Transnational Surrogacy in India: Interrogating Power and Women's Agency

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On a sweltering summer day in 2010 I sat in a restaurant on the outskirts of Mumbai, India, with Nishi, a young woman preparing to become a surrogate mother for a foreign couple outside of India. Though not yet pregnant, Nishi was hoping to enter the world of transnational surrogacy, in which would-be parents from around the world travel to India to make babies through in vitro fertilization (IVF), egg donation, and gestational surrogacy. India made commercial surrogacy legal a decade ago in an effort to boost the medical tourism industry; since then hundreds of women like Nishi have found their way into this global market, transacting their bodies, body parts, and reproductive labor in exchange for the monetary payment they hope will ease their families' financial burdens.

Nishi told me of how she had separated from her husband four years earlier; separation and divorce remain unusual in India, particularly among working-class women like Nishi, but several women in my study had left their husbands, some of whom had been abusive. Indeed, as one fertility doctor I interviewed explained, "You'd be surprised at the number of separations and divorces that are happening [among lower-class women]. . . . After we started doing surrogacy in the past three years, we realized that about 30–40 percent of them are separated." This doctor asserted that most of these women walk out of their marriages because of abuse and alcoholism; Nishi's case proved typical.

Following her separation from her husband, Nishi struck up a friendship with Nikhil, a young man from south India who managed an electronics shop in Mumbai. As their friendship evolved into a romantic relationship, Nikhil supported Nishi and her two daughters in times of need. Nishi shared that she felt she also should support Nikhil, whom she planned to eventually marry. When Nishi learned about surrogacy, she viewed it as a potential financial windfall for her and her family and began preparing for surrogacy without telling Nikhil. When she told Nikhil of her surrogacy plans, he disapproved:

"He is not agreeing to it. He says don't do this; he thinks it is illegal. Yet I am trying to convince him somehow and I am trying. I also told him that everything has been done. I told him I have done the ET [embryo transfer] and I cannot go back now. So, he is sitting quietly now, not saying anything." In fact, at the time of our interview Nishi had not yet undergone embryo transfer. She was still in the preparatory phases: taking hormone injections and undergoing tests and procedures to determine her viability as a candidate for surrogacy. Why did Nishi deceive Nikhil?

What are the strategies that Indian women contemplating surrogacy employ to negotiate and respond to the structural and social constraints they face daily? How do women enact agency in their efforts to meet or secure their self-defined needs and desires, even as their efforts may maintain structures of inequality? And what are the consequences of such acts of agency, particularly as they challenge cultural norms and expectations? This article addresses these questions by tracing the complexities of agency, constraint, and inequality in the lives of women who pursue surrogacy in India.

The views and experiences of women I spoke with resist reduction to simplistic stereotypes and binary oppositions between agent and victim, rich and poor, East and West; indeed, the more I learned about surrogacy in India throughout my fieldwork, the more inadequate these notions became. I contrast the stories of Nishi and her friend Antara, a surrogate agent, whose personal narratives regarding surrogacy and the circumstances that motivated them to become gestational surrogates buttress the point that the global surrogacy industry reflects and reinforces a broader stratification of reproduction. At the same time, however, their narratives reveal the complexities of women's lives and fend off the temptation to portray them as victims. This article shows how women indeed find ways to resist dominant constructions of surrogates as powerless victims. I argue that in expressing forms of resistance and individual and collective agency, women find ways to challenge everyday gender norms and create new opportunities for themselves and their families, albeit within larger structures of power.

However, such expressions of agency also depend on the particular roles and relationships that women have within transnational structures of surrogacy. I contrast the experiences of women who work as surrogates with those who occupy intermediary positions—particularly surrogate agents and caretakers.[1] Women who act as agents or caretakers often share the same socioeconomic background as surrogates and egg donors; indeed, such women are usually former surrogates or egg donors themselves. Yet they occupy distinct subject positions, especially with respect to power and agency. Such intermediary roles reveal the peculiar contradictions entangled in transnational sur-

rogacy and further complicate analyses of stratified reproduction. As transnational inequalities breed the conditions for a thriving surrogacy industry in India, global processes reproduce stratification itself at local and community levels, creating new categories of actors whose own agency depends on limiting that of others. I contend that while women who act as intermediary agents have increased access to power and opportunities that allow them to boost their own social and financial status, their positions simultaneously reinforce the ever more refined hierarchies inherent in transnational surrogacy. By revealing the diversity of ways that women enact agency, however limited, through their experiences as surrogates or agent-caretakers, I highlight the subtleties of intraclass social divisions transnational surrogacy engenders and illustrate how women both exert power and are subject to it.

Nishi's story is among several that defied my expectations. While there are reports of husbands or in-laws coercing women into surrogacy, women like Nishi revealed how they asserted their own decisions about surrogacy, often in the face of the disagreement and disapproval of their husbands.[2] This article foregrounds the experiences of surrogates on a local level, depicting relationships among surrogates and their doctors, families, and caretakers. At the same time, however, it is important to locate these interactions within larger global hierarchies. As sociologist Arlie Hochschild writes:

> 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.[3]

Clearly, transnational flows of capital, technology, bodies, and reproductive tissues signal how the global surrogacy industry reifies and reinforces global inequities. In the words of anthropologist Rayna Rapp, "All of our lives are not only globalized; they are stratified as well."[4] Indeed, transnational surrogacy in India represents a prime example of stratified reproduction, in which "some categories of people are empowered to nurture and reproduce, while others are disempowered."[5] As gestational surrogacy in India necessarily relies on the reproductive labor and bodies of a variety of individuals, it also reveals how stratified reproduction becomes ever more complex, with increasing intraclass social divisions among surrogates and surrogate agents. This article focuses on the experiences and aspirations of these women, highlighting the

nuances of their everyday lives, as well as locating their positionalities in relation to local and global hierarchies.

FIELDWORK AND METHODOLOGY

The research described in this article is part of a larger study on reproductive travel in India, where I conducted thirteen months of ethnographic fieldwork between 2008 and 2010. I draw on participant observation at varied sites throughout Mumbai, including infertility clinics, hospitals, intended parents' hotel or apartment accommodations, and surrogates' homes. I conducted in-depth interviews with thirty-five Indian surrogates and egg donors, including six agent-caretakers. In addition I conducted interviews with Indian doctors and intended parents from around the world. Relying on the ethnographic methods of anthropology, I also drew on feminist methodologies in order to, in the words of Faye Harrison, "underscore the value of women's voices, experiences, and agency and the sociocultural and political-economic contexts in which they are situated."[6]

The clinics included in this study were self-selected by head doctors and staff who welcomed the presence of an American researcher. As Inhorn has noted, fieldwork in infertility clinics depends heavily on the goodwill of their gatekeepers.[7] Thus, I recruited participants in this study in several ways. Clinic staff initially approached foreign clients as well as Indian women undergoing surrogacy or egg donation to see if they wanted to participate in the study. With the assistance of a translator I conducted interviews in Hindi or Marathi with non-English-speaking surrogates, egg donors, and their families, following an informed consent procedure; with surrogates who could speak some English, I conducted interviews in a mix of English and Hindi or Marathi, with my translator's assistance. I primarily recruited the surrogate participants either at the clinic or through the snowball method and conducted interviews either in the clinic or at their homes.

ASSISTED REPRODUCTION AND TRANSNATIONAL SURROGACY IN INDIA

Social scientists have noted how assisted reproductive technology (ART) has brought increased freedom and opportunity for some people, making parenthood possible for infertile couples, single men and women, and gay and lesbian couples through artificial insemination, surrogacy, or IVF.[8] Concomitantly, advances in reproductive technology have promoted and maintained certain power relations, notions of gender, and particular constructions of

the family. Some scholars, for example, argue that these technologies reessentialize women by reinforcing traditional patriarchal roles and objectifying women's reproductive potential.[9] Others reveal how instead of disrupting the stereotypical family, ARTs enable infertile couples to complete one, given that many IVF clinics accept only heterosexual married couples as clients, and many physicians have been unwilling to assist single women, gay or lesbian couples, welfare recipients, and other women they do not consider to be good potential mothers.[10]

More recently, with the globalization of ARTs around the world, anthropologists have turned their attention to the phenomenon of reproductive tourism. A form of medical tourism, reproductive tourism refers to the transnational consumption of ARTs.[11] Such tourism centers on individuals who seek a range of reproductive products and services. It includes people who travel abroad to procure gametes (sperm and eggs) and embryos; contract with surrogates; and obtain services such as IVF, intracytoplasmic sperm injection, artificial insemination, sex selection, and diagnostic tools including amniocentesis and preimplantation genetic diagnosis. Reproductive tourism, too, involves the providers of these products and services to willing travelers. Although *tourism* implies the travel of people from their home country to an unfamiliar destination for leisure purposes, I take reproductive tourism to include all forms of transnational interactions and consumption patterns involved in assisted reproduction, including the cross-border movement of bodily materials.[12]

However, though reproductive tourism suggests a global demand for ARTs, assisted conception and related technologies are not evenly distributed across the globe, and anthropologists have called attention to the structural and cultural constraints that influence how developing countries assimilate ARTs. While they tend to be concentrated in high- and middle-income nations, variables besides economics, such as policy and religious and cultural values, determine the number of fertility clinics or availability of services in a given country.[13]

Anthropologist Marcia Inhorn's work on reproductive tourism in the Middle East sheds light on the global economy that enables rapid deployment of ARTs.[14] Building on Arjun Appadurai's theory of global "scapes," Inhorn develops the concept of "reproscape," which calls to mind a "distinct geography traversed by global flows of reproductive actors, technologies and body parts."[15] Indeed, Inhorn goes further to suggest that researchers might productively replace Appadurai's nongendered language of "scapes" with the notion of "reproflows," which bespeak global movements of reproductive technologies developed in one country that then "flow" to others through commercial means;

of embryos "flowing" from one country to another with the assistance of embryo couriers; of women and men "flowing" across national borders in pursuit of reproductive technologies; and finally, of surrogates and egg donors who "flow" and are "flown" to other countries.[16]

Surprisingly little research, however, discusses the experiences of women involved in surrogacy, though an emerging scholarship explores commercial surrogacy in India. Alongside Helena Ragoné's study of surrogacy agencies in the United States and Elly Teman's work on surrogacy in Israel, which demonstrate how women involved in surrogacy rely on narratives of "gift-giving" to downplay the commercial nature of their relationship with one another, Amrita Pande and Kalindi Vora make a major intervention into theorizing transnational surrogacy in India.[17] These scholars examine the sociocultural implications of surrogacy among women who live in "surrogacy hostels," where they remain separated from their families and communities throughout the course of their pregnancies.[18]

As Pande has argued, fertility clinics and surrogacy hostels produce the "perfect" surrogate. While a disciplinary project that works to create a "mother-worker subject" brings women together, they simultaneously resist being reduced to their roles as disposable and docile workers.[19] These resistances, however, often reinforce the primary identity of these women as selfless mothers rather than as wage-earning workers. While Pande has focused on the production of a mother-worker and how the hostel becomes a space for resistance and networking among surrogate "sisters," my study of surrogacy in Mumbai highlights intrafamily dynamics and sheds light on the ways that women navigate their changing relationships with husbands, children, extended family, and neighbors. I also contribute to the recent scholarship on surrogacy by critically examining the intermediary positions of surrogate agents, whose roles to date have been relatively understudied, revealing additional aspects of surrogates' agency and structural constraint.

In attending to these experiences of women involved in surrogacy, so, too, must scholars acknowledge their power and agency in the context of constrained opportunities. Building on Foucault's argument that power is everywhere, this work joins anthropological scholarship focused on revealing instances of agency and resistance among the relatively powerless.[20] In contrast to popular media images of helpless women in need of assistance, my research shows the subtle and explicit ways in which women express resistance and agency within the context of structural factors that limit opportunities.[21]

Transnational surrogacy in India, as elsewhere, reflects many of these concerns with power and inequality and reveals how disparities in gender, race, class, and nation place some women's reproductive projects above others'.[22]

Certainly, surrogacy occurs in a highly uneven global "reproscape" that offers a powerful exemplar of stratified reproduction. Yet, in drawing attention to the uneven terrain beneath transnational surrogacy, I want to avoid and go beyond depictions of women who become surrogates as powerless victims in need of aid. As Chandra Mohanty has eloquently argued, viewing Third World women primarily as victims creates a pattern of domination—a form of discursive colonization—that measures progress against the yardstick of western women.[23] In most popular media accounts of surrogacy in India expressions such as "womb for rent" merge seamlessly with images of the "poorest of the poor" who readily sign up to become surrogates.[24] Yet such homogenous images of Third World women who are helpless, oppressed, and thus in need of rescue predefines women as victims and prematurely rules out any possibility of their being otherwise. Indian surrogates may be, or may become, victims in the unequal relationships formed between surrogate and doctor or intended parent; nonetheless, I contend that reliance on the image of the oppressed surrogate neglects the local voices and perspectives long sought by ethnographers and feminists.

NISHI'S STORY: SURROGACY AND CONSTRAINED AGENCY

Nishi was twenty-seven years old when we met in Mumbai in April 2010. She had been married at nineteen in what she called, speaking to me in English, a "love-cum-arranged marriage"; as the story goes, Nishi's husband was "in love with her from afar," though Nishi did not reciprocate his feelings at first. His mother approached Nishi's family with a proposal for marriage, and while Nishi's mother believed that the family was an appropriate match at the time, Nishi says her mother has come to agree with her that he is "crazy" and has a drinking problem. Following marriage, Nishi quickly had her first child at twenty; she now has two school-age daughters born a year apart. Nishi and her husband are now separated, and she has filed a case for divorce. Since then she has endeavored to distance herself from her parents and their burdensome financial problems, while working to support herself and her two daughters independently.

Nishi's story reflects the contradictions inherent in transnational surrogacy, which relies on the reproductive potential of bodies that have long been subjected to patriarchy and population-control programs. Nishi's first pregnancy ended in miscarriage before she had her first and second daughters in rapid succession. Her fourth pregnancy ended with an abortion. Nishi would have preferred a longer gap between the two daughters, but her husband "wasn't listening" and desired a son. After her abortion Nishi knew she did not want

any more children and underwent tubal ligation (which prevents conception through sex but not pregnancy through IVF), a common sterilization strategy among my respondents. More than a few women mentioned to me the necessity of having the operation, in defiance of husbands who demanded that their wives produce a son. These decisions complicate debates around reproductive rights and justice: while women like Nishi undergo operations that limit their reproductive potential for their own families, they later become pregnant for other families. Locating Nishi's story within the specificity of India, as well as on a global scale, reveals the unique contours of stratified reproduction in transnational surrogacy. On the one hand India marks lower-class women like Nishi as inferior to middle-class women it links with Indian national identity, and the state has historically sought to limit the reproduction of lower-class women.[25] Yet its culture encourages their reproductive potential when it produces children of "worthy" parents, that is, foreign nationals and upper-class Indians.

Nishi was similar to many of the women I interviewed, with respect to class and social status, household income, and family histories of conflict and turmoil (in Nishi's case she struggled to provide for two daughters as a single mother separated from an alcoholic husband, while also shouldering the financial debts of her parents). However, unlike most of the women I interviewed, Nishi spoke English. She was confident, articulate, and inquisitive, and she made a strong first impression. Yet Nishi's education had been brief, and she attended a school in which Marathi was the primary language of instruction.[26] In a conversation with her friend Antara, Nishi lamented the structural constraints that limited her educational aspirations:

> NISHI: Actually I wanted to become a doctor but my father told me he couldn't afford it.
>
> ANTARA: You can become one now.
>
> NISHI: No, it is financially very difficult. I'll have to attend the classes, which is not possible for me. I can study hard but can't attend the classes. I studied very hard in the seventh standard and got first class but I had to give up school after that [due to financial constraints].[27]

Nishi's seventh-grade education allowed her to secure a job at a large telecom company, where she earned a monthly salary of $200.[28] Her English-language skills came from this job.

Nishi revealed a profound curiosity about the surrogacy process and the risks involved, both physical and legal, particularly in comparison with many women who felt unable to pose questions to their doctors about any aspects of the surrogacy process. Describing how she came to accept surrogacy, Nishi relates:

> My friend Shanti told me about the idea of ET [embryo transfer] and I was surprised. By that time I was aware about the test tube baby, but this was new for me. I thought about it for one month. Then I had a quarrel with my brother. . . . That was the decisive moment for me.

Nishi had been staying with her brother; she was hoping that surrogacy would offer the means to move out.

> I called Shanti and told her that I'm ready for the process. After visiting the hospital, I went to an Internet café and searched for information about surrogacy to prepare myself for the process. Most importantly, I'm earning a substantial amount for my kids. In India we rarely get the chance to earn this much at one go.[29]

In contrast to many women Nishi took steps to educate herself about surrogacy. She was the only woman I interviewed who mentioned conducting Internet research in order to learn more about the risks involved in surrogacy.

Yet once Nishi began the surrogacy process, her relationship with Shanti soured. Shanti herself had wanted to become a surrogate; she had undergone embryo transfer three times, with no success. She decided to become an agent herself, and her discussions with Nishi were in her mind related to that. After accompanying Nishi to the doctor, where she underwent blood tests and ultrasound scans, Shanti demanded a commission—approximately $45, which would be deducted from Nishi's payment of $220 at the time of embryo transfer—for introducing Nishi to her doctor. Nishi's first reaction, as she sat in the recovery room following her initial blood tests and scans, was, "Well, if she hadn't told me about this, then how would I have known? I would have had no idea about this." But she later balked at the idea of paying Shanti out of her own earnings. Nishi explained, "She is such a careless agent. I was dying here in the first two months [of pregnancy] with vomiting and she didn't come at all. That's not done."

Nishi's comments suggest the impact of agents' intermediary positions on surrogate experiences, as well as the subtle ways in which social relationships change in the context of surrogacy. As Shanti's focus moved toward becoming an agent-caretaker, she alienated Nishi. As I will discuss further in the following section, the agent-caretaker plays a large role in surrogate women's experiences, in ways that both enhance and constrain surrogates' opportunities. In Nishi's case, though she tried to learn about the practical details of surrogacy, she still found herself in a vulnerable position as a surrogate, as her agent demanded payment and neglected to care for her in the early months of her pregnancy.

Nearly all of the surrogates with whom I spoke reported a lack of transparency and power in negotiating contracts. This process perhaps illustrated more than any other aspect of their experience the social and structural inequalities that both propel them into the surrogacy industry and circumscribe their experiences within it. For Nishi, like most surrogates, the experience of signing the contract was confusing and mysterious, and despite her assertive nature Nishi could not advocate on her own behalf:

> DAISY: Can you tell me about the contract process?
>
> NISHI: The contract was in two copies; one is original and other was Xerox.
>
> DAISY: Did you ask for a copy for yourself?
>
> NISHI: No, actually I wanted one copy for myself, but I didn't dare to ask for one. In fact I don't prefer to sign any contract without knowing it in detail but . . . one page was also blank which I signed and also the amount was not filled in. And most importantly she didn't give us a chance to read the agreement. She was turning the pages very fast. If she had let me read the document, I would have read it quickly because I can read English and I can read fast.[30]

While Nishi reported these objections to me, she said she could not speak up in front of the doctor and lawyer who were present when she signed. Indeed, this came up again and again in interviews: surrogates would not confront doctors and lawyers on crucial issues related to their payment for fear of losing their contract. They said that doctors often hinted at an ample supply of women ready and willing to take their place as surrogates.

These obstacles notwithstanding, Nishi endeavored to express subtle and explicit forms of agency within these larger structures of power, by taking steps to read and conduct research and independently making her own decisions about surrogacy. Yet despite her own assertiveness and self-education Nishi's possibilities for agency remained constrained due to her position in relation to doctors, agents, and other actors involved in transnational surrogacy. In contrast the story of Antara, who had socioeconomic status similar to Nishi's but worked as an agent, reveals a distinct set of possibilities for agency and power.

ANTARA: INTERROGATING POWER IN AGENT-CARETAKER WORK

My research took me into the homes and lives of various surrogates, egg donors, and caretakers in Mumbai, and as I navigated the anthropologist-informant relationship with each, perhaps the person I am most indebted to

is Antara. Though other agents participated in my study, I met with Antara more than any other throughout my research. Antara is outspoken and bright and welcomed me into her home numerous times; a superb host, she unfailingly ensured I was properly fed before "getting to work." She introduced me to the many women she looked after in her role as surrogate agent-caretaker, and I saw how strong a force she was in their lives.

While her husband, Rahul, had the equivalent of a seventh-grade education, Antara had been educated until the tenth grade, higher than many of the women I met during my research. In general the surrogates and egg donors who participated in my study had low rates of access to education; many stopped school by seventh grade. Yet my study also included a number who had studied up to tenth or sometimes twelfth grade, as well as some currently pursuing studies in nursing or cosmetology. Further, while many participants described financial instability, few described themselves as "desperate" for the money. Several depicted a solidly middle-class lifestyle. Indeed, despite the financial hardships described by many of the women I interviewed, they tended not to be the "poorest of the poor" and demonstrated a range of skills that allowed them to capitalize on and negotiate their social positions, reflecting the uniqueness of women who participate in the surrogacy industry.

Antara and Rahul had two children, a fifteen-year-old daughter and a thirteen-year-old son, with whom I enjoyed chatting in English, playing games, and discussing books and recent movies. Rahul worked for a private company laying roads; for this work he earned a monthly wage of $110, but since such seasonal work is irregular, the family often found themselves struggling to get by. When we first met, Antara was thirty-six years old and described herself as a "housewife"; however, over the months I came to know her and her family, I watched as Antara's work as an agent-caretaker grew into a job that took her all over the city, into women's homes, doctor's clinics, and hospitals.

Antara's introduction to the surrogacy industry took place several years prior to our first meeting in 2010. When her sister-in-law, Sumita, told her about surrogacy as an income opportunity, Antara initially thought, "What are you talking about? I thought it was probably wrong, but then I realized that I've had my two children. I'm donating something." Rahul, however, did not support the idea, and Antara called on her elder sister and sister-in-law to convince him. Confronted by these determined women of the family, saying, "Look at your living conditions; you need something better," Rahul eventually agreed. Indeed, many women told me similar stories of needing to persuade their husbands to allow them to become surrogates, contradicting some concerns that Indian women were being forced into surrogacy by their husbands against their will.[31]

Antara became pregnant and gave birth to a boy via cesarean section. For this work she earned around $2,700, which, in Antara's words, "is not enough."[32] Antara and Rahul put away some of the money for their daughter and used the rest to repair her family's home in the village. In Mumbai Antara's family continued to live in a rented home.

In 2009 she came to work as an agent-caretaker for Dr. Desai, who originally facilitated Antara's surrogacy. In her role as agent Antara would bring women interested in egg donation or surrogacy to Dr. Desai, for which she would receive a commission of $90 to $180. Antara's role as an agent, however, frequently overlapped with her work as a "caretaker"; charged with everything from accompanying surrogates to the hospital for medical procedures, to ensuring surrogates receive their medications, caretakers can receive between $450 and $900 for their work throughout the duration of a surrogate pregnancy. Initially, Antara would roam around her community and speak with women to see who might be interested in egg donation or surrogacy. Eventually, however, as her reputation as a caretaker spread, I observed a significant boost to Antara's work. By the end of my fieldwork all of Antara's "patients" would come to her through word of mouth, and most of the women she works with are distant relatives or neighbors in her community.

Recruiting agents occupy a unique dual position as advocates for their "patients," as Antara referred to the surrogates and egg donors she cared for, and as entrepreneurs of sorts, who negotiate their own wages with doctors and patients on a daily basis. As I learned from Antara about her perspectives and experiences with the surrogacy industry in Mumbai, I found that the absence of any laws regulating surrogacy resulted in enormous variability in payment and commercial surrogacy practices. Antara rarely collected payments directly from her patients. Surrogacy contracts with intended parents typically include a clause that covers recruitment fees; thus the doctors themselves would distribute agents' fees after receiving payment from the intended parents.

Throughout the months that I met with Antara, I observed how she came to identify more and more as "agent" rather than housewife, and I noted her strength and confidence in this role many times. She typically had between four and seven patients; at her busiest Antara could be responsible for up to nine or ten patients at varying stages of egg donation and surrogate pregnancy. Antara viewed her work as a full-time job and conscientiously fulfilled her duties; it was not uncommon for her to be out from early morning to late evening, and she meticulously took notes and kept track of all her patients' medications, payments, and doctor's visits. Responsible for dispensing medications

and administering hormone injections, Antara claimed, "I'm also a doctor by practice; I don't have a degree so you can consider me 'half-doctor'!" In addition Antara grew close to her patients on a personal and social level, and on more than one occasion I witnessed Antara serve as a mediator and advisor for women and their families, offering advice on how to deal with an abusive husband or mediating between dueling sisters. As Nishi told me, "Antara goes all the way in helping patients with their problems. She has earned the right to ask for money as an agent."

During my fieldwork I noted how Antara's financial situation changed over the course of the year, due largely to her work as an agent. When we first met, she and her family were renting a small, cramped, one-room flat; several months later they moved to a more spacious, airy home. She was later able to purchase a refrigerator (with a lock to secure the medications she stored for surrogates and egg donors), as well as a steel cupboard, tangible markers of upwardly mobile class status. Antara and Rahul also saved enough money to send both of their children to college, so that they could receive the education that neither Antara nor Rahul could achieve. These significant details reveal the impact of Antara's work as an agent; I observed few surrogates achieve similar goals in their postsurrogacy lives.

It was not uncommon for Antara to confront angry or abusive husbands, in ways not typically expected of Indian women. Following Antara's experience as a surrogate, her sister Asha, too, wanted an opportunity to become a surrogate and earn much-needed income for her family. While Asha's husband was fully informed about the surrogacy process and the procedures Asha would undergo in order to become pregnant, he nonetheless became angry, insecure, and jealous, harassing Antara and her family following a misunderstanding. Like other surrogates in the program Asha was admitted to the hospital for twelve days after the embryo transfer. Asha's husband visited her in the hospital, and Antara thought he had been made uncomfortable by the hospital's policy that he couldn't go into her room, for the privacy of others, but had to see his wife in a more public visiting room. He suspected he was actually being barred because Asha was committing adultery. Antara said:

> After that we had so much fighting in the house! . . . He said if something goes wrong I will throw both of you out of the house. He just wouldn't listen. He said, "My wife would not even go to the shop by herself and all of you took her so far away." I waited until morning when he sobered up. I said to him, "How did she get so far away? Didn't she ask you? And how dare you use such words about me?" I said if you say this ever again to her and if you so much as touch her to harm her, you watch it.

I asked, "You threatened him?" Antara replied:

> Yes, I told him not to be a bully. I'm good with those who are good to me but bad to those who are bad to me. This is not wrong. There is nothing wrong in this work. If there was, would I have helped my own sister to do it? Then he started apologizing. He said, "Forget it, I will never say anything about it again." Then he said, "Please don't tell her I spoke like that." But I told her [Asha]. If he could speak to us like that, he would have said things to her too. So I told her this is the way your husband spoke to us. Then she must have confronted him. She is also a very strong woman. And now, he's quiet.[33]

Antara navigated threats and assertions of power in her family. The sudden increase in Asha's earning potential as a surrogate prompted Asha's husband to react strongly to the subtle shift in the balance of power in their relationship. I encountered several women who negotiated tense relationships with husbands who were uncomfortable with the significant incomes their wives earned as surrogates. Yet, while Antara acknowledged the right of Asha's husband to have the final say in her embodied affairs, saying, "How did she get so far away? Didn't she ask you?" she simultaneously resisted her brother-in-law's threats and called on Asha, too, to confront her husband, signaling subtle and complex expressions of power and agency within the household. While Pande's work on surrogacy in India sheds light on how women view their husband's role in surrogacy, often deemphasizing their husband's contribution and joking about their emasculation, she conducted her research mainly with women who lived separately from their husbands, in "surrogacy hostels" with other surrogate mothers.[34] In contrast my study provides valuable insights into the impact of surrogacy within the households of surrogate women themselves, revealing the complexities and consequences of female agency as women collide with gendered cultural expectations of female submissiveness and dependency.

In another instance Antara explained to me how she banded with other agents to demand equal payments for their patients. As Antara described the monthly payment plan for Dr. Desai, one of the several doctors she worked with, she noted how surrogates were to receive approximately $65 for monthly expenditures, in addition to monthly payments of $110 to cover their rent and housing (these payments would be deducted from the total salary of $5,500 that Antara's surrogates earn for their reproductive labor). Yet sometimes Dr. Desai would give $45 to some patients and $65 to others. When Antara and her fellow agents realized this, Antara explained, in an account that called to mind the efforts of labor organizers or activists, "All the agents came together

and forced her to give equal payments to everybody. So now everyone is getting $65 as allowance for other expenses."

Yet Antara's role as patient advocate sometimes clashed with her entrepreneurial self, revealing the nuanced ways in which agents must negotiate the two positionalities. Antara's work as an agent was often tenuous and insecure, and she told me of how she coordinated with fellow agents to approach Dr. Desai when their own payments were decreasing:

> ANTARA: Last month all us agents, around twenty-five, conducted a meeting with her and we confronted her about her decreased payments to us. . . . She is looking to reduce costs as much as she can, and she is deducting from the agent's accounts. Things like injections, traveling from home to the hospitals for different sonographies used to be paid; these are no longer paid nowadays. We demanded the expenses from her.
>
> DAISY: Did she give you what you asked for, in the end?
>
> ANTARA: No, she gave us her notebook to write down the demands. And there is the problem of patients becoming agents. If a patient is bringing someone else as a patient, she makes her an agent, resulting in a rising number of agents. It creates problems for us, and we can't pressure her for more money. We have asked her not to appoint new agents anymore.
>
> DAISY: Do you know all the agents?
>
> ANTARA: Yes, I know most of them. But when a patient becomes an agent it's difficult to keep track of the agents, as it's difficult to differentiate between patient and agent.[35]

While Antara and her fellow agents demanded higher pay and transparent pay scales, they also raised issue with the doctor's tendency to favor certain agents and patients over others. At the same time, however, their objections stemmed from the fact that patients who sought to become agents challenged their positionality in the hierarchy among doctors, agents, and patient. In seeking to preserve their own power and positionality, Antara and her fellow agents aimed to limit the power of their patients to become agents themselves. Ultimately, however, Dr. Desai did not address any of the agents' demands, and with limited opportunities to find alternate forms of income, Antara continues to work for her as an agent-caretaker.

I was surprised, however, when one day Antara presented me with several pages of computer printouts. With little knowledge of English, and having few opportunities to do research or access the Internet, Antara had approached a local vendor—the person who helped her secure identification cards for her patients—with a request to research payments for surrogates. When I asked why she had collected this information, Antara replied:

ANTARA: I wanted to know the actual payment to a surrogate from the client [intended parents]. If I know the actual payment, it will help me to make the process with patients more transparent, which eventually helps me to reach more women.

DAISY: What are you going to do with this information?

ANTARA: I'm not sure yet, but if we contact the clients directly, it will be more beneficial for everyone.

DAISY: Is this possible?

ANTARA: Why not? There are a lot of people who have asked me to approach the clients.[36]

Displaying a canny sense of entrepreneurship, Antara imagined that she might eventually be able to reach parents-clients directly, avoiding third parties such as Dr. Desai and increasing financial returns for herself and her patients.

Yet Antara also understood that particular social and structural factors circumscribed the range of possibilities available for women like her to negotiate their own livelihoods. When I asked her whether surrogates should be able to meet the future parents of the child they were carrying, Antara replied:

> It should be absolutely acceptable, but the main problem is being capable of having a dialogue with them. The language barrier hampers those who really want to communicate with their couple. Couples from abroad usually speak their own language, and it is difficult for many illiterate women to respond. These women are really uneducated. In my sister's case the couple visited her so many times and really wanted to communicate with her, but she didn't utter a word. If a smart and educated surrogate had been there, she would have asked them about the details of the actual payment and other things. But here the patients are totally dependent on the doctor. So any added gifts or payment that might have been given by the client but did not reach its destination cannot be tracked. In another case, Anu's case, the client never showed the courtesy of greeting us or giving good wishes to her after she delivered twins for them and went through caesarean. They just paid their amount and took the kids away. Surrogates really feel bad after being treated in this way. They are not asking you for something extra, and they are also aware that you are the original parents of the kids. There is no harm in showing some humanity, but they didn't even look at her once.[37]

As Antara's comments reveal, lack of education and lower social status in relation to the doctors and commissioning parents largely shape surrogates' experiences. Indeed, while Antara acknowledges the challenges language barriers

between surrogates and intended parents pose, her comments illustrate that the factors that limit access to resources and motivate women to become surrogates (lack of education, low socioeconomic status) also restrict women's ability to confront intended parents and doctors and to ensure transparency in surrogate arrangements. Indeed, Antara was acutely aware of the inequalities at the heart of transnational surrogacy arrangements as she worked hard to use her own constrained agency to provide opportunities for herself and her family members.

CONCLUSION

Indian women involved in surrogacy take up a diverse set of roles and responsibilities, and in contrasting the relative positions of the surrogate and the agent/caretaker, I have shown how these intermediary roles have resulted in intraclass divisions that engender further stratification among women. In Antara's case her experience as a surrogate facilitated her ascension to her role as a sought-after surrogate agent, and this role afforded her power and agency, however constrained.

Others have briefly examined the relationships between surrogates and agents, or "brokers," as Pande has written. In her work Pande has shown how surrogate hostels can represent a powerful site of resistance against brokers; in her study surrogate women banded together and complained to their doctor about the fact that they had to pay their broker $200 from their own earnings. Eventually, the doctor added a clause to her contracts stipulating that commissioning parents would be responsible for broker payments.[38] Yet Pande's study, located in a small town in the western state of Gujarat, focuses on women who lived in a surrogate hostel for most of their pregnancies. Agent-caretakers played a more significant role in the lives of the women I interviewed, who often lived at home with their families and thus had more power and involvement in surrogacy arrangements. They chaperoned women to clinics, administered injections and medications, mediated family quarrels, and disbursed payments. However, while Antara cared about the lives of her "patients," she also sought her own financial future and well-being. I found that incentives encouraged women in intermediary roles to improve conditions and foster loyalty by their surrogates; at the same time incentives prompted agents to protect their own relative positions of power by constraining the agency of others.

Both Nishi and Antara expressed forms of resistance to the larger structural forces that constrained their own opportunities as working-class Indian women. Yet their narratives reveal how their efforts at resistance actually rec-

reated structural inequalities. Though Nishi sought to improve her own family's financial future through surrogacy and took proactive steps to educate and protect herself against the risks involved, she remained unable to negotiate key aspects of her surrogacy contract. Antara, too, worked to increase payments for her surrogates, yet her negotiations of power as an agent-caretaker did not represent interventions against structural processes. Rather, her actions intensified and recreated hierarchies among working-class women involved in surrogacy. As Rhacel Parreñas has argued in her discussion of migrant Filipina domestic workers' resistance to power, this is the "bind of agency" that Judith Butler articulates.[39] Because the social processes from which agency emerges limits it, resistance, as it recuperates power, does not necessarily challenge structural inequalities. In the case of transnational surrogacy I argue that the intermediary position of agent-caretaker further reinforces these inequalities.

This article offers a critical examination of transnational surrogacy, with a focus on the views and experiences of the women without whom gestational surrogacy would be impossible, in order to reveal how women express agency in the context of structural constraints and social inequalities. While focusing on the everyday experiences of women involved in surrogacy, I have connected their experiences within the larger global structures that foster reproductive tourism. The narratives of Antara and Nishi illustrate the unique contours of stratified reproduction in the context of transnational surrogacy, while simultaneously challenging popular portrayals of surrogates as powerless victims. While the system treats surrogates as though they are no more than wombs-for-rent, their voices and hopes reveal complex histories of women and families struggling to get into a global market on the best terms they can muster.

NOTES

1. I use the term *agent-caretaker* to describe women who take on the dual roles of agent and caretaker: women who both recruit potential surrogates and egg donors for fertility doctors and care for surrogates during the duration of their pregnancies. In some cases distinct women may occupy these roles, but in many the agent and caretaker are the same woman. While many of the women in this study are native speakers of Marathi or Hindi, they use the English terms *agent* and *caretaker* in conversation to describe these positions.

2. For coercion see Fred De Sam Lazaro, "India's New Baby Boom," PBS *Newshour*, Aug. 4, 2011, http://www.pbs.org/newshour/rundown/2011/08/reporters-notebook-indias-new-baby-boom.html.

3. Arlie Russell Hochschild, "Childbirth at the Global Crossroads," *American Prospect*, 2009, http://prospect.org/article/childbirth-global-crossroads-0.

4. Rayna Rapp, "Reproductive Entanglements: Body, State and Culture in the Dys/Regulation of Childbearing," *Social Research* 78, no. 3 (2011): 693–718.

5. Faye Ginsburg and Rayna Rapp, eds., *Conceiving the New World Order: The Global Politics of Reproduction* (Berkeley: University of California Press, 1995), 3.

6. Faye Harrison, "Feminist Methodology as a Tool for Ethnographic Inquiry on Globalization," in *The Gender of Globalization: Women Navigating Cultural and Economic Marginalities*, ed. Nandini Gunewardena and Ann Kingsolver (Santa Fe: School of Advanced Research Press, 2007).

7. Marcia C. Inhorn, "Privacy, Privatization, and the Politics of Patronage: Ethnographic Challenges to Penetrating the Secret World of Middle Eastern, Hospital-Based in Vitro Fertilization," *Social Science and Medicine* 59, no. 10 (2004): 2095–108.

8. Linda Layne, *Transformative Motherhood: On Giving and Getting in a Consumer Culture* (New York: New York University Press, 1999); Laura Mamo, *Queering Reproduction: Achieving Pregnancy in the Age of Technoscience* (Durham: Duke University Press, 2007); Helena Ragoné and France Widdance Twine, eds., *Ideologies and Technologies of Motherhood: Race, Class, Sexuality, Nationalism* (New York: Routledge, 2000).

9. Barbara Katz Rothman, *Recreating Motherhood* (New York: Norton, 1989).

10. Dorothy Roberts, *Killing the Black Body: Race, Reproduction and the Meaning of Liberty* (New York: Pantheon Books, 1997).

11. Reproductive tourism has increased apace over the past decade, and there is a growing literature on transnational reproduction around the globe. See, e.g., Sven Bergmann, "Fertility Tourism: Circumventive Routes That Enable Access to Reproductive Technologies and Substances," *Signs* 36, no. 2 (2011): 280–89; Marcia C. Inhorn, "Globalization and Gametes: Reproductive 'Tourism,' Islamic Bioethics, and Middle Eastern Modernity," *Anthropology and Medicine* 18, no. 1 (2010): 87–103; Marcia C. Inhorn, "Diasporic Dreaming: Return Reproductive Tourism to the Middle East," *Reproductive BioMedicine Online* 23, no. 5 (2011): 582–91; Michal Nahman, "Nodes of Desire: Romanian Egg Sellers, 'Dignity' and Feminist Alliances in Transnational Ova Exchanges," *European Journal of Women's Studies* 15, no. 2 (2008): 65–82; Michal Nahman, "Reverse Traffic: Intersecting Inequalities in Human Egg Donation," *Reproductive BioMedicine Online* 23, no. 5 (2011): 626–33; Andrea Whittaker and Amy Speier, "'Cycling Overseas': Care, Commodification, and Stratification in Cross-Border Reproductive Travel," *Medical Anthropology* 29, no. 4 (2010): 363–83. There are also several special journal issues that focus on reproductive tourism: Zeynep B. Gürtin and Marcia C. Inhorn, "Introduction: Travelling for Conception and the Global Assisted Reproduction Market," *Reproductive BioMedicine Online* 23, no. 5 (2011): 535–37; Charlotte Kroløkke, Karen A. Foss, and Saumya Pant, "Fertility Travel: The Commodification of Human Reproduction," *Cultural Politics* 8, no. 2 (2012): 273–82.

12. There has been some debate regarding the accuracy and appropriateness of the

term *reproductive tourism*. The concept draws on the original term *medical tourism*, which is used to describe vacationers to "exotic" locales where they can also obtain some medical treatment. This, however, has changed in recent years, and some scholars object to the portrayal of reproductive tourism as travel that might be considered leisurely or frivolous, thus trivializing the serious nature of infertile couples' quests for conception. Indeed, several scholars have suggested *reproductive exile* as a more accurate term. See, e.g., Marcia C. Inhorn and Pasquale Patrizio, "Rethinking Reproductive 'Tourism' as Reproductive 'Exile,'" *Fertility and Sterility* 92, no. 3 (2009): 904–6; Roberto Matorras, "Reproductive Exile Versus Reproductive Tourism," *Human Reproduction* 20, no. 12 (2005): 3571. Nonetheless, many companies continue to prefer marketing their reproductive services as part and parcel of tourist vacation packages (e.g., www.ivfvacation.com).

13. Elizabeth F. S. Roberts, *God's Laboratory: Assisted Reproduction in the Andes* (Berkeley: University of California Press, 2012); Debora Spar, *The Baby Business: How Money, Science, and Politics Drive the Commerce of Conception* (Boston: Harvard Business School Press, 2006).

14. Inhorn, "Globalization and Gametes," 87–103.

15. Arjun Appadurai, *Modernity at Large: Cultural Dimensions of Globalization* (Minneapolis: University of Minnesota Press, 1996); Marcia C. Inhorn, "'Assisted' Motherhood in Global Dubai: Reproductive Tourists and Their Helpers," in *The Globalization of Motherhood: Deconstructions and Reconstructions of Biology and Care*, ed. Wendy Chavkin and JaneMaree Maher (New York: Routledge, 2010), 180–202.

176 Inhorn, "'Assisted' Motherhood in Global Dubai."

17. Helena Ragoné, *Surrogate Motherhood: Conception in the Heart* (Boulder: Westview Press, 1994); Elly Teman, *Birthing a Mother: The Surrogate Body and the Pregnant Self* (Berkeley: University of California Press, 2010).

18. Amrita Pande, "Not an 'Angel,' Not a 'Whore': Surrogates as 'Dirty' Workers in India," *Indian Journal of Gender Studies* 16, no. 2 (2009): 141–73; Amrita Pande, "'It May Be Her Eggs but It's My Blood': Surrogates and Everyday Forms of Kinship in India," *Qualitative Sociology* 32, no. 4 (2009): 379–97; Amrita Pande, "Commercial Surrogacy in India: Manufacturing a Perfect Mother-Worker," *Signs: Journal of Women in Culture and Society* 35, no. 4 (2010): 969–92; Amrita Pande, "Transnational Commercial Surrogacy in India: Gifts for Global Sisters?" *Reproductive BioMedicine Online* 23, no. 5 (2011): 618–25; Amrita Pande, "'At Least I Am Not Sleeping with Anyone': Resisting the Stigma of Commercial Surrogacy in India," *Feminist Studies* 36, no. 2 (2009): 292–312; Amrita Pande, "Commercial Surrogates and Embodied Resistances in India," in *Gender, Mobility and Citizenship in Asia*, ed. Mikako Iwatake (Helsinki: Renvall Institute Publications, 2010); Kalindi Vora, "Indian Transnational Surrogacy and the Commodification of Vital Energy," *Subjectivities* 28, no. 1 (2009): 266–78; Kalindi Vora, "Medicine, Markets and the Pregnant Body: Indian Commercial Surrogacy

and Reproductive Labor in a Transnational Frame," *Scholar and Feminist Online* 9 nos. 1–2 (Fall 2010–Spring 2011): http://sfonline.barnard.edu/reprotech/vora_01.htm; Kalindi Vora, "Limits of 'Labor': Accounting for Affect and the Biological in Transnational Surrogacy and Service Work," *South Atlantic Quarterly* 111, no. 4 (2012): 681–700; Kalindi Vora, "Experimental Sociality and Gestational Surrogacy in the Indian Art Clinic," *Ethnos* (2013); Kalindi Vora, "Potential, Risk, and Return in Transnational Indian Gestational Surrogacy," *Current Anthropology* 54, no. S7 (2013): S97–S106.

19. Pande, "Commercial Surrogacy in India," 969–92.

20. Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (Boston: Beacon Press, 1987); Sherry Ortner, *Anthropology and Social Theory: Culture, Power, and the Acting Subject* (Durham: Duke University Press, 2006); Lyn Parker, ed., *The Agency of Women in Asia* (Singapore: Marshall Cavendish, 2005).

21. For examples of ethnographic research that examines forms of resistance and agency within the context of social, economic, and institutional inequalities, see Denise Brennan, *What's Love Got to Do with It? Transnational Desires and Sex Tourism in the Dominican Republic* (Durham: Duke University Press, 2004); Nicole Constable, *Maid to Order in Hong Kong: Stories of Filipina Workers* (Ithaca: Cornell University Press, 1997); Nicole Constable, "Migrant Workers and the Many States of Protest in Hong Kong," *Critical Asian Studies* 41 (2009): 143–64; Kamala Kempadoo, ed., *Trafficking and Prostitution Reconsidered: New Perspectives on Migration, Sex Work, and Human Rights* (Boulder: Paradigm, 2005); Rhacel Salazar Parreñas, *The Force of Domesticity: Filipina Migrants and Domesticity* (New York: New York University Press, 2008).

22. Sayantani DasGupta and Shamita Das DasGupta, "Motherhood Jeopardized: Reproductive Technologies in Indian Communities," in Chavkin and Maher, *Globalization of Motherhood*, 131–53; 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): 23–38; Jyotsna Agnihotri Gupta, "Reproductive Biocrossings: Indian Egg Donors and Surrogates in the Globalized Fertility Market," *International Journal of Feminist Approaches to Bioethics* 5, no. 1 (2012): 25–51.

23. Chandra T. Mohanty, "Under Western Eyes: Feminist Scholarship and Colonial Discourses," *Feminist Review* 30 (1988): 61–88.

24. See, e.g., Kishwar Desai, "India's Surrogate Mothers Are Risking Their Lives. They Urgently Need Protection," *Guardian*, June 5, 2012, http://www.guardian.co.uk/commentisfree/2012/jun/05/india-surrogates-impoverished-die?fb=optOut; Amelia Gentleman, "India Nurtures Business of Surrogate Motherhood," *New York Times*, May 10, 2008; Judith Warner, "Outsourced Wombs," *New York Times*, Jan. 3, 2008, http://opinionator.blogs.nytimes.com/2008/01/03/outsourced-wombs/?scp=1&sq=outsourced%20wombs&st=cse.

25. Partha Chatterjee, "Colonialism, Nationalism, and Colonialized Women: The Contest in India," *American Ethnologist* 16, no. 4 (1989): 622–33.

26. In recent years there has been an increase in student enrollment in English-medium schools and a drop in students opting for Marathi-medium schools in Mumbai; see Prajakta Chavan, "Students Prefer English Medium to Studying in Other Languages," *Hindustan Times*, Oct. 25, 2011, http://www.hindustantimes.com/India-news/Mumbai/Students-prefer-English-medium-to-studying-in-other-languages/Article1–761222.aspx. Yet among the working-class women in this study access to English-language instruction was extremely limited due to the costs of education, making Nishi's knowledge of English even more remarkable. Nishi herself spoke of wanting to send her daughters to English-medium schools but regretted that she could not afford the costs.

27. Nishi, interview with the author, July 14, 2010.

28. All estimates are based on the 2010 average exchange rate of 1 US dollar to 45.68 Indian rupees. Unless otherwise indicated, US dollars are assumed throughout.

29. Nishi, interview, July 14, 2010.

30. Nishi, interview, July 14, 2010.

31. Among the eligibility requirements for women who wished to become surrogates, doctors required that married women have the permission of their husbands.

31. Since Antara's surrogacy experience payment for gestational surrogates has increased to $4,000–6,000 for most of the surrogates included in this study, depending on the clinic they attended.

32. Antara, interview with the author, Apr. 25, 2010.

33. Pande, "'It May Be Her Eggs but It's My Blood,'" 379–97.

35. Antara, interview with the author, Sept. 19, 2010.

36. Antara, interview, Sept. 19, 2010.

37. Antara, interview, Sept. 19, 2010.

38. Pande, "Commercial Surrogacy in India," 969–92.

39. Rhacel Salazar Parreñas, *Servants of Globalization: Women, Migration, and Domestic Work* (Stanford: Stanford University Press, 2001); Judith Butler, *The Psychic Life of Power: Theories in Subjection* (Stanford: Stanford University Press, 1997).