"At Least I Am Not Sleeping with Anyone": Resisting the Stigma of Commercial Surrogacy in India

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> Location: Third Floor, Hope Maternity Clinic, Anand, Gujarat, India. A long room is lined with nine iron cots with barely enough space to walk in between. There is nothing else in the room. Each bed has a pregnant woman resting on it. I walk up to the last cot where Yashoda, a twenty-eight-year-old widow, is resting after a surgery. She has been hired as a surrogate by a single man from Spain and is pregnant with triplets. On the client's insistence, one of the fetuses has been surgically removed. She starts telling me her story–about her husband's death, her mentally challenged daughter, and her in-laws abandoning "the widow who dared to become pregnant for some foreigner." When she breaks down in the middle and starts crying, the surrogate on the third bed gets up and completes her story. By the end of the conversation eight of the nine are sitting around the bed, talking and listening. All agree that Yashoda need not feel guilty; she has done nothing immoral. Surrogate Munni adds: "Go and tell your in-laws, 'At least I am not sleeping with anyone.'"
>
> –Field Notes, October 2007

Feminist scholars have devoted considerable attention to assisted reproductive technologies such as in vitro fertilization, surrogate motherhood, amniocentesis, and ultrasound;[1] but there remains a paucity of ethnographic material about these technologies, in particular about surrogacy. Surrogacy is an exceptionally rich area for feminist ethnographic work because of its disparate and profound impacts on two sets of women–the

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gestational surrogate and the child's intended mother. Surrogacy, a practice in which a woman agrees to carry a baby to term for someone else who then keeps the child as her or his own, has mostly been a conversation about moral and ethical debates that seldom veer far from the view that surrogacy invariably equals subjugation.[2] More recently, scholars have focused on the impact of surrogacy on the cultural meanings of motherhood and kinship or on the rationale behind surrogacy laws and regulations in countries such as the United States. With the exception of Israel, where surrogacy is tightly controlled by the state, this literature revolves around surrogacy in the global North.[3] This article extends the literature on commercial surrogacy to the global South by looking at the unique case of India, where commercial surrogacy has become a survival strategy and a temporary occupation for some poor rural women.[4]

Feminists have denounced surrogacy as the ultimate form of medicalization, commodification and technological colonization of the female body, and as a form of prostitution and slavery resulting from the economic and patriarchal exploitation of women. Radical feminist scholars foretold a caste of breeders, composed of women of color whose primary function would be to gestate the embryos of more valuable white women. But, as Jyotsna Agnihotri Gupta argues, the impact of assisted reproductive technology (ART) on women is multilayered: "while for some women use of these technologies has meant a shift from being 'objects' and 'victims' to 'knowing subjects' and 'agents' of control over their own bodies, for others they have brought more outside control and expropriation."[5]

Scholars typically invoke victimhood when the bodies of Third World women are their focus. Instead, I argue that commercial surrogacy is a form of labor. Women who work as gestational surrogates in India are engaged in a particularly stigmatized form of labor, and they do considerable emotional and ideological work to manage that stigma. Erving Goffman famously argued that bodily signs that depart from the ordinary can be deeply discrediting. His insights have been applied to various other conditions, such as infertility, HIV, epilepsy, and other nonmedical conditions. Everett Hughes invoked the term "dirty work" to refer to tasks and occupations that are likely to be perceived as degrading. A work can be "dirty" because it is perceived as physically disgusting (like janitorial work

and butchering), because it wounds dignity by requiring servile behavior (like domestic work or shoe shining), or it offends moral conceptions (as does sex work, topless dancing, and surrogate mothering).[6] Some people may applaud certain kinds of dirty work (such as taking care of AIDS patients) while simultaneously remaining physically and psychologically distant from it.[5] Surrogacy resides in this sticky area–surrogates are described as "true angels" who "make dreams happen," but surrogacy is also surrounded by controversies about the "ethics of selling motherhood" and "renting wombs."

As Gresham M. Sykes and David Matza have written, when individuals are engaged in stigmatized occupations that threaten to spoil their identity, they do remedial work to manage and neutralize the stigma associated with the deviant occupation.[7] In addition to responding to the stigma, this remedial work simultaneously constitutes everyday resistances to other subject positions assigned to them as women workers. Here I show how women working as surrogates tacitly, creatively, and sometimes explicitly contest the subject positions assigned to them, in the process neutralizing the stigma attached to this dirty work.

In his classic study of peasant resistance, James Scott critiqued theories of conflict concentrating solely on acts of "collective outright defiance" and on "overt forms of subaltern politics," by analyzing "prosaic but constant struggle(s)" of the dominated. This has generated a feminist literature that analyzes unlikely forms of subversion among a variety of workers, including factory workers, nannies, and domestics. Acts of resistance are often small and local, frequently remaining at the discursive level and not tied to the overthrow of systems or even to ideologies of emancipation.[8] This study of commercial surrogacy in India illuminates such everyday forms of resistances by women working as surrogates.These women create a discourse about surrogacy that remediates the stigma attached to it, and they simultaneously resist the subordinate position to which women are assigned in dominant discourses.

Studying Surrogacy in Anand

Anand is a city of about 100,000 people in the western Indian state of Gujarat. A remote and relatively small town by Indian standards, it is an

unlikely center for transnational and national surrogacy. But nearly 30 percent of the Indians residing outside of India emigrated from Gujarat, and nonresident Gujaratis returning to India for personal and medical visits have made Gujarat one of the most popular sites of medical tourism in India. The majority of medical tourists are cardiac patients, but an increasing number come for joint replacement, plastic surgery, and recently for in vitro fertilization.[9]

International couples hiring Anand surrogates realize substantial cost savings. A surrogate childbirth in Canada or the United States costs between $30,000 and $70,000; in Anand the whole process can be accomplished for less than $20,000. An added attraction for clients hiring surrogates in Anand is that the clinic runs several hostels, similar to the one above the clinic, where the surrogates can be kept under constant surveillance during their pregnancy.

Surrogacy in India is not governed by laws, and fertility clinics, such as the one in Anand, are merely "guided" by guidelines issued by the Indian Council for Medical Research (ICMR) in 2005. The Ministry of Health and Family Welfare, along with the ICMR, recently passed a bill to control and monitor cases of surrogacy in the country. The new Assisted Reproductive Technology Regulation Bill and Rules, 2008, if passed into law, will be one of the friendliest laws on surrogacy in the world. Unlike in other countries, this proposed law would make surrogacy agreements between the two parties legally enforceable.[10] But until a law is passed, the clinics that provide ART facilities can follow their own rules.

While fertility clinics in several Indian cities have reported surrogacy cases, most clinics require clients to locate and hire their gestational surrogate. Anand is the only place where physicians, nurses, and middlewomen actively recruit women from neighboring villages. Hope Maternity Clinic, a pseudonym for the clinic I studied, maintains a constant supply of potential surrogates. As the physician Usha Khanderia, the owner of Hope Maternity Clinic and responsible for bringing the surrogates together in Anand, proudly proclaims, "There may be surrogacy clinics all over the state, the country, and the world, but these people do sporadic surrogacy. No one in the world can match our numbers—55 surrogates successfully pregnant at the same time." Between 2004 and 2008, Khanderia "matched"

seventy surrogates with couples from India and the United States, East Asia, South Africa, and Europe. Although the ICMR guidelines indicate that fertility clinics should not be involved with the recruitment of surrogates, nor with monetary dealings between the surrogate and the couple, Khanderia recruits potential surrogates, checks their medical history, handles the legal paperwork, monitors the surrogate during pregnancy, delivers the baby, and even sets up bank accounts for the surrogates. Khanderia follows some "informal rules" for selecting surrogates: the woman should not be older than forty, should be medically fit, and have a healthy uterus; she should be married with at least one healthy child; and, finally, she should have her husband's consent. This study is based on participant observation for nine months at the Hope Maternity Clinic and its surrogacy hostel, in-depth interviews of forty-two women working as surrogates, their husbands and in-laws, eight intended parents, two physicians, and two surrogacy brokers. Although gaining access to the clinic was difficult, eventually I convinced Khanderia that I was not with any local newspaper in India and that I would protect the surrogates' identities. She allowed me to visit her clinic in the fall of 2006.

During my first visit I interviewed five surrogate mothers who had already delivered babies and fourteen women undergoing treatment to be surrogates. In some cases, I traveled to the women's villages and talked to their husbands and in-laws. The interviews were mostly conducted in Hindi and Gujarati and lasted from one to five hours. We talked either in the rooms above the clinic where some of the surrogates were living or, for surrogates who had already delivered, at their homes. I revisited Anand in the fall of 2007 and interviewed twenty-three new surrogates, as well as six women I had interviewed earlier. Most of these interviews were conducted in the newly built "surrogate hostels," where most surrogates stayed under constant medical supervision during the last six months of their pregnancies. I conducted more structured interviews with Khanderia, her nurses, and the surrogacy brokers. Additionally, I interviewed several couples from India and abroad who have hired surrogates and are waiting for the delivery of their children in Anand. I have used pseudonyms except in cases where the surrogate asked me to use her real name.

The women working as surrogates in this study are all married with children. Their ages range between twenty and forty-five years. All but one are from neighboring villages. Fourteen of the surrogates said that they were housewives, two said they worked at home, and another said she worked informally as a tailor for her neighbors; the others worked in schools, clinics, stores, and on farms. Generally, the education of the women ranged from (self-described) "illiterate" to high school, with the average around the beginning of middle school. One interviewee had a professional law degree. The surrogates' median family income was about 2,500 rupees (about sixty dollars) per month, with thirty-four women (out of forty-two interviewees) reporting a family income near or below the poverty line. Many women had husbands employed in informal or contract work, or not employed at all. For most women who work as surrogates, the $3,000 earned is equivalent to four or five years of family income.

Eleven women interviewed worked as surrogates for "international" couples from the United States and Europe. Sixteen were hired by emigrant Indian couples who had settled in various nations. The remaining twenty-one had been hired by upper-class and middle-class professionals and businesspersons from different states in India.

Hope Maternity Clinic sits next to a large garbage dump on a crowded market street that has sprouted numerous sonography centers, ultrasound clinics, medical stores, and hospitals. The clinic offers infertility and ARTs such as in vitro fertilization, intrauterine insemination, embryo freezing, endoscopic surgeries, and sonography. The main clinic consists of a big waiting room, an inner room with one iron bed for women who need to rest after getting their injections, and a third room hidden behind curtains where women recover from embryo transfers or from the effects of anesthesia used during egg donation. The two upper floors house the surrogacy hostel. Here women stay for varying lengths of time, some in late stages of pregnancy, others recovering from injections, and some keeping their pregnancies a secret from their neighbors and community.

The hostel rooms are lined with eight to ten single iron beds with barely enough space to walk in between. Most rooms have pictures of happy babies and the infant Lord Krishna (a Hindu god), clothes hanging from makeshift clotheslines, and a few extra chairs for visitors. Residents spend their days

pacing the hallway (they are forbidden to climb stairs and must wait for nurses to operate the elevator), sharing their woes and experiences with other women working as surrogates, and waiting for the next injection.

Surrogacy as Dirty Work

While gestational surrogacy exists in an ethical quagmire in almost all countries, women working as surrogates are usually not stigmatized. In India, however, the surrogates face a great deal of stigma. As a consequence, almost all the surrogate mothers in this study kept their work a secret from their communities and very often from their parents. Typically they hide in the clinic or take temporary accommodation in the surrogate hostels during the last months of pregnancy. Some told their neighbors that the baby was their own and later claimed to have miscarried.

Sapna is helping her in-laws build their house in the village with the money she earns from being a surrogate. But she decided not to tell her parents:

> My parents stay close by, in Ahmedabad, but we didn't tell them. When it started showing we told them it is ours. When they asked us after the delivery where the baby was we told them it had died during delivery. I am their daughter but still I think they'll misunderstand what I am doing. They'll think their daughter has been sleeping with an American.

Daksha explains,

> My husband doesn't tell anyone what I am doing or where I am when I stay at this hostel. He says I've gone for work in another city. Everyone thinks this [surrogacy] is a bad thing and we [surrogates] are worse; we sell our body and then our baby. You have to be careful in a society like ours. They don't understand that we are not doing this for fun.

Women working as surrogates in Anand live in a context where their families, the media, and medical professionals attach a variety of meanings to surrogacy and the position of surrogates as subjects within the process. Most of the surrogates' husbands and in-laws view surrogacy as a familial obligation and not as labor performed by the women. The media and community often equate surrogates to sex workers. In medical discourses, surrogacy is portrayed as an impersonal contract and surrogates as dispos-

able women. In response, the surrogates employed four strategies in narrating their lives and work. First, they created symbolic boundaries between surrogacy and sex work and between surrogacy and giving a child away for adoption. Second, they downplayed the element of choice in their decision to become surrogates. Third, they resisted their disposability in the "labor" process. Finally, the women simultaneously distanced themselves from, and made claims on, the baby they carried.

"We Are Not Like That": Creating Moral Boundaries. Scholarship on identity work contends that identity is defined relationally. For instance, British social historians and Birmingham School sociologists have considered how the working class defines its identity in opposition to those of other classes. This is what Michele Lamont calls "boundary work"—constructing a sense of self-worth by interpreting differences between oneself and others. Holding oneself to high moral standards allows acquisition or affirmation of a worker's dignity. Often, this means defining the "others" as "low moral types."[11] Literature on dirty work indicates a similar pattern: members of dirty work occupations draw comparisons with salient occupational groups that they consider to be somewhat similar in prestige but disadvantaged in some way. These groups are sufficiently similar to make the comparison believable but sufficiently "inferior" to gratify the need for self-esteem.[12] The Anand surrogates often emphasized the moral difference between surrogacy and sex work and between surrogacy and putting a baby up for adoption.

Meena is having a baby for a couple from Mumbai, India. Her husband, Pragyesh, convinced her to become a surrogate. He needed money to pay the mortgage for his roadside barber stall. Meena proclaims that she became a surrogate because her husband needed the money desperately: "I don't think there is anything wrong with surrogacy. We need the money and they need the child. The important thing is that I am not doing anything wrong for the money—not stealing or killing anyone. And I am not even sleeping with anyone."

Dipali is one of the few surrogates dressed in "Western clothes"—a pair of tight-fitting jeans and T-shirt. She is also the only surrogate who has not kept her work secret from her neighbors and parents. Dipali is a self-

proclaimed broker and brings in other women from her community to be egg donors and surrogates at the clinic.

> I told my parents that I am doing this. I told them if you can help me, fine. But don't be a hindrance in what I am doing. If I was doing something wrong you could stop me, hit me, anything, but this is not wrong. At least I am not like some other women who have [sexual] relations for money, just because they are so desperate. This is what I told them.

The surrogates and their families also drew a moral boundary between surrogacy and adoption. Raveena, the only college-educated surrogate in the Anand clinic, is carrying a baby for a South Korean couple residing in California. She and her husband will use the money to pay for their older son's heart surgery: "I think they [the couple] chose us because of our younger son, Shalin. He was very healthy then. They liked him so much that they wanted to just take him home. But we were sure about one thing: no one and nothing can make us give away our own child. We are not like that. We won't sell our baby."

Apart from morally distancing themselves from other groups of needy people, the surrogates sometimes used traditional morality to affirm the dignity of their husbands. In Lamont's research on "boundary work," she finds that working-class men in the United States use religion to keep pollution, including drugs, alcohol, promiscuity, and gambling, at arm's length and to draw boundaries against immoral men. Anand's gestational surrogates used similar techniques to vigorously defend their husbands' moral worth by comparing them to other men and other husbands. In doing so they nullify the moral stigma attached to husbands who are not "man enough" to feed their families and who allow their wives to be pregnant for some other man.

Vidyaben's sister-in-law convinced her to donate eggs at the clinic; the nurses there convinced her to become a surrogate.

> When I came to the clinic for the first time they didn't really ask too many questions. They didn't have to check much either because he [husband] is such a good person–doesn't drink, smoke, anything. I am so lucky. Look everywhere, maybe not where you come from, but everywhere here husbands are very [laughs], like bulls. But my husband has never raised his hand at me.

Anjali's husband controls the family finances; she has no idea about the money involved in the surrogacy contract or the exact medical procedures undertaken. But she is desperate for money. She had to convince Khanderia to allow her to be a surrogate even though she was still breastfeeding, because there was no money in the house to buy milk for her baby—her husband has no fixed job and she is a housewife.

> My husband is unemployed but he is a very good person. He takes care of the children. He stays at home mostly so he knows what to feed them. Most husbands would not agree to let their wives do this [be a surrogate]—but he agreed. I am very lucky. We had no problems with getting the surrogacy contract because his history is so clean. He doesn't smoke or drink. We are Christians. He converted from Hinduism and used to work in a Mission earlier.

Thus, the Anand surrogates resist the stigma of surrogacy and construct a sense of self-worth by pointing to the differences between themselves and others who are needy but less moral, such as prostitutes and baby sellers. They also use this strategy to construct their husbands as worthy men and thus resist the stigma attached to men who cannot provide for their families and who allow their wives to undertake the dirty work of surrogacy.

Downplaying the Aspect of Choice: "This Is Majboori [a Necessity]." Although defenders of surrogacy emphasize the element of "choice" in surrogacy, asserting that a woman has the right to choose what to do with her body, most of the surrogates' narratives downplayed the choice aspect in their decision to become surrogates. In doing so they imply, "It was not in my hands, so I cannot be held responsible and should not be stigmatized."

One of the ways the surrogates justified their decision was to emphasize that surrogacy is a necessity. Salma, pregnant for a couple from Washington, asked:

> Who would choose to do this? I have had a lifetime worth of injections pumped into me. Some big ones in my hips hurt so much. In the beginning I had about twenty to twenty-five pills almost every day. I feel bloated all the time. But I know I have to do it for my children's future. This is not a choice; this is *majboori* [a necessity]. When we heard of surrogacy, we didn't

> have any clothes to wear after the rains–just one pair that used to get wet and our roof had fallen down. What were we to do? If your family is starving what will you do with respect? Prestige won't fill an empty stomach.

Apart from emphasizing their *majboori* in making the decision to become surrogates, the surrogates also "appealed to higher loyalties"–they used the money not for themselves but for their families, especially their children.[13] For example, Anjali defends her decision to become a surrogate by saying:

> I am doing this basically for my daughters; both will be old enough to be sent to school next year. I want them to be educated, maybe become teachers or air hostesses? I don't want them to grow up and be like me–illiterate and desperate. I don't think there is anything wrong with surrogacy. But of course people talk. They don't understand that we are doing this because we have a compulsion. People who get enough to eat interpret everything in the wrong way.

Vidyaben echoes Anjali's sentiment:

> I am doing this basically for my children's education and my daughter's marriage. We have lived our life, we have survived it. But they should grow up happier. I want them to grow up and be proud of their parents. I want them to be educated so that in case anything happens to us they can take care of themselves. I am doing everything for them. I am not greedy for the money.

The families of women working as surrogates also downplayed the amount of choice the women had, differentiating surrogacy from other occupations voluntarily chosen. Surrogacy, the men in the families argued, was more like a "calling," a blessing from God that enabled a woman to fulfill her familial obligations.

Pragyesh compares his wife Meena's surrogacy to *Tapasya*, the Hindu principle and practice of physical and spiritual austerity and discipline to achieve a particular aim.

> I don't think this is work. When you became a teacher, you just went ahead took your exams and became a teacher. This is not like that. It is like God helped her do this for our family. It is like praying to God–like *Tapasya*. This is her prayer to God and ultimately she will get His blessings and her

> dreams will be fulfilled. Like saints pray under austere conditions, she is living here in the clinic, getting all those injections, going through all this pain. But she will get the fruit of her labor.

Alternatively, the husbands and in-laws of women working as surrogates often spoke of surrogacy not as individual (woman's) choice or work, but as a "team effort" made by the entire family to improve the members' financial situation. In doing so they ignored the critical gendered nature of the work and the fact that the women working as surrogates did all the physical and much of the emotional labor. Manoj, Sapna's father-in-law, has decided not to "become a surrogate" again. Sapna delivered twins for a couple from America; the money earned is being spent on building a house for the family. But Manoj feels cheated, complaining that "even though everyone delivers one and we delivered two babies—still we got the same rate. They should have paid us more. That's why we decided we won't become surrogates again. We lost our respect in society and didn't even get paid enough for it."

Thus, surrogates use the language of morality and moral boundaries to affirm their dignity and reduce the stigma attached to surrogacy. In addition, surrogates, along with their families, downplay the element of choice—either by highlighting their economic desperation, by appealing to higher motivations, or by emphasizing the role of a higher power in making the decisions for them. But while these narratives resist the dominant discourse of surrogates as "immoral sex workers" or "dirty workers," they also reinforce gender hierarchies.

Feminist scholars assert that motherhood embeds women in families, deriving women's identities from relationships and duties to others. The "lack of choice" and "higher loyalties" narratives reinforce the image of women as selfless dutiful mothers whose primary role is to serve their families. Similarly, the emphasis on the morality of husbands, their "generosity" in giving permission to their wives to be surrogates, and the striking absence of any narrative about surrogacy as paid work done by women suggests that the women feel that they must overcompensate for their (temporary) role as breadwinners.

Denying Disposability: "It's a Relationship Made in Heaven"

> How will we do it, is what people wonder. Don't we feel disposable, like horses, beasts of burden, mere carriers? They come place a burden on us for a while, pat us on the back, take the load, and leave. What kind of mother does that make us? Don't we feel any pain giving the baby away?
> – Interview with Sudha

Scholarship on globalization and factory work has analyzed how Third World women workers are made to feel disposable.[14] Although, in economic parlance, surrogates are not plentiful in supply, the process of commercial gestational surrogacy in India, in general, and the rules of the clinic, in particular, reiterate the disposability of gestational surrogates. The Anand surrogates are told that their role in the pregnancy is to serve only as a vessel. The surrogates know that they have no genetic connections with the child and that the child will be taken away from them immediately after delivery. But while the experience and institutions surrounding surrogacy stress the disposability of individual surrogates, women working as surrogates resisted these discourses of disposability. Some surrogates emphasized their special attributes that made couples choose them over the other ordinary surrogates. Others stressed the special qualities of their hiring couple and the exceptional bond shared with them.

Pushpa had delivered a baby for an Indian couple and was pregnant for the second time in two years–this time for a nonresident Gujarati couple from the United States:

> A Gujarati couple came from America during the delivery of my first baby. They said that they don't care how long they have to be wait–I can rest for one or two years, as much as I want, but they only want me to carry their baby. Mrs. Shroff–the woman– she is also a Brahman [upper caste]. Maybe that's why she liked me, because I am clean. But almost everyone who comes here for a surrogate wants me. Doctor madam says to me, "Why can't you get me ten or fifteen more Pushpas!

Raveena, hired by a Korean couple from Los Angeles, proudly relates the story of her first interview when she rejected the couple that wanted to hire her.

> There was another couple from Delhi that we were introduced to first. But we somehow didn't like them. They didn't seem to have any love for Shalin [Raveena's infant son]. You need to have love for children before you decide to come in and look for a surrogate. We took a risk but we said no to them. Dr. Khanderia was surprised because it's usually the couples who reject surrogates.

As the only Anand surrogate with a college education and the only surrogate not from Gujarat, Raveena believes she is special. This, she claims, increases her negotiating power. She explained that Anne, the intended mother, "wants two more kids and in December she will get another surrogate. Of course she wanted me but I have already had two cesarean babies. I know how sad she is feeling that this time she will have to just get one of these Gujarati girls to be her surrogate."

This "I am special" narrative is particularly powerful when invoked by lower-class women in India, a country where sex-selective abortions, skewed sex ratios at birth, and high female infanticide and mortality present compelling evidence of the prevalence of son preference, particularly in the states of Gujarat, Haryana, and Punjab.[15] Being "special" increases the women's feelings of self-worth. Pushpa, who believes that she is the "most-wanted" surrogate, adds: "My husband feels proud of me. Well, he should. I have earned so much money and done something that even he couldn't have. Although he doesn't want me to do it again, I think I would. I want to keep some money in a fixed account for my old age."

Pushpa was one of the few women to challenge narratives, related by male members of the surrogates' families, that surrogacy is a team effort. She emphasizes that she earned the money and she will decide what to do with it. Later in our conversation, Pushpa talked about her dream to go abroad.

> You know I had always dreamt of being an air hostess. But when I saw the situation at home—with my father earning only 1,500 [rupees], I knew I couldn't study anymore. I just wanted to see America once, so badly. Once I got married I thought it would never happen. But now that I am planning to do this for the second time, I feel "why not?" If I can do this here, maybe I can get some job there as well, no? Will you take me with you to America?

Thus, for some surrogates, the narrative of "being special" did more than just counter the stigma of being disposable mothers; it also encouraged them to take care of their health and think of their own needs.

Apart from stressing their own special qualities, the women working as surrogates used a complementary narrative that proclaimed the uniqueness of their hiring couple. Although many couples hiring a gestational surrogate tried to build some kind of a relationship with her, the rules of commercial surrogacy dictated the abrupt termination of that relationship. Khanderia ensured that a baby was taken away right after delivery, giving the surrogate mother no opportunity to change her mind. Several of the surrogates, however, claimed that the couple hiring them was different and would not adhere to the clinic rules. Raveena talks lovingly about Anne, the intended mother of the baby: "Most couples take away the baby right after delivery—these are the rules of this place. But Anne is not like that. She will come here with the baby and stay with me. She told me that I could rest in this apartment [that the hiring couple pays for] after delivery for a month if I want to."

Som, Raveena's husband, adds,

> I have no tension—I don't have to do any job or anything. We are very lucky. No one has got a couple as nice as ours. It's not just because she is a white lady that I say that. She has become such a close friend that if she calls us we'll even go visit her in Los Angeles and now we won't have to worry about staying in a hotel. I am sure they will take care of Shalin's health, education, everything.

At age thirty-six, Parvati is one of the oldest surrogates at the clinic. She talks wistfully about her relationship with the couple whose child she carries. Although she had not yet delivered the baby, she speaks about the important role she plays in the baby's life as if the birth has already happened.

> My couple keeps such good relations with me. After delivery, she brought him over to me and let me breastfeed him. She invited me for his birthdays. She called me when he got married. When he gets fever she calls and says, "Don't worry, just pray to God. If you want to see him we'll come and show him to you. But don't burn your heart over him." I am so lucky to have a sister like her taking care of me. I see how the rest of the surrogates in the clinic get treated.

Women working as surrogates resisted the commercial and contractual nature of their relationships by establishing or imagining a relationship with the couple hiring them. Although the surrogates recognized the immense class difference between themselves and the couples hiring them, their narratives sometimes constructed relations that transcended the national and class differences. This was reflected in Parvati's fantasy that the couple would continue to treat her like someone special and she, like any other family member, will be a participant in future important ceremonies. Raveena believes that by building a long-lasting friendship with the couple she has secured her son's future. Improvising within preexisting structural and cultural constraints, surrogate mothers imagined or forged relationships that made them feel worthwhile.

"It's My Blood Even If It's Their Genes": Simultaneously Distancing and Making Claims on the Baby

> "How will we do it, is what people wonder. . . . What kind of mother does that make us? Don't we feel any pain giving the baby away?"
>
> —Surrogate Mother Sudha

Sudha's interpretation of people's perception of the surrogates' pain indicates one of the biggest reasons why surrogacy is a cultural anomaly—the mother gives away the baby she carried for nine months in her womb. How do the surrogates justify this act of giving a child away?

Scholarship on dirty work shows that workers use multiple and contradictory justifications to both negate and transform stigma. These dissonant beliefs reduced the emotional cost of the work and allowed workers to either embrace their role as worker or distance themselves from it, as the situation dictated. Faced with the contradiction between their attitudes toward motherhood (in which a mother carries, gives birth to and raises a child) and their actions (giving away the child they bear), surrogates resorted to contradictory narratives that simultaneously distanced themselves from the babies and made claims upon them.

The surrogates often did not understand the exact medical procedures involved in surrogacy, but they are repeatedly told by nurses and physicians that they have no genetic connection to the baby. Khanderia narrates how she explains the process of surrogacy to the women:

> I had to educate them about everything because, you see, all these women are poor illiterate villagers. I told them, "You have to do nothing. It's not your baby. You are just providing it a home in your womb for nine months because it doesn't have a house of its own. If some child comes to stay with you for just nine months what will you do? You will take care of it even more because it is someone else's. This is the same thing. You will take care of the baby for nine months and then give it to its mother. And for that you will be paid." I think finally how you train them, showing the positive experiences of both the parties . . . is what makes surrogacy work.

The doctor's description of the women's role in the surrogacy process was not passively accepted by the surrogates. Although recognizing that having no genetic connection made it easier to justify giving a baby away, the surrogates often made some claim on the babies they carried–another strategy for countering their role as "merely a vessel." Right after her second ultrasound, Raveena said that the intended mother "wanted a girl but I told her even before the ultrasound, coming from me it will be a boy. My first two kids were also boys. This one will be too. And see I was right, it is a boy! After all, they just gave the eggs, but the blood, all the sweat, all the effort is mine. Of course it's going after me."

Parvati similarly distinguishes between the genetic and blood tie. She opposed the fetal reduction surgery that eliminated one of the fetuses she carried:

> Madam told us that the babies won't get enough space to move around and grow, so we should get the surgery. But Nandinididi [the intended mother] and I wanted to keep all three. I told Doctor Madam that I'll keep one and Nandinididi can keep two. We had informally decided on that. After all it's my blood even if it's their genes. And who knows whether at my age I'll be able to have more babies.

The surrogates downplayed the anomalous aspects of surrogacy and reiterated their relationship with the baby, by drawing on cultural symbols that parallel aspects of the surrogacy arrangement. They evoked tales from Hindu mythology where infant Lord Krishna was taken care of by a foster mother Yashoda, as well as the cultural practice of giving away a daughter at marriage. Surrogacy, Parvati argues, is not new to Hindus: "We can't really call it [surrogacy] either work or social service. I personally

feel it's nothing strange to us Hindus; it's in our religion. It's something like what Yashoda ma did for Lord Krishna. And Krishna loved his Yashoda ma, didn't he? Do you ever hear stories of Devaki, his real mother!"[16]

Other women normalize surrogacy by drawing parallels between the act of giving away the newborn and giving away one's daughter at marriage. The act of giving away will be painful, Jyoti reasons, but she is ready for it.

> Of course I'll feel sad while giving the baby up. But then I'll also have to give up my daughter once she gets married, won't I? She is *paraya dhan* [someone else's property] and so is this one. My daughter is my responsibility for eighteen years, then I have to give her up but I still remain responsible for anything that goes wrong. At least with this child I won't be responsible once I give her up. Also with this one I'll be happy that she is somewhere where she will be happier. These people will send her to school, college, pamper her much more.

Hetal echoes the same sentiment:

> We give away our daughters at marriage as well, don't we? Right from the day she is born we start preparing to give her away. We think she was never ours but still we do care for her when she is with us. It will be exactly the same. We are prepared to give this baby away. We know it's not ours; they are investing so much money, on my food, my medicines. It's their property. But I will love her like my own. That's the least I can do for them.

The sex of the unborn child in the surrogates' narratives depended on the goal of using it. When seeking to claim the child as their own, the child is addressed as "he." But in narratives normalizing the act of giving away a child, the child in the narratives is a girl, and the act of surrogacy likened to the cultural norm of giving a daughter away at marriage.

My primary motivation in this article has been to analyze the resistive practices of commercial surrogate mothers in India in a context shaped by the medical commoditization of women's bodies and the cultural stigmatization of women who use their bodies and wombs to work. Women working as surrogates were demeaned by media and community discourses that connect surrogacy to sex work and by medical narratives that

reiterate the disposable and contractual nature of the surrogates' role. By emphasizing discursive resistances within structures of inequality, I reexamine the victim image often associated with Third World women. But how effective are these covert and symbolic forms of resistance?

Scholarship on everyday forms of resistance has been heralded for widening our definition of the political and criticized for its tendency to romanticize resistance and, as Lila Abu-Lughod writes, "to read all forms of resistance as signs of ineffectiveness of systems of power and of the resilience and creativity of the human spirit in its refusal to be dominated."[17] This points to another aspect of the surrogates' narratives: the women I studied resisted the stigmatization attached to surrogacy, but their discursive resistance reproduced, even as it transformed, power relations.

The language of morality used by the surrogates affirmed their dignity and reduced the stigma attached to surrogacy but simultaneously reinforced gender hierarchies. Although I focus on surrogacy as "work," most surrogates and their families do not recognize surrogacy as paid labor performed by women. The in-laws and husbands of the surrogates perceive surrogacy as a familial obligation and duty. The surrogates themselves do not resist this image of women as selfless dutiful mothers whose primary role is to serve the family. Similarly, the vigorous defense of their husbands' moral worth indicates that the women may be compensating for their role as breadwinners.

The surrogates' narrative emphasizing the special qualities of the couples hiring them also shows how discursive resistance both transforms and reproduces power relations. Narratives that minimize the feelings and stigma attached to being disposable mothers seem powerful when invoked by lower-class women in India, but the dream of a wealthier/white family coming to rescue them from desperate poverty and a bleak future reinforces subjection based on race and class. On the one hand, the surrogates' narratives can be seen as resistance to the different discourses (of the media, community, family, and medical professionals) that fix the surrogate's role and subject position as sex workers, immoral women, and disposable contractual workers. Yet in these narratives of selfless motherhood the surrogates remain desperately poor Third World women waiting to be saved by their richer, and sometimes whiter, sisters.

NOTES

1. Examples of this view are Gillian M. Goslinga-Roy, "Body Boundaries, Fiction of the Female Self: An Ethnographic Perspective on Power, Feminism, and Reproductive Technologies," *Feminist Studies*, 26 (Spring 2000): 113-40; Helena Ragone, *Surrogate Motherhood: Conception in the Heart* (Boulder: Westview, 1994); and Elly Teman, "Bonding with the Field: On Researching Surrogate Motherhood Arrangements in Israel," in *Dispatches from the Field: Neophyte Ethnographers in a Changing World*, ed. Andrew M. Gardner and David M. Hoffman (Long Grove, IL: Waveland Press, 2006), 167-81.
2. Lori Andrews, "The Aftermath of Baby M: Proposed State Laws on Surrogate Motherhood," *Hastings Center Report* 17 (October/November 1987): 31-40; Elizabeth Anderson, "Is Women's Labor a Commodity?" *Philosophy and Public Affairs* 19, no. 1 (1990): 71-92; and Janice Raymond *Women as Wombs: Reproductive Technologies and the Battle over Women's Freedom* (San Francisco: Harper, 1993).
3. Susan Franklin and Caroline Roberts, *Born and Made: An Ethnography of Preimplantation Genetic Diagnosis* (Princeton: Princeton University Press, 2006); Charis Thompson, *Making Parents: The Ontological Choreography of Reproductive Technologies* (Cambridge: MIT Press, 2007); Susan Markens, *Surrogate Motherhood and the Politics of Reproduction* (Berkeley: University of California Press, 2007); Elly Teman, such as "The Birth of a Mother: Mythologies of Surrogate Motherhood in Israel" (Ph.D. diss., Hebrew University of Jerusalem, 2006), and "Knowing the Surrogate Body in Israel," in *Surrogate Motherhood: International Perspectives*, ed. Rachel Cook and Shelley Day Schlater (London: Hart Press, 2003), 261-80.
4. I have written several articles as part of a larger project on commercial surrogacy in India that draw on my field research in Anand, Gujaret. See especially Amrita Pande, "Commercial Surrogate Mothering in India: Nine Months of Labor?" in *Quest for Alternative Sociology*, ed. Kenji Kosaka and Masahiro Ogino (Melbourne: Trans Pacific Press, 2008), 71-88, and "Commercial Surrogacy in India: Manufacturing a Perfect Mother-Worker," *Signs* 35 (Summer 2010): 969-92. See also Amelia Gentleman, "India Nurtures Business of Surrogate Motherhood," *New York Times*, 10 Mar. 2008; and Abigail Haworth "Surrogate Mothers: Womb for Rent," *Marie Claire*, 10 Aug. 2007.
5. Examples of the radical feminist argument include Gena Corea, who describes a reproductive brothel in *The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs* (New York: Harper and Row, 1985), 276; Raymond describes the growth of reproductive clinics in developing countries that specialize in sex determination, in *Women as Wombs* (143-44); and Barbara Katz Rothman in "Reproductive Technology and the Commodification of Life," in *Embryos, Ethics, and Women's Rights: Exploring the New Reproductive Technologies*, ed. Elaine Hoffman Baruch, Amadeo F. D'Adamo Jr., and Joni Seager (New York: Haworth, 1988), 95-100 ("Can we look forward to baby farms, with white embryos grown in young and Third world women?"100). But see also Jyotsna Agnihotri Gupta, "Towards Transnational Feminisms: Some Reflections and Concerns in Relation to the Globalization of Reproductive Technologies," *European Journal of Women's Studies* 13, no. 1 (2006): 28.
6. Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (Englewood Cliffs, N.J.: Prentice Hall, 1963); on infertility, Catherine Riessman, "Stigma and Everyday

Resistance Practices: Childless Women in South India," *Gender and Society* 14, no. 1 (2000): 111-35; Rose Weitz, *Life with AIDS* (New Brunswick, NJ: Rutgers University Press, 1991); Joseph Schneider and Peter Conrad, "In the Closet with Illness: Epilepsy, Stigma Potential, and Information Control," *Social Problems* 28, no. 1 (1980): 32-43; on nonmedical conditions, Blake E. Ashforth and Glenn E. Kreiner, " 'How Can You Do It?' Dirty Work and the Challenge of Constructing a Positive Identity," *Academy of Management Review* 24, no. 3 (1999): 413-34; and William E. Thompson, "Handling the Stigma of Handling the Dead: Morticians and Funeral Directors," in *Deviant Behavior* 12 (1991): 524-44; and on "dirty work," Everett Hughes, "Work and the Self," in *Social Psychology at the Crossroads*, ed. John H. Rohrer and Muzafer Sherif (New York: Harper & Brothers, 1951).

7. Gresham M. Sykes and David Matza, "Techniques of Neutralization: A Theory of Delinquency," *American Sociological Review* 22, no. 6 (1957): 664-70; and Goffman, *Stigma*.
8. James Scott, *Weapons of the Weak: Everyday Forms of Peasant Resistance* (New Haven: Yale University Press, 1985). For feminist research that draws on Scott's thesis, see especially, Ngai Pun, *Made in China: Women Factory Workers in the Global Workplace* (Chicago: University of Chicago Press, 2005); and Michele Ruth Gamburd, *The Kitchen Spoon's Handle: Transnationalism and Sri Lanka's Migrant Housemaids* (Ithaca, NY: Cornell University Press, 2000).
9. Padma Bhargav, "Gujarat Becomes the Preferred Medical Tourism Destination," *Canada Free Press*, 7 Dec. 2006, www.canadafreepress.com/2006/india 120706.htm.
10. Krishnan Vidya, "Baby Biz: India Set to Trump Global Surrogacy Laws," *Indian Express*, 20 Oct. 2008.
11. Michele Lamont, *The Dignity of Working Men: Morality and the Boundaries of Race, Class, and Immigration* (New York: Russell Sage Foundation, 2000), 44.
12. Ashforth and Kreiner, "How Can You Do It?" 423.
13. Scholars of deviant occupations have also noticed the discursive strategy of "appealing to higher loyalties." For example, see William Thompson and Jackie Harred, "Topless Dancers: Managing Stigma in a Deviant Occupation," in *Deviant Behavior: A Text-Reader in the Sociology of Deviance*, ed. Delos H. Kelly (New York: St. Martin's Press, 1996).
14. See especially Grace Chang, *Disposable Domestics: Immigrant Women Workers in the Global Factory* (Cambridge: South End Press, 2000); and Melissa W. Wright, *Disposable Women and Other Myths of Global Capitalism* (New York: Routledge, 2006).
15. Monica Das Gupta, "Selective Discrimination against Female Children in Rural India," *Population and Development Review* 13, no. 1 (1987): 77-100.
16. According to Hindu mythology, Krishna was the eighth child of Devaki, sister of the cruel demon-king Kamsa. Narada, a sage, predicted that Kamsa would be killed by his nephew, so Kamsa killed his sister's first six children. The eighth child, Krishna, was secretly exchanged for a cowherd's daughter. Krishna was brought up by the cowherd's wife, Yashoda, and most stories surrounding Lord Krishna in his infant years are about the loving bond shared between him and his surrogate mother, Yashoda.
17. Lila Abu-Lughod, "The Romance of Resistance: Tracing Transformations of Power through Bedouin Women," *American Ethnologist* 17, no. 1 (1990): 42.