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# Transnational commercial surrogacy in India: gifts for global sisters?

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Abstract In this ethnography of transnational commercial surrogacy in a small clinic in India, the narratives of two sets of women involved in this new form of reproductive travel – the transnational clients and the surrogates themselves – are evaluated. How do these women negotiate the culturally anomalous nature of transnational surrogacy within the unusual setting of India? It is demonstrated that while both sets of women downplay the economic aspect of surrogacy by drawing on predictable cultural tools like 'gift', 'sisterhood' and 'mission', they use these tools in completely unexpected ways. Previous ethnographies of surrogacy in other parts of the world have revealed that women involved in surrogacy use these narratives to downplay the contractual nature of their relationship with each other. Ironically, when used in the context of transnational surrogacy in India, these narratives further highlight and often reify the inequalities based on class, race and nationality between the clients and suppliers of reproductive tourism in India.



KEYWORDS: gift-giving, India, inequalities, narratives, reproductive travel, transnational commercial surrogacy

## Introduction

In recent years much has been written on 'reproductive travel' – people travelling across borders and even across continents for assisted reproductive technologies such as IVF, amniocentesis and commercial surrogacy. Commercial surrogacy is a fairly new phenomenon in the global south but has been a topic of heated debates in Euro-America since the 1980s. Scholarship on surrogacy can be broadly classified into three areas: (i) the legal and other works that debate the ethics or morality of this practice (Anderson, 1990; Andrews, 1987; Brennan and Noggle, 1997; Ragone, 1994; Raymond, 1993); (ii) feminist literature that views surrogacy as the ultimate form of medicalization, commodification and technological colonization of the female body (Corea, 1986; Dworkin, 1978; Neuhaus, 1988; Raymond, 1993; Rothman, 2000); and (iii) more recent scholarship that focuses on the impact of surrogacy on the cultural meanings

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of motherhood and kinship (Markens, 2007; Roberts and Franklin, 2006; Thompson, 2005). The predominant focus on ethics and exploitation is not surprising given the anomalous nature of contractual surrogacy, where, by constructing families through the market place, it disrupts the assumed dichotomy between private and public, between production and reproduction.

Surprisingly little, however, has been written on how the women involved in the actual process of surrogacy negotiate these disruptions. This is partly because of the relative paucity of ethnographic material on surrogacy. The only comprehensive ethnographies of surrogacy are Helena Ragone's (1994) study of six surrogacy agencies in the USA and more recently Elly Teman's (2010) work on surrogacy in Israel. With the exception of Teman's work in Israel, where surrogacy is tightly controlled by the state and restricted to Jewish citizens, this entire literature is about surrogacy in the Euro-American context. This is not altogether surprising, since commercial surrogacy is a very recent phenomenon outside of Euro-America, and India is the first country in the global south to have a flourishing industry in both national and transnational surrogacy.

In this paper the ethnographic work on surrogacy is extended by examining a clinic in India, where the anomalous nature of surrogacy becomes even more pronounced because of its large transnational clientele and the fact that surrogacy is flourishing informally, in a legal vacuum. Specifically, this paper asks: How do two sets of women involved in surrogacy – the transnational clients and the surrogates themselves – negotiate the culturally anomalous nature of surrogacy within the unusual setting of India? The setting is unusual partly because there are vast economic and cultural differences between the buyers and sellers of surrogacy in India. Additionally, there are no laws regulating the surrogate–client relationship. As a consequence, (national and international) clients are able to take advantage of the client-friendly policies of private clinics and hospitals, where doctors are willing to offer options and services that are banned or heavily regulated in other parts of the world (Pande, 2009a, 2010a; Rimm, 2009).

Previous ethnographies of surrogacy in other parts of the world have revealed that women involved in surrogacy use narratives such as 'gift-giving', 'sisterhood' and 'mission' to downplay the contractual nature of their relationship with each other (Ragone, 1994; Teman, 2010). The present paper demonstrates that while the surrogate in India and the intended mother also use the narratives of 'gift', 'sisterhood' and 'mission', they use these in completely unexpected ways. The gift-giving surrogate of Euro-American contexts, ironically, transforms into a needy gift receiver in the clinic in India. When used in the context of transnational surrogacy in India, these narratives further highlight and often reify the inequalities based on class, race and nationality between the clients and suppliers of reproductive tourism in India.

## Surrogacy in India

The Indian case represents an especially interesting site because it is the first developing country with a flourishing industry in national and transnational commercial surrogacy. Because of the moral and ethical ambiguity surrounding surrogacy, many countries, including China, the Czech Republic, Denmark, France, Germany, Italy, Mexico, Saudi Arabia, Spain, Sweden, Switzerland, Taiwan, Turkey and some US states ban surrogacy altogether. Some countries have imposed partial bans, for instance Australia (Victoria), Brazil, Hong Kong, Hungary, Israel, South Africa and the UK. Amongst the latter group of countries, Canada, Greece, South Africa, Israel and the UK permit gestational surrogacy, subject to regulations. Then there are other countries with no regulations at all: Belgium, Finland and India (Teman, 2010). Apart from the recent spurt of surrogacy in India, commercial surrogacy is most prevalent in the state of California and in Israel, where surrogacy is tightly controlled by the state and restricted to Jewish citizens. The Indian structure is closer to the liberal market model of surrogacy in California, where surrogacy births are primarily managed by private, commercial agencies that screen, match and regulate agreements according to their own criteria. The clinics in India operate not only without state interference but they often benefit from the governmental support for 'medical tourism', a particular form of travel for medical reasons.

In the past few decades, medical tourism has been gaining momentum in India. It is a sector that the Confederation of Indian Industry predicts will generate US$2.3 billion annually by 2012 (Brenhouse, 2010). While several countries in Latin America and Asia, including India, Cuba, Jordan, Malaysia, Singapore and Thailand, actively promote medical tourism, India is considered one of the world leaders, second only to Thailand. There are several factors working in favour of India as a destination for such travel – cheap costs, large numbers of well-qualified and English-speaking doctors with degrees and training from prestigious medical schools in India and abroad, well-equipped private clinics and a large overseas population of Indian origin who often combine cheaper treatment with a family visit. Medical travel is, in fact, a campaign, conducted with full government support. In 2004, the government launched an international advertising campaign and declared that treatment of foreign patients is legally an export and deemed eligible for all fiscal incentives extended to export earnings. The majority of medical travellers to India are cardiac patients but an increasing number of patients are coming for joint replacement, plastic surgery and eye treatment. Reproductive tourism, cross-border reproductive care (CBRC), is the latest addition to this ever-growing list of services.

Although there have been significant advancements in reproductive technologies since the birth of the first IVF baby in India in 1978 (Kumar, 2004), the rapid growth of reproductive travel in India is only partly due to technological improvement. In order to attract couples from other countries, clinics market assisted reproduction treatments through both print and electronic media. The primary marketing tools used are exclusive package deals offered to the clients. For instance, one website announces 'See Taj Mahal by the moonlight while your embryo grows in a Petri-dish' and another, wittily named 'http://karmaofbaby.blogspot.com', advertises a deal that not only includes 'IVF and surrogacy with talented/UK-trained doctors, clinics with excellent sanitation and modern facilities, and full legal support', but also 'a clean and luxurious bed and

breakfast accommodations in a posh location of town, transportation, a mobile phone while in India and sight-seeing tours'. Package deals aside, clients are also drawn by the complete absence of regulations in India. Although commercial surrogacy was legalized in India in 2002, there are currently no laws regulating surrogacy in clinics. Fertility clinics, like the clinic studied here, are free to take or reject the suggestions made by the Guidelines for Accreditation, Supervision and Regulation of Assisted Reproductive Technology issued by the Indian Council for Medical Research (ICMR) in 2005. In November 2010, the ICMR submitted a final set of guidelines for the Assisted Reproductive Technology Act to the Law Ministry. But until a law is passed clinics can continue to work in a legal vacuum.

Another characteristic of surrogacy in India is the determined focus on the gestational variant of surrogacy. In traditional surrogacy, the surrogate provides the genetic material as well as the womb. The intended parents, therefore, are more likely to emphasize the 'right' genetic makeup, such as race, physical characteristics, intelligence. In gestational surrogacy, however, the surrogate's genetic makeup becomes irrelevant for the commissioning couple as she provides only her womb. Not surprisingly, gestational surrogacy has a big role to play in the growing popularity of transnational surrogacy. India is not the only country to experience a rise in transnational surrogacy. Couples from countries such as the UK, Japan, Australia and Kuwait, where surrogacy is either illegal or restricted, have hired surrogates in the USA to bear babies for them. However, while the total cost of such transnational packages is roughly between US$100,000 to US$120,000, in India the package costs a third of that amount. Economics and the absence of regulations, however, are not the only forces motivating transnational clients to come to India and, specifically, to 'New Hope Maternity Clinic' (a pseudonym for the clinic discussed in this paper). One of the biggest selling points of this clinic is that it runs several surrogacy hostels where the surrogates are literally kept under constant surveillance during their pregnancy – their food, medicines and daily activities can be monitored by the medical staff (Pande, 2009a, 2010a).

## Fieldwork and methodology

This paper is part of a larger research project on commercial surrogacy in India, for which fieldwork was conducted between 2006 and 2008. The research included in-depth, open-format interviews with 42 surrogates, their husbands and in-laws, eight intending parents, two doctors and two surrogacy brokers. In addition, participants were observed for 9 months at surrogacy clinics and two surrogacy hostels. The interviews were in Hindi and were conducted either in the hostels where most surrogates live or at their homes. Pseudonyms have been used except in cases where the surrogate asked to use their real names.

All the surrogates in this study were married, with at least one child. The ages of the surrogates ranged between 20 and 45 years. Except for one surrogate, all the women were from neighbouring villages. Fourteen of the women said that they were 'housewives', two said they 'worked at home' and the others worked in schools, clinics, farms and stores. Their education ranged from illiterate to high-school level, with the average surrogate having approximately the beginning of a middle-school level of education. The median family income is about US$60 per month. If that is compared with the income of the official poverty line, Rs. 447 (US$10) per person per month for rural areas and Rs. 579 (US$13) a month for urban areas, 34 interviewees reported a family income which put them below the poverty line (Planning Commission of India, 2009). For most of the surrogates' families, the money earned through surrogacy was equivalent to almost 5 years of total family income, especially since many of the surrogates had husbands who were either in informal contract work or unemployed. Most of the clients, who hire surrogates at New Hope Maternity clinic, and all of the clients interviewed, are heterosexual couples. Transnational clients hired 27 of the 42 surrogates in this study. Eleven of the 27 were surrogates for couples with no other link to India; the other 16 were hired by people of Indian origin settled all over the world. All 27 surrogates are included under 'transnational' clients for the purposes of this paper. The other 15 surrogates had been hired by couples from India.

While fertility clinics from several Indian cities like New Delhi, Mumbai, Bangalore, Ahmedabad and Kolkata have reported cases of surrogacy, New Hope Maternity Clinic is one of the only clinics where the doctors, nurses and brokers play an active role in the recruitment and surveillance of surrogates. Dr Khanderia (a pseudonym), medical director of the clinic, has matched over 250 surrogates with couples from India and abroad. The clinic funds several surrogacy hostels where the surrogates are literally kept under constant surveillance during their pregnancy – their food, medicines and daily activities are monitored by the medical staff. All the surrogates live together, in a room lined with iron beds and nothing else. Husbands and family members are allowed to visit but not stay overnight. The women have nothing to do except walk around the hostel and share their woes, experiences and gossip with the other surrogates while they wait for the next injection.

## Surrogacy talk in previous ethnographies: surrogacy as an ultimate gift for an intimate friend

Literature on surrogacy in the global north indicates that altruism and the metaphor of 'the child as an ultimate gift' are often evoked by surrogates, intended mothers and surrogacy programmes to soften the pecuniary image of commercial surrogacy (Ragone, 1994; Raymond, 1990, 1993). In her study of 28 surrogates in the USA, Ragone (1994, p. 59) shows that surrogates consistently denied that receiving remuneration is their primary motivation and instead emphasized their desire to give 'the ultimate gift of love'. Part of the dominance of altruism and gift-giving as an ethical norm in the global north derives from its accepted opposition to commercialism. In the debates about legalizing surrogacy contracts in the USA and UK, for instance, opponents have argued that such contracts attach a price tag to the priceless – children and child-bearing. This is closely connected to the idea of 'pure' versus 'wicked' surrogacy, whereby the 'pure' surrogate creates a child out of

maternal love while the 'wicked' one 'prostitutes her maternity' (Cannell, 1990, p. 683). Surrogates' devaluation of remuneration, then, can be understood to fulfil two functions: to reiterate the widely held belief that children are priceless and simultaneously prove that they are 'pure' surrogates reproducing for the couple as a 'gift'.

The emphasis on altruism and the gift narrative may also stem from the organizational structure of surrogacy in the USA, where some surrogacy agencies have refused to accept a candidate who indicated excessive financial motivation (Ragone, 1994). Agencies often encourage their surrogates to think of themselves not as contractual actors but as 'heroines' and 'true angels' who 'make dreams come true' (Anleu, 1992; Ragone, 1994). The altruism and the gift narratives, however, are not restricted to the Euro-American context. In her ethnography of Israeli surrogacy, Teman (2010) discovers that while surrogates accept that their motivations are primarily economic, they develop a gift rhetoric during the process of surrogacy. Teman calls this 'the power of the surrogate–intended mother intimacy to shape the contractual relationship into a gift relationship' (2010, p. 209). Unlike in the USA, the child is not the primary gift that the Israeli surrogate gives; instead, she sees herself as giving another woman, with whom she has developed a close friendship or a familial, sisterly bond, the priceless gift of motherhood.

Do the surrogates in the New Hope Maternity Clinic in India use narratives similar to the ones revealed by previous ethnographies of surrogacy? Given the outright commercial nature of surrogacy in India, one could speculate that Indian surrogates would emphasize altruism, bonding with the intended mother and the gift rhetoric, much like their counterparts in the rest of the world. But the story is not that straightforward. The next few sections demonstrate that while the familiar 'gift', 'bonding' and 'mission' metaphors are evoked within the process of surrogacy in India – by programme managers, surrogates and intended mothers – they are used in unexpected ways and often with paradoxical consequences.

## Surrogacy talk in India

### 'Surrogacy as God's gift to needy but not greedy mothers'

In conversations with the surrogates, the glaring absence of the gift-giving narrative was hard to miss and equally hard to explain. In her work on surrogates in a clinic in India, Kalindi Vora (2010), found that while some of her respondents did mention their 'power to give', they simultaneously emphasized the important role of the doctors in facilitating this ability to 'give' and provide something that is 'usually in the domain of a godly gift' (2010:4). While surrogates in Vora's study used the rhetoric of 'giving', albeit cautiously, most surrogates in this study did not perceive themselves as gift-givers at all.

Surprisingly, the first time the gift narrative was encountered was not in conversations with the surrogates but in a statement made by surrogate counsellor and surrogacy hostel matron Divya. Divya explained her role in the surrogacy process: 'My task is to make sure that the clients don't get fooled – they get the best deal possible. After all, they are investing so much money in my surrogates . . . I teach my surrogates one crucial thing: don't treat it like a business. Instead, *treat it like God's gift to you*. This is an opportunity for you to help your family. Don't be greedy.'

Divya's statement reflects the culturally anomalous nature of commercial surrogacy: it lies somewhere between a contractual dealing and motherly altruism. But interestingly, this ambiguity works differently for buyers and sellers of surrogacy. While Divya recognized the business aspect of surrogacy and the 'investment' made by the buyers of this labour (the intended couple), she simultaneously instructed the sellers (the surrogates) to treat surrogacy like God's gift to them and to not be greedy or business-minded.

Surrogate Daksha was a 20-year-old surrogate and a mother of three children. She was interviewed on the day that her surrogate pregnancy was confirmed. Daksha knew that just one surrogate birth would not give her enough money but she echoed Divya's instructions: 'I will use the money to educate my children and repair my house. I know I won't have anything left for later but I don't want to do it (surrogacy) again. Matron Madam is right. God has been generous this time. He has given me the biggest gift – the opportunity to help my family. I don't want to be greedy and try for the second time.'

Surrogate Gauri thought of this opportunity as God's gift to a needy mother. But like Daksha she did not want to be greedy: 'I pray to Sai Baba (a spiritual guru) – I have a lot of faith in him. I know this is his gift to a poor mother. I don't think I'll go for this again. I don't want to be greedy.'

Such a portrayal of surrogacy as 'God's gift to needy but not greedy mothers' was reflected in the narratives of some of the men involved in surrogacy. Parag compared his wife Meena's surrogacy to tapasya – the Hindu principle and practice of physical and spiritual austerity and discipline to achieve a particular aim: '(Surrogacy) is like God helped her do this for our family. It is like praying to God – like tapasya. This is her prayer to God and ultimately she will get his blessings and her dreams will be fulfilled. Like saints pray under austere conditions, she is living here in the clinic, getting all those injections, going through all this pain. But she will get the fruit of her labour.'

The gift metaphor, as used by the various actors involved in the surrogacy arrangement, has a powerful corollary – it converts the picture of the angelic gift-giver, which one sees in the global north and Israeli context, to a needy gift-receiver. While the surrogates from Israel and the global north choose to give a gift to the intended couple, God makes the choices for Indian surrogates. There is, however, one fundamental parallel in both sets of narratives. Much like their global counterparts, surrogates at the Indian clinic negotiate the anomaly of surrogacy by emphasizing their selfless motives.

Surrogate Anjali was a skinny woman in her early 20s. During her interview, Anjali was breastfeeding her baby. She told me that she had to convince Dr Khanderia to allow her to be a surrogate even though she was still breastfeeding because there was no money in the house to buy milk for the baby – her husband had no fixed job and she was a housewife. Anjali accepts that she is desperate for the money but defends her decision to become a surrogate: 'I am doing this basically for my daughters; both will be old

enough to be sent to school next year. I want them to be educated, maybe become teachers or air hostesses? I don't want them to grow up and be like me – illiterate and desperate.'

Vidya, a 30-year-old surrogate and a mother of three children echoed Anjali's sentiment: 'I am doing this basically for my children's education and my daughter's marriage. I am not greedy for the money. This surrogacy is like God has blessed me and given me the opportunity to do something for them.'

Both Vidya and Anjali accept their economic desperation but underline the selfless use of this money – for their children's welfare. The altruistic nature of Indian surrogates seems to be reflected in their selfless love for their children, rather than in their ability to give gifts to the intended mother. Earlier works have argued that this narrative of selflessness reinforces the image of women as dutiful mothers rather than wage-earning workers, whose primary role is to serve the family (Pande, 2010b).

## 'She calls me *didi* [sister], I call her *barhi didi* [elder sister]': bonds of global sisterhood

This section demonstrates that, although the surrogates do not evoke gift-giving as a way to validate their relationship with intended mothers, they often emphasize their sisterly ties with the intended mother, arguably as another way to negotiate the assumed contractual nature of this relationship.

Although many couples hiring a gestational surrogate at the New Hope Maternity Clinic tried to build some kind of a relationship with her, the rules of the clinic dictated the abrupt termination of that relationship (Pande, 2010b). The medical staff preferred that a baby was taken away right after delivery, giving its surrogate mother no opportunity to change her mind. Several of the surrogates, however, claimed that the couple hiring them was different.

Divya talked lovingly about the intended mother of the baby, Anne: 'Most couple take away the baby right after delivery – these are the rules of this place. But Anne is not like that. She will come here with the baby and stay with me. She told me that I could rest in this apartment (that the hiring couple pay for) after delivery for a month if I want to.' Som, Divya's husband, added: 'I have no tension – I don't have to do any job or anything. We are very lucky. No one has got a couple as nice as ours. It's not just because she is a white lady that I say that. She has become such a close friend that if she calls us we'll even go visit her in Los Angeles and now we won't have to worry about staying in a hotel. I am sure they will take care of Shalin's (their younger son) health education, everything.'

Divya and Som seemed to believe that their relationship with the intending parents would rescue them from their poverty and change the future of their family.

Surrogate Parvati, 36, was a surrogate for a 30-year-old non-resident Indian from New Zealand and seemed to be confusing what she hoped would happen in the future with reality. Although she was yet to deliver the baby, she spoke about the important role she would play in the baby's life and the intended mother's as if the birth had already happened: 'My couple keeps such good relations with me. After delivery, Nandini *didi* [the genetic mother] brought him over to me and let me breastfeed him. She invited me for his birthdays. She called me when he got married. When he gets fever she calls and says "Don't worry just pray to god. If you want to see him we'll come and show him to you. But don't burn your heart over him." I am so lucky to have a couple like them taking care of me. I see how the rest of the surrogates in the clinic get treated.'

Parvati called her relationship with the genetic mother 'just like between sisters' but she recognized the status difference. Most surrogates echoed Parvati's claim that the relationship was like between sisters, but simultaneously recognized the power difference. The inevitable narrative was 'She calls me *didi* (sister) and I call her *barhi didi* (elder sister)', where the hiring sister was referred to as the 'elder' and the hired one as 'younger': 'I know Nandini *didi* [the genetic mother] is younger than me but I prefer calling her *barhi didi* [elder sister]. She used to call me *barhi didi* as well. But it felt strange because she is from a foreign land, so educated, so well dressed.'

The surrogates seemed to be resisting the commercial and contractual nature of their relationship by establishing some kind of a relationship with the intended mother (Pande, 2009b). Although they recognized the immense class difference between the couple and them, they sometimes constructed relations in their narratives that transcended the transnational and class differences. Whether real or imaginary, the surrogates were able to forge ties with women from outside their class and sometimes national boundaries. It has been previously argued that these ties forged by the surrogates can be seen as a form of resistance to medical narratives and procedures that underscore their disposability within the process of gestational surrogacy (Pande, 2009a).

It can also be mentioned, without taking away from the power of these cross-border relationships, that the expectations of long-term bonding, as reflected in the narratives of Divya, Som and Parvati – the dream that a wealthier/white family would come to rescue them from desperate poverty and a bleak future – ultimately reinforce subjection based on race and class.

## 'This feels like a worthy cause': intended mothers talk

Surrogates at the New Hope Maternity Clinic in India downplayed the contractual nature of surrogacy, by depicting it as God's gift to needy mothers and an opportunity for them to help their children. They further minimized the business aspect by forging bonds with the intended mother. How did the intended mothers negotiate the anomalous nature of this process? Did they also downplay the pecuniary nature of the process?

In her study of surrogates in the USA, Ragone (1994) reveals that most programme managers think of their involvement in surrogacy as a mission. Managers encourage surrogates to cultivate the missionary zeal by regarding themselves as providers of the last opportunity for the hiring couple to have a complete and full life (1994, p. 40). As discussed earlier, surrogates at the clinic in India did not use the idiom of 'gift-giving'. They typically viewed themselves as grateful recipients of a gift from God and not so much as missionaries. The missionary zeal, however,

was not completely absent in the Indian context. It was evoked by a different set of actors – the intended mothers.

Anne was an intended mother from the USA and had hired two surrogates in 2 years. One of them was the surrogate Divya. Anne argued that her decision to come to India was not based on the cost difference: 'It's not just because of the cost difference. I already spent a lot at home. People travel to the USA to get a surrogate and here I am travelling out of it into some place as far as India. My friends think I am very brave to be travelling to this country. I mean if you take one look at the streets outside, you would know why. ... What makes me happy about my decision is that the lives of my surrogate would change with the money. Without our help her family would not be able to get out of the situation they are in, not even in a million years.'

The intended mother, Anne, underplayed the financial motivation for hiring a surrogate in India, and instead emphasized the desire to contribute towards a worthy cause. Judy, another intended mother from the USA, gave a similar justification: 'I have tried IVF five times in Florida and already spent a packet. Money is not an issue with us since we are both physicians. The biggest attraction was that for surrogates here the amount we pay would be a life-altering one. It would feel good to make such a change in someone's life. This seemed like a worthy cause.'

While most intended mothers accepted that the incentives for hiring surrogates in India range from easy laws to control over surrogates, they often reiterated that their primary motivation is to transform the life of a family living in desperate poverty. Interestingly, scholarship on transnational adoption has indicated that adopting parents often evoke similar narratives where the desire to adopt children from the 'Third World' takes shape as a dimension of development discourse in which child adoption is constructed as a form of international aid or as a responsibility of socially conscious citizens (Briggs, 2003; Cartwright, 2005). Ideologies of rescue, care and compassion are rampant in accounts given by people involved in transnational adoptions. Curiously, even in the absence of the 'abandoned child in need of being rescued', transnational clients of reproductive services seem to give similar accounts of 'moral adoption'.

While the overwhelming narrative was reminiscent of missionary zeal, some intended mothers mentioned the non-contractual aspects of their relationship with their surrogate mother. For instance, some intended mothers talked of their willingness to maintain contact with their surrogate mother even after delivery, often against the instructions of the medical staff.

Intended mother Joana, from the UK, was met 2 weeks before the delivery of the baby. Joana describes her relationship with surrogate Mansi as one of 'accidental' friendship: 'You know in the beginning, I wasn't sure how this would work out. My surrogate speaks only a few words of English and although I have given her a cell phone, it wasn't of much use. I read online forums in the USA where the surrogates and mothers become close friends and here I was, finding it hard to even communicate with her. I did not feel happy about this so I found a translator ... It got better when I visited her. We could communicate just through laughter and tears. We are almost like *accidental friends*. She is, after all, doing a lot for us. But we are doing a lot for her as well. My husband is buying Mansi's man a motorcycle, on top of all the cash, of course.'

Preeti, from New Jersey, was an American citizen but her grandparents were from India. She confessed that she had not stayed in constant touch with her surrogate throughout the pregnancy but intended to be a 'better' friend after the delivery: 'I am a doctor myself and I have really been busy the last few months. I did call my surrogate everyday in the beginning, and then it became a weekly or fortnightly call. But I won't forget her after the delivery. We plan to send her gifts every year on my child's birthday. She is doing something not even your closest friend would do for you. I need to be a better friend to her, I know! ... We are planning to buy her a piece of land in return.'

On the one hand, both Joana and Preeti downplay the pecuniary aspect of their relationship with the surrogate mother by reiterating the non-contractual and friendly ties they share with her. On the other hand, they emphatically declare their own generosity in compensating the surrogate by highlighting all the payments in cash or kind.

## Surrogacy narratives and structures of inequities

Existing scholarship has convincingly established that commercial surrogacy is culturally disruptive, morally ambiguous and potentially exploitative. With globalization, the spread of reproductive technology to the global south and a boom in medical tourism, matters become even more complicated. As transactions in reproductive services cross borders, the differences between the buyers and sellers, whether based on race, class or nationality, become glaring. Unarguably, transnational commercial surrogacy in India is shaped by profound inequities in power. How might the narratives of sellers and buyers of reproductive services in India challenge these inequities? How might they provoke new and/or reinvoke existing inequities?

Surrogates in the global north often justify their decision with narratives of altruism and by portraying their act as an ultimate gift to an infertile couple. Given the outright commercial nature of surrogacy in India, the surrogates could be expected to be more emphatic about their altruism and gift-giving. But as the narratives of the surrogates analysed in this paper indicate, the surrogates in India seldom gave altruism and gift-giving as their motivation. What is found instead are narratives of surrogacy as 'God's gift to needy but not greedy mothers', a God-given opportunity for poor Indian mothers to serve their family. An unintended consequence of such narratives is to reinforce the primary identity of these women as selfless mothers rather than as wage-earning workers (Pande, 2010b).

Symbolic systems, narratives and metaphors are not disconnected from those who articulate them and from the practices through which they are enacted. The accounts and narratives of the surrogates have structural underpinnings. It is likely that the gift-giving metaphor does not work when the class difference and the structural inequality between the potential gift-giver and gift-taker is so large. Although the surrogates in the USA and the hiring couples are seldom from the same economic class, the surrogates often do not perceive the class difference between them

and the couple as significant (Ragone, 1994, p. 54). The surrogates in India, however, routinely emphasized the structural hierarchy and the vast differences between buyers and sellers of surrogacy. They simultaneously indicated their feeling of 'gratefulness' at the attempts of the couple to build a relationship with them despite these differences.

Surrogate mother Divya recalled her first meeting with her hiring couple from the USA: 'Anne and Brian (the hiring couple) wanted to see where we stay. We felt very shy because we didn't have anything in the house and they are such rich foreigners. They had to sit on the floor. Anne used to come and meet me in the first house which was on the fourth floor. We didn't even have a fan and I know she can't usually sit without an AC [air conditioning].'

It can be speculated that this recognition of the immense class and often national and racial differences between the surrogate and the couple makes the gift-giving metaphor ineffective as a cultural tool.

In his classic study of gift-giving, Marcel Mauss (1967) argued that giving a gift generates the expectation of reciprocity. Marilyn Strathern (1988) added that a gift-giver sees the gift as an investment in a lasting social bond (Strathern, 1988, p. 206). Even though the surrogates in this study seldom expressed their ability to give a gift to transnational clients, most predicted a lasting bond with the intended mother and some expectation of reciprocity, albeit as an indication of their client's generosity. Ironically, these bonds between surrogates and intended mothers made the remuneration structure even more informal, often to the detriment of the surrogates.

In the absence of any binding law or contract, intended parents have considerable freedom in deciding the boundaries of remuneration. The surrogacy contract ensured that a payment of Rs 25,000 (US$500) is made to the surrogate every 3 months, but beyond that the rates are negotiable. A couple from New Jersey decided to pay the entire amount in kind to their surrogate Salma. Salma explained: 'We don't really have a contract. Will [the intended father] said, ''You make us happy, and we'll make you happy.'' He said he would build a house for us – however big we want it to be. I am having twins so perhaps he will build us two rooms instead of one. But his wife has become like an elder sister to me. I don't want to ask about the money or the number of rooms.'

Surrogate Salma seemed reluctant to talk about the contract and the payment precisely because of her sisterly ties with the intended mother. The narratives of surrogate Salma reveal that their 'sisterhood' ties with intended mothers downplay the contractual and business aspect of surrogacy and further undermine the surrogates' role as workers and breadwinners. Finally, this missionary capacity of intended parents is evoked not only by the surrogates but by the intended mothers themselves. By constructing their reproductive tourism as a mission, intended mothers reinforce the structural inequities between the surrogates and their transnational clients.

## Conclusion

It would not be a startling conclusion that participants in surrogacy in different parts of the world draw on disparate cultural understandings to make sense of the process. Indeed, why would actors in India, the USA and Israel use similar idioms for meaning-making? Perhaps what is more curious is that, often enough, idioms do cross borders. This paper has demonstrated that the rhetoric of 'gift', 'sisterhood' and 'mission', popular in the USA and in Israel, is evoked in the Indian context as well. But while participants in India draw on these predictable cultural tools, they use these in completely unexpected ways. As Ironically, these narratives, which are expected to reduce the pecuniary nature of commercial surrogacy and the associated inequalities, ultimately reify the inequalities based on class, race and nationality between the clients and suppliers of reproductive tourism in India.

It has been demonstrated that, while the surrogates from Israel and the global north choose to give a gift to the intended couple, in the narratives of the Indian surrogates, God makes all the choices. Surrogacy becomes God's gift to needy mothers and an opportunity for them to fulfil their familial duties. Such a portrayal reinforces the image of women as dutiful mothers rather than wage-earning workers, whose primary role is to serve the family. The narrative of 'sisterhood' reveals a similar paradox. The surrogates resist the commercial and contractual nature of their relationship with the intended mother by establishing some kind of a relationship with her. But the dream that a wealthier or whiter sister would come to rescue them from desperate poverty and a bleak future brings in issues of new forms of subjection based on race and class domination. Simultaneously, the 'sisterly' relations with intended mothers further downplay the contractual and business aspect of surrogacy and undermine the surrogates' role as workers and breadwinners.

Finally, it has been argued that the narratives of not just the surrogates but also the intended mothers reinforce the structural inequalities of transnational surrogacy. Intended mothers from the global north often construct their reproductive travel as a 'mission'. They emphasize the desire to contribute towards a worthy cause and save an Indian family from desperate poverty. The language of mission reifies the undeniably enormous inequities, based on race, class and nationality, between the buyers and sellers of this new form of reproductive travel.

The preference for the term 'cross-border reproductive care' over 'fertility tourism' emphasizes that patients do not travel for fun as a tourist, but out of necessity (Shenfield, 2009). Unarguably, the words used by researchers, practitioners and observers have an impact on users of medical services. But, as importantly, the words the users themselves deploy to make sense of their involvement sheds light on the inequities inherent to the system of fertility travel from the global north to the south. While India may be the first country in the global south where transnational surrogacy has become a flourishing industry, it is unlikely to remain the only one. Already clinics in Ukraine and Thailand have started advertising transnational surrogacy at prices competitive to programmes in India. More cross-disciplinary studies need to be conducted on the real-life consequences of this booming industry, particularly in cases where the buyer is from the global north and the seller from the global south.

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## References

Anderson, E.S., 1990. Is women's labor a commodity? Philosophy and Public Affairs 19, 71–92.

Andrews, L.B., 1987. The aftermath of baby M: proposed state laws on surrogate motherhood. Hastings Centre Report 17, 31–40.

Anleu, S.R., 1992. For love but not for money? Gender and Society 6, 30–48.

Brenhouse, H., 2010. India's rent-a-womb industry faces new restrictions. Time, June 5.

Brennan, S., Noggle, R., 1997. The moral status of children: children's rights, parents' rights, and family justice. Social Theory and Practice 23, 1–26.

Briggs, Laura., 2003. Mother, child, race and nation: the visual iconography of rescue and the politics of transnational and transracial adoption. Gender and History 15, 179–200.

Cannell, F., 1990. Concepts of Parenthood: the Warnock report, the Gillick debate and modern myths. American Ethnologist 17, 667–686.

Cartwright, Lisa, 2005. Images of 'Waiting Children': spectatorship and pity in the representation of the global social orphan in the 1990's. In: Volkman, Toby (Ed.), Cultures of Transnational Adoption. Duke University Press, Durham and London, pp. 185–212.

Corea, G., 1986. The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs. Harper and Row, New York.

Dworkin, A., 1978. Right-Wing Women. Perigee, New York.

ICMR, 2010. The assisted reproductive technologies (regulation) Bill 2010 (Online). <www.icmr.nic.in/guide/ART%20REGULATION%20Draft%20Bill1.pdf/> (08.04.11).

Kumar, T.C.A., 2004. Advent of medically assisted reproductive technologies (MART) in India. In: Allahbadia, G.N., Das, R.B. (Eds.), The Art and Science of Assisted Reproductive Techniques. Jaypee Medical Publishers, New Delhi, pp. 11–19.

Markens, S., 2007. Surrogate Motherhood and the Politics of Reproduction. University of California Press, Berkeley.

Mauss, M., 1967. The Gift: Forms and Functions of Exchange in Archaic Societies. Norton, New York.

Neuhaus, R.J., 1988. Renting women, buying babies and class struggles. Society 25, 8–10.

Pande, A., 2009a. Commercial Surrogate Mothering in India: Nine Months of Labor? Ph.D. Dissertation, University of Massachusetts, Amherst.

Pande, A., 2009b. 'It May Be Her Eggs But It's My Blood': surrogates and everyday forms of kinship in India. Qualitative Sociology 32, 379–397.

Pande, A., 2010a. Commercial surrogacy in India: manufacturing a perfect 'Mother-Worker'. Signs: Journal of Women in Culture and Society 35, 969–994.

Pande, A., 2010b. 'At least I am not sleeping with anyone': resisting the stigma of commercial surrogacy in India. Feminist Studies 36, 292–314.

Planning Commission of India, 2009. Report of the expert group to review the methodology for estimation of poverty (Online). <http://planningcommission.nic.in/reports/genrep/rep_pov.pdf/> (30.05.11).

Ragone, H., 1994. Surrogate Motherhood: Conception in the Heart. Westview, Boulder.

Raymond, J., 1990. Reproductive gifts and gift giving: the altruistic woman. Hastings Center Report. 20, 7–11.

Raymond, J.R., 1993. Women as Wombs: Reproductive Technologies and the Battle over Women's Freedom. Harper, San Francisco.

Rimm, J., 2009. Booming baby business: regulating commercial surrogacy in India. University of Pennsylvania Journal of International Law 30, 1429–1462.

Roberts, C.M., Franklin, S., 2006. Born and Made: An Ethnography of Preimplantation Genetic Diagnosis. Princeton University Press.

Rothman, B., 2000. Recreating Motherhood. Rutgers University Press, New Brunswick, NJ.

Shenfield, F., 2009. Is cross-border reproductive care a problem, and for whom? BioNews (Online). <http://www.bionews.org.uk/page_47257.asp/> (22.02.11).

Strathern, M., 1988. The Gender of the Gift: Problems with Women and Problems with Society in Melanesia. University of California Press, Berkeley.

Teman, E., 2010. Birthing a Mother: the Surrogate Body and the Pregnant Self. University of California Press, Berkeley.

Thompson, C., 2005. Making Parents: The Ontological Choreography of Reproductive Technologies. The MIT Press, Cambridge, MA.

Vora, K., 2009. Medicine, Markets and the Pregnant Body: Indian Commercial Surrogacy and Reproductive Labor. The Scholar and Feminist Online, Double Issue 9.1–9.2: Fall 2010/Spring 2011.

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