RESEARCH REPORT

"The World's Back Womb?": Commercial Surrogacy and Infertility Inequalities in India

Holly Donahue Singh

ABSTRACT While transnational commercial surrogacy in India has recently attracted the attention of journalists and feminist scholars critical of a novel and particularly intimate example of labor outsourcing, surrogacy in India is not only about global inequalities. In this research report, I call attention to silences in the most well-known accounts of surrogacy to the persistent local inequalities that structure infertility treatment in general—and surrogacy in particular. I argue that the disappearance of medical professionals' perceptions of surrogates as "laborers" and of Indian infertility experiences in these accounts occurs not only because of significant challenges to data collection, but also because of widespread naturalization of inequality. Local inequalities that structure transnational surrogacy in India, in particular, and infertility treatment, in general, tend to escape the purview of examinations that employ a transnational frame. Most research on gestational surrogacy in India does not focus on the options available to Indians who face infertility. The few studies that put the dynamics of infertility among people living in India at the center of analysis have yet to explore fully the "reproscapes" of infertility among people in India. [*surrogacy, infertility, inequality, India, transnational*]

RESUMEN Mientras el alquiler de vientre comercial transnacional en India recientemente ha atraído la atención de periodistas e investigadores feministas críticos de una nueva y particularmente íntima ilustración de subcontratación de labor, el alquiler del vientre en India no es solamente sobre desigualdades globales. En este reporte de investigación, llamo la atención sobre los silencios en los más conocidos reportes de alquiler del vientre con relación a las persistentes desigualdades locales que estructuran el tratamiento de infertilidad en general—y el alquiler del vientre en particular. Argumento que la desaparición de percepciones en los profesionales de la salud de las madres sustitutas como "trabajadoras" y de las experiencias de infertilidad Hindú en estos reportes ocurre no sólo por los significantes retos en la recopilación de información sino también por la generalizada naturalización de la desigualdad. Desigualdades locales que estructuran el alquiler del vientre a nivel transnacional en India en particular, y el tratamiento de infertilidad en general, tienden a escapar el ámbito de los análisis que emplean un marco transnacional. La mayoría de la investigación sobre el alquiler del vientre en India no se centra en la opciones disponibles a los Hindúes que enfrentan infertilidad. Los pocos estudios que colocan la dinámica de infertilidad entre gente viviendo en India al centro del análisis, aún tienen que explorar completamente los "reproscapes" de infertilidad entre gente en India. [*alquiler del vientre, infertilidad, desigualdad, India, transnacional*]

On July 18, 2013, I gave an invited guest lecture at King George's Medical University (KGMU) in Lucknow, India, to obstetrics and gynecology faculty members and postgraduate medical students. After introducing medical anthropology, I spoke about the research on infertility I have conducted in Lucknow since 2005. When

AMERICAN ANTHROPOLOGIST, Vol. 116, No. 4, pp. 824–828, ISSN 0002-7294, online ISSN 1548-1433. DOI: 10.1111/aman.12146

I paused for questions, the faculty member sitting next to me asked, "What do you think about surrogacy?" I immediately sensed interest from the other physician–professors, one of whom chimed in about the surrogacy trend among Bollywood stars. Her question initiated a conversation that continued as we moved out of the seminar hall and ranged from depictions of surrogacy in films to the experiences of the department head's acquaintance who had opted for surrogacy many years before most biomedical infertility clinics in India formally offered the option. Transnational commercial surrogacy in India has recently attracted the attention of journalists and feminist scholars critical of a novel and particularly intimate example of labor outsourcing. Surrogacy practice in India is about the exploitation of global inequalities, an example of stratified reproduction (Colen 1995), and an extension of recent patterns of redistributing reproductive labor largely from women privileged by wealth and race in the United States and elsewhere to women of color from the global South (Boris and Parreñas 2010; Ehrenreich and Hochschild 2002). Surrogacy maps far beyond simple binaries in India; however, the experiences of diverse users of surrogacy, including, for example, Indian citizens living abroad (commonly referred to as non-resident Indians [NRIs]) and Indian citizens residing in India, have received little focused attention. Here, I call attention to silences in the most well-known accounts of surrogacy regarding the persistent local inequalities that structure infertility treatment in general and surrogacy in particular. I argue that the disappearance of medical professionals' perceptions of surrogates as "laborers" and of Indian infertility experiences in these accounts occurs not only because of significant challenges to data collection, but also because of widespread naturalization of inequality in the conduct of daily life in India.

In commercial gestational surrogacy, a woman gestates and gives birth to a baby with no genetic relation to her for a set fee. In the United States, major legal battles over the resulting children have captivated ethicists, feminist scholars, anthropologists, and others who have examined power and ethical dimensions of these practices, as well as their implications for kinship relations.[1] Members of the U.S. public know about surrogacy not only because of the extensive media coverage of assisted reproductive technologies (ARTs) since the 1978 birth of Louise Brown, the first IVF (*in vitro fertilization*) baby, in the United Kingdom (Dolgin 1997:156, 242–243), but also because of prominent public figures who have children born through surrogacy.

With the rapid expansion of biomedical infertility treatment facilities around the world, the proliferation of publicity for these facilities, and partnerships with multinational medical care organizations, fertility travel has gone global along particular paths of inequality. Political and economic factors, along with the postcolonial legacies of English language usage and medical practice modeled on the British system, have helped India emerge as a site for people seeking children through the use of ARTs, and especially through gestational surrogacy. The infertility business promises significant profits and fame to its practitioners, while clinics and clients rely on the perpetuation of inequalities within India to facilitate surrogacy arrangements by making relatively marginal women "bioavailable" (Bharadwaj 2011; Cohen 2005:83) as gestational laborers to relatively wealthy people from India and abroad. *Marie Claire* magazine (Haworth 2007), the *Oprah Winfrey Show* (Ling 2007), the *Today Show* (Schiavocampo 2008), and the *San Francisco Chronicle* (Lee 2013) have contributed to the fame of particular Indian clinics and physicians among U.S. residents while simultaneously analyzing and critiquing their actions.

Transnational commercial surrogacy has become a popular research topic for social scientists (Deomampo 2013; Majumdar 2013; Pande 2009a, 2009b, 2010, 2013; Vora 2009a, 2009b, 2011, 2012) and gender studies scholars (Gupta 2012; Roy 2011; Rudrappa 2010; Twine 2011). These contributions, along with the work of activist organizations such as the SAMA Resource Group for Women's Health in India (SAMA 2010, 2012) and documentary films (Frank et al. 2009; Haimowitz and Sinha 2010; Sharma 2013), are illuminating the local moral worlds (Kleinman 1999) that comprise global "reproscapes," or reproductive trajectories of people and technologies, with links to India (Bharadwaj 2011; Inhorn and Shrivastav 2010). The particular configurations of the reproscapes of transnational surrogacy are ever emergent and shifting with movements of capital, bodies, and bodily substances, such as gametes and embryos, and in response to religious and legal regulation of particular ART practices. At least one novel, Kishwar Desai's 2012 *Origins of Love,* centers on the complex flows and ethical disputes involved in creating a child through transnational surrogacy in India. Other potential surrogacy users, such as NRIs and people living in India, figure only tangentially in many discussions of surrogacy, even though such people do comprise some part of research samples. The blurred lines created by users' links through culture, citizenship, and heritage bear closer analysis; however, such cases contribute relatively little to calls for legislative reform, which have focused mainly on how global inequalities undergird and facilitate transnational surrogacy.

Within India, popular media sources have discussed in print and on televised talk shows the surrogacy industry and proposals for national legislation to regulate it. Still, the birth over the last few years of children to prominent Bollywood actors and their partners—Aamir Khan and Kiran Rao (Sukumaran 2013) and Shah Rukh and Gauri Khan (Caroli 2013)—through surrogacy have produced the greatest awareness among people living in India about the local availability of ARTs, particularly surrogacy. In these cases, privilege generated through stardom in the world's largest film industry has helped deflect critical attention away from opportunistic "womb renting," which occurs because of cultural ideals that necessitate the procurement of biologically related babies. Faculty members at KGMU used these well-known cases as their entry point for

discussion about the practice of surrogacy while giving special emphasis to the transnational context.

People living in urban India who consider themselves to be "middle class" commonly appropriate the labor of people with fewer resources, who often belong to lower Hindu caste groups and may be migrants from rural areas or from distant Indian states, to wash dishes, floors, and clothes. The wealthiest classes also employ drivers, office assistants, and childcare workers. Within India, well-established local patterns of outsourcing labor serve as a model for the mapping of surrogacy relations. These labor patterns extend to transnational contexts in ways that advantage not only relatively wealthy people seeking surrogacy but also the physicians and institutions in India that facilitate and profit from surrogacy arrangements. Widespread employment of part-time and full-time servants increases the likelihood that many interested Indian parties to surrogacy will view the women who gestate and give birth to genetically unrelated babies as just "labor"—a naturalized category of people who can be hired and let go at will, for whose well-being employers bear minimal responsibility, and who can be easily exchanged for others eager to take their place. Because of their educational and class backgrounds, surrogates tend to lack fluency in English or any other non-Indian language that would allow them to negotiate or, indeed, interact meaningfully with commissioning parents. Documentary film evidence (Haimowitz and Sinha 2010; Sharma 2013) demonstrates how infertility clinics can mediate language barriers by facilitating the control of interactions between surrogates and foreign commissioning parents. India's British postcolonial status aids in this process because multilingual, well-traveled physicians and other medical staff can serve as intermediaries among medical tourism companies, patients, and relatively marginal surrogates.

My physician interlocutors advocated limiting direct contact between surrogates and intending parents. Their worries about the dangers of contact across great economic and cultural difference resonate with uneasy encounters between foreign intending parents and surrogates depicted in documentary and ethnographic accounts of surrogacy in India (Haimowitz and Sinha 2010; Rudrappa 2010:273; Sharma 2013). They also accord with often uneasy interclass, intercaste, and interreligious relations within India. For example, physicians cited surrogates' demands for additional gifts and money from the commissioning parents as a reason to limit contact, on the grounds of protecting commissioning parents from harassment. Medical professionals administering infertility treatment and commissioning parents tend to share genetic ideals of relationship that minimize surrogates' potential claims to kinship with the child or children to whom they give birth. Foreign commissioning parents, however, are more likely than their physicians to see surrogates as individuals with identities, needs to be met, and personalities to be known.

Debates about surrogacy in India have been less vociferous when they have involved Bollywood stars than when they have focused on foreigners seeking babies "*Made in India*" (Haimowitz and Sinha 2010) who acquire only foreign kinship and citizenship rights, even though the babies are produced by Indian women, doctors, and clinics—"*Foreign Babies/Indian Make*" (Roy 2011). The removal of postcolonial and neocolonial global status in favor of normalized internal inequalities, along with the wealth and privilege accorded to Bollywood stars, contribute to acceptance of surrogacy within India as locally outsourced reproductive labor, despite potential cultural objections about this method of baby making. Both Aamir Khan and Shah Rukh Khan come from Muslim families and have Hindu partners. Had either couple sought the advice of religious authorities before undertaking surrogacy they might have found difficulties in reconciling those perspectives with their own desire for a child. Neither of these religious traditions advocates interreligious marriage, let alone the production of progeny using ARTs. Their cases, however, differ in many ways from those of foreigners utilizing commercial surrogacy in India. The Khans did not have to secure passports for their children born through surrogacy, and their relative privilege allows them to exploit the labor of less wealthy others in many ways. Technology has facilitated more and more intimate exploitation of inequality while allowing elites to sidestep kin relations with the women contracting their bodies and putting their health on the line as reproductive laborers.

Studies on transnational surrogacy with India, taken together, do an exceptionally good job of connecting the dots among evasive actors and emphasizing the structure of global inequalities as fundamentally constitutive of this form of infertility treatment. However, local inequalities that structure transnational surrogacy in particular, and infertility treatment in general, especially in the low-cost locations that gestational surrogates call home, tend to escape the purview of these examinations. Most research on gestational surrogacy in India avoids or marginalizes the intersections of class and religious background in which women tend to become surrogates and fails to address the options available to Indians who face infertility. Studies that put the dynamics of infertility and the possibilities for addressing infertility among people living in India at the center of analysis are relatively few (Bharadwaj 2001, 2003, 2012; Mulgaonkar 2001; SAMA 2012; Singh 2011; Vora 2011; Widge 2001, 2005) and have yet to explore fully the reproscapes of infertility among people living in India. The practice of surrogacy among Indians in India, although potentially rich in cultural significance, remains difficult to document (Majumdar 2014; SAMA 2012) and challenging to incorporate into calls for legislative reform. There are many reasons for this gap, not least of which is the legacy of over 60 years of family-planning programs aimed at reducing the birthrate in India. Secrecy and stigma around reproductive disruption and strategies aimed at alleviating it add to the challenges associated with such research. More of this sort of work is needed not only because of the urgent ethical issues involved, nor just for the insights it can provide regarding globalization and gender,

but also for the light it can shed on negotiations of power and social relations under conditions of extreme internal inequality accompanied by rapid economic expansion and technological development.

Holly Donahue Singh *Institute for Social Research, Population Studies Center, University of Michigan, Ann Arbor, MI 48104; hdsingh@umich.edu; Twitter: @HollyHDS*

NOTES

Acknowledgments. I would like to thank the staff members at King George's Medical University who have welcomed me to interact with them, as well as others in India who have shared their stories and their perspectives with me. The work presented here has been funded by a junior research fellowship from the American Institute of Indian Studies and by the University of Virginia. I would especially like to acknowledge my colleagues and dissertation committee from UVA and members of the University of Notre Dame Anthropology Writing Club for their encouragement; students and faculty at Kenyon College, Notre Dame, and St. Mary's College (IN) for their questions and comments; and *American Anthropologist*'s anonymous reviewers for their feedback.

1. Such as the Baby M case in the 1980s (Dolgin 1997).

REFERENCES CITED

Bharadwaj, Aditya
2001 Conceptions: An Exploration of Infertility and Assisted Conception in India. PhD dissertation, Department of Sociology, University of Bristol (UK).
2003 Why Adoption Is Not an Option in India: The Visibility of Infertility, the Secrecy of Donor Insemination, and Other Cultural Complexities. Social Science and Medicine 56(9):1867–1880.
2011 Reproductive Viability and the State: Embryonic Stem Cell Research in India. *In* Reproduction, Globalization, and the State: New Theoretical and Ethnographic Perspectives. Carole H. Browner and Carolyn F. Sargent, eds. Pp. 113–125. Durham: Duke University Press.
2012 The Other Mother: Supplementary Wombs and the Surrogate State in India. *In* Reproductive Technologies as Global Form: Ethnographies of Knowledge, Practices, and Transnational Encounters. Michi Knecht, Maren Klotz, and Stefan Beck, eds. Pp. 139–160. Chicago: Chicago University Press.
Boris, Eileen, and Rhacel Salazar Parreñas, eds.
2010 Intimate Labors: Cultures, Technologies, and the Politics of Care. Stanford: Stanford Social Sciences.
Caroli, Aditi
2013 Why Would Anyone Want to Know the Sex of Their Unborn Baby? Hindustan Times, Lucknow edition, June 30: HT City, p. 1.
Cohen, Lawrence
2005 Operability, Bioavailability, and Exception. *In* Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems. Aihwa Ong and Stephen J. Collier, eds. Pp. 79–90. Oxford: Blackwell.
Colen, Shellee
1995 "Like a Mother to Them": Stratified Reproduction and West Indian Childcare Workers and Employers in New York. *In* Conceiving the New World Order: The Global Politics of Reproduction. Faye D. Ginsburg and Rayna Rapp, eds. Pp. 78–102. Berkeley: University of California Press.
Deomampo, Daisy
2013 Gendered Geographies of Reproductive Tourism. Gender and Society 27(4):514–537.
Desai, Kishwar
2012 Origins of Love. New York: Simon and Schuster.
Dolgin, Janet L.
1997 Defining the Family: Law, Technology, and Reproduction in an Uneasy Age. New York: New York University Press.
Ehrenreich, Barbara, and Arlie Russell Hochschild, eds.
2002 Global Woman: Nannies, Maids, and Sex Workers in the New Economy. New York: Henry Holt.
Frank, Zippi Brand, Zvi Frank, Geraldine Doogue, Uri Aḳerman, Tal Raviner, and Ḳarni Poṣtel
2009 Google Baby. 76 min. Filmmakers Library. New York.
Gupta, Jyotsna Agnihotri
2012 Reproductive Biocrossings: Indian Egg Donors and Surrogates in the Globalized Fertility Market. International Journal of Feminist Approaches to Bioethics 5(1):25–51.
Haimowitz, Rebecca, and Vaishali Sinha
2010 Made In India: A Film about Surrogacy. 97 min. Women Make Movies. New York.
Haworth, Abigail
2007 Surrogate Mothers: Womb for Rent. Marie Claire Magazine, July 29. http://www.marieclaire.com/world-reports/news/surrogate-mothers-india, accessed January 30, 2014.
Inhorn, Marcia C., and Pankaj Shrivastav
2010 Globalization and Reproductive Tourism in the United Arab Emirates. Asia-Pacific Journal of Public Health 22(Suppl. 3): 68S–74S.
Kleinman, Arthur
1999 Experience and Its Moral Modes: Culture, Human Conditions, and Disorder. The Tanner Lectures on Human Values 20:357–420.
Lee, Stephanie M.
2013 Outsourcing a Life. San Francisco Chronicle, May–June. http://www.sfchronicle.com/local/bayarea/item/India-surrogacy-23858.php, accessed January 30, 2014.
Ling, Lisa
2007 Lisa Ling Investigates: Wombs for Rent. The Oprah Winfrey Show, October 9. http://www.oprah.com/oprahshow/Lisa-Ling-Investigates-Wombs-for-Rent, accessed October 31, 2013.
Majumdar, Anindita
2013 Transnational Surrogacy: The "Public" Selection of Selective Discourse. Economic and Political Weekly 48(45–46):24–27.
2014 Nurturing an Alien Pregnancy: Surrogate Mothers, Intended Parents and Disembodied Relationships. Indian Journal of Gender Studies 21(2):199–224.

Mulgaonkar, Veena B.
2001 Childless Couples in the Slums of Mumbai: An Interdisciplinary Study. Asia-Pacific Population Journal 16(2):141–160.
Pande, Amrita
2009a "It May Be Her Eggs but It's My Blood": Surrogates and Everyday Forms of Kinship in India. Qualitative Sociology 32(4):379–397.
2009b Not an "Angel," Not a "Whore": Surrogates as "Dirty" Workers in India. Indian Journal of Gender Studies 16(2):141–173.
2010 "At Least I Am Not Sleeping with Anyone": Resisting the Stigma of Commercial Surrogacy in India. Special issue, "Reinventing Mothers," Feminist Studies 36(2):292–312.
2013 An Infantile Idea. The Indian Express, August 16. http://m.indianexpress.com/news/an-infantile-idea/1155935/, accessed October 6, 2013.
Roy, Modhumita
2011 Foreign Babies/Indian Make: Outsourcing Reproduction in the Age of Globalisation. *In* Locating Cultural Change: Theory, Method, Process. Partha Pratim Basu and Ipshita Chanda, eds. Pp. 54–72. New Delhi: Sage.
Rudrappa, Sharmila
2010 Making India the "Mother Destination": Outsourcing Labor to Indian Surrogates. *In* Gender and Sexuality in the Workplace. Christine L. Williams and Kirsten Dellinger, eds. Pp. 253–285. Research in the Sociology of Work, 20. Bingley: Emerald.
SAMA—Resource Group for Women and Health
2010 Constructing Conceptions: The Mapping of Assisted Reproductive Technologies in India. http://www.SAMAwomenshealth.org/downloads/Constructing%20Conceptions.pdf, accessed November 3, 2013.
2012 Birthing a Market: A Study on Commercial Surrogacy. http://www.SAMAwomenshealth.org/downloads/Birthing%20A%20Market.pdf, accessed November 3, 2013.
Schiavocampo, Mara
2008 More and More Couples Finding Surrogates in India. The Today Show, February 20. http://www.today.com/id/23252624#.UouOkuLlfMg, accessed December 19, 2013.
Sharma, Surabhi
2013 Can We See the Baby Bump Please? 49 min. SAMA Resource Group for Women and Health, India. New Delhi.
Singh, Holly Donahue
2011 Aulad: Infertility and the Meanings of Children in North India. Ph.D. dissertation, Department of Anthropology, University of Virginia.
Sukumaran, Shradha
2013 I Was Anxious How I Would Forge a Relationship with Azad: Kiran Rao Opens up to People Magazine. People India, June 28:43–46.
Twine, France Winddance
2011 Outsourcing the Womb: Race, Class, and Gestational Surrogacy in a Global Market. Framing 21st Century Social Issues series. New York: Routledge.
Vora, Kalindi
2009a Indian Transnational Surrogacy and the Commodification of Vital Energy. Subjectivity 28:266–278.
2009b Indian Transnational Surrogacy and the Disaggregation of Mothering Work. Anthropology News, February: 11–12.
2011 Medicine, Markets and the Pregnant Body: Indian Commercial Surrogacy and Reproductive Labor in a Transnational Frame. Special double issue, The Scholar and Feminist Online 9.1–9.2. http://sfonline.barnard.edu/reprotech/vora_01.htm, accessed September 23, 2013.
2012 Limits of "Labor": Accounting for Affect and the Biological in Transnational Surrogacy and Service Work. South Atlantic Quarterly 111(4):681–700.
Widge, Anjali
2001 Sociocultural Attitudes towards Infertility and Assisted Reproduction in India. *In* Current Practices and Controversies in Assisted Reproduction: Report of a WHO Meeting on "Medical, Ethical and Social Aspects of Assisted Reproduction." World Health Organization, auth. and ed. Pp. 60–74. Geneva: World Health Organization.
2005 Seeking Conception: Experiences of Urban Indian Women with In Vitro Fertilization. Patient Education and Counseling 59(3):225–233.