Introduction

Markets in Life

The U.K.-based *Daily Mail* prints a story about surrogacy in India with the highly descriptive title, “The Designer Baby Factory: Eggs from Beautiful Eastern Europeans, Sperm from Wealthy Westerners and Embryos Implanted in Desperate Women.” What follows in the article is typical of such news stories. The reporter begins:

Above a cheap mobile phone shop in a chaotic street in north Delhi, there is a grimy apartment whose peeling walls are decorated with photographs of adoring mothers nursing their babies. The woman cooing at her child in the biggest portrait is beautiful, white and affluent-looking—in stark contrast to the flat’s five residents, four of whom are pregnant, while the other is being pumped full of hormones in the hope she will soon conceive. They are all uneducated, bare-footed, dirt-poor Indian women from outlying villages—and given the emotional turmoil that awaits them, one would have thought the very last thing they would wish to do is spend their enforced nine months of confinement here gazing upon images of maternal bliss.¹

Mapping the difficulties commissioning parents face in negotiating the red tape involved in transferring surrogated babies born in India to the United Kingdom, the article describes the surrogate mothers as miserable women who will probably be shunned by their husbands and communities. The reporter continues: “[T]hese often illiterate souls are told when they make agreements often put together by shady fixers” that all they need to do is “lie around watching TV all day, eating nutritious
food they would never ordinarily be able to afford, and be dosed with vitamins and hormones.”

I reproduce this article in detail not because it is the exception; instead, such a narrative is the norm in stories on surrogacy in India. These narratives invariably touch upon four themes: wealthy Westerners seeking basement bargain prices for surrogacy; designer babies made out of top-notch eggs from “beautiful” white women; clients’ comeuppance as they begin to negotiate shifty infertility businesses and the legal morass in transferring babies from the East to the West; and the desperately impoverished, malnourished, oppressed, and uneducated Indian women who are somehow duped into vending their reproductive services in global intimate industries. Though these articles always speak with the requisite surrogate mother who is either a widow or whose husband’s illness burdens her family with exorbitant medical bills, she almost always smiles shyly and says that no one in her extended family or village knows she is engaging in a market pregnancy.

In spite of the number of persons interviewed for a myriad of different articles and TV news reports on the phenomenon of surrogacy in India, the same story emerges, glossing over what it is that these reproductive market processes mean for the people who participate in them. That is, how do commissioning parents and surrogate mothers experience the marketization of pregnancy and childbirth? Prior to the present historical moment women have not received wages from complete strangers for their pregnancies and childbirth; nor have parents paid total strangers to birth babies for them. Surrogacy is newsworthy precisely because it remains inconceivable to the vast majority of us.

At a basic level, surrogacy is an agreement or contract between two parties, one of whom will bear and birth a child for the other. If women are unable to carry fetuses to term, or are diagnosed with infertility, or if gay men want to have children genetically descended from them, they can enter into contracts with surrogate mothers. Traditional surrogacy where the surrogate mother uses her own eggs, though much less invasive, is far less common because she is genetically related to the fetus and
exercises greater legal rights over the baby she bears. Commissioning parents use their own eggs and sperm, or if gamete “quality” is compromised, they can purchase them from egg and sperm banks in the United States, India, or elsewhere. The eggs are fertilized in petri dishes and placed in a nutritive culture for up to five days. Simultaneously, surrogate mothers are pumped with hormones to grow their uterine lining. Up to four blastocysts (called embryos, though not technically embryos at this stage) are placed in their wombs where they may grow into fetuses and full-term babies. In the case of gestational surrogacy, two women’s bodies are stimulated with hormones in order to achieve one pregnancy; one woman’s ovaries are sent into overdrive with synthetic hormones so that she hyper-ovulates and produces many eggs that can be harvested. Another woman is prepared for a pregnancy through synthetic progesterone and estrogens. This form of surrogacy, called gestational surrogacy, is most common in India and elsewhere because babies are not genetically descended from surrogate mothers, and as a result they exercise very few legal rights over the babies.

All these processes involved in surrogacy are mediated by money; commissioning parents purchase eggs or sperm and hire surrogate mothers who receive wages for their gestational services, or “rent” as some individuals will argue, who then give up a baby or two at the end of their pregnancies. These markets in reproductive services raise a whole series of questions. What does it mean to enter into a legally binding commercial contract where money is exchanged for a baby at the end of nine months? What exactly is being bought and sold? Is it a baby, or babies as the case may be? Or, is surrogacy India’s emergent “rent-a-womb” industry? If pregnancy is a rental relationship between commissioning parents and surrogate mother, then what is the conception of the woman’s body? What indeed is her relationship to her own body if she can “rent out” her womb? Might pregnancy be deemed a service much like other forms of intimate labor? If it is, then how do the various actors involved make sense of buying and selling such a service? How do surrogate mothers deal with giving up the babies they have borne in their
bodies for nine months? What does it mean for them to receive wages for such work? How do Indian women get recruited into becoming surrogate mothers? After all, not every needy woman in India opts to become a surrogate mother. Indeed, many of us may wonder why on earth women would enter into such kinds of labor agreements—which seem to be a horrific form of alienation for most of us—where the mother nurtures life within her body yet gives it away for mere money. What drives individuals to seek out children borne by women halfway across the world? How do they negotiate the market transactions involved in buying eggs, hiring surrogate mothers, and then getting the babies “back home”? How do client parents deal with separating babies from their birth mothers, women they will probably never again see in their lives?

These are the questions that animate this book. I conducted participant observation in an infertility clinic in Bangalore for two months in 2009. I spoke with 8 heterosexual and 12 gay individuals/couples availing of infertility services in Mumbai, Anand, and Delhi in 2010–2012. All these families reside in the United States and Australia. I interviewed 7 infertility specialists from Bangalore, Mumbai, and Hyderabad. I spoke with 3 lawyers who facilitate surrogacy in India and the United States. I attended a surrogacy workshop in Dallas organized by a Mumbai agency. And finally, in 2011, I interviewed 70 surrogate mothers, 31 egg donors, and 25 garment workers in Bangalore. These interviews and field research enable me to provide a far more nuanced understanding of surrogacy in India than what the media provides.

The Globalization of Reproductive Services

Up until recently, the United States has been the global leader in providing surrogacy services. Australian, Japanese, German, British, and even Indian couples facing what feels like an oppressive and despairing life sentence of infertility have come mostly to California but also to Texas in pursuit of that elusive and precious baby. According to sociologist Susan Markens, fertility assistance is a $2 billion a year industry in the
United States. Today, however, India has replaced the United States as the “mother destination.” Compared to the close to $80,000 to $100,000 price tag for a baby in the United States, surrogacy in India costs between $35,000 to $45,000. Surrogacy in India was expected to generate $2.3 billion in gross business profits annually by 2012. While the Indian government had been remarkably laissez-faire regarding clients’ sexual identifications and practices, legislation in 2012 changed that. At present gay men, single individuals, and couples married for less than two years are banned from entering into surrogacy contracts. Since early 2013 the industry has been servicing only straight or heterosexual couples within India, the United States, Canada, the United Kingdom, Australia, Germany, Spain, and Japan, to name just a few countries.

Surrogacy in India is a spectacular global phenomenon. Sperm are almost always sourced from the commissioning fathers. Eggs, on the other hand, can come from various sources. The commissioning mother can use her eggs, or if her eggs are unviable, human ova can be sourced from university students in the United States. Sometimes, women from the Republic of Georgia and even South Africa are used if commissioning parents desire racial matching. Or ova can be purchased from working-class Indian women. As I discuss in greater detail later, the Indian surrogate mother usually delivers the baby through a caesarian section even though all her previous children have been delivered through vaginal births. The surgeries are scheduled between the thirty-sixth and thirty-eighth weeks of pregnancy so that doctors can have complete control over the birthing process, and the arrival of the babies can be timed in accordance to the schedules of clients who may arrive from international destinations. The babies’ birth certificates are prepared in the commissioning parents’ names. Nowhere on this paperwork does the surrogate mother’s name appear.

These are indeed brave new nuclear families emerging through a multiplicity of sex cell sharing, buying, and birthing, and the movement of genetic materials and human beings across national and racial borders. Anthropologist Marcia Inhorn describes these new reproduc-
tive regimes as reproductive landscapes or “reproscapes,” which entail “a distinct geography traversed by global flows of reproductive actors, technologies, body parts, money, and reproductive imaginaries.” Reproscapes, she notes, are new labor markets wherein Third World women assist others in meeting their reproductive goals by undergoing risky forms of hormonal stimulation and egg harvesting. Various scholars have examined the consequences of these sorts of reproductive practices by one valorized group of people for the parental activities of another group of mostly Third World women who are not just unsupported, but, more crucially, are actively discouraged from fulfilling their reproductive and parental desires.

However, such global developments also have the potential to create unusual familial arrangements, deep friendships, and enduring alliances. Like the women using amniocentesis and genetic testing in anthropologist Rayna Rapp’s groundbreaking book, *Testing Women, Testing the Fetus*, the individuals and couples pursuing transnational surrogacy are “moral pioneers” who fall back on “local and ongoing gender, generation, class/caste relations, and religious regulation” to provide a “reassuringly continuous optic through which innovative technologies,” novel situations, and unusual transnational transactions are assessed. Sociologist Amrita Pande, for example, demonstrates that both surrogate mothers in India and their clients downplay the commercial aspects of surrogacy by recasting the entire transaction as gifting between sisters, or missionary work. That is, surrogate mothers cast their considerable labors as gifts to the infertile women from the West in order to make the latters’ dreams of children possible. On the other hand, intended mothers from the West understand their economic transaction as rescuing or at the very least, coming to the aid of their less privileged Indian “sisters.” Through payment for pregnancy, and the eventual exchange of the baby or babies as the case may be, many believe that they have assisted Indian surrogate mothers in being better mothers to their “own” children, the cash influx making available for Indian children better schools, homes, and luxury items.
Through their pursuit of children genetically descended from them, commissioning parents have unleashed a whole new moral landscape that may have its origins in the morass of the market, but is nevertheless thickly interwoven with deep love, devoted parental caring, and profound familial commitment. Gay fathers, especially, are charting new norms of parenthood in Australia and the United States to a lesser extent. My own research shows that if gay families are disparaged because they supposedly weaken the American or Australian national fabric, these fathers show through exemplary parental practices that they are not just as good as everyone else, but instead are stellar individuals who work incredibly hard in bringing children into this world and raising happy, well-adjusted, and lovely young people.

Many intended parents I interviewed—straight or otherwise—believe they are moral pioneers because they are progenitors of a new kind of mestizo/a, encompassing vastly divergent genetic genealogies. The children born through surrogacy in India could emerge from sperm from biracial men, eggs from Indian Muslim donors, borne by Hindu surrogate mothers, and raised in mostly white neighborhoods in the United States or Australia. Thus, though familial genetic descent might matter to some who come to India for surrogacy purposes, many others celebrate their children's genetic genealogies. As one of my interlocutors, Caroline, a thirty-six-year-old American who had gone to Mumbai, India, in 2008–09 with her husband for the purposes of surrogacy, laughingly and lovingly declared of her ten-month-old baby—“He’s a miracle, really. Given that we’re Jewish, our egg donor was Hindu, and our surrogate mother Muslim, we joke that our son is a Mu-Hin-Jew.” As Caroline indicated, casting a monolithic racial identity for surrogated children is challenging under the circumstances of transnational assisted reproduction, and many parents celebrate their racially mixed children.

Surrogate mothers too, like the commissioning parents, are moral pioneers. They are often deemed immoral social agents in their communities because they bear other men’s children. How could they achieve
such pregnancies without sex, many people wonder. Yet they are brave new workers who subject their bodies to new and relatively untested medical technologies, achieve their pregnancies through in vitro fertilizations, live out their pregnancies in surrogacy dormitories amongst strangers away from their families, birth babies, and receive wages in exchange. They are active participants in emergent intimate industries, shaping a new ethics of caring and giving a whole new meaning to the social and economic value of babies and motherhood.

Transnational commercial, gestational surrogacy, as I explain in this book, is undoubtedly exploitative. Yet if there is one thing I have learned since I began studying cross-border reproductive care in 2008, it is this: These global market pursuits have unleashed new ways of making multiracial families, unpacked meanings of motherhood in ways that are still confusing, and creating fraught yet extraordinary relationships between children, men, and women across the globe. This book, then, is an attempt to unpack the ambiguities in transnational surrogacy, which I broadly call a kind of market in life.

Markets in Life

I build the phrase “markets in life” from the concept of bioeconomies, which is understood to be a frontier technology that involves a transformation of life forms such as biofuels and hybrid crops, for the purposes of profit. This new kind of economy based on biology, that is, bioeconomy, builds from the latent value held in biological materials, which offer vast business opportunities. Sociologist Melinda Cooper notes that life itself creates surplus value, which forms the basis for profits. Bioeconomies are not solely techno-scientific developments, but are political projects. At the forefront of the study of bioeconomies is Australian sociologist Catherine Waldby, who in her larger oeuvre of work shows that new biological technologies reorganize human body parts and tissues to create surplus value by harvesting “marginal forms of vitality—the foetal, cadaverous, and extracted tissue, as well as bodies
and body parts of the socially marginal” in order to “aid the intensification of vitality for other living beings.”

Working from the scholarship on bioeconomies I define markets in life as the emergent commodification of life processes that had previously not been incorporated into the market. Markets in life are organized through institutional setups, which recruit people from the social margins, bring in scientists and doctors, mobilize research and pharmaceutical products, and pull in clients from privileged sectors of societies across the world in order to sell body parts and tissue such as hair, blood, kidneys, human ova, and sperm. These markets also include experimental stem cell technologies that promise huge capital gains. Surrogacy is one kind of market in life, which comprises various elements; egg and sperm banks, infertility doctors, travel agents who facilitate international travel, medical visas, and hotels for client parents; and finally, surrogacy agencies that recruit working-class Indian women as surrogate mothers for what Barbara Katz Rothman calls “reproductive assembly lines” in order to birth babies for upper-middle-class families across the world.

Most of us do not question the wages that, for example, autoworkers receive for working on cars over which they exercise no rights. And we also accept that childcare workers will provide loving caring for infants and toddlers in exchange for wages. While various forms of work have already been incorporated into the market—elder care, garment work, cleaning households, teaching—we know very little about emergent forms of wage labor. What does it mean to extend market logic to pregnancy and childbirth? Crudely paraphrasing Marx’s description of capitalism in the 1800s, what newfangled forces are being unleashed by the marketization of reproduction, and what sorts of newfangled individuals are emerging, mastered by and simultaneously mastering these market processes? These individuals themselves are as much an invention of the times as the medical and technological innovations that have decoupled reproduction from sex. Embedded in an account of mothers, pregnancy, childbirth, babies, and families, this book is a story about
the intrusion of the market in life processes we could not have imagined being commodified, let alone globalized.

The surrogate mothers and client parents who appear in this book are deeply uncertain about the kinds of reproductive market exchanges that have emerged precisely because of their pursuits. Focusing mostly on surrogate mothers in Bangalore, I argue that their ambivalence around surrogacy as both an act of gift giving and market exchange has to be located in a larger social context regarding the meanings of reproduction, the circulation of women's bodies, women's value, and women's participation in wage labor.

Working-class women's bodies have long invoked horror and hope among the Indian middle class and the nation-state. Questions of national development, economic growth indexes, and modernization anxieties have all been played out on these women's bodies, and it is within these discourses, policies, and state interventions that surrogacy must be located. It is impossible not to consider surrogacy as simply the newest form of reproductive intervention on working-class women's bodies, long preceded by population control policies. If these older policies were driven by the Indian state's anxieties around working-class women's bodies as a source of dystopic overpopulation and resultant poverty, those anxieties have now been converted to an emerging hope that these very same bodies will generate new revenue streams by being harnessed to reproductive assembly lines. Working-class women's bodies are the source for human ova and surrogacy, the cutting edge of emergent biotechnologies and medical advancement. Female sterilization and surrogacy are tied in other ways; most of the surrogate mothers I interviewed had opted for sterilization as a form of birth control. Rendered infertile for the purposes of growing their own working-class families, these women now hired themselves out to birth children for middle-class families in exchange for wages. Population control programs, I explain, are also influential in shaping the current infertility industry because many doctors who provide reproductive services today have developed invaluable skills by providing sterilization services for
working-class women. The surgical sterilization of hundreds of women’s bodies rehearses that other kind of reproductive intervention, that is, surrogacy. Indeed, surrogacy in India cannot be understood outside the context of population control programs. Markets in life—and surrogacy is a prime example of such a market—have to be located in the larger medicotechnical interventions that make certain bodies, specifically those of working-class Indian women, the foundation for reproductive assembly lines.

And then there are the women themselves, those whose bodies form the very raw material on which markets in life are established. What sense do these working-class women, who become egg donors and surrogate mothers, make of surrogacy? If they understood surrogacy as wage labor, then it was in comparison to their lives as workers prior to becoming surrogate mothers. Already incorporated into labor markets, specifically Bangalore’s globally driven garment production, the women attempted to locate their work as surrogate mothers within that context. Was this kind of work better, and morally superior? If so, why?

Yet even as they understood surrogacy as a form of wage labor, they also simultaneously located surrogacy as a form of gift exchange by harking to another common social practice, that is, sharing babies among immediate and extended family members. For example, when Indian couples face infertility, their siblings or cousins can “gift” them a child they have birthed. The situation is analogous to an open adoption where birth parents, child, and adoptive parents all know each other. There is no formal or legal adoption process; instead, the entire process of sharing children is mediated by ongoing social relationships and obligations between the two sets of adults. The ambivalence surrogate mothers feel about surrogacy has to be located in this older, prevalent practice of sharing children. These complex negotiations that govern giving children as “gifts” have now been converted into commodity exchange among atomic, alienated agents.

The issue of market intrusion into life is not a new line of inquiry. Sociologist Arlie Hochschild, for example, has written extensively about
the sorry state of “intimate life in market times.” Contrarily, sociologist Viviana Zelizer explains that intimacy and money have a long, entangled history. Economic transactions do not poison intimacy; instead, they characterize, nourish, or amend the various intimacies that inform social life. I take my cue from sociologists Eileen Boris and Rhacel Parreñas (2010) to map out the emergence of reproductive assembly lines in India as a form of intimate labor. Intimate labors refer to the wage labor performed by mostly migrant women employed as nannies or nurses, and the globalized trade in services such as sex tourism and call centers that deepen forms of commodification to encompass emotions and other affective states of being. Intimate labor is the paid employment involved in forging, maintaining, and managing interpersonal ties by tending to the bodily needs and wants of care recipients. Such intimate needs and wants include “sexual gratification, bodily upkeep, care for loved ones, creating and sustaining social and emotional ties, and health and hygiene maintenance.” Intimate industries, stated briefly, are the institutionalization of intimate labor and the unequal relationships between various actors engaged in intimate exchanges. Intimate industries are globalized, and in the specific case I study—that of infertility and surrogacy—hundreds of thousands of individuals crisscross the globe in pursuit of fertility assistance, human eggs and sperm, and surrogacy services.

Meeting Surrogate Mothers in Bangalore, India

I never expected to study surrogacy, especially because I arrogantly presumed I was thoroughly familiar with the topic. I had worked as a graduate student teaching assistant for Professor Nancy Worcester’s renowned class, “Women and Their Bodies in Health and Disease,” at the University of Wisconsin-Madison. But having faced innumerable complications in getting pregnant myself, I came to learn that my arrogance was unwarranted. There was far more to fertility than what I thought I knew. After countless miscarriages I finally gave birth to
my little girl in 2007, and I returned to my childhood hometown of Bangalore with my own one-year-old toddler the following summer. I also had a research idea of sorts; I’d watched the October 2007 Oprah Show on surrogacy in the small Gujarat town of Anand, and wanted to research surrogacy in India for my next book. Perhaps I had not noticed before, but infertility clinics seemed to have mushroomed everywhere in Bangalore—Cambridge Infertility Clinic, Bangalore Assisted Conception Center, Ankur Fertility Clinic, Gunasheela IVF Center, and Fertility Clinic at the Apollo Hospitals. It is hard to imagine that a country that had historically spent so much energy controlling women’s fertility with an eye on population control was now witnessing an explosion of privatized infertility assistance. Yet by 2013 there were over twenty assisted reproductive technology clinics listed in the yellow pages in Bangalore, this bustling city of 8.5 million people that is the epicenter of information technology outsourcing. These clinics have emerged in the past decade.

Not knowing where to begin my research, I resorted to old habits; I relied on family connections. My father is an Ear, Nose, and Throat surgeon and has been practicing in Bangalore since the mid-1970s. His networks among Bangalore’s medical personnel are formidable. Many are either his colleagues, friends of colleagues, or students from when he taught at Bangalore Medical College early in his career. Though many infertility specialists in the city were willing to speak with me solely because I was my father’s daughter, they claimed they knew no surrogate mothers. I even traveled to Hyderabad to meet with infertility specialists, but had no luck in meeting surrogate mothers. I went back to India in the summer of 2009 hoping to make some inroads. The late Dr. Sulochana Gunasheela, the most well-known gynecologist and infertility specialist in the city, tucked me under her wing, mentoring me and teaching me the basics of infertility assistance. I went to her clinic almost every single weekday for just over four hours, for two months; I interviewed her patients and sat in on her consultations. She introduced me to the doctors who worked with her, all women in their mid-thirties who cared passionately about their patients. In spite of the hectic pace
of work at the Gunasheela IVF Center, these young women answered patients’ questions with forbearance, worried about them endlessly, and shared with me their concerns about this or that person’s anxiety regarding his or her childlessness. Yet that summer too, I met no surrogate mothers. Dr. Gunasheela worked on surrogacy cases only if her clients made all the arrangements themselves. She did not trust middlemen and surrogacy brokers, and avoided them at all costs.

All the Bangalore infertility doctors I met over the summers of 2008 and 2009 claimed they did not take on surrogacy cases because they were legally fraught; or they worried about their clients’ confidentiality. One reputed infertility specialist told me she did not want a sociologist “snooping around” because she worried about her clients’ confidentiality. Having given up on meeting surrogate mothers, I changed my plans to studying infertility in India, as suggested by Dr. Gunasheela. She explained that surrogacy was a last-resort measure for infertile individuals; without understanding what infertility meant to her clients I would never get a handle on surrogacy. She was right.

I returned home to Austin, Texas, with the intention of going to Bangalore the following year to begin what I’d started, that is, participant observation in infertility clinics. But my goal was interrupted. I found myself unexpectedly pregnant, and in a few short months my second child was born. I was elbow deep in changing diapers, waking up at least three times over the course of the night, and spending large chunks of the day sleeping, all the time thinking I was too old to do this the second time around. Sitting at home in Texas with a newborn baby over much of 2010, I resorted to looking up blogs of commissioning parents who went to India for surrogacy purposes. Some of these accounts of travels and travails in India were absolutely delightful; as a new mother myself and filled with wonderment at tiny toes, round cheeks, and soft-sweet baby breath, I was drawn into the world of multiple babies, car seats, toilet training, and nurseries. I cooed over the baby photos they posted on blogs. I marveled at how the surrogated babies had grown from fragile neonatal beings into dimpled, confident little toddlers. What could be
a happier research topic than sweet little babies? There was love, love, and more love. And there was boundless happiness in being new parents. I contacted many commissioning parents who maintained blogs, and a few of them consented to be interviewed. I eventually interviewed twenty straight and queer couples in the United States and Australia. I am still in touch with some of these parents; I even visited three families and met their surrogated children. Some of the parents expressed their support for my research because surrogacy stories were an integral part of their own and their children’s lives; they say they want to share my writing when their children come of age.

My research had so far been deeply shaped by my own reproduction routes, when out of the blue in January 2011 I received a phone call from Bangalore. It was my father. He told me that one of his patients, Sarita, a stage actress in Kannada theater in her early thirties, recruited surrogate mothers for a local Bangalore agency called Creative Options Trust for Women, or COTW. She was willing to talk with me, introduce me to her employer, Mr. Shetty, and to the surrogate mothers housed in the dormitories he owned.

COTW works with many infertility specialists in Bangalore and Chennai who rely on the Trust to recruit egg donors and surrogate mothers for their clients. The Trust also houses the mothers in dormitories, monitoring the women over the course of their contract pregnancies. Straight and gay couples arrive from all over India and throughout the world to avail of the services of COTW’s surrogate mothers and Bangalore’s expertise in building biological families. I arrived at COTW’s surrogacy dormitory in mid-March 2011. There, tucked away among seemingly haphazard buildings that followed no code, amidst narrow alleys that barely allowed cars to pass, sat the COTW surrogacy dormitory. The nondescript building was distinguished by an unusual number of young men in their early to mid-twenties who hung around outside. There were also a plethora of motorbikes parked along the outside walls. One of them sported a sticker that read, “No one dies a virgin. In the end life fucks everyone.”
At the end of my first week of daily visits to the dormitory Mr. Shetty suggested that I’d learned everything I needed to know and I was not welcome any more. The surrogate mothers were forbidden to speak with me. I was dismayed because I wanted to begin interviews in earnest but that was no longer possible. After three years of trying hard to gain access to surrogate mothers and coming so close, I was on the outside again. I was disappointed, but determined to somehow get to the networks I sensed existed. The women I’d met in the dormitory seemed to know each other very well; some were even sisters and cousins.

Fortunately, when I returned to Bangalore in the summer of 2011 Sarita introduced me to surrogate mothers Roopa, Suma, and Indirani, who then arranged interviews with other mothers either because they were recruiting agents or because their tenure at the COTW dormitory overlapped with that of the interviewees and they were now close friends. The strategies I followed to recruit interviewees closely mapped the recruitment strategies adopted in Bangalore’s reproduction industry. I paid the recruiter $4 for each introduction, and I paid interviewees $20. With the exception of Roopa and Salma, the recruiters took an additional $4 from their compatriots for the “privilege” of being introduced to me. Though Mr. Shetty forbade me to come to COTW and explicitly told the surrogate mothers not to talk with me, I eventually met 70 surrogate mothers and 31 egg donors in just over four months. I also met nine women who had either sold their own babies because of poverty or had their babies stolen from them.

My payments to interviewees and recruiters mirrored Mr. Shetty’s practices at COTW; he paid the recruiter up to $50 and $100 for each egg donor and surrogate mother she brought in. If the mother delivered successfully, she gave her recruiting agent a bakshish of up to $200. Sarita, who really started the whole research project for me, explained that this practice was justified because how else would a woman have found this “opportunity” if the agent had not brokered the deal? Former surrogate mothers were effective recruiting agents because they were best positioned to explain the processes entailed in surrogacy; but also be-
cause they were underpaid to begin with and lost more money through the requisite fees to recruiters, they needed to recuperate their earnings. Working as a recruitment agent was more remunerative in the long run than being a surrogate mother, but only by being egg donors or surrogate mothers were they able to access these other opportunities.

It made sense that Mr. Shetty paid women just $4,000 although he billed client parents close to $8,000 for the surrogate mothers’ services; underpaying the women enticed them to become recruiting agents and bring fresh bodies into the industry. Moreover, recruiters were effective disciplinary agents who kept surrogate mothers in line because these were women from their neighborhoods, and they had extended kin networks.

If I had worried about not meeting an adequate number of surrogate mothers, by the end of my fieldwork I had another set of worries. I had now become the resident “expert” on surrogacy. Various acquaintances—childhood friends, my father’s patients, and distant family members—asked me for advice on surrogacy services. On the other hand, the surrogate mothers asked if I could find them new clients. It was not that I had no desire to be of assistance, but I balked at the idea of getting more involved in Bangalore’s reproduction industry. I distanced myself from both potential clients and workers because I had no interest or expertise in brokering surrogacy deals.

The only skills I possessed were those of a feminist labor sociologist. All I could do was explain how local labor markets in globalized intimate industries emerge, how surrogate mothers were recruited and made sense of these transnational gift/commodity exchanges, and how they negotiated positions of influence and power for themselves in progressively untenable socioeconomic conditions. Because of the ways the laws are written and the labor markets are organized, it is impossible to ignore that the surrogacy system in India is disrespectful to women, and attempts to control and disempower them. Yet it was also not possible to ignore what I heard again and again and again from the mothers—they maintained that their engagement in Bangalore’s reproduction industry
was life-affirming. Thus, my task is this: How do I make sense of the lived realities of many surrogate mothers in Bangalore where a deepening commodification of the body attended by high levels of synthetic hormonal infusions, routine transvaginal ultrasounds, and routine caesarian deliveries of babies even when women are able to deliver vaginally, are paradoxically experienced as revitalizing life events? I outline how choice, agency, and empowerment for surrogate mothers operate in an already unequal world structured by global labor markets.

The Organization of the Book

The book consists of two sections; in the first section, comprising chapters 1, 2, and 3, I describe how labor markets in surrogate mothers emerge. The first chapter tracks the *longue durée* of reproductive interventions in India, namely, population control policies followed by assisted reproductive technologies. It is within these local histories and global economies that women negotiate their everyday lives, and which form the backdrop to their decision-making processes. The second and third chapters build from my ethnographic notes and interviews with surrogate mothers. By focusing on key informants I explain how labor markets in surrogate mothers are organized. Labor markets emerge by mobilizing various agents’ inherited social strategies, commonsensical ideas of how the world works, and shared gender ideologies, which in turn shape women’s perceptions of economic opportunities for social mobility.

In the second section I explain how pregnancy and childbirth are incorporated into the market economy. The fourth chapter explains the context in which Bangalore’s women made sense of receiving wages for pregnancy; the fact that they were already wage workers in garment sweatshops and there was already an underground exchange in babies in Bangalore shaped how women saw their own market engagements in reproduction. The fifth, sixth, and seventh chapters explore whether pregnancy in surrogacy and the resulting baby are a commodity or a
Thinking about body parts, fluids, and gametes as a commodity or gift is not a new line of inquiry. Beginning with Titmuss’s seminal *The Gift Relationship*, in which he endorses the virtues of blood donation in the United Kingdom versus the demerits of blood distribution as a commodity in the United States, the circulation of tissue fragments has been well examined. What distinguishes gifts from commodities are *social relationships*; that is, commodity exchanges are transactions between individuals who have no interest in maintaining ongoing social interactions. Gift exchanges, on the other hand, are transactions where people remain in a state of reciprocal dependence on each other. These three chapters, then, chart how surrogate mothers and client parents move pregnancy and the resulting babies into commodity status or deem them gifts not out of a belief in rational markets or benevolence in gifting; instead, they are engaged in negotiations over what kinds of futures—mutual reciprocity or self-contained independence—they want or do not want with each other.

Having mapped the emergence of labor markets in surrogate mothers and people’s labor and consumer experiences in transnational industry, I take a different direction in the concluding chapter. I ask, What do these developments mean in the larger context of social justice? Are they a literal form of vampire capitalism where the privileged gain life by sucking the very existence out of those women who are disempowered? Or are these equitable developments that further redistribution whereby childless couples receive babies they parent for life and surrogate mothers receive wages that pull them out of precarity for life? But I jump ahead. The first chapter charts the various reproductive interventions on women’s bodies in India, starting with population control and moving on to assisted reproductive technologies.