

***“Wombs for rent”: Emotional Geographies of Reproductive Laborers in
India***

*A thesis submitted for the partial fulfilment of
the degree of Doctor of Philosophy*

by

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DECLARATION

The work presented in this thesis titled *“Wombs for rent”: Emotional geographies of reproductive laborers in India*” has been carried out by me under the supervision of **Dr. Anu Sabhlok** in the Department of Humanities and Social Sciences, Indian Institute of Science Education and Research (IISER) Mohali, Mohali.

This work has not been submitted in part or full for a degree, diploma or a fellowship to any other university or institute.

Whenever contributions of others are involved, every effort is made to indicate this clearly with due acknowledgements of collaborative work and discussions. This thesis is a bonafide record of original work done by me and all sources listed within have been detailed in the bibliography.

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In my capacity as the supervisor of the candidate’s thesis work, I certify that the above statements by the candidate are true to the best of my knowledge.

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Abstract

This dissertation is an ethnographic inquiry into the lives of women working as surrogate mothers in the Indian commercial surrogacy industry. The research has been conducted in three cities: Anand, Bangalore and Chandigarh. The major portion of the data comes from Anand, whereas, smaller field visits have been done in Bangalore and Chandigarh. The central objective of this dissertation has been to bring to the fore voices of the 'reproductive laborers' within a cacophony of discussions on the economics, politics and ethics of surrogate motherhood in India. My fieldwork revealed a much more nuanced picture than the simplistic portrayal that primarily focus on surrogacy as an exploitative industry. I approach commercial surrogacy as a form of intimate labor and attempt to show that the labor performed by the women in this intimate economy does not only lead to alienation and objectification, despite being exploitative. In fact, the narratives collected in this study highlight that even in the regulated conditions maintained by the medical clinics; laborers can achieve a sense of self-empowerment through surrogacy practices. While it is important to acknowledge the exploitative practices that treat women's bodies as disposable within this global circuitry of third party reproduction, it is equally important to pay attention to the emotional journeys and embodied experiences of the reproductive laborers in their gestation period. Inspired by work in feminist and emotional geography, I focus on the everyday world of the reproductive laborers and the centrality of women's embodiment. Such an approach, I argue, is imperative as it is sensitive to the needs of its main actors.

CHAPTER 1

Introduction

“*The Great Indian Egg Bazaar*”, is an article’s headline, in the leading national newspaper *The Indian Express*, dated February 2014 (Chatterjee and Janwalkar, 2014). This catchy headline in extra-large fonts, along with the article spanning an entire page, attracted all my attention. *Egg Bazaar*, or the Egg Market, is a flourishing market for eggs bought and sold in the thriving assisted reproduction industry. But whose eggs were they? Who were the people buying them? Why India? How does a bazaar so intimate work amidst the flows and frictions of the global capitalist market? Was it a simple transaction involving eggs or did it too mirror the uneven circuits that define postcolonial India? These were some of the questions that perplexed me and served as the starting point for my doctoral research.

India has the highest number of registered egg and sperm donors (as per the website <http://www.surrogatefinder.com>), followed by the US. Apart from the eggs and the sperms, the Indian surrogacy industry is known for providing women’s wombs to carry babies to term. People from all over the world came to India to fulfill their dreams of having their own genetic children. In no time, India became a major global destination for commercial surrogacy. My interests in commercial surrogacy grew much stronger on discovering that this market brought in an estimated 2.3 billion USD annually (Rudrappa, 2015). The flourishing “*Baby Factory*” very clearly demonstrated for me the relationships between global political economy and women’s intimate life. The following images are a small sampling from the numerous reports that discuss surrogacy in India:

Fig. 1.1. Newspaper clipping

30/02/2017 Unregulated surrogacy industry worth over \$2bn thrives without legal framework - Times of India

Printed from
THE TIMES OF INDIA

Unregulated surrogacy industry worth over \$2bn thrives without legal framework

TNN | Jul 18, 2013, 02:29 AM IST



NEW DELHI: With an unregulated surrogacy industry thriving in India, rich couples are preying on domestic helps and housemaids coercing them to step up to the task. There is little or no protection for the surrogate mother controlled in the most part by a web of middle-men with medical practitioners choosing to turn a blind eye to this controversial transaction. These are part of the conclusions drawn from a study on the surrogacy industry by NGO, Centre for Social Research (CSR).

The study conducted among 100 surrogate mothers in Delhi and Mumbai says that doctors refer to the transaction as "maid business". CII has estimated the industry to be over \$2 billion a year.

The surrogate mothers are not given a copy of the written contract which is signed between surrogate mother & Read More

News Magazine Cover Story

The Baby Factory

Inside India's surrogacy nursery in Anand, Gujarat, as the 500th surrogate mother delivers a baby girl, the burgeoning business transforms the lives of women.



Gayatri Jayaraman

August 23, 2013 | UPDATED 14:12 IST

A + A -



Fig. 1.2. Newspaper Clipping

The buying and selling of women's reproductive capacities in a neoliberal capitalist structure sits uncomfortably with the conventional meanings assigned to motherhood, especially in the Indian context. Yet, commercial surrogacy in India is a thriving industry. The central

objective of my dissertation is to unpack this contradiction and to understand the impact it has on the social lives of the women inhabiting this contradiction in their work as surrogate mothers. This dissertation moves around three motifs. Firstly, my work examines the concept of surrogacy and the notions of motherhood, labor and body within the global economy and the everyday local meanings associated with it. Secondly, it zooms into the zone where boundaries between the public and private are blurred and it emphasizes that emotions hold a legitimate place in the construction of knowledge. Thirdly, I am interested in the discourses as well as the materiality of bodies and the spaces in which I situate my work firmly in the domain of feminist geography particularly drawing on draw works in emotional geography; new material feminisms and the theoretical discussions on of the body and agency. I bring this literature and its emphasis on the bodily and the intimate in conversations with political economy through a reconceptualization of the notion of labor. Throughout the research, I have taken cues from other studies that have exemplified the significance of feminist research and extended my interest in understanding the cultural, discursive, emotional and material dimensions of women's reproductive labor in commercial surrogacy industry in India. While this literature is too vast to summarize here, a few works stand out which directly influence my research trajectory. For instance, Boris and Parrena's book *Intimate Labors: Cultures, Technologies and Politics of Care* (2010), where they take a close look at the intimate form of labor (care work, sex work, etc.) in everyday life and foreground the juncture where intimacy and market meet. Donna Dickenson's (2007) work *Property in the Body: Feminist Perspectives*, challenges the idea that developments in biotechnology are turning human bodies into objects and instead argues that women's reproductive capacities is a form of labor as it requires great deal of intentionality and hard work. Arlie Hochschild's benchmark analysis of "emotional labor" in *The Managed Heart* (1983),

where she draws our attention towards the emotion management that workers do to present a particular kind of facial and corporeal display as part of their jobs. Kay Anderson and Susan Smith's (2001) eye opening editorial article, "Emotional Geographies", where they talk about the importance of emotions and affect, and assert that emotions are a significant factor in maintaining geography's critical edge. And, Susan Hekman and Stacy Alaimo's (2008) book *Material Feminisms* emphasizes the need to talk about the materiality of the bodies of women, because focusing only on the ideology and discourse *disadvantages lived experiences*, corporeal practices and the biological matter from inquiry (emphasis is mine). The authors argue that the feminist emphasis on social constructionist models, while enormously productive, do not provide "a way to talk about these bodies and the materiality that they inhabit" (p. 4).

I situate my analysis within these and other discussions, all of which inspire me to pay attention to the private and personal stories of the women working as surrogate mothers within the public domain (Arendt, 1958). Their stories reveal the grounded nuances of political and economic practices that we comprehend as capitalist power and exploitation of women's bodies. The narratives are imperative for political recognition of the women as laborers, who work in intimate economies. In the context of commercial surrogacy in India, my research extends this dialogue into an inquiry of the spatial dimensions at play in the discursive-materialist aspects of women's reproductive labor.

In the chapters to come, I approach these themes by examining ways in which notions about labor, emotions, motherhood and the body are imagined and experienced within the broader structures of the economic and social worlds.

1.1 Field sites for the research: After an initial review of literature and media reports, I identified Anand, a small city in Gujarat, as one the primary field sites. Commercial surrogacy entered the Indian market in the early 2000s and soon enough Anand became the hub of such services. The ways in which these arrangements have been designed in Anand became a model for the infertility clinics in other parts of the country as well. While the major data in this research has been collected in Anand, smaller fieldworks have also been conducted in Bengaluru (Karnataka) and Chandigarh (Union Territory).

Nishaan Infertility Clinic¹ in Anand, under the direction of the gynecologist, Dr. SudhaVinayak, attracts the maximum number of commissioning couples across the globe to avail commercial surrogacy services. This clinic offers performs the In-Vitro Fertilization (IVF), chooses the surrogate, as well as the anonymous egg/sperm donors. Moreover, the women working as surrogate mothers live in the surrogate housing facility within the clinic for the entire reproductive period – from embryo transfer to the delivery of the child. The pregnancies are performed under the strict supervision of Dr. Vinayak. Factors like the availability of resources (surrogates, eggs, sperms), qualified doctors, and a “*safe and hygienic space during pregnancy which makes it a complete package*”, as one of the commissioning couples from Canada told me, make the clinic attractive for people seeking surrogacy services both within India as well as abroad.

However, the women working as surrogate mothers being trained to be perfect mothers to the children that they bear are treated as “carriers” and not “laborers”. The reproductive laborers working in this intimate industry are merely projected as passive recipients of the power enacted

¹ I have used pseudonyms to address the clinics visited for the research. Pseudonyms have been also used for the doctors, surrogate agents and the reproductive laborers interviewed. This has been done for the purpose of anonymity.

on them. In a conversation with Dr. Sudha Vinayak the clinic Director of Nishaan Infertility Clinic, Anand, Gujarat, the training mechanism adopted for the hired reproductive laborers was discussed. Dr. Vinayak explained that it was important to counsel them so that the women did not get attached to the children they bear. She further says:

We tell them that they are just carriers of the babies. Like a house which has been given for rent. Their womb is not theirs till they finish their terms here. It is important to train them so that they do not develop emotional bonds. They are like bodies that are needed to help the intended parents. In turn, the surrogates also benefit.

I contest such a construction of the reproductive laborers as disembodied human agents by highlighting the everyday negotiation of meanings of the gendered constructions of motherhood and work in the spaces of the surrogate house. As suggested by Isabel Dyck (1992), the construction of motherhood through such negotiations means that women's idea of space may change. My research highlights that the reproductive laborers generate understandings of appropriate approaches to mothering. The spaces harboring 'surrogate mothering' remain beyond the immediate confines of the home.

I aim to document their untold stories, which will bring to the fore the journeys of the reproductive laborers and attempt to value their knowledge and make their voices visible in academia. Therefore, with an aim to listen, I headed towards Anand in March 2014, for my pilot field visit. It is at this crucial juncture that I commenced my dissertation journey as an ethnographer. The research places the narratives of the women at the center of the multi-million dollar intimate industry, functioning in India. Recent literature on surrogacy embraces the much-needed ethnographic approach to the process of commercial surrogacy, deliberating upon aspects of ethics and motherhood (Franklin and Ragone, 2006; Markens, 2007; Teman, 2010). In the same context, some scholars have contributed towards an analysis of the Indian commercial surrogacy and entered into debates surrounding outsourcing, labor and kinship (Hochschild,

2012; Rudrappa, 2015; Pande, 2014; Vora, 2015, Deomampo, 2016). Amrita Pande (2014) builds a sociological account of bodywork and care work and analyzes commercial surrogacy as a form of labor. Further, based on her work in Anand, she perceives commercial surrogacy as a form of stratified reproduction (Colen, 1995), to describe power relations that are very much evident in the process of surrogacy in India. Sharmila Rudrappa (2015) draws on older feminist scholarship on industrial work discipline to understand the ways in which surrogacy develops as a labor market, alongside the exploitative garment industry, as an alternative for women in Bengaluru. Daisy Deomampo's (2016) ethnography in Mumbai bases commercial surrogacy as a site of racialization, where the actors rely on "racial reproductive imaginaries" to make sense of their relationships and family-making practices across boundaries of race, kinship and class.

This ethnographic account aims at extending this discussion by analyzing the ways in which emotions are performed, suppressed and managed within fertility clinics in India and how women working as surrogate navigate their emotional journeys. I address the various ways in which certain emotions are encouraged and others silenced, along with how the reproductive laborers use spatial negotiations to manage their emotions. Further, following the new material feminism framework, I engage with and examine the material embodied dimensions of the experiences of the reproductive laborers. This dissertation seeks to bring the women at the forefront to understand and analyze commercial surrogacy from a bottom up approach. Although there have been discussions on the commodification of sexuality (Van der Veen, 2001; O'Connell Davidson, 2002; Liechty, 2005; Thu-Huong, 2010), intimate labor (Wilson, 2004, Boris and Parrenas, 2010; Wolkowitz et al., 2013) and bodily substances (Franklin and Ragone, 1998; Waldby, 2006; Waldby and Cooper, 2008; Vora, 2015), the idea is to re-open the debate and include the arena of the commercial surrogacy industry in India as an intimate market, and

acknowledge the experiences of commercial intimacy of the women involved in such relationships and arrangements.

I navigate among the spaces of the commercial surrogacy industry in India, the surrogate housing facility and the body representing the scales of the local. Furthermore, in case of commercial surrogacy, motherhood trespasses the boundaries of the private realm and enters the capitalist market. In the quest of comprehending the meanings attached with specificity of lived experiences, the research locates surrogate motherhood at the intersection of the binary between the public and the private. I contend that hybrid spaces like Homi Bhabha's use of the term third space, or Haraway's cyborg, amongst others, hold tremendous theoretical potential. Through my study of this in-between space that is both intensely private and public, I hope to enrich discussions within feminist geographies to uncover the lived realities of the women working in this arena.

1.2 Research Agenda

As already discussed above, in this study, I argue that motherhood should be dissociated from the moral obligations defined by the heterosexual patriarchal family set-up. My contention is to include the institution of commercial surrogacy within the broader area of labor. The theoretical frameworks, provided by feminist and emotional geographies, are used to privilege the voices of the everyday embodied and emotional experiences of the reproductive laborers. The dissertation will focus on three main objectives. These are as follows:

1. Firstly, the research aims to argue that surrogacy is a form of labor that blurs the public - private binary. The study analyses how motherhood and childbirth within the surrogacy industry have been placed in a space guided by the motivations of profit-making. Thought the medical professionals claim to the reproductive laborers that this is personal

space with a home-like environment, maintains a highly controlled and regulated territory.

2. Secondly, drawing upon the emerging area of emotional geographies, this dissertation examines commercial surrogacy in India in order to understand the emotional experiences of the reproductive laborers during their gestation period.
3. Finally, I aim to understand the embodied experience of women and the discursive constructions surrounding motherhood, by placing discursive and material practices next to each other. Such an approach, I argue, we can see more clearly the effects each has on the other (materiality and discourse).

This attempt is twofold as it incorporates the following aspects:

Political: To position the women working as surrogate mothers as laborers, in order to establish them as active agents instead of playing to the stereotypical image of the ‘Third world women as perpetual victims’ (Mohanty, 2003).

Methodological: To pay attention to the several scales at which surrogacy operates - the bodily, local, national and global, in order to show how the global market shapes women’s bodily experiences.

The research contextualizes commercial surrogacy within the feminist discussions on reproduction, intimacy and labor in the globalized capitalist economy.

1.3 Commercial surrogacy services in India: Commercial surrogacy is a form of assisted reproduction wherein a woman agrees to carry a baby for another couple, who cannot/do not bear children of their own. Such an arrangement is bound by a contract and monetary compensation that the woman receives for delivering the baby. While in traditional surrogacy, the birth mother

is also the genetic mother of the baby as the egg involved in the process belongs to her, in gestational surrogacy services, the birth mother is in no way genetically related to the child. In the case of gestational surrogacy, the female genetic material belongs to either the intended mother herself, or an egg donor. In India, only gestational surrogacy is practiced in the hospitals. Here, the gestational mother simply *rents her womb* for the baby to grow, while the intended parents or the commissioning couple eagerly waits to bring their baby home. In India, the women working as surrogate mothers can only be gestational mothers of the babies they bear, while the eggs come from either the intended mothers or the egg donors. Commercial surrogacy was legalized in India in the year 2002. In fact, India is the first country in the global south, with a flourishing market, in the national and the transnational commercial gestational surrogacy. Although, the United States topped as a global destination for commercial surrogacy, India soon started working head to head with the US and was soon labeled by some as the “mother destination” for commercial gestational surrogacy (Rudrappa, 2012). This surge in surrogacy cases is clearly reflected in the data collected by the Indian Council of Medical Research (ICMR).ICMR reports show that there has been a growth in the membership to Indian Society of Assisted Reproduction (ISAR) from 184 in 1999 to 600 in 2005 (Sarojini et al., 2011). There are around 3000 registered In-Vitro Fertilization (IVF) clinics in the country excluding sperm banks and surrogacy agencies, whose numbers have been mushrooming since the report came out. The much lower cost of Assisted Reproductive Technologies (ARTs) in India, along with a comparatively miniscule compensation for the women bearing the babies, adds on to the attraction India offers. The table presented below shows the cost differences in surrogacy arrangements amongst India, the US and the UK.

Table 1.1: IVF and Surrogacy Costs in the US, UK and India.

Type of Infertility Treatment	US	India	UK
Single IVF Cycle	20,000 USD	2000 USD	7000 Pounds Sterling
Surrogacy Arrangement (including IVF cycle)	15,000 USD (excluding IVF treatment)	11,000 USD	10,000 Pounds Sterling

(Source: Sarojini et al., 2011)

It is evident that the fee that is paid to the women working as surrogate mothers is the most compromised aspect of the transaction. This is the reason why feminist scholars and activists critique the Indian surrogacy industry, which considers the surrogate mothers working in India as surplus bodies available for reproductive tourism in the developing world (Qadeer, 2009; Qadeer and John, 2009; Hochschild, 2011; Rao, 2012). Most of the countries like Australia, China, the Czech Republic, Denmark, France, Germany, Italy, Mexico, Spain, Switzerland, Taiwan, Turkey, and some US states ban surrogacy. Some countries like Brazil, Israel, and the United Kingdom have also imposed partial bans on commercial surrogacy (Pande, 2010). The Indian surrogacy market had been working as close as to the liberal model of surrogacy present in California, where surrogacy births were permanently managed by private, commercial agencies that monitor, match, and control agreements according to their own standards, without any state intervention (Pande, 2010). These factors lead India to be functioning as a global leader in commercial surrogacy arrangements.

However, the picture becomes more complex in the past three years with legal debates on surrogacy becoming center stage in the public domain. In August 2016, the Union Cabinet of the Indian government approved the Surrogacy (Regulation) Bill, which proposes to ban commercial surrogacy. The Bill advocates only altruistic surrogacy and allows no monetary compensation to the surrogate mother except for the medical expenses related to the procedure. This step was taken as an addition to the decision already made by the Union Minister of Health and Family Welfare, J. P. Nadda, to ban foreign couples to avail surrogacy services in India in November 2015. The reason stated was to protect the ‘poor’ Indian women from exploitation. Control over women’s wombs has been central to all nationalistic paradigms. Nira Yuval-Davis and others have suggested that women’s national importance lies in their reproductive role. This reproductive role extends from biological to social, cultural and ideological and this is done through the performativity of the members of the nation. The act of reproduction is also socially constructed and men are the ones who control this act. When a nation is faced with internal and external pressures it employs coercive means to control women’s sexuality and reproductive capacities. In the case of commercial surrogacy in India, cases like the Baby Manji case (discussed later in this chapter), where the parents got divorced after the child was born in India and the citizenship of the baby was in jeopardy; along with several other have led the Government to ban commercial surrogacy in the country. It was based on the masculinist project of protecting women against exploitation.

The initiative was a setback to the industry. Foreigners have now stopped coming to India. After much debate, the bill was passed by the Indian parliament on 19th of December 2018. The details of the bill are discussed later in the chapter and in the epilogue of the dissertation. In the midst of these debates, my research acquires a new urgency - similar to the

colonial vs. Hindu reformist debates on Sati in colonial India (Mani, 1998; Spivak, 1999), here too the voices of the women who are stakeholders in the surrogacy process are absent.

1.4 Critiquing *surrogate mother*: The above discussion talks about how the industry of commercial surrogacy in India has been flourishing since its inception and the ways in which India holds the position of one of the most sought after and the cheapest hosts of commercial surrogacy in the world. What lies missing in the discussion is that even after being a multi-million dollar industry, the woman working as surrogate mothers, are treated as mere carriers of the babies. They are victimized in common knowledge on the transnational surrogacy arrangements. The term “surrogate” which means “replacement” further affirms the popular narratives which treat the women as disposable. In this dissertation, I have introduced the term “reproductive laborer” to refer to the women working as surrogate mothers in the Indian commercial surrogacy industry. Reproductive labor within feminist Marxist circles has meant the “unproductive” labor performed by women at home and without any pay, which is necessary to sustain the “productive” labor of working class (men) (Boydston, 1990; Dalla Costa and James, 1972; Hartmann, 1976). Reproductive labor conventionally include everything that a woman is supposed to do at home: from giving birth to children, taking care of the elderly to doing all the household chores more or less understood as her ‘natural’ duty.

In my dissertation, I propose the term ‘reproductive laborer’ to refer to women’s work as surrogate mothers. By adopting such an approach, I intend to challenge the binary between productive/reproductive work and acknowledge the women working in this industry as laborers.

Work as a reproductive labor mirrors several aspects of working class populations that toil in “less developed” parts of the world in order to sustain and maintain the global economy.

Relegated much to women, reproductive labor has been mostly purchased as a commodity by upper class white women (Parrenas, 2001). The migration of Filipino women, for example, in search of care and domestic work elsewhere in the developed world constitute an international division of reproductive labor (Parrenas, 2001). Thus, globalization has led to the formation of a singular market economy, which is highly characterized by the flow of people, and an unequal burden on 'third world' women particularly in areas of care work and reproduction to a level that has been unprecedented. Scholars have uncovered the fact that the lifestyles of the First World are made maintainable by such global transfer of services associated with a *wife's* traditional role – child care, home making, and sex – from the Third world to the First (Ehrenreich and Hochschild, 2002).

My research shows that commercial surrogacy services in India are availed by the women of affluent class, race and caste, who are mostly Non Resident Indians (NRIs), rich women from the developing world, or, women belonging to Indian upper-class. In this sense, the reproductive labor purchased in the Indian transnational commercial surrogacy industry is divided along the lines of race, class and caste. People from the First World usually travel to this part of the globe to seek surrogacy service, and not vice-versa. However, as expressed by several of the reproductive laborers in this research, living in the surrogate house is no less than "*living in the foreign land*", with all the facilities and services which otherwise is a distant dream for them altogether. The reproductive laborers usually belong to the lower economic and social category. These women have never witnessed experiencing childbirth in a highly medicalized environment, nor has this part of the population ever been encouraged to reproduce children. Women belonging to this class are usually considered as backward, sexually irresponsible or immoral. The lower-class women in state discourse was assumed to be someone who was

carelessly fertile, someone “who could not be trusted” to not have babies (Jolly and Ram 2001, p. 22). Thus, the women belonging to the lower strata in the hierarchy fell under the negative eugenics agenda of the Government, while, the upper and middle class women had access to all the positive eugenics (encouraging reproduction by people with desirable traits) and it was expected that this would lead to the growth of the reproduction of the population of a *desired* kind. However, the picture turns totally the opposite when the same women bear children for the *desired* kind. With the onset of reproductive technologies and commercial surrogacy in India, the same lower-class women are now encouraged to give birth to babies belonging to couples of the First world or Indian upper class. The transnational surrogacy in India, thus, reflects how inequalities in gender, race, caste, class and nation place some women’s reproductive projects above others (Deomampo, 2013).

The following segment discusses feminist discussions on women’s labor and bodies in a globalized world.

1.5 Globalization and women’s labor:

According to David Harvey (2000), globalization is not a new phenomenon and can be dated back to 1492, with the internationalization of trade and commerce. However, as argued by feminist scholar RupalOza (2006), the current phase of globalization is a significant marker for the reorganization of geography, where prior organization of borders and boundaries have been rapidly reshaped, resulting in changes in the politics of gender, class and place. These changes have been theorized by some scholars as the end of the nation-state (Appadurai, 1996); while some others see this as a “nexus” between the global and national scales (Wilson and Dissanayake, 1996). A pattern of international trade is evident with the poorer countries engaged in the production of primary commodities with the help of their abundant supplies of low-wage,

labor force, while the higher income countries specializing in capital-intensive forms of production (Kabeer, 2004).

Thus, with the expansion of markets across borders, increase in the rates of consumption and the ever expanding profits there grows an increased demand for flexible and disposable labor (Kalleberg, 2009). Simultaneously, socio-economic, cultural and demographic changes in Western societies have resulted in a growth in the demand for personal care services, leading to a commercialization of intimate labor, which was usually confined to the home (Zelizer, 2009; McDowell, 2009).

Feminist scholars have critiqued globalization in significant ways (Kofman 1996; Marchand and Runyan 2000). Globalization is a process wherein the activities of production are shifted from core economies to the periphery to exploit the cheaper input costs. This shift has gendered consequences. The women workers' force mainly comes from countries with deteriorating employment opportunities. Hence, the female workers are drawn towards factory employment in export processing zones and industrial parks in rapidly industrializing countries (Yeoh, 2008). On similar lines, Carla Freeman (2001, p. 1008) argues that:

Not only has globalization theory been gendered masculine but the very processes defining globalization itself - the spatial reorganization of production across national borders and a vast acceleration in the global circulation of capital, goods, labor, and ideas . . . - are implicitly ascribed a masculine gender.

However, some of the prominent theorists of globalization at the macro level offer only the movement circles and economic changes of the world. What is left unnoticed is the way in which these changes are constructed in particular places, for particular groups of people, and towards particular ends (Freeman, 2001). Globalization, instead, should be theorized in a way that the witnesses of this process do not remain as mere bodies or invisible practitioners of labor and

desire. Instead, they should be located within socio-economic processes and generate cultural meanings that are fundamental to globalization itself. Politics, processes and patterns of globalization may be comprehended as free-flowing discourses about capital flows and macro-processes of economic integration vis- a-vis communication and transportation technologies (Dicken, 1998), but such representations are one-sided. For example, global migration is rarely discussed as an outcome of the global interconnection. However, the people appear in such a narrative as merely messy bodies spoiling the smooth flow of global capital. Thus, as argued by Dicken (1998), like technology, globalization too is a social process. It produces and is produced by racial, gendered, sexualized difference in specific ways. Just as much “contemporary political geography describes a ‘world without people’ or at least a world of abstract, disembodied political subjects” (Staehele and Kofman 2004, p. 5), so too globalization discourse is conveniently depopulated in most interpretations.

As explained by Freeman (2001), in addition to humanizing the macro theories on globalization, local studies intend to trace that the historical and structural underpinnings and contemporary arrangements of globalization are infused with specific femininity and masculinity. It is in this regard that Freeman calls for the need of detailed ethnographic analysis of the local, in order to yield significant insights into the effects of globalization on different groups of people. Thus, when we come to the level of the intimate, the level of personal exchanges, individual differences and similarities come to the fore, which helps in the recognition of the presence of agency among the “victims” of globalization (Pratt and Rosner, 2012).

As also noted by Mountz and Hyndman (2006), feminist scholars have reclaimed and analyzed sites, voices, and ways of knowing the world epistemologically and methodologically.

They find these mediums to be not only the sites of knowing and being, but also the sites of crossing, laboring, and living the global. In order to understand the global and the local as epistemological assertions to know the same world, Mountz and Hyndman (2006) have deployed arguments about the social construction of scale. The process will assist in establishing the essential role that scale, as a notion, has played in feminist interventions among the discourses of globalization. These scholars assert that the global and local are not separate categories, but constitutive of each other. Doreen Massey (2007) also debunks the idea that the global and local are separate phenomena and shows that the local is constituted by the processes, politics and people that surpass its boundaries.

Thus, in a nutshell, the politics, the processes, and the patterns of globalization are intimate. As conceptualized by Mountz and Hyndman (2006), the intimate is understood as

...embodied social relations that include mobility, emotions, materiality, belonging, alienation. The intimate encompasses not only those entanglements rooted in the everyday, but also the subtlety of their interconnectedness to everyday intimacies in other places and times: the rough hands of the woman who labors, the shortness of breath of the child without medication, the softness of the bed on which one sleeps. (p. 447)

The authors note that it is imperative for a feminist analysis of scale to be put to work, in order to express the global through the intimate and the intimate through the global. They subscribe to the feminist theorization that claims the body as the minutest scale of political and economic space. The analyses drawing on manifold scales, including the body and the global, represent a way to nuance the macro-theories on economic globalization.

In order to place commercial surrogacy as an intimate phenomenon in a global capitalist and transnational industry, it is important to understand commercial surrogacy from the scale of the body of the reproductive laborers. This is because it is the demand of a particular aspect of the female body that has made this industry a flourishing one. This bodywork that the

reproductive laborers do is intimate in nature since reproduction itself is considered as intimate and personal. Thus, in order to theorize surrogate motherhood as labor, I turn to feminist analysis of intimate labor in the following section and aim to reaffirm the reproductive laborers as laborers in the intimate market economy.

1.6 Intimate labor: This dissertation is interested in the intimacy that has become part of the market exchanges, or intimacy that is in some way incorporated into laboring processes to increase the value of labor. The word intimacy comes from the Latin word *intimus*, meaning innermost. Certain notions that are generally understood as related to intimacy are privacy, familiarity, sexuality, emotionality, love or personal relations. A market for such intimate exchanges for money can be apprehended as an intimate market economy. The dissertation places commercial gestational surrogacy industry functioning in India as one such example of an intimate economy.

Eileen Boris and Rhacel Salazar Parrenas (2010) link the terms *intimate* and *labor* and note:

The joining of such terms denies the separation of home from work, work from labor, and productive from unproductive labor that has characterized capitalist globalization. Intimate labor encompasses a range of activities, including bodily and household upkeep, personal and family maintenance, and sexual contact or liaison. It entails touch, whether of children or customers; bodily or emotional closeness or personal familiarity, such as sexual intercourse and bathing together; or close observation of another and knowledge of personal information, such as watching elderly people or advising trainees. (p.2)

The kind of labors listed above represents work that is assumed to be unpaid responsibility of women, and hence, considered as non-market activities, or, activities to be done by for lower income by lower classes and racial outcasts. This kind of labor and the people performing them are also stigmatized because of the presence of either dirt, bodies or intimacy in such labor. Intimate labor can be defined in another way as a labor that involves embodied and affective

exchanges in the service of social reproduction (Boris and Parrenas 2010). Social reproduction refers to the process involved in maintaining and reproducing people, particularly, the laboring population (Laslett and Brenner, 1989, Clarke, 2000). This concept develops the perception of women's work in capitalist societies. Women's work, which is often intimately performed within a heterosexual marriage in exchange of support, now remains a principal avenue to earn money for women. Neo-liberalism stresses on free markets and minimal role of the state. It is an approach that blames the individual, rather than the market for their poverty and unemployment (Bakker, 1996; Ferge, 1997). These conditions make intimate labor sustain the market, which is gendered, racialized and poorly paid.

Scholars opposing commercial intimacy claim that exchanging intimacy for money leads to a detachment of the integrity between the body and the self. This in turn, carries with it serious psychological consequences, and harm the seller or supplier of intimate services (Jeffreys, 1997). For the scholars opposing intimate labor, it is not just the services that are sold in the market, but the sellers also place themselves in the market, for example, sex workers cannot strip off their sexuality from the embodied labor that they perform (Pateman, 1988). However, as already mentioned, the core aim of this dissertation is to engage the notion of putting the self on the market for money, in order to highlight the experiences, understandings and voices of the reproductive laborers in India working as gestational mothers in this intimate market. In the next section, I pay attention to the debate on the body and its commercializing in the intimate global economy, to understand the positioning the bodies of the reproductive laborers in the market for reproductive services.

1.7 Bodies in the global: Theorizing across post-structural and postmodern approaches to difference and identity, feminists invoke bodies that appear sometimes as one abstract figure (“the body”), and some other times as more definite bodies distinguished and located separately by class, race, ability, gender, nationality, location (Hyndman and Mountz, 2006).

The laboring body in particular, has emerged as the most important and intimate site through which the global is experienced (Hyndman and Mountz, 2006). From Aihwa Ong’s “flexible citizens” (1999) who cross borders with ease to Kamala Kempadoo, and Kamala Kempadoo and Jo Doezema’s sex workers (1998) who serve global customers in situ, the body doesn’t exist outside of global forces. Leslie Salzinger (2004) and Melissa Wright (2006) write about women working in maquiladoras in free trade zones whose daily bodily movements are regulated and controlled: to be able to sew quickly, to sustain long periods without use of bathroom facilities, to ensure negative results on pregnancy tests. Here, the global economy works through controlling the intimate functionings of women’s bodies. The working woman’s body, at the same time, grasps intimate knowledge of the global powers of transnational establishments. While she may not have crossed international borders to work, she finds herself simultaneously displaced by poverty and held in places shaped by global capitalism.

In addition, cultural geographers who study spatial metaphors of displacement have also undertaken bodies as out of place (Massey, 1994; Sibley, 1995; Cresswell, 1997). Timothy Cresswell (1997), for example, theorizes the society as a human body, which “leaks” as out of place, requiring to be cleaned, controlled, or displaced. There are some bodies, which are more visible because of their specific race, class, gender, sexuality, and citizenship. These differences are adorned onto the body and divulge the exercise of power (Pratt, 1998). Political geographers have also attempted to embody the state and to study politics as practical power arrangements of

everyday life (e.g., Dalby, 1994; Hyndman 2004; Mountz 2004). Suzanne Bergeron (2001) calls for an analysis of the identity of the “global economy” by problematizing their hegemony. This can work to dismantle dominant scripts of globalization in which workers are but the victims of capital. As urged by Hyndman and Mountz (2006), important strategy in this direction is to question incorporeal knowledge production and propose embodied epistemologies that produce more accountable interpretations of globalization.

The concerns around commercializing of the body have mostly been based on the notion of exploitation. Stephen Wilkinson (2003) in his book *Bodies for Sale: Ethics and Exploitation in the Human Body Trade* thoroughly examines the exploitation of bodies which has become part of market transactions. Wilkinson mentions two kinds of exploitation: first, “wrongful use” exploitation, which have also been captured by other authors with the concept of objectification (Nussbaum, 1995), in which the other is merely used as a tool to achieve a goal set by someone else. The second kind of exploitation, according to Wilkinson, is “disparity of value”. This kind of exploitation takes place when the person is wrongly exploited because he/she is “unfairly used”. The unfairness, naturally, lies in being poorly rewarded for the work done. It has also been argued that the laborer’s gendered, raced or classed vulnerability is taken benefit of and that is why this kind of exploitation is called “advantage-exploitation” (Wood, 1995, p.8). It can be mentioned here that considering people as ends rather than means to an end dates back to the Kantian principle which says, “do not treat people solely as means”. Wilkinson, in his book, considers it possible to recognize people on the basis of their intrinsic value. However, he also argues that “the problem is not instrumentalizing per se, but treating someone *primarily* or *merely* as an instrument” (Wilkinson, 2003, p. 41). Thus, it can be said here that it is the overall

framework of the relationship in an arrangement, which governs if someone is respected as a human being in an intimate commercial transaction.

The commercial gestational surrogacy arrangements in Indian clinics have been characterized by a high sense of power structure that treats the women working as reproductive laborers as only a tool to achieve the *desired* end. The health and well-being of the babies have the utmost priority, while the women are simply perceived as able fertile bodies to grow the offsprings of people belonging to classes that are higher than that of the reproductive laborers. The doctors in such arrangements are mostly foreign educated, upper class, upper caste that have specialized in IVF treatments and are able to afford clinics which have all the latest technologies and five-star residential facilities. In some cases, the agents remain the linking thread between the women willing to become reproductive laborers and the doctors. Thus, in the entire process, the reproductive laborers are the ones situated at the extreme end of the hierarchy and hence, mostly remain invisible except ironically in ultrasound scans and medical reports. In this way the bodies and capacities of the intimate laborers in the Global South working in this intimate industry become recolonized (Agathangelou, 2004).

In a recent study, Lisa Lau (2018) adopts postcolonialism and intersectionality as conceptual frameworks to analyze commercial surrogacy in India, given the colonial history of the industry along with its geographical and social positioning, and power disparities: both within India (as Orient) and between India and the Western world. Lau (2018) argues that by applying postcolonial theories, Indian surrogacy industry can be further examined to uncover its imperialisms, structural injustices and fundamental power differentials.

It is important to note here that as a result of the ease of global travel, in addition to the continued economic inequalities between the Global North and Global South, intimate economies have spread throughout the world, especially in places where actors from financially unequal backgrounds reside, such as international borders, tourism locations and biomedical laboratories (Ginsburg and Rapp, 1995; Ehrenreich and Hochschild, 2002; Collier and Ong, 2005; Haraway, 2008; Hofmann, 2010; Simoni, 2014). A deeper engagement with the intimate industry for surrogacy services in India in my research suggests that the process of appropriation of women's bodies depends largely on their personal capacity to adjust their emotions and notions of the self, body and intimacy to the forces of the market. As also noted by Hofmann and Moreno (2016),

Intimate workers make complex calculations, which include aspects such as financial gain, prospects for advancement and social mobility, stigma of the work, workplace satisfaction, control and self-determination at work among others. Experiences of subjects involved in intimate economies are often ambivalent, oscillating between personal empowerment and agency as well as required subjection to the demands of the current market regime. (p. 9).

As noted in the above quote, this dissertation makes similar observation and informs that the reproductive laborers working in the Indian transnational commercial surrogacy industry have to make these complex calculations in order to determine their location in this hierarchical economic space designed to suit the needs of those availing surrogacy services in India. The reproductive laborers adopt strategies to make them visible in the narratives that go around surrogacy which perceive them as mere tools to achieve desirable ends, hence, silencing their roles in the whole process. They also consider themselves simply selling their labor to earn money for the upliftment of their families, which, according to them, any human being does in the society. There are very common instances where the reproductive laborers have to do emotion management. This is done so that they are able to fit themselves in the picture who bear

the babies belonging to other couples with love and responsibility, yet again, do not develop any emotional ties with the children. Furthermore, in my interviews, some of them expressed contradictory emotions where they do not feel any attachment to the babies they carry and at times, they simply want to get rid of it. However, such emotions require management so that they are not seen as women who do not have the sanctioned motherly feelings for the children they bear. Managing one's true feelings and sentiments requires considerable amount of emotion work, which usually goes unnoticed. It is in this regard that I adopt Arlie Hochschild's (1983) idea of "emotional labor" that the reproductive laborers perform which adds a very significant attribute to the labor that is done by them in the entire process. This idea has been discussed in detail later in the dissertation (Chapter 4).

The next section deals with the markets for gestational services and reproductive material and the experiences of the laborers selling their labor in such markets. It stresses on the role of the subjectivity of the reproductive laborers in this study.

1.8 Medical markets and maternal experiences: Since the twentieth century women have experienced their bodies becoming sites for medical practice, especially in relation to pregnancy, childbirth and menopause (Lock and Kaufert, 1998). Feminist scholars have criticized the harnessing of reproductive capacities of women because turning them into a source of production would lead to the transformation of women's bodies into baby-making machines serving the capitalist industry (Katz-Rothman, 1984; Corea, 1985; Klein, 2008). Scholars such as Smith (1988) and Klein and Arditti et al., (1984), develop a concept that women as sellers of reproductive services leads to the transformation of their bodies into mere commodities. They further theorize that in the process of selling their intimate labor, the women themselves become alienated from the fruits of their labor, which in this case are the children they give birth to.

Hence, in such a scenario, the children become commodities in such reproductive transactions (Mies and Shiva, 1993; Hochschild, 2011, 2012).

Nevertheless, there have been works on reproductive markets that provide traces of lived experiences of the participation as providers in reproductive commercial transactions (Franklin, 2013). There are several studies that also reflect upon the inequality that is central to these markets, including the placing of gametes along the hierarchical lines of class, race and gender disparities across the globe (Ginsburg and Rapp, 1995; Twine, 2005; Vora, 2015). The working conditions in these markets are often precarious in nature involving poor payments as compared to the professionals who arrange such trade, in addition to the absence of compensation for risks and health hazards within such transactions (Kirby, 2014; Pande, 2014; Rudrappa, 2015). Additionally, research on commercial surrogacy carried out in Israel, which focuses on the subjectivity of the reproductive laborers, show that when the commissioning couples shower their love and gratitude to the reproductive laborers, these markets cannot be just perceived as a profitable venture, but also as an empowering and rewarding experience by the laborers themselves (Teman, 2010).

The medical markets follow the post-Fordist mode of production, depending on a cheap and mainly female labor force from the Global South (Waldby and Cooper, 2008; Cooper and Waldby, 2014). This dependence on the racialized and classed form of labor exposes the bodies of the laborers to risk (physical, monetary and emotional), while maintaining the profit at the hands of those who manage such commercial trade (Banerjee, 2014; Rudrappa, 2015). An example can be witnessed in India where the reproductive laborers in surrogacy contracts get little or no pay for miscarriages and also there are no compensation offered to them in case of any long term bodily harm (Sama, 2010; Kirby, 2014; Rudrappa, 2015; Bhattacharjee, 2016).

Such conditions position the laborer herself and the labor performed by her in an ambiguous stage, where she is being a part seller, laborer and also part commodity. Such labor does not have any regulatory frameworks or labor protection, and are also often stigmatized for being involved in a market, which runs on the bodily capacities of these women (Ikemoto, 2009; Pande, 2009). Therefore, it has been called upon by scholars to include women's labor in the biomedical markets as a form of labor, therefore, demanding for an acknowledgement and the rights of the laborers to own their bodily materials and integrity (Dickenson, 2007; Waldby and Cooper, 2008; Pande 2011, 2014). Following this lead, this research also argues for the recognition of commercial surrogacy within the broader ambit of labor.

On the backdrop of the above discussion, this dissertation proposes that documenting the lived experiences of the reproductive laborers show that the intimate labor performed by the women in this intimate economy does not necessarily lead to alienation and objectification. In fact, the narratives collected in this study show that even in the regulated conditions maintained by the medical clinics, laborers can achieve a sense of self-empowerment through surrogacy practices. The naturalized nurturing body of the reproductive laborers in this study has been challenged and stress has been put on the lived material embodiment, in order to enhance the experiences they go through during the gestational period.

This dissertation challenges the idea that women are merely passive vessels in relation to their relationship with technology, and that they simply act in ways determined by culture with a very narrow possibility for reflection on their own condition.

1.9 Power and subjectivity: Foucault (1978) has described “biopower” as having power and control over other bodies, “an explosion of numerous and diverse techniques for achieving the subjugations of bodies and the control of populations” (*History of Sexuality, Vol.I*, p.140). Biopower emphasizes on routinized, localized bodily practices in families, communities and institutions. Foucault argued that this type of body politics emerged in Euro-America since the nineteenth century and interprets the body as a corporeal entity which remains a target for disciplinary measures implemented by experts. As discussed by Lock and Kaufert (1998),

Foucault’s most pertinent insights was his assertion that biopower, in creating a domain of expertise, constitutes its own objects of analysis to which it then responds. In other words, bodily states are labeled by experts as diseases; certain behaviors are defined as deviant, unnatural, immoral, opening up the way for systematic and legitimized attempts at medicalization of both body and behavior (p.7).

The reproductive laborers in my study become the ready-made target of the medical markets. While at the site of the women’s bodies, biopower may be seen as enabling, however, at the center of this dissertation stand the “pragmatic woman” who are willing to make use of whatever market can provide in pursuit of her own vision of a better future, or, celebration of her self-worth. This kind of pragmatism explains why the women embrace reproductive labor even in this precarious market for gestational services in India. It is in this manner that they experience a sense of empowerment and happiness to be able to uplift the financial position of their families, even if in a very temporary manner. Foucault himself argued that the recipients of biopower are not passive subjects. In fact, the body acts as the center of a “dialectic force relation”, which according to Hewitt (1991), is where it stands as a

...metaphor for the anatomical focus and embodiment of power; a materiality that acts as a source and target of power, whether expressed politically, sexually, juridically or in discourse. It is not assigned a binary value as either active or passive, as the perpetrator or recipient of power (p.231).

While people do not have much control over the ways in which discourses are shaped, Foucault insisted that people have the capability to choose among the discourses and practices available to them, to use them resourcefully and to reflect on them.

Although Foucault's theory of biopower is insightful, criticism emerged from feminists with the ways in which the subjects, although not clearly passive, have been marginalized. Kumar (1994) reacts to Foucault's conceptualization of subjugated knowledge and notes that women and other subjugated people are understood as only constituted by and reacting to those at the center of powerful institutions. The analysis of relationships in a Foucauldian sense has been limited to only domination from the top-down, where the subject is unable to change the center of power. In this manner, women everywhere are produced and produce themselves as different – usually inferior. Further, Kumar (1994) criticizes the essentializing the subject, be it women, peasants or tribals, and stresses on the importance of historical contextualizing of the lives of the women. She argues that universalizing the constitution of women as subjects on the basis of their “inborn” qualities as feminine, virtuous, pure, nurturer, and so on is a dangerous terrain, as these concepts vary through space and time, and hence, contextualization is imperative.

At this juncture, I would like to draw attention to the importance of subjectivity as shown by feminist Science and Technology (STS) scholars. As a flourishing interdisciplinary field, feminist STS builds on understandings from the hard sciences, humanities and social sciences to design critiques of science, while sustaining an adherence to principles of social justice.

Feminist STS suggests that subjectivity is developed not only through human interactions, but also through material interactions (Schnabel and Breitwieser 2015). Sandra

Harding (2008) argues that modern principle of scientific objectivity is based on its distance from what is conceived as the feminine or something that lacks rational thought. Scholars have also argued that marginalized groups have been considered as objects and not subjects, they are considered as the consumers of refined products and technologies, or, as laborers that provide raw materials, or, objects of study that are not in sync with the modern world (Terrall, 1998; Subramaniam, 2009).

Feminist theorists of STS further contend that the systems of knowledge, which operate objectively, conceal a partial perspective. As highlighted in the feminist methodology of standpoint theory, knowledge and those producing them are always situated within a sociopolitical structure (Harway, 1991). Thus, it has been argued that by taking into account the perspectives of the marginalized groups, (in my case the reproductive laborers), and the subjectivity of the researcher, one can attain “strong objectivity”. Feminist scholars both within and outside of science and engineering disciplines have been developing new scholarship and research that bring feminist perspectives to a critical retrospection of the objectivity of scientific knowledge (Bleier, 1984; Fausto-Sterling, 1987, 1992; Harding, 1991; Keller, 1989, 1992; Longino, 1990; Rosser, 1997).

Moreover, the association of men with technologies is the result of historical construction of gender (Wajcman, 2010). Further, feminist scholarship concerning with “women and technology” focuses on the technological arenas encountered by women, for instance, in the workplace or relating to reproduction (Faulkner, 2001). A lot of work has been done in this field showing how women are “on the receiving end” of technologies than on the creation of it (Faulkner and Arnold, 1985). This research reveals both positive and negative feelings about technologies. For example, women generally feel assured by the diagnostic techniques used

during pregnancy and feel that the presence of technologies in the hospitals makes it safer for them than home deliveries. At the same time, the women feel that the use of these technologies also leads to an intervention in the birth, denying the women any control over their own bodies (Evans, 1985). In my research, the reproductive laborers reported that the doctors always resorted to Cesarean Section for deliveries, even if the delivery could have happened the normal way. Moreover, the injections and medicines given to them from the moment they signed in as surrogate mothers, made them “*irritated*”, as most of them would say. However, they also expressed that they had given birth to their own children in their homes itself in the presence of someone or the other who acted as midwives. While some of the reproductive laborers I interviewed felt that the hospital births were more secure and safer than the home births, another set of women said that because the home births were natural, it ensured that the child would be healthier and that they received a more loving care. Thus, the reaction of these women towards technologies was ambivalent: either pessimistic or optimistic. It has been argued that Western technology, is deeply indicated in the masculine project of the domination over women and nature. This approach has been particularly influential within the STS’s discussion on reproductive technologies (Corea, 1987; Spallone and Steinberg, 1987). It is supported by the argument that pregnancy and childbirth are controlled by ever more sophisticated technologies.

Feminist analysis of technoscience is inspired by social constructionist approaches to gender, sex, intersectionalities, society, science and technology. It is important to note here that such interlinkages, along with other kinds of material or post-constructionist feminisms (Lykke, 2010), have surpassed social constructionism, drawing attention to how the discursive and material aspects of social and technical processes of materialization are indivisibly intertwined. Donna Haraway (2003), expanded on the concept of “naturecultures” to mean that both nature

and culture are grasped in their inseparability. In her writings, she described how recent development in technosciences demands that human and non-human, organic and technological, material and discursive are to be understood together.

Here, I turn my emphasis to new materialist feminisms, which provide an inspiring epistemological lens for rethinking subject ontologies. Attending to the negligence of corporeality and materiality in post-structuralist considerations of language, discourse and social construction, new material feminisms revisit the physical world and contend that matter cannot be separated from metaphysical, cultural, or discursive, and, conversely, these cannot be divorced from matter (Barad, 2007; Schnabel et. al., 2016). New materialism moves beyond the analysis of “bodies as vehicles of consciousness” (Hird, 2004, p. 227–28) to an entanglement of the corporeal, material, and sociocultural that forms and re-forms subjects. Thus, following material feminisms as a framework one of my chapters argue that humans are not disembodied subjects. Here, I conceptualize the bodies of the reproductive laborers as engaged and “intra-acting” with physical, metaphysical, biological and cultural in concert (Barad, 2007).

1.10 Assisted Reproduction and Commercial Surrogacy: A discussion

I begin this section with an overview of the business that has emerged as a result of the developments in reproductive technologies; how it came to be a successful avenue in its current form. Here, I discuss the works of scholars like Colen (1995), Inhorn (1994), Whittaker (2008; 2011), Gupta (2012), Donchin, (2011), Twine (2011), Lock and Kaufert (1998); to touch upon the various aspects of this flourishing industry. I then talk about the emergence of the surrogacy market and the ideological differences amongst scholars regarding commercial surrogacy. The discussions touch upon the elements of morality and ethics (Radin, 1987; Anderson, 1990;

Bailey, 2011); the process of stratification that is reinforced in surrogacy arrangements (Dworkin, 1978; Corea, 1985; Rothman, 1988; Raymond, 1993, Deomampo, 2016); and, the ethnographic approach to surrogacy (Franklin and Roberts, 2006; Markens, 2007; Teman, 2010; Hochschild, 2012; Rudrappa, 2012; Pande, 2014; Vora, 2015, Deomampo, 2016). Following this, I draw on the feminist discussions on reproduction as a waged labor (Zelizer, 1985; Arlie Hochschild, 2011; Pande, 2014). I then provide a snapshot of the legal aspects concerning commercial surrogacy all over the world; and narrowing it down to the legal concerns and bindings on commercial surrogacy in India.

1.10.1 Assisted Reproductive Technologies: a thriving business: The growth of globalization in the 1990s with outsourcing as a trend that spreaded across the world where labor and capital came to be very fluid. During the colonial rule in Europe, the colonies served as the providers of raw materials for production in the colonial metros and then they were sold back to the colonies for sale. The international division of labor developed as a result of such arrangements. Although the conventional discussions of international division of labor do not take into account the reproductive labor, commercial surrogacy shows us the ways in which the raw materials in this industry have been extracted from the third-world who were formerly colonies of the first-world. The products are sown and created in the third-world and then sent off to the first-world.

Assisted reproduction has been gaining importance at a very fast rate, especially in India and other Asian countries, along with other parts of the world. It is important to note here that infertility has been on the rise across the globe. In India, 30 million couples have been reported to have been infertile (Sudha and Reddy, 2011). Ethnographic studies on infertility carried out by Patel (1994) in India, and Inhorn (1994) in Egypt throw light on the difficulties and stigma infertile women experience due to their inability to attain motherhood. Inhorn (1994) discusses

the innumerable attempts by couples for their quest for parenthood and call it a ‘pilgrimage for pregnancy’. In order to complete the journey of life, couples seek every opportunity possible in order to fulfill their parental desires. In the wake of globalization, channeling these desires into a thriving business has been a very common phenomenon globally. Furthermore, Petchesky (2003) has noted that the neoliberal market providing reproductive health services do not succeed to deliver progress in the real sense in addressing the reproductive and sexual health needs of all sections of the society. Therefore, it lacks public accountability within the “free market” regime, challenging the access to these services and the protection of human rights. It is in this context that Andrea Whittaker (2011) suggests that the emergence of cross-border reproductive care in Asia as an export service distracts resources and personnel to those who are able to undertake travels to far away countries to avail such services, while the majority of infertile couples have little or no access to treatments.

In Asia, India and Thailand are major hubs for international assisted reproductive care (Whittaker, 2011). These services have usually evolved through a combination of sophisticated medical infrastructure and expertise, particular regulatory frameworks (or the lack of them), and lower wage structures, which allow for lower, competitive costs. In addition, good tourist infrastructure and visa requirements, government policies supportive of medical travel in general, and the availability of translators, religious affiliation (for example Muslim patients may prefer to travel to Malaysia for care) all play important roles in determining the popularity of these sites (Whittaker, 2008). The markets for Assisted Reproductive Technologies have been functioning very cleverly by targeting especially at foreigners through websites and other promotional materials. Medical tourism agencies and fertility clinics attract people seeking fertility treatments, egg donors and surrogate mothers. They offer people cost-effective packages

of services along with a bonus of holiday attractions in the popular tourist places of the host country.

After the economic liberalization in the 1990s, Indian economy has undergone rapid development (Sen, 2007; Panagariya, 2008). Private health care in India developed at a rapid pace with the encouragement of the government; and in no time India emerged as a ‘global health destination’ (Chinai and Goswami, 2007). Eventually, health tourism in India has come to take the place of the second most popular industry. There are certain factors that have led to this development: highly trained, English speaking medical professionals, who are mostly educated from the West; well-equipped hospitals; low cost treatments in comparison with economically developed countries.

Therefore, as also pointed out by Gupta (2012), globalization of reproduction is facilitated by three major factors: firstly, transportation through which people and reproductive materials can be physically transferred from one place to another at a faster speed to accomplish “global assemblages”; secondly, the growth of information and communication technologies with the help of which ideas are circulated faster and their role in bringing human beings and their body parts together leading to the commercialization and thriving trade in this field (Gupta and Richters 2008); and thirdly, a liberalized free market that allows flow of capital throughout the world without much difficulties. Further, interestingly enough, elements that promote globalization are those that restricts the ability of national governments to control and regulate the industry (Donchin, 2011). Until recently, the commercial surrogacy industry in India has been functioning without much intervention by the government. As a result, a transnational industry has emerged in India in recent years. Commercial surrogacy was legalized in India in the year 2002. Since then, India continued to attract people from across the world for surrogacy

services. Such an industry has grown as a result of the demands of people who are in search of attaining genetic parenthood. People from Asia, Australia, Europe and the United States started to travel to India, Greece, and Eastern European countries like Georgia, Russia and Ukraine to hire women at discounted rates to bear babies for them. It is like an outsourced industry where women's reproductive labor is outsourced to other women from less developed countries at a cheaper rate. France Winddance Twine (2011) note, "*Gestational surrogacy is a form of industrial labor that has not been previously considered by economists or economic sociologists in their discussions of outsourcing. Yet, it represents a very lucrative and growing segment of the global medical tourism market*" (p. 1).

As noted by Gupta (2011), in the late 1990s and early 2000s, metro cities in India, like New Delhi and Mumbai, witnessed couples from Nepal, Bangladesh, middle-eastern countries; most of them being non-resident Indians (NRIs). The initial draft guidelines of the Indian Council of Medical Research (2002) proposed banning altruistic surrogacy or egg donation happening within families to avoid future claims between family members for children born out of such arrangements. With the legalization of commercial surrogacy in India in the year 2002, egg donors and surrogate mothers enter into contracts with intended parents mediated by several infertility clinics and agents for mutual benefit.

As early as in December 2006, a leading Indian newspaper published an article entitled, "*Cradle of the World*" (Ghosh, 2006), which highlighted the fact that couples from across the globe were visiting a clinic in Anand, a small town in southeast Gujarat, India, in search of women who would agree to carry babies for them. Articles like this inspired several researchers, journalists and filmmakers to examine this avenue and focus on this clinic in particular. Since then, "fertility tourism" in India has increased tremendously. According to the National

Commission of Women as of the year 2008, there are around three thousand clinics offering surrogacy services in India (Kannan, 2009). Nishaan Infertility Clinic in Anand advertises India as the “Mother Destination” in order to attract clients from across the world. It also claims, “No one in the world can match our numbers—55 surrogates successfully pregnant at the same time” (Pande 2009).

Women agreeing to become surrogate mothers in the Indian commercial surrogacy industry indicate that it is only the need for money, which makes them work in this industry. Surrogacy enables women to gain access to a cash economy which they previously had limited access to and many have planned expenditures already outlined before they enter into surrogacy arrangements: Helping their husbands in meeting the needs of the household; or, funding the treatment of diseases for their loved ones; or, buying a house of their own; or, sending their children to schools; or, sometimes starting a new business. The self-sacrifice of these women for the betterment of their families are also often misused by the medical authorities in taking away their bargaining capacity in terms of fixing the amount they are to receive for each pregnancy.

Thus, it can be said here that the urge of becoming parents and going to any extent possible to make that dream come true, along with the hopes and aspirations of the women in India with unstable financial background remains the base on which the market for reproductive services has been established. It leads to the commodification of human body parts and reproductive services. These commodities are now bought, sold and circulated in broader and global networks. The market for human body parts turns bodies into systems of utility and capitalism (Foucault, 1976). In capitalist mode of production, working class/third world women’s labor bought at cheaper rates is used and exploited to produce for the global market; in industrialized reproduction, the reproductive labor of some women are used to produce products

for an international market, developing what Thompson (2005) calls the “biotech mode of production.” The rapid growth in technological advancements has accelerated such a market system. With the use of ARTs, there is a separation between genetic, social and biological motherhood/parenthood; hence, new meanings of family are created. Thus, as noted by scholars, with “the encroachment of the market into the sphere of reproductive labor” (Andersen 1993), there is a “commercialization of intimate life” (Hochschild, 2003) and family.

In a capitalist regime, women’s bodies are seen as properties owned by people at the topmost ladder in the hierarchy, implying an alienation of the women from their own bodies (Mies, 1988). In the case of surrogacy arrangements in India, as suggested in my research, it is the physicians who are in complete control of the bodies of the women working as reproductive laborers. Women surrender their bodies to technology and to the reproductive specialists. The reproductive laborers often expressed in the interviews about the ways in which they feel that their bodies belong to someone else while they were working as surrogate mothers. The woman are referred to as gestational carriers of the babies, and not as woman with names and identities. In this context, scholars have pointed out how women in the globalized market for reproductive labor are marginalized and alienated from their reproductive labor (Anderson, 1993; Gupta, 2000). Scholars have also noted that in the efforts in becoming embodied subjects, the women working as surrogate mothers and egg donors end up being treated as disembodied objects (Gupta and Richters, 2008).

However, the reproductive laborers I interviewed mentioned that they agree to work under such conditions so that their financial needs get fulfilled. Following Margaret Lock, Patricia Alice Kaufert (1998), in their edited volume *Pragmatic Women and Body Politics*, I propose that the relationship women have with technology in a capitalist medical market are

“usually grounded in existing habits of pragmatism” (p.2). Depending on the circumstances of their lives, women have learned how to make use of what is available to them. It is in this manner that I explore the different aspects of the bodies of the reproductive laborers who remain at the periphery of commercial surrogacy arrangements in India. Using ethnographic methods and paying attention to local knowledge, this dissertation presents empirically rich and contextualized narratives of the reproductive laborers. These narratives have been discussed within the larger contexts of dominant ideologies about women’s work, reproduction and motherhood.

1.10.2 The emergence of the surrogacy market: As we know that capitalism has made the world into a borderless one (Scheper-Hughes, 2000), women’s body parts like ova and wombs now serve as raw materials available in the market for public consumption (Rothman, 1989; Gupta, 2006). The supply base of this industry lies in the Global South because of the availability of ‘cheap and abundant labor force’. Anthropologist Marcia Inhorn (1994) describes these reproductive arrangements as “reproscapes”, which mean “a distinct geography traversed by global flows of reproductive actors, technologies, body parts, money, and reproductive imaginaries”. According to Inhorn, reproscapes are the new labor markets where third world women help other women to attain their motherhood goals by undergoing risky processes like hormone stimulation and egg harvesting.

Nevertheless, as pointed out by Amrita Pande (2014), these developments have also created familial alliances and deep friendships. Pande demonstrates the ways in which the women working as surrogate mothers and the commissioning couples downplay the commercial aspect of surrogacy by glorifying this as a gift-giving act from one sister to another. While the women in India believe that they are utilizing their reproductive capacity to help other women

attain motherhood, their white counterparts often think of it as a way of financially helping their *poor Indian sisters*.

However, to my surprise, the narratives that I collected for my research represent two sets of perspectives. There is one set of narratives where the reproductive laborers echo what Pande (2004) has referred to as the gift-giving aspect of commercial surrogacy; the other narrative reflects quite a stark difference. The reproductive laborers often also talk about how they see commercial surrogacy as a form of labor, where they are simply selling their labor to earn money. As against baby selling, they perceive surrogacy as any other form of labor, a way of improving the lives of their families. In other words, as expressed by Veena, a 26-year-old reproductive laborer in Anand, *“people become singers, actors, officers, and so on. They have their own capacities to earn a livelihood. Reproductive power is all we got. We are proud of ourselves. This is our way of earning money. What’s wrong in that.”* Women like Veena take pride in the fact that they have a perfectly fit reproductive body, which makes their vision of a better future for their families a reality. Such a viewpoint has also been adopted by liberal feminists, who defend the process of commercial surrogacy on the ground that women have the right to use their bodies as they choose (Andrews, 1987). In a strange way, surrogacy by challenging the heteronormative and patriarchal understanding of motherhood can be liberating on the one hand and certainly in its political economic dimensions hugely exploitative in the other. This is mainly because capitalist venture relies on patriarchal ideology to its best advantage. The availability of large pool of women agreeing to work as surrogate mothers, along with the fact that India offers surrogacy services at a much lower rate than that of the developed countries, leave the reproductive laborers at a worse bargaining position than that of the US (Oza, 2006). Moreover, neoliberal restructuring and the economizing of public space has

witnessed the social reproductive labor as increasingly privatized and commodified (Katz, 2001). In this context, low-wage reproductive work remains a calculated infrastructure for capital flows at the global scale.

There is also a huge concern amongst one section of scholars, related to the ethical and moral aspects of commercial surrogacy (Radin, 1987; Anderson, 1990; Bailey, 2011). Another set of arguments reflects the process of stratification that is reinforced in surrogacy arrangements (Dworkin, 1978; Corea, 1986; Rothman, 1988; Raymond, 1993; Deomampo, 2016). Further, there has been a recent ethnographic approach to the process of commercial surrogacy all over the world, touching upon the aspects of motherhood, kinship and work (Franklin and Roberts, 2006; Markens, 2007; Teman, 2010; Hochschild, 2012; Rudrappa, 2012; Pande, 2014; Vora, 2015, Deomampo, 2016). As noted by Bailey (2011), the recent emergence of ethnographies of commercial surrogacy has led to the dilution of the rejection of the practice on moral grounds. Nevertheless, the overwhelming response to the practice remains a major concern. Such concerns have been raised particularly because the women who take the central place in such arrangements belong to the Third World (Pande, 2014). Commercial surrogacy was mostly prevalent in Europe and North America. The emergence of the surrogacy in India is a recent development. As Amrita Pande puts it, “The complete absence of any empirical data, however, did not prevent scholars from making alarming predictions about “wombs sans frontiers”, especially when the wombs belonged to women in the global south” (Sengupta, 2010, p.8)” (p.3). For instance, scholars have indicated that the surrogacy industry has grown as a baby farm where poor Third World women bear embryos for white people; or, described it as a form of reproductive prostitution where women sell their wombs and ova (Dworkin, 1978; Rothman, 1988).

However, as I went on my first field visit into this industry, these eurocentric viewpoints did not seem to fully accommodate the actual nature of surrogacy arrangement in India and were limited in their understanding of the spaces where the reproductive laborers are situated. My interactions with the women unravelled a grounded understanding of their lives and gave way to a more nuanced approach. I interpret and comprehend the lives of the women in this industry, not as mere victims forced to sell their bodies; but as fighters who navigate the challenges posed to them from their families, the society and the medical industry. The reproductive laborers in India work with great deal of intentionality and hard work and merely terming them as reproductive prostitutes or vessels, leads to the degradation of these women, who *choose* to become surrogate mothers for the betterment of the future of their families. These women belong to the lowest economic strata of the society and earning an amount of 3-4 lakh Rupees for each pregnancy, which otherwise becomes impossible for them to earn as they are identified as “unskilled”. Thus, they make use of whatever the market has provided them with in pursuit of fulfilling their dreams of buying a house or sending their children to schools. My aim here does not lie in glorifying commercial surrogacy as a form of empowering labor market; instead, I theorize commercial surrogacy as a form of intimate labor and the women working therein as reproductive laborers who challenge and unsettle several patriarchal boundaries.

1.10.3 Reproduction as waged labor: As already discussed, this dissertation situates commercial surrogacy as a form of labor. There have been several debates amongst feminist scholars regarding the analogy of labor and production in case of commercial surrogacy, in order to denounce the commodification of women and motherhood. Anthropologist Emily Martin (1995) uses several medical metaphors to describe the process where the uterus becomes the apparatus and woman is the laborer who produces the baby born out of surrogacy arrangements.

Martin (1991) notes that technology and patriarchy are the two forces, which lead to the production of a depersonalized mother machine being manipulated to produce babies. Kelly Oliver discusses how surrogate mothers, unlike other women who sell their bodies for money, are “never off-duty” (1989, p. 98). Barbara Katz Rothman argues how the unskilled women in the surrogacy become producers of the products, which are the children in this case. She is not in favor of using this language, as she believes that it reduces the very intimate and emotional mothering experience in monetary terms. Such commodification of childbirth, according to Rothman, leads to “the commodification of children and proletarianization of motherhood” (p. 39). On similar lines, Elizabeth Anderson (1990) argues that the commodification of reproductive labor makes pregnancy an alienated form of labor as the selling of reproductive labor distances a woman from her natural emotions.

The discussions made above have a common base running through them: reproduction as a natural biological condition that a woman performs with absolute love and selflessness. And the children born are priceless and the mothers have them with happiness, urge and attachment. Thus, surrogacy creates this unusual anxiety, which challenges the sacred institution of motherhood. However, scholars have shown that the pricelessness of children is a historical construction and it is not a new phenomenon. Viviana A. Zelizer, in his book, *Pricing the Priceless Child* (1985) gives us several instances of paid parenting in the US during the nineteenth and early twentieth centuries like boarding mothers (foster mothers who takes care of children in state-subsidized homes), baby farmers (who were paid by parents to take care of their illegitimate child), and wet nurses. Similarly, as pointed by Debra Satz (2010), an unconditional child-mother bond is also a historical construction. The mother-child bond is also socially and culturally shaped and usually, their relationship develops eventually.

Thus, it is evident from the discussion made that the market for reproductive services is troubling and creates anxiety in the society than any other market. It is the naturalness of the act of reproduction, which makes it an anomaly if associated with the market, no matter how much money this market has been making. This private affair is not accepted in the public realm even after there is huge demand and supply of reproductive services in the market economy. Further, the narrative of the exploitation of the third world women makes the picture even more perplexed where the reproductive laborers are merely perceived as victims. To say that commercial surrogacy should be understood as a form of labor, I do not aim to ignore the differences and inequalities that shape this market. In fact, I argue that it is because of these inequalities that it is all the more important to treat commercial surrogacy as labor, so that the most difficult choices that the reproductive laborers make by indulging in this industry can be acknowledged. Further, it helps us to uncover the hierarchical scale of domination that impinges on them, and the manner in which the reproductive laborers navigate these differences and domination to resist the everyday control exerted on them.

Supporters of commercial surrogacy argue that women have the right to choose to enter into these sorts of commercial contracts. According to them, this form of “industrial pregnancy” (Chesler, 1988) is somehow better than other forms of labor and ensures more income. They are of the opinion that these women enter into these agreements on their own will and are not forced by their families and neighbors (Twine, 2011). The reproductive laborers take the advantages and benefits of this work compared to most other jobs (Twine, 2011). However, it is important to remember here that the question of choice must be understood in context. A lack of employment opportunities for these “unskilled” women without much formal education makes it very difficult for them to try and earn money to support their families. With very little options left for

these women, they choose this avenue as an opportunity to earn money and make their lives better.

There have also been several cases reported where the husbands and other members of the families coerce the women to work as reproductive laborers, against their own will. On the other hand, there were many stories shared by the reproductive laborers during interviews where they had to convince their husbands to agree with their decisions to work as surrogate mothers. Even when their husbands would not agree, they would assert their own decisions in the midst of the disapproval and disagreements. As much as the decision leads them to a road less traveled, the reproductive laborers make themselves mentally prepared to take everything that comes their way with pride and dignity. In India, the stigma attached to commercial surrogacy is very acute. The relatives and neighbors of the women do not accept surrogacy as a form of labor; and link it to baby selling and sometimes, prostitution as well. The children who stay behind while their mothers are getting all prepared to give birth to a surrogate baby are also often faced with stigmatization in schools and neighborhoods as their mothers are indulged in 'immoral work'. Because of these reasons, the reproductive laborers do not often reveal to their family members and neighbors that they are working as surrogate mothers; instead, most of them justify their absence from homes by saying that they were going for contractual jobs to a different city for a year.

The dissertation posits the experiences of the reproductive laborers on a local level, depicting the relationships between the reproductive laborers, their families, the doctors, the commissioning couples and the babies growing inside them. It is also important to locate these experiences within the hierarchies at the global scale. As sociologist Arlie Hochschild (2011) notes:

Person to person, family to family, the First World is linked to the Third World through the food we eat, the clothes we wear, and the care we receive. That Filipina nanny who cares for an American child leaves her own children in the care of her mother and another nanny. In turn, that nanny leaves her younger children in the care of an eldest daughter. First World genetic parents pay a Third World woman to carry their embryo. The surrogate's husband cares for their older children. The worlds of rich and poor are invisibly bound through chains of care. (p. 267)

Global inequities in commercial surrogacy industry are shaped by the transnational flow of capital, technology, bodies, and reproductive tissues. Gestational surrogacy in India relies on the bodies of women for their reproductive labor. As already discussed, it is also a form of stratified reproduction, which makes the whole process even more complex with class divisions between the reproductive laborers and the commissioning couples hiring them.

By focusing on the voices of the reproductive laborers, I acknowledge the agency exercised by these women. In contrast to the media image of the victimhood of the reproductive laborers, my research shows the minute as well as direct ways in which women express resistance and agency within the context of systemic factors that restrict opportunities for them. As Chandra Talpade Mohanty has reflected, viewing Third World women as victims creates a form of discursive colonization - measuring development against the yardstick of that of the developed First world women. The popular media also usually presents a picture where the poorest of the poor Third World women sign up to become surrogate mothers. This representation of the helpless and oppressed poor woman denies any possibility of their being the other way out; hence, ignoring the local voices and perspectives that feminist scholars have been trying to foreground.

1. 11. The legal parameters of commercial surrogacy in the world and India:

The first recognized surrogate mother arrangement was made in 1976. Between 1976 and 1988, roughly 600 children were born in the United States to surrogate mothers. Since the late 1980s,

surrogacy has been more common: between 1987 and 1992, an estimated 5,000 surrogate births occurred in the United States. (Markens, 2007). Many countries of Europe have strictly banned egg donation and surrogacy arrangements based on the best interests of child. The European Court of Human Rights prohibits egg donation to protect the interests of the child as well the egg donor and the woman to whom the egg cell is to be implanted. Egg donation splits up the role of the mother as through such an arrangement there arises a difference between the genetic, biological and social motherhood. The prohibition guarantees the unambiguousness of motherhood by preventing a genetic and a biological mother sharing in the creation of a child (Iona Institute, 2012). They say that the relationship of a mother with her child is very important for the best interests of the child. It is the mother who helps in the developing the personality of the child. Thus, according to this argument, for the protection of the best interests of the child, only one woman should have the biological share with the child.

Germany, Austria, France, Switzerland, Sweden, Norway, Italy and Bulgaria completely prohibit all surrogacy agreements. Surrogacy agreements are against public policy in those countries. On the other hand, the United Kingdom has differentiated between commercial and altruistic surrogacy agreements and banned all commercial agreements. The reason for the prohibition against commercial surrogacy contracts is that in commercial agreements, the child is treated as a commodity that only the wealthy can afford.

Most of the criticism of surrogacy and state policy has focused on commercial surrogacy arrangements and in some countries, recent legislation makes surrogacy contracts illegal and void. The famous Baby M Case of 1986 raised several novel legal and social questions about the meaning of parenthood and the possibility of contracting around issues of pregnancy and childbirth. In this case, the surrogate mother Miss Whitehead refused to give away the child to

the intended parents, Mr. and Mrs. Sterns. The child was given a pseudonym, Baby M. The New Jersey Supreme Court did not favor Whitehead and refused to give her the custody of the child. Later on, the New Jersey Superior Court gave Whitehead only visitation rights and granted the custody of the child in favor of Sterns. There were several debates going on following the Baby M Case.

Few state legislatures have kept pace with the growing popularity of surrogacy. As of 1992, five years after the Baby M case had gained national prominence, only fifteen states in the US had enacted laws specifically addressing surrogacy, 15 and only Washington, D.C., and two states have passed legislation since then. Moreover, these states' surrogate parenting policies differ. The New York legislature passed a law that essentially banned commercial surrogate parenting and disallowed the legal enforcement of surrogacy contracts. The California legislature passed a bill that allowed for state regulation of surrogacy. 12 states still refuse to recognize surrogacy contracts and consider them unenforceable, including New Jersey, New York, and Michigan (The Iona Institute, 2012).

There are two views by two groups of people regarding the role of legislature in surrogacy. One group opposes surrogacy and they come under the framework, 'baby selling'. And the supporters' group comes under the framework 'plight of the infertile couples' (Markens, 2007). Opponents of surrogate motherhood, however, rejected state regulation, deeming it an inappropriate policy solution for what they saw as a problem-involving baby selling. According to this frame, surrogate motherhood was a no-win situation in which commercial relations—the acts of baby buying and baby selling—necessarily distorted the private realm of the family, as would state regulation of the practice. Therefore, the only acceptable policy solution to the problem of surrogate motherhood was to ban the practice. The "plight of infertile couples"

frame, on the other hand, emphasized a couple's legitimate and natural desire for a child of their own and the current inability of the law to secure their rights to a child who would not exist if it were not for their use of surrogacy. In this frame, the problem to be solved was inadequate laws that impeded reproduction within a family unit. Consequently, this framing told a story that emphasized the need for laws that would specify and protect the rights of those involved in surrogate practices. Underlying both frames was a shared ideological belief in the private nature of family relations and reproductive process. Both the frameworks did not attempt to question the 'private' nature of the family life and relationships.

The Baby Manji case of 2008 is a landmark case in India, which raised several important questions regarding motherhood and citizenship followed by the birth of a child through surrogacy arrangements. A Japanese couple came to India in 2007 to opt for surrogacy services at the famous Nishaan Infertility Clinic in Anand, Gujarat under director. However, the couple was divorced in 2008, a month before the girl child Baby Manji was born. And the woman rejected to accept the baby, as she was biologically unrelated to her. The father of the child had a tough time in arranging for a passport for the child and taking her back to Japan. Both the parentage and the nationality of Baby Manji were impossible to determine under existing definitions of family and citizenship in Indian and Japanese law. In India, the birth certificate of a person includes both names of father and mother. In this case, the child suddenly had three mothers – the intended mother, the surrogate mother and the woman who donated her egg. The Japanese Civil Code recognizes as the mother only the woman who gives birth to a baby. The code does not recognize surrogate children. In this case, the woman who gave birth to Manji was Indian, not Japanese, which meant Manji was not entitled to a Japanese passport. Mr. Manji hired noted attorney Indira Jaisingh, who took the position that Manji had the right to live with

her Japanese family and should receive Japanese nationality. And they managed to get the birth certificate followed by the passport. The Japanese Embassy also issued the three-month-old a one-year visa on humanitarian grounds and that is how the baby could travel to Japan.

The case was followed by debates regarding the concept of motherhood and citizenship in surrogacy cases. In the surrogacy context, the citizenship of the woman who carries and delivers the baby (the gestational carrier) is not material to the issue of citizenship transmission. Also, Indian law does not permit an unmarried man to adopt a female infant. Thus, determining the citizenship of the child born out of a surrogacy service gets really significant in such cases. There was an increasing demand for more stringent rules and laws to regulate surrogacy services in the country. In September 2008, citing the upswing in surrogacy agreements, the potential for commercial exploitation, and the issues raised in the Baby Manji case, the then India's health minister, Anbumani Ramadoss, called for national surrogacy legislation. A week later, the ICMR presented a draft bill of binding national regulations.

The Surrogacy Regulation Bill was recently passed by the Parliament of India banning commercial surrogacy in the country, while allowing only its altruistic form. Only Indian married infertile couples that have been married for at least 5 years are allowed to avail surrogacy services. However, the woman acting as surrogate mother has to be a relative of the intended couple and is allowed no monetary compensation except for the medical expenses incurred. Further, foreigners, single parents and homosexual couples are banned from seeking surrogacy services in India. Such a ban is expected to pose a setback to the industry; alongwith leaving the women working as surrogate mothers in a state of hopelessness. The epilogue chapter of this dissertation discusses several concerns that the law has raised. I also reflect on the legislation in the context of my findings.

1.12 Dissertation Chapter Scheme

The dissertation is divided into six chapters. The present chapter sets the tone of the dissertation by introducing the research topic. It lays out the context in which the research has been based and the research agenda that I aim at achieving. Next, it includes a review of the literature on assisted reproductive technologies and commercial surrogacy, touching upon the issue of reproduction as a form waged labor in commercial surrogacy arrangements. This chapter also discusses the legal parameters encompassing the functioning of commercial surrogacy both locally and globally.

The second chapter of the dissertation covers the theoretical foundations, which direct the core arguments presented in the research. I discuss briefly the disciplinary inclination of this research and then present my research methodology. This section also includes the discussions made around qualitative research in human geography, feminist research methods and ethnography. This chapter describes the field sites of the research and the settings infertility clinics where fieldwork was conducted. Towards the end, this chapter reflects on the positionality of the researcher conducting this research.

The subsequent chapter aims to understand the ways in which reproductive laborers experience motherhood at the intersection of the public and private, or work and non-work. This study maintains that commercial surrogacy subverts such gendered binaries, while, simultaneously, mirroring them. While reproduction crosses out of the boundary of the home, the surrogate housing facility functioning in India claims to provide a private and homelike environment for the women, and yet, simultaneously denies the women living there any privacy. This chapter argues that it is not enough to reveal the unsteadiness of the public/private binary

but instead urges us to consider what such a blurring does to the reproductive laborers in terms of empowering or disempowering them and to the theoretical understanding of this spatial binary.

The fourth chapter of the dissertation captures the range of emotions as experienced by the reproductive laborers, which cut across love, loss, grief, non-attachment, and sisterhood. I attempt to show that the experiences of the reproductive laborers are largely characterized by a sense of alienation. This alienation emanates from the nature of the contract itself which makes it clear that the reproductive laborers should not feel in certain ways. Instead, they are required to act in ways set by the contract. This management of the feelings of women makes the labor they perform alienated, or, dehumanized labor. The women who perform such labor with a great deal of hard work and intentionality have been trained to be alienated from the ‘products’ of their labor (the babies born). They are also alienated from their children and families and are kept in the surrogate housing facility to avoid any kind of mishap that might that might affect their pregnant bodies while they stay at their own house with their families. Apparently, such factors imbue the journeys of the reproductive laborers with often contradictory and complicated set of emotions. I focus on the emotion-laden experiences of surrogate pregnancy so that the ways in which the reproductive laborers live their lives and shape their futures can be appreciated. I aim to identify how emotions work in the everyday lives of the reproductive laborers. Such an idea recognizes the place of emotions in a world, which privileges reason; a world where emotions are considered as incompatible with reason and unimportant. By placing women’s autobiographical narratives at the center of emotional and feminist geographical analysis, I attempt to highlight the perspectives, views, and voices of the reproductive laborers that provide insights into their experientially distinct and eternally overwhelming worlds. The chapter also borrows Arlie Hochschild’s concept of emotional labor and aligns it with the narratives collected

in the field to argue that as much as commercial surrogacy is a form of intimate labor, based on the bodily work that the reproductive laborers do, it is a form of emotional labor as well.

The following chapter centers around the narratives of the reproductive laborers and feminist works on motherhood, technology, and the body. It argues that as much as women's bodies have been time and again explained in terms of their biological attributes, they are also in constant interaction with the social world. Referring to new feminist materialisms as a framework of inquiry, this chapter is interested in the ways in which bodies are constituted as a result of the interaction between the material and the discursive (Alaimo and Hekman, 2008). My aim here is to focus on the social constructions of the concepts of motherhood and childbirth, along with the material, or the biological body of the reproductive laborers. I look not only at the discourses surrounding the technologies which talks about how technologies harness women's reproductive power for profits, but also at the ways in which the technologies affect the reproductive laborers and their embodied experiences. The corporeal experiences of pregnancy and childbirth of the reproductive laborers have been explored to explore the relationship between the self and the body (Giddens, 1991, 1992; Shilling, 2012). I situate my analysis within the feminist scholarship on the body and motherhood (Elizabeth Grosz, 1994; Nancy Chodorow, 1999; Adrienne Rich, 1976; Patricia Hill Collins, 1990; Carole Pateman, 1989; Sara Ruddick, 1995; Laura Woliver, 2010; Robyn Longhurst, 2001) to understand the ways in which the women working as surrogate mothers perceive and experience surrogate motherhood, given the cultural meanings attached to the institution of motherhood.

Finally, the epilogue chapter weaves together the theoretical strands discussed in the thesis, followed by a discussion on the recent law passed by the Indian Parliament to ban commercial surrogacy services in India, while allowing only its altruistic form for married Indian

infertile couples. The chapter presents a picture of the current situation of the industry in India and the possible outcomes that the ban might have on the functioning of this industry, along with some of the concerns of the reproductive laborers regarding the ban.

CHAPTER 2

Theoretical Foundations and Research Methodology

It begins one step back before the Cartesian shift that forgets the body. The body isn't forgotten; hence the actual site of the body isn't forgotten. Inquiry starts with the knower who is actually located; she is active; she is at work; she is connected with particular other people in various ways; she thinks, laughs, desires, sorrows, sings, curses, loves just here; she reads here; she watches television. Activities, feelings, experiences, hook her into extended social relations linking her activities to those of other people and in ways beyond her knowing. Whereas a standpoint beginning in text-mediated discourse begins with the concepts or schema of that discourse and turns towards the actual to find its object, the standpoint of women never leaves the actual. The knowing subject is always located in a particular spatial and temporal site, a particular configuration of the everyday/everynight world. Inquiry is directed towards exploring and explicating what she does not know-the social relations and organization pervading her world but invisible in it. (Dorothy Smith, 1992, p. 91)

Dorothy Smith (1992) suggests that the standpoint of women isn't as much a theoretical construct as much as it is an entry into inquiry. She notes that the standpoint of women is located in the bodily sites – local, actual and particular. It is fascinating to reflect on the ways in which Dorothy Smith introduced the standpoint of women as a method of sociological inquiry through exploring the bodily sites of women and the variety of experiences they encounter. Feminist research in geography too privileges 'situated' (Haraway, 1998); or, 'local' knowledges (Geertz, 1983) over any grand theory.

Inspired by this approach of feminist geography to account for the lived experiences, I began my research with a clear purpose to bring out the voices of the reproductive laborers in the commercial surrogacy in India in the public domain. My conceptual framework draws upon two bodies of literature in geography: feminist geographies; and emotional geographies. The literatures are not mutually exclusive, and in recognizing and further developing their connections, I highlight the intersections where I situate my work. First, I draw attention to feminist geographies to conceptualize spaces, labor, the everyday; and, embodied and subjugated

knowledges. Next, I engage with emotional geographies, which provide me a platform to understand the linkages between bodies and the performance of emotions in the particular spaces of gestational surrogacy in India.

2.1 Feminist Geographies:

My conceptual framework takes the emotional and embodied lived experiences of women, as its starting point. Feminist geography, at the very outset, has argued that the absence of women and other marginalized groups has serious consequences both for what counts as legitimate geographical knowledge and who can produce such knowledge (Rose, 1993; Keller, 1983; Valentine, 1989; Mackenzie, 1989; Bordo, 1990). The knowledge of the subjugated has been given the priority in feminist theory. Adrienne Rich (1976) suggests that a woman challenges the traditional ideas of boundaries, like that of the self and the other; or, the body and the object world. Women's experiences of childbirth, lactation or menstruation disturb traditional notions on bodily boundaries. These have implications for the geographical aspects of spatiality and boundaries, as argued by Linda McDowell (1993), and requires exploration.

On similar lines, feminist standpoint theorists such as Dorothy Smith, Patricia Hill Collins, Nancy Hartsock, Alison Jaggar and Sandra Harding framed the feminist standpoint to consider the socio-economic positions of women and other marginalized groups as epistemic entries to inquire the questions of the oppressors and the oppressed. This has been captured by Sandra Harding as she notes: "Starting off research from women's lives will generate less partial and distorted accounts not only of women's lives but also of men's lives and of the whole social order" (1993, p. 56). It is in this manner that the knowledge of the marginalized is outweighed against the rational disembodied knowledge of Enlightenment thought (McDowell, 1993; Hesse-Biber, 2012).

Feminist research in geography initially focused on women, their work, homes and the arrangement of their everyday lives (Tivers, 1978; WGSF, 1984; Massey and McDowell, 1984; Spain, 1992; McDowell, 1997; Mitchell et al., 2003; England and Lawson, 2005). Eventually, feminist geography has given rise to an array of work on identity and subjectivity, as well as moving on to issues around power, society and science (Domosh, 1991; McDowell, 1992; Rose, 1993; Massey, 1994; Valentine, 1999; Gregson and Rose, 2000; Longhurst, 2001); social reproduction (Massey, 1995; McDowell, 2004; England, 2010; Atkinson, Lawson and Wiles, 2011); feminist political economy (Pollard, 2012; Elwood and Lawson, 2013; Massey, 2014); women's relationship with cities in the Global South (Dutta 2005; John 2007; Kern 2010; Phadke, Khan and Ranade 2011); intersectionality (McKittrick, 2006; Hopkins, 2017; Oberhauser, et. al., 2018); and more recently animal geographies (Hovorka, 2015).

Feminist geography, spans across scale, connecting the personal and the quotidian. It gives due importance to everyday routines because these seemingly banal and unimportant events of the everyday are bound into the power structures which limit and confine women (Arendt, 1958; Rose, 1993, Smith, 2005; Elmhirst, 2011). Documenting gender divisions and inequalities in both the developed and developing worlds, feminist geographers became increasingly alarmed to explain the ways in which such inequalities structure the world around us, and seeks to explore ways in which spaces are concerned with the perpetuation of unequal gender relations (Monk and Hanson, 1982). Feminist geography, therefore, is concerned mainly with improving women's lives by taking into account the sources, dynamics, and spatiality of women's oppression, and focus on documenting strategies of resistance (Dixon and Jones III, 2006). Thus, the purpose of feminist geography, according to Linda McDowell (1999) is to investigate the extent to which women and men experience spaces and places differently and to

illustrate how these differences are a part of the social constitution of gender and place. Research conducted in geography evolved, eventually taking into account the understanding of the subjectivities of many different others - encompassing a wide range of issues, which include sexuality (Bell and Valentine, 1995; Nash 2010); disability and impairment (Gleeson, 1998; Butler and Parr, 1999); ageing and the life course (Katz and Monk, 1993); youth cultures and children (Skelton and Valentine, 2003) conflict and violence (Dowler, 1998; Lysaght, 2005, Hopkins, 2007; Fluri and Piedalue, 2017) and so on.

This dissertation is particularly motivated by the feminist reconceptualization of labor that challenges the historically and geographically constructed boundaries, along with the categories set up by the Eurocentric division of the public and the private in relation to waged work (Dickenson, 2007). Feminist scholars have argued that the social and spatial separation of waged work from sites of reproduction (home and community), occurred through Europe and Northern America alongside the rise of capitalist systems (Hayford, 1974; Mackenzie and Rose, 1983; Mies, 1989). In this process, work came to be constructed as a waged activity which takes place in the public arena of the capitalist sphere, whereas, non-work was comprehended as activities in the feminized private space (household). These constructions of "work" are shaped by the gendered locations where they are performed (Dowler, 2001; England and Lawson, 2008). As noted by Mona Domosh and Joni Seager (2001), "Household work, volunteer activities, reproductive activities, subsistence activities, and bartering are entirely absent from national accounts. Of course, all of these areas of activity are dominated by women" (p. 43). Feminist analysis of work opened up an inquiry into diverse sites of work, beyond formal workplaces, to include homework and unregulated sites like sweatshops, domestic and community work (England and Lawson, 2008). Feminist scholarship continues to challenge the limited

understanding of work and articulate the ways in which gendered spatial divisions of labor between “productive” and “reproductive” spaces produce a range of exclusions and undermine many kinds of labor that women perform.

The construction of the home as a *domestic, feminized space* shows that women’s work in the home is devalued and devoid of any political representation. It is this division of the private and the public which remains the core reason behind the absence of women's voices in the analysis of work. Feminist approaches to work, on the other hand, have been significant in challenging the hegemonic conceptualization of “work” in highlighting work performed essentially in homes and communities, particularly, caring, reproductive labor and clinical labor, both paid and unpaid (Gregson and Lowe, 1994; England and Stiehl, 1997; Pratt, 1997; Momsen, 1999; Wiles, 2003; England, 2010; Waldby and Cooper, 2014). Feminist geographers have also looked into the gendering of work which is evident in the occupational division and the glass ceiling highlighting sexist practices and gender stereotypes in workplaces that restrict women's inclusion into male-dominated occupations (Hanson and Pratt, 1995; McDowell, 1997; Lawson, 1999; Domosh and Seager, 2001; McDowell, 2015; Carr, 2017).

Furthermore, feminist geographers have also examined complex processes of resistance and accommodation to capitalist production in different parts of the world. For example, Wolf’s (1992) research on the contradictory lives of Javanese “factory daughters”; Ong’s (1997) work on high technology labor control systems and indigenous cultural arrangements in Malaysia; Wright's (2006) study of how a woman alters the historical representation of the “Mexican Woman” within a maquiladora industry owned in the US, in order to imbibe skills and be promoted. It can be mentioned here that these studies capture the ways in which capitalism constructs mobile or docile workers through employing cultural and racial stereotypes of

femininity and sexuality. Moreover, the studies do not represent women as passive victims of capitalist reorganization. Instead, they focus on the ways in which the workers challenge the notion about women's work as natural and rework their political identities.

Thus, while many of the early approaches to feminist geography were based on Western experiences, since the 1980s, the voices from the Global South began to influence not only feminist geography but feminism as a whole. In particular, postcolonial feminists such as Gayatri Spivak (1999) and Chandra Talpade Mohanty (2003), among others, have expanded critiques of Western Feminism and dominant approaches to gender, women, and feminism. Colonial manifestations of feminism used the idea of women's rights as a reason for intervention through colonialism, military occupation, and international economic development. Third World women were perceived as subordinated by their own cultures and patriarchies, white feminist thereby focussed on 'saving' women. Chandra Mohanty (1991) argues that approaches to women and patriarchy, which do not consider history, mean, "the erasure of the history and effects of contemporary imperialism that underscores third world women's oppression" (p. 34). Postcolonial feminism draws from historical contexts of women's status and locations in formal colonial areas of the Global South, where intersections of class, ethnicity, religion, sexuality, gender, race, and/or caste shape their experiences and inform feminist perspectives to difference and identity (Oberhauser, et. al., 2018).

Grounded in the above discussion, this dissertation aims to extend the boundaries of feminist geography to include the analysis of the transnational commercial surrogacy industry functioning in India, with a special emphasis on the voices of the reproductive laborers working in this market for gestational services. The study approaches commercial surrogacy as a form of work and challenges the popular portrayal of the reproductive laborers as victims of the Third-

world under the clutches of the patriarchal capitalist system. Given the focus on everyday gendered experiences within feminist geographies, I pay attention to the multiplicity of the experiences of the reproductive laborers in their gestational period and argue that the gestational services provided by them require to be acknowledged as labor. I highlight the ways in which the reproductive laborers constantly navigate the image of victimhood to portray themselves as active agents in this transnational reproductive industry. In doing so, I challenge the popular narrative which perceives women's work in the reproductive sphere as uncounted and invisible, and that woman is naturally expected to perform reproductive activities. Such discourses justify the non-acceptance of women's reproductive services in the labor market, hence, translating into lower wages for women.

Additionally, I argue that as much as surrogacy is a form of physical labor with the presence of the bodily work that the reproductive laborers perform, it is equally a form of emotional labor as it requires the reproductive laborers to perform considerable amount of emotion management, in portraying their role as both 'docile workers' and 'good mothers'. Borrowing the term "emotional labor" from Arlie Hochschild (1983), the labor performed by the reproductive laborers is also a form of emotional labor. As my interviews have suggested, commercial surrogacy makes a strong impact on the emotional well-being of the reproductive laborers. They constantly swing between and balance their role as both dutiful mothers and obedient workers in the market. In order to document and better understand the embodied emotional experiences of the reproductive laborers in this study, I adopt emotional geographies as an accompanying framework to this dissertation.

2.2 Emotional Geographies as a theoretical trajectory:

McDowell and Court (1994) and Rose (1995), have written extensively on women's experiential accounts of both how it feels to be pregnant and perceived by others to be 'overly' emotional. Thus, our emotions matter. Further, they have material effects on our surroundings and can shape the very nature and experience of our social worlds. Emotions can clearly change the way the world is for us, affecting our sense of time as well as space.

Geography's 'emotional turn' has been discussed in detail in the edited volume by Bondi, Davidson, and Smith (2005), where the authors have emphasized the importance of emotional geographies to people's everyday experiences. Much work focuses on how emotions and space are tied up and connected to embodied experiences. "Emotions, to be sure, take place within and around this closest of spatial scales" (Davidson and Milligan, 2004, p. 374). Moreover, "the gendered basis of knowledge production is probably a key reason why the emotions have been banished from social science and most other critical commentary for so long" (Anderson and Smith, 2001, p. 7). Evidently, study of emotions is not confined to feminist geographies, however, it is mostly feminist geographers who have worked towards the development of emotional geographies as a significant sub-field within human geography (Hopkins, 2009).

Anderson and Smith (2001) note that the "silencing of emotion in both social research and public life.". "What little talk of emotion there is occurs squarely in the cultural (and often feminist) corners of the academy" (p.7). They further comment on the ways in which emotional topographies might be written into economic geographies, housing studies, population, geopolitics, and international migration as well (Anderson and Smith, 2001). Contributing to this development of feminist geography, I would like to suggest that the recent flurry of interest in emotional geographies is an important turn towards the development and enhancement of the

geographies of reproduction and motherhood. I situate my work within feminist embodied and emotional geographies and argue that such an approach foregrounds the intimate, personal and embodied accounts of reproduction and motherhood that are essential to understanding the political economy of gestational surrogacy in India.

Emotions are understandable only in the context of particular places. Similarly, places must be felt to make sense. In order to understand the ways in which the world is organized spatially, the following segment discusses feminist approaches to space and place.

2.2.1 Feminist perspectives on space and place: Geographers argue that social relations construct spaces which make them fluid. Thus, spaces and places we inhabit are not fixed or natural. Geographers have been concerned with the ways the world is organized spatially and the effects such organization has on particular issues and people. Taking a cue from the well-known writing of C. Wright Mills' "sociological imagination" (1959), geographers have called for developing a "geographical imagination" (Staeheli and Martin, 2000). Doreen Massey (1995) explains that the geographical imagination revolves around two points of inquiries: queries about geography and its interpretation and meaning to various actors; and, queries about social groups and individuals having access to resources (social, economic, political and cultural), and the environment. Feminist geographers particularly focus on the access women have to places, and the freedom to act in various ways in those places (Staeheli and Martin, 2000). They have also paid attention to understanding the ways in which place and space interact with politics and construction of gender. Doreen Massey, Gillian Rose, Susan Hanson, Linda McDowell, Audrey Kobayashi, Linda Peake, Laura Pulido, Mona Domosh and Cindi Katz are among the pioneering feminist geographers who have highlighted how space and place are shaped and created by social identities linked to varied forms of power. For example, the ways in which a homosexual

individual experiences urban neighborhood differently than a heterosexual man/woman, based on their sexuality in heterosexual spaces of the city (Oswin, 2008).

Feminist geographers have extended their research to include locations like home (see Domosh 1998), neighborhoods (for example, Clark 1994), groups or communities (Milroy and Wismer 1994), and workplaces (McDowell, 2013). They have also examined the ways in which global processes like geopolitics and the global economy, traverse constructions of gender and how they intersect with more intimate scales such as that of the body (Sharp, 1996).

The reproductive laborers who participated in interviews with me often framed their accounts of everyday experiences around their feelings and sentiments related to their pregnancy, while living under the strict supervision of the hospital authorities. The spaces of the surrogate house played a significant role in shaping their emotions and experiences. Many reproductive laborers regarded the surrogate housing facility as a significant place for their sense of emotional attachment for the babies they carry and sisterly connections to the other reproductive laborers. While several others felt that staying away from their own families and children in a regulated environment was a very painful experience; and, along with the discomfort that the entire pregnancy process was for them, they lack the feelings of emotional ties to the babies they bear and count days to get rid of them and get back home with the money that they earn. However, in order to present themselves as women who have all the essential motherly feelings, they hide their true emotions so the people around them do not take them as bad mothers. Overall, the various emotional sentiments expressed by the reproductive laborers towards different aspects of their embodied experiences emphasize the insights that an approach informed by emotional geographies may contribute to enriching the geographies of reproduction and motherhood.

2.3 Research Methodology

This research is an ethnographic inquiry into the lives of the reproductive laborers who work in the Indian commercial surrogacy industry, and yet, are not considered as laborers. Inspired by feminist geographical methods, which stresses on the voices of the marginalized to find their space in knowledge production, my approach has been to listen and document the silenced stories of the reproductive laborers. This section talks about feminist methods, my engagement with surrogacy as a feminist ethnographer, detailed description of the field sites, and a discussion on my positionality as a researcher in the research process.

The first and foremost focus of feminist research has been to make a political commitment to produce knowledge that makes a difference to women's lives through social and individual change. Beverley Skeggs (1994) claims that feminist research is different from non-feminist research in ways that "feminist research begins from the premise that the nature of reality in western society is unequal and hierarchical" (p. 77). Feminist research, thus, can be said to be grounded in politics as well as within the academy. Feminists are well aware of the dangers of ethnography and its historical association with the colonial project. Nevertheless, when used with reflexivity, ethnography proves to be working for feminist methodologies that emphasize on women's voices, experiences and their resisting capacity and the socio-cultural and economic contexts in which they are situated (Harrison, 2007).

Feminist geographies are understood as not a single approach, but shaped by multiple strands. Thus, there are multiple visions of feminist geographies with negotiations, disagreements, and compromises around various approaches to produce feminist geographical knowledge (England, 2006). However, it is important to also note the commonalities amongst the different strands of feminist geography. The central concern in research conducted by feminist

geographers has been to analyze the complexities of power, privilege, oppression, and representation, with gender as the primary category of social relation. The key interest being to dismantle the power relations in the constructions of gender. As Harrison (2007) notes, feminist research aims at redressing the exploitation of women and other marginalized groups. Scholars subscribing to this viewpoint further suggest that feminist research should be represented as an approach that stresses on the experiential, contextual and interpersonal approach to knowledge production. Such a perspective also calls for research that is conducted with empathy, connectedness and mutual consciousness raising (Nielson, 1990; Reinharz and Davidman, 1992).

Feminist researchers argue that in order to be useful, research must be sensitive to how values, power and politics shape ‘facts’ and the ways in which a research approach is designed, and ask research questions, and analyze the research findings. Eventually, qualitative methods including interactive interviews were considered as well suited for such an agenda (Reinharz, 1979; Oakley, 1981; Stanley and Wise, 1993). Furthermore, feminist geographers have stressed on the methodologies that are non-exploitative in nature and that pose a challenge to the existing power structure between the researcher and the researched (McDowell, 1992). Pamela Moss, in *Feminist Geography in Practice* (2002), states that feminist methodology is about the ways in which research is designed, the modes of data collection, data analysis and the dissemination of the research results. She argues that it also pays equal importance to the relationships that often develop in the research process among the people involved and the process through which research is undertaken and completed.

2.3.1 Feminist ethnography: Beverley Skeggs (2001) defines ethnography “as a theory of the research process – an idea about how we should do research” (p. 426). Skeggs talks about combining certain features in a particular manner in order to make an inquiry ethnographic.

These include: fieldwork to be done over a prolonged period of time; different research techniques; performed within the settings of the people to be researched; taking into account the ways in which the context shapes the actions; requiring the researcher to participate and observe; including a scope of the development of relationships between the researcher and the participants; and, explaining the ways in which the experience and practice form a part of the wider project. According to Skeggs (2001), this is what makes ethnography and feminism fall in close proximity with each other. She remarks that both ethnography and feminism “have experience, participants, definitions, meanings and sometimes subjectivity as a focus and they do not lose sight of context” (2001, p. 426).

Feminist methods have emerged in response to the positivist methods of inquiry that were critiqued as androcentric and male-oriented. These methods focused on researcher’s deep involvement in the social settings and are aimed at an inter-subjective understanding between the researcher and the researched (Reinharz, 1992). In this sense, feminist fieldwork has an important role to play in sustaining a non-positivist approach, reshaping the boundaries of social sciences to produce new knowledges concerning women.

I place myself as a feminist ethnographer with the intention of creating and sustaining space in the research process for the women to speak and share their life stories. The specific interview methods were unstructured and open-ended and I usually went with the flow of the conversation. Mutual interest between the lives of the researcher and the researched was established, where the respondents also enquired about my experiences as an educated Indian woman. An important purpose of this research has been to place the everyday mundane and emotional experiences of the reproductive laborers as central to academic knowledge production about surrogacy.

2.3.2 Field site descriptions: I conducted ethnographic research on commercial surrogacy in India in three sites: Anand, a small town in the western state of Gujarat; Bengaluru, the capital city of the southern state of Karnataka; and Chandigarh, a union territory and capital city for the northern states of Punjab and Haryana.



Figure: 2.1, map of India indicating field sites.

The major part of the data comes from Anand as the fieldwork in Anand was the most prolonged. The reason for the prolonged fieldwork being that the fertility clinic in Anand is the most desired in the country and people from all across the world prefer to come to Anand to avail surrogacy services. However, with the expansion of this booming business, commercial surrogacy found

space in almost every part of India. I had the initial idea of exploring only the world famous fertility clinic in Anand, because, over the period of time, Anand has been known as the commercial surrogacy hub of India. However, as I proceeded with the fieldwork, I felt it important to get a glimpse of the functioning of fertility clinics in other parts of the country, as compared to that of the *systematic* arrangement in Anand, with the surrogate housing facility where the women are subject to constant surveillance. Therefore, shorter fieldwork was conducted in Bengaluru and Chandigarh as well.

The total time span of the fieldwork conducted is eight months, of which Anand has been given five months; Bengaluru two months; and one month for Chandigarh. The total number of respondents include: sixty reproductive laborers; four doctors; two nurses; hostel matron; one commissioning couple; and two agents. Most of the interviews were recorded with the consent of the respondents, except for those who were not comfortable with recording. I had taken notes for such interviews. All the interviews were transcribed and translated into English. The breakup of the interviews is as follows:

- Anand: Forty reproductive laborers; two doctors; two nurses; hostel matron; one commissioning couple from Canada, who was Non-Resident Indian (NRI). All the interviews conducted in Anand were in Hindi.
- Bengaluru: Fifteen reproductive laborers; one doctor; two surrogacy agents. While most of the interviews were conducted in Hindi, some of the respondents spoke in Kannada, which was translated to me by a respondent who knew both Hindi and Kannada.
- Chandigarh: Five reproductive laborers; one doctor. The interviews were conducted in Hindi.

As already mentioned in Chapter 1, I have used pseudonyms to address the fertility clinics visited, the doctors and the reproductive laborers interviewed, for the maintenance of anonymity.

The selection of the other two cities, Bengaluru and Chandigarh has been based on the contacts established and access gained to the fertility clinics, and eventually to the spaces where the reproductive laborers had been staying. I had also intended to interview doctors and reproductive laborers working in the capital city of India, New Delhi. Although I contacted a couple of doctors and went to meet them several times, they never agreed to meet me. Thus, fieldwork in Delhi has not been possible for me.

The following sections describe briefly the field sites and the surrogacy arrangements in the fertility clinics.

Anand: Anand is a small city located in Gujarat, a western state of India. Anand is known as the Milk Capital of the country; the land of the White Revolution. The biggest milk cooperative in India named Anand Milk Union Limited (AMUL) is based in Anand. Simultaneously, the city has also come to be known as a popular place for medical tourism with a number of hospitals and health centers that have come up in the last couple of decades, along with a number of medical agencies, pharmacies, private nursing homes and clinics. Further, being the best-known place for commercial surrogacy in the country and the world, Anand is popularly identified as the commercial surrogacy hub across the globe, or, the country's "surrogacy capital" (Bhalla and Thapliyal, 2013). Dr. Sudha Vinayak, who is the medical director of Nishaan Infertility Clinic, is known for her international reputation and is one of the best IVF specialists in the country. She never fails to grab attention when it comes to commercial surrogacy. In August 2013, Nishaan Infertility Clinic witnessed its 500th birth out of surrogacy which has been steadily on the rise. As a result, Anand has also emerged as a city catering to the needs of an international population. It has fancy hotels which have specifically come up to accommodate people from foreign countries so that there is no discouragement amongst the people all over the world to come to

this part of the globe in order to fulfill their parental desires. Moreover, the controlled environment of the surrogate housing facility in which the reproductive laborers are being kept remains the most attractive factor behind the success of the clinic. These factors make Anand a very popular surrogacy destination for infertile couples across the world.

Bengaluru: Bengaluru has not lagged behind in being known for the commercial surrogacy services it has to offer. Being the IT capital of India, eventually, it has also come to be known as the capital for medical tourism. With the entry of commercial surrogacy in the medical market, the business has further enhanced the scope of the medical industry. In Bengaluru, the fertility centers contact surrogacy agents whenever there is a need for surrogate mother. The agents run surrogate houses in the city. In such a setting, the women who work as surrogate mothers are not under the direct supervision of the medical authority but report to the surrogacy agent. I visited two surrogacy centers in Bengaluru. Each had 20 surrogate mothers in the houses. The owner has dedicated the second storey of his own house to form surrogate hostel. One of the surrogate houses has CCTV cameras all over the house (except for bathrooms), so that each movement of the women can be watched. The owner of the house, Mr. Sanjiv (pseudonym) sits in the monitoring room and watches the women all day. The other surrogacy house is an apartment in the city. The owner, Mr. Dipak (pseudonym) belongs to New Delhi and travels to Bengaluru once or twice a month to look after everything. He has hired a woman who works as the caretaker of the house and looks after the needs of the women working as surrogate mothers there and also watches them. Both the houses have hired house help for cooking, cleaning, etc.

Chandigarh: Mr. Dipak, the surrogacy agent from New Delhi has his hands on the *supply* of surrogate mothers in Chandigarh as well. He gave me the contact of a doctor in Chandigarh. Although the fieldwork in Chandigarh is short, I could get important insights about the ways in

which a surrogacy contract is designed. I witnessed the signing of the contract between the potential surrogate mother and the commissioning couple from Himachal Pradesh. The contract laid down the rules that the surrogate mother is expected to abide by, the most important of them being relinquishing all the rights over the baby to be born. The contract also fixed the compensation that the commissioning couple is supposed to pay to the woman they hired. For the gestation period, the surrogate mothers working for the fertility clinics in Chandigarh either live in their own houses or they rent a small house someplace away from their own house so that the neighbors and relatives do not get to know about the whole surrogacy arrangement. The only requirement the clinics have is that someone from the families of the women should be living with them to attend to the needs of the reproductive laborers.

2.3.3 Reflexivity and Positionality in qualitative research: Discussions within anthropology, post-colonial studies and feminist methodologies have been centering around the question of ‘representation’ of the researcher in respect to the respondents in qualitative research. Such concerns touch upon issues like positionality, power relationships, voice and the form and extent of revelation of narratives (see Geertz, 1988; Bondi, 1999; Valentine, 1999a, 1999b; Haynes, 2011). The question about who writes on behalf of whom finds a central place in ethnographic writings (Reed-Danahay, 1997). These questions have motivated researchers to write more about their personal experiences in course of fieldwork (Berger, 2001; Coffey, 1999; Ellis, 2004). The researcher also acknowledges her/his dependence on the research subjects to gain insights into their meanings and structures of their everyday lives.

Feminist research methodology has paid close attention to reflexivity and has taken an inquiry into it in order to understand and account for ‘self’ and ‘other’ and as a means for production of knowledge (e.g. see Pillow 2003). These questions include the emergent need to be a researcher

characterized by non-exploitative quality, producing research which is empowering for women (Pillow, 2003). Such an approach remains a significant role in challenging the absence of women's voices and has contributed towards an understanding of gender dynamics in the society (Burns and Walker, 2005).

Despite laying down the significance of reflexivity in feminist research, some feminist critics of reflexivity take it as a process which is "inward looking and self-indulgent" (Bondi, 2009, p. 328) which ignores important issues by putting the researcher at the center of the research (Kobayashi, 2003). Critics have questioned reflexivity and positionality in research and argued that simply acknowledging these will not necessarily produce politically engaged research and writing (Sultana, 2007). It is also suggested that the researchers remain careful in writing because in writing up stages, researchers have the power to analyze, choose and present their data to other academics (Valentine, 1999b).

A careful ethnographic research is also dependent on the positionality of the researcher. It is a vital component of feminist and postmodern research and has been subject to debates in feminist writings (Reed-Danahay, 1997; see also Abu-Lughod, 1990; Geertz, 1988; Stacey, 1988; Skeggs, 2001; Deutsch, 2004). As I initiated my fieldwork in all three places: Anand, Bengaluru and Chandigarh, some of the women participants were generous enough to let me into their personal lives. They shared several personal events of their lives and the ways in which their journeys have been shaping. There were several other women who took longer to trust me enough to share their life stories and experiences with me. However, the presence of the house counsellor in Anand every time I went for interviews made it a challenge both for me and the women to share all of their life altering experiences with me. Fortunately enough, there were many times when they also invited me to have lunch with them and which turned out to be a

totally private time for us, unlike the quite formal environment that was built in the presence of the counsellor. I believe that my categorical identity as an Indian brown-skinned woman was a license for access to the women's worlds. The fact that I belonged to the same Indian patriarchal society, sharing the same traditions and norms with the participants facilitated the research process and I was also able to grasp the local language (Gujarati), body space and gestures of the participants. These factors made the participants share their ideas, concerns and life stories with ease and comfort. My gender made them feel comfortable in sharing their information, food and the space of their bedrooms. Further, when I went on my final field visit in 2017, after I got married, the women felt they could connect to me in a better way and somehow, I felt I could easily understand what exactly they meant when they said, "*it is so difficult to keep your in-laws happy all the time*". This is evident from the following excerpt from my field diary.

As I was having lunch today with Diksha on a table separate from the other women, she drew her chair near mine and started sharing some of the darkest secrets of her life with me. She often used the line, "*this is between you and me.*" I don't find it appropriate to write those events from her life here as she told me, "*I trust you and also I know you won't judge me. I wanted to share these for quite a long time but never found the heart to understand me and keep them inside as well. I'll always be your friend.*" I assured her complete trust and listened to her with all my heart. Both of us were left in tears at the end.

The above is an example of how eventually the relationship of trust and respect that was established between me as the researcher and the women as the researched. There were so many instances where I felt a silent bond with the participants and often wondered if it as reciprocated.

My positionality indeed played an important role in letting me enter into the worlds of the reproductive laborers, yet, simultaneously, situating myself as an insider or outsider was a constant challenge for me throughout the research process. Although my identity as an Indian woman and later married pretty much matched with the women interviewed, differences were quite obvious as well. These differences were largely due to difference in class and privilege including educational background and our different experiences of life as women. For instance,

whether in their own homes, or in the surrogate house, they have experienced life in such conditions as insiders. Through my short visits to Anand, Bengaluru and Chandigarh, during the past few years I had gained only a partial view of the practical challenges women encounter in their day-to-day lives.

These differences were enough to tag me as an outsider to them. Nevertheless, on these occasions being and feeling outsider had its own advantages. I felt comfortable in asking them about mundane activities and they felt at ease in sharing with me the restraints they faced in their daily lives, for e.g., regarding food choices at the surrogate house or the struggle in switching to the shows of their choice on TV while some of them watched something else; and the ways in which they missed their children and families and waiting for weekends when they get to meet them, or, enjoying their alone time with nobody constantly telling them to do the dishes or the clothes. Since this was information I had never personally experienced, gaining it from the women helped me to get a sense of practical realities in their lives. However, my multiple encounters with the women allowed the space where we developed a relation of trust and the women volunteered in sharing information about their personal lives.

As discussed in this chapter, the dissertation draws heavily on the concepts and frameworks offered by feminist and emotional geographies. By putting the personal narratives of the reproductive laborers at the center of analysis, the following chapters deal with the core concepts addressed in the research. These are three fold: the distinction and blurring between the public and private spaces as motherhood become a commercial enterprise; the emotional geographies of surrogate motherhood in India, with a specific highlight on surrogacy as emotional labor; the material and discursive practices of commercial surrogacy which shape the

experiences of the reproductive laborers. As I proceed with the chapters that follow, each of these ideas has been discussed in detail.

CHAPTER 3

“It is a jail which does not let us be...” : Negotiating spaces of commercial surrogacy by reproductive laborers

3.1 Introduction

“A fertile ground for exploitation of women” bears the headline for *The Hindu*, one of the leading Indian newspapers (Dhar, 2012). Articles showing similar headlines have been very popular in Indian mainstream media, referring to several aspects of commercial surrogacy that need attention. These concerns include: the amount of money this thriving industry makes, the exploitation that women working as surrogate mothers face, the misinformation fed to the women regarding the medical process, violations of workers' rights and the inadequate legal framework guiding commercial surrogacy. While important to address, such discussions often draw attention away from the experiences of the women working as surrogate mothers themselves. The voices of reproductive laborers are overshadowed by the dominant narrative that places them squarely in the category of ‘victim’. Such an absence has been normalized in Indian society as bearing children outside the heterosexual institution of marriage is not considered morally acceptable adding to the silence that surrounds their life and work.

My research questions the invisibility of the women who remain at the center, and yet at the periphery, of commercial surrogacy arrangements in India. While the “wombs-for-rent” industry has been flourishing, the authentic voices of the women performing this role are hidden behind the dominant narrative of exploitation of women's bodies at the hands of the techno-patriarchs of capitalism, and the “un-naturalization” of motherhood. However, while my interviewees undoubtedly had concerns over some of the conditions of their employment, as a

group they denied this rhetoric of exploitation and wretchedness. Instead, the reproductive laborers emphasized their agency in challenging circumstances.

This chapter reports the narratives of women working as surrogate mothers and argues for the inclusion of commercial surrogacy within the larger ambit of “labor” so that the women are not merely labeled as “surrogate” or “replaced” mothers. Consistent with this approach, I use the term *reproductive laborers* rather than surrogate mothers, proposing that this broader term downplays the one-sided discourse of victimhood and acknowledges the ways in which the women reposition themselves as active laborers in the exchange market.

It is important to note that in downplaying notions of victimhood, my approach by no means attempts to glorify commercial surrogacy. Given the industry’s improper functioning in India, associated with government negligence towards the rights and interests of the reproductive laborers, the industry remains troubling. In particular, the government has been negligent in ensuring adequate payment for reproductive laborers (currently only four lakh rupees, around the U.S. \$6,100, for one term), in formulating a regulatory framework governing surrogacy services and in providing health insurance to women working as reproductive laborers. Nonetheless, I argue that many women “choose” to become surrogate mothers within the limited avenues available to them, and that it is appropriate to consider the ways in which women use this arena to provide opportunities to earn money for the betterment of their families and in turn to celebrate their self-worth. In order to better understand women's decisions around reproductive labor, I focus on analyzing the links between production and reproduction and in challenging the dichotomy between the two. Scholars have argued that such a trace also helps in disrupting the binary of the public and the private (Mackenzie, 1989).

3.2 Commercial surrogacy in India

Commercial surrogacy has been a topic of debate in Europe and America since the 1980s. However, it is a comparatively new phenomenon in the Global South. With the growing demand for such services, it has come to be a multibillion-dollar industry, with India—up until recently—one of the most popular locations. In 2016, the Indian government banned commercial surrogacy in the country, allowing only altruistic surrogacy for married Indian heterosexual couples. Such a ban poses a setback to the industry in India. This complicates the situation further with every possibility of the industry being pushed underground.

Debates around commercial surrogacy have been emerging from various perspectives, ranging from liberal, to legal, to ethical; with many scholars highlighting the exploitative nature of the practice and debating ethical aspects of such services (Andrews 1987; Arneson 1992; Raymond 1993; Ragone 1994; Bailey 2011). There has also been some recent ethnographic scholarship on commercial surrogacy that emphasizes the lived experiences of women working as reproductive laborers in India (Pande 2014; Rudrappa 2015; Vora 2015). Although this turn is much needed and acknowledged, there is still a dearth of such ethnographies. In this chapter, I extend this recent path towards documenting the experiences of reproductive laborers in order to elucidate the relationship between reproduction and labor, and to highlight the ways in which reproductive laborers navigate and re-work disruptions in the meanings of motherhood and labor.

I aim to understand the ways in which the reproductive laborers experience motherhood at the intersection of the public and private, or work and non-work. This study maintains that commercial surrogacy subverts such gendered dichotomies, but at the same time also mirrors them. For instance, while reproduction has crossed out of the boundary of the home, the surrogate housing facility functioning in India claims to provide a private and homelike

environment for the women and yet simultaneously denies the women living there any privacy. This chapter argues that it is not enough to reveal the unsteadiness of the public/private binary, but instead urges us to consider what such a blurring does to the reproductive laborers in terms of empowering or disempowering them.

Within these discussions, reproductive laborers are also at risk of being labeled “immoral women”, as their reproductive activities transgress the boundaries of the private sphere. A second major theme of this chapter is the ways in which reproductive laborers navigate this cultural context by equating surrogacy with virtuous work that empowers them to help people. The narratives presented in this chapter reveal a rejection of the societal portrayal of reproductive laborers as “immoral” or “dirty” by stressing their special role as reproducers. My respondents also often distinguish surrogacy from sex work by describing their work as pious. It is in this manner that the reproductive laborers negate the stigma attached to them by tacitly and creatively questioning the images that society assigns them.

The research focuses on fieldwork undertaken at fertility clinics in Anand, Bengaluru, and Chandigarh, where reproductive laborers stay from the time their bodies are being prepared for pregnancy till they give birth. Reproductive laborers are hired by the medical authorities through the signing of a legal contract between them and the commissioning couple. The contract withholds the right of the reproductive laborer to the baby soon after it is born and fixes the amount to be paid to her. Except for fertility clinics in Chandigarh, the women are kept in the hostel where their bodies are made biologically ready to conceive through several medical interventions. The women are required to take medications and meals on time, as prescribed by doctors and dieticians, and may not eat their own choice of food. The medications range from birth control pills at the beginning of the menstrual cycle and steroids before the embryo

implantation, to hormone replacements after the embryo transfer, to antibiotics and vitamins during the pregnancy. They cannot move out of the surrogate house; nor are they allowed to be sexually involved till the baby is born. The center has a house matron/caretaker who oversees the activities of the women. Additionally, their emotional responses are controlled, with the goal that they should not feel any attachment to the babies they carry. The women are repeatedly reminded that they are mere "carriers" of the babies, which belong to other people.

Any attachment to the baby that a reproductive laborer develops is portrayed as a corruption - a diversion from the scripted role she is supposed to play as gestational mother and reproductive laborer, making her a corrupt worker who does not perform her duties to her full potential. Instead, her role is simply to deliver a baby for a childless couple and earn money for the betterment of her own children. It is these factors which make the infertility clinic produce the surrogate body in such a manner that it works to take care of the baby like a dutiful mother until it is born, and yet does not develop any emotional bond so that, like a responsible worker, the reproductive laborer can give away the "product" as soon as it is ready.

As long as the reproductive laborer adheres to these rules, she is considered to be a good worker. However, the moment she transgresses these boundaries, she is open to the risk of being labeled a "bad worker" or even a "bad mother". In this way, commercial surrogacy acts as a challenge to the age-old dichotomies between production and reproduction, public and private. It pushes reproduction and childbirth outside of the so-called privacy of the patriarchal heterosexual family and into the ever patriarchal and repressive capitalist market, where women's reproductive capacities are valued and monetized (Boris and Parreñas 2010; Cooper and Waldby 2014; Pande 2014).

3.3 The Emergence of the Public Sphere: Habermas and feminist critique

Jürgen Habermas, the German philosopher and social scientist, remains the starting point in theorists' interests in the understanding of the public sphere. Habermas provided a space where the concept of the public sphere has been shaped into a systematically developed theory as witnessed today. In his early and important book *The Structural Transformation of the Public Sphere* (1989), Habermas defines a public sphere as an "inter-subjectively shared space" reproduced through communicative rationality. According to him, the public sphere is a sphere private people gather to discuss public issues. This conception of the public sphere gained importance and practicality in early modern Europe as a bourgeois public sphere, which served as a counter to the functioning of the absolutist state. The discussions and the people initiating them aimed to moderate between the society and the state by trying to hold the state accountable to society through publicity (Fraser, 1990). Initially, this meant that the state functioning would be made open for public scrutiny. However, eventually, the public sphere came to mean to be transmitting the interests of the bourgeois class to the state with the help of the legally bound free speech, press, and assembly. Thus, as Nancy Fraser (1990) puts it, while at the one hand, the public sphere rationalizes political domination by rendering the state (a section) accountable to its citizens; on the other hand, it calls for a specific type of discursive interaction. The discussions conducted in the public sphere was claimed at making open and accessible to all sections of the society. Such discussions, as envisioned, would lead to the development of public opinion in consensus with the common good.

In this sense, the bourgeois conception of the public sphere was based on the social order in which the state had been placed as distinct from the newly privatized market economy and the civil society. Such a separation between society and the state that was supposed to support the

sphere of public discussion which didn't include private interests. As a result, the society was divided, which led to class struggle between the affluent and those situated lower in the hierarchy (Fraser, 1990). Lastly, with the emergence of the welfare state, the society and the state became mutually constituted; a critical scrutiny of the state paved the way for public relations.

However, several scholars such as, Joan Landes, Mary Ryan, and Geoff Eley, argue that Habermas idealizes the liberal public sphere. These scholars contend that the official public sphere was constituted by a range of exclusions (Fraser, 1990). Joan Landes (1988) identifies that the major line of exclusion as gender. In the context of France, Landes explains how the liberal public sphere did not include women or recognize them as capable of political intellect; pushing their discussion away to the private domestic sphere. The terms femininity and publicity were placed in opposition to each other. On similar lines, Geoff Eley (1987) argues that such exclusionary practices were not only common in France, but also in England and Germany. It is in this context that Fraser (1990) argues that the public sphere of Habermas fails to accommodate and address these exclusions. Habermas also fails to examine the other, that is, the non-liberal, non-bourgeois public spheres. Mary Ryan (1990) also discusses the ways in which North American women of different classes and ethnicities made their way to the public political life, despite their exclusion. The study conducted by Ryan shows that even in the absence of formal political participation through suffrage, there were other ways in which women have been participating in public life. Thus, the idea that women do not belong to the public sphere is not true. In this manner, it can be said here that the bourgeois public was never the actual public. There existed several parallel publics like nationalist publics, elite women's publics, working class publics and others.

It is of utmost necessity to address the alternate publics, particularly in the late capitalist societies in order to understand how inequality affects relations among publics in these societies. Such a perspective opens our minds to articulate how publics are differentially empowered or subordinated. A critical theory, according to Nancy Fraser (1995), should foreground the ways in which tagging of certain issues and interests as ‘private’ limits the range of problems and the different ways of approaching those problems, that can be largely contested in modern societies. Following this thread, the next section talks about the distinction between the private and the public spheres, and the several ways in which feminist scholars and theorists have challenged and blurred this constructed boundary.

Melissa Wright (2006) discusses the ways in which the image of the “public woman” has been attached to the women participating in the social justice movement called Ni Una Mas in Northern Mexico, in order to reject the cause of the movement. The “public woman” has meant to refer to woman to be seen on the street, in office, at political events, and any other place interpreted as “non-domestic” (Wright, 2006). This chapter discusses how surrogacy makes the reproductive laborers “non-domestic” and “immoral”; along with the ways in which the women deal with such stigmatization.

3.4 Challenging the public/private dichotomy

Several scholars have shown how industrialization and domesticity in the nineteenth and twentieth centuries in Western societies contributed to a divided city along gender lines (Yeoh and Huang 1998). In such a city, the suburb signifies the private sphere, or the domain of women and "non-work", while the central city is defined as the public sphere, dominated by men and "productive" work (McDowell 1983; Miller 1983; Pateman 1989). Women's reproductive labor has always been confined to the family or the private sphere, and hence, not considered labor at

all, but a naturalized aspect of her being. In this chapter, I argue that the consideration of commercial surrogacy as non-work is based on the dichotomies of public/private, production/reproduction, culture/nature, and work/non-work. Such distinctions count as the central theme around which the feminist movement has taken shape (Pateman, 1989). Feminist scholars argue against such divides so that the subordination of women in the labor market can be challenged (McDowell, 1991; Hanson, 1992; Rose, 1993; Hanson and Pratt, 1995).

Anthropologist Michelle Rosaldo (1974) states that the distinction between private and public draws a clear-cut line that excludes much work done by women, including childcare, housework and so on. She argues that such boundaries can lead to the subordination of women as they are confined to the domestic sphere and excluded from the public. Reproduction and motherhood remain affairs guided by the patriarchal principles of the private spaces of the home. Feminist scholars like Adrienne Rich (1995), Andrea O'Reilly (2010), Carole Pateman (1988) and Sara Ruddick (1995), among others, see motherhood as a key site of oppression of women in a patriarchal structure. Thus, motherhood has often been taken as the pre-eminent characteristic that disqualifies women from most activities of public life.

The idealization of motherhood as sacrosanct and holy in India and elsewhere considers the mother as the nurturer and naturalizes the reproductive labor performed by her, hence, normalizing and routinizing women's efforts in the process of childbirth. In a patriarchal society, the mothering body is produced in such a manner that it distances itself from monetary value. Such discourses and practices place motherhood away from the public sphere so that there is no room for its association with work or politics (Lane, 2014).

However, women have at times subverted this construction of motherhood as removed from politics to make very political claims. For instance, the formation of the Madres de Plaza de Mayo (Mothers of the Plaza de Mayo), a group of human rights activists formed by mothers of people "disappeared" (illegally detained, kidnapped, tortured, and killed) as a result of state-sponsored terrorism in Argentina from the mid-1970s to the early 1980s (Bosco, 2006). Through this movement, the women brought motherhood out of the domestic space of the home. Such efforts opened the scope for new spaces of representation for Argentine women. In the Indian context, women in Kashmir have also been an integral part of resistance movement against the Indian Army in various ways. Parveena Ahanger, the founder of *Association of Parents of Disappeared Persons* (APDP), has been holding the sit-in protests for the last 24 years. The Indian Armed forces picked up Parveena Ahanger's son in 1990, never to be returned to his family. Like Parveena, several other mothers have also been a part of the movement. The women came out in the public to protest against their disappearing sons. The northeastern state of Manipur in India also witnessed a women's protest against the rape and killing of Manorama, a suspected Maoist insurgent, by the Indian Army in Manipur in July 2004. Following this, middle-aged women in Manipur who call themselves "*Mothers of Manorama*" protested naked in front of the Army Headquarters urging army men to come and rape them. This led the Manipuri mothers to reject the patriarchal construction of motherhood, rape, and honor by bringing their 'bare bodies' to the public. Such actions by the mothers redefine the boundaries of the private and the public; the personal and the political (Chakravarti, 2010).

With the commodification of motherhood and reproduction as a result of reproductive technologies, the reproducing body of the *poor* Indian woman gains importance in the exchange

market. The women navigate the stigma and dishonor attached to surrogacy and agree to bring their reproductive capacities to the public so that their children can see a better future.

However, women working as surrogate mothers are often viewed as reproductive machines and are described as “incubators” (Hollinger, 1984, p.901), “rented wombs” (Corea, 1985, p.222) or “surrogate uteruses” (Burfoot, 1988, p.110). This shift has added a non-human and profitable aspect to some parts of women’s bodies (ova, womb) in the capitalist economy. Such a change has also facilitated a shift in the experiences of motherhood from the private space of the home to the semi-private space of the infertility clinic and the very public cover pages of newspaper discussions.

3.5 Surrogacy as hard labor

The term labor has somewhat different connotations in the post-Fordist economies, as the processes of production and accumulation have changed and have moved away from the manufacturing model that dominated the twentieth-century industrial capitalist economies. Today post-Fordist economies are largely characterized by a rise in the service sector, creation of knowledges and culture industry, information technology capitalism. In addition, in industries such as commercial surrogacy, new forms of biomedical production focused on often defined contractual rights over bodies have also taken the front stage.

As pointed out by Catherine Waldby and Melinda Cooper in their book *Clinical Labor: Tissue Donors and Research Subjects in the Global Bioeconomy* (2014), explorations of the new forms of labor like surrogacy or the sale of body tissues, that have escalated at the lower edges of the post-Fordist biomedical economy, have been limited. In their work, Waldby and Cooper focus on tissue donors and research subjects, by placing them as players whose contribution as

laborers and voices as actors can be acknowledged. The transformation of intimately bodily functions like domestic, sexual and care work into exchangeable commodities led to a shift in economic thought. It is essential to understand why the participants in this bioeconomy are unrecognized laborers. This is because their labor is bound by contracts. In this clinical industry, the participants are no longer viewed as laborers, but as bodies providing valuable in vivo services, making their roles fungible in the economy.

Drawing from the above discussion, along with my ethnographic journey, I approach commercial surrogacy as a form of labor, which is physical as well as emotional in nature. Such a perspective aims to unveil and acknowledge the hard labor performed by reproductive laborers. As Maria Mies (1986) argues, the sexual division of labor must be challenged so that woman's child-bearing and child-rearing capacities are perceived as conscious social acts and as labor. In this direction, I use the work of the Anglo-American philosopher Donna Dickenson (2007), who argues for the need to acknowledge women's labor in pregnancy and childbirth, which has been overshadowed by the perspective of such labor being seen merely as renting out wombs. Drawing on Marx's theory of alienation, Dickenson (2007) asserts,

The alienated worker's labour is always, in fact, the symbol of his oppression, not of his freedom, although under capitalism he is not a slave. In the capitalist system, writes Marx, labour is nonetheless external and forced, even though the labourer is not physically compelled to work, as the slave is. But at least Marx credits the worker with a property in his own labour, which is more than women have in relation to the new reproductive technologies. (p. 54)

In her work, Dickenson calls for the need to recognize women's property rights to their ova so that their efforts in the ova market can be made visible. She asserts that women's reproductive labor has been reduced to a natural function, which remains the most significant reason behind the neglect of their hard work in reproducing. Along similar lines, I argue that there is an emergent need to destabilize the naturalness of women's reproductive work in order to make

women's efforts visible in commercial surrogacy. My respondents frequently emphasized the economic role that they were playing in their families, in a form of resistance to this naturalization of their reproductive function. Pooja, a 27-year-old reproductive laborer from Anand (Gujarat), notes:

I think about surrogacy as a kind of service. It's like any other job that a person does to earn money. Like a man sells his labor while driving, or carrying weight, or even while teaching. Giving birth in surrogacy is also a service. It's not an easy job and not anyone can do it.

Subscribing to the view that surrogacy is a form of work, women like Pooja stake their claim in the labor market by challenging the division of labor based on one's sex.

While highlighting their significant role in the labor market, the reproductive laborers also clearly lay out their economic significance in the household owing to payments from surrogacy work. Rani, a 31-year old woman, was hired by a couple from the U.S. Rani's husband works in agriculture and earns only a meagre amount of money, insufficient for the sustenance of the family. Rani has dreams of getting her eight-year-old daughter a good education, which she feels can be fulfilled through surrogacy. She remarks:

I feel so proud of myself. My daughter is going to get the best education ever. All the work that I am doing here is for her. The money is for her future. I am not getting my daughter married early. She'll also do a Ph.D. like you. My husband could never give her what she needed, but I can. I feel so strong and happy!

While women were frequently happy with the choice they had made to become reproductive laborers because of the economic boost it would provide to the family, the degree to which this reflects a genuine "choice" is questionable for women like Rani. Most of the reproductive laborers come from impoverished backgrounds in rural areas and have had little opportunity for education. They have husbands who work as agricultural laborers, construction workers, auto drivers or security guards. In such dire economic circumstances, the idea that women "choose" to

take up surrogacy and leave the privacy of their own family to work in the public sphere as a reproductive laborer may be legitimately questioned. Nonetheless, women are clearly using their own agency to make the best future for their families in challenging circumstances.

The reproductive laborers stay away from their families till they deliver the babies. They have a constant risk over their physical well-being as well as the well-being of the babies they carry. It is the babies, which they finally deliver to the commissioning couples, bring joy in their lives in return. Managing their feelings towards the unborn children is no less than a challenge to them. Elly Teman's (2010) ethnographic work on the reproductive laborers in Israel show us the distancing mechanism devised by the reproductive laborers between themselves and the wombs that they bear. They have developed a body map to foster a relationship between their wombs and the intended mothers by mapping out their bodies in a peculiar fashion, whereby, they don't label the wombs that they are carrying to be a part of their bodies, but to that of the intended mothers'. This, in turn, reminds the reproductive laborers time and again to control their emotions so that they do not develop any attachment to the babies that they have been nurturing inside their bodies. However, such sacrifice and hard labor performed by the women remain invisible in mainstream discourses around commercial surrogacy. The labor begins right from the time when the uterus is being prepared for the embryo transplantation and continues throughout the pregnancy till the child is born. The process includes taking of hormone replacements to steroids to vitamins. The reproductive laborers often expressed their disappointments with such medications.

Further, the reproductive laborers also perform considerable amount of emotion work. I would like to draw attention to Arlie Hochschild's (Hochschild, 2003) idea of 'emotional labor' to mean the management of feeling to present a publicly apparent facial and corporeal display. In the case of surrogacy, the reproductive laborers also do a considerable amount of emotional work. They manage their emotions in such a manner that they are neither presented as desperate mothers who want to keep the babies nor are they bad mothers and baby sellers who give away the babies they birth at the exchange of money.

I met Sheetal in Anand in 2014. She mentions her struggle between the being a good mother and worker and says,

My life has become so difficult here. I have to constantly swing between being a good surrogate and a good dutiful mother to my own children. People easily attach tags if we do not fulfil our roles in a responsible manner. I cannot treat the baby I am carrying as my own because that will lead me to a difficult situation. Nor can I say that I am working for money, as that will again portray me as a terrible woman. You see, this is no easy job. We have to constantly struggle and fit into categories. We train ourselves to do both the things perfectly. It does take a toll on us.

It can be mentioned here that such struggles usually go unnoticed in popular discourses. As expressed by Sheetal, it is never easy for the reproductive laborers to deal with these dilemmas. However, in order to prove their worth as both responsible mothers and workers, they "train" themselves to act accordingly, which according to Sheetal, takes a toll on them. I argue that it is imperative to account for these lived experiences so that the emotional labor performed by the reproductive laborers can be acknowledged.

Arguing that it is important that women's reproductive labor be viewed as a legitimate economic activity is also not to suggest that women get fair terms of trade. During my field visit to Anand in 2014, I witnessed a woman packing her bags and leaving the surrogate house with a heavy heart after she received a negative pregnancy report. When I asked her if she was given

pay for the three months she had been there and undergone all the medications, she said, *“Why will they pay me now? I am of no use to them. I have been told to leave this place.”* It is distressing that the labor performed by the women before pregnancy starts is unpaid and ignored. As expressed by almost all the reproductive laborers I interviewed, that period is the most painful period for them, both physically and emotionally. They have to take the injections and medicines properly, often involving heavy doses, and their actions are overseen to the point of receiving instructions on what position to sit or lie in. One of my key respondents, Diksha, a 26-year-old reproductive laborer, shares her experiences:

The process of [embryo] transfer was quite painful for me. Some of the women here find it very painful. I was like in a physical shock for quite some time after the process was over. Sometimes I cannot believe I am still alive. I am six months pregnant now. The initial three months were hell for me. Especially till the time I conceived. I developed a terribly sore back and it took me weeks to finally recover. It was the most painful experience ever.

In addition to the physical pain the women go through, the fear of going back home empty-handed because of a failed pregnancy constantly haunts them. Sarita, a 27-year-old reproductive laborer from a nearby city, is working as a reproductive laborer in order to send her eight-year-old daughter to school. She says:

I have promised my daughter that I’ll come home only when I am able enough to send her to school. She is a very bright kid and wants to study like you. I am praying day and night that this implantation succeeds. I don’t want to go back home and kill my daughter’s dreams. This is the second embryo transfer. I hope I get pregnant this time. I have already spent more than a month here. They won’t pay me anything if I fail.

Sarita’s narrative of hope and courage is tempered by a fear of loss should her reproductive labor amount to nothing. I argue that such hard labor and the emotional toll on these women, even before conception, must be accounted for and included within the contract signed by the reproductive laborers and the commissioning couples.

In the case of commercial surrogacy in India, motherhood, reproduction and childbearing—which essentially belong to the private space of the home—cross the boundary and enter into the public. This form of market economy blurs the distinction between reproduction and production, private and public. That this reality is so frequently obscured is, I argue, mainly because equating surrogacy with work would pose a challenge to the institution of motherhood, which is understood as sacrosanct and holy in India and supposed to function within the heterosexual private space of the home.

3.6 Surveilling the reproductive body in the surrogacy industry

Another way in which surrogacy upsets traditional notions of the public and the private is through the constant surveillance that the women must endure. Like any other capitalist structure, this labor-intensive market is always under scrutiny and constant monitoring. As identified by feminist scholars, the introduction and use of technologies and surveillance are characteristic of modern industry (Weedon 1987; Wright 2006).

Since the major portion of the interviews has been conducted in Anand, I present a detailed description of the setting of the surrogate house in Anand in the following paragraph, to back my arguments made in the discussions to follow, especially to contextualize the narratives from Anand.

Nishaan Infertility Clinic in Anand has been undergoing rapid development since my first visit in 2014 and my latest visit in early 2017. The small clinic located in the busiest marketplace of the city is now being transformed into a multi-storeyed five-star hospital at the outskirts of the city. It is now called a 'Research Institute'. It has also started providing other medical services in addition to the IVF, surrogacy and maternity treatments that it is known for. Some of them

include dentistry, cosmetic plastic surgery, physiotherapy and so on. The surrogate house was previously functioning in an area about 5 kilometers away from the clinic. However, the present setup has the surrogate housing facility in the basement of the hospital building. It has centralized air conditioning system with big rooms for the reproductive laborers, where one room is being occupied by four women. Each room has one big LCD screen television and an attached washroom with a geyser. There is a laundry facility for surrogate mothers. It also has a dining hall with trained cooks and catering service. The food being prepared is in accordance with the instructions of the dietician who also monitors the food and regularly visits women at meal timings. No outside food is allowed in the housing. The setup has a big common space with tables and chairs, which also is the dining space. One corner has an altar which has pictures of Hindu and Christian gods and goddesses. The daily routine of the reproductive laborers run according to the time table fixed by Dr. Vinayak. The housing has a cabin which is occupied by an elderly woman who keeps a watch on the reproductive laborers. There are other women who work as attendants and are present there twenty-four hours a day.

Thus, the surrogate house functioning in Anand acts as a closed monitored space, with the presence of the doctors, dietician, and matron extending the "medical gaze" over the reproductive laborers in their care. The reproductive laborers inhabiting this space express a deep sense of dissatisfaction with the ways in which they are made to live under the vigilance of the authorities, as remarked by Pooja: *"It is a jail which does not let us be. It's like our in-laws' place, where we are not free."* This was expressed especially strongly by the repeat reproductive laborers, who contrasted the current arrangement with their experiences of staying in the older surrogate housing. According to them, the previous housing felt somewhat like home, while current facilities do not. As Pooja notes above, for many this situation equates to the experience

of being in their conjugal homes where they have to always conform to their in-laws' wishes. Seema has served twice in the clinic. She compares her stay in both the housing facilities and notes:

This new set up is worse. The old surrogate house was much more fun and interesting. We could sneak out of the house when we craved for outside food. Also, we could roam around a little and the doctor visits had fixed timings. Here, the doctors are present in the same building and come in anytime they want; outside food is out of the question here. You either eat or stay hungry. Adjusting here is no less than a challenge to us. It is no less than my in-laws' place.

In the previous set up, the women maintained some autonomy over their movements and activities. In the present system, by contrast, the women are only allowed to sit in the garden, which is inside the hospital premises. They are not allowed to visit their homes unless an emergency crops up in the family. The surveillance assures the disciplining of the bodies of the reproductive laborers and, in turn, is supposed to guarantee the safety of the foetus that they carry. In such an environment, motherhood becomes a very stressful experience. The monitoring of the reproductive body in the surrogate housing makes sure that the body adheres to the rules and regulations laid down for it.

During my visits to the surrogate house, as per the instructions of Dr. Vinayak, I had to perform all interviews in the presence of a woman named Tina, who works as a counselor in the hospital. She guides the new members in the group of reproductive laborers through the entire process and takes care of their needs. During one rare opportunity to talk to the laborers in Tina's absence one day, I started a conversation about how I was missing my home in the eastern part of India. The conversation led to the unveiling of feelings of alienation among my respondents, associated with living in a space which is high-tech in nature but, according to them, is a space that cannot be considered home. In the course of the conversation, Deepa, a 29-year-old reproductive laborer, opens up:

I feel lonely here. Though I have made some friends here, I feel sad and alone. I miss my home. They say this is my home, but it surely isn't. There is no privacy. We cannot even talk freely here as they might hear us. They might even lessen our pay. I don't know! I'm just counting days for this whole thing to get over so that I can get back to my children. I don't like this hi-fi place. I am better off at home.

The assurance of “home away from home” by the medical authorities is not upheld and space fails to give a sense of privacy to the women who inhabit the surrogate housing. This sense of alienation experienced by the reproductive laborers informs us of the ways in which new technologies can monitor and harness the bodily capacities of the women who agree to carry babies for strangers.

3.7 Stigma and status: the position of the reproductive laborer in Indian society

In moving the supposedly private act of reproduction into the public sphere, reproductive laborers are often viewed as immoral—either sleeping around or selling babies for money. Reproductive laborers are therefore frequently stigmatized in Indian society. Some of this is associated with misinformation. Most reproductive laborers come from rural areas and belong to the lowest economic and social strata of society. Although the reproductive laborers belong to the same economic class, socially they are not a homogenized group. The women belong to different castes and religious sects. Although my respondents belonged mostly to the Hindu religion, there were a few women who were Muslims and Christians as well. My study shows that majority of the reproductive laborers belonged to the lower layer in the hierarchy within the religion. It is commonly believed in these communities that surrogacy involves sexual intercourse. Moreover, giving birth to children outside of marriage is also considered immoral.

I met two women in Anand who were Brahmin, the upper caste in Hindu religion. They expressed a sense of superiority over other women who belonged to lower castes and religious minorities. Also, these women often received advantages because of their caste status. Geetha, a

Brahmin reproductive laborer was working for a commissioning couple who were Brahmin themselves. She was very happy to say, “*they are paying me extra. The child is going to be pure after all.*” Geetha's caste status gives her a sense of empowerment while disempowering others. Nazira, one of my key respondents, is a Muslim woman. She told me that initially, it was difficult for doctors to get her clients because of her religious identity. It was only after the doctors assigned her for an NRI Muslim couple from the United States, did Nazira have the opportunity to make her dreams come true.²

However, as a group, my respondents, by contrast, drew a clear distinction between surrogacy and sex work, as surrogacy does not include any physical intimacy with the intended father because of the medical process behind the arrangement. Meenal, a 26-year-old woman hired by a couple from South Africa, states:

They say that I am not a good woman. I am selling the baby for money. But they don't know anything. I am doing a *punya ka kaam* [virtuous work]. We give children to the childless. We are gifted women. We are not like those women who sell their own children for money or sell their bodies. We are pious... and I am not genetically related to the children. I am not giving away my baby. It is theirs. I am just carrying it for them because she [the intended mother] has some problem. The child should go to the ones it belongs to and it will complete her [the intended mother's] family.

Meenal, like several other reproductive laborers, believes that what makes surrogacy different and morally correct is the completion of someone else's family, which counts as the ultimate and pious aim behind the reproductive labor that they perform. This narrative emphasizes also how the absence of any genetic tie serves as a significant factor for the surrogate mother to defy the baby selling discourse.

² While I interviewed women from different religions, our discussions did not touch upon the meanings of motherhood and childbirth in different religions. The reproductive laborers echoed the same feelings about being a mother and how a child is treated equally in every religion.

For some women, their very womanhood was a gift that they perceived they could share with others. Basanti is a 30-year-old reproductive laborer who comes from Ahmedabad. Like several other reproductive laborers, she hid her employment from her in-laws. However, when they found out from another source that she was working as a reproductive laborer, they tried to force Basanti to come back to Ahmedabad. Nevertheless, Basanti stood by her decision and refused to go back home. She opines:

I am a woman. I am gifted with my reproductive capacity. Like an actor is gifted with his acting talent, a singer with his voice, I am gifted with this. If they can make money out of their capability, what's wrong when a woman wishes for the same? I don't accept such things. I am working for the betterment of my children and I'll do anything to improve their lives. This is no dirty work! But no one understands. I am not exploited here. I don't know how much money the doctors make, but I see this as the only way to make my children prosper and I am proud of what I do.

The women identify themselves as capable beings who should get to choose the path that leads to the progress of their families. Recognizing commercial surrogacy as a form of labor leads to the disruption of the reproductive spaces of the home which is private. Instead, it pushes the boundary and brings it to the public, which is supposedly productive. Such a challenge to the functioning of the public sphere, again, normalizes the view that commercial surrogacy leads to the exploitation of the poor women at the hands of the techno-patriarchs of capitalism. The reproductive laborers deny the rhetoric of exploitation and wretched poor women which only sympathizes with the women. Even if Basanti is somehow aware that the doctors might be earning a hell lot more than what they pay her, she is happy with the fact that when she walks out of the hospital, she will have her head held high as she could do whatever it took to make the lives of her children better.

Most of the women I interviewed mentioned that they do not disclose to their friends and relatives that they work as surrogate mothers because of their fear of being ostracized by society.

They fear that such stigmatization will, in turn, have negative impacts on their children and other family members. Instead, they often tell people that they have been working as contract laborers in a distant city. Their absence from home also attaches the stigma of "absent mother" to them. This is especially significant in cultural context, as "mother" is the core job that women are supposed to perform. Expressing her guilt from being away from her children, Seema, a 30-year-old reproductive laborer in Bengaluru, states:

I feel really bad and guilty too. I am not being able to deliver my duties as a mother. My husband has to really struggle all the time in taking care of our children and doing his job. My in-laws have even said that I am no good mother. But the work I am doing here, all the sacrifice and pain that I am going through, is for my children's bright future only. I wish I had also hidden this surrogacy thing from my in-laws like the other women. My family thinks I am a dirty woman.

The guilt of leaving their children back home with their husbands and not being able to take care of them, was experienced by most of the women I interviewed. Nevertheless, the reproductive laborers managed such feelings by emphasizing the greater good that this sacrifice is going to bring in their lives. Furthermore, the women also reject the idea that they are neglecting their families by emphasizing their worth as significant economic actors. For many reproductive laborers in India, commercial surrogacy has become a survival strategy for earning money to improve their own children's prospects, as noted by Sarita above. The women take great pride in this work as they believe that it makes them even stronger than men, who are the traditional breadwinners in the family. Many women expressed how their status in their own families improved after returning to their homes with money to support the family.

Surrogacy in Chandigarh is a comparatively new phenomenon. The infertility clinics running in the city house the surrogate mothers either in their own houses, or, in any place the women deem necessary for their privacy. There is no surrogate housing facility in the clinics I visited. The reproductive laborers belong to from villages in Haryana or Punjab or from the

fringes of the National Capital Region (NCR). The surrogate agent from New Delhi deals with the “*supply of surrogate mothers to the hospitals as demand arises*”, as he explains. The women usually find it difficult to stay in their own homes, as the knowledge of them working as surrogates will lead to stigmatization of her entire family; they also have a fear of being outcasted from their villages. Therefore, the women prefer to rent a small place for the gestation period either in the tricity (Chandigarh-Mohali-Panchkula), or, any nearby village. They stay in the rented place either with their husbands, in case their husbands can manage to leave the village for almost a year; or, with anyone from their families, so that their needs and well-being are taken care of. Although women are allowed to stay with their husbands, they are not allowed to indulge in sexual contact while the women are pregnant with the surrogate babies. The surrogacy contract includes a list of do's and don'ts for the reproductive laborers. One of the main points that the list stresses on is that they should have any sort of sexual contact till they give birth to the babies. While in case of Chandigarh, this clause cannot be physically monitored by the medical authorities, or the surrogacy agent, the reproductive laborers abide by all the rules so that the incentives that they are working for, as Poonam says, “*do not come under peril*”.

Poonam, a 32-year-old reproductive laborer, belongs to a small village in Chandigarh. Although her village is 5 kilometers away from the clinic that she has been “*supplied to*”, she decided to rent a place in Panipat in Haryana, which is 150 kilometers from the clinic. She believes that living in a far off place will protect her from getting “*exposed*” to her neighbors and relatives. Poonam lives in a one-room set in Panipat with her sister. Her husband is an auto-rickshaw driver in Chandigarh and comes to meet her once or twice a week. I met Poonam in the clinic in Chandigarh when she was visiting for her regular health check-up. Her husband and her sister were also there. Since it was uncomfortable for Poonam to talk freely in the presence of the

agent and the doctor inside the clinic, I quietly asked Poonam, her sister, and her husband if they wanted to have lunch with me after Poonam was done with her checkup. All four of us went to a nearby restaurant for lunch. Poonam was very vocal about her experiences of working as a surrogate mother. What bothered her the most was the separation from her husband and her 8-year-old son. Poonam expressed her frustration towards the society, about its attitude towards women and the work that they do. She notes,

This is such an unjust world. Even if a man kills someone, everyone is always so ready to accept him with open arms. He roams around with his head high and everything. Here I am working my sweat and blood out for the betterment of my family, but still, I have to hide like a murderer. Why? Why cannot we live our lives as we want? I am not doing anything wrong. But if people from my village see me pregnant, they will think that I must have been sleeping with other men, or I am selling my baby. Some even understand that this is done with medicines, where both parties benefit, but either way, they will never accept me. My family will be thrown out. We had to invent lies to justify my absence from the village. It is my personal decision to be here. Who are they to judge me? Why do women only have to be all *pavitar* (pious) in order to be accepted by the people?

The above narrative captures Poonam's disappointment as a woman from the society where it is always the woman who has to prove herself at each step in life and justify her actions, even if it is a decision which will only bring prosperity to her family. The narrative touches the questions raised in this chapter regarding women's reproductive labor as an intrinsic part of the private sphere alone and any changes in this dynamic leads to a turbulence in the social fabric.

Bringing surrogacy out of the purview of reproduction, which is presumed as holy, provides a lens to acknowledge the struggles of the reproductive laborers where they fight the identities assigned to them by Indian society as dirty and deviant. Many women emphasized the intrinsic value of the work they did, where their very womanhood provided a gift that they could share with others, while other women argued that the economic role they played was critical to the betterment of their household. I see these as resistive strategies used by reproductive laborers to downplay the dishonor and shame that society attaches to their activities.

3.8 Conclusion

Scholars have argued that public space normalizes certain kinds of interactions and actions (masculine), which leads to the exclusion of other kinds of presence or identities that are considered problematic or deviant (Ruddick 1996; Valentine 1996). The exclusion of women from the public exchange market, and bracketing women's reproductive work as natural and private, remains at the core of their subordination. In this chapter, I have argued that the process of bearing and giving birth to the surrogate baby requires a great deal of intentionality and hard work. Reproductive laborers experience this labor as neither wholly productive, nor wholly reproductive. They create products of value for the exchange market which is public and hence productive. Yet, the process is reproductive in the sense that the product is extracted out of the women's bodies in a clinic and not a factory. This fails to acknowledge the women as active workers in a capitalist market, but instead labels them as mere "incubators in baby farms". The reproductive laborers work 24/7 to give birth to the babies. This form of hard labor performed by the reproductive laborers is also often stigmatized in society as dirty work or baby selling. Despite facing these forms of stigmatization, the women fight back with dignity, focusing on the larger aim of improving the financial stability of their families. The chapter has argued that the efforts made by reproductive laborers in the process of commercial surrogacy must be understood as work so that they are not characterized within the patriarchal conceptions of motherhood and women's work. The chapter also interprets commercial surrogacy as a form of intimate labor, which takes shape at the intersection of the public and private spheres.

The entire process of surrogacy in India results in alienation of the reproductive laborers from the "fruits of their labors" (i.e., the children born out of such contracts). Such an alienation has been an intrinsic part of the training process of the surrogate body in the IVF clinic. Using

the narratives of the reproductive laborers in this study, this chapter has demonstrated that this distancing is significant so that they are not perceived as unscrupulous workers or bad mothers. The women are also alienated from their families through staying in the surrogate house for the entire gestation period. Managing their feelings towards the unborn children is nonetheless a significant challenge to reproductive laborers. They manage their emotions in such a manner that they are neither presented as desperate mothers who want to keep the babies, nor as baby sellers who give away the babies they birth in exchange for money. However, such sacrifice and hard labor performed by the women remain invisible in mainstream discourses around commercial surrogacy.

Surrogacy also results in the alienation of the reproductive laborers themselves, as this form of labor is gendered and, in India, highly stigmatized. Women use a variety of resistance strategies to reject such negative stereotypes through emphasizing the important economic role they play and the way in which surrogacy allows them to use their own unique (female) gifts to provide a valuable service to another family.

Paying close attention to stratified reproduction, feminist theorists have discussed the ways in which developments in assisted reproductive technologies have been built upon power relations where some people are empowered to reproduce, while others are not. The Indian transnational commercial surrogacy industry has seen many of these disparities, where some women's reproductive capacity has been positioned above that of others. On the basis of these discussions and my own research, it can be said here that the global setting in which surrogacy takes place has been unequal, patriarchal and also displays instances of stratified reproduction. Based on the narratives of reproductive laborers in this study, commercial surrogacy is a remarkable instance of reproductive labor where production and reproduction intersect. Such an

intersection shapes the entire procedure: the recruitment and disciplinary tactics used by the medical authorities, as well as the reproductive laborers' strategies of negotiating and resisting such a regime.

CHAPTER 4

The Material and Discursive Aspects of Surrogate Motherhood

4.1 Introduction:

It was a pleasant afternoon in February, 2015. I was in the surrogate house in Anand, sipping a cup of tea with a group of reproductive laborers. The house is run by the clinic itself where the women are required to stay for the entire gestational period. While I was conducting my field survey in that year, the place housed 75 reproductive laborers. With a dormitory-like set up, each room had 6-7 single sized beds arranged in rows and an attached bathroom and a common television in each of the rooms. The house had a separate kitchen where food was prepared by the hostel matron herself. It was at 1:30 PM that women had their lunch, after which some of them went to take an afternoon nap while some preferred to watch their favorite afternoon television serial. Then there were some women who preferred to casually sit on the floor and spending their time talking. Overall, to an outsider, it seemed to be a very lively atmosphere, with women finding solace in each other's company. While I was talking to some of them in a group, the women started sharing their experiences about working as reproductive laborers, about their families, their dreams, aspirations and so on. Having been conversing with the surrogate mothers for over a month, I became familiar with most of them.

One of them was Basanti. I met Basanti before but never got a chance to talk to her. That day she came and sat next to me. Basanti asked about me and my work and was especially curious about knowing how I managed to travel alone, and if at all I was married. Knowing that I was not married then, somehow in an appreciating manner, she said to me that a woman should get married only after she attains financial independence. Then she said something, which made me realize that the surrogate home which seemed so lively at first, was not that glorious a place

for women there. In her words, *“look at me... if I was educated like you, I wouldn't have to be here today.”*

Basanti was 29-year-old when I met her. She was based out of Baroda, a city around 43 kms from Anand. She was already 6 months to her pregnancy and was rather ecstatic that it was going to be over soon. Like most women there, Basanti was also wearing a big loose gown and a long scarf around her neck, which was falling downwards to cover her belly. While twirling the end of the scarf with her fingers, she said that she had worked there once in 2012. *“How was your experience the first time you were here as a surrogate mother and how did you decide to come again?”* to which she replied,

The first time I was here I used to be really scared all the time. My in-laws didn't know that I doing this surrogacy job. They are not very nice people and made me work all day and also didn't let my daughter eat properly because she is a girl no. They wanted a boy from me. They used to torture me and my daughter all the time. But my husband's support made it a little less painful for me and my daughter. We spent the money I got here the first time on getting a house of our own. We moved out of that place towards the outskirts of the city. But that was the first step towards having a better life for our daughter. My husband is an auto-rickshaw driver and doesn't earn a very good salary. I really want my daughter to receive a proper education and stand in her own feet one day. That is why I decided to come here again. My husband didn't approve of this in the beginning because I had a terrible experience the last time, both physically and emotionally. It took me a really long time to recover.

This incited a curiosity in me and I couldn't hold myself back to know more, thus leading to my second question: *“How exactly did you have a terrible experience?”* Basanti took a deep sigh and continued to speak:

As you know, the whole process is based on medicines and injections. This makes the pregnancy a very different experience. They also control our food habits and movements. Also, the medical attention that I received was also very new to me. I had given birth to my daughter at my home only, like the other surrogates here. We don't go to hospitals for delivery or treatments. So I was a little scared when they told me that they only do C-Section in surrogacy. But I was very happy to know that Doctor madam decided to go for a normal delivery for me. I was very happy. But while I was lying at the delivery bed, I saw some white people enter the room. They put cameras all around me. I was really scared. Immediately covering my face I asked Doctor madam what they were doing. She told me that they were from America who came to make a movie on surrogacy in India and that they would shoot the process until the baby was born. I cannot tell you how I felt. There were both men and women in the group and they were smiling at me. As the process started the had cameras very near to my private part. I felt terrible and tried to bear it for a while.

It felt like as if my body was not mine anymore, and that it was being gazed and raped. Unable to bear any longer, I requested Doctor Madam to ask them to leave but she said it was fine. But I couldn't see them looking at my body like that and make a movie out of it. So I requested Doctor Madam to do a C-Section operation on me so that I would lie unconscious and not experience the horrible thing. Madam agreed to this. I don't know if they shot after that. Soon after I was awake and she saw the baby boy with his real mother, I felt a range of emotions going on inside me. The baby being outside of me; my wish to be able to hold the baby; me being able to make that money finally, reuniting with my daughter; and so on. I wanted to see the baby really badly but the nurse said that the parents didn't want me to see the baby. The doctor told me that my job was done and I was fit to go home. The camera people were then shooting the new family and I was all left alone in the hospital bed. The sudden shift from an angel to no one made me feel very hurt and couldn't help crying. But now if I think about that I don't feel bad. I have my daughter and I can do anything for her. That's what gave me the strength to come here again.

The story of Basanti presented above describes the journey she embarked upon in order to provide a better life to her daughter. Her story captures a series of events that she had to experience as a surrogate mother. The narrative reflects the ways in which the reproductive laborers in India experience motherhood and childbirth, while being hospitalized, which otherwise the women had never experienced all their life. Basanti's experience reveals the mechanization of the very intimate process of motherhood. The intrusion into the body of the women, as expressed by Basanti reveals the attitude of this intimate-commercial industry towards the reproductive laborers, without whom surrogacy would not have been a successful venture as it has proven to be. The bodies of the reproductive laborers become sites which remain a significant avenue for technological innovation and profit motive. Such harnessing of the body of these women, who financially and socially belong to the lowest strata of the society, depersonalizes them. The most disheartening aspect of the process is that the body of these women is termed useless soon after the process culminates into childbirth.

In her conversation, Basanti compared her experience to “rape”, in terms that both signified intrusion and access into a woman's body. Such a juxtaposition reveals the manner in which her body was being displayed for public gaze and a complete negligence towards privacy of her own body. However, all the women I interviewed for this research state that all their

hardships vanish with they realize their dream of having a better future. This remains the motivating factor behind their journey; and as expressed by several of them, “*agar itna kasht seh kar hamara kaam ban jaata hai toh fir yeh taklif dard kam ho jaata hai*” [The pain and suffering is lessened when we foresee our future getting secured.]

Centering around the narratives of the reproductive laborers and feminist works on motherhood, technology, and the body, the chapter notes that as much as women's bodies have often been explained in terms of their biological attributes, they are also in constant interaction with the social world. Referring to new feminist materialisms as a framework of inquiry, this chapter is interested in the ways in which bodies are constituted as a result of the interaction between the material and the discursive (Alaimo and Hekman, 2008). I pay particular attention to the material embodied experiences of surrogate motherhood and pregnancy. My objective here is to focus on the social constructions of the concepts of motherhood and childbirth, along with the material, or the biological body of the reproductive laborers. I look not only at the discourses that men and women develop and implement technologies to harness women's reproductive power for profits, but also at the ways in which the technologies affect the reproductive laborers. The corporeal experiences of pregnancy and childbirth of the reproductive laborers have been explored to investigate the relationship between the self and the body (Giddens, 1991, 1992; Shilling, 1993).

Commercial surrogacy places the reproductive laborers in a position where they work hard to navigate the ways in which their bodies are under control and regulation, both by the society and the medical industry. In this chapter, women's responses to such coercion have been documented. Following Bailey (2011), I suggest that the bodily changes are a factor on which the reproductive laborers negotiate their social positioning, as well as comprehend surrogate

motherhood. Further, they also make sense of their being a means by which they may feel reduced to their bodies which thereby work as a form of social control.

4.2 Feminist materialism and the woman's body:

In recent times, several disciplines have witnessed a "material turn". New materialisms have been encouraged interdisciplinary conversations and, feminist theory has been at the forefront of these developments. Such developments emerged as a counter to the academic trajectory which had been too much focused on language. Linguistic constructionism, however, does not account for matter. According to Susan Hekman,

It is undoubtedly true that we understand our world linguistically. But what this leaves out is that there is a world out there that we understand. Dogmatic adherence to the linguistic constitution cannot account for the reality and agency of that world. (2010, p. 2)

Susan Hekman's book *The Material of Knowledge* (2010) tells us that the new materialisms in feminist theory is an attempt "to do what the postmoderns claim but fail to do" (p. 3). Borrowing from Bruno Latour, new materialisms is a form of "new settlement" (Hekman, 2010). Hekman also contends that the language/reality dichotomy needs to be deconstructed by designing a theoretical position that does not privilege either language or reality, but, is based on their intimate interaction. Feminist studies have been working on a range of issues and hence, states the reality of women's lives - women being oppressed, their inferior social, political and economic positions as compared to men, women facing sexual abuse by men, and so on. Feminist theory also deals with the reality of women's bodies. Material feminism as a theoretical position aims at discussing women's pain, biology, effect of medications on women's bodies and their embodied experiences. This approach works towards incorporating the insights of linguistic constructionism, without rejecting the material (Hekman, 2010).

Anne Fausto-Sterling (2005) argues that understanding the ways in which the mineral content of bones is shaped by the intersection between gendered cultural practices and sexual endocrinology, feminists have to “accept the body as simultaneously composed of genes, hormones, cells, and organs – all of which shape health and behavior – and culture and history” (p. 139). At the theoretical level, such an approach is really interesting. Quite evidently, the theoretical focus on the body and its materiality is nothing new. As Samantha Frost (2011) argues, feminists have accounted for both embodiment and material objects, analyzing the various discursive practices through which bodies and matter are constituted and comprehended. The major focus of such a strategy has been to shed light on the processes through which norms and power dynamics are integrated as forms of subjectivity or materialized in institutions and cultural practices. Nevertheless, a group of scholars including Anne Fausto-Sterling, Elizabeth Grosz, and Karen Barad have made efforts to include the movements, forces, and processes characteristic to matter and biology in such investigation. These set of scholars or the “new materialists” consider matter or the body as not only shaped by language, culture and politics, but also as the bodies are developing (Frost, 2011). This means that they conceive of the body as having a specific kind of agency, one that has their own orientation and impetus.

It can be said here that the new materialists seek an analysis of the discursive construction of the embodiment and material objects with an awareness of the forces, processes, and capacities with which bodies and material objects act both independent of and in response to discursive stimulation and restraint. For instance, in her analysis of the Darwinian evolution, Elizabeth Grosz (2004) suggests that since feminists are interested to understand the ways in which bodies are shaped by culture, it thus becomes fundamental to ask, “what these bodies are such that inscription is possible, what it is in the nature of bodies, in biological evolution, that

opens them up to cultural transcription, social immersion, and production, that is, to political, cultural, and conceptual evolution” (p.2). On similar lines, theoretical physicist Karen Barad (2003) argues that feminist scholars consider “how the body's materiality – for example, its anatomy and physiology – and other material forces actively matter to the processes of materialization” (p. 809). Barad states that by indulging into such queries, we can have a better understanding of the ways in which the body in “its very materiality plays an active role in the workings of power” (p. 809). It is in this manner that these scholars explore the ways in which matter and biological life contribute to the game of power, or, support modes of resistance to these power dynamics.

It can be noted here that the new materialists aim to relocate feminist critical lens from a framework where the agency of the bodies and material objects is grasped mostly as an effect of power, to a framework where culture and biology have mutual agentic outcomes upon one another. It helps to understand the physical or natural as an entity that is not merely given or static, and acted upon only by culture. In this chapter, I argue that there are important reasons not to eliminate all consideration of biology and the body from discussions of gender, provided it is understood that biology and culture are mutually constituted with one another and are less definitive than it is assumed to be. I particularly argue that a significant dimension of what gender is and how it functions in the social world results from the interaction of social dynamics and ideologies that shape gender, with a visible bodily difference. This dimension would be lost if we are unable to consider the physical matter of gender. While such outward bodily differences between a man and a woman may or may not hold significance for our biological functioning as organisms, or *Homo sapiens* to be specific. However, bodies are crucial for our social functioning.

I argue that in order to understand the ways in which women working as reproductive laborers in Indian commercial surrogacy industry experience surrogacy and motherhood, it is important to account for the bodily changes they experience and the impact it has on their social lives. I also present narratives dealing with the discourses around motherhood and how the reproductive laborers make sense of it. The following segments deal with discussions on the body, technology, and motherhood in social and feminist theory. Such a discussion paves the way in contextualizing the narratives presented in this chapter from the field. These narratives touch the dimensions of material and discursive aspects of surrogate motherhood.

4.3 Understanding the body and embodiment:

The body has come to be an important issue of inquiry since the early 1990s. With significant changes in social, cultural, political and technological aspects, the body and embodied experiences have started to take the center stage in feminist discussions (Waskul and Vannini, 2006). Scholars have theorized the body as an instrument of lived experience (Foucault, 1973; Grosz, 1994; Pile and Nast, 1998); a surface of inscription and this has come to occupy a central place in contemporary social theory (Hochschild, 1983; Low and Lawrence-Zuniga, 2003). Mary Douglas (1966), the first anthropologist to emphasize on the cultural analysis of the body, asserts that the society has strict social parameters to limit the bodily boundaries as inside and outside (like blood and semen). She argues that there is an ongoing exchange of meanings between the two kinds of bodily experience – physical and social – so that each reinforces the other. Such bodily experiences, as lived, is critical for feminist theorization.

Furthermore, the body has usually been conceptualized as an individual project in the theoretical scholarship on the body and self-identity (Featherstone et al., 1991; Shilling, 1993; Turner, 2007). This approach towards embodiment has been explored in ethnographic research

on various body practices that individuals indulge in to construct and manage their identities, including body-building, fitness, cosmetic surgery and tattooing (Gimlin, 2002; Pitts, 1998). Scholars engaging in the understanding of embodiment (like Grosz, 1994; Teather, 1999) are challenging biological reductionism of the body. Instead, they are taking into account the physical beings and how they have been shaped by society, culture, and history with the exertion of power and disciplinary limits. Power is not simply understood as negativity, oppression, and constraint imposed from the top down. As suggested by Foucault (1973), power, or, bio-power, is also localized, which is appropriated over bodily practices in families, communities and institutions. Going back to the debates in the late nineteenth century, scholars like Friedrich Engels [1884 (2010)] and Charlotte Perkins Gilman (2011) have recognized the family as a central agent of women's oppression as well as the major institution in women's lives. Women's mothering role determines their primary position in the domestic sphere. Such fixation of women's role creates a structural separation of domestic and public spaces, which further leads to sexual division of labor (Chodorow, 1978). It is because of women's reproductive capacity, that they are considered as more biological and natural than men (Grosz, 1994).

However, it has been argued that instead of being a biological concept, reproduction is understood as a process which is intensively constructed socially (Demello, 2014). Women's experiences of pregnancy and childbirth are largely shaped by the institutional and social control of reproduction. Family, communities, religion, the state, medical institutions, and capitalist economy – collectively play a role in regulating a woman's authorization over her body. Such disciplinary processes represent the body as a machine and reduce the status of an individual as productive, useful and 'docile' (Sawicki, 1999).

The above discussion on the body has been mainly limited to the discursive constructions of the body. However, as noted by Alaimo and Hekman (2008), a group of feminist theorists on the body are arguing that there is an emerging need to talk about the materiality of the body as an active force so that lived experiences, corporeal practices and the biological matter are not neglected from inquiry (Alaimo and Hekman, 2008). Hence, as formulated by Donna Haraway (2008), the “material-discursive” cannot be separated. Feminist social studies of science argue that science, like all other human activities, is socially constructed. However, persuasion like this raises questions about the viability of this viewpoint. Therefore, feminists and critics of science started working on bringing the material back into science, without losing touch of social constructionism (Alaimo and Hekman, 2008). Feminist science critics like Sandra Harding, Helen Longino and Lorraine Code attempt to preserve an empirical, material aspect without discounting social construction (Alaimo and Hekman, 2008).

Thus, adopting feminist materialism framework and feminist understanding of motherhood and the body, I argue that although it is important to discuss the ways in which the new reproductive technologies erode women’s power over their own bodies, it is equally important to locate the resisting capacity of the women in the scholarship on technologies and women’s bodies. An important example to cite here is the invention of oral contraceptives in the West. The advent of the second-wave feminism in the 1960s, was marked by an increase in the number of women using modern technical contraception to control fertility (Robinson, 2001). The oral contraceptive is believed to be a way to realize of the liberal and feminist aspirations of having control over one’s own body (Granzow, 2007). Although the inventors intended the pill to facilitate the control of over-population in the developing world, the Western women used it as a liberatory vehicle.

This chapter argues that these forms of resistances, or, what Foucault describes as 'subjugated knowledges' (Foucault, 1980), need attention. Subjugated knowledges are the knowledges hidden beneath the dominant knowledges which have been rejected as insufficient and "naive knowledges, located low down on the hierarchy, beneath the required level of cognition or scientificity" (Foucault, 1980, p. 82). I focus on the 'subjugated knowledges' of the reproductive laborers in the Indian surrogacy industry. This directs us to look not only at the discourses that discuss how men (and women) with their patriarchal mindset develop and implement the technologies, but also at the different ways in which these technologies affect women – the material conditions of their lives, the needs as described by the women, and, their experiences of childbirth and pregnancy. As Sara Ruddick (1995) suggests, to say that mothers are majorly victims of a kind of powerless work is an incorrect account of women's mothering experiences. Inferring from this discussion, I intend to draw attention of the readers on the body of the reproductive laborers, not as machines, but as 'real' bodies – ones that eat, sleep, bleed, sweat, laugh, cry, celebrate and so on.

4.4 Technology and maternal experiences:

Modernity, the nation states in general, and medical professions in particular have facilitated an increased control over the bodies of the citizens. Further, consumer culture has been internalized, treating the body as a bearer of symbolic values. Bourdieu (1977) examines the myriad ways in which bodies have become commodified and embedded in social hierarchies, by identifying the body as a form of physical capital, which has distinctive symbolic forms vital to the accumulation of resources. As technology changes, the body changes accordingly (Demello, 2014). Chris Shilling (1993) stresses that these developments inform people with the knowledge that there are other ways of living, looking, appearing and believing and that the choices and

freedom to use these resources belong to those who have access to them. Thus, the body transforms the notion of being naturally given, and enters into a domain of having more options and choices. The expansion and availability of new technologies (such as gene therapy, reproductive technologies) mean that we can manipulate bodies in different ways. Foucault identifies the introduction and use of technologies and surveillance as characteristic of the modern period (Weedon, 1987). As discussed by feminist scholar Elizabeth Grosz (1994), the most unfavorable effect of this surveillance is the “pathologizing of pregnancy and birth” (Grosz, 1994, p.28). The surveillance with its technology remains a commodity to be purchased by the people having the capacity to pay, mainly women who belong to an upper middle-class and are in a relationship with a man. Also, the control of the reproductive technologies being patriarchal is problematic here, where women are considered as passive subjects having bodies that need medicalized treatments for their proper functioning.

The experiences of the reproductive laborers as *mothers* in the Indian surrogacy scenario are shaped by the patriarchal values in the capitalist economy where they remain at the lowest strata of the hierarchy. The ways in which the women experience and perceive motherhood differently and/or similarly remain ambiguous with respect to the larger social discourses which surround the institution of motherhood. Motherhood is understood as the state of being a mother which is acceptably biological. It is considered as a *gift of God* every woman is endowed with, making women *true and complete*. Commercial surrogacy as an arrangement has pushed the boundary further, where a couple can have their child/children grow in someone else's womb for the exchange of money. This brings us to the two broad categories of women involved in the commercial surrogacy arena - one, the ‘poor fertile women’ who become mothers for others against a pay; and second, the ‘rich infertile women’ who rent the wombs of the former kind to

fulfill their desire to become mothers. Both these classes of women experience motherhood differently. While the genetic mother awaits the delivery of the baby with much eagerness and enthusiasm, the gestational mother counts days either so that she gets enough strength to give away the baby; or, for the process to get over so that she can get back to her children soon.

Over the last 3-4 decades, motherhood has explicitly crossed the boundaries of the private sphere with the coming up of medical technologies like the Assisted Reproductive Technologies (ARTs). As Woliver (1991) argues that the experiences of women in childbirth (both physical and emotional) have changed very rapidly. A woman can now become a mother with artificial insemination done by expert medical professionals in a hospital. There are scholars who have envisioned a world of freedom and liberation from motherhood for women as a result of such new reproductive technologies. Shulamith Firestone (1971) writes that women should be freed from "the tyranny of reproduction by every means possible" (p. 193). She believed that women could be liberated from maternity through the use of a test-tube baby-creating system. However, there are studies that have revealed how power dynamics play in the working of these technologies. Neyer and Bernardi (2011) point out that like the trafficking in women for prostitution or for marriage markets, the worldwide trafficking in eggs and surrogate motherhood strengthens the economic and racial exploitation of (poor) women for the benefit of other (mostly white, married, well-off) women and men.

Andrea O'Reilly (2010) too discusses the fact that due to the technological developments of the last ten to twenty years, the meaning and experience of motherhood for women and the societies in which they live have altered. Mothers have been divided into "ovarian mothers" (those who provide the eggs), "uterine mothers" (those who carry out the pregnancy and give birth), and "social mothers" (those who raise the child). Thus, the ART business deconstructs

motherhood by defining who the biological mother is and who the social mother is and who – despite contributing parts or processes of her body to the life of the child is not a mother, but merely the donor of a product, be it the egg or the womb, which is owned by those who are favored by the contract.

The reasons for the rapid emergence of the fertility industry in India, as discussed by Amrita Nandy (2014), goes back to the need for biological children, without which a woman is not considered a real mother. Nandy points out that the blood ties are central in describing parentage in India. Further, she adds that the presence of childlessness amongst women in India causes dishonor, anxiety and stigma. All these factors lead to the booming of fertility business in the country along with the rising demand for surrogacy services which has also become transnational. It is significant to note here that the arrangement of surrogacy has been witnessing unequal power relations amongst the actors involved in its interplay.

On the basis of her ethnographic research on reproductive laborers in India, Amrita Pande (2014) refers to Shelle Colen (1995) who employs the term “*stratified motherhood*” to describe power relations that are very much evident in the process of surrogacy in India. Pande argues that while some groups of people are empowered to rear and reproduce, others stand disempowered. Pande uses this idea in her study to bring out how motherhood may be encouraging for some, while discouraging for others. The former category represents the *poor surrogate mothers* who provide their wombs for rent to the latter category, their rich and often white counterparts. As Laura Harrison (2014) also writes, “Reproductive tourism is often a deeply racialized endeavor that relies on class disparities between those who provide reproductive services and those who consume them in order to create a family built around genetic ties” (p. 145). It can be mentioned here that such arrangements have different effects on

these groups of people. I argue that motherhood, in such arrangements is contextual. While the intended mother experiences motherhood in the traditional hegemonic way as defined in the society, it has different meanings for the reproductive laborers.

Thus, focusing on the material and embodied experiences of the reproductive laborers, the second aim of this chapter aims to address the ways in which the reproductive laborers undergoing surrogacy arrangements in India renegotiated their sense of motherhood. Analysis of the accounts of the women suggests that motherhood is embodied, which is constituted both through discourses and practices. These accounts have been presented later in the chapter. In order to entangle material feminism framework with feminist discussions on motherhood, the following segment draws a brief sketch of the debates and dialogues on motherhood that has been taking place in feminist theory.

4.5 Feminist theorization of motherhood:

Andrea O'Reilly (2010), in her book, *Twenty-first Century Motherhood: Experience, Identity, Policy, Agency*, writes that over the last twenty-five years the topic of motherhood has emerged as a central and vital concern in academic inquiry across an array of disciplines. Feminist theory, within its varied frameworks, has been dealing with motherhood as a concept of inquiry. The following discussion deals with the feminist theorization of motherhood, followed by the changing meanings of motherhood with the coming up of new reproductive technologies, as addressed in feminist literature.

4.5.1 The early feminist writings on motherhood in the West: During the second wave feminism, Simone de Beauvoir (1972), in her pioneering book *The Second Sex*, claims that female reproductive role is one of the causes of patriarchal oppression. Feminist scholars like Adrienne Rich, Andrea O'Reilly, Shulamith Firestone, Carole Pateman, and Sara Ruddick,

among many others, also saw motherhood as a key site of oppression of women in a patriarchal structure of power relations in the society. They identified motherhood as a factor behind othering women. Moreover, mothers who are lesbians, single or colored are doubly discriminated because of their 'unpleasant' identities that distort the 'sacredness' of motherhood. Theorizing on similar grounds, Carole Pateman (1988 and 1989) pointed out that motherhood was devalued as a result of the patriarchal construction of sexual difference. Women were mainly linked to 'nature' with the primary role of childbearing and rearing. This view became the dominant reason for the subordination of women in a patriarchal setup where reason and rationality came to be associated with the masculine, as women were seen as slave to their bodies. Motherhood has often been taken as the pre-eminent characteristic that holds enough reason to disqualify women for most activities of public life. Adrienne Rich (1986) in *Of Woman Born: Motherhood as Experience and Institution*, explores the institution of motherhood as a distorted and controlled experience at the expense of women for the benefit of men. She argues that it is the institutionalization of motherhood that is the problem, not the experience itself. Men, through their dominance within culture, have worked to divorce women from this experience. As a result, she makes a distinction between motherhood and mothering and says that while motherhood has been an avenue for men to subordinate woman, women's mothering experiences can, however, be identified as a foundation of power. O'Reilly (2004) writes that this idea has been the focus of feminist research on motherhood over the last two and a half decades.

Nevertheless, it is important to understand that the black women did not have control over their own bodies and reproductive functions as a part of slave trade. Black geographies (McKittrick, 2006, 2007) help us understand how the body of the black women has a longer history of use and abuse. Their bodies had been a site of embodied property, through ideological

and economic exchanges. The bodies were owned and captivated during transatlantic slavery as a profitable venture, as they were considered to be a healthy, working, licentious, reproductive body. Thus, the working –sexual body was a valuable entity to economic processes, such as reproducing the slave population, field work, garden and agricultural labor, assembling infrastructures, building roadways, cooking, child care, cleaning, tending to livestock, sex-work/rape, and so on.

4.5.2 Varying strands of feminism on motherhood: Keeping the above reflection at the center, it can be said here that motherhood has been articulated by different strands of feminists in various ways: radical, Marxist and colonial feminists. These sections of feminists are of the view that women can be freed from the oppressive clutches of patriarchy by refraining from motherhood and motherly work which would lead to a powerful resistance against these systems (Neyer and Bernardi, 2011). However, black feminist scholars like bell hooks (1984) slightly differ from this dominant view and articulate that the experience of motherhood is different for a black woman than what it has been stated above. This strand of feminist thought maintains the view that motherhood is oppressive is not true of black women. Toni Morrison drew on Patricia Hill Collins’ standpoint theory to define black motherhood not as a site of subordination, but power. Morrison theorizes that mother-work for black women is a political enterprise that assumes its central aim as the empowerment of children (cited in O’Reilly, 2004).

Taking the line of thought further, poststructuralist and postmodern feminists denied the idea of a fixed category of the mother arguing that the experiences of motherhood differ for different women. According to this group of feminists, this idea of multiple experiences of motherhood opens up possibilities for agency which can be understood as a positive identification of maternity. This way of looking at motherhood paves the way for viewing

motherhood as a tool to fight the patriarchal structures. Again, a group of writers recognized as post-colonial women writers acknowledge the important role of mother and the fact that it carries with it enormous social status and respect. While doing so, they also challenge the idealization of "motherhood as motherland, mother earth, woman as earth-goddess possessing mysterious powers of fertility" (Katrak, 2006, p. 211). This strand of feminist thought demystifies such notions and reveals that the experiences of motherhood may be negative, alienated and at times, violent. They view that patriarchal ideology controls women by super-valuing motherhood (Katrak, 2006).

4.5.3 Indian feminists discuss motherhood: It can be said here that the nature of control and subjugation of women varies from one society to the other as it differs due to the differences in class, caste, race, religion, region, ethnicity and socio-cultural practices. In the Indian context, patriarchy takes different dimensions like Brahmanical patriarchy, tribal patriarchy and Dalit patriarchy, which are different from each other with basic structure remaining the same. Patriarchal societies promulgate the dogma of motherhood which confines women's mobility and makes it certain that they are compliant in delivering their duties to breed and rear children. The biological factor to birth children is associated with the social stand of women's responsibilities of motherhood: nurturing, educating and rearing children by devoting themselves to the family.

Feminist writings in India address motherhood and reveal the way in which motherhood is tied with traditional stereotypes in India. These writings centered on motherhood are based on various aspects. For instance, Maithreyi Krishnaraj (2012), in *Motherhood in India: Glorification without Empowerment*, writes that marriage for women simply means bearing a male child. A woman is not even the proprietor of her womb. She finds the basis of such treatment to women

rooted in literature and mythology where women have been defied. She further argues that a woman's body is seen merely as a soil, and it is the man who provides the seed. On similar lines, addressing the issue of discrimination against women, Chandra Mohanty (2003) argues that usually women, across societies, are not as significant as the worth associated with mothering. The distinction between the deed of mothering and the prestige related to it is a very important one—one that is required to be specified and evaluated contextually. Bringing the dimension of caste into this picture, Uma Chakravarti (2013) argues that the establishment of private property and the need to have caste purity required subordination of women and strict governing of their mobility and sexuality. Female sexuality was channeled into legitimate motherhood within a controlled structure of reproduction to ensure patrilineal succession.

Several other feminist scholars like Mrinalini Sinha, Nivedita Menon, Paula Banerjee, Geetanjali Gangoli, Gayatri Spivak, V. Geetha, among many others, who also see motherhood as a site of the tyranny of patriarchy within the Indian context. The main crust of the line of thought, as discussed above, hints that women as mothers have always been at the prime passage that is characterized by oppression under patriarchy. Thus, reflecting on the arguments and discussions established above, the following segment aims at bringing to the forefront the narratives of the reproductive laborers in India, from three cities: Anand, Bengaluru and Chandigarh.

4.6 The embodied experiences of the reproductive laborers in India:

My research acknowledges commercial surrogacy as a form of labor which is intimate in nature. In this sense, the labor performed by the reproductive laborers can be understood as an instance of the manifestation of embodiment of labor. The bodies of the reproductive laborers are the sites where the skills, resources and the final products of the labor are acquired from the bodies of the

reproductive laborers. The embodiment of the labor is essentially located in the product to be produced, through the laborer's blood and sweat. The criteria that one must fulfill in order to work as a surrogate mother requires certain material requirements of the body of the woman: she should be less than 35 years of age; she should have a clean and healthy medical history, without any miscarriage; she must have at least one healthy child of her own; she should have had only a maximum of three pregnancies; she should bear a very healthy uterus. The surrogacy contract is central to the corporeality of the reproductive laborers. Other requirements include: the reproductive laborers are not supposed to be consuming alcohol or cigarettes; she should not indulge in sexual activity; she completely refrains from household work during the entire gestational period.

Furthermore, the reproductive laborers agree to any sort of technological invasion of the body, including regular injections, blood tests, and ultrasound; she is required to take all the medicines and meals on time; she must also agree to abort the fetus or go through selective reduction and cesarean section, all in accordance with the doctor's recommendations. All these factors stress on the corporeal kind of work that the reproductive laborers are required to fulfill during their term. The medical markets intend to create bodies that are both dutiful mothers and docile workers, in the sense that the reproductive laborers are trained in a manner that they bear the babies and take care of them like their own, yet do not establish any sort of emotional attachment towards them, like dutiful workers. The bodies of the reproductive laborers are under constant scrutiny in order to ensure the safety of the fetus, subjecting them to a fixity. The materiality of the bodies has been so much worked upon by the medical markets, that it can be rearticulated as an effect of power. The narrative shared by Basanti at the outset of the chapter captures the ways in which the material aspects of being a surrogate mother (the entire medical

processes that she signs up for) intertwines with the power that the medical professionals possess over Basanti's body, which again colors her experiences in a different manner. Her body was exposed to public gaze while she was at the delivery bed. Every action that was being taken on her body was out in the open. Basanti decided to let go of the '*privilege*' of having a normal delivery in surrogacy (which never happens as inferred from my interviews), and chose to go for a C-section, because that would at least save her the embarrassment of witnessing strangers from a foreign land looking at her body and recording the whole process in a camera. The stories shared by the reproductive laborers included in this chapter has been further subdivided as follows along the themes each narrative throws light upon.

4.6.1 Surrogate pregnancy and material experiences: In this section, I talk about the pregnant bodies of the reproductive laborers and how they experience nausea; the baby growing inside them, making their bellies bigger; the baby kicking in the wombs of the reproductive laborers; the stitches on their bodies after they deliver them through C-section. My focus is on attending to the ways in which bodies play a significant role in people's experiences of places, along with how our relationship with the space changes with the sex/gender of bodies, depending on the facts whether we menstruate, ejaculate, give birth, have breasts or testicles and so on (Longhurst, 2001). Such a focus deals with the interior of the bodies, as the interior of the bodies of the reproductive laborers is open to an array of medical and technological interventions, which make it a space of governance. The reproductive laborers are subject to treatments including hormone stimulation and egg harvesting. These treatments along with the medications and injections like hormone replacements, steroids and vitamins are used to shape the bodies of the reproductive laborers, as per the requirements of the spaces of surrogate motherhood. These interventions through which the body functioning across the interior of the skin charts new spatial and

temporal orientations. As suggested by Robyn Longhurst (2001), in order to understand bodies one has to pay attention to "discourses and/on/in flesh" (p. 10).

Seema is a 35-year woman who I had met in a food joint in Anand, in 2014, while was having lunch. She was sitting on a separate table with her husband. I was in a conversation with the 60-year-old owner of the *Dhaba*³, who was enquiring about my visit to Anand. Upon learning about my interest in Anand, she (the owner) hinted towards Seema and told me she used to be work as a reproductive laborer two years ago. She also introduced me to Seema, saying that I came from Punjab to interview reproductive laborers. Seema greeted me with a warm smile and started sharing her experiences with me. Her husband was in a rush and so he left us two to talk. Seema was very happy that the job was finally done and she could send her daughter to school. She expressed that the process was painful, mainly because the delivery was done through C-Section. In her words,

Doctor madam performed C-Section on me. I was very scared. She tells us that it is important for the baby. The operation went on for quite some time. After I was conscious, I saw that my big belly was shrunk. It felt strange but comfortable. Also, there were stitches all over my stomach. It was painful. Let me lift my *kurta* [top] and show you the marks. They are still here. I cannot wear *saree* [Indian clothing for women] because it shows the marks. Then people would ask me questions. You know these marks remind me of the whole journey every single day. I wish I could just wipe them off.

Seema showed me the stitch mark on the stomach which according to her, always takes her back in time and space. She remembers her journey and the relationship she had with the surrogate house every time she looks at the marks. Seema feels like wiping it off so that the memory of the surrogate house and the fear she had before the delivery would just vanish. Moreover, she has to dress consciously to hide the marks so that people do not ask her questions about it. In this case, Seema's bodily markers or the corporeality of her body are connected to the cultural connotations attached to the body of a woman and the control over such bodies in a myriad of

³, a local term for roadside eateries popular in India.

complex ways. As Vicki Kirby (1997) argues, bodies are not merely just texts written by representational fields, they are flesh articulated by language.

The reproductive laborers also often complained about feeling nauseous while being pregnant with the surrogate babies, especially for the initial 3-4 months. As expressed by Neelam, a 33-year-old reproductive laborer in Bengaluru expresses,

I vomit every time Didi brings in food for us. I have to move outside the room immediately. It's very exhausting. I cannot eat anything. I feel so weak. I hate what is happening to my body. The smell of food makes me nauseous. It is so frustrating and nobody seems to care. I feel really sad.

I always saw Neelam in a terrible shape whenever I went to the surrogate house. She hardly sat inside the room and was mostly found in the balcony, with a handkerchief covering her nose. Her body didn't seem to be accepting any food or smell. Further, not eating enough food and the feeling that nobody cares for her makes her feel weaker, both physically and emotionally. Such experiences have been discarded by the medical industry by deeming them 'natural'. I encountered similar cases in Anand and went to a doctor in the clinic to inquire if that is problematic. The doctor tells me, *"these women cannot take any pain. They always have something or the other to complain about. You don't worry, it is completely natural."* Discarding these embodied experiences as unimportant is a masculinist project that the doctors usually employ which does not pay any heed to the material discomforts that the reproductive laborers feel.

4.6.2 Disposable wombs: Parul belongs to a village near Anand. I met her in February 2017 while she was working as a surrogate mother for the second time, the first time being in the year 2014. Parul was sharing her experiences of her first time as a surrogate mother and how scared and confused she had been during that time about the process behind the pregnancy. She says, *"I never knew how one can get pregnant with injections (giggles)."* Then I asked, *"Didn't the*

doctor explain you the process properly?” She replied, “She said there’s a lot of science involved which I wouldn’t understand and that I will not be sleeping with men to get pregnant. The required things will be inserted in my stomach. Madam said I must trust her.” It is evident here that sometimes the doctors do not consider that the women have the capacity to understand the medical process behind surrogacy. Instead, they simply tell the women “to trust them”. Parul further goes on to share her experience with her delivery of her first surrogate baby as follows:

The doctor had promised me a normal delivery before. But she went for C-section. She came to me one day saying that she has to do the operation that very week only. I was very confused. I told her that the time hadn’t come as I was only going to enter the ninth month into my pregnancy. She said that she had to go outside India for a relative’s wedding which she couldn’t avoid. It shocked me. Don’t we mean anything to them? They just need the baby. And what if the baby comes all unhealthy? And what about me, my health? This is so sad and painful. After the delivery was over, I had really horrible infection developed all over my private parts. I was in bed for more two months. My husband had to look after our son all by himself. Although madam treated me for free, that didn’t make me feel any better.

Parul’s story disturbed me to the core. The intrusion into her body during C-section, makes surrogacy a process, where performing action onto the bodies of the reproductive laborers becomes the only job that the doctors deliver, without taking into account her choice and comfort. It is often because of these precise reasons that the reproductive laborers feel as disposable. Thus, the womb of the reproductive laborer is valued because of the qualities and functions which it is supposed to deliver in surrogacy, while other parts are neglected. Parul develops infections after the delivery which was painful and took her quite some time to get rid of. As expressed by Parul, they feel that the doctors and commissioning couples only “need the baby”.

In a conversation with Dr. Vinayak, the clinic director of Anand, she said to me that it is important to remind the reproductive laborers that they are only used as carriers for the surrogate babies because, in her words, *“they might get attached to the baby and also ask for more money from the intended parents repeatedly.”* Thus, reminding the reproductive laborers of the fact that

it is only their wombs which are required makes the women feel that they are being disposed-off after the culmination of the entire process. The disciplining discourses portray the reproductive laborers as 'disposable wombs' to depict that these women are the poor, desperate, needy women who do not have any ties with the babies that they give birth to. This constitutes a part of the training mechanism after a surrogate is hired by a commissioning couple. As a part of pre-defined process, the reproductive laborers are reminded repeatedly to believe that they are solely the carriers of the wombs owned by some other people who have a genetic relation to the child.

In the book, *Disposable Women and Other Myths of Global Capitalism* (2006), feminist geographer Melissa Wright examines the notion that the third world women who are employed in the factories of global firms are disposable. Thus, it becomes significant beyond and within factory walls, through the telling of a story that she calls, "the myth of the disposable third world women" (p.1). The myth says that the violence and sufferings of these women heads the world towards capitalist development in the way that the development of the global firms results from exploitation of the women workers. The interesting point to note here is that this myth also produces the notion that the world prospers at the cost of the suffering and sacrifice of women. At the same time, it clearly reveals the relations of power and hierarchy. The disciplining mechanism worked out in Dr. Vinayak's hospital also shows a similar picture where women are sculpted in such a manner which leads to the (financial) *development* of these women, as well as, brings *prosperity* to the lives of an infertile couple. The women are trained in such a fashion that ensures that not building any sort of emotional bonds with the children that they carry.

Michel Foucault, in *Discipline and Punish* (1976), talks about several training mechanisms that the society at different stages hold onto in order to discipline bodies. He writes, "These methods, which made possible the meticulous control of the operations of the body,

which assured the constant subjection of its forces and imposed upon them a relation of docility-utility, might be called 'disciplines'" (p. 137). Citing the examples of monasteries, armies, workshops, hospitals, prisons and schools, he states that such disciplinary methods had long been in existence. In the case of the set-up of the whole process of surrogacy in Anand, I see similar methods being present, whereby, the main motive stands to produce docile bodies performing labor in order to serve for the benefits of the global surrogacy industry. Nikita is a 28-year-old reproductive laborer, hired by a couple from New Delhi. She shares her experiences of staying in the surrogate hostel which she equates with the idea of being imprisoned. She says:

Initially, when I came here, I was a little scared... as I didn't know much about surrogacy. But this place has taught me everything. Now I can also console the newcomers who join us. Doctor Madam and the hostel in-charge give us enough training on how to be a surrogate. They told me that I was only providing my womb for rent in similar ways as a house is given for rent. We are just like machines and this is a *jail*. Though I do not fully agree with this view, I am happy to accept it as long as it gives me money [laughs].

I have documented similar accounts during conversations with other reproductive laborers as well. The narratives make it clear that the disciplining process depicts the reproductive laborers as barely gestational carriers who have no role to play in the mothering of the children. There are several ways in which the reproductive laborers negotiate with this dominant discourse that treats them as 'disposable mothers'.

Reproductive laborer Sita had a very interesting, but a heart-wrenching story (like most others) to share with me. Sita is a 33-year-old reproductive laborer who I met in Bengaluru during my fieldwork in 2016. She was working there for the second time and was hired by a couple from the United States. Sita presents a narrative that negates the image of a disposable womb. After the delivery of the baby, she was requested by the intended parents to stay with them in a hotel for a month so that she could breastfeed the baby. Sita says,

I don't see myself as a machine only. I have deeper connections with the baby. I love her like my own daughter. I have breast-fed her and this has itself increased the bond. When the baby was born, Jennifer [the US intended mother] congratulated me and introduced me to the baby saying, "Have a look at your angel daughter". They also send me photographs of her on her every birthday. She is three years old now. I miss her so much. I feel it is the blood connection [referring to breast milk] that makes me feel like her real mother.

The above narration denies the disposable mothers discourse on the basis of "*deeper connections*" established through breastfeeding. There are some women who also do not see themselves as disposable even if they haven't breastfed the baby. They are in line with the argument that they have endured enough pain and it was their sweat and blood that has led to the successful delivery. Thus, the body materials of the women, in cases like these, make the reproductive laborers feel empowered enough to shape the discourse that treats them as disposable.

Furthermore, there are several participants who give examples from Hindu mythology where Yashoda was the social mother and Devki was the biological mother of Lord Krishna, thus making them both his mother having their own special roles. Though Devki had given birth to Lord Krishna, she never stayed with him; and yet, had very strong maternal connection with him. The connection with such mythological stories pave the way for these women to defy the 'surrogate mothers as machines' discourse. The women often take refuge in such examples which motivates them to determine themselves as active and important in the whole process of surrogacy, who are no less than the intended mothers. Therefore, it can be said here that the narrative of blood ties help the reproductive laborers establish a relationship with the babies growing inside them, which in turn, helps them in negotiating with the disposable image of the reproductive laborers' bodies.

As much as the reproductive laborers talk about stories from Hindu mythology to present their case, they also give significant status to their bodies and blood without which the entire

process would go in vain. Reproductive laborer Veena was 36 years old when I met her in Anand in 2014 and was hired by a Canadian couple. She belonged to a nearby village. While conversing with me, she said that she is taking too much pain including all the injections and medicines. One is physical pain; but, the other one is more acute: separation from family, especially, her children. Therefore, it is her who is the major actor in this surrogacy birth and the intended mother's role is minimal. She says:

I have to take all the injections and medicines. I am away from my family. I miss my children so much. This process is not at all an easy one. It is all my sweat and blood that will make them parents. Julie [the intended mother] doesn't even call me and ask about my well-being. The other surrogates here say that I am just like a machine. I say, having their genes is not enough. It is my blood after all that is making the birth possible. They couldn't have done anything with the genes or the money if I was not there.

The above narrative downplays the genetic connection as the primary factor discourse and emphasizes the labor work that will lead to the birth of the child. Veena keeps herself at the forefront in the surrogacy process and understates the disposable aspect of herself as portrayed in dominant discourses. These stories from my fieldwork depict the different ways in which the reproductive laborers hammer out the discourses that do not value them as primary actors in the entire process and further underestimates the hard labor performed by them in the pregnancy period.

It is important to note here that the importance of the womb in commercial surrogacy explicitly discusses the material practices and experiences of surrogate motherhood. The bodies of the reproductive laborers in the industry are disposed of after their material needs are fulfilled. However, the reproductive laborers use several narratives of their to exercise their agency in navigating the discourse of disposable wombs.

4.6.3 Good mother vs bad mother: Time and again the reproductive laborers in their lifetime have to deal with the notions of being a bad mother to their own children. They continuously

fight to be portrayed as a woman who is a good mother, and who is working her blood and sweat out for the betterment of her children. Before hiring the reproductive laborers, the clinic makes sure that the egg donated for the in-vitro either belongs to the intended mother or some anonymous egg donor. In this way, the reproductive laborers will not feel any motivation to get attached to the fetus. They are kept under surveillance in the surrogate hostels which makes it certain that the movements of the women are controlled and monitored, ensuring the safety of the baby developing in the bellies of these women. This imprints another impression on the character of the women. They are then identified as absentee mothers for their own genetic children. Their children are taken care of by their fathers or other family members. They can come to meet their mothers in the hostels and stay with them for some time. Studies on migrant women laborers also witness similar versions where women have to leave behind their children and migrate to other places in order to work as caregivers and domestic workers. Feminist geographer Geraldine Pratt, in her book *Families Apart: Migrant Mothers and the Conflicts of Labor and Love* (2012), examines the area of care work in Canada where women migrate from the Philippines to secure employment in this sector. This book documents the experiences of these women and focuses on their stories as they reunite with their families in Canada after a prolonged detachment. She writes,

It seems possible to say that mothers entering the Canadian nation to care for Canadian children while their own children remain in the Philippines are sacrificed for the benefit of Canadian families and that a sense of Canadian benevolence and liberal universalism depends on concealing with fact (p.7).

Pratt's work has significant implications for an introduction to studies on the intersections of migration, globalization, care, and mothering. At the same time, it has the potential for a contribution to feminist methodology, storytelling, and presentation of narratives on separation, pain, and trauma in a manner, which is politically relevant. There are similarities in the stories

collected by Pratt and the predicament of the reproductive laborers in India, where women feel they are neglecting their own children while taking care of the children in their wombs that won't theirs' after birth.

Pierrette Hondagneu-Sotelo and Ernestine Avila (1997), while discussing the meanings of transnational motherhood in their work, talk about how the duties of a biological mother changes along class spectrum. They write, "*Wealthy elites have always relied on others-nannies, governesses, and boarding schools-to raise their children (Wrigley 1995), while poor, urban families often rely on kin and "other mothers" (Collins 1991).*" Thus, as women who do not belong to upper class, the reproductive laborers have to find ways so that their children are taken care of in their absence. There are many cases when these women hide that they are working as reproductive laborers from their children so that the latter does not have any bad impact about their mothers. The women believe that this also protects their children from facing any stigma in the society. In some cases, they hide this from their family members (apart from their husbands), relatives and friends and lie about the reason behind their absence from their respective homes for almost a year. They know that they are in a way ignoring their children while giving birth to someone else's children as they believe that "*a few men can be good mothers*". However, they believe that this step of being a surrogate mother would help improve their child's future. They see this as an investment for long-time happiness. Here, I see a battle that they fight each day against the discourse that see them as "*bad mothers*" and "*bad women*". Nonetheless, they attach little importance to this viewpoint through the *securing future* narrative.

Reproductive laborer Roshni, 29 years old, is a reproductive laborer from Baroda, a city near Anand. She belongs to a very poor family. She was working as a reproductive laborer for the second time. She has been hired by a couple from China. She lied about that she was working

as a surrogate mother from her 12 year old daughter as she believed that she might feel an attachment to the baby as her own sibling. She fabricated a story about working as a contract laborer in a construction company in Mumbai for a year. Roshni feels trapped in this tricky area where neither she can meet her daughter, nor can she tell her the truth. Though she misses her daughter very much and also at times feels guilty about not being present with her, she understates the “*bad mother*” impact that her neighbours and other family members have attached to her. Roshni says:

I don't care what people say about me. I am here for my daughter; for her future. I want to see her getting a good education and then get her married to a good man. This surrogacy thing will get her future secured. My husband blames me for all the work he has to do at home in my absence. He says that I am not a *good mother*. But I know they don't understand how important this is. I won't be getting this much money in a year anywhere else. I didn't have a choice. I will tell the truth to my daughter when she grows up and understands things. I am sure she will be proud of me.

The plight of Roshni is clearly revealed in her words. I see this situation as a quandary for Basanti and many other reproductive laborers where they are stuck in this dilemma of being “*good mothers*” and “*bad mothers*”. Being *good mothers* for their own children will lead to negligence of the surrogate baby making them *bad mothers*. They are trained to be *good mothers* for the surrogate baby because the otherwise will hinder the safe delivery of the fetus. The reproductive laborers fight this puzzle in their own ways and negotiate their identities as *bad mothers*, as evident in the case of Roshni. They increase their horizon of motherhood to include the breadwinning aspect and emphasize the positive impacts of their long-distance guidance in their children's lives.

There is yet another factor that I have observed in the narratives which again challenges the traditional meaning of motherhood. The pattern that all reproductive laborers feel an attachment to the babies they bear is not true of every woman. There are reproductive laborers who do not feel attached to the fetus and simply treat their wombs as belonging to someone

else's, that is, the intended mothers'. Similar accounts were encountered by Elly Teman (2010) in her ethnography on reproductive laborers in Israel. The reproductive laborers in Israel have devised a body map as a distancing mechanism, whereby, they label their wombs as belonging to the commissioning couple. Some of the reproductive laborers I interviewed also feel detached from the womb, and therefore, the fetus. However, they don't really feel comfortable in saying so because there is a possibility that this might portray them as *bad women and mothers*. A woman as mother is always supposed to be emotionally attached to their children and the otherwise leads to a deviation in the meaning of motherhood which is not acceptable in the society.

4.6.4 Relinquishing the baby: The fact that the surrogate has to give away the baby to the intended parents soon after it is born also challenges a woman's role as a mother. Surrogacy is sometimes equated with baby selling and the reproductive laborers often face such accusations from the neighbors and relatives, thus picturing them as bad women. The women are supposed to give away the babies immediately after they are born at the exchange of money. This opposes the responsibility of a mother who is required to take care of the baby she has birthed for the rest of her life. The defined roles for the genders have been so deeply embedded in the existence of the society that a little deviance from such roles leads to humiliation and rejection. These reproductive laborers aspire to be an integral part of society without much difficulty. They devise their own thinking mechanisms that do not represent them as misfits in the human world. Here, I would like to draw attention to Arlie Hochschild's (1983) work on emotional labor to refer to the emotional work done by the flight attendants in an Atlanta based airline. Hochschild uses the term *emotional labor* to mean the management of feeling to present a publicly apparent facial and corporeal display. Similarly, in the case of surrogacy, the reproductive laborers perform a considerable amount of emotional labor. They manage their emotions in such a manner that they

are neither presented as *desperate mothers* who want to keep the babies nor are they *bad mothers* and baby sellers who give away their babies their birth in exchange of money. More often than not, some women equate the relinquishment of the baby after the birth to getting their daughters married off. As a girl is sent to her conjugal family after her marriage to live for the rest of her life, which is her *real home*, in a similar manner, the surrogate baby is also sent to its *real home* after its birth. This parallel diminishes the *risk* of being symbolized as a bad woman in the life of a surrogate because, in this way, the relinquishment of the baby seems to be an inevitable action on their part. Further, they assign similar magnitude of pain in both the cases: marrying off the daughter and giving away the surrogate baby to the intended parents.

Reproductive laborer Neeta is 35-year-old and belongs to Ahmedabad, a city in Gujarat which is 77 kilometers from Anand. I met her in 2014. She was hired by a couple from the United States. She is a repeat laborer in three years. She has two daughters and a son. She says:

I felt terrible pain when the Chennai couple took away the baby from me three years back. But I have my own daughters. I understand that I have to send her to husband's home one day. Similarly, the baby boy's *real home* was awaiting him. This is *inevitable* [special emphasis laid]. You have to send away your daughter one day. She is "*paraya dhan*" [someone else's asset]. This is the exact case in surrogacy also. The children's *real home* is the place where their intended parents stay. We all have to bear this pain for their own good.⁴

There are several ways in which these women view the giving away of their birth child to the commissioning couple soon after it is born as an inevitable and not a problematic situation. They believe that the absence of a genetic connection with the baby serves as a factor that does not represent them as performing any immoral act. This rejects the discourse that equates surrogacy with baby selling. The reproductive laborers draw a distinct boundary between surrogacy and other forms of work like sex work or baby selling. This frontier is often characterized by them as

⁴I have also found similar account (narrative) in one of the chapters from the book *Wombs in Labor: Transnational Commercial Surrogacy in India* (2014), by Amrita Pande.

moral as against the immoral. Meenal is a woman from Alur, a village in Karnataka, near Bengaluru. She was hired by a couple from South Africa. She does not accept the views that often perceive them as *dirty workers who have no value for motherhood*. According to her,

They say that I am not a good woman. I am selling the baby for money. But they don't know anything. I am doing a virtuous work (*punya ka kaam*). We give children to the childless. We are gifted women. We are not like *those women* who sell their own children for money or sell their bodies. We are pious... and I am not genetically related to the children. I am not giving away my baby. It is theirs. I am just carrying it for them because she (the intended mother) has some problem. The child should go to the ones it belongs to and it will complete her (intended mother's) family.

The narrative shows how the absence of any genetic tie serves as legitimizing discourse for them to defy the baby selling discourse which poses them as greedy mothers. However, while rejecting the view that depicts her as baby seller and bad mother, she distinguishes surrogacy from sex work which is also a form of physical labor. The women believe that what makes surrogacy different and morally correct is the *completion of family* which counts as the ultimate and pious aim behind the reproductive labor that a woman performs. Also, it does not include any physical intimacy with the intended father because of the medical process behind its arrangement. The reproductive laborers, again, distinguish their work from baby selling in the way that the babies belong to somebody else and they are merely the carriers of the babies till they are born. Here, I argue that while on the one hand, the reproductive laborers resist the societal portrayal of their image as immoral, on the other; the women give a lower profile to other forms of physical work to glorify surrogacy as pious and honorable. I see this as a resistive approach on the part of the reproductive laborers to present themselves not as eccentrics or greedy, however, by conforming to certain other societal norms.

I have discussed earlier about the manner in which women have been transformed into a strategic pool of labor as a result of neoliberal capitalism. It also denotes a qualitative change in

the nature of labor: the features historically witnessed in female work – precariousness, flexibility, mobility, fragmentary nature, low status, and low pay – have increasingly come to illustrate most of the work in global capitalism. Commercial surrogacy, being one such form of “sexualized care work” (Pande, 2009, p. 142), is stigmatized in the Indian society because it parallels with sex work. However, as discussed the reproductive laborers downplay such a perspective because gestational surrogacy does not include any sexual contact, unlike sex work. The crossing of the fine line of the intimate bodily boundaries required in sex work distinguishes it from commercial surrogacy. This, as described by the reproductive laborers, makes their work “pure”.

4.7 Conclusion:

The narratives discussed here to give us an idea about the ways in which the reproductive laborers make sense of surrogate motherhood and devise ways to downplay the various images that have been attached to them. Therefore, the chapter discusses the embodied experiences of reproductive laborers, which are colored by both the material aspects of surrogate motherhood and the cultural meanings attributed to it. The bodily changes that the reproductive laborers' experience, along with the manner in which the medical professionals treat them, and the ways in which surrogate motherhood is perceived in the society at large, make the journey of the reproductive laborers no less than a roller coaster ride. It is important to mention here that unless we accept the causal role of matter in the formation of meanings and phenomena around surrogate motherhood, our theories of mothering will be unable to explain why and how the reproductive laborers experience motherhood as they do.

Bodies do not have ingrained meanings. It is because bodies have given physical properties and the historical sediment of their intra-actions with ideologies and political and

economic practices, one cannot attach meanings to bodies. In other words, the body is not a passive object on which ideology can be inscribed. Instead, the body is an agential reality with its own causal role in developing meanings.

CHAPTER 5

Emotions Matter: The emotional journeys of the reproductive laborers

5.1 Introduction:

Yes, I feel attached to the baby am carrying in my stomach! This is my second time here. I worked here four years back. That time I had given birth to a Japanese baby. The couple was really good. They treated me with love and respect and took care of me and my children. It was special. They even let me breastfeed the baby for a month. I stayed with them in their hotel room. The kid was adorable. They even told me that I was the first mother of the child. Then they left one day. I still remember the moment they went off my sight at the airport. I was very sad and kept crying for a couple of days. It was like I lost my family. Both my sons were so attached to their sister. After a month or so, I tried to contact the couple but they never responded. They just erased me from their lives. It's been years now. My daughter must be three years old now. I wish I could meet her. But not everyone is lucky enough. I keep a picture of her under my pillow which I took just after she had been born. I look at the picture every night before going to sleep. Only then I feel at ease. I miss her so much. But as surrogate mothers here, we are not even supposed to miss them.

(Diksha, 27-year-old reproductive laborer, Anand, February 2014)

The above narrative deals with the feelings of love and sorrow; of attachment and separation; of control and management of emotions. Diksha longs for the baby she has given birth to, who she calls her daughter. The pain of separation from the baby never fails to unsettle her. Further, the feeling of being “erased” from the lives of the Japanese couple imbibes a stream of sorrow which she has to fight with dignity. Treasuring the picture of the child under her pillow and looking at it before going to sleep brings her solace when she cannot meet or see the baby in real. At the same time, Diksha is also aware of the control and management of feelings and emotions, which remains an intrinsic part of the training process in the fertility clinic she worked in. It takes a great deal of hard work to manage her emotions so that her job as a reproductive laborer is not compromised with, and, at the same time, her motherly duties delivered. This chapter narrates the stories of these women who oscillate between the two categories of a *nurturing mother* and a *docile worker*. As expressed several times in the interviews, the reproductive laborers acknowledge that their journeys are quite a roller coaster ride of emotions. While some women, like Diksha, find it difficult to bear the separation from the surrogate babies; there are other

women who work hard to balance their feelings of emotional detachment to the babies they carry and yet, portray a picture of love for the unborn children, in order to fit in the acceptable image of a 'mother'. This chapter captures the range of emotions as experienced by the reproductive laborers, which cut across love, loss, grief, non-attachment, and sisterhood.

I show that the experiences of the reproductive laborers are largely characterized by a sense of alienation. This alienation emanates from the nature of the contract itself that makes it clear that the reproductive laborers regulate their feelings in ways set by the contract. This management of the sentiments of women makes the labor they perform alienated, or, dehumanized. The women who perform such labor with a great deal of hard work and intentionality have been trained to be alienated from the 'products' of their labor (the babies born). They are also alienated from their children and families and are kept in the surrogate housing facility to avoid any kind of mishap that might affect their pregnant bodies if they stay at their own house. Quite obviously, such factors imbue the journeys of the reproductive laborers with the often contradictory and complicated set of emotions. I focus on the emotional experiences of surrogate pregnancy so that the ways in which the reproductive laborers live their lives and shape their futures can be appreciated. I identify how emotions work in the everyday lives of the reproductive laborers. Such an idea recognizes the place of emotions in a world, which appeals to be dominated by reason; a world where emotions are considered as incompatible with reason and unimportant (Wood and Smith, 2004). Writing about the importance of emotions in geography, Smith et al., (2009) assert that emotions support all forms of human relations, influence people's behavior, facilitate engagements and separations from human beings and places, as well as, shape people's experiences of the social world.

I argue that while the literature on commercial surrogacy in India does account for the emotional experiences of the reproductive laborers (Vora, 2009; Deomampo, 2013; Pande, 2014; Majumdar, 2014; Rudrappa, 2015), there is still a scope to further develop theoretical and empirical research on how exactly emotions take place in fertility clinics and what types of emotions supplement the spaces of commercial surrogacy in India. Moreover, I bring to the literature a specifically spatial and scalar focus. The cited works draw on the concepts of intimate labor; bodywork; stratified reproduction; race and kinship. The studies present the emotional experiences of the reproductive laborers within these frameworks.

It is important to mention here that commercial surrogacy in India also equates to a form of racialized labor, where the bodies of women of color are used to fulfill the parental desires of white women. The structural issues around commercial surrogacy can also be analyzed through a “racialized gender” analysis (Mohanty 2003, p. 250). Mohanty introduces the phrase “racialized gender analysis” to critique traditional feminist theories of globalization. In this manner, she acknowledges the lack of attention to the intersections of race and gender within globalization and antiglobalization theories. Mohanty notes, “capitalism utilizes the raced and sexed bodies of women in its search for profit globally,... and it is often the experiences and struggles of poor women of color that allow the most inclusive analysis as well as politics in anti-globalization struggles” (250). For Mohanty, a racialized gender analysis, therefore, should not only pay attention to the racialized aspects of gender reorganization within global capitalism, but it should ideally center on the experiences of the most marginalized communities of women. In case of commercial surrogacy, genetic ties are privileged over gestational ties.

The inheritability of race remains the determinant factor in the context of reproductive technologies. Moreover, commercial surrogacy industry with the help of help of advancement

medical technologies (freezing eggs for example), overrides the obstacles of global travel as well. Thus, the bodies of the reproductive laborers, in this manner, act as “in-between” spaces where transactions at the global level take place across races and cultures. However, such an arrangement fails to transgress the new possibilities which emerge for the reification of racial differences and exclusiveness. For example, in case of Susan Morrison, a white woman who, with her husband commissioned an Indian reproductive laborer. The reproductive laborer gestated embryos that were fertilized by using the eggs and sperm from the couple, and eventually gave birth to twins. In an interview, Morrison expressed her excitement and happiness with the surrogacy arrangement. She says that she wanted the reproductive laborer to be attached to the twins, and seemed very grateful of what the surrogate was helping them achieve. But, as the interview unfolds, she notes, “*it would not have been in her (the Indian surrogate’s) interest to keep the babies because she could not afford to and in any case they were going to be white kids and it would have looked a bit funny*” (quoted in Bhatia, 2009). Such a narrative legitimizes the role of the white woman as the real mother by erasing any claim expressed by the woman of color on the child.

My contribution lies in connecting the spatiality of these emotions with the multiple ways in which they are experienced, enacted and articulated; or silenced. I do this by adopting the lens of emotional geographies and analyze the ways in which emotions take place in fertility clinics in India and how women working as surrogate navigate these emotions.

The fertility clinics in India train the reproductive laborers in ways that produce the women as docile and dutiful workers, and yet, at the same time, nurturing mothers. I argue that the regulations set by the surrogacy industry in India for the reproductive laborers to follow, work towards disciplining their bodies as well as emotions to back the international image of the

“third world subject” (Ahmed, 2001, p. 19) as docile and obedient servants of the neo-liberal globalized world. The fertility clinics create a controlled and surveilled environment in which personal emotions and experiences are contained. Every aspect of the reproductive laborers’ lives is subjected to surveillance ensuring ‘positive outcomes’ of surrogacy. Such aspects include their sexual behavior, emotional attachment with the babies to be born, and their commitment to adhering to the rules and regulations set by the fertility clinic. Such an environment makes sure that the reproductive laborers take care of the unborn babies like their own biological children, by adhering to the rules prescribed by the medical authorities, and again, without developing any emotional bond with them. Thus, the behavior and emotions of the reproductive laborers have been "actively engineered" (Thrift, 2004, p.58) in the fertility clinic mainly for capitalist market profits. What reproductive laborers do include emotional labor, but this aspect of their labor is invisible, and devalued. Such labor includes suppressing or managing their feelings towards the babies as it they might hinder the performance of their work in bearing the babies (Hochschild, 2015).

The documentation of emotional experiences in research are usually dismissed as unimportant, unnatural and bizarre (Smith et al., 2009). With respect to surrogate motherhood, these experiences are deeply hidden beneath the larger discourse of ‘normalized’ motherhood and childbirth within the ideals of a heterosexual patriarchal family set-up. Hence, this chapter argues that the emotions of the reproductive laborers should be understood and conceptualized in relation to how much they matter for the women themselves, as being deeply important and meaningful. They also put in a huge amount of efforts and strength to manage their emotions in ways that they represent themselves as respectable members of the society who are simply working hard towards the attainment of a better future for their families. Emotions, in this

manner, become performative in nature. Erving Goffman (1959) talks about 'front stage' and 'back stage', where people create an image in the 'front' by manipulating the setting in which they perform their manners and appearances in order to 'fit-into' society or achieve one's personal goals. The back stage is, however, an area where one can drop the front and be true to oneself so that one can prepare for acting in the front for the next day. The dramaturgical theory propounded by Goffman helps us to understand emotions as produced and performed so that one can present a picture of oneself that is desired in the outside world. In the case of commercial surrogacy, the reproductive laborers also perform emotions in a manner that they are well-acclaimed in the market for reproductive services. Understanding emotions as performative require focusing on the ways in which both linguistic and embodied performances produce the spaces of surrogate motherhood in the surrogate house and iteratively produce the perfect surrogate mothers valued in the market. This chapter presents the emotional accounts of the reproductive laborers to understand the manner in which they perform certain emotions, and silence others. Thus, by placing women's autobiographical narratives in the center of emotional and feminist geographical analysis, I attempt to highlight the views and voices of the reproductive laborers that provide insights into their experientially distinct and eternally overwhelming worlds.

The following section of the chapter constitutes the discussions around emotions as theorized in feminist and emotional geographies. Following this section, is the part that deals with the stories of the reproductive laborers collected during my fieldwork in Anand, Bengaluru, and Chandigarh.

5.2 On emotion as a social and cultural construct: As expressed by several scholars, emotions need to be regarded as social and cultural practices, rather than mere psychological states

(Hochschild, 1983; Rosaldo, 1984; Collins, 1990; Katz, 1999). Constructionist theorists emphasize the cultural aspects of emotions. The exponents of this approach (Gergen 1985; Averill 1980) argue that emotions cannot be separated from the social and cultural meanings which surround the experiences and expressions of emotions. The sociology of emotions approach deals with the ways in which emotions are distinguished, socialized and managed socially (Gordon, 1981). Emotions are believed to be best comprehended as domains of research within the context of cultural and social meanings. This point is also stated by anthropologist Catherine Lutz (1988) in the best possible way. She argues that emotional experience “is not precultural but *preeminently* cultural” (p.5). Thus, the writings mentioned above have stressed the cultural implications of emotions as experienced by people.

Emotions are variously experienced by people in different places and at different times. It is in this context that emotions in emotional geography, are comprehended “experientially and conceptually”, depending on its socio-spatial settings. (Bondi et.al, 2005, p. 3). From the standpoint of feminist geography, emotions, as experienced by women in different spaces and places, are as political as they are personal because the emotions exemplify the gendered experiences of these spaces and places. (Rose, 1993).

5.3 Emotional Geographies: a conceptual trajectory:

Feminist geographers have been inclined towards bringing an awareness that emotions too were gendered as only women were thought of having emotions, like the feeling of fear during the night in urban environments (Valentine, 1989; Koskela and Pain, 2000). Emotions take the form of expressions in society and the expressions result from genuine personal experiences, which calls for representation. This, according to Steve Pile (2010), is the political motive of emotional geography – to bring forward the personal experiences to political representation. Emotions, in

this direction, no longer remains a private affair, but become pivotal to politics thereby integrating the individual with the collective. They invigorate "affective encounters such as alignment (bringing into line with another), identification (assuming the image of another), and appropriation (taking the place of another)" (Ahmed, 2001, p.11).

However, emotions have been viewed as inferior to thought and reason and hence, it is believed that they affect judgment (Ahmed, 2004). Feminist philosophers have revealed that the reduction of emotions has also been worked to reduce the feminine and the body to private and irrational, and hence, unimportant (Jaggar, 1989), which in turn, leads to the negligence of emotions in social science research. Since the 1970s and 1980s, human geography has been developing works that deal with the emotional and affective aspects of private and social worlds. Liz Bondi (2005) aims at clarifying the ways in which emotional geographies approach emotions. She talks about three branches of thoughts that inform the emotional turn: humanist geography, feminist geography, and non-representational geography. Feminist geography is a strand of human geography that politicizes the experiences of people, of places and emotions with an aim to understand the power and strive towards social justice. It collects and values gendered experiences of space and place and emphasizes that the personal is political. In this way, feminist geographers take into account the feelings and emotions of people as experienced in different spaces and places, along with the ways in which emotions define the experiences of space and place as sexed and gendered.

Further, emotional geographies have also been embraced within writings concerning emotions in other disciplines as well. In the words of Deborah Thein (2005), "Emotional geographies encompasses a growing interdisciplinary scholarship that combines the insights of geography, gender studies, cultural studies, sociology, anthropology, and other disciplines to

understand how the world is mediated by feeling” (p. 450-451). As the sociologist of emotion, Deborah Lupton (1998) explains that while discourses construct emotional experience, the body plays a significant role for the emotional self in a way that the self is inevitably interwoven with the embodiment. Hence, the embodiment is vital to subjectivity. Davidson, et al. (2007) also treat emotions as culturally and socially constructed which highlights on the spatiality of the social world.

Kay Anderson and Susan Smith (2001), talk about the importance of emotions and affect, have asserted that emotions are a significant factor in maintaining geography’s critical edge. They urge us to reflect upon our emotions in order to comprehend lived reality or everyday emotions; they write “the human world is constructed and lived through the emotions”, such as “pain, bereavement, elation, anger, love and so on” (2001, p.7). Scholars opine that as emotions are deeply entwined with our social worlds, emphasizing on emotions will only enrich and strengthen social sciences as a discipline (Davidson, et. al. 2007; Smith, et. al. 2009; Burman and Chantler, 2004; Pile, 2010). The development of ‘emotional geographies’ has “not only widened interdisciplinary engagements but also re-connected with longstanding bodies of work tracing their genealogy to particular strands of humanistic geography, feminist geography, cultural geography, and non-representational theories” (Huan and Yeoh, 2007, p. 196).

Feminist theories of explorations of embodiment backed emotional geographies in its focus and enquiry. These considerations dealt with feelings and experiences of sexuality (Browne, 2006), pregnancy (Longhurst, 2001), disability (Dyck, 1999), illness (Moss, 1999), and so on. In these investigations, feminist scholars not only documented the emotional and embodied experiences, but, they also drew connections with theoretical avenues of politics and power. Such research focuses on embodied experiences and the ways in which spaces and

emotions are interlinked. For example, Robyn Longhurst, in her book, *Bodies: Exploring Fluid Boundaries*, offers a theoretical and ethnographic inquiry using case studies to explore the intersections of material bodies, mediated spaces, and dominant cultural narrative discourses. Eventually, scholars have drawn on the importance of emotional geographies to people's everyday experiences (Denzin, 1990; Sharp, 2009; Bondi, 2005). As Kye Askins (2009), asserts "emotions are contextual, embodied, and socially constructed [. . .] emotions are relational across relational spaces" (p. 10). Moreover, the everyday experiences collected in such studies also run parallel to the struggle to negotiate the embodied relationship with a limiting social environment (Butler and Parr, 1999).

This chapter discusses the emotional and embodied experiences of the reproductive laborers in the spaces of the surrogate housing facility in India. The narratives presented in the following sections talk about how commercial surrogacy is deeply an emotional endeavor and also the way in which it entails as a form of emotional labor. These experiences have been documented, analyzed and demonstrated in the sections to follow.

5.4 The Stories of the Reproductive Laborers:

This section is dedicated to the stories of the reproductive laborers as they go through their gestational period. Highlighting these private and emotional stories takes center stage in this research. I follow Hannah Arendt (1958) in this direction, who argues that storytelling is an approach to transforming the private into public meanings. I intend to pitch these stories into the academia so that they are recognized as participants in the process of knowledge production. I believe that it is significant to follow this route because, "stories are a form of "situated thinking" that brings philosophy down to earth, working within the everyday lifeworld of human struggle, encompassing a plurality of perspectives, in order to gain an enlarged view of human

experience" (Jackson, 2013, p. 246). This research believes that listening to these emotional stories is significant so that we are introduced to new ways of perceiving and comprehending reality (Maclaren, 2014).

The process of surrogacy carries with it substantial emotional upheavals for the women who carry the babies. The reproductive laborers bear the pain of separation from their families while they stay at the surrogate house awaiting the birth of the babies which belong to other people, some they have met and are in good terms with; while others, who never cared to meet the women they hired. While staying away from their own children makes them more vulnerable towards developing emotional ties with the babies they bear; the women constantly manage their emotions towards the unborn babies. Though this picture remains the most common understanding when it comes to the separation of the reproductive laborers from their own children and families, and also the surrogate babies, there is another set of emotions and feelings that run parallel to the sentiments of pain and agony. As collected in my interviews, some women mentioned that they didn't feel attached to the babies they carried; instead, they expressed feelings of irritation and hence, counted days to go back home to their children. The following sub-section captures narratives of the pain of the reproductive laborers as recorded in my interviews; followed by another sub-section encapsulating emotions which are conflicting and contradictory in nature – of non-attachment; of happiness and sisterhood.

5.4.1 Sentiments of pain: The narratives presented in this section reflect on emotions of suffering, anger, loneliness; of dreams, pride and prosperity as experienced by the reproductive laborers. Many women eagerly wait for their term to get over so that they can come back home and reunite with their children; yet, simultaneously, the grief of getting apart from the children they are bearing in their wombs for nine months stays in some corner of their hearts.

Many of the women I interviewed, spoke about their sadness at being separated from their families, especially children. Geraldine Pratt (2009; 2012), in her ethnographic research on Filipina women also highlights stories of family separation, grief, loss as well as the traumatic disorientation of family dynamics when the women return to their families after working in Canada as caregivers. Through these stories, Pratt attempts to go beyond stories of victimization, exhausting the binaries of 'good' or 'bad' mother. Similarly, the narratives shared by the reproductive laborers in this study reveal that they constantly navigate the image of 'absent' or 'bad' mothers as well as 'disposable' workers.

I met Heena in Bengaluru in January 2016. She was 29-year-old and belonged to a village in Karnataka. Heena knew very little of Hindi. However, the surrogate house had a woman named Pooja who formerly belonged to New Delhi, the northern part of the country, and spoke Hindi. Pooja had been working in Bangalore as a nurse for the last seven years and eventually became well versed with the Kannada language. Heena never worked before she came to learn about surrogacy as she has a big family with in-laws and three children of her own. Her husband worked in agricultural fields. She learned about surrogacy from a woman in the village who worked in the city as a nurse. Heena said that she was ready to do whatever it takes to improve the lives of her children. Having six adults and three children in one family with a meager income makes it difficult for them to survive. As expressed by Heena, the initial days in the surrogate house had been really tough for her as she missed her children immensely. It had been seven months into the pregnancy and Heena finally managed to cope with the pain of staying away from her children. However, as she said that it is now even more difficult to imagine a situation where the child she is carrying won't be going home with her. The thought of giving away the child to some strangers from a foreign land makes her sad. She says,

I will miss the baby so much. I cannot imagine. I have been sowing the baby inside me with so much warmth and love. I feel like I am the mother. I don't know how I will give it away. Sir says that it is not mine and I am just helping the other lady. But how can it not be mine? I am the one going through all the pain. It is inside my body, my blood. But I know I cannot keep it. Although I cannot wait to go home and unite with my children, I will miss this baby forever.

Heena has developed deep motherly emotions for the baby growing inside her, and she feels an intense sense of pain when she thinks about getting separated from the child after it is born. While Heena eagerly waits to get back to her own children, thought of being away from the surrogate baby does not stop haunting her. Thus, it becomes very difficult to manage these emotions of pain and separation as experienced by the reproductive laborers.

The pain of separation as expressed by Heena and several other women are manifold. Missing their own children and families while they stay at the surrogate houses also becomes almost impossible for the reproductive laborers to bear. Rashmi is a 26-year-old reproductive laborer who hails from a village near Anand. She lives in a big joint family of eight members. Her daughter was seven years old when I had met her in March 2015. The fact that Rashmi was working as a reproductive laborer was hidden by her from her family as her family didn't approve of her being a gestational mother for other people. Rashmi told them that she had been working as a contractual laborer in Vadodara, which is a little far from her village. Her conjugal family, including her husband, works as agricultural laborers in the field. With a meagre amount of income per month, she fails to afford education for her daughter, who also helps her father in the field. In order to fulfil the financial needs of the family and provide education to her daughter, Rashmi, in consultation with her husband, decided to work as a reproductive laborer. She says,

I am always worried about my kid. She is a great daughter; never demands anything. But I know she dreams of going to school. I will fulfil her dreams. I talked to her on the phone the other day. She was crying and said that she was missing me and my cooking. I miss her so much. She is my world. I am not even sure if she is being fed well and see, I am here, having every facility at my disposal. Sometimes I just cannot bear the separation. I am just in the first trimester of my

pregnancy now. I have to spend months now. How will I live! I can't go home, nor can I ask my daughter to come here. What will she say to her grandmother? I wish the world were much easier for me!

Rashmi sobs while narrating her story. She counts days as she waits for a reunion with her daughter. She worries about the well-being of her daughter, bearing a constant pain of staying away from her daughter. Further, Rashmi is not sure if her conjugal family is taking proper care of her daughter. These instances have emotional ramifications for the reproductive laborers as well as the children who stay back home. As written by Parreñas (2001), "The pain of family separation creates various feelings, including helplessness, regret, and guilt for mothers and loneliness, vulnerability, and insecurity for children" (p. 361). Such emotions are evident not only in my conversations with the reproductive laborers but also, their children. During my fieldwork, I met a few of them on Sundays in the hospital. I met Shalini, the 12-year-old daughter of Basanti, during my first fieldwork in 2014. Basanti belonged to Nadiad, a city 30 kilometers from Anand. Her husband worked as an auto driver. They lived in the house of her husband's elder brother and desired to have a home of their own, which remains the motivating factor behind her decision to work as a reproductive laborer. It was a Sunday afternoon. Shalini came to meet her mother and was super happy to see Basanti. Shalini was full of zeal and enthusiasm. She was also very excited to see me and showed me her drawing books. The paintings were splendid, I must say! She also said that she wanted to go to college and become a doctor one day. During our conversation, Shalini expressed how she missed her mother, which makes her feel alone and miserable. She says:

I miss mother tremendously. My aunt doesn't give me the food I love. She always serves *dal-roti* [pulses and bread]. I hate it. I miss mother when I sit for my homework from school. Father comes late at night and there's absolutely no one to help me in my studies. I understand mother is staying here so that we can move out to our new house. That is why I am not angry with her. I just wait for Sundays when I can come here and spend the day with her. I wish I could stay here!

Children like Shalini wait for every Sunday so that they can visit their mothers. The expressions of joy in the eyes of Shalini revealed all the contentment that she felt when she met Basanti. The separation of the reproductive laborers with their children intensifies the emotional strains of both, the mothers and children. These emotional tensions include feelings of helplessness, loss, guilt, and loneliness. However, the reproductive laborers cope with such emotions by rationalizing the separation by the financial stability this is going to bring in their families in the long run. It can be argued here that although the embodied experiences carry a sense of pain, they sometimes work as an encouragement towards social action, thus, imbuing a feeling of accomplishment (Davidson and Milligan, 2004).

While the reproductive laborers talk about missing their own children and families conversely, they also mention missing the babies they give birth to when they go back home after the completion of their term. The reproductive laborers who are working for their second term often share their experiences of missing the first surrogate babies they have given birth to. Diksha's narrative at the beginning of this chapter reflects on such emotions. Diksha takes refuge in the picture of the baby which she keeps under her pillow. Keeping the picture closer to her as she sleeps at night gives her a sense of comfort and intimacy with the baby. Several other reproductive laborers also talk about how much they miss the baby they gave birth to the first time they worked as reproductive laborers. Meenal is a 35-year-old reproductive laborer who worked there three years ago and was bearing an American baby. The genetic mother, Rachel, used to call her every other day from the US and also sent gifts. They came to India at the time of the delivery of their baby. Once the baby was born, the couple gave a lot of gifts to Meenal and her children and promised to always keep in touch with her. However, soon after they left India,

they never cared to look back. Meenal feels that the baby has been snatched away from her and the pain survives in her heart. She notes:

I never thought they would do this to me. Rachel used to say that I was the baby's first mother. But she lied. I miss my child so much. They never let me see him again. I gave birth to him with all my sweat and blood. I have every right to him. And all am asking for is having to see him sometime. But he is always in my prayers. I go to the temple on his birthdays and offer *puja*. I also feed the beggars on that day. Their wishes and my prayers will always keep him safe, healthy and happy. At least I can do this bit as a mother, if not much. I miss him every day.

Offering prayers on every birthday of the baby echo Meenal's motherly emotions for him. She feels terrible that the couple never let her see the baby again. She manages her maternal feelings for the baby by channeling such emotions towards feeding the needy so that the baby receives their blessings and prosper in life. Meenal also said to me that she had no desire to keep the baby with her because she believes that Rachel needed the baby more as Meenal had children of her own. However, she just wished that she had been treated in a little more respectful manner in return to all the hard work performed by her. This urge of Meenal also echoes in several other reproductive laborers' narratives. Further, the pain of separation from the baby makes them feel even worse. However, they handle this painful emotion and continue to live their lives with dignity after going back home.

The reproductive laborers often cannot keep up with a stable health because of the emotional toil they go through. Sarita, a 25-year-old reproductive laborer, is new in the surrogate house. She lives in a slum area in Mumbai with her husband and her 3-year-old son. Her husband works as a security guard in a hospital in the city. Sarita wants to build a small house on the outskirts of Mumbai for her family. When she decided to work as a reproductive laborer, she chose Anand over Mumbai because she felt her identity as a reproductive laborer would be safer in a distant place; the more the distance, the more unexposed it would be. Sarita had never gone outside of Mumbai, nor had she ever stayed away from her family. She misses her family,

especially her son terribly. Her husband takes his son to work every day as there is no one at home to take care of the child. I saw Sarita one day sitting with her lunch and sobbing. The hostel matron was trying to convince her to eat the food. As I talked to Sarita, she was constantly talking about her son. She says:

How can I eat when I am not sure if my son is eating? My husband will call only when he will go home in the evening. I don't know how I am going to complete my term here. It's all so much difficult. I miss my family. My son is so young and he needs me more than anyone. My home is also far. My husband cannot take leave to come here with my son. They will deduct his salary. How do I stop my tears? I know am supposed to stay happy and healthy here for the health of the baby.

Sarita finds it really difficult to deal with the separation from her son. She struggles between being a good mother and a good worker. While not taking food on time tags her as an unscrupulous worker, taking food for herself and not being able to feed her son challenges her role as a nurturer. Moreover, the distance between Sarita and her son makes the struggle even more difficult. Thus, it can be stated here that by constituting the distance from home, with isolation and lack of freedom in the surrogate housing facility, commercial surrogacy intensifies emotions such as loneliness, anger, and regret. Similar impressions were also developed by Kingsbury et al. (2012) in their study which explores the emotional geographies of narratives about medical tourism, wherein American patients and their caregiver-companions travel abroad for life-saving surgeries. The narratives in this study reveal how medical tourism forcibly strengthens emotions of anxiety, loneliness and joy.

The narratives in my study show that in a world of scarcity to lead a comfortable life, people choose paths which are difficult to venture upon, but, guide them towards a desirable end. Such an end will witness laughter, happiness, and dreams coming true. It is the hope of experiencing such an end which motivates the reproductive laborers to endure all the ups and downs they undergo in their gestational period in the surrogate house.

5.4.2 Stories of detachment, happiness, and sisterhood: While the section above has been framed around feelings and emotions of pain and distress as experienced by the reproductive laborers; this segment explores stories which are contradictory in nature to the common and 'acceptable' discourses of love and motherly feelings. Studies on surrogacy in the West have shown that a vast number of reproductive laborers report no bonding with the babies they carry and hence, express no dissatisfaction while relinquishing the babies after delivery (Einwohner, 1989; Blyth, 1994; Ragoné, 1994; Baslington, 2002; Teman, 2006; Van den Akker, 2007). Several reproductive laborers interviewed in my research also mentioned similar feelings of detachment towards the babies they carried. This has been well described by Nikita, a 28-year-old reproductive laborer, hired by a couple from New Delhi. She doesn't really like staying in the surrogate house as it is no more than a jail to her. "Even our movements are monitored", says Nikita. This, according to her, only "irritates her". She is of the opinion that there's nothing likable about working as a reproductive laborer, apart from the money that she makes here. Nikita finds the process behind this artificial pregnancy very painful, where her body is constantly being investigated, and her privacy interfered. She states that at times, she just wants to get rid of the baby and get back to her normal life. Nikita expresses,

I don't feel like to eat anything; I hate taking the medicines and the injections. I don't like the baby growing inside me. I am in this jail [referring to the surrogate hostel] just because I want to see my children happy. You know, the other surrogates laugh at me when I say this because I look like a bad mother, and so, most of the times, I lie that I am happy here. That makes me look normal. You, please don't tell this to doctor madam. I don't want any trouble.

To make the point clear that Nikita is a 'normal' woman, she lies that she is happy with the pregnancy and that she loves the baby like her own. Therefore, on the one hand, while Nikita does not feel emotionally attached to the baby, on the other, she is also conforming to the meanings attached to the institution of motherhood which demands a woman's unconditional

love for her child. This helps her disguise her *aberrant* behavior to be largely accepted as a 'good mother'. She manages her feelings and emotions in ways that serve to her gain of being perceived as a 'normal' woman. Nikita mentions talking to the intended mother, Rita when Rita calls her.

Nikita notes:

I don't want my *party*⁵ [emphasize mine] to think that I am not taking care of their child. I talk very nicely whenever she calls. I also tell her I will love her baby like my own, till she gets it. If I tell her that I don't love the baby, she will hate me, and this might work against me. So a little bit of acting here is healthy because I know she expects me to be a caring and good surrogate.

In order to portray herself as a flawless worker and mother, Nikita performs motherly love for the baby she carries, so that the commissioning couple doesn't think of Nikita as a bad laborer who is not fulfilling her duties to her full potential. It is in this manner that Nikita carves her emotions in order to fit in the image of a caring and nurturing mother; in addition to a dutiful worker. Here I would like to pay attention to Judith Butler's (1993) theory of performativity. For Butler, performativity is about the "power of discourse to produce effects through reiteration" (p.xxviii). Hence, "[p]erformativity is not a singular "act", for it is always a reiteration of a norm" (Butler, 1993, p. xxi). Performing emotions is complex and indivisibly linked to cultural ideologies and histories (Ahmed, 2004; Kuby, 2013). In the case of commercial surrogacy, the reproductive laborers the body of the reproductive laborer is performatively formed through repeated speech and norms, which demand her to be a responsible and devoted mother.

Further, in order to become performative, emotions have to be enacted to others, "whose shared witnessing is required for the affect to have an effect" (Ahmed, 2004, p. 94). The presence of an audience is important for the body act to be appropriated to. Nikita performs her motherly love and affection for the surrogate baby in front of the doctors and other reproductive laborers to

⁵ The reproductive laborers in this study address the commissioning couples who hire them as "party".

present an image which is acceptable in that space. While talking to me privately, however, she slips the presentation of her true self as the dynamics of the space changes. Thus, the interaction of the reproductive laborers with the spaces of the surrogate house changes the ways in which their emotions are shaped. While in the presence of the doctors, or, in the 'front,' the reproductive laborers mask their true emotions, the same space changes its connotations when the women either talk among themselves or in my presence. This turns the same space as the 'backstage'.

Furthermore, narratives like that of Nikita's, along with several other women I interviewed, stand out in a world which is largely wired by the public uneasiness over surrogacy and the discourses that shape it – of the love the reproductive laborers have for the surrogate babies that relinquishing the babies becomes very tough for them. While this research finds this to be partly true as discussed in the previous section, it equally reproduces narratives which are contrary in nature. The accounts of the reproductive laborers in this section dismiss the dominant ideology across cultures that assume a firm mother-child bonding. Challenging the “ideology of motherhood” (Wearing, 1984), commercial surrogacy unveils that the faith in motherhood as the natural and ultimate aim of all 'normal' women is socially and culturally constructed. Such a picture often leaves the public uncomfortable as family and motherhood remains the base of the society. In such conditions, women like Nikita deal with their emotions by hiding them in order to depict a picture of love and attachment. They believe that doing this will somewhat keep them at a distance from the image of women with deviant character.

Apart from stories of non-attachment, my interviews bring to light stories of happiness and sisterhood as well. While women like Sarita miss their children and family immensely and believe that their stay in the surrogate house is no less than a punishment for them, I have met reproductive laborers who feel happy about staying away from home. They enjoy their stay at the

surrogate house where they don't have to perform their homely duties, or, household chores. Suman, a 33-year-old reproductive laborer, expresses her comfort of staying away from home and says,

It is better here. I can rest for the whole day. I don't have any work to do. At home, I have to really work and work all day long. Cooking, cleaning, working on the field, taking care of my children and husband and in-laws. These are all I do. Sometimes I didn't even have time to eat. But no one at home notices that. They think I am a machine or something. Here everything is different. They make sure that we eat here. Who could think of such comfort? We have AC and television here. I could never imagine having them back home. I enjoy staying here, away from all the worries. I am in the seventh month of my pregnancy. Sometimes I feel bad that I have to go away from this place after two months. I may sound selfish, but I wish I could stay here a little longer. This place is so comfortable.

Suman, like many other reproductive laborers, enjoys the comfort of the surrogate house as they do not have such an atmosphere in their homes. They work hard when they are at home, and yet, their work goes unacknowledged, and in vain. Having an exposure to a world of comfort gives them happiness and pleasure as they have never experienced before. Nonetheless, Suman also understands that although they have been provided with all the care and facilities in the surrogate house, they are constantly under surveillance and that they will be taken care of only till the clinic and commissioning couples need them. However, Suman does not bother about such attitude as long as she gets to avail the facilities that the surrogate housing provides her with. She notes,

I know they always keep an eye on us. They will remember us only till we are of use to them. They will soon forget us after the delivery. But that's ok. What do they know? I enjoy my stay here like anything. I don't care if they care as long as I have all the facilities. I want to take back all the good experiences I have here. I will always remember the time spent here in a positive way.

Suman takes the living conditions of the surrogate house to her advantage of experiencing all the comforts and pleasures the house offers her. Such an insight has also been shared by many other reproductive laborers during my fieldwork. These pleasurable feelings of enjoying the five-star facilities as felt by the reproductive laborers are very important to highlight, where the popular

representations only picture them as unfortunate victims who survive under the commands of the commercial surrogacy industry. Another narrative to cite here is from my field journal on Bengaluru. Sandhya is a 30-year-old reproductive laborer and lives in a rented house the outskirts of Bengaluru. She worked as a domestic help in Bengaluru, and her husband was an autorickshaw driver. She has a 6-year-old daughter who studies in a government school. Sandhya wants to buy a house from the money she earns here so that she can utilize the money spent on rent for her daughter's education. She also complains about her husband who is an alcoholic and spends all his money on buying liquor. He also happens to beat Sandhya occasionally. Sandhya had left her daughter with her mother before she began to work as a reproductive laborer. According to her, "this is the only reason that I am so relieved here. I cannot leave my daughter with my husband". She further says,

I am so glad that I met all these women here. I never had time to have friends and spend time with anyone other than my work or my family. I know Sir watches us on the computer all the time because he has a camera in this room. But that's alright. I have a bigger happiness here. I like staying here. After ages, I am not worried and tensed all the time. I know my daughter is doing well at her grandmother's house. Although I hate the food, they serve, and sometimes we fight also. But in the end, we all share the same stories which make us feel connected to each other. We smile together, cry together, eat together. We are like sisters here.

Sandhya acknowledges that even if the reproductive laborers have conflicts and differences amongst themselves, sharing the same stories with the other women in the surrogate house, makes them a family. The worry about managing work and taking care of the house and her daughter simultaneously makes her life stressed. However, staying away from home and not having to worry constantly sighs relief. Sandhya is also aware of the surveillance they are constantly subjected to with the presence of the CCTV camera in their rooms. Nevertheless, ignoring the power structure and enjoying her stay there with the other women makes her happy.

Sara Ahmed writes that there is “an important spatial relation between pleasure and power” (2004, p. 165). The experience of pleasure in a social space works as a form of entitlement and belonging. In this sense, the enjoyment of not doing the household chores and taking as much rest as one wants is significantly opposite of what they have been doing in their everyday lives. Such contradictory pictures might carry with them imperative feminist potential, more inherent and embodied (Roy, 2014), than ‘spaces of victimhood and suffering’.

The stories of happiness as shared by the reproductive laborers also extend to the stories of sisterhood. There are ethnographies of surrogacy which show that the women working in this industry often establish sisterly relationships to the intended mothers in order to downplay the contractual nature of their relationship to the intended mothers (Ragoné, 1994; Teman, 2010; Pande, 2011). This ethnography does not present a similar picture as such, but witness a shared sense of sisterhood amongst several reproductive laborers residing in the surrogate house.

Although surrogacy in India functions in a way that it separates the reproductive laborers from their families which is mostly painful to them, it also finds them new family and friends in the surrogate house. While some of the reproductive laborers report that do not enjoy the company they have in the surrogate house, there are many other who talk about sharing a special bond with each other. Such relationships work as a refuge to the reproductive laborers, where they have husbands or in-laws, who are either abusive, or, disrespectful to them.

Leena is a 32-year-old reproductive laborer who hails from Vadodara, a city 50 kilometers from Anand. Leena's family includes her husband, three children, and her husband's parents. She compares her life at home and at the surrogate house and notes:

I have friends here. We live like sisters. We share the same life stories, and that's what connects us. We laugh together, cry together, eat together and understand each other's pains and

sentiments. I never feel alone here. I am happy to be away from home where I have no friends. My children are the only ones who make me live; I would have died or else. My husband and his mother often beat me and take away all the money I make by cleaning other people's houses. They are no less than a devil. They never let me even talk to our neighbors or go to my mother's house, which is only 2 hours away. The only thing I miss here is my children. But they are with my mother, and I know they would be taken proper care of there. That makes me feel better and enjoy my stay here with all my sisters. When I leave this place and get back at my conjugal home, I would be carrying with me beautiful memories that'll always make me feel happy. I love my sisters here and will always pray for their prosperity. We have always been there for each other.

The sense of sisterhood as shared by Leena and others like her depicts a picture where the reproductive laborers navigate ways to experience the emotions of bonding and love, which lack for them in their usual family life. They enjoy such feelings of love and security and cherish them even after they leave the surrogate house and head home. The presentation of such subtleties of emotions in this section as experienced by the reproductive laborers is significant to understand the connections and ruptures between the emotional experiences in the spaces of the surrogate house and that of home.

Methodologically, my aim in this section with contrasting emotional accounts was to unveil the closed and controlled spaces of the surrogate house in the surrogacy narratives; and thus, to stimulate accounts of emotionalities of belonging, love, attachment, sisterhood, exclusion, and detachment.

5.5 Commercial surrogacy as emotional labor:

On the basis of the above discussion, it can be said here that part of the work of the reproductive laborers do include reworking or suppression of emotions, or, what Arlie Hochschild, in her pioneering work *The Managed Heart: Commercialization of Human Feeling*, calls as 'emotional labor'. Hochschild introduces the concept of emotional labor in this book, which provides a vantage point for researchers from which emotions in the workplace can be understood. Hochschild uses refers to the highly feminized jobs of flight attendants as the basis for her

investigation of emotional labor in a service economy. Hochschild's particular contribution to represents the idea of emotion management (or emotion work), to understand the ways in which people actively shape and direct their feelings, and a recognition that social structure and institutions impose constraints on these efforts. Emotional labor, as argued by Hochschild, “requires one to induce or suppress feelings in order to sustain the outward countenance that produces the proper state of mind in others” (Hochschild, 1983, p. 7).

Several reproductive laborers talk about the ways in which they manage hiding the feelings of attachment, or detachment; they have for the babies they carry. This is because showing their true feelings might portray them as bad workers who are not delivering their duties as reproductive laborers properly; and, desperate mothers who have tendencies to steal away others babies. Such an image will push the dreams of financial security for the reproductive laborers and their families in peril.

Nazira is a 25-year-old reproductive laborer and belongs to Vadodara. She has an alcoholic husband who spends all the money he earns on buying liquor. He is also an abusive father who beats his 8-year-old daughter every night. Nazira left his daughter at her maternal home before coming to Anand. She wants to spend the money she earns as a reproductive laborer on her daughter's education. Nazira wanted to study and become a lawyer. But she was married off by her parents at an early age. She wants her daughter to become educated and stand in her own feet. While talking about Nazira's dreams for her daughter during an interview, she also mentions, “*I wish that my other baby [pointing towards her belly] also becomes very famous and successful one day.*” One evening while I was having tea in the surrogate house with Nazira and others, she received a call on her cell-phone from the intended parents from the US. The intended mother Maria called Nazira to enquire about the baby as she had a bad dream about the baby

early in the morning. I overheard her saying to Maria in broken English, “*Your son is good Maria. Very healthy. He kick[s] my stomach. He wants [s] to come to you soon.*” After disconnecting the call, she smiles, looks at me and says:

Sometimes we have to say things like this to ease them. After all, they have spent so much money. They shouldn't feel that we don't work properly. She likes it when I say "your son". She wants a boy. And hearing it from me makes her happy. I always address the baby as hers whenever she calls. It is important that she is assured about everything. Otherwise, it will only make my life worse here. What if she complains to madam? Or, refuses to continue with me as her surrogate? We have to be very good with the parties [intended parents], as well as the madam. I cannot take any risk with this work. I can do anything for my daughter. But sometimes it gets really difficult. I love my baby. I know it's mine. I had similar feelings when I was pregnant with my daughter. I will miss the baby a lot. But this is like gift giving. I am happy I am able to do this.

Although Nazira has motherly feelings and emotions for the baby, she manages to hide her feelings and present a picture before the intended parents in which she is merely the gestational mother of the baby who is merely carrying the baby which belongs to them. Such an impression will ensure the honest performance of her work, thereby securing her role as a gestational mother. This, Nazira believes, will safeguard her dreams of affording education for her daughter.

Additionally, as also identified by Hochschild (2011), the women in this study do emotional labor in avoiding the feelings of loss as result of separation from the babies they give birth to, as discussed in the previous section. While in the previous section, the women narrated their stories of separation from the babies after they are taken away by the intended parents, this section deals with the management of those feelings of grief. The reproductive laborers work on their feelings in a way that doesn't present them as too estranged from the babies, so that they do not appear as 'mothers without emotions'. Nazira's narrative deals with ensuring the image of the reproductive laborers as perfect workers. Another important point to turn to is that while acting as perfect workers, the reproductive laborers draw a fine line between depicting themselves as baby carriers and as women who have essential motherly feelings. Managing this

balance requires a substantial deal of emotional work. The women often use words like, ‘gift giving’; ‘helping other women experience motherhood’; or, ‘using our blessings of fertility to help the childless’.

“Emotional labor may involve enhancing, faking, or suppressing emotions to modify the emotional expression” (Grandey, 2000, p. 95). The women in this ethnographic journey also noted that they hide their feelings of sadness or disappointment from the intended parents of having a painful journey. These feelings cropped up mostly because of the discontinued contact between the intended parents and the reproductive laborers between the intended parents and them; or, minimal or no contact even during their term; the sorrow of missing their own children and families; the regulated and controlled environment of the surrogate housing. They do not tell the intended parents or the doctors how difficult it has been for them giving birth to their children. The women do not want the intended parents to have any negative impact on the journey of surrogacy; nor do they want the doctors to have an impression that they wouldn’t be fit for a second term sometime in the future.

The reproductive laborers align their emotions for the benefit of the market – for surrogacy to be portrayed and understood as an enterprise that produces perfect gestational mothers who birth babies at the exchange of money. This emotional management, in turn, according to Suman, “bring prosperity for their families”. Even while she goes through heavy waves of emotional drifts, as already narrated in the previous section, Suman still believes that all the pain and toil she is facing, will finally bring a dawn of happiness in her life. It is this dream, according to her, "which keeps her heart beating." Suman further says:

Every night I think that I will die here. But you tell me, if I die, who will take care of my son? I have to stay here happily and complete my term. I even tell Aunty [matron] not to tell Dr. Madam that I don't eat sometimes and cry. I would lose my chance of getting a second time here. You

know the money I get here for this time won't be too much, and I will have spent all the money already in building my house. I cannot lose the second chance. I have to show them that I am fine.

Suman and others like her in the surrogate house share similar concerns about hiding their true emotions in front of the hospital authorities so that they have the opportunity to get selected in for the second time in two-three years. As Diksha says, “*we have to appear perfect before the eyes of doctor madam. If we behave well and act by the rules this time, who knows she might choose us again.*” Diksha echoes the hope of Suman which inspires them in controlling their emotions and presenting themselves as having the ‘perfect journey’. It is this motivational push, I argue, the reproductive laborers have which instigates them to indulge in emotion management.

Scholars have shown that emotions are managed in accordance to the rules set by the authorities at workspace or organization (Goffman, 1959; Ekman and Friesen, 1975; Hochschild, 1983). There are certain job rules regarding emotions that the workers are supposed to present to the public (Hochschild, 1983; Best, Downey and Jones, 1997). For instance, people working in customer service centers are required to show smiles and good humor to expand business (Van Maanen and Kunda, 1989). Following the trend, the fertility clinics in India have also set certain rules for the reproductive laborers. Such rules include: taking medicines and food on time; having the food prescribed by the dietician only; taking a nap after lunch; going to bed on time in the night; not going out of the hospital premises; not having sexual intercourse till the delivery is done; not having any emotional intimacy with the unborn child. The clinics make sure that anything which might have a negative impact on the pregnancy of the reproductive laborers should not be compromised with. The reproductive laborers are expected to abide by all the rules directed by the authorities, and any negligence on their part would tag them as dishonest laborers. The authorities make sure that every move of the reproductive laborers is monitored and surveilled. Even their emotions are controlled. Such a regulated environment of the hospital

exerts a considerable amount of emotional stress on the reproductive laborers to be continually conscious in performing to the expectations set for them. The clinic director of the infertility clinic in Anand, the surrogacy agents, house matrons and doctors in Chandigarh have instructed the reproductive laborers to think of their wombs as 'carriers' and themselves as only taking care of someone else's children till they are born, so that the women do not develop emotional belonging to the surrogate babies. As also reported by Hochschild (2011), the reproductive laborers are asked to detach themselves from their wombs. When I asked Anita, a 26-year-old reproductive laborer in Anand, how she managed to stay detached from the baby she carried, she said what she had been trained to say. "I think of my womb as a carrier", said Anita. She further adds,

Whenever I feel that I am getting attached to the baby growing inside me, I think about my own children. I think to myself that I am just a temporary house for the baby inside me because the real mother has problems. I have my own children to turn to, while she doesn't have any. She needs my help, and I am here to help. In turn, it helps me too. I have simply made this my life slogan. It makes it easier for me to deal with my emotions. I know I have to be strong and practical here because I need the money.

As it can be seen here that instead of being a loving mother to the child she is carrying, Anita substantiated with the idea of the child she already has back home. She also thinks that it the intended mother who needs the child more than Anita does because she doesn't have a child of her own. It is in this manner that women like Anita succeed in managing their emotions in directing them in a certain manner in order to avoid any hindrance in the way of reaching to the money that has been fixed in the surrogacy contract for her. Anita mentioned in the interview that she needs the money for her husband's treatment who has been suffering from cancer. Each installment she gets pays for his medicines and therapies. Saving her husband's life being the motivating factor here, Anita does not find it impossible not to get attached to the bay growing inside her.

Furthermore, she has marked a line to demarcate her womb and treat it as a means (carrier) to achieve the desired results. Here, the womb as an internally bodily space serves for the advantage of both the parties involved in the process. Anita manages to detach all emotional ties with the womb so that it helps her relinquish the baby more easily. Thus, Anita's and other women's stories reveal that in order to avoid a sense of loss or grief, they portrayed themselves as gift-givers to the needy and childless; simultaneously, they also carry the image of gift-takers in the form of money.

As discussed in this section, the narratives show that the management of feelings amounts to the emotional labor performed by the reproductive laborers in India. Highlighting these intricacies of reproductive labor has been the major concern of this ethnographic research. The narratives of the reproductive laborers present the emotional challenges that they are encountered with and the ways in which they devise ways to manage their emotions in order to ensure their survival in the commercial surrogacy industry.

5.6 Conclusion:

In this chapter, I argue that emotions – the embodied subjectivities are significant to understand how the reproductive laborers, understand and experience the meanings of separation; of controlling; and, managing emotions of non-attachment for the babies they bear. I focus on how the reproductive laborers negotiate the interweaving of a range of emotions in the spaces of the surrogate housing facility in India. The research findings have been drawn from my ethnographic research carried out with the reproductive laborers residing in the surrogate housing facility in three cities in India. With an aim to engage surrogate motherhood within the burgeoning literature on emotional geographies, I assess how commercial surrogacy in India is situated and performed by the reproductive laborers interviewed in India, through the negotiation of multiple,

overlapping identities embedded in place through emotions. This paper is informed by the idea developed by Davidson and Milligan (2004), which contends that research should allow geographers to appreciate the emotionally powerful spatiality of present-day social life. Hence, in my ethnographic research, emotional geographies are an imperative aspect to comprehend the experiences of the reproductive laborers, of pregnancy, motherhood and reproductive labor.

The emotional challenges that the reproductive laborers deal with intersect with the contradictions of pregnancy which is essentially a private and homely affair, vis-à-vis a work site which is situated at the public space of the fertility clinic. This unevenness of power relations between the reproductive laborers and the medical authorities exert greater control over the feelings and emotions of the reproductive laborers, which regulates their behavior in a manner desirable to the fertility clinic. Any slippage from a reproductive laborer's role as a gestational mother acts as a catalyst for her being tagged as an adulterated worker and greedy mother. The constant struggle of the reproductive laborers between 'worker' and 'mother'; to control and manage their everyday routines of identity and emotions, takes the center stage in this study as a central concern.

The chapter argues that the experiences of the reproductive laborers of surrogate motherhood might be conceptualized and theorized spatially in a way that is sympathetic and respectful, and valuable as well. The stories presented in this research highlight feelings which might not "fit into everyone's categorizations of emotions" (Bairner, 2014, p. 18). These are the stories of separation and belonging; of pain and pleasure, which constitute the emotional journeys of surrogate motherhood as experienced by the reproductive laborers in India. Thus, this article aims to illuminate ways in which the spaces of the surrogate housing facility act as

sites of emotional entanglements of gestational surrogate pregnancy, which leaves a powerful impact on the reproductive laborers for the rest of their lives.

The final section on emotional labor reveals how surrogacy amounts to emotional labor, in Hochschild's terms. It can be said here that the reproductive laborers develop lines and limits of actions, apply rules to feel or not to feel in a certain manner, and perform emotional work in order to be attached to the precious character of one's own self.

CHAPTER 6

Epilogue

On the 19th of January 2018, the Indian Parliament passed the long-awaited Surrogacy (Regulation) Bill, 2016. The process was initiated in the year 2009 when the Law Commission of India in its 229th report recommended that commercial surrogacy should be banned in India. As claimed, the prime reason behind the law has been to prevent the exploitation of women since India has emerged as a hub of commercial surrogacy in the world. The law aims to end such exploitation and promote and regulate only altruistic surrogacy. According to this law, women have been barred from receiving any pay for their gestational services, except for the medical expenses incurred. Intended parents can approach only a close relative to become a surrogate mother. Single parents, homosexual couples, divorcees, foreigners and even Indian couples who are married for less than five years have been excluded from the eligibility to avail surrogacy services in India. The couples eligible to seek surrogacy services are only Indian married infertile couples who have been married for at least five years.

The Bill has undergone rapid changes with each draft that came up. The drafts of the Assisted Reproductive Technology (Regulation) Bill and Rules —2008, 2010 and 2014—were prepared by a 12-member committee which included specialists from the Indian Council of Medical Research (ICMR), medical experts and representatives from the Ministry of Health and Family Welfare (MHFW). Legalising commercial surrogacy in India, this bill stated that the women acting as surrogate mothers would relinquish their parental rights over the children in the exchange of money. Single parents were allowed to have children through surrogacy services, and people of foreign origin were allowed to seek surrogacy in India upon registering with their respective embassies (MHFW, 2015b). There have been several debates and discussions by

feminist scholars and activists regarding the drawbacks of the various iterations of the bill. It has been criticised for not having any clause dealing with the protection of the rights of surrogate mothers (Pande, 2009a, 2009b; Qadeer and John, 2009; Saravanan, 2010; Sama, 2010; Menon, 2012; Majumdar, 2013). In addition, the bill hardly pays any attention to the health of the surrogate mothers. For example, there is no stipulation in the bill which fixes the maximum number of babies woman can carry in one pregnancy.

The Bill has been under severe scrutiny over the years and the proposal for the ban has sparked heated debates and discussions. Opponents of the ban opine that in a country like India, to ban right away an almost 3 billion dollar industry will only push it underground and open up a black market for commercial surrogacy. On the other hand, the proponents of the law treat commercial surrogacy as an exploitation of women's bodies in the marketplace, which use women's bodies as commodities. When the Law Commission suggested a ban, a Parliamentary committee was formed to analyse the Bill. After much discussions, the Committee opposed the proposal for an outright ban and called the government's approach too "moralistic" (Yamunan, 2018).

When the ban was proposed in 2015, the Minister of Health and Family Welfare, Jagat Prakash Nadda stated in the Lok Sabha,

To prevent exploitation of surrogate mothers, the government does not support commercial surrogacy for which the Department of Health Research has drafted a comprehension legislation, Surrogacy (Regulation) Bill which is under inter-ministerial consultations... the government is very much aware of the precarious condition of poor women being lured to surrogacy (MHFW, 2015a).

It is important to mention here that the government's attempts to protect the "poor" women working as surrogate mothers do not leave any scope to view women as actors who "choose" to be surrogates. It also denies the women any financial benefits that could help their

families after the practice is banned, and the women who agree to work as surrogate mothers are left with no employment opportunities elsewhere.

The industry has been estimated to be of \$2.3 billion as of 2012 (Rudrappa, 2015). However, larger income shares go to the doctors and medical heads, and sometimes, the middlemen, leaving the surrogate mothers at the lowest level in the chain. The economic exploitation of the women acting as surrogate mothers is evident. A majority of women opting to be surrogate mothers come from families below the poverty line. They prefer foreign couples to the Indian ones as the former pay better. In such a scenario, the ban would inevitably reduce the earnings of the surrogate mothers. During my fieldwork, most of the reproductive laborers told me, “*yeh humari marji nahi majboori hai (We don't do it out of choice, but compulsion).*” It is important to understand here that the question of choice should be seen as a contextual, political and contested subject. The lack or total invisibility of opportunities remain at the core of the question of choice.

Furthermore, the ban takes away the possibility of earning a livelihood that these women resort to, without offering any other options to them. The grounding of commercial surrogacy by the government on moral abstractions is worrisome. The government's call to allow altruistic surrogacy restricted to married infertile Indian couples is a seemingly possible way to see women as mothers, nurturers and caregivers alone. In this view, the reproductive role of women alone makes them “true and complete” as an age-old narrative goes.

Commercial surrogacy poses a challenge to the dynamics of the heterosexual setup of a patriarchal family, as it allows women to utilise their wombs to earn money which contradicts imagining wombs as “pure spaces.” This, in turn, contests the sacredness of the concept of

motherhood as an institution. Altruism obliges women to fulfil their duties as mothers and stereotypes them as “naturally” mothers which should not be interfered with by introducing commercial transactions.

Another concern is the possibility of the ban encouraging the growth of a hazardous underground surrogacy industry. Keeping in mind the enormous business that the surrogacy industry makes and the number of foreign clients seeking surrogacy services, it is inevitable that the industry would be pushed to the underground. Examples of this nature can be seen in the organ donation industry. The commercial trading of organ donation has been restricted in India under the Transplantation of Human Organs Act (THOA) implemented in 1994. However, exploitation of organ donors is a common phenomenon in the country. The black market for organ donation in India is highly notorious. An estimate of 2,000 people are seen to be donating organs illegally every year (Tomlinson, 2015). People are even killed on operation beds for acquiring organs through unscrupulous ways. These facts cannot be overshadowed with the promise of regulating such practices by banning them. The banning of commercial surrogacy can lead towards a similar underground and even more precarious market.

Furthermore, another example to cite here is the attempt of the government in 2013 to restrict commercial surrogacy to married heterosexual couples. Single persons, unmarried and homosexual couples were not allowed to opt for surrogacy services in the country. This attempt had pushed the surrogacy industry for homosexual couples to Nepal. In the aftermath of the earthquake in April 2015, this phenomenon came to the fore when babies born out of Indian women’s wombs were taken away by same-sex Israeli parents to Israel and the Indian surrogate mothers were left behind in their weak conditions. Scholars and activists reported the distress the

surrogates felt on being abandoned, not by the intended parents, but by the Indian government (Pande, 2015; Aravamudan, 2015).

Thus, it can be said here that the Surrogacy Bill can prove to be a disaster. What is more unfortunate is that the Government had turned completely deaf to the efforts that the experts in the field had put in to correct this flawed bill. The bill has been passed in the Parliament without taking into account any of the valuable suggestions given by the experts (Aravamudan, 2018). Further, the people who have drafted the bill do not seem to understand the medical needs of the couples who intend to hire women to give birth to their babies. The stipulation allowing only close relatives to become volunteer surrogate mothers re-establishes the myth that the family is the safest place. The possibility that a couple can pressurize any powerless woman in the family to become the surrogate has been completely neglected. Commercial surrogacy today is bound by a contract between the reproductive laborers and the intended parents. Such a contract, to an extent, potentially protects the rights of both the intended parents and the women agreeing to be surrogate mothers. However, altruistic surrogacy takes away such an umbrella of protection from both the parties.

Furthermore, one of the most disappointing factors included in the law is the exclusion of groups of people like single parents, divorcees, homosexual couples and couples who have been married for less than five years. It is clearly discriminatory. It leaves a large group of people who desire to have children.

There are people who have desires for babies and those who are in dire need of money. I am not arguing for or against the banning of commercial surrogacy. Rather, I am concerned about the need of women who act as surrogate mothers to be protected against any detriment

(physical, emotional or financial) outcomes, and also the vulnerable intended parents' desires to attain parenthood. The ideal way might be to design laws that regulate the practice and see to it that all the parties benefit from it, without any ignorance about their rights and interests. We need a grounded legal approach as the need of the hour which embraces an understanding that the women acting as surrogate mothers are not merely desperate poor women, but women who are dignified actors in this whole process. I am also arguing for a need to incorporate the opinions and perspectives of those involved in the surrogacy process at the ground level - particularly the reproductive laborers.

The central aim of this dissertation has been an attempt to foreground the personal stories of the reproductive laborers at the public domain so that their experiences of these women count as knowledge production. My research argues that commercial surrogacy should be understood as a form of labor, one that is intimate (Boris and Parrenas, 2010). Such an approach opens up a window to acknowledge the women working as surrogate mothers as "reproductive laborers" in this market for intimate services. I explore the ignorance between policy representations on commercial surrogacy and the experiences of the women who sell reproductive and emotionally intimate services. I move away from the binaries of choice, to consider the contexts in which women in India make decisions to engage in reproductive labor, and their right as citizens of the country to express themselves and be heard in the political arena.

The present ethnography has argued that while it is important to consider how certain structures oppress women, it is equally important to understand how women make use of, reproduce and rework these structures. The reproductive laborers often develop a notion where they consider that the work that they are doing is very noble in the sense that they are giving birth to a baby for a couple who is infertile. The fact that the infertile couples have been able to

have children of their own only with the help of the services rendered to them by the reproductive laborers makes them believe in the divinity of the work that they are doing. These women are being taught and realised over and over again that they are not supposed to develop any sort of emotional bond or sense of belongingness with the babies they carry and that they are nothing more than “vessels” and “rooms for rent” (Vora, 2009). On the contrary, the women chose to focus on the nine months of their labor to create a sense of ownership over the child in a way that they focus more on nurturance and the labor of gestation over genes (Majumdar, 2014). I have highlighted these voices and observed how the complexities in the lives of these women and their families make them struggle to get an entry into the global market challenging the popular notion that commercial surrogacy characterizes as nothing ‘wombs for rent’; and the reproductive laborers as ‘disposable’.

I began the dissertation with the idea that the commercial surrogacy industry has been popularly known as “the baby market”, or, an industry where one gets “wombs for rent”; and how such notions continue to treat the reproductive laborers as perpetual victims. The central idea is to de-essentialize the reproductive laborers as victims and reposition them as agents. The second chapter discussed in detail the theoretical frameworks adopted in the study and the methodology framed to design the research and laid down the importance of positionality of the researcher in the field.

The third chapter formulated in the dissertation highlighted the importance of acknowledging commercial surrogacy as a form of labor, especially when the women perform such labor with great deal of intentionality and hard work. The chapter has argued that the efforts made by reproductive laborers in the process of commercial surrogacy must be understood as work. Therefore, they are not re-essentialized within the patriarchal conceptions of motherhood

and women's work. The chapter extends the debate around commercial surrogacy and positions the labor performed as a form of intimate labor, which takes shape at the intersection of the public and private spheres.

In the subsequent chapter, I have addressed the fact that it is important to account for the material aspects of surrogacy as well. Such an approach helps us to understand the material embodied experiences of pregnancy and childbirth that the reproductive laborers have experienced in their gestation period. A combination of an understanding of both the material and discursive aspects of commercial surrogacy has helped me foreground the nuances of this phenomenon in the academic arena.

Finally, the last and fifth chapter, I have argued that emotions – the embodied subjectivities are significant to understand how the reproductive laborers, understand and experience the meanings of separation; of controlling; and, managing emotions of non-attachment for the babies they bear. In this direction, I focused in the ways in which the reproductive laborers negotiate the interweaving of a range of emotions in the spaces of the surrogate housing facility in India. Further, the chapter argued that as much as commercial surrogacy is a form of physical labor, it is emotional as well. Borrowing Arlie Hochschild's idea of emotional labor, I contended that the management of feelings and emotions performed by the reproductive laborers in the gestation period amounts to emotional labor. These ideas have not been acknowledged in the popular discussions on commercial surrogacy because acknowledging surrogacy as a form of intimate and emotional labor challenges the sanctity of the institution of motherhood.

The dissertation has been in conversation with the discussions made within feminist and emotional geographies. Arguing that commercial surrogacy is a form of intimate labor, it focuses on the various manner in which the reproductive laborers make sense of this form of the labor market and its integration in their social worlds. The changes in the meanings of motherhood, pregnancy, and childbearing, with the advent of the new reproductive technologies, has been addressed in the chapters, basing the arguments on the narratives collected from the field. The narratives downplay the perspective which perceives the reproductive laborers as passive recipients of power structures in the capitalist market. They talk significantly about the various ways in which the reproductive laborers reshape such discourses and portray themselves with dignity and pride. Feminist geographies, in this respect, have helped emerging scholars like me to embrace the voices of the women as the highlighting factor in research than merely referring to *malestream* and *mainstream* Euro-American theories which continue to take major space in academia.

On the basis of the arguments framed and presented in the dissertation, I aim to throw light, again, on the beginning of this chapter which discussed the characteristics of the recent law on surrogacy in India. I end my dissertation with an attempt at voicing the concerns of the reproductive laborers to amend the provisions in the law for all the reasons already presented, so that both the parties in surrogacy arrangements can benefit in their own terms. Thus, to rest my case here, I demonstrate a narrative from my fieldwork which captures the concern of Diksha, one of my key respondents. Diksha speaks for all the reproductive laborers I interviewed when she says:

The government has gone mad. Never thought Modi Ji would do this to us. Are they going to give us any job? Even educated people do not get a job these days. We stand nowhere! How is this an exploitation? We choose to become surrogate mothers. There are so many bad things in this

country like alcohol and cigarettes. Why not ban them? Why touch us? I have been a surrogate mother twice. But I am really worried about the women who really need this job. Can you please tell the government that this shouldn't be stopped? They don't know how it feels to live without food and shelter. This country treats their women as their property. Nobody has ever asked me what I really wanted. In my childhood, I used to sing in marriages to earn money. I had small siblings at home. My father passed away when I was 10. My uncle got me married when I was 14. My husband is 15 years elder to me. I had my first child when I was 15. It was very scary... The government does not care about us. It has again taken its decision without even asking us what we want.

Thus, arguing for a need to acknowledge the women working as surrogate mothers as laborers, the dissertation has provided a lens which does not perceive them merely as poor Third World women who are renting their wombs for money, but as active agents in the industry. The research has addressed the ways in which the reproductive laborers, undergoing surrogacy arrangements in India, (re)negotiated their sense of their bodies, which are constituted both through discourses and practices. Furthermore, keeping the emotional experiences of the reproductive laborers at the center of analysis leads to a recognition of the place of emotions in a world, where emotions are considered as incompatible with reason and hence, unimportant.

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