot roll out the kidney market on such basis (Posner et al., 2013). Moreover, there is need to economize altruism and all other moral sentiments because these are scarce societal resources. Instead rational decision making and self-interest will fill the gap needed for such decision making and a market only based on

self-interest and rational decision can make the space for these altruistic moral obligations to fill in the other needs of the society. Simply I don't want to use a scarce resource where only price mechanism can fill in the need, then let's save the altruistic behavior for the reason where we really need it (Sandel, 2013) but we've to reach a point that whether such altruistic resources are really scarce in its very nature? The answer goes beyond objectification of the structures of societies, so such cannot provide enough influence to establish a la seize faire market (Burkle, 2011). However, there is also a notion the stakeholders of such a market are deliberately creating the organ shortage because of higher profits (Matas, 2004).

The question of the establishment of kidney market cannot be evaluated on the current insufficient understanding that, it will increase the supply of kidney or not, as Sandel (2013) described the case of blood market that after introducing the monetary gains the blood supply decreased instead of decreasing because people found it no more their moral obligation to donate. The introduction of monetary benefits will crowd out the altruistic nature to donate and the supply of kidneys may actually decline (Halpern, 2010). Moreover, American society condemned the establishment of a market when a survey was conducted (Rid et al., 2009).

If the developed nations will adopt even a limited kidney- market the phenomenon will spread in the whole world and the organ sellers from the developing world will fly to the developed nations. The people of developed won't be selling their organs because the opportunity cost of selling will be high for them as compared to the individuals of developing world (Jha and Chough, 2006). The selling will change the supply, from inelastic to highly elastic with respect to cost (Becker, 2007). Moreover, the proposal of sales being cost effective cannot be granted

authenticity because a market will take huge resources to regulate a market and the cost will outweigh the benefit (Caplan, 2004).

Thus, a competitive market for human organs would bring demand and supply closer to equilibrium mainly by substantially increasing the supply from living donors. This would mean;

- Many more people, who need transplant, would get one.
- Length of waiting times and the number of deaths while waiting would be substantially reduced.
- The quality of kidney matches would be improved.
- prospects of survival after transplant would be enhanced,
- quality of life of recipients would be substantially improved,
- donors would have the benefit of financial payment,
- The risks and burdens of attached with being a donor could be minimized.

In contrast, prohibiting organ sales not only prevents the realization of all these goods, it also generates a black market in live or cadaveric organs, in which transplants are available only to wealthier individuals who usually bear the total cost themselves. These black markets are also often much riskier, for donor as well as recipient, because organs are not screened as carefully for disease and are not matched as closely to recipients, operating conditions and the quality of surgeons tend to be inferior, information provided to donors is poor and contracts are not always enforceable (Frederick, 2010).

2.5.3 Iranian Model

Providing several kinds of incentive to the donors, who may be financial or non-financial, can increase organ donation. Iranian model of living unrelated donors has been working since 1997 and despite of controversies is a success story in itself for supporting lives. Iranian model is based on altruistic nature but NGOs and Government are compensating the donors, and the all expenditures of transplantation are to be borne by the Government (Bagheri, 2006). Donors receive health insurance and charity money or donation from the recipient. However, if the recipient is not well off enough, then immunosuppression drugs and even the organ is provided by the NGOs. The involvement of intermediary and monetary benefits are illegal for the personnel involved in the process of transplantation and donor- recipient contact, before transplantation is also not allowed. To eliminate the threat of transplantation tourism the program is only limited to Iranian citizens and to reduce the exploitation of refugees, the Government banned the donation from refugees to Iranian citizens. However, the refugees are still being offered the transplantation services by the Iranian Government, but again this model is attracting much criticism, as people are ready to sell their kidneys (Major, 2008). The Iranian model can be analyzed that this is selling or not? The claim is that it is not the selling as the donor only receives a specific amount of money, which is gratitude from the society not from the recipient for the donation. There are a few cases of selling but the there is no sign of intermediary as in the case of other developing countries (Bagheri, 2006).

The Iranian model is not the perfect one and is characterized by ethical and legal ambiguities as it has not yet cleared the waiting list and exploitation between the economic classes is on the go. In Iranian partially regulated market, the number of poor donating to nonrelated donors were far

more higher than the rich ones the question is what is the motive for the donation, the financial incentives or societal responsibility (Major, 2008). In 1997, 70% of the total kidneys obtained for transplantation were obtained from living nonrelated donors and all were compensated financially and were provided health insurance and follow up medical care and it was being hoped that the statistics for LNRD (Living Non Related Donor) will increase in the coming years (Broumand, 1997).

The Iranian system is based on commercial transplantation but the donors come from all socio-economic backgrounds, although the number of marginalized groups is much higher, but the Iranian system gives autonomy of the body to the donor and it is his decision to make whether he'll go for nephrectomy or not. The prime purpose for this policy is to avoid the poor from exploitation but in the given circumstances the problem of coercion is still misleading and the question of autonomy is still not clear. Moreover, the claim that Iranian system is only for Iranians is still ambiguous because the organs and money are flowing between the countries and transplantation tourism is on the go as the Muslims from the countries where organ selling and buying is illegal, flew to Iran for transplantation (Tober, 2007).

2.5.4 The single Purchaser System

The shortage of kidneys and as a result so many deaths and suffering of the patients of end stage renal disease has invited many philosophers, sociologists, personnel from the profession of medicines and activists to attempt such a regulated system in which the interests of both, vendor and the recipient of the kidney will not be undermined. To build a system, which will be in accord with ethical norms, will not conflict with any culture, and can be practically implemented (Caplan, 2004).

A single buyer, which can only provide the required incentives, can provide postoperative care and that single buyer will be the Government because other parties may not have that much incentives to regulate the market and manage the postoperative care. Which will buy all the kidneys from the residents of that specific country, at a fixed price and will allocate these kidneys to the hospitals, according to the needs of the patients. Such a system is difficult to establish but let us not be skeptical and supposes that all the Governments, even those of developing countries will insure a well-regulated system (Kerstein, 2009). There will not be any kind of exploitation involved in the system as the buyer will be a regulated government agency, which will be the sole responsible for the allocation of organs and the priority will be medical needs of the patients and the hospitals. To avoid the exploitation of the poor from poorer countries, the system will be held in the boundaries of a specific country. Moreover, in every single type of selling system the only person that has failed to secure proper benefits of selling is the organ vendor. The system will compensate him with the proper worth of his kidney and the kidneys from living donors will increase the life expectancy of the recipient because live kidney doubles the life expectancy as compared to the cadaveric kidneys. Such a system will ensure the safety of the stakes of all the personnel involved (Erin and Harris, 2003).

The market in organs can be immensely exploitative, so is it possible that the single purchasing model has the potential that it can head off such exploitation. The chances of violation in a kidney market are higher because exploitation is too tempting because of the stakes attached to whole procedure. Such system will also be responsible for provision of kidney on the merit of medical needs to all the patients whether rich or poor (Greasley, 2014). No doubt, this system describes great deal of welfare for all the stakeholders. Still the decision to sell will be

individual's own decision and will be analyzed on the basis poverty, oppression, and desperation. On the other hand, the idea of well-regulated market will bring another controversy, let us suppose that a well-regulated government oriented system is established but the sellers will be with the same fate, but who put them in such situation of drastic needs. Maybe, the government through its economic policies will produce more sellers and if the answer to this controversial question is affirmative than the government is treating its laborers mere as means, not as the ends and it is intrinsically wrong that even if all the postoperative facilities are being provided (Kerstein, 2009).

Therefore, the case will remain the same that no matter who will be gaining from a sale, the sellers will be the poor. Moreover, whatever a system would be, the probability for the poor to sell an organ will be much higher than the probability to need one and thus, certain people will privilege the benefits and the flow will be from marginalized ones to poor ones (Greasley, 2014).

The regulated system of USA or UK and that of India, would be necessarily same? The complex systems of bureaucracy will get involved and how a poor person will be able to obtain kidney, when the privileged ones will be served first. Moreover, the basic problem is not of arbitrary pricing or reliable payments, there is no improvement in seller's condition even if the full payment was made and anyone who's selling his kidney will not be in a position to invest the receiving for reliable future income. Consequently, result for the vendors will be the same as appeared in the unregulated market. The possibility of decline in health after nephrectomy in India and other developing countries will keep the middle-income people from selling because the health care system in developing countries is not that effective as in developed countries (Greasley, 2014). The advocates of the single buyer model suggest that the chances of coercion

will decrease in such system because selling would not be threat to the poor, it's only an option, which they can take or leave as it suits them, and all other options for necessities are there (Erin and Harris, 2003).

People will be selling for the sake of luxuries not for necessities, but really it will happen in the developing countries and do they really have such options. Life sustenance is quite difficult in developing countries, and that is the very idea for them to be developing. Talking about the issue of coercion and threat, the poor are already not being physically forces in the countries like India, instead social and economic constraints force them to sell to sustain life (Rid et al., 2009).

Another problem with the single buyer model is the involvement of bureaucracy, as the allocation will be done based on average time waiting. Thus, the bureaucracy will decide how many organs are required and who will obtain them, and the willingness of the donor to a specific donor will not be important, the issue can further prolong the list of problems. The bureaucratic system will only increase the problems because if a person can buy a kidney and have a specific donor but the agency will not allow them. A bureaucratic system is not as simple as it seems and involves a complex procedure of papers, moreover the cost required to run such a system will be immense and finally will add up to the recipient or all the citizens will be bearing it in the form of taxes, making it more difficult to obtain a kidney (Frederick, 2010).

Along with these problems, the agency will become the sole provider and buyer of the kidneys. Which will give it monopolistic rights and being a monopolistic agency, they will not have the incentive to lower the costs and increase the benefits (Frederick, 2010). The proposal that single buyer system will maximize the benefits, will minimize the costs, and will make the transplantation process more efficient is not absolute. Because the strengths that such a system

describes have strings attached which can bring more harm than benefit and this is not a claim that definitely so will happen but it is just a consideration of the worst (Rid et al., 2009).

2.5.5 Sellers and the Payments

Francis Delmonico, president of United Network for Organ sharing declared that current shortage of kidneys is the result of societal failure to prevent renal disease, as a result the wait for transplantation is increasing, which is forcing the patients to adopt illegal ways to secure a kidney and they contact with brokers to buy from the living unrelated donors. The brokers exploit the donors, so donors get a little compensation against their donation (Friedman, 2006). The extreme poverty of these individuals coerces them to sell at the price, which is far more below the actual price that they should be paid. As selling is illegal (Halpern, 2010), the sellers do not get any kind of compensation except the small bunch of money that receive against their kidney and the essence of committing a crime, dulls his sensitivity for the possible pre and post risks attached with nephrectomy (Daar, 1998). The donors in the developed countries receive better post nephrectomy medical care but in the developing countries, the sellers suffer all along their life (Reddy, 2011) and repent the decision that they made, out of desperation (Goyal et al., 2002).

The seller has to face many risks like the danger of death (though the death rate during nephrectomy is 0.03% to 0.1% (but that is in developed countries) and the possibility of injury along with the time needed to recover completely. Therefore, the price of kidney should also include compensation for the risk of death, injury, compensation for the time needed to recover and compensation for deterioration of the quality of life. As according to some studies the donors have a higher chance to develop high blood pressure and activities which involve hard work can

damage their remaining kidney and in the case of developing countries, all the seller are poor and hard workers (Becker, 2007).

Despite of all the efforts to eliminate the kidney sales, it is increasing as the poverty is increasing in developing countries. The average price in these countries varies from country to country depending on the percentage living under paucity of basic needs and it is further decreasing because of the abundance in supply of living kidneys. On the other hand, these countries do not have any organ procurement system, which is leaving the patients with only one chance to go to the kidney bazar. These indigent people are often tempted by the offers that middlemen promise them, for their kidneys and they are not informed about the post-operative care and the twenty inch long scar that could have been of only 4 inches by laparoscopic surgery if the surgeon had been given only $200 extra (Moniruzzaman, 2012).

These sellers living at the periphery and in the conditions of social insecurity and economic abandonment really own their own bodies! In the single cost mechanism, all the sellers are suffering from worse economic conditions as they cannot work as hard as their work demands, so they were to be out of work (Clarke, 2006). The sellers and donors, both in developing and developed countries need compensation which should cover all three risks, should get medical expenses, traveling expenses and all other facilities that can make their living standard better. Unfortunately, in case of the unrelated donors the compensation can have a strong case but in case of sellers, illegal nature of nephrectomy makes it out of question (Daar, 1998). In a study conducted in India there's been reported improvement in the quality of life of the sellers regardless of their age, gender and working conditions (Reddy et al., 2011). The ambiguity about the future of the kidney sellers is in need to be reevaluated because there is a possibility that the

future of the kidney market is dependent on the after effects of selling a kidney in a developing country (Hershenov, Delaney, 2010).

2.6 Cultural Issues of Kidney Selling and Donation

Culture has its own implications in organ selling and some cultures act severely against selling even after brain death they do not allow transplantation as body integrity is important. As it is in Islam (Rothman, 2002). In most part of Asia, cultural opposition to the transplantation has resulted in lesser selling; an example is of Japanese culture, which believes in body integrity so it is not to be violated. However, Japan is a richer country as compared to poor countries where people are not listening to their religion and culture but they are listening to their hunger (Cho et al., 2009). Culture and the civil society both have their roles in the identification of several problems encompassing all aspects of human society (Efrat, 2013) and in our discussion where the problem is specified to a minor sect of people the role of civil society becomes the major contributor for a policy to restrict or allow organ trafficking.

Pakistan is an organ exporting country and with the pressure from civil city against the act of selling, the Government passed the law and reinforced it in 2010. The authorities had been failing to implement it precisely as there is no alternative source for the poor to meet their basic needs, on the other hand Israel is kidney importing country stopped funding transplantations which involve organ trafficking. In both cases, civil society exerted its pressure to pass the law but the authorities failed to accomplish desired goals. To examine the pros and cons of organ selling are not easy to examine as the transactions are covered with the names like compensations (Rothman, 2002).

One anthropological study informs us that recent innovations in medical science, technology has altered the human culture and has created hybrids cultures, and the donated organs can never be gifts of life (Ohnuki, 1994). Japanese culture provides us with an example that adoption of medical technology is not the matter of capabilities but it depends on the importance of the integrity of cadavers. Moreover the concept of obtaining kidney from breathing heart cadavers have not been accepted culturally but these cadavers are no longer called as persons, in fact they are cadavers. Moreover, there is a contradiction in being brain dead and actually dead. In some cultures, brain death is not the actual death because the body is still warm, so removal of organs falls under the category of murder, and brain death cannot be called as the social death of the person (Ohnuki, 1994).

The Japanese people are too concerned about the major internal organs as called “gotai” and removal of organs is considered as violence to the body, which is a cultural and social taboo. The idea of presumed consent has nothing to do with the culture because it is a rationalist view and cannot be marked an option on the cultural basis. The Islamic law also stresses on the body integrity, as the person who has donated his organs cannot be buried in accord with Islamic law. There is much difference in the rationales for presumed consent and the local cultures, and is one of the reason because of which passing of presumed consent laws is not successful. It cannot be justified on the rational basis (Ohnuki, 1994).

As far as the situation of Pakistan is considered there is quite complexity with the donation because the views of Muslim Scholars are not in accord to each other. Some of the Religious scholar came to the point that the whole process of transplantation is prohibited according to the teachings of Islam. While others show a little flexibility and conclude that as the process saves

lives, so the transplantation is not prohibited but only the living can make donations and the cadaveric organs means the disfigurement of the body, as Islam prohibited the mutilation of the body, so cadaveric organs, is not an option. But the HOTO (Human Organ and Tissues Ordinance, 2007) states that cadaveric organs are an option and can be used to save the lives but there's a dissent between the law and the religious scholars, so until now people are hesitant to donate their organs (Khan et al., 2011).

2.7 Why or Why Not to Sell

The need for kidneys from living donors is explaining the shortage which only cadaveric organs, paired exchange, and public awareness cannot overcome (Matas, 2011), so the need is to be fulfilled by the living sellers, but the question for potential donors is that what are the merits and demerits of selling a kidney at individual level. The most common risks include the risk of death (in one out of 3000 nephrectomized, the donor dies) (Hartmann et al., 2003). In addition, there is no life insurance, which can cover such a decision of an individual, donors need long-term post nephritic health care, and there is no health insurance for undergoing nephrectomy. Loss of wages for the time requires recovering from nephrectomy and there is no such system, which can compensate them and the cost of traveling and evaluation (Sandel, 2013).

If the system is held up by the government, not a la seize faire market, government will be the responsible for post nephrectomy care. As only, the citizen of specific country is allowed to sell within that country then all the hurdles mentioned above will be over ruled. Moreover, why we will assume that the situation for the sellers will be the same as it now, threat is there but to evaluate the individual's decision on such basis is illegal and mere the exaggeration of the possible worse. We are talking about the developed world where everything seems relatively

well institutionalized and with better functioning. However, as we will move to developing world there will be nothing for the sellers but misery (Sandel, 2013).

In developing countries, poor quality of transplantation process, lower levels of pre and post nephrectomy care, unhygienic conditions and nutrition problems add to the misery of the sellers. According to a survey, 80% sellers in India and Iran have regretted their decision of selling which may be because the sellers are misled by providing false information about the risks, to the sellers (Frederick, 2010).

In developing countries like Pakistan and India, the sellers are more prone to urinary tract problems, kidney stone problems, hypertension, and deterioration in overall health profile after a year of nephrectomy. Along with health and economic consequences, the vendors also suffered psychological stress like emptiness; regret and hopelessness were also examined. The illegal nature of the selling and poorly functioning health institutions and inferior facilities in hospitals, along with poor economic condition of the sellers and unawareness about their physical and mental condition at the early stages cost them continuous deterioration in their health and income, mental stress and social marginalization along with the loss of a kidney (Raza, 2007).

The sale provided them an economic boost for a limited time only and within five months after the sale the money was consumed for debts or other necessities, nothing was invested to enhance quality of life. Moreover, the vendors on average get $1377 while actually promised amount lies from $1500 to $2000 but can they really get better life for them and for their families. The vendors suffer all along their life as their capacity to work also deteriorates and the chances to move up on the social ladder are diminished (Raza, 2007).

The poor is already coerced when he is offered money. He is already marginalized and denied by the state and the society, so when he is offered money either through a black market channel or through a regulated market or through a government regulated system, his decision to sell will be coerced. Hence, it effects their autonomy unless they are healthy enough that they can recover after nephrectomy and post care facilities are assured along with a handsome amount, then there is nothing wrong in being the seller (Taylor, 2005). The argument does not hold its basis because no matter what, the sellers are to be poor and as Iranian regulated system has shown that the sellers experience deteriorating health and emptiness. Even if all the other aspects like better health facilities, better quality of life are insured even then the psychological distress would be there, as none of the markets or system will exactly explain the possible consequences to the seller (Zarghoshi, 2001).

The selling brings shame and anxiety for the vendors, which not only affects their family (as a boy from Chennai complained that his fellows taunt him because his mother sold her kidney) but also their work potential, which can drop their position on the social ladder (Cohen, 1999). Moreover, the kidney sellers remain under constant psychological and physical stress, they feel like a changed man, and this changed is half of the man that the seller was before selling. These men are often taunted as the "kidney man" and some of them decide not to get married for the rest of their lives (Moniruzzaman, 2012).

The poor become the objects of selling in a futile struggle to reimburse their debts as it is happening in the case of black market (Goyal et al., 2002). Therefore, it will happen no matter how organized a market becomes, because as the lender acknowledges a way to get his money back, he will coerce them to repay the debt. How, such a poor class will manage huge amount of

money? Certainly, they will cash out their organs, as the lender will become more and more aggressive, in order to get back his loan (Cohen, 1999). The poor will lose their autonomy, will be just objects ready to be sold, and may be they even can get loans for the promise to return loan in time or the lender can have one of their kidneys. Therefore, in a society of poor, where they will be coerced to sell, individual autonomy will be on the diminishing trend. Even if the question is not of selling but of governing a system, which will, be Parito optimal for the seller and the needy, and there's no such welfare state which can revive them from their abject poverties, but this act of kindness will not bring any of the desired mitigation of poverty gap (Greasley, 2014).

However, yes, it will surely widen it (as the seller may not be able to work) and will force him to sell his other organ or the organ of one of his family members (Greasley, 2014). The game cannot be Parito efficient but it had a zero sum game in which the buyer will be at the clear advantage, as the organs are not being sold to raise extra money to establish a business or to invest in future benefits (Goyal, 2002). Instead, the seller has no other way to get rid of his debt, which is piling up with each passing day (Cohen, 2001).

The risks involved in nephrectomy, and the payment the sellers receive against the product is clearly objectification of human beings and even if the process is legalized the price that an organ vendor pay, is enormous and brings no good to the donor. The non-availability of long term data of the sellers health, life expectancy after nephrectomy make it problematic to decide but the available research and negative attitude of the sellers, towards life after nephrectomy raise a battle with the belief that sellers gain from the trade and capitalization of human body will be Parito optimal (Greasley, 2014).

With the development in the field of medical, transplantation of kidneys started to save lives but the only problem is of availability of kidneys. The issue caught heat again in 1998, when the economists, sociologists and medical ethicists suggested to reopen the debate because ban on kidney sales made the situation even worse, for the sellers and for the patients. A number of models ranging from commercial free market to single buyer system under the local Governments or under WHO were presented. The issue was tried to seek through the forces of demand and supply. These models consider the vendor as an individual rational person who has the right to do whatever he wants. The opponents strive that the selling will make their situation even worse, especially in the developing countries and will only benefit the privileged class; moreover there are also threats that selling will erode the non-market norms like the norm of gift (donation). However, to prove that a market for kidneys will really bring benefits for the socially and economically marginalized people or the results will be in opposition to the perfect hypothetical models, the need is of evidence (Moazam, Zaman, Jafarey, 2009). Until 2007, there were total 309 documents relevant to kidney issues out of which 243 were media reports. Western Philosophers, sociologists and medical ethicists started to promote the benefits of kidney market long ago, especially after the 1998 but not enough evidence has been gathered, and social economic and health after effects attached with a kidney were completely ignored (Shimazono, 2007).

On the other hand, the rapid urbanization in the developing nations and subsequent change in dietary habits (more use of high protein food) and muscular activity (as the services sector is the major employment provider) are increasing the number of patients with end stage renal disease. Such conditions will increase the number of patients with ESRD (End Stage Renal Disease) and

as the dialysis is costly, fragile as compared to transplant, so more patients will be willing to undergo kidney transplant, which will bring the problem of available kidneys. On the other hand, unlike developed nations which have developed a well-organized system for deceased organ procurement and more than 60% transplantable kidneys come from deceased donors, the developing nations are struggling with certain institutional and societal barriers for the acceptance of kidneys from deceased donors, so most of the kidney come from living donors. The kidney transplantation centers are increasing in numbers as in Iran the number of transplantation centers has increased from 2 to 25 in the two decades. So is the case with the transplant tourism (in Pakistan, 67% of the kidneys are transplanted to foreigners) and black markets of kidneys which are acting as major organ provider agency, especially after the ban on the sales of kidneys. In this completely systematic operation the interests and condition of the person who provides kidney is being undermined. This research will analyze that how the seller sold his kidney and how the decision to sell a kidney turned out in the future and what factors forced the seller to take the decision.

Figure 1: Description of Kidney demand and ways to obtain a kidney for transplant

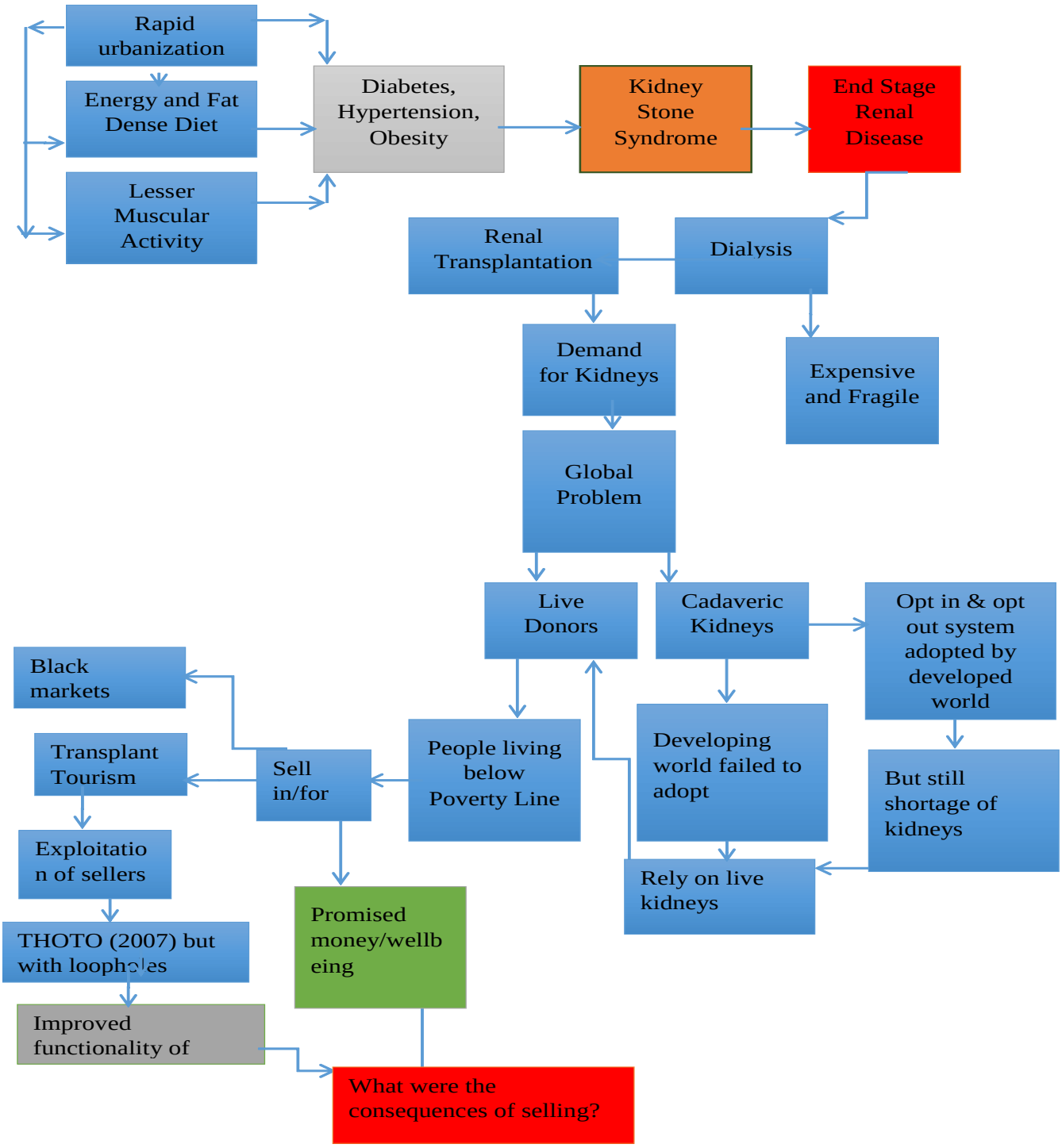
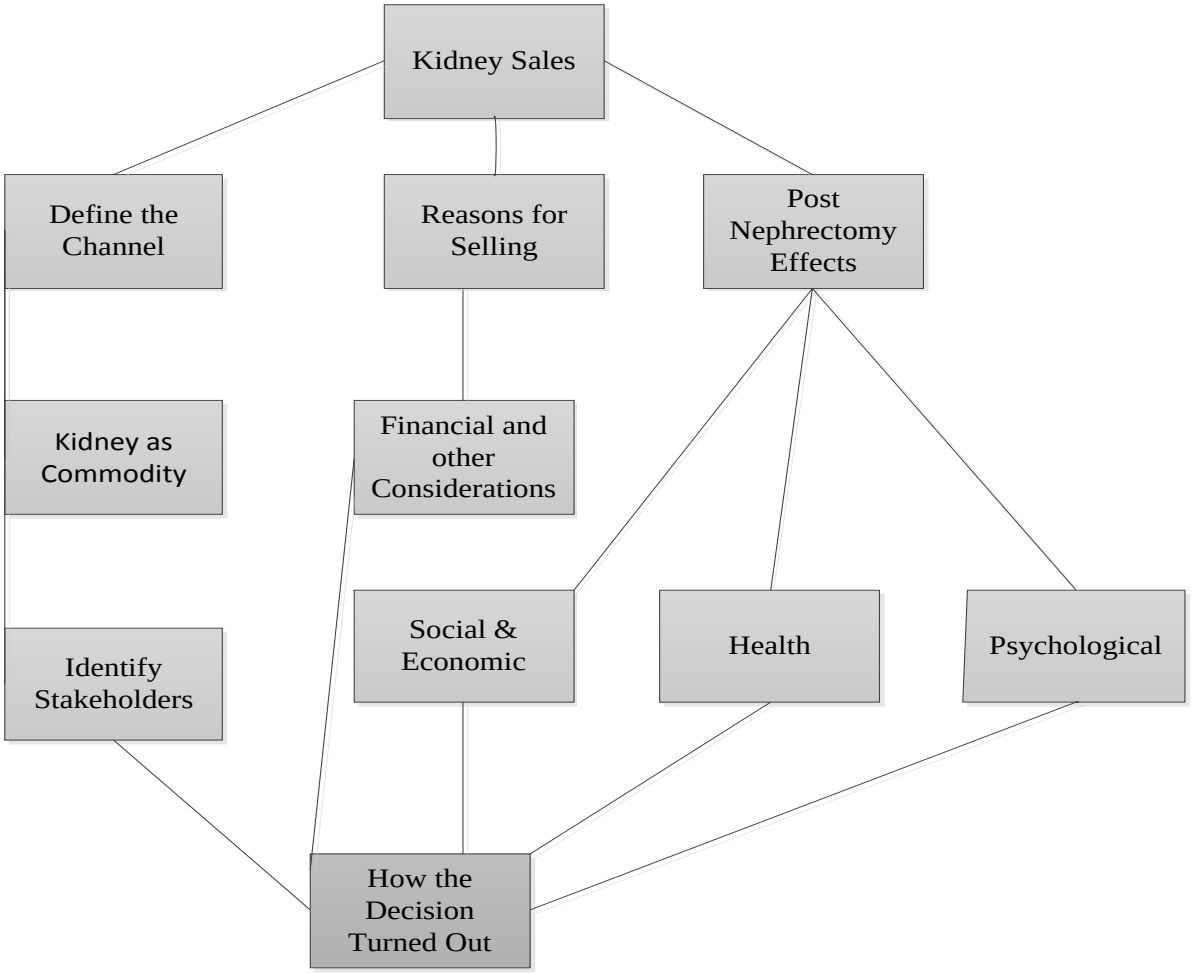


Figure 2: Objectives layout



Chapter 3.

Data and Methodology

The chapter explains the data collection tools that are to be used in the study and describes how the obtained data was analyzed. It comprises of an introduction of the multiple case study, sampling technique, unit of analysis, analysis and validation strategies, and finally a summary of the whole process is presented.

3.1 Multiple Case Study

Current study is exploratory in nature and the demand for in depth description of phenomenon calls for multiple case study as the appropriate method. Multiple case study allows the researcher to compare the phenomenon within and across the cases. Replication is achieved through cross cases comparison in a multiple case study and it makes the phenomenon understandable (Yin, 2014). In a multiple case study, we seek that what a phenomenon is and how it works. The desired objective is achieved through the creation of a dense description of the phenomenon and able the readers to understand how would they have reacted if they were to put in that particular situation (Stake, 1995). Primary concern of a multiple case study is to create a thick, detailed description, within specific contexts and with attending the need to understand that why those particular decisions were made, how they were carried out and finally what results they brought (Yin, 2003).

In contrast to other research techniques, the multiple case study urges the researcher to visit the field, and record and observe how things are happening and ultimately objectively define the phenomenon (Stake, 1995). The interpretation of the phenomenon thus relies on the phenomenon itself and researcher's observation, which concludes to constructivist understanding of the phenomenon. Yin (2003), describes the replication logic which is the core of the multiple case study that is not just selection of cases as we do in the survey and in other research methods, instead it has more resemblance with an experiment that a researcher conducts to verify or nullify the previous experiment's results. In the very same way a researcher choses more than one case and instead of explaining mere one case, he compares the results with other cases. Thus, a multiple case study is to be used to avail different perspectives of the phenomenon.

3.2 Sampling Technique

The illegal nature of kidney sales in Pakistan makes it difficult to locate the sellers. Moreover there's no reliable data available in the hospitals carrying out the transplant process, because the sellers are presented as the relatives of the recipient or it is posed that no monetary transaction is involved and the donor is donating out of his altruistic nature or such operation are carried out in absolute secrecy. So, snowball sampling was used which is a standard method to contact population which is difficult to locate for face-to-face interview. The technique is used by Goyal et al. (2002) to identify the kidney sellers in Chennai, India. Further, after the identification of the sellers, purposive sampling was used to select the most suitable respondents, as purposive sampling, samples the respondents in a strategic way so that samples will be more relevant to the research questions being posed (Bryman, 2008).

However, as sample size is usually smaller in qualitative studies, so sample size was dependent on the saturation point and a sample of 16 respondents selected from the identified population. Nephrectomy scar was identified to validate the respondent; the sellers who had sold their kidney at least one year before the date of interviews were selected as respondents. The duration of one years was selected because it would give enough time to respondents to alter their economic, social and health condition and they would have consumed, saved or invested the money received from selling the kidney and after effects would've been prevailed. Kidney sellers with ethnic, gender and occupational variations were preferred for the selection of respondents.

3.3 Case Selection

Kidney selling is illegal in Pakistan as per recommendation of the Parliament since 2007. Therefore, my respondents whether aware or unaware of the illegality of the act, were involving themselves in a crime. Whether aware of the severity of the issue or not, they were afraid. Maybe because of the illegality or because of the cultural issues. Initially, I decided to go to the Sargodha district, which is described as local kidney market in the media reports. But I did not have reliable source who can help me through all this process. When I reached Sargodha, there were considerable problems waiting for me there and as I did not have any credible source on whom I can rely for the identification process, I had to give it a second thought. Snow ball sampling was to be used for the identification process of the sellers, which means I had to contact the local residents of Sultan Pur Bela; a village of tehsil Kot Momin of District Sargodha.

Once I was there and with my local informant I started to approach the sellers, two problems became readily evident. First problem was regarding the presence of the respondents as the sellers are usually living in villages but working somewhere else. The second problem was more

severe and forced me to change the location of my research. Many people visited me during my three-day stay at the local village, most of them were asking about why I was there, and few advised me to go back as it may be hard for me to continue my research there without getting hurt. The illegal nature of the kidney selling made the stakeholders of this business suspicious that I can bring harm to their business.

I came back from Sargodha and decided to carry out the research in District Okara. It was selected because Okara is my hometown and is easily accessible. Moreover, it shares certain commonalities with the Sargodha because both are agrarian districts. Once I was in Okara, the problem of accessing the individuals (Sellers) was solved because I had the access to remote areas and my informant knew all about the villages. But it was not easy for me to identify the sellers and win their trust so that they can tell me their experience.

I asked about the people who had sold their kidneys and once I came to know that a person in that village had sold, I went to that village. First, I contacted some acquaintance in that particular village and once I introduced myself to him and my purpose for being there, many people readily agreed to help me. I approached the sellers with a local informant and won their trust. Initially they were afraid that what was going to happen but once I told them my reason to be there, they agreed to help me. Overall, it was a difficult task for a novice researcher like me and I had to involve many people just to gain the access. After conducting the interview, I asked the respondent that if he or she knew any other people who may be the sellers and after knowing about another village, I went there.

The interviews were conducted in quite relaxing environment, usually somewhere in the fields or at respondent's home, wherever the respondent was comfortable in telling me about himself and

about decision that he made. Before coming to the topic of selling, I spent some time with the sellers, just to know them better and to give them the confidence as some of them were too afraid that I would tell the Police about the selling. Once their all doubts were cleared and they were relaxed, then I started to ask the questions. Before interview and after identification of the sellers, I asked the sellers about the date of the nephrectomy and encouraged them to reveal their scar, to fulfill the conditions of strategic sampling. Data was collected from both male and female respondents. In case of female respondents, verbal confirmation was required. After 16 respondents there was no different new theme emerging from the data, so sixteen respondents were included in the research.

3.4 Role of the Researcher

Research has to be interpretive and it is to be influenced by the researcher and guided by other researcher's principles. What makes a good researcher is a common question that all the novice researchers like me ask themselves every day and night. A researcher must be an organized communicator, who empathizes and listens to his respondents and builds rapport with his respondents. At very same time, he should not be influencing the thought process of the respondents as Yin (2014) has called it flying over the wall. Noticing everything but not disturbing anything. The hallmark of qualitative studies is the empathy of presenting the stakeholders (Guba and Lincoln, 1981).

A researcher, in a qualitative study, is an active participant, and basic tool for data collection and data analysis. His approach is reflexive and as reflexivity is the crucial part of a qualitative research, thus it makes the researcher an important stakeholder of the research because that reflexive part of the research is the researcher. It alerts the researcher about the baggage that that he takes with him in the fields (e.g. interests, biasness and ignorance). He acknowledges who he

is (his values, emotions, and interests) and how he probably can influence the process as a whole and its each stage and section, all the way to the outcomes. However, a researcher can never be completely objective (because it is subjectivity that defines the meaning of being a human). Therefore, it should be stated in the clear. Emotions are not only allowed in such research but they are used to enter the world of participants (Cresswell, 1994).

Emotions and cognition are used, to understand their participant's world of meaning and how it is different from researcher's world of meaning. Emotions can make the rapport process weary one as strong positive emotions can result in over rapport while negative emotions can result in under rapport with the participants. Researchers should bestow themselves with analytical space in order to keep their role alive and should realize that how this involvement is affecting his own world meaning with context to participant's world of meaning. A qualitative investigator should be empathetic in interaction and the analysis should be on neutral grounds (Sciarra, 1999).

3.5 Data Collection

Data was collected by in depth interviews of the kidney sellers, audio and visual aid instruments were used to keep the record of the data and to present the actuality (Yin, 2014). The Interviews were conducted at the homes of the sellers and the interviews on average lasted from 1 hour to one and a half hour. The respondents were informed that they could discontinue the interview whenever they want and they were given breaks off and on unless they were again ready to answer the questions. The questions were designed from the existing literature and they move around five basic themes. Researcher's observations were transcribed right after the interview, to

facilitate the triangulation process. The research is carried in District Okara, because most of the sellers are working in big cities instead of their native villages.

3.6 Unit of Analysis

Unit of analysis in performing a case study research is of prime importance and is directly related to the objective of the study. The unit of analysis would be a real life phenomenon and not an abstraction but in case study method, the need is to select a case that can represent abstraction (a topic, an argument). In our case, the unit of analysis will be the individual as he has sold his kidney and because analysis of the study determines the level that at which level analysis is to be carried. In this research, analysis is to be performed on individual's decision and their effects on the individual so our unit of analysis will be individual. In this particular study, we have data from each individual who have sold kidney and we are comparing how their decision of kidney selling affected them and then each case is to be comparative with other cases. Initially, we look into each case and understand it and then we come to next stage of comparing them. Individual as unit of analysis will serve in a better way to the stated research (Yin, 2014).

3.7 Data Analysis

The analysis of case study method is least developed aspect of doing a case study research as it produces tons of data especially when the multiple case study is involved. Moreover, the analysis part of doing a case study research is an iterative process and no one technique is sole or independent of the other one. In the stated research, cross case synthesis technique was used, which is more relevant if the study has multiple cases and cross case synthesis can be performed

if the multiple cases are parts of subsequent study. The technique facilitates within and across case analysis and thus increases the internal and external validation of the research (Yin, 2014).

I transcribed the audio files and field notes from each interview and extracted data from my observations. The transcription was done as soon as possible after each episode. The analysis is carried out following Yin's model of cross case synthesis for the interpretation of the data, which allows inductive approach, first through within each case analysis and then across case but within the themes. During the individual case analysis or within case analysis, the themes within a case were identified and then these themes were identified and interpreted across the cases. The Nvivo data management tool for qualitative research was used to facilitate the research. In order to achieve the objectives of the study, the individual cases were described and themes were identified but these were not interpreted (Yin, 2014).

At the initial Stage, the research questions were not considered, in order to understand the case's perspective. I went through the documents and initial coding list was structured, based on particular nature of the themes (Creswell, 2007). After completing the initial list, the coding was done for thematic and descriptive view. Manual coding in Nvivo for the selected data under particular themes was performed to aggregate the cases under a particular theme. First, open coding was performed within the cases to identify the themes emerging through the data and after that axial coding, was performed for the cross cases analysis. During this process, the codes were sort and grouped according to the intent of meaning of the respondents. The cross case analysis focuses on the big picture, therefore all the individual themes emerged were brought in the light of a broader conception. However, during cross case analysis, Yin's (2014) replication process was adopted.

The axial coding was performed under five basic themes and then the coding was extended to sub-themes, which arose from the answers of the respondents. To see the similarities and differences for a particular theme across the cases, the selective coding was done and a framework matrix was achieved, which facilitated the view for a subsequent theme across all cases or a single case thematic preview across all themes (Bazeley, 2013). However, for the identification of psychological stress and depression, self-reporting questionnaire PHQ-9 (Patient Health Questionnaire) was used (Kroenke et al., 2002).

3.8 Validation Strategies

To ensure that I did not fall into the skewed view of the data, I tried to ensure the validity through triangulation. I checked for the consistency and multiple perspectives of the data (Stake, 1995). This allowed me to view the data from a case and from a theme and confirm that whether a particular theme have a consistency over the cases or whether the data from a particular case has consistency across other cases, from different places and times (Stake, 1995).

Table 1: Summary of Methodology

Nature of the Study	Exploratory	Lacks Preliminary Research
Methodology	Multiple Case Study	For in depth understanding of the phenomenon, facilitates analysis within and across the cases, facilitates replication
Analysis	Cross Case Synthesis	Most Suitable for Multiple Case Study, Facilitates within and across case analysis
Unit of Analysis	Individual	Directly related to the objectives of the study
Sampling	Non Probability sampling; Snow Ball Sampling Purposive Sampling Selection Criteria Sample Size	To identify hard to locate Respondents Strategic Selection of respondents, to access the needed data Nephrectomy Scar (in case of female respondents, verbal confirmation), Should have sold at least one year before the date of interview, Cases with ethnic, gender and occupational variations were preferred. 16, due to saturation point because no new themes or incidents were emerging and problems started to be repetitive.
Data collection tool	In depth Interviews	Useful for qualitative data collection

Chapter 4.

Findings and Results

The following chapter represents the findings from the data collected. A cross case analysis is carried out to identify the themes across cases and then patterns within a theme are identified. It is organized according to the requirement of the objectives. First the channel for selling the kidney is identified, which describes the need to sell, knowing about selling, the process of selling itself, reasons for selling, information and relation of the recipients with the seller, seller's information about selling, procedure of nephrectomy, presence or absence of any elements of physical threatening and sellers motives for selling.

The findings for the second objective are further broken down into four sections and each section discusses the post nephrectomy effects in its respective theme. First is the economics facts about selling which encompasses the employment status, assets and savings of the respondents, how and when the sellers received money, how the sellers utilized the money and finally the change in economic status of the sellers is tracked.

The next theme is about the health of the respondents and it follows that the respondent were offered post nephrectomy care, health of the respondents, health issues that respondents are confronting because of the nephrectomy and awareness about the after effects of selling are discussed. Next, is the social aspect of selling a kidney that how their relatives reacted to the act of sale, the interaction of the sellers with the community, issues in person relationships and finally in the final section the psychological health of the sellers is determined?

4.1 Cross-Case Analysis

Multiple case studies provide us with a chance to understand the phenomenon of selling a kidney and examine the differences and similarities about the post nephrectomy effects. Multiple case study allows looking deep; within and across the cases. Cross case, analysis provides the researcher with a chance to look through data, analyze the event, and draw conclusions. Findings from each case, brings us closer to the study objectives and by tracking the themes and chain of events, the research is able to find the correlation between events, which occurred in different places, and times. Less emphasis on the particularity of a single case and distribution of similar themes across the cases brings more experiential results. Cross case, analysis enabled the researcher to move from the identification of themes to useful and important assertions and enabled the researcher to engage in thick description of the kidney selling process and characteristics of the seller and the effect of the decision on seller's life.

From moving one case to other, similarities and differences among the sellers emerge, with each seller contributing to the phenomenon. As the attributes of the sellers were compared (Table 1), these attributes make it clear that all the respondents are from the same caste (Muslim Sheikh) are uneducated and living in joint family systems. Table 1 gives a better understanding for the attributes of the sellers.

The respondents for the corresponding research are both male and female, and have different characteristics. The male respondents are both married and unmarried, and are employed in different sectors. They are working as daily waging labor in the agriculture sector, salaried labor in agriculture sector, working in the big cities as daily waging labor and as bonded labor in the

agriculture and brick kiln sector. The female respondents were all married, and working as housemaids.

The sample of the kidney sellers is homogenous in the attributes of caste and education. While the female respondents are homogenous that they were all married before nephrectomy and were working as housemaids. The sample is also heterogeneous in terms of age, sex, employment, age at the time of nephrectomy, family size and the number of dependents in the family. These unique and common attributes of the respondents enable the researcher to understand multiple realities of a phenomenon and can lead us to better understanding of the phenomenon and lead the researcher to assertions (Stake, 1995).

Table 2: Attributes of the Respondents

Name	Personal characteristics				Nephrectomy details		Family Details		Marital Status (BN)	Employment (BN)
	Sex	Age	Caste	Education	Year	Age	Size	Dependents		
Respondent 1	Male	20	Muslim Sheikh	Uneducated	2012	17	12	7	Unmarried	Daily wage labor (Agri.)
Respondent 2	Male	26	Muslim Sheikh	Uneducated	2005	16	4	3	Unmarried	Daily wage labor (Agri.)
Respondent 3	Male	35	Muslim Sheikh	Uneducated	2013	33	7	6	Married	Daily wage labor (Bonded) (Agri.)
Respondent 4	Male	35	Muslim Sheikh	Uneducated	2005	25	5	4	Married	Daily waging labor
Respondent 5	Male	22	Muslim Sheikh	Uneducated	2013	20	11	9	Married	Salaried Labor (Agri.)
Respondent 6	Male	30	Muslim Sheikh	Uneducated	2002	17	7	6	Married	Bonded labor (Brick klin)
Respondent 7	Male	33	Muslim Sheikh	Uneducated	2013	31	5	4	Married	Daily waging labor
Respondent 8	Male	28	Muslim Sheikh	Uneducated	2008	21	7	6	Unmarried	Salaried Labor (Agri.)
Respondent 9	Male	40	Muslim Sheikh	Uneducated	2011	36	5	4	Married	Salaried Labor (Agri.)
Respondent 10	Male	28	Muslim Sheikh	Uneducated	2005	18	11	8	Unmarried	Salaried Labor (Agri.)
Respondent 11	Female	45	Muslim Sheikh	Uneducated	2005	35	10	7	Married	House maid
Respondent 12	Male	40	Muslim Sheikh	Uneducated	2013	38	4	3	Married	Salaried Labor (Agri.)
Respondent 13	Male	30	Muslim Sheikh	Uneducated	2003	18	6	5	Married	Daily wage labor (Agri.)
Respondent 14	Male	22	Muslim Sheikh	Uneducated	2014	21	5	4	Unmarried	Salaried Labor (Agri.)
Respondent 15	Female	26	Muslim Sheikh	Uneducated	2003	17	2	1	Married	House Wife
Respondent 16	Female	26	Muslim Sheikh	Uneducated	2014	25	6	5	Married	House maid

Table 3: Date and Place of Interviews

Respondent	Date of Interview	Place of Interview		
		Village	Tehsil	District
Respondent 1	15 March, 2015	Colony Rai Ashiq	Okara	Okara
Respondent 2	18 March, 2015	Colony Rai Ashiq	Okara	Okara
Respondent 3	18 March, 2015	Colony Rai Ashiq	Okara	Okara
Respondent 4	18 March, 2015	Chak No. 16 (Tehsildar Wala)	Okara	Okara
Respondent 5	26 March, n2015	31 D (Taango Aana)	Renala Khurd	Okara
Respondent 6	26 March, 2015	31 D (Taango Aana)	Renala Khurd	Okara
Respondent 7	27 March, 2015	Mupalke	Renala Khurd	Okara
Respondent 8	13 April, 2015	Noor Pur	Okara	Okara
Respondent 9	13 April, 2015	Noor Pur	Okara	Okara
Respondent 10	16 April, 2015	Lakkhin	Okara	Okara
Respondent 11	20 April, 2015	Kohla	Okara	Okara
Respondent 12	27 April, 2015	Chak 21 D	Depalpur	Okara
Respondent 13	27 April, 2015	Chak 21 D	Depalpur	Okara
Respondent 14	28 April, 2015	Sher K Bala	Okara	Okara
Respondent 15	2 May, 2015	Lahi Bala	Okara	Okara
Respondent 16	2 May, 2015	Lahi Bala	Okara	Okara

The data received from the individual cases was readily analyzed and from the data, five basic themes became readily concurrent. These themes were then further broken down to sub-themes for the understanding of the selling process and sellers. These themes are

- Definition of the Kidney Selling Channel
- Economic Perspective of the Sellers
- Health of the Sellers
- Social Aspect of Selling
- Psychological Stress for the Seller

4.2 Defining the Channel of Kidney Selling

The process of Kidney Selling involves multiple stakeholders, to understand the whole process from knowing about kidney selling to the need to sell and finally selling it in a hospital involves a mechanism that is in need to be defined. As one of the respondent put it;

> *"It is a well mechanized system, which involves multiple stakeholders; specialized in their tasks. The whole chain involves finders (which are usually kidney sellers who are urged to find other potential sellers in return of some money, then there are lawyers involved who fulfill all the legislative issues and finally the seller meets the broker, who introduces the seller to the hospital" (Respondent 1, personal communication, March 15, 2015).*

It is essential to investigate certain aspects of the whole process, so in order to fulfill the need for defining the channel, the whole selling process is further broken down to sub-themes.

4.2.1 Breadwinner of the Family (Before Nephrectomy)

Each of the male respondents integrated their situation that they were supporting their families. They were responsible for providing food and all the necessities to their family whether they were married or not. The case for the female respondents was different as they were dependent on their husbands, although they were also working as housemaids, but they don't have enough autonomy that they can make any decisions.

Respondent have different circumstances in which they had to earn to support their families, no matter how young they were at that time or how they were earning. They had to earn for themselves and for their families.

All the male respondents agreed that they were full or partial breadwinners of the family. The response of male and female respondents is to be presented separately because the female respondents were dependent on their husbands. As one respondent told that,

> *"Before nephrectomy, I was the only person earning in the family, but still all the decisions of the household were being made by my father, he was sick at that time and even in that young age I'd to fulfill the needs of seven people" (Respondent 5, personal communication, March 26, 2015).*

Another respondent described his situation in the following manner:

> *"I was young at that time, my elder brother was married and was living separately, and my father was paralyzed. So practically, there was no breadwinner in the family and there was not enough food for us. But whatever was there to eat, I was bringing it." (Respondent 2, personal communication, March 18, 2015).*

It was a critical situation for the families; high dependency ratio was making them more vulnerable. Struggle to provide not all the necessities but food, was there and it was turning out to be failure. Some desperate measures were needed to satisfy the needs. None of the female respondents was the breadwinner of the family and was dependent on their husbands, as one respondent put it

"Before the operation, my husband was working at a farm with a local farmer; sometimes I also worked as house maid but only when someone needed me on special occasions. My two sons were also working with their father but they were two young and were not being paid. Actually they just shared some of their father's burden" (Respondent 12, personal communication, April 27, 2015).

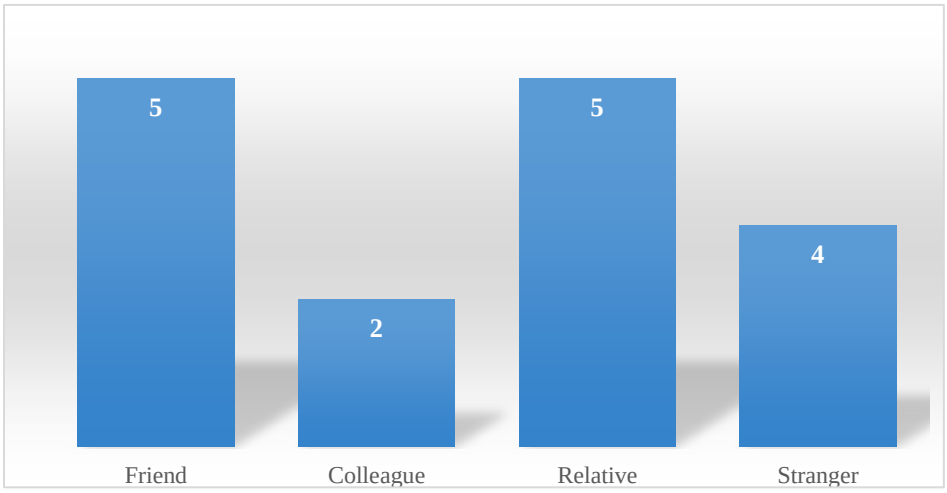
4.2.2 Knowing

It was the desperate time and in such times, one can take the certain actions without comparing benefits and losses. The respondents came to know about the selling a kidney and that they could have some money against it from different sources. These sources range from friends to coworkers, relatives to strangers. Once they came to know that by selling they can have some money, their miserable condition forced them to be curious about it.

"I knew that my friend was involved in the business of kidney selling as he told me about it and when the situation became unbearable for me, I contacted him and I asked him that I also want to sell my kidney"(Respondent 1, personal communication, March 15, 2015).

The respondents came to know form different Sources which are display in Figure 1;

Figure 3: Respondents introduction to kidney selling



Before that, the respondents had never thought about selling the kidney. The information and their miseries urged them to go for selling. As one of the respondent said

"My distant relatives told me about kidney selling and I was shocked when they told me that even I can sell a kidney. I didn't thought about it first, but when I looked at the debt that piling up, then I decided to for selling"

(Respondent 11, personal communication, April 20, 2015).

The respondents after recognizing the fact that they can have money, started to think about selling the kidney as it was giving them a chance to fulfill their needs. The sources through which they came to know about selling urged them to go for it by telling them about the better future that they can have. Selling was the ticket to fulfill their needs at that time.

"My elder brother was engaged to my cousin and her parents were pressurizing my family for the marriage. They gave us the time of only two

months for the marriage but I did not have enough money. Then I came to about selling a kidney from a friend. At that time, I was not thinking about anything else except that I can utilize this money to get my brother married. As my cousin was also asking me to do something as they were in love, so thinking about all these things I decided to go for nephrectomy" (Respondent 13, personal communication, April 27, 2015).

4.2.3 The Selling

"I didn't know that a man can sell his kidney and after selling, he can live. However, the other two persons convinced me that after selling one kidney, your life would be normal like before. On hearing this, I asked them to take me there because I needed money to pay the debt. They told me that they are not agents but they know an agent but his fee is $201 to $301. I was so desperate and needed money badly so I agreed pay agents fee" (Respondent 5, personal communication, March 26, 2015).

Once the sellers came to know that they can sell their kidneys, there need urged to undergo nephrectomy. They asked the source to take them to the hospital so that they can have money. In each case, a broker is involved whose fee was foretold to the sellers but they still agreed to sell. Their misery had left them with no chance except selling the kidney.

"I was in dire need of money, so I asked my source that I want to sell my kidney. Then my source took me to Lahore where I met the Broker. He offered me $1758 for my kidney and foretold me that his fee would be $335. I agreed to his terms and then the tests were conducted to match the kidney and I was

admitted to the hospital" (Respondent 2, personal communication, March 18, 2015).

The brokers were dealing with the enough cases that they need the recipients of all the blood types. The seller did not know anything that where they were to be taken and it would be a proper hospital or not. What will be the concerns if they died during the operation? However, none of them asked about anything from the broker. The brokers have ties with specific hospitals as one of the respondent told

"He was the supplier of kidneys for that specific hospital, after clearing all the required tests the me with other five sellers were taken to the hospital during all this period the broker was with us and after the nephrectomy, at the time of discharge from the hospital he dropped us back home" (Respondent 6, personal communication, March 26, 2015).

The middleman took them to the hospital and after conducting all test, sellers were admitted in the hospital. The sellers did not know anything; they were just doing and saying that the broker told them to. However, brokers were not involved with all the sellers.

"I went to the hospital with the relative who told me that you can earn some money by selling your kidney and she took me to the hospital" (Respondent 16, personal communication, May 2, 2015).

Sellers have gone to the hospitals to sell the kidney. Before the THOTO (Tissue and Human Organ Transplant Ordinance) was passed by the parliament in 2007, a middleman was not the compulsion if someone wanted to sell the kidney.

"When my father died, my family had a financial crisis and during that time I went to the hospital as my friend told me" (Respondent 10, personal communication, April 16, 2015).

4.2.4 Reasons for Selling the Kidney

The respondents sold their kidneys for same but different reasons. Everybody have a debt to pay, sometimes to a brick kiln owner and sometimes to a landlord or a farmer. When working at brick kiln the labor is not paid that well that, they can buy all the necessities to sustain the life. Ultimately, they have to borrow from the brick kiln owners in order to survive, but the debt is to be paid.

"My family had a debt to pay and financial situation of my family was promising that there'd be no other way to pay the debt. If we didn't pay the debt then we have to keep working as bonded labor" (Respondent 1, personal communication, March 15, 2015).

Labor working at agricultural farms is also paid less than the minimum wage rate and as someone fells ill in the household they have to borrow from the farmer and once they have borrowed money they cannot leave the job until they pay the debt.

"I had a debt to pay to the local farmer; I didn't wish for my children the life that I spent. I wanted to give them a world filled with freedom but I also knew that the way to freedom passes through the hospital, so I decided to take the path" (Respondent 11, personal communication, April 20, 2015).

However, not everybody sold to repay the debt and even if there was debt, some other reasons were in their minds. As a mother sold her kidney to give his children a better future, and a respondent sold his kidney to build his home. The reasons for selling the kidney range from a single reason like debt to multiple reasons.

"I sold my kidney so that we can repay the debt and from the rest he can start his business" (Respondent 16, personal communication, May2, 2015).

"I was working as daily waging labor then my wife was sick and I'd debt that was to be paid but I didn't have money. What I was earning, was not enough to buy the necessities as sometimes I may find some work to do and sometime I have to come empty-handed. So I tried to fulfill all the needs by selling my kidney" (Respondent 2, personal communication, March 2, 2015).

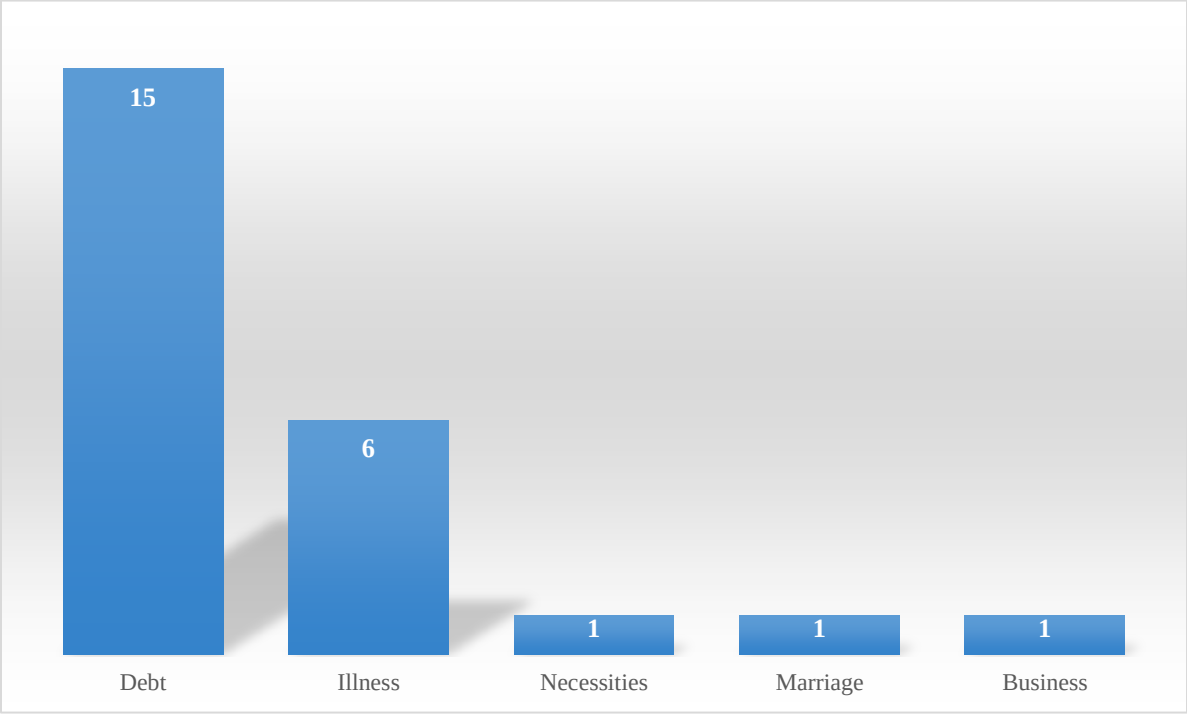
Hope for the better future urged the respondents to sell their kidneys. They took to risk to get rid of abject poverty and misery. Their current jobs were not providing them enough that they could fulfill all the needs of the family. However, people also sold because of their love for the family

"I sold my kidney so that my brother would get married" (Respondent 14, personal communication, April 28, 2015).

Figure 2 provides a brief picture of the reasons for selling the kidney. The reasons are spread from a single to multiple reasons.

Debt comes out as the main reason coercing the respondents to sell their kidneys, except one respondent who sold his kidney for different reasons. Although, some respondents have multiple reasons for selling their kidneys but "debt" stands out of all the reasons.

Figure 4; Reasons for Kidney Selling



4.2.5 Who was the Recipient?

> *"I didn't know the respondent before, but I knew that she was an Arabian girl. I didn't talk to her family but even I had a chance to speak with them, I couldn't because they were Arabian" (Respondent 2, personal communication, March 18, 2015).*

None of the respondent knew the recipient before and some of them did not even speak to the recipient. Those who had a chance to meet the recipient were not able to talk to the recipient or

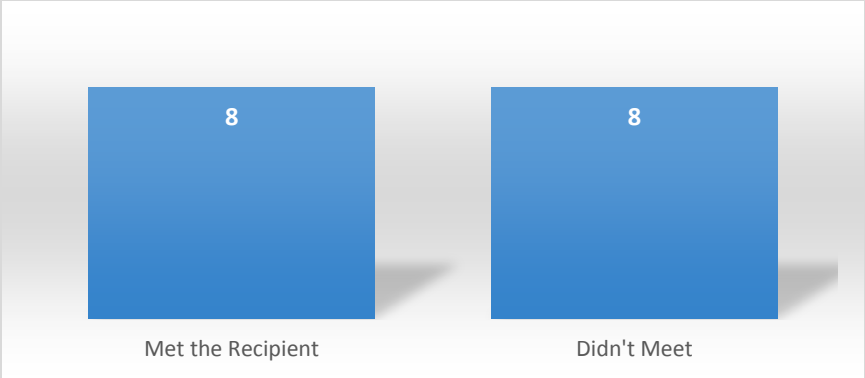
the family because of the language that they were not able to understand or speak. They were all aware of the things that broker or the hospital staff was telling them. As one of the respondents told that;

"I didn't know the recipient before nephrectomy but I saw him in the hospital and he was a middle aged Arabian male" (Respondent 11, personal communication, April 20, 2015).

"I didn't know the recipient before and didn't met him even at the time of nephrectomy; all I knew is that broker was dealing my case" (Respondent 9, personal communication, April 13, 2015).

As none of the respondents know the recipients before the next question arises that the respondent met the respondent at the hospital or not.

Figure 5: Information about the Recipient



Exact half of the respondents did not see the recipient or the family members of the recipient and they did not even see them. Those who met or saw the recipient or his family member told that they were Arabian in all the cases.

"I didn't met the recipient but at the time of nephrectomy her father came in to see me, the recipient was his daughter. They were Arabian and that's all I knew about them" (Respondent 8, personal communication, April 13, 2015).

4.2.6 Illegality

Since 2007, kidney selling has been banned in Pakistan and selling or buying of the kidneys is illegal but the respondents did not know that kidney selling is illegal and no one told them before that it is illegal. However, once they were ready to sell their kidney then in few cases the broker told them not to speak to anyone about selling the kidney because it is crime. Except agent, no one told them and no one provided them with the detail about the illegality, even the doctors did not tell them about illegality. Doctors did ask about the reasons for selling the kidney and they asked this when the respondent was laid in the operation theatre but nothing beyond it;

"I didn't know that kidney selling is illegal and no one including the doctors and the agent told me about the illegality of the selling a kidney" (Respondent 1, personal communication, March 15, 2015).

"The doctor didn't tell me that it is legal or illegal but yes he did ask about the reasons that why you are selling, further he told me that you can live or die in this operation" (Respondent 15, personal communication, May 2, 2015).

The respondents were in the hospital and the doctors or no other person told the respondent about the illegality. The broker told few of the respondents to do not tell anyone about the selling.

"The agent told me not to tell anyone about the selling because it is a crime" (Respondent 3, personal communication, March 18, 2015).

"I didn't know before that kidney selling was illegal but once I was going with the agent to the hospital, the agent told me not to tell anyone as it is illegal and he told me that I should not speak aloud about it" (Respondent 9, personal communication, April 13, 2015).

The sellers intrinsically knew that selling one's body part is not right way to earn money but they do not have any other source so they have to go for the opportunity that was available for them.

"I don't know about the law and the illegality but at time, I intrinsically knew that I am doing wrong" (Respondent 13, personal communication, April 27, 2015).

One of the possible reasons that the respondents did not know about the illegality and nobody told them about it is that legislation about the kidney selling was started in 2007, but nine respondents out of 16 respondent sold after 2007 and still nobody possessing the authority told them about it.

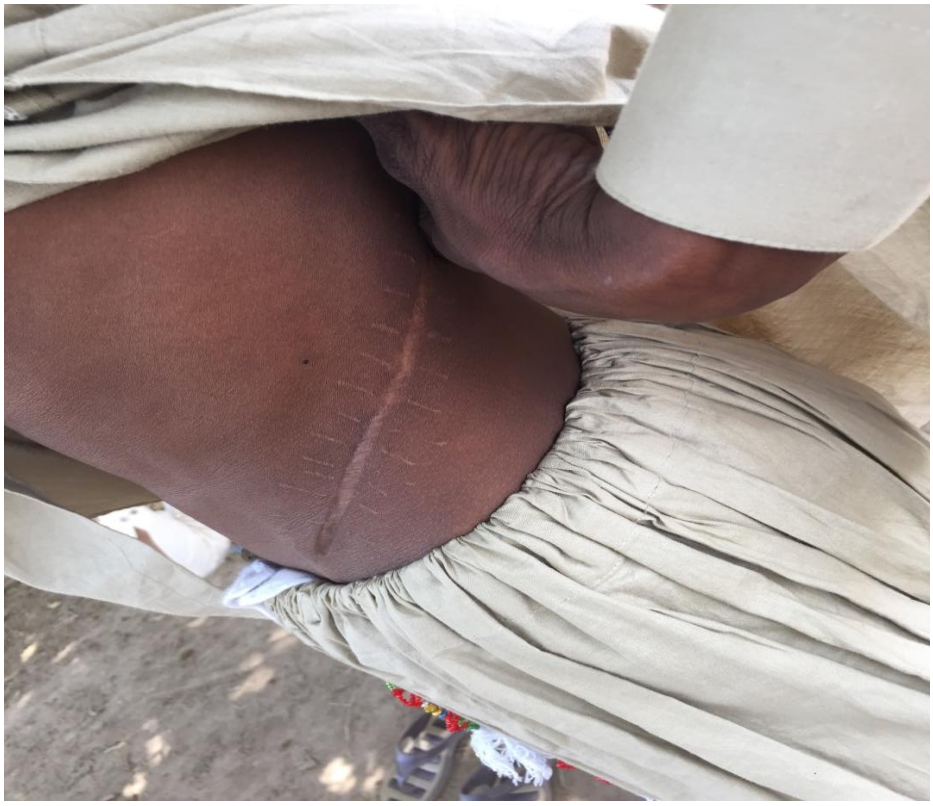
4.2.7 Nephrectomy

Simple nephrectomy was performed to remove the kidney from seller's body, which left all the respondents without a kidney but with a thirteen-inch long scar, spreading from ribs to the midsection of the seller.

"I don't know how I was nephrectomized but when I came to my senses a long scar was on my body and it was spreading from my ribs to midsection" (Respondent 16, personal communication, May 2, 2015).

Picture below, describes the nephrectomy in a concise manner

Figure 6: Respondent showing his Nephrectomy Scar



4.2.8 Feelings at Hospital

When the respondents were taken to the hospital for the nephrectomy, the respondents had different thoughts. However, there thoughts can be grouped in two categories.

Some of the respondents were quite terrified that what will happen to them, they were worried about their families that who will take care of them and how they will survive. A female respondent described his fears in the following manner

"When I was admitted in the hospital and saw the physicians and the surgeons, I was afraid and was thinking about my family. If something will happen to me, who'll take care of them and they won't be able to repay the debt" (Respondent 12, personal communication, April 27, 2015).

Respondents were too terrified that they decided to go back but when they saw the misery of the recipient they decided to go for it no matter even if takes their lives.

"In the hospital, I saw the nephrectomy scar of a person who was just coming out of the operation theatre. At the sight of such a long scar, that I decided not to sell and came out of the hospital but then the broker came to me and took me to the recipient, after seeing the recipient I agreed for the nephrectomy, but still I was too afraid" (Respondent 13, personal communication, April 27, 2015).

A respondent was worried about future life that how he'll will live for the rest of his life;

"When I went to the hospital I decided to go back from the hospital as I was too afraid that I'll not survive this operation. I was terrified that anything could happen, even if the operation will be a success then how I will spend the rest of my life" (Respondent 10, personal communication, April 16, 2015).

Another respondent was afraid of the operation but he was thinking about his debt and chis misery, which left him with no choice except to sell his kidney

"When the doctors took me to the operation theatre I felt like I'm dead already but I was out of choices then. Was it possible for me to back down from the deal, and if I did then would have paid me this amount" (Respondent 2, personal communication, March 18, 2015)?

On the other hand there were respondents who were not afraid from the operation or the doctors, instead they were hoping about the better future that he and his family can have with the money that he was going to receive;

"When they took me to the hospital, I was not afraid at all as I had nothing to lose anymore. I was thinking about the future and was quite hopeful that this money would be the end of my problems" (Respondent 8, personal communication, April 13, 2015).

The doctors didn't tell the respondents about the illegality of the selling or other issues that they can have but they did give them a hope that nothing harm should come to you during this operation and after the operation your life will be all right;

"The doctor told me that you'll be all right and after the operation one kidney will be with you that is enough for a man to survive"(Respondent 13, personal communication, April 27, 2015).

4.2.9 Elements of threat

The respondents were not physically threatened or forced to sell their kidneys but they were forced by their circumstances and economic miseries. All the respondents approved that no one

forced them to sell their kidneys, selling their kidneys was there and only their own decision. However, their financial situation and their need were the prime factors commending them to sell

> *"Nobody asked me to sell my kidney, it was all my decision and I decided it out of my miseries" (Respondent 12, personal communication, April 27, 2015).*

However, in one case the respondent decided not to sell and came back to his village but the broker pursued him and asked him to get nephrectomized;

> *"In the hospital, I was too afraid that I decided not to sell my kidney, so I got out of the hospital and came back to my village but the broker came after me and asked me to come with him as all the preparations had been made for the nephrectomy. I was out of options, so I went to hospital with the broker. As I reached the hospital, I was immediately taken to the hospital to perform the nephrectomy. Next thing I came to know is that I was lying in the bed and it was 7am" (Respondent 13, personal communication, April 27, 2015).*

4.2.10 Moral value

When the respondent was asked about the moral value of saving a life and its role in their decision-making, all the respondents told that no they were not thinking about saving other's lives as their own lives were at stake. They were too preoccupied in their own problems of daily survival that they consider morality and joy of saving a life as luxuries that they are not able to enjoy. However, few of them told that after they met the recipient they gave it a second thought that they are selling it for money, and it is good that they will receive their well-deserved money

and the recipient will live. How some of the respondents expressed their thoughts are described here

> *"When I came to the hospital, I thought that I should not sell but when I saw the recipient who was a little girl, I decided to sell it. But if you'll ask that my whole decision was depending on it my answer will be no because I'd my own problems to deal with" (Respondent 1, personal communication, March 15, 2015).*

> *"At that time I was not thinking about saving any lives and I was not thinking about the recipient, my motives were to get money so that I can pay my debt and can admit my mother to the hospital" (Respondent 7, personal communication, March 27, 2015).*

> *"I was not aware of the moral value of saving a life, the recipient can be saved with my kidney, good for him, but I was more concerned with my life. Who will save mine, obviously I've to do something for it" (Respondent 9, personal communication, April 13, 2015).*

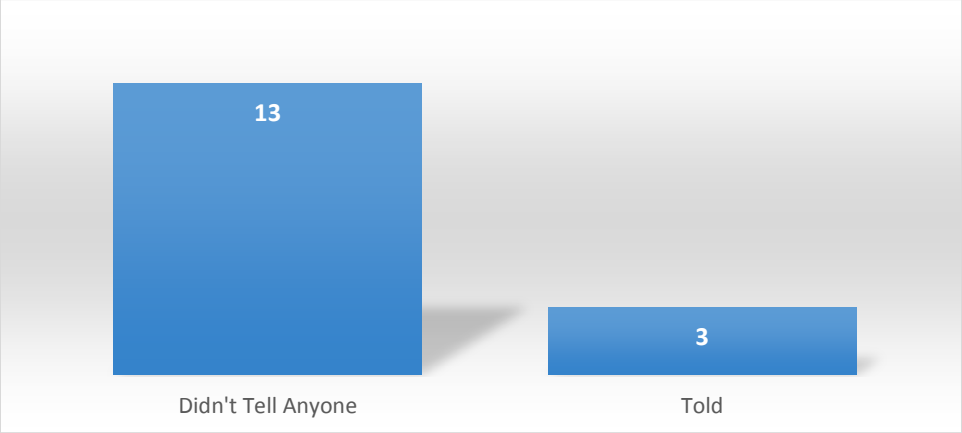
4.2.11 Why you?

Some of the respondent didn't tell anyone about selling and they were all male respondents but all of them had specific reasons to sell which in some cases were common and while in others these were unique. Only our respondents sold their kidneys in the family while there were their siblings who can have sold their kidneys but the respondents were responsible for providing them with all the life sustaining good so that was his only his decision to make and they didn't

want them to be worried before time. They knew that if they told to their families they will try to stop them from selling but they also knew that there's no other way for them to arrange such amount;

"I was the only person earning for the family, so that makes me the responsible for providing all the necessities to them and that's why I took the decision to sell the kidney. I didn't want them to be worried, my wife was already sick, so I didn't tell them about my decision of selling" (Respondent 12, personal communication, April 27, 2015).

Figure 7: Why You Sold?



"I had borrowed money from the Gardner, then my mother fell ill and above that I had a dispute with the Gardner so he demanded his money back and when I failed to pay him back, he didn't allow me to go home. So I sold the kidney so that I can go home" (Respondent 4, personal communication, March 18, 2015).

One of the respondents did not tell anybody except his brother but that is because he needed money for his brother's marriage and as his brother had a marriage so that makes the respondent only person who can sell his kidney to arrange the marriage;

> *"My brother asked me that he'll sell the kidney but a month later was his marriage and I was the responsible for everything so I told him that I'll sell my kidney" (Respondent 14, personal communication, April 28, 2015).*

The situation with the female respondent is not the same they told their husbands about and developed a consensus that the wife will sell the kidney. Their husbands allowed them as in all the cases it was wife's decision and then she told the husband about the opportunity

> *"I asked my husband about the selling that if I would sell, we can have our own home and we'll be able to get rid of the debt. Therefore, I was agreed to sell my kidney and then I gave the idea to my husband. My husband was earning for the family and I was a house wife, so my work was household chores and he had to lift heavy weights so it had to be me" (Respondent 15, personal communication, May 2, 2015).*

> *"I sold the kidney because my husband is employed on an agricultural farm and his job involves laborious work and lifting weights, so I decided to sell" (Respondent 16, personal communication, May 2, 2015).*

Another female respondent's reason does not comply with others

"Before me, my husband decided to sell and he went with the broker but during the medical tests he was diagnosed with hepatitis C, so he was not able to undergo nephrectomy. Then I asked my husband that if I can sell the kidney, so that we can get rid of slavery. So, instead of my husband, I sold my kidney"

(Respondent 11, personal communication, April 20, 2015).

All the male respondents were breadwinners of their families but the female respondents were not allowed to make decisions they have to talk to their husbands in this particular study. These were the desperate times for the respondents so when they knew about selling kidneys they had to give it a second thought. They came to know about it from different sources like friends relatives co-workers even strangers. Their sources urged them to sell the kidney and make them believe that you can get rid of these miseries. Once they knew that they could earn some money their reasons, which range from family's debt, illness, marriage of someone in the family, starting a business for the husband to buy life-sustaining goods.

They asked their source to help them in selling kidney. Their sources took them to the brokers and in some cases; the respondents directly went to the hospital for nephrectomy. Brokers offered the sellers a specific amount of money. Brokers offered this amount before conducting their medical tests that leads to the fact that brokers were dealing with a pool of kidney sellers and buyers. However, none of the respondents knew the recipient before. Some of them met the recipient at the time of nephrectomy and some did not even see the recipient and all the recipients who met the respondents were foreigner so any direct interaction between them was impossible.;

When the respondents were going to be nephrectomized, they did not knew that it was illegal. Later when they were there, some of the respondents were told by the broker that it is not legal and they were advised not to tell anybody about it, they were even forbidden to aloud about it. The respondents were admitted for the nephrectomy. They were waiting for the operation and receiving money and finally the got nephrectomized which left them with a 13-inch long scar.

During the stay at hospital, some of the respondents were afraid that what will happen to them but there was also a hope that things will be better in the future while some were not afraid and were thinking about the future that it would be better for them and their family. To sell the kidney, it was all alone respondent's decision in case of male respondents because they did not want their families to stop them from selling at the very same time they did not want them to suffer with him. In case of female respondents the decision was finalized by the husbands but respondents gave them the idea to sell but one of the female respondent sold because her husband had Hepatitis C so he was not able to sell otherwise it would be him selling instead of her.

Respondents were not thinking about the moral value of saving life of a human being. They were too preoccupied with their own problems that such moral values were like a luxury for them. Only the respondents sold the kidneys in their families because in case of male respondents they were the breadwinners of their families and being the breadwinner mean that you have to provide for your family.

The channel of the selling a kidney starts from the seller whose financial worst condition force him to make a coerced decision of selling. After talking to the source and thinking about the opportunity, he is agreed to sell and then he contacts the seller through his source or he can

directly contact to hospital. The seller is not aware of the illegality of selling and once he is in the hospital there is no way that, he can make it back without being nephrectomized. His kidney is removed and a scar awaits him.

4.3 Economic Facts

The respondents sold their kidneys to overcome their financial miseries and for a better future. However, how actually the decision turned out for them, is the question that we are looking for. It involves the whole set of factors as Employment status, Assets and savings, Amount received, broker's fee, rest time and expenses, other expenses, utilization and their Economic status. The respondents sold in a hurry because of the money needed but all their need were fulfilled with the received money and how their lives took a turn after selling the kidney is explored here.

4.3.1 Employment Status

The respondents were working in different sectors before the nephrectomy and they were earning a specified amount, although their income varied over the time because of the availability of work in case of daily wagers. The situation of the salaried labor was also not good enough as what they were earning was not enough for him and his family. What happened after the nephrectomy and how it changed their employment status and monthly income is to be expressed.

Before nephrectomy, respondents were not self-sufficient and their income was not sustainable. As they were not educated and were deprived of skills, so they were working as physical labor. They had to lift heavy weights, but still were not earning enough. Most of them were working as daily waging labor

"Before the nephrectomy I was working as bonded labor at a brick kiln, but I was not earning enough that I can fulfill all the needs of my family" (Respondent 10, personal communication, April 16, 2015).

"If I would calculate my monthly income and if I'm being optimistic then I could earn $100 to $117 monthly but that's if I'll get some work to do. If I cannot find some work then my income will be lesser accordingly" (Respondent 2, personal communication, March 18, 2015).

After the nephrectomy the income level of the respondent did not change or decreased in most of the cases

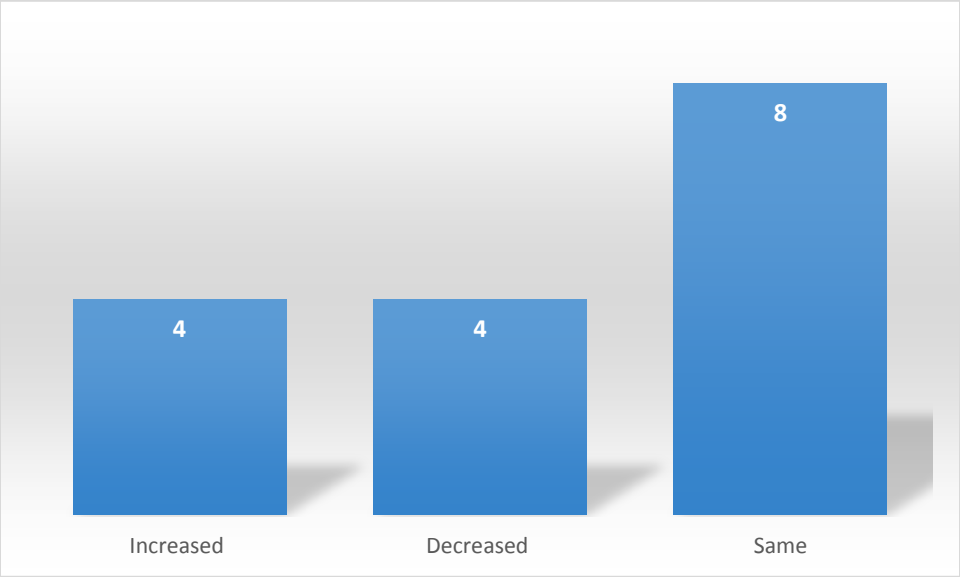
"I went to Lahore to find some work, there I am working as labor and my salary is on the daily basis but still I am earning same amount as I was earning before" (Respondent 6, personal communication, March 26, 2015).

"Now the situation is even worse as I cannot lift heavy weights, so I've to find a job which doesn't involve lifting heavy weights. I am working as daily wager so it is quite difficult to find a job but finding a job which I can do, is almost impossible, so yeah, my income has decreased" (Respondent 10). Figure 5 represents the change in the income of the respondents before and after nephrectomy.

In few cases the income of the respondent increased than before which makes the income relative with the kind of job that respondent was doing before nephrectomy and after nephrectomy;

"Before I sold my kidney I was working as bonded labor where I was not paying enough you can imagine that I was getting paid as low as $25 per month but now I'm working as daily waging labor and I'm earning more than that" (Respondent 4, personal communication, March 18, 2015).

Figure 8: Change in Income



Changing the job made the financial situation of a respondent better than before but the same thing did not happen to all of the respondents because in most cases the income was same or decreased. However, in some cases the respondent was not able to work so they have to leave the job that they were doing before;

"I didn't go to work after the nephrectomy as it was not possible for me to work as house maid, so now I just stay at home." (Respondent 16, personal communication, May 2, 2015).

In addition, in some cases even changing the job did not work and their income decreased

"I was working on an agricultural farm but now my duties have changed, now I just fed the cattle so my salary is also lesser than before" (Respondent 9, personal communication, April 20, 2015).

Respondents who changed their jobs either to get rid of the slavery or changed because they were not able to do the laborious jobs as they used to do before and in some cases the respondents were not able to work at all after the nephrectomy;

"I was working at a local farm and was bonded and now I am working as daily waging labor in Lahore" (Respondent 8, personal communication, April 13, 2015).

"I am not working at all because I can't work now" (Respondent 14, personal communication, April 28, 2015).

In case of this particular study, respondent who experienced an increase in their income were working under bonded labor or were the only persons working in their families. In case of respondents working as bonded labor, their income increased because of the fact that they were already being paid way lesser than the average wages. When they paid their debt and became free, they were able to bargain for their wages, so their income increased than before but still

they were below poverty line. In other cases, other members of respondent's family started to work. That was additional income and because of that their average income increased. On the other hand, nephrectomy made the family more vulnerable because of the increase in health expenditures. It also made the family vulnerable because one of the members was not able to work like before, which means he had to face a cut on his wages.

4.3.2 Assets and Savings

The respondents do not have any kind of assets or savings and the family was very dependent on the income that the respondents were earning. Some of the respondents do not had the houses of their own and those that do have their own houses received the land during the Bhutto's nationalization policy

> *"No, it was not possible for me to arrange this money, I don't have any assets or savings, I am a poor man I earn and my family eats, assets and savings are for the wealthy, not for the guys like me" (Respondent 2, personal communication, March 18, 2015).*

The respondents could not arrange this amount from any other source, as their relatives are also poor like them

> *"I cannot arrange anything, I don't have any assets and my relatives are also poor like me so how can I arrange" (Respondent 1, personal communication, March 15, 2015).*

A respondent told that even someone of his relatives or any other person from whom I can borrow, had the money even then no one would have helped them;

> *"I took this decision because I knew that no one help us when someone is victim of poverty and worst circumstances everybody tries to avoid them, because they know that person can ask them for help" (Respondent 11, personal communication, April 20, 2015).*

The respondents wanted to get rid of slavery but they were not able to repay to the landlord as their wages were already low enough. A respondent who was working as bonded labor at a farm described the whole phenomenon

> *"It's impossible to repay the loan if you are working as labor at a farm, once you have taken the loan you cannot repay it, no matter how hard you can try. Because the landlord will not let you go so that you can work somewhere else and repay the loan and he'll not pay you enough, so saving money to repay the loan is also out of option" (Respondent 10, personal communication, April 16, 2015).*

Respondents could not arrange the money except that they sell their kidneys so they sold the only assets they had as it was the only thing which was only theirs, but how they received money and how utilized it is still to be explored.

4.3.3 Finally I received my money

The respondents received the money at the time of discharge from the hospital, before that they got nothing. The respondents spent 3 to 12 days in the hospital and the days vary from one respondent to other;

> *"I was discharged from the hospital after 6 days and then I received the money" (Respondent 16, personal communication, May 2, 2015).*

> *"Promised amount was provided to me after the nephrectomy at the time of discharge from the hospital and I was discharged 4 days after the nephrectomy" (Respondent 2, personal communication, March 18, 2015).*

All the respondents were foretold about the amount that they would receive after the nephrectomy. On average, the respondents received $2000 with a range of $1000 to $4300 and the mean amount of received money by the respondents who sold before 2007 is equal to those who sold after 2007.

Respondents received the promised money at the time of discharge from the hospital, except two respondents who received less than the promised,

> *"I was promised $4761 for my kidney but at the time of discharge, the broker gave me $2857 and I couldn't ask about the rest because of the surgery" (Respondent 6, personal communication, March 26, 2015).*

"He promised me $2288 but when I received the money, it was only $1017 and when I asked him about it he told that it's all that he got as the recipient was not that rich" (Respondent 8, personal communication, April 13, 2015).

Talking about the broker, those sellers who sold through a middleman paid for his fee when they received money. In fact, the broker paid them after deducting his fee from the money. On average, a respondent paid $252 to the broker as his fee.

In all the cases recipients paid for the food and residential expenditures of the respondent. All the medicines that were required during the respondent's stay at the hospital and hospital bills were paid by the recipients but the travel expenses were bore by the seller

"All residential and food expenses were paid by the recipient" (Respondent 16, personal communication, May 2, 2015).

"Residential expenditures were paid by the recipient and I paid for all food and travel expenditures" (Respondent 9, personal communication, April 13, 2015).

4.3.4 How Money was utilized

When the respondents received the money and came home, major portion of the cash received was utilized in repaying debt in all the cases. Some of the respondents spent all the money in paying debt while others paid the debt and utilized the money in buying necessities

"I paid the debt and after that, I was left with nothing" (Respondent 14, personal communication, April 28, 2015).

"From the received money I paid the debt, paid for my wife's operations and the rest was utilized in household expenditures" (Respondent 9, personal communication, April 13, 2015).

The range of utilization was different from respondent to respondent but most of the respondents paid the debt, utilized the money to buy medicines for his family members, bought home utensils and other necessities;

"I utilized the money to pay my debt, utilized it for the treatment of my mother. Later on my mother died and the rest was spent on the funeral" (Respondent 7, personal communication. March 27, 2015).

"The received money was utilized in paying the debt, paid for my wife's operations and the rest was utilized in household expenditures" (Respondent 9, personal communication, April 13, 2015).

Utilization was same but different in sellers but there are sellers who bought a buffalo or cow and a female respondent spent the money for the business of his husband

"I utilized the money to buy home utensils, I bought my medicines and I bought a buffalo which died after a few days" (Respondent 8, personal communication, April 13, 2015).

"I gave the money to my husband he paid and from the rest, he husband made a barber shop" (Respondent 16, personal communication, May 2, 2015).

In most cases money was not invested anywhere by which they can secure their future, they were trying to repay for their past but their future was also endangered. As one of the respondent spent all the money on his brother's, marriage and there was nothing left for him.

When the respondents came home, they were not able to work and average rest period for the respondents was 3 months. The doctor told them that you should rest for 3 months, however some respondents took much longer time for the rest while others started to work soon after the nephrectomy;

"For one and half month, I didn't do any kind of work but after that I again started doing household chores" (Respondent 1, personal communication, March 15, 2015)

"For five years I didn't do anything and during all this my sisters helped me" (Respondent 10, personal communication, April 26, 2015).

In most cases, during this period money received from the sale of kidney was utilized and in some cases, family provided the seller with everything that he needed

"During that period, the money received from the kidney was utilized and my husband was also working" (Respondent 11, personal communication, April 20, 2015).

"My family members took care of me during this time. All the money that I received was spent on the marriage and after that money received as gifts from

the wedding of my brother was utilized as I was not able to work" (Respondent 13, personal communication, April 27, 2015).

4.3.5 Economic Status after Nephrectomy

Overall, the financial situation of the sellers is worse than before, before nephrectomy, they were able to do all types of jobs, and now they cannot do all the jobs specially those, which involve lifting heavyweights or working for longer periods. Before nephrectomy, there was a hope for the seller that if he worked hard enough, maybe he will manage to earn more and can give his family a better life but after nephrectomy that hope is also dead as hard work is not possible now;

"Before the nephrectomy, my financial condition was not good enough, but I was faithful that if I will work really hard the situation will be much better in the near future but after the nephrectomy the situation is worse because now I am not even hopeful as I cannot work hard" (Respondent 13, personal communication, April 27, 2015).

And for some respondents the situation became too miserable because now the respondent cannot work at all, even if he finds some work he is not able to do it and his wife is managing all the household expenditures;

"Before, I was poor but now I am a beggar. My wife earns and so the family eats" (Respondent 3, personal communication, March 18, 2015).

As the money received from the sale was utilized in paying the debts and fulfilling current household needs so there was no saving or investment for the future, which made their future worse than the past;

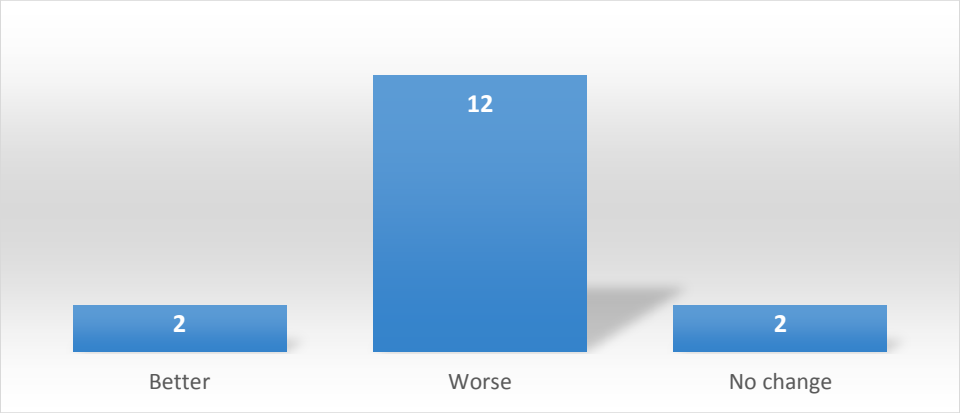
> *"My financial situation is worse than before, as selling has brought nothing good in my life. At that time, money received fulfilled my needs but now again the situation is worse. (Respondent 2, personal communication, March 18, 2015).*

Most of the sellers were daily wagers or were on the farms so their work involved physical hard work as they had to lift heavy weights and they had to work for longer periods of time but what if they can do the job and cannot work for longer periods, it means that their income will decrease over the time;

> *"Now, I'm not that good at work. My income has decreased further and now I am not able to work even if I find some work, sometimes I had to take half day off because of the pain. The respondent told that he had fallen further as my income has decreased" (Respondent 4, personal communication, March 18, 2015).*

> *"My financial situation is even worse because before nephrectomy I had both kidneys and I can work no matter how hard the work used to be. But now I am not able to work like before and if I cannot work enough that means I'm not earning enough because they pay me for the work I do not for the rest" (Respondent 8, personal communication, April 13, 2015).*

Figure 9: Financial Condition of the Respondents (After Nephrectomy).



However, the same did not happen with all the respondents as some respondents told that their financial situation is same like before and some were even satisfied with their financial situation. Figure 6 shows the respondents responses to their financial condition. The financial situation of the respondent did not change and he is living in the same misery

"Decision of selling brought no economic change in my life; the received money was spent on my mother's medicines and hospital bills" (Respondent 1, personal communication, March 15, 2015).

There were also respondents that were quite satisfied and hopeful that they are free now and had paid the debt so now they can survive

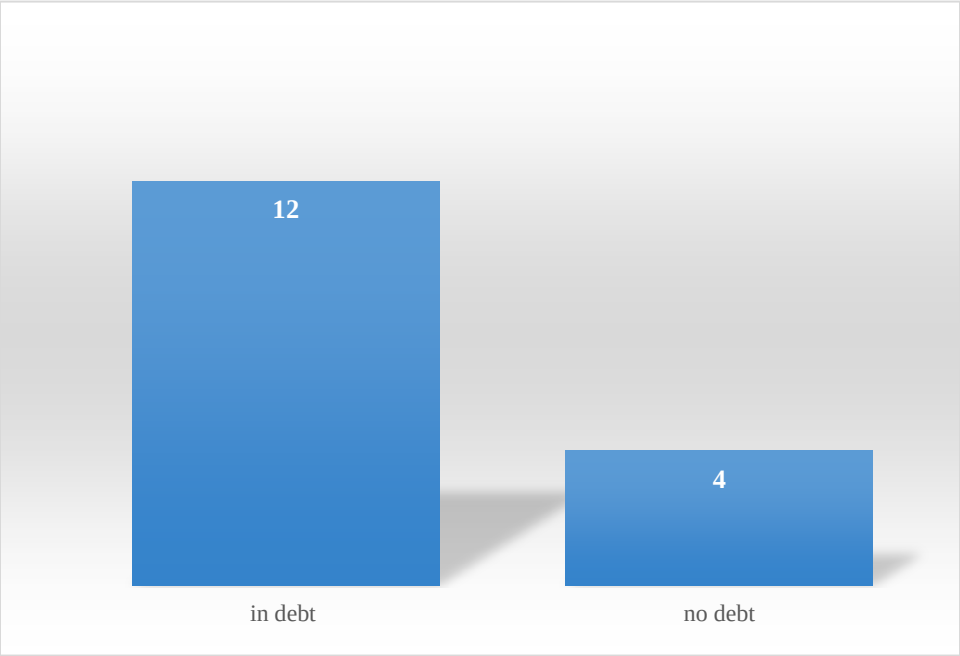
"My financial situation is much better than before as I got rid of the debt" (Respondent 10, personal communication, April 16, 2015).

"My income has decreased after the nephrectomy, but I think that now my family's living condition is much better than the past because I built home for them, although it has only one room but it's our own house. Now if something

happens to me, my family may be able to survive the odds" (Respondent 12, personal communication, April 27, 2015).

Talking about the debt Figure 7 illustrates the debt of the respondents after the nephrectomy

Figure 10: Debt of the Respondents (After Nephrectomy)



Most of the respondents are still in debt which describes their situation that selling the kidney did not do much good for the respondents, for the time being the respondents fulfilled their expenditures but in the end the situation was same again.

The respondent gained nothing from the selling except misery and life that is even more difficult. Some of the respondents gained success in changing their employment status form bonded to free but along with the taste of freedom they also had to bear the certain restrictions in on body, as now they cannot work all sorts of jobs. Therefore, they had good news but with strings attached. Other respondents did not have even the momentary joy and fell in the pit of bodily

restrictions. The respondents never had any assets and after the as the money was spent in paying the debt, household expenditures, illness and other needs there was nothing left to be saved or buy any asset that may have helped them in future. They received money after the nephrectomy and that time they were not able to demand if the promised money was not provided to them. Therefore, they have to come home with what they got and they paid the broker's fee out of this money. After the nephrectomy, not all the respondents failed to achieve the goals that they had intended for as their economic status changed. They were in abject poverty before the nephrectomy and still they are in the same condition. The decision of selling did not bring much change in their economic status. However, it did contribute its part in making them worse off.

4.4 Health Section

Health is the most important aspect of human life as a healthy person is able to deal with the confronting challenges and so was the case of all the respondents. Before nephrectomy all, the respondents were able to manage all the challenges; mental stress or social challenges. They were able to do physical hard work without any fatigue, mental and physical issues. In the following section, physical health of the respondents will be analyzed. How nephrectomy affected their daily life and what restrictions they had to face because of the nephrectomy they had faced is to be analyzed. But before going there it is important to understand the condition of post nephrectomy care. Once the nephrectomy was performed, the respondents needed proper medication. But did they have the medication and examination by the doctors, is to be discussed.

4.4.1 Post Nephrectomy Care

In all the cases, the respondents were not provided with any kind of post nephrectomy care except the medicines that were provided to the respondents for one week on average. In one case, medicines for one month were provided and in another extreme case, the respondent was not provided with any medicines.

> *"Hospital provided me with one week's medicines and then told me to buy the rest from a medical store" (Respondent 4, personal communication, March 18, 2015).*

> *"I was not offered any kind of post nephrectomy care, what I did; I did it with my own money" (Respondent 10, personal communication, April 16, 2015).*

In some cases, the respondents were promised for post nephrectomy care by the broker or the recipient but no one took care of their medicines and other needed medical assistance. The respondents were left on their own and nobody ever contacted them for post nephrectomy care and, as they did not know the recipient so they were not able to contact them either. Respondents bought the medicines with his own money and most of them bought the medicines from the money they received for their kidneys

> *"When I's in hospital they used to ask me that how are you feeling but after the discharge nobody ever asked in fact they pushed me to hell" (Respondent 3, personal communication, March 18, 2015).*

These respondents had never been to a doctor since the date of nephrectomy. Some of them had been to tbfche local dispenser but had never been to a specialist after the nephrectomy and all the respondents told a single reason for not going to the hospital that they do not have money for the hospitals and the doctors.

"I had never been to the doctor after the nephrectomy and when the pain is out of control I take some pain killers" (Respondent 6, personal communication, March 26, 2015).

"I didn't go to the doctor for a checkup since the nephrectomy was performed because I didn't have the money for the doctors and the hospital" (Respondent 11, personal communication, April 20, 2015).

4.4.2 Health of the Respondents

Before the nephrectomy, all the respondents had good health they used to work all day long then the main reason was the availability of work;

"I was quite healthy and can work whole day without feeling any kind of depression or fatigue. I was quite active then" (Respondent 1, personal communication, March 15, 2015).

"Before the nephrectomy I had good health and I felt alive" (Respondent 5, personal communication, March 26, 2015).

"I had good health before nephrectomy and can work like a bull" (Respondent 2, personal communication, March 18, 2015).

After the nephrectomy, the respondents are not in good health and cannot work for a longer period. If they work for a longer time, fatigue takes over.

"I cannot work, particularly when the sun is high and cannot lift weight" (Respondent 13, personal communication, April 27, 2015).

"If I work for a longer period then pain overtakes, fatigue comes over and then I need a little time off but my employer for the day cannot allow this as he's paying for the work not for the rest" (Respondent 2, personal communication, March 18, 2015).

"Before the nephrectomy, I had good health and I was like a horse who runs every day. After the nephrectomy, my health started worsening with each passing day. I cannot run even have problems in walking around because of the pain" (Respondent 7, personal communication, March 27, 2015).

"Now I am the half of everything that I used to be including my health and income" (Respondent 9, personal communication, April 13, 2015).

Because of the physical degradation of the respondents, their daily activities have also changed. Before nephrectomy, the respondents were active and were able to perform all the activities that were needed in a day. Their activities include lifting heavy weights, running. Respondents used to work all day long as they were working as daily waging labor, as labor on agricultural farm and at brick kilns and in case of female workers as house maids, so their day used to be quite busy but they performed all the activities happily;

"Before nephrectomy, I used to work all day long, I was working as a maid, I was doing all chores of my house and then I used to help my husband in the fields" (Respondent 11, personal communication, April 20, 2015).

"I had good health before nephrectomy and can do all sort of jobs including those which involve laborious work and I used to work all day long. I also used to wrestle (Pahlwani) for a time" (Respondent 8, personal communication, April 13, 2015).

But when they came home after nephrectomy, their whole world turned upside down. They have to rest for some time and after that when they started to go to work; they came to know that they are not that good anymore. Tiredness, laziness, agitation became a part of them.

"After nephrectomy, I'm not able to work, I'm tired all the time, I'm lazy and want to lie around all day long. Now I cannot work more than three hours" (Respondent 4, personal communication, March 18, 2015).

The respondents have problem in lifting heavy weights and in working when the sun is high;

"I cannot work, particularly when the sun is high and I cannot lift weight" (Respondent 12, personal communication, April 27, 2015).

Working capacity of the respondents have decreased over time because of that they had to shift toward the jobs which doesn't involve laborious work and being the unskilled labor they have to move towards the less paid jobs. Even then, sometimes they cannot work for the whole day and have to take half day off and that means that they will get only a slice of the wage.

However, problems for the respondents do not stop here as many health issues were waiting for them. We look at the health issues that respondents are encountering in their daily life the time.

4.4.3 Health Issues

The respondents have encountered several health problems after the nephrectomy and they told that it all started after the nephrectomy. Burning sensation at the scar of nephrectomy, problems of vertebral column, renal infection, agitation, temperament issues, restlessness, weakness, constipation, blood pressure problems, and memory issues. All the respondents have some of these problems except one respondent who told that

"Do not encounter any other health issues because of nephrectomy"

(Respondent 10, personal communication, April 16, 2015).

All other respondents have faced severe issues and their lives in health terms cannot be named as healthy. They are perplexed and dizzy as one of the respondent put it

"I'm quarter of a man that I used to be" (Respondent 14, personal communication, April 28, 2015).

Above that, a respondent told that he is unable to stand for a longer time so he has to sit after a while;

"Sometimes there's burning sensation. It tells me that something is not in the body that should be. I'm having a problem with my vertebral column, acute restlessness and I cannot stand or walk for a longer period; say it 5 to 10

minutes and then I've to sit" (Respondent 1, personal communication, March 15, 2015).

"after nephrectomy my blood pressure is high most of the time, heartbeat is faster, I'm panting all day, having the issue of constipation, which happened during the days of nephrectomy and still the problem persists" (Respondent 11, personal communication, April 20, 2015).

Some respondents complained that when they work for longer periods, they hands become numb and a pain starts at the location of the kidney. All the respondents are facing pain (severe pain in some cases, while in other cases pain start when they do laborious work) except two cases who are not much disturbed by the pain. Fatigue and pain are correlated in all the cases as whenever they are tired the pain becomes severe and then they've to take pain killers and sometimes have to transfuse injections;

"I feel pain and burning sensation, especially when the work is laborious then the pain becomes out of control and I've to take pain killers" (Respondent 13, personal communication, April 27, 2015).

"I am tired, my scar in burning, I'm perplexed and cannot do even the simple chores. I feel severe pain when I am working (Respondent 16, personal communication, May 2, 2015).

Apart from the problems stated above the some of the respondents are also facing memory issues as they are having problems I n remembering things.

It is important to know that whether the respondents were foretold about the physical and mantle limits they were going to have. In addition, did the doctors, brokers or any person told them or they knew about the limits from any other source, about the physical and mantle degradation that they can experience in the future.

4.4.4 Awareness about Physical Degradation

If the respondent were aware of the physical limits that they may experience after the nephrectomy it'd helped them in making the decision that they should sell or not. However, some respondents did know about the physical degradation and still they made the same decision;

> *"I knew about the physical limits of my body that I can experience after the nephrectomy but I had to pay the debt as my two younger brothers were held captive by the brick kiln owner" (Respondent 12, personal communication, April 27, 2015).*

> *"Broker told me that after nephrectomy, you'll be weaken and you'll not be able to lift weights" (Respondent 14, personal communication, April 28, 2015).*

> *"I was aware of the physical limits that I's going to have as the person who introduced me to this world told me about it but no doctor told me about the problems that I can have, instead the doctor told me that everything will be quite normal" (Respondent 2, personal communication, March 18, 2015).*

Not all the other respondents knew about the problems and nobody told them about it;

"Doctors did not tell me about the problems that nephrectomy can affect me physically or mentally. The doctor just told that you can die or live in this operation" (Respondent 12, personal communication, April 27, 2015).

"I asked him that if something will happen to me during the operation or will I be able to work after the nephrectomy? The finder told me that nothing will happen to you, you'll be healthy like before as the human body needs only one kidney to survive"(Respondent 13, personal communication, April 27, 2015).

Without being in good health, it is not possible for one to move towards a better tomorrow, the type of jobs in which the respondents were involved, needed physical strength and before nephrectomy, they were able to deal with the daily challenges. When the respondents were nephrectomized, they readily started to experience their physical limitations. Now, they are tired all the time and have several other health issues like pain, bodily discomfort, blood pressure problems, and other health issues. Because of physical degradation, laborious jobs are out of question and their working capacity has decreased. They even find the simple tasks difficult. If they were made aware of all the possible problems that they can experience after nephrectomy, may be they would have made a different decision. But they were not aware about the exact complications they were going to experience and nobody told them about it. Overall, respondent's health, working capacity is deteriorating over the time.

4.5 Social Aspect of Selling a Kidney (Post Nephrectomy Issues)

Respondents are socially and economically deprived people and are without any assets, economic stability, and political voice. They were already marginalized by the society and after

nephrectomy there miseries just started to grow. The society even the community in which they are living make them realized about the hardships and shame they just brought on themselves. Relatives, friends, coworkers, all the people who came to know about the nephrectomy criticized them and made fun out of their act of selling.

But how actually the act itself turned out for the respondents and how it affected their state of social exclusion is to be examined. Reaction of their relatives, community interaction, and their ability to handle the problems, their fears, and personal relationship will be evaluated here.

4.5.1 Reaction of Relatives

When the respondents were discharged from the hospital, they came home and had to face a completely new set of problems. There was anger, agitation, taunting, and helplessness in the reaction of their close relatives. All the respondents had to face the same reaction from their relatives, which involve pleading, anger and care for the respondent. Initially, they were angry and they scolded the respondents. But eventually the family members had to understand the misery and problems they were going through but others keep on taunting. However, the initial reactions were harsh enough;

"My father raged and told me that you should have consulted me. It will bring nothing good to you and your family" (Respondent 5, personal communication, March 26, 2015).

"When I came home after the nephrectomy, my relatives scolded me and didn't talk to me, they taunted me but I told them that I didn't have a choice" (Respondent 8, personal communication, April 13, 2015).

"After reaching home, I had to bear the worst criticism of my life. My family members and relatives were annoyed. They taunted me and said that you should have begged or should have died instead of doing this" (Respondent 13, personal communication, April 27, 2015).

"As I didn't tell anyone about the selling, so when I came home after the nephrectomy they got angry and didn't allow me to come home. Now as the time is passing and I am experiencing the problems I've also started to repent on his decision but what else I could have done then" (Respondent 4, personal communication, March 18, 2015)?

The reaction was same in all the cases except two;

"No one taunted me or made fun of me" (Respondent 11, personal communication, April 20, 2015).

"When I came home after the operation and my relatives and family came to know about the selling, my father scolded me that you have not done well to you and to your wife, my wife didn't say anything, she said now it's done what else we can do now? So let's make the best out of what we have" (Respondent 12, personal communication, April 27, 2015).

The respondents have to bear criticism of his relatives. But were not able to say a word to them. However, gradually things started to move towards normal between him and family members. However, how the things worked out for them when the other community members came to know about the selling, tis in need to be examined.

4.5.2 Community Interaction

The respondents had never been active community members before nephrectomy but after nephrectomy, the situation is even worse. They are afraid that if someone will knew about it they will taunt them and will make fun of them. They are called as *"Kidney Sellers"* in their respective communities and are quite lonesome. Respondents never talk about the selling and if someone talks to them about the issue, they try to avoid the question

> *"I'm not comfortable with discussing about the selling and I don't like to talk about it. I'm terrified that what others will think when they will come to know that she sold her kidney" (Respondent 15, personal communication, May 2, 2015).*

> *"I was horrified that others will know about it. I try to avoid if I had to go somewhere because if someone told the police then they will arrest me" (Respondent 12, personal communication, April 27, 2015).*

All the respondents try to avoid the questions because they are afraid of taunting and are ashamed for what they have done. One of the respondents told that he did not know that the decision he made was right for him and his family or not but the people of his community made him realize that he is trapped even before he started to experience physical degradation. The respondents are afraid of the reaction of the people as they always taunt them and thus they have become loner. They like to sit alone and do not mix with the others. They are tired and ashamed and do not want to answer the meaningful questions and taunting. The respondents also have issues in moving around the community and walking and talking with their friends

"I am a loner, partly because of the fatigue and partly because of the fear that others will know about selling and I'll be ashamed in community. I don't move around with my friends and try to avoid the crowds" (Respondent 5, personal communication, March 26, 2015).

"I cannot communicate with my family members and relatives because they taunted me a lot and whenever they taunted me, I was too annoyed and wanted to go somewhere so that nobody can say me anything" (Respondent 8, personal communication, April 13, 2015).

"I don't like to move around the community as the people taunt me that what good the decision of selling brought in your life. Even the landlords taunt me and call me "the kidney seller." That's why I try to avoid people" (Respondent 2, March 18, 2015).

All the respondents have problems in communicating with the community members except one;

"I don't have any problem that what other people say. Where were they when I had to make such decision? They didn't help me, then why should I care about what they say" (Respondent 8, personal communication, April 13, 2015).

All the other respondents can be described as loners

"I don't sit in a gathering because I'm ashamed and afraid that someone will talk about the selling and will taunt him that how the decision turned, ;look at him now he can't even walk. So, I spend my free time at home and don't mix

with the people because they make fun of me" (Respondent 4, personal communication, March 18, 2015).

However, all the respondents whether male or female try to hide their nephrectomy scar as it can reveal their identity as the kidney seller. One of the respondent told

"I try to hide my scar, and when someone asks me about selling the kidney I've to lie that I was sick, so it has to be removed. I lie because I'm embarrassed of what I did and afraid that what other people will think about me" (Respondent 15, personal communication, May 2, 2015).

4.5.3 Issues in Personal Relationship

The relationship of husband and wife is the closest of all the relations but in some cases there's a communication gap between husband and wife and the respondents admitted that the reason was their helplessness and temper. They were not able to control the anger so most of the time they are quarreling with life partners;

"I am all the time angry and quarreling with my wife" (Respondent 5, personal communication, March 26, 2015).

"My temper is the issue, so sometimes there are problems between husband and wife but overall my relation with my wife is prevailing" (Respondent 12, personal communication, April 27, 2015).

"I started to have family issues with my husband and finally I demanded for a divorce and all these issues started to happen after the nephrectomy" (Respondent 15, personal communication, May 2, 2015).

In other cases, one of the partners understood others problems and finally their life started to work;

"My husband understands that I'm on the rough edges and he is too compromising. He takes good care of me so our relation is working fine" (Respondent 16, personal communication, May 2, 2015).

"I had difficulties in my personal relationship. But now she understands my situation and supports me" (Respondent 9, personal communication, April 13, 2015).

The relation of respondents with their respective life partner had not been working out that well after the nephrectomy. The reasons vary from cases to case as some of the respondents blame the deterioration of their financial condition and some blame their unstable behavior. In those cases where their spouse understood, the problems of other they are managing to live along while others are just struggling.

4.5.4 I can't the Handle the Problems

As being the head of the family, it is ones duty to take the pressure of making household decisions. In the patriarchal society like Pakistani society, the decisions are made by the male, which are also the head of the household. But after the nephrectomy the respondents are not able

to make decisions and thus look to others mostly their siblings for the decisions. In two cases, the respondents are still able to decide for themselves and for their families. One respondent is able to make decisions but still he looks to his sister for important decisions while the other one had to make decisions as there's no one else in his family who can take the responsibility;

"I can handle the problems but most of the decisions are made by my sisters" (Respondent 10, personal communication, April 16, 2015).

"I make all the decision of my family as my parents are too old" (Respondent 4, personal communication, March 18, 2015).

Rest of the respondents, are not able to make any decisions and are unable to deal with the pressure of making a decision. In fact, they have last their importance as the household head and are dependent on the others

"I cannot face the problems that my family faces, I try to run away from problems partly because I've lost believe in me and partly because I'm not earning enough and can't provide my family" (Respondent 5, personal communication, March 26, 2015).

"I cannot make decisions and I'm dependent on my wife and father in law" (Respondent 12, personal communication, April 27, 2015).

The respondents came home after nephrectomy and they had to face severe criticism from their family members. Initially, they were abandoned by their families but later on the circumstances started to move towards a normal situation. The respondent had to face criticism from their

community too but there was nothing that they could have done except to bear all the worse circumstances. Because of these circumstances, the respondents have become loner and their personal relationship is in jeopardy. The respondents are not able to handle the problems that their household faces, so they have to look to others for the decisions and they have lost their worth as the head of the family.

4.5.5 Psychological Problems

The respondents have not been able to comprehend the situation, since nephrectomy. Mental capabilities of the sellers are on a continuous roll, down the hill. They are not able to make decision, have problems in communication with others and in some cases even with their family members. PHQ-9 questionnaire was used to evaluate the depression in the respondents;

Table 4: Determining that Respondent is Depressed or Not?

Problems	Respondent No.															
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**
Crying	1	0	1	1	1	0	1	1	1	1	1	0	1	1	1	1
Can't Decide	1	1	1	0	1	0	0	0	1	1	1	1	1	1	1	1
Abnormal Eating	1	0	1	0	1	1	1	1	0	0	1	1	0	0	1	1
Drained	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1
Headaches	1	0	1	1	1	0	1	1	0	0	1	1	1	1	1	1
Sadness	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Self-Harm	1	1	1	0	0	0	0	0	0	0	0	0	0	0	1	1
Sleep Disorder	1	1	1	1	1	0	1	1	0	0	1	1	1	1	1	1
Everyday suffering	1	1	1	1	1	1	1	1	1	0	1	1	1	0	1	1
Failure	1	1	1	1	1	1	1	1	1	0	1	0	1`	1`	1	1
Suicidal	1	1	1	0	0	0	1	1	1	0	1	0	0	0	1	1
Tiredness	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1
memory Issues	1	1	1	1	1	0	1	1	0	0	1	1	0	1	1	1
Diagnosis	13	10	13		11	6	11	11	8	3	12	9	8	8	13	13

Note: 1=Yes, 0=No (Five or more ‘Yes’ responses designate respondent as Depressed)

All the respondents are facing the issue of depression after the disembodiment of kidney. They are sad and consider them worthless for themselves and for their families. They believe that selling had brought nothing good in their lives and their lives are suffering. They consider themselves useless people who only increased the miseries of the families. Although, they tried to set things right for them and for their families but the way to choose to fight with the helplessness took them further in the depths.

Only one respondent was not psychologically depressed. He is making all the decisions of his family. He told that it does not mean that had not lost nothing in the maddening circumstances, I have lost a lot but I have to move on. He also cries when he thinks about his financial problems, and has issues of making a decision and on certain occasions he is sad too, but he had to move on no matter what happens

"I am not doing it for myself, I am doing it for my family, and I've to think beyond myself, about the lives that are attached with mine" (Respondent 13, personal communication, April 27, 2015).

4.6 Advice

When the respondent were asked that what they will wish for the other potential sellers and how will you advise them, all the respondents agreed on the one answer that no one should cell his kidney as it won't bring any good in the sellers life and he'll suffer but his family will also suffer the consequences.

"I should not have sold kidney but I was coerced. A few people came to me seeking the advice about selling and I told them that don't do this or you will

suffer for the rest of your life" (Respondent 1, personal communication, March 15, 2015)

"Nobody should sell his kidney, my son asked me that he'll sell his kidney so that he can pay the debt but I advised him that do not do this otherwise your rest life will be spent in the regret" (Respondent 11, personal communication, April 20, 2015).

Chapter 5.

Discussion, Conclusions and Implications

In the following chapter, the findings from the study are discussed with reference to already carried studies. The discussion is organized according to the specific themes and the objectives of the study. Implications are drawn from the discussion and finally a conclusion of the study is presented.

Kidney selling is a phenomenon of the third world and portrays the dark face of social and economic exclusion of the sellers. Countries like Pakistan are the exporters and the facility centers for the country's rich and foreigners who are able to buy from the poor and have snatched the right of autonomy on poor's own bodies. Not much research is carried out in this area and the non-medical researches, which include the role of the sellers as the stakeholders of the process, are even few in numbers as expressed by Shimazono (2007). The research, which is carried out mostly, involves the debate for the establishment of market in kidneys and concerns with compensation plans for the donors, which are actually sellers of the kidneys.

All the respondents in the current research belong to a single caste known as Muslim Sheikh. The community is excluded socially and economically from the rest of the society. The Muslim Sheikh is spread throughout the province of Punjab and in the other parts of the country. The title of their caste may vary from region to region but their social and economic poverty makes them the most vulnerable in all the regions. Muslim Sheikhs are Muslim version of Hindu Dalit who became Muslim later. This community particularly is deprived of necessities. Being the most vulnerable makes them more inclined towards the lucrative offer that they came across.

This particular research involves multiple case study and cross case analysis of the 16 cases of kidney selling. Cross case, analysis enabled the researcher thematically analyze the selling process and post nephrectomy effects of selling. The study is divided under two objectives.

5.1 Objective 1: Defining the Kidney Value Chain

Not enough studies have been carried out which explain the non-medical aspect of the process of kidney selling and those few who had addressed the sellers have ignored the details of the process. This particular research explores the mechanization of the selling process with the importance and consequences of each event.

The sample size consisted of both male and female respondents. Before nephrectomy, all the male respondents were breadwinners of their families but the female respondents were not allowed to make decisions, as they have to talk to their husbands, in this particular study. Because in this study the households were headed by the male member of the household and women cannot take decisions on their own and in matters of grave importance, it is practically impossible for a woman to decide, without consulting his husband. The selling process describes their misery that they had to take such desperate measures.

These were the desperate times for the respondents so when they knew about selling kidneys, that they could have a way to fulfill the needs they readily started considering it as a viable option. However, their sources also encouraged them and made them believe that it is possible for them to get rid of their distresses. The respondents were comparing their current condition of helplessness as they had already tried and asked their relatives to help them but as discussed earlier their relatives and friends are also Muslim Sheikhs and are deprived like them, so it was

not possible to get some help from the relatives and friends. The respondents are underprivileged members of the society and do not have any assets or savings as Moazzam et al. (2009) have discussed. The existence of any other way to arrange the money was already squeezed when they were borne as Muslim Sheikh. The Muslim Sheikhs are living in smaller communities near the village and had been attached to landlords for so many decades. However, this is marginalized class, which is deprived of any assets. Thus they are most vulnerable and can easily be manipulated.

They were vulnerable and their sources from whom they came to know about selling were encouraging them to utilize their body as source of income. The respondents were thinking about their debt and the other subjective, individual reasons like illness, marriage, establish a business and buying life-sustaining goods. At that time the respondents were not, aware about the illegality of the selling a kidney as some respondents sold before the "Tissue Transplant Ordinance" was passed but those who sold after 2007 were equally unaware of the selling. What they were aware was their deprivation and misery, which coerced them to make such decision. The respondents were correspondingly unaware about post nephrectomy effects of the selling that how their one decision can change their life for the worse. If they have all the information about what is a kidney, it will be removed, and what bodily restrictions they may have after nephrectomy, the respondents may made different decisions. But as they were not aware of all the facts so the need won and they decided to sell their kidneys.

The respondents asked for the help of their sources to sell the kidney. Therefore, they were taken to the brokers in the cases, which involve a broker and in the cases, which do not, sold through brokers, directly went to the hospitals. Here we are talking about an unregulated black market

while the situation in the regulated market as in the Iranian market, situation is even worse. In the Iranian market, the NGOs are playing a much better regulated role of brokers, as Zarghoshi (2001) explained it. Brokers convince the poor to sell their kidney and describe it as their way out of poverty same results are approved by the research of Moniruzzaman, (2012) in Bangla Desh. The brokers do lure the potential sellers but the misinformation and the coercion of circumstances are even worse than the brokers. The broker agreed to get them to the hospital and he offered them a price for their kidney even before matching the kidney with the recipient. The evidence reveals that it is a well-mechanized process, which involves multiple stakeholders like seekers, brokers, sellers, and hospitals and usually the hospital, which are involved in such business, are dealing with a pool of sellers and the recipients. When the sellers came to senses the first thing noticed was a scare of at least 13 inches long, which could have been avoided if the buyer would have paid $200 extra for the laparoscopic nephrectomy, which involves only 4 inches cut to remove the kidney.

The recipients did not tell his family members about their decision because they were responsible for providing the necessities to their respective families. But when they were failing to provide they took desperate measures to ensure the survival and those who told someone about the decision of selling include a respondent who didn’t sell to pay the debt or any other reason like buying food or someone was sick in the family as it also happened in India explained by Goyal (2002). He sold so that his brother will get married. Still, the deprivation and exclusion prevails throughout the cases. In case of female respondents, the husband knew about the decision but the respondents convinced them that if she will sell they can have a better future and as the husband were involved in daily waging labor, so it was their turn to scarify.

When the respondents were admitted in the hospital and all the tests for matching the kidney were being conducted, all the respondents were thinking about a better future, some were terrified too, but a hope was there and this hope for the better future led them to make this decision. If they knew the true value of their kidney and the problems that they will have to encounter, then it would have been a decision without coercion.

The respondents didn't know the recipient before nephrectomy and those who met the recipients told that they were all foreigners but in other studies like the study of Iran all the recipients were Iranian nationals, in the study of Zarghoshi (2001) and in the study of Bangla Desh the recipients were both foreigners and Bengalis. The respondents were not relatives of the recipients in fact they didn't even know or meet recipients but in the study of Iranian legalized kidney market some of the sellers were recipient's close relatives who were selling in exchange of monetary benefits from the Government and from the recipients. The respondents did not even talk to them and if they have talked, they will not be able to understand them. Shimazono (2007) also confirms that majority of the recipients come to the host country on medical tourism and during their stay all, the arrangements are managed with the help of local hospitals. There is no further contact from the recipients, all the respondents were living unrelated donors, and the whole act of selling was pure commercialism, which took place in a black market. But unlike the study of Zarghoshi (2001) where in some cases the sellers build a future close contact with the sellers, in our case there's no contact at all. The reason may be that in this particular study the sellers had no direct contact with recipients. Transplant tourism is a problem for all the developing countries like Pakistan, Bangladesh, and India. The rich people of rich nations fly to the third world and buy a kidney and the healthy life of a young poor person is exchanged with middle-aged rich

person from abroad. The flow of the organs always remains from rich to poor as Scheper-Hughes (2004) described it.

The respondents were not physically threatened or forced to sell the kidney but it will not be true to say that, they were not threatened or coerced to the least. Their past was threatening their present and their future was threatening their own and their future generation. So they sacrificed their present for their own future and for their children's sake. The respondents were not convinced or motivated for altruistic reasons. They all sold purely for financial reasons while in some other studies there is altruistic component but in this particular study there is no altruistic component at all. They did not know the recipients, so their motivations were purely financial. The establishment of such a market is moral, social, and medical tragedy, which created a medial apartheid.

5.2 Objective 2: Post Nephrectomy Effect of Selling a Kidney

When a seller undergoes the nephrectomy, he is trying to escape from the hardships that a life brought for him. Once the kidney was removed, they were left on their own. However, the question at hand is that how would the decision turned out for them? And how their economic, health, social and psychological situation changed after the nephrectomy. It brought prosperity for the seller or he would have been better off without selling.

5.2.1 Economic Facts

The respondents sold their kidneys to overcome their financial miseries and for a better future but how would actually the decision turn out for them, is the question that we are looking for. It involves the whole set of factors as their employment status after the nephrectomy, change for

the good in their assets and savings, how much money they received, who paid for the broker's fee, rest time and expenses during rest period, food and residential expenditures during stay at hospital, utilization and the change in their economic status.

The respondents were working the jobs, which involve physical labor before nephrectomy but they were not self-sufficient and their income was not sustainable. The respondents were uneducated and were not skilled, so their jobs involve laborious physical work. The respondents who were working as bonded labor their income increased after the nephrectomy as their status changed from being enslaved to free. They were not being paid enough so when they were bonded, they were also able to demand for the salary that was being offered to other laborers. The income is relative with the kind of job but in most cases the income remained same or decreased over the time because after nephrectomy they were not able to do the laborious work. The cases in which the income was same involves those cases who started to gain some sympathy money from the neighbors or their employees, or they moved to city to find a job but in all cases quality of life was deteriorated as it happened in Bangla Desh, Iran, Egypt and India as explained by the studies of Moniuzzaman, (2012) Zarghoshi (2007), Budiani-Saberiet al. (2008) and Goyal (2002). Respondents changed their jobs either to get rid of the slavery or changed because they were not able to do the laborious jobs as they used to do before and in some cases the respondents were not able to work at all after the nephrectomy;

The respondents failed to save money and equally failed to buy any assets that can help them in the future. They liquefied the only asset that they have 'autonomy of their bodies'. All the money was spent in buying food, repaying the debt, on the treatment of the sick one, in daily needs and the rest was consumed during the rest time. One respondent was able to build a house of one

room from the received money but now he cannot work like before, so he is also vulnerable. So primarily, the money was spent on fulfillment of current needs instead of investing in quality of life enhancement and same case is reported in case of Egyptian Sellers by Budiani-Saberiet al. (2008).

On average, the respondents received $2000 for their kidney, which is higher that the Iranian Government pays the kidney sellers ($1219). But the Iranian sellers also receive amount from the recipients as there're two contacts involved according to which the government pays a fixed amount of $1219 to all the sellers while there's also a secondary contract between the seller and the recipient. However, the price in Bengali market is $1400 and the price is still falling because of the increase in the supply of organs.

The respondents who sold through a middleman paid his services and all the respondents received the money after the nephrectomy. They stayed in the hospital from 3 to 12 days and during this stay recipient pay for the food and residential expenditures but the travel expenses were not provided.

The respondents were worse off after the nephrectomy because of their physical and mental deterioration. They were not able to do laborious work and that was the only thing they did before. Most of the sellers were daily wagers or were on the farms so their work involved physical hard work as they had to lift heavy weights and they had to work for longer periods but what if they can do the job and cannot work for longer periods, it means that their income will decrease over the time. It also killed the hope for a better future that respondents had before nephrectomy. As one of them told that he's hopeful that if he'll work hard enough the future will

be better than present but now he cannot work hard; which was the pre requisite of his theory of attaining better future.

5.2.2 Health Effects

Being in good health means being able to deal with the daily life challenges. If someone is not in good, mental and physical health his all plans will have to face his incapability to bring out best out of him. To work harder is a prerequisite for the hope of a better tomorrow; it means you have to work even harder than your past. But what if your physical limit doesn't allow you to do so? Before nephrectomy, all the respondents were involved in jobs, which require physical strength. They were uneducated and unskilled so the only way to earn money was physical labor. They needed physical strength and before nephrectomy, they were able to deal with the daily challenges.

After nephrectomy, the respondents started to experience their worst nightmares coming to life. They were involved in the jobs, which demand physical strength and good health, but soon after the rest period when they resumed to go to work, they started to realize that they were not that good anymore. Now, they are tired all the time and have several other health issues like pain, bodily discomfort, blood pressure problems, and other health issues. Because of physical degradation, laborious jobs are out of question, their working capacity has decreased, and they consider themselves 'handicapped'. They even find the simple tasks difficult. If they were made aware of all the possible problems that they can experience after nephrectomy, may be they would have made a different decision. But they were not aware about the exact complications they were going to experience and nobody told them about it, and in case of Bengali sellers the buyers convinced the sellers that nothing will happen to them. Overall, respondent's health,

working capacity is deteriorating over the time and now they are more prone to chronic, viral and kidney infection disease in the case of Bangla Desh, situation is same as explained by Moniruzzaman (2012).

The respondents were not provided post nephrectomy care or any compensation, not even for the rest period. They were not promised post nephrectomy compensation but then they were not aware about the problems that they were going to face. The respondents were not able to negotiate because of the unawareness about the possible negative outcomes of nephrectomy. However, in some cases the respondents knew about the problems but not in detail. In some cases, the respondents were promised for post nephrectomy care by the broker or the recipient but no one took care of their medicines and other needed medical assistance. The respondents were left on their own and nobody ever contacted them for post nephrectomy care. They did not know the recipient so they were not able to contact them either. Respondent consumed a brief share of money received in buying medicines. However, they never had the money to be fully examined by a specialist.

Because of the physical degradation of the respondents, their daily activities have also changed. Before, respondents were performing all the activities that were expected from them but now they cannot even do the half of that as one of the respondent claimed that he is quarter of a man that he used to be. They are tired, start panting, and are not fit for laborious work. Their working capacity is reduced to 3 to 4 hours and so is their income. The respondents have encountered several health problems after the nephrectomy, which they were not experiencing before. Burning sensation at the scar of nephrectomy, problems of vertebral column, renal infection, agitation, temperament issues, restlessness, weakness, constipation, blood pressure problems,

and memory issues. All other respondents have faced severe issues and their lives in health terms cannot be prescribed as healthy. Issues of Traumatization of hands and pain were reported by the sellers if they work for a longer period or if they work when the sun is high. Apart from the problems stated above the some of the respondents are also facing memory issues as they are having problems in remembering things.

Misinformation was a key problem in the making of a decision. The respondents were not made aware of the problems that they may counter in future. The doctors and the broker told the respondents that everything would be fine as the human body can perfectly work on one kidney.

5.2.3 Social Effects

The kidney sellers are Muslim Sheikhs; the untouchable's version of Pakistan. Social and economic deprivation, absence of any assets and saving pattern, economic instability and lack of political voice make them vulnerable and ready to be exploited. They were already marginalized by the society and after nephrectomy, their miseries just started to grow. The society even the community in which they are living make them realized about the hardships and shame they just brought on themselves. Relatives, friends, coworkers, all the people who came to know about the nephrectomy criticized them and made fun out of their act of selling.

When the respondents came home, they had to face anger, agitation, taunting, and vulnerability of their family members. All the respondents had to face a mix of emotions from their relatives, which involve pleading, resentment and care for the respondent. The respondent face all the criticisms but then it started to normalize with the family members but the respondents are still afraid that if someone will knew about the selling they will taunt them that's why they try to hide

their scars. The employers of the sellers coworkers and other community members still make fun of them as call them *'Kidney Sellers'*. Kidney selling is a social stigma in Pakistan so the sellers expressed the feelings of shame and humiliation. Kidney sellers have to face same consequences in case of Bangladesh as Monirozzaman (2012) explained it.

The respondents avoid such conversations; they are afraid of taunting and ashamed as their community members made them realize that they made a worse decision. All the respondents try to avoid the questions because they are afraid of taunting and are ashamed for what they have done. His life readily became worse even before he started to experience physical degradation.

The respondents were never active community members but after the nephrectomy, they had totally lost their voice. They try to avoid the crowded places and are loners as they like to sit alone and do not mix with the others. They are tired and ashamed and do not want to answer the meaningful questions and taunting.

The respondents have problems in moving with their friends and their personal relationships are complicated. There is a communication gap between husband and wife and the reason was their helplessness and temper. They were not able to control the anger and the relationship with their respective life partner had not been working out that well after the nephrectomy. The reasons vary from cases to case as some of the respondents blame the deterioration of their financial condition and some blame their unstable behavior. In those cases where their spouse understood, the problems of other they are managing to live along while others are just struggling.

The respondents are not able to make decisions and cannot take pressure of making decisions. Some of the respondents had lost their worth as the head of the household. Only two respondents

are able to make decisions for their respective families. One respondent is able to make decisions but still he looks to his sister for important decisions while the other one had to make decisions, as there is no one else in his family who can take the responsibility.

5.2.4 Psychological Effects

The respondents have not been able to comprehend the situation, since nephrectomy and are under constant psychological pressure. Mantle capabilities of the sellers are on a continuous roll, down the hill. They are not able to make decision, have problems in communication with others and in some cases even with their family members. Respondents are loners; they cry a lot, are partially, and in some cases fully drain. The respondents also have abnormal eating behavior; sleep disorders, self-harm is common among them. Respondents are experiencing headaches and in some cases severe headaches, they are sad, most of them consider themselves as failure and their lives are suffering. All the respondents are depressed and in some cases, the depression is too severe.

5.3 Implications

- Introducing monetary benefits may have increased the transplantable organ pool but it had undermined the altruistic nature of the donation. In the current study, no one sold the kidney because of the altruism; instead, what they were looking for was the financial benefits that they will receive in exchange of their kidneys. Therefore, introducing the financial incentives is not an answer to the question as it will give rise to the bio violence and will give rise to other medical apartheids and will undermine the value of being human.

- The received money by the sellers did not solve the problems but it gave rise to another set of issues. The money offered was not enough for the sellers that they can get rid of the problems and none of it was invested instead it just fulfilled the current expenses and handicapped the sellers. None of the sellers advised the others to sell the kidney, which reveals that if the sellers had the proper information about the post nephrectomy effects they may have made a different decision. Their health deteriorated over the time as the income is directly linked to the health, especially where the only way of earning is through physical labor, then the poor health mean inability to work and decline in the income of the household. Respondents were not able to solve the problems by selling the kidney so complete information instead of misinformation is in need to be provided to the vendors even if they are donating, purely out of altruistic reasons.
- The suggested safeguards in THOTO, like the elimination of intermediary or an authorization did not appear to be curbing the trade, instead 'The Law' just mechanized it. Moreover, presence or absence of a broker does not seem to be affecting the process of sale as there were cases who sold through a middleman and those who directly sold to a hospital and it appeared that there's no difference for the sellers as the received amount was almost same in both type of cases. The authorization committee does not appear to be effective because most of the respondents were not asked about their reasons for donation that they were donating because of altruistic reasons or selling and in the cases in which the reason for 'selling' or donating was recognized, even then no action was taken. Therefore, there is need to overcome the loopholes present in THOTO and effort is needed for the implementation of the Law.

- Developing countries like Pakistan are going to face more frequency of end stage renal disease (ESRD) which will be resulting in renal failure and so more kidneys would be needed to save the lives of patients with ESRD. Currently, no organ procurement system is being adopted in Pakistan and only the cadaveric organs can fulfill the need. There is need for the public awareness about the organ donation and organ pool can be increased by introducing opt in or opt out system. There is need for the motivation in the public for the importance of donating a cadaveric kidney.
- In the current study, all the recipients who met buyers told that they were from Middle East. There is need for the effective implementation of the law and save the Pakistan from being known Pakistan as the "Kidney Bazar" in the international community. Such transplants should be located and legal actions should be taken against the stakeholders. Effective implementation of THOTO is the need of the hour.
- Results of the current research clearly suggest that those western proponents of establishing a market for kidneys are clearly ignoring the after effects of selling the kidney and they are only focusing on the need of the west. But if such a market will be established the flow of the kidney will be from east to west and from poor to rich. So the question of establishing such a market will definitely be fruitful for the rich but it won't be able to do good for the poor. They will be just ripened fruits that rich can buy, so the idea of establishing such a market is unethical in social, economic, and medical terms, as it will just give rise to bio violence.
- There's a need to curb the bonded labor in Pakistan and at the same time there's need for the implementation of minimum wage rate laws, in formal as well as in the informal

sector because the low wages are forcing the poor to fulfill their needs by selling their kidneys.

5.4 Conclusion

Social and economic exclusion of particular communities make them the most vulnerable people of a society. In a developing country like Pakistan, where labor laws are not implemented, these vulnerable people are often finding ways to fulfill the needs of their families and when they are failing to do so, they had to take desperate measures and so did the kidney sellers. Disinformation about a particular phenomenon, continuous pressure to support a family and vulnerability in economic terms, makes them to sell themselves for money. Countries like Pakistan are the heaven for the medical tourists who came here for a kidney, transplant and loopholes in the law provide them with the opportunity to complete their business successfully. Whether a middleman lures the poor or they directly go to a hospital, make them equally vulnerable for such decisions. The international community and proponents of free market support the establishment of a market for kidneys but they forget about the sellers who after selling have lost everything.

Their dignity as being human is lost and as selling one's body parts is a social stigma in Pakistani society so they have to suffer through the criticism of everyone who knows about the selling. They become black sheep in the community, everybody taunts them as a result they become loners, and their personal relationships are jeopardized. The money that they receive is never enough that they can fulfill their needs and can invest for a better future. The result is further deteriorating standard of living.

Kidney sellers are mostly involved in physical labor and after nephrectomy as their health deteriorate so do their incomes as they will not be able to do those that know to do. In addition, they are more susceptible to viral and chronic diseases so their life expectancy will decrease. Their economic status does not change after the nephrectomy as the money is consumed in a few months and their physical condition does not allow them to work, so they fall further below the poverty line. They are psychologically depressed, deprived, and exploited who gained nothing from the sales and lost their health and working capacity. There is need to overcome the obstacles that are restraining Pakistan from properly implementing the law and there is need to provide the information about the possible post nephrectomy effects to the vulnerable, so that they can be saved from exploitation. On the other hand there's also need to develop an organ procurement program to save the lives of people suffering from ESRD otherwise it will result in medical apartheid.

References

Allen, M. B., & Reese, P. P. (2013). Financial Incentives for Living Kidney Donation: Ethics and Evidence. *Clinical Journal of the American Society of Nephrology, 8*(12), 2031-2033.

Bagheri, A. (2006). Compensated kidney donation: an ethical review of the Iranian model. Kennedy Institute of Ethics Journal, *16*(3), 269-282.

Bazeley, P., & Jackson, K. (Eds.). (2013). *Qualitative data analysis with NVivo*. Sage Publications Limited.

Beard, T. R., & Leitzel, J. (2014). Designing a compensated-kidney donation system. *Law & Contemp. Probs.*, *77*, 253.

Becker, G. S., & Elias, J. J. (2007). Introducing incentives in the market for live and cadaveric organ donations. *The Journal of Economic Perspectives, 21*(3), 3-24.

Bilgel, F. (2012). The impact of presumed consent laws and institutions on deceased organ donation. *The European Journal of Health Economics, 13*(1), 29-38.

Borna, S. (1987). Morality and marketing human organs. *Journal of Business Ethics, 6*(1), 37-44.

Broumand, B. (1997). Living donors: the Iran experience. *Nephrology Dialysis Transplantation, 12*(9), 1830-1831.

Bryman, A. (2008). Why do researchers integrate/combine/mesh/blend/mix/merge/fuse quantitative and qualitative research. *Advances in mixed methods research*, 87-100. Sage Publishing, UK.

Budiani-Saberi, D. A., & Delmonico, F. L. (2008). Organ trafficking and transplant tourism: a commentary on the global realities. *American Journal of Transplantation, 8*(5), 925-929.

Burkle, C. M. (2011). The Mississippi decision exchanging parole for kidney donation: is this the beginning of change for altruistic-based human organ donation policy in the United States? Paper presented at the Mayo Clinic Proceedings. Vol. 86. No. 5. Mayo Foundation, 2011.

Caplan, A. L. (2004). Transplantation at any price? *American journal of transplantation, 4*(12), 1933-1934.

Chapman, J. (2008). Should we pay donors to increase the supply of organs for transplantation? No. *BMJ, 336*(7657), 1343-1343.

Cherry, M. J. (2000). Is a market in human organs necessarily exploitative? *Public Affairs Quarterly*, Volume 14, No. 5, 337-360.

Cho, H., Zhang, M., &Tansuhaj, P. (2009). An empirical study on international human organ trafficking: effects of globalization. *Innovative Marketing, 5*(3), 66-74.

Clarke, K. S., Klarenbach, S., Vlaicu, S., Yang, R. C., &Garg, A. X. (2006). The direct and indirect economic costs incurred by living kidney donors—a systematic review. *Nephrology Dialysis Transplantation, 21*(7), 1952-1960.

Cohen, I. G. (2013). Transplant Tourism: The Ethics and regulation of international markets for organs. *The Journal of Law, Medicine & Ethics, 41*(1), 269-285.

Cohen, L. (2001). The other kidney: Bio politics beyond recognition. *Body & Society, 7*(2-3), 9-29.

Creswell, J. W. (1994). Qualitative and quantitative approaches. *Qualitative and quantitative approaches*. Sage Publication, New York.

Creswell, J. W. (2007). Qualitative enquiry and research design: Choosing among five approaches, Sage Publications.

Daar, A. S. (1998). Paid organ donation--the grey basket concept. *Journal of Medical Ethics, 24*(6), 365.

Danovitch, G. M. (2008). Who cares? A lesson from Pakistan on the health of living donors. *American Journal of Transplantation*, *8*(7), 1361-1362.

Dewar, D. M. (1998). Allocating organ transplant services: what can be learned from the United States experience? *Review of Social Economy, 56*(2), 157-174.

Efrat, A. (2013). Combating the Kidney Commerce Civil Society against Organ Trafficking in Pakistan and Israel. *British Journal of Criminology, 53*(5), 764-783.

Erin, C. A., & Harris, J. (2003). An ethical market in human organs. *Journal of Medical Ethics, 29*(3), 137-138.

Express Tribune (2012, December 15). Organs to be transplanted on deceased's will. Express Tribune. Retrieved from http://tribune.com.pk/story/479914/organs-to-be-transplanted-on-deceaseds-will/

Frederick, Dany (2010). "A Competitive Market in Human Organs." Libertarian Papers 2, 27 (2010).

Friedman, E. A., & Friedman, A. L. (2006). Payment for donor kidneys: pros and cons. *Kidney International, 69*(6), 960-962.

Gatarin, G. R. (2012). Stitched Bodies and Spared Lives: Compromising the Human Rights of Filipino Kidney Sellers in the Bio capitalist Era: Erasmus University.

Gill, M. B., & Sade, R. M. (2002). Paying for kidneys: the case against prohibition. *Kennedy Institute of Ethics Journal, 12*(1), 17-45.

Goyal, M., Mehta, R. L., Schneiderman, L. J., &Sehgal, A. R. (2002). Economic and health consequences of selling a kidney in India. *Jama, 288*(13), 1589-1593.

Greasley, K. (2012). A legal market in organs: the problem of exploitation. *Journal of Medical Ethics*, medethics-2012, 40, 51-56.

Guba, E. G., & Lincoln, Y. S. (1981). *Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches*. Jossey-Bass.

Guttmann, A., & Guttmann, R. D. (1993). Attitudes of healthcare professionals and the public towards the sale of kidneys for transplantation. *Journal of Medical Ethics, 19*(3), 148-153.

Halpern, S. D., Raz, A., Kohn, R., Rey, M., Asch, D. A., & Reese, P. (2010). Regulated payments for living kidney donation: an empirical assessment of the ethical concerns. *Annals of Internal Medicine, 152*(6), 358-365.

Hartmann, A., Fauchald, P., Westlie, L., Brekke, I. B., &Holdaas, H. (2003). The risk of living kidney donation. *Nephrology Dialysis Transplantation, 18*(5), 871-873.

Hershenov, D. B., & Delaney, J. J. (2010). The metaphysical basis of a liberal organ procurement policy. *Theoretical Medicine and Bioethics, 31*(4), 303-315.

Jasper, J. D., Nickerson, C. A., Ubel, P. A., & Asch, D. A. (2004). Altruism, incentives, and organ donation: attitudes of the transplant community. *Medical Care, 42*(4), 378-386.

Jha, V., &Chugh, K. S. (2006). The case against a regulated system of living kidney sales. *Nature Clinical Practice Nephrology, 2*(9), 466-467.

Joralemon, D. (1995). Organ wars: The battle for body parts. *Medical Anthropology Quarterly, 9*(3), 335-356.

Kant, I., &Gregor, M. J. (1996). *Kant: the metaphysics of morals*: Cambridge University Press.

Kassim, A. (2013). Terrains of Terror and Modern Apparatuses of Destruction: Organ Transplantation, Markets, and the Commoditized Kidney.

Kerstein, S. J. (2009). Autonomy, moral constraints, and markets in kidneys. *Journal of Medicine and Philosophy, 34*(6), 573-585.

Khan, N., Masood, Z., Tufail, N., Shoukat, H., Ashraf, K., Ehsan, S., Khalid, S. (2011). Knowledge and attitude of people towards organ donation. *JUMDC, 2*(2), 15-21.

Kroenke, K., & Spitzer, R. L. (2002). The PHQ-9: a new depression diagnostic and severity measure. *Psychiatr Ann, 32*(9), 1-7.

Kunin, J. (2005). The search for organs: halachic perspectives on altruistic giving and the selling of organs. *Journal of Medical Ethics, 31*(5), 269-272.

Leider, S., & Roth, A. E. (2010). Kidneys for sale: Who disapproves, and why? *American Journal of Transplantation, 10*(5), 1221-1227.

Major, R. W. (2008). Paying kidney donors: time to follow Iran? *McGill Journal of Medicine: MJM, 11*(1), 67-69.

Matas, A. J. (2004). The case for living kidney sales: rationale, objections and concerns. *American journal of transplantation, 4*(12), 2007-2017.

Matas, A. J. (2011). The case for a regulated system of incentives for living kidney donation. *Annals of the Royal College of Surgeons of England, 93*(3), 188.

Mehmood, R. (2012, March 31) Pakistan's Caste System: The untouchables struggle

Moazam, F. (2013). Pakistan and kidney trade: battles won, battles to come. *Medicine, Health Care and Philosophy, 16*(4), 925-928.

Moazam, F., Zaman, R. M., &Jafarey, A. M. (2009). Conversations with kidney vendors in Pakistan. *Hastings Center Report, 39*(3), 29-44.

Moniruzzaman, M. (2012). "Living Cadavers" in Bangladesh: Bioviolence in the Human Organ Bazaar. *Medical Anthropology Quarterly, 26*(1), 69-91.

Ohnuki-Tierney, E., Angrosino, M. V., Becker, C., Daar, A., Funabiki, T., &Lorber, M. I. (1994). Brain Death and Organ Transplantation: Cultural Bases of Medical Technology [and Comments and Reply]. *Current anthropology*, 233-254.

Pakistan Economic Survey (2013-2014), Ministry of Finance, Pakistan.

Posner, E., Choi, S. J., & Gulati, G. M. (2013). Altruism Exchanges and the Kidney Shortage. Coase-Sandor Working Paper Series in Law and Economics, The University of Chicago Law School. Working Paper No. 630

Raza, M., &Skordis-Worrall, J. (2012). Pakistan's kidney trade: an overview of the 2007'Transplantation of Human Organs and Human Tissue Ordinance. 'To what extent will it curb the trade? *J Pak Med Assoc, 62*(1), 85-89.

Reddy, S. K. V., Guleria, S., Okechukwu, O., Sagar, R., Bhowmik, D., & Mahajan, S. (2011). Live related donors in India: Their quality of life using world health organization quality of life brief questionnaire. *Indian journal of urology, 27*(1), 25.

Rid, A., Bachmann, L., Wettstein, V., & Biller-Andorno, N. (2009). Would you sell a kidney in a regulated kidney market? Results of an exploratory study. *Journal of Medical Ethics, 35*(9), 558-564.

Rizvi, A. H. S., Naqvi, A. S., Zafar, N. M., & Ahmed, E. (2009). Regulated compensated donation in Pakistan and Iran. *Current Opinion in Organ Transplantation*, *14*(2), 124-128.

Rothman, S. M., & Rothman, D. J. (2006). The hidden cost of organ sale. *American Journal of Transplantation*, *6*(7), 1524-1528.

Sandel, M. J. (2013). Market reasoning as moral reasoning: Why economists should re-engage with political philosophy. *The Journal of Economic Perspectives*, 121-140.

Scheper-Hughes, N. (2004). Parts unknown undercover ethnography of the organs-trafficking underworld. *Ethnography*, *5*(1), 29-73.

Sciarra, D. (1999). The Role of the Qualitative Researcher. *Using Qualitative Methods in psychology*, 37. Sage Publications

Shimazono, Y. (2007). The state of the international organ trade: a provisional picture based on integration of available information. *Bulletin of the World Health Organization*, *85*(12), 955-962.

Stake, R. E. (1995). The art of case study research. Sage.

Taylor, J. S. (2005). Stakes and kidneys. *Why a market for organs is morally imperative*. Ashgate Publishing, Ltd., 2005.

Tober, D. M. (2007). Kidneys and controversies in the Islamic Republic of Iran: the case of organ sale. *Body and Society*, *13*(3), 151.

Venter, B. (2013). A selection of constitutional perspectives on human kidney sales. *PER: PotchefstroomseElektronieseRegsblad, 16*(1), 352-403.

Wilkinson, S., & Garrard, E. (1996). Bodily integrity and the sale of human organs. *Journal of Medical Ethics, 22*(6), 334-339.

Yin, R. K. (2003). Case studies research: design and methods. *Thousand Oaks, Sage*.

Yin, R. K. (2014). *Case study research: Design and methods*: Sage publications.

Zargooshi, J. (2001). Iranian Kidney Donors: Motivations and Relations with Recipients. *The Journal of Urology, 165*(2), 386-392.