

“GOOD WORK FOR GOOD MOTHERS”:

Commercial Surrogate Motherhood, Femininity and Morality

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Based on ethnographic fieldwork among women acting as commercial surrogates in Mumbai, India, this paper explores how the surrogates motivated and made meaningful their decision to enter surrogacy. I challenge at once the neoliberal image of commercial surrogacy as a “win-win” situation that portrays surrogacy as the pursuit of individual self-interest by autonomous actors and gives a simplistic notion of surrogates as hapless victims of global capitalist “exploitation”. I argue that the women engaged in active and conscious decision processes, negotiating and reconceptualising surrogate motherhood and motherhood in general with reference to key aspects of traditional gender relations and feminine morality, such as submissiveness, sexual virtue and self-sacrifice. As such, commercial surrogacy exemplifies how globalisation contributes to new understandings and conceptualisations of gender and family, yet still in close dialogue with local gendered power relations and ideology.

Keywords: Commercial surrogacy, India, reproduction, gender, family

This paper discusses commercial surrogacy in India as a case for how the globalisation and commercialisation of reproduction contribute to new understandings and conceptualisations of gender and family, in particular feminine morality and motherhood. Commercial surrogacy is defined as an arrangement in which Indian women are paid to conceive, carry to term and give birth to children on behalf of others, many of them foreigners.

The paper will first provide a brief account of the recent history of commercial surrogacy in India, as well as of the debate to which this paper is a contribution: How to understand commercial surrogacy in the context of global and gendered power relations. Then, after briefly discussing my methodology, I will present my data, analysis and argument.

Surrogacy in India

India's first baby born from gestational surrogacy was delivered in 1994. "Gestational" means that the child is conceived through in vitro fertilisation ("test tube") with an egg from either the intended mother or an egg donor; therefore, the foetus is not genetically related to the surrogate. From 2002 onwards, commercial surrogacy started accelerating in India. In 2014, the Confederation of Indian Industry (CII) identified surrogacy as a 2.3 billion dollar industry annually (V. A. Shetty, 2014). Largely unregulated, no official records have been kept of the business and precisely how many children have been born to surrogates in India is unknown. In 2012 the number was estimated at 25 000 (P. Shetty, 2012). Nonetheless, the future of the surrogacy business in India

is unclear. In 2015, the Indian government—led by the profiled Hindu-conservative Narendra Modi—ordered an immediate halt in surrogacy services to foreign citizens. As a result commercial surrogacy is currently no longer the big business it was between 2002 and 2015. In August 2016, a new surrogacy bill was cleared by the cabinet. This bill, which at the time of writing is awaiting parliament processing, proposes a complete ban on commercial surrogacy.

Commercial surrogacy has been portrayed by some as empowering and by others as exploitative for the women who act as surrogates. In the positive neoliberal self-imagery of the Indian surrogacy business itself, surrogacy is a so-called "win-win", a mutually beneficial exchange of resources that are scarce and abundant respectively: the surrogate has abundant fertility but pursues money; for the commissioning parents it is the other way around. In this projection surrogacy enables the surrogate to escape poverty by taking ownership of a commodity in demand, i.e. her fertility, and profiting from it. Gestational surrogate motherhood and egg donation are seen as giving Indian women new opportunities in an emerging market, as entailing new freedom to participate in the public sphere, and as transcending the traditional ascription of women to the private sphere and to economic dependency. In short, it gives them the opportunity to become neoliberal subjects; autonomous actors pursuing self-interest in a free market.

This understanding of commercial surrogacy has repeatedly been challenged by feminist scholars, who see the practice rather as commodification and commercialising of new parts and functions of

women's bodies, and hence just another form of patriarchal subordination and capitalist exploitation (Qadeer, 2010; Vora, 2009, 2015). In light of the structures that shape their conditions, poor Indian women's participation in surrogacy is seen as an instance of poor women being made "bioavailable" (Cohen, 2008) to richer and more powerful people, and thus another effect of what has been identified as the global "stratification of reproduction" (Ginsburg & Rapp, 1995). Relations of gender, class and race intersect in the production of such bio-availability. Facilitated as it is by shifts in the global economy as well as by gendered divisions of labour and notions of differing femininity, surrogacy and egg donation for an international market fit into the wider context of "globalisation of female services" famously described by Ehrenreich & Hochschild (2003). Similarly, Cooper & Waldby (2014) argue that reproductive outsourcing, of which commercial surrogacy is a subcategory, is "profoundly entwined with the post-fordist reorganisation of other kinds of feminised labour and [renders] formally domestic, privatised aspects of household reproduction as service labor, [which] itself [is] often transnationalised" (ibid: 87). They also point out how this development has been facilitated by multilateral economic agreements and institutions such as WTO. According to Ehrenreich and Hochschild (2003), globalisation of female services is supported by an ideological construction of women from the global south as not only available, but also particularly suitable for traditional female services, such as childcare, home-making and sex, which illustrates how globalisation influences gender and family in complex ways. Not yet fully "modernised", Southern women are seen to have retained a femininity lost among the women they replace: "[T]hey are thought to embody the traditional feminine qualities of nurturance, docility, and eagerness to please" (ibid: 30). Similarly, Vora (2015) argues that commercial surrogacy in India should be understood as the intersection between two histories: that of women being produced as disadvantaged through caste, class and gender in In-

dia, and that of how care workers and care work has been put into global circulation.

Departing from an understanding of transnational commercial surrogacy in India as enabled at once by globalisation and local relations of class and gender, I discuss how the surrogates themselves accounted for their trajectories into commercial surrogacy. I will show that motivation and meaning were formed through active ethical work, which aimed at transforming surrogacy from "bad work" to "good work". This ethical work in particular addressed the complex and shifting gendered moral context in which the decision to enter surrogacy was taken. Rather than employing the neo-liberal imagery of autonomous pursuit of self-interest, I argue, the women sought to reconceptualise surrogate motherhood in dialogue with traditional feminine morality.

Methodology

The paper is based on ethnographic fieldwork conducted between June 2012 and May 2014. A total of almost 10 months of the fieldwork was carried out in Mumbai, India. 27 women who were in an active surrogacy contract or who had acted as surrogates in the past were formally interviewed, some of them twice. Interviews were conducted with the help of a local research assistant who was trained in the social sciences. She translated between English and Hindi or Marathi. Surrogacy, and especially surrogate motherhood, is highly stigmatised in India, which makes both recruitment and establishing confidence in the contact with the women quite challenging. In this study, surrogate participants were—with a few exceptions—recruited through snowball sampling in networks of women who were friends, relatives or knew each other from work in the fertility industry. I believe that the fact that our recruitment and contact with participants were realised through existing social relations rather than with the assistance fertility clinics arranging surrogacy contracts (that is, the women's employers, whom they did not always trust and feel comfort-

able with) greatly helped in establishing a comfortable setting for our meetings. Moreover, a majority of the interviews were conducted in the small slum colony home of a former surrogate (who also assisted extensively in the recruitment). This location, at once a neutral ground and a familiar environment to the women, also contributed, I believe, to relieve the potential tension of discussing very sensitive subjects with a foreign researcher and her assistant.

I also conducted participant observation in a clinic that makes surrogacy arrangements, and also in some of the women's homes and other arenas where they lead their everyday lives. However, by discussing how perceived moral dilemmas were addressed through a reconceptualisation, i.e. new ways of thinking and speaking of commercial surrogacy, this paper however draws mainly on data from the interviews. In the following sections, I elaborate on these reconceptualisations and how they were negotiated in the women's accounts of their trajectories into surrogacy.

“I did not do it willingly”: the value of choice and autonomy

The women always made relevant their material conditions: poverty and social insecurity often expressed as “desperation”, when they explained why they had entered surrogacy. Such “desperation” resonates with the findings of, for example, Pande (2009, 2011). Several scholars have suggested Indian surrogates' motivation should be understood in the context of poverty as structural coercion (Qadeer, 2010; Twine, 2011). Arguing for the need to analyse surrogacy in India as work, Pande (2009) claims that surrogacy in India differs from surrogacy in the West in that it is a veritable survival strategy for the women hired as surrogates. My findings support this. Many of the women in my sample lived in precarious situations. Reported monthly household incomes ranged between EUR 15 and EUR 200, which means that most, though not all, fell below the World Bank poverty line of USD 1.25 per day per person. Many struggled with huge debts, often ac-

cumulated over years of insufficient income. While six of the women were illiterate in the strict sense, a much higher number were also illiterate in the functional sense. Most of the women did not have any paid work outside the home when they decided to enter surrogacy. Of those who did, the majority were maids in private homes, usually part-time, and earned between EUR 25 and EUR 45 a month. Some did occasional temporary work, for example, in catering as cooks or waitresses at wedding receptions and other special occasions. While all the women had been married at some point (which is in fact a criterion for being recruited for surrogacy), almost half were separated or widowed. Furthermore, a considerable proportion of those still married had husbands who could not or would not provide for the family because of substance abuse (mainly alcohol) or other health problems. In effect, thus, many of the women functioned as primary providers. In this situation, surrogacy formed part of a wider reproductive job market that also consists of egg donation and recruitment and care-taking of donors and surrogates on behalf of clinics, where the women, who lacked job opportunities elsewhere, could and often did operate over several years.

Their interest in the money notwithstanding, the relatively big amount offered was not in itself enough to motivate the women I met to enter surrogacy. Most of them had initially perceived of surrogacy as utterly morally problematic and undesirable. Thus, the women sought to reconceptualise surrogate motherhood and converted it from “bad work” into “good work”, by negotiating values such as money, parental obligations, and feminine respectability.

What the women perceived as moral dilemmas of commercial surrogacy was largely associated with gender and sexuality. Transnational commercial surrogacy, the movement of women's reproduction and perhaps even sexuality into the market by means of modern technology and in exchange with Westerners, implied a series of perceived transgressions of gendered norms, possibly making it bad work. The

values of choice and autonomy often hold a central place when the ethics of commercial surrogacy is debated (Kroløkke & Pant, 2012; Markens, 2007). Women's right to bodily autonomy is frequently employed by supporters of the practice; each woman should be entitled to decide for herself if and how to make money from her body. In their analysis of neo-liberal ideology in discourses on surrogacy in India, Kroløkke and Pant (2012) point out how surrogates are constructed by the clinics along such ideological lines: as neo-liberal subjects exercising individual autonomy, choosing surrogacy in order to pursue their goals. I argue that although elements from this neoliberal imagery were indeed included in the construction of surrogacy as good work, the surrogates' ethical work produced an understanding of surrogate motherhood that distinctly contested notions of choice and the pursuit of economic self-interest, and appealed instead to feminine virtues and subordinated womanhood: dependency, helplessness, submissiveness and self-sacrifice. For example, 32 year old Jamila, a house wife and mother of three, said this about the issue:

We do it because we are desperate for money and have our own problems. Otherwise, this work does not interest me at all. Why would I have done this? Only because I had no choice! And I did not do it willingly. I stayed without my kids for 8-9 months.

Like Jamila, hardly any of the women I met would portray surrogacy as something they "wanted" or had "chosen". For the most part, it was more or less explicitly portrayed as a "non-choice", something they did out of "desperation". Poverty among the women was indeed great and I certainly do not question the surrogates' claim that they were "needy" and even "desperate". However, as Pande writes about the surrogates she studied (Pande, 2014), reference to "desperation" was also a way of distancing oneself from the act. In the context of the surrogates' ethical work, pointing to "despera-

tion" functioned as a way of keeping the decision to enter surrogacy within an acceptable feminine morality in which there was room for "need", but not for "greed".

In line with this, the women would often explicitly tone down the individual agency of their decision. In contrast to the assumptions often made by critics of surrogacy in India, I did not see any evidence of women being coerced into surrogacy by family members or others. Quite the contrary, the women reported that they found out about surrogacy by themselves first, then searched for additional knowledge and established the relevant contacts. Among those who lived with husbands and/or mothers-in-law, they were typically 'persuaded' after the woman had made up her mind herself. Despite being the active party in this sense, married women would usually strongly implicate their husband—and often their in-laws as well—in the decision making process, and stress their own submissiveness as wives and daughters-in-law. In doing so, they underlined the absolute need for permission and made it clear that they were ready to respect the husband's right to veto their decision in line with gender norms and women's subordinated position (Dube, 2001; Nielsen & Waldrop, 2014).

Twenty-five-year-old Aisha provides a unique example of a surrogate who reported she acted against her husband's will. In our interview, she clearly felt the need to justify this by pointing to his failure to comply with his obligations as a husband and father: He was an unemployed alcoholic who contributed very little to the family financially. Aisha had asked his permission once and he had refused, giving the standard arguments that it was bad work. Aisha's husband found out about her surrogacy pregnancy after delivery, and this caused him to go into a violent rage. Aisha had to seek police protection as she feared for her life. Though the husband was physically abusive on a regular basis, this especially strong reaction suggests that he found Aisha's act entirely unacceptable. Similarly, Aisha expressed that this was out of line for a good wife,

but felt her transgression was justified in light of her “desperation”: “I thought that even if I lie to my husband, it is ok. At least I will get money to provide for my kids and feed them.”

The breach of one set of feminine values, i.e. obedience in marriage, was necessary in order to comply with an apparently superior obligation, namely to nourish one’s children. In this case, parenthood, more specifically good motherhood, morally encompassed both lies and disobedience. Along the same lines, Aisha portrayed relinquishing the surrogate baby as an act of good motherhood, in which she gave away one child in order to “bring happiness to two”, i.e. the two children for whom Aisha had to provide. While Aisha was one of the surrogates who, to the highest degree, reported a sense of deep attachment to the surrogate child, she made a distinction between this child and her “own”.

“Conceived through medicines”: a morally different pregnancy

Discussing the highly stigmatised character of surrogate motherhood in India, Pande (2009) emphasises the parallel often made to sex work as a central reason for surrogacy being largely regarded “dirty” work. A possible link to immoral sexuality was indeed the primary concern for close to all of the women I talked to. Thus, recruitment relied on providing concepts and interpretations of surrogacy that separated surrogate motherhood from sexuality, and distinguished it from bad work, i.e. prostitution. The possible involvement of sexual relations was a key issue, as this quote from Bushra illustrates:

Initially I did not like it, but then I thought of doing it for my kids. I thought that it was impossible to conceive without having physical relations (giggles). But then when I was explained how it was done medically, that is when I understood.

The notion that the surrogate baby was “conceived medically” was provided to the women by the recruiting agents from the clinic and played a crucial role in the women’s ethical work. To a population generally unaware of the existence of IVF, agents explained the procedure using expressions such as “made through medicines”, “done medically” and “medical baby”. The “medical conception” was understood to imply a clear distinction between surrogacy and ordinary procreation, not only because it eliminated the need for sexual intercourse, but also because it conceptually distinguished the surrogate pregnancy and baby from ordinary pregnancies and the surrogates “own” children.

Moreover, the label “medical” and the fact that surrogacy was practiced by doctors, seemed to have a moralising effect beyond distinguishing it from prostitution. Very often, the surrogates would put surrogacy in opposition to tradition, as Beena does in this quote: “In India, we still follow traditions and customs, and something of this sort [that is, commercial surrogacy] was never spoken aloud. So I was scared of what the people would say when they get to know of it.”

Opposing tradition, surrogacy came to represent a possibly immoral modernity. Highlighting commercial surrogacy’s association with medicine seemed to be a way of addressing such possible conflict with tradition. For example, 27 year-old Preeti, a deeply devoted Hindu, had donated eggs several times when “Sir”, the fertility doctor, convinced her to sign up for surrogacy to earn more money. Like many of the women, Preeti had to make an effort to convince her husband, and she succeeded only when she physically moved him into the medical sphere and let the doctor explain why surrogacy was not wrong:

I thought I could do it, and told my husband, who thought I did not talk any sense. So I took him to that Sir, who showed him all the medicines, and how surrogacy is done. Sir also told my husband that there are many people

who come as [commissioning parents] as well as surrogates. If this were wrong or shameful, then not many people would do it.

By highlighting its medical nature, surrogacy was linked to a brand of modernity that was predominantly perceived as positive and respectable. Along these lines, the moral authority of doctors was called for, both symbolically and actually.

“For my children only”: motivation and morality

Judging from the surrogates’ accounts, in the initial recruitment phase, surrogacy was firmly placed in the economic sphere and portrayed as “work” by the agents, as opposed to a vocation or an act of altruism. This differs from the recruitment strategies in the USA as described by e.g. Ragoné (1994), in which emotional reward and the value of gift giving is emphasised and financial gain downplayed.

By contrast, the monetary motive is strongly emphasised by Indian surrogates. The women quite consistently referred to surrogacy as “work” and, as mentioned previously, the money involved was their motivation. For some time, I grappled with the striking difference between Indian and Western surrogates in this respect. Why was economic motivation morally dubious in one context, and apparently the only thinkable and acceptable in the other?

Exploring the surrogates’ ethical work however, it became evident to me that economic motivation was far from unproblematic for the Indian surrogates; indeed they took great care addressing the moral perils of exchanging something of ethical value (motherhood, their reproductive body, a child) for money. I have already argued that the moral value of monetary motivation was negotiated through the distinction between desiring money and needing them (“desperation”). I also argue that notions of non-monetary motivation, especially in the form of maternal sacrifice, contributed to transforming surrogacy into good work, i.e. a morally acceptable form of exchange and the act of surrogacy into a

morally good one.

Motherhood lay at heart with practically all of my informants: they may have undertaken surrogacy for the money, but the money was a means to do good, not a goal in itself. Saveetha described how her articulation of her motivation—as a wish to improve her children’s future—had made surrogacy acceptable to her husband: “At first he said no, fearing the society’s reactions, but then he agreed when I convinced him that this is for the children, and their future. That was when I did surrogacy.”

Saveetha had pointed out that a value superior to respectability was at stake, and that value was the parental obligation to take care of your children in present and in the future. Children and the parental responsibility played this crucial role in the motivational narratives of practically all the women.

The surrogates’ ethical work on themselves was not only about making moral sense of the act, but was also about motivating oneself to overcome one’s own “unwillingness” and endure the expected hardships. “Money” itself could not do this. What could, was the perceived ethical value of replacing the pain, illness, and suffering of others with happiness, health, and comfort. Seema explained how she overcame her own fears by focusing on the faces of her two small children.

Seema: I was scared of taking injections. But then I told myself, that I am doing it for my kids, so why should I get scared of that pain? When I saw the faces of my kids, I forgot all about that pain. And from then on, I never looked back.

Kristin: Ok, what do you mean by “the faces of your kids”?

Seema: I thought that if I get more money, I will put some in the bank for their future, I would be able to get things for them, which they like. I could renovate my house a little as the condition is not good. That is what I thought.

Surrogacy was in fact often portrayed as an act of self-sacrifice: the surrogate sacrificed her health and well-being, even her respectability. According to this understanding, which contrasts the neoliberal, utilitarian notion of the surrogate as a utility-maximising player in the market, the fact that surrogacy is painful—physically and emotionally—adds value to the act of sacrifice and makes surrogate motherhood a less morally dubious choice.

To summarise my argument: Rather than “choice”, powerlessness (“desperation”) and submissiveness were the core elements in the surrogate’s accounts of their decision to engage in surrogacy. In this way, I argue, the surrogates sought to adjust surrogate motherhood to traditional femininity, and in effect distinguished from the typical neoliberal individual pursuit of self-interest. Surrogacy was portrayed as ultimately an act of kinship obligation and maternal sacrifice, rather than the pursuit of economic reward. The women interviewed dealt with the moral dilemmas by attempting to encompass them within a feminine meta-value: motherly self-sacrifice.

Conclusion

In this paper I have contributed to our understanding of surrogate motherhood from a space between the binary positions “win-win” and exploitation. By merely understanding the decision to engage in surrogacy as the pursuit of financial gain through all available and acceptable means, I believe one fails to grasp both the impact of global and gendered power relations and the significant ambivalence in which the decision was embedded. On the other hand, resting our understanding on pointing at the impact of such power relation, i.e. “exploitation”, obscures the active and conscious work through which the women in this study motivated themselves. Nuancing this, I have argued that although surrogacy was perceived as an opportunity to escape precarious conditions (“desperation”), active ethical work addressing perceived moral conflicts was required for the women to make it an accept-

able option. Besides capturing how motivation and meaning were actively formed with reference to the complex moral reality in which the decision was embedded, the present analysis sheds light on the changing understandings and conceptualisations of gender and family that are produced during the interplay between processes of globalisation and local relations of gender and class.

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