Introduction

On a Sunday afternoon in the midst of monsoon season, I sat in a hotel restaurant sipping coffee with Eben, a Middle Eastern entrepreneur who had landed in Mumbai several days earlier. Eben’s company facilitates surrogacy arrangements in India for prospective parents from all over the world. Eben, whose daughter was born via gestational surrogacy in the United States, explained to me the core motivation for starting his company: to make gestational surrogacy a feasible option for more infertile straight couples and gay couples like him and his male partner. According to Eben, most of his clients simply couldn’t afford surrogacy in the United States, and many of them required the assistance of egg donation and preferred a white egg donor who might physically resemble them. Yet surrogacy and egg donation in India seemed daunting; many of Eben’s clients were concerned about the quality of medical care and viewed India as a chaotic, poverty-stricken Third World country. Eben thought, pragmatically, “Let’s find a way to mix the two [egg donation in the United States and surrogacy in India].” His first clients were a Middle Eastern gay couple; Eben shipped frozen sperm from one of the male partners to the United States, where doctors used it to fertilize donor eggs from a white U.S. woman, then froze and shipped the resulting embryos to India. There, Indian doctors thawed and transferred the embryos into the uterus of an Indian woman.

As Eben went on to explain different aspects of his business, he noted that he does not match clients and surrogates prior to embryo transfer. Instead, doctors transfer embryos into the wombs of surrogates who happen to be prepared to undergo transfer at that time, and the commissioning parents and surrogates sign the contract only after pregnancy is confirmed. In fact, he explained, “Just today I came from a meeting with twelve pregnant surrogates for my clients. We met today and we did all these signatures [for the contracts].” As I imagined Eben in a room filled with a dozen pregnant Indian women, distributing and ex-
plaining the contents of the surrogacy contracts, I thought about how this piece of paper, the contract—as well as the fetuses growing inside them—connected the surrogates to parents who lived half a world away and whom they would likely never meet.

Several days later, I was sitting on the floor of Nishi’s single-room home in Nadipur, a city located less than forty miles outside Mumbai, snacking on samosas and sipping hot chai. Nishi, a surrogate who was then five months pregnant, proceeded to tell me about her week. She excitedly told me that several days earlier she had discovered where her commissioning parent was from: “My client is Muslim! He is from Dubai, and his name is Omar Chasan.” (Surrogates and doctors typically refer to commissioning parents as clients.) When I asked how she knew all this, she explained that she had not actually met Mr. Chasan. In fact, no one had provided her with any information about him, apart from the fact that he was a foreigner. Instead, she told me, she guessed the client’s place of origin from the name she read on the contract she had signed earlier that week. She went on to explain, “I didn’t meet the client, I met with somebody else who came to get the agreement signed. He was carrying twelve contracts with him and we were twelve surrogates in the room. He took my photograph, asked me my name, and went away.” The “guest” pressed a five hundred-rupee bill (approximately U.S.$11) into Nishi’s hand, took photographs of Nishi and the other surrogates, and left with the signed contracts.

I had been meeting regularly with Nishi over the past several months, so I was struck by the coincidence when I realized that she must have met Eben on the day she signed the contract—the same day I met with him, one of just a few for which he would be in India. I thought about how Nishi’s narrative, like Eben’s presence and departure, revealed connections and absences—connections with a “client,” the future father of the child she was carrying, who nonetheless remained distinctly absent throughout her pregnancy and, later, recovery from childbirth via cesarean section.

More connections and absences would unfold in various ways in the course of my research. That same week, I met with five white South African women who had traveled to Mumbai as “traveling egg donors,” four of whom were returning as second-time egg donors in India. All had donated multiple times in South Africa. They regaled me with their stories...
of egg donation, shopping, and tourism in India, but also posed thought-
ful speculation about the lives of surrogates and intended parents, whom
they would never meet. Several months later, I met a Middle Eastern
gay couple who had recently become parents to twin girls. I learned they
were Eben's clients; a white South African woman had supplied her eggs
while an Indian woman provided gestational surrogacy. The couple were
curious about the impact that surrogacy had on the lives of surrogate
mothers, and lamented that they could not follow up with their surrogate
personally, as their doctor strictly forbade any contact.

Throughout my fieldwork, I noted how the lives of surrogates, com-
missioning parents, egg donors, and brokers converged in Mumbai at
distinct moments, sharing a common “quest for conception” (Inhorn
1994). Yet while the process of surrogacy connected these varied actors
in far-flung locales, they were effectively absent from each others’ ev-
everyday lives. The fates of these wide-ranging reproductive actors might
intersect in Mumbai at one point or another, but they do not always
meet face-to-face, and when they do meet, their interactions are often
brief and stilted. Nonetheless, the conception of human life intertwines
their lives and they negotiate these connections in ways I didn’t expect.

This book is about the ways in which surrogate mothers, parents,
egg donors, and agents, among other actors, navigate their relationships
formed through gestational surrogacy. It is about race and kinship, and
the ways in which transnational reproduction reflects and reinforces
local and global inequalities. While commissioning parents, egg donors,
surrogates, and doctors come together across transnational and local
socioeconomic hierarchies, their understanding of their relationships
illuminates how various actors negotiate the intersections of kinship and
inequality in transnational contexts. Transnational reproduction com-
modifies sperm, eggs, and wombs, yet the people I met tended to talk
about their interaction as if money had little to do with it. This obscures
the power differentials inherent in these processes, and hierarchies of
ethnicity, class, gender, and nationality flourish.

Encounters (or the lack thereof) between surrogates and clients
shape many of the personal and familial dramas of the people involved
in transnational surrogacy. Yet as I began to focus on the relationships
between surrogates and clients, I noted the ways in which actors’ under-
standings of kinship and relatedness often relied on naturalized under-
standings of racialized difference. I began to refine an empirical puzzle that focused on the intersection of race, kinship, and inequality. If transnational surrogacy reinforces global and local stratifications, what are the ideologies of race and kinship that make this possible? How do actors engage racial discourses in order to naturalize and justify economic arrangements that are rooted in inequality? How does transnational surrogacy function as a site of racialization, and how do discourses of race and racial hierarchy unfold in transnational surrogacy? In the context of acute global and local inequalities, how is racial perception both built and accepted through assisted reproduction? To what extent does the racialized structure of transnational surrogacy become a means of justifying the unequal economic arrangements on which it is based?

And so I embarked on a journey to grasp how perceptions of racialized bodies inform surrogacy practices in India as well as ideas about kinship and relatedness. While the literature on transnational surrogacy at the time emphasized the centrality of local and global inequalities, including class, gender, race, and nation, these concerns were rarely the focus of analysis. This book pays special attention to the racial dimensions within transnational surrogacy, investigating how transnational surrogacy in India elicits new ways of thinking about race and racial formation, even in the absence of explicit discussions about race. These ideas inform surrogacy practices and have powerful consequences for how actors conceive of their relationships with one another. Yet while these constructions of race reflect stratified reproduction, they simultaneously complicate the concept, illustrating how actors may simultaneously challenge and reinforce structures of inequality. I theorize the ways in which transnational surrogacy relies on what I call racial reproductive imaginaries that reflect the values and meanings attached to ideas of race through which people imagine transnational reproduction. By exploring the ways in which social relations take on variable meanings by different actors, I contrast the various imaginaries enacted by commissioning parents, doctors, and surrogates. In doing so, I show that reproductive actors employ shifting and sometimes contradictory constructions of race to make sense of the transnational exchanges underlying family formation in the context of transnational surrogacy. Indeed, it is through such processes of racialization that actors imagine and embody kinship and family.
Transnational Reproduction and Surrogacy in India

In this book I use the term transnational reproduction to refer specifically to the transnational consumption of assisted reproductive technologies (ARTs). Also known as “reproductive tourism,” “procreative tourism,” or “fertility tourism,” transnational reproduction centers on individuals who seek and provide a range of reproductive products and services. It includes people who travel abroad to procure gametes (sperm and eggs) and embryos, to contract with surrogates, and/or to obtain services such as IVF, intracytoplasmic sperm injection (ICSI), artificial insemination, sex selection, and diagnostic tools including amniocentesis and preimplantation genetic diagnosis (PGD). The providers of these reproductive tissues and services—including egg providers and surrogate mothers—may also undertake travel in order to make their bodies “bioavailable,” to use a term coined by anthropologist Lawrence Cohen (2005).

In recent years, scholars have objected to the term “reproductive tourism” since it suggests travel for leisure, thereby trivializing the serious nature of infertile couples’ quests for conception. Several scholars have suggested “reproductive exile” as a more accurate term, highlighting the plight of couples who travel involuntarily due to constraints in their home country (Inhorn and Patrizio 2009; Matorras 2005), while others prefer the more neutral “cross border reproductive care” (Blyth, Thorn, and Wischmann 2011). Following Monica Casper, I have found that the term “transnational reproduction” provides a more productive framing, as it focuses attention on the bodies, practices, technologies, and forms of capital that cross national borders (Casper 2011). Foregrounding transnational aspects also calls attention to how reproduction is stratified. Transnational reproduction includes all forms of transnational interactions and consumption patterns involved in assisted reproduction, including the cross-border movement of bodily materials.

As reproductive technologies have been disseminated globally since the 1980s, governments around the world approach regulation in different ways. Some countries prohibit certain technologies or procedures, such as PGD and sex selection, which public sentiment may oppose as being too close to engineering a perfect child, or egg donation and surrogacy, which impose a heavy physical burden on the donor or surro-
gate. Others have limited access to reproductive technologies by marital status, age, sexual orientation, or infertility status, while other guidelines aim to regulate the anonymity or financial compensation granted to gamete donors. As U.S. sociologist Arlie Hochschild has written, commercial surrogacy reflects a “highly complex legal patchwork” (2009). At one end of the spectrum are countries such as the United States, which imposes no federal regulations regarding reproductive technologies and where only seventeen of fifty states have enacted laws permitting surrogacy (Lewin 2014). At the other end are countries such as Germany, whose parliament has authorized strict guidelines regarding access to and use of reproductive technologies.

Such variations in policy reveal how politics and social power relations permeate technology and science. Scholars of science and technology studies have argued that technoscience is neither inherently objective nor neutral; rather, the prevailing worldviews, desires, and fears of society imbue and reinforce it (Gould 1981; Harding 1991). Further, social studies of technoscience demonstrate that social inequalities are reproduced, reinforced, and perpetuated by unequal access to technologies.

The same holds true for reproductive science and technology. While assisted reproduction has brought some people increased freedom and opportunity, making parenthood possible for infertile couples, single men and women, and gay and lesbian couples through artificial insemination, surrogacy, or IVF (Layne 1999; Mamo 2007; Ragoné and Twine 2000; Agigian 2004), advances in reproductive technology too have promoted and maintained certain power relations, notions of gender, and particular constructions of the family. Some scholars, for example, argue that these technologies re-essentialize women by reinforcing patriarchal roles and objectifying women’s reproductive potential (Rothman 1989). Others reveal how ARTs strengthen the traditional patriarchal family by enabling infertile heterosexual couples to reproduce while many clinics have barred single people, gay or lesbian couples, welfare recipients, and other women who do not conform to patriarchal ideals of motherhood from having access to ARTs (Roberts 1997). Indeed, as assisted reproduction both “reproduces and also challenges the norms it is ostensibly aligning with,” it has become “curiouser and curiouser” despite its widespread normalization (Franklin 2013, 221).
Perhaps most controversial among the selection of reproductive technologies is commercial surrogacy. Teman (2010) offers an insightful analysis of why surrogacy remains the least acceptable ART practice in several countries. For many nations, surrogacy is considered a cultural anomaly, generating unease by calling into question dominant cultural assumptions about families and mothers, two fundamental concepts undergirding society. Surrogacy provokes cultural anxieties regarding family by uncovering how families—built through assisted reproduction in the marketplace—are social constructs rather than biological fact. Moreover, while surrogacy breaks apart the “perceived unity of motherhood” (Teman 2010, 7) by deconstructing motherhood into genetic, gestational, and social maternities (Cussins 1998), it also challenges the ideology of motherhood that in many cultures assumes a durable and natural mother-child bond (Markens 2007; Ragoné 1994; Teman 2010). At the same time, gestational surrogacy reinforces notions of biogenetic kinship; given that Euro-American notions of kinship are biogenetically based (Schneider 1980), surrogacy has enabled many infertile couples to “chase the blood tie” (Ragoné 1996) in pursuit of biogenetically related offspring.

In this context, scholars and filmmakers have explored how actors make sense of their participation in surrogacy arrangements and their relationships with one another. While surrogacy has prompted debates in feminist, ethical, and legal spheres for decades, in recent years anthropologists and sociologists have contributed much-needed ethnographic scholarship that illuminates the impact of surrogacy on notions of motherhood, kinship, and labor (Hochschild 2012; Markens 2007; Rudrappa 2012; Teman 2010; Pande 2014c; Vora 2015; Majumdar 2014; Rudrappa 2015). Helena Ragoné’s study of surrogacy agencies in the United States and Elly Teman’s work on surrogacy in Israel demonstrate how women involved in surrogacy rely on narratives of “gift-giving” to downplay the commercial nature of their relationship with one another (Ragoné 1994; Teman 2010). In India, two documentary films, Made in India and Google Baby, highlight the experiences of couples who journey to India to hire gestational surrogates (Frank 2009; Haimowitz and Sinha 2010), while another, Can We See the Baby Bump, Please? spotlights surrogate women’s experiences and ethical challenges to commercial surrogacy (Sharma 2012). Others, meanwhile, have prompted interdisciplinary
conversations in disciplines such as bioethics, law, and anthropology in order to deepen our engagement with questions around work, law, citizenship, and coercion (DasGupta and Dasgupta 2014a).

Amrita Pande and Kalindi Vora make a major contribution to theorizing transnational surrogacy in India. In her book, Wombs in Labor, Pande uses the frame of labor as her starting point, illustrating the ways in which commercial surrogacy is “a form of labor that traverses the socially constructed dichotomy between production and reproduction”; it is simultaneously “gendered, exceptionally corporeal, and highly stigmatized” (2014c, 6). Yet rather than rely on images of victimized Third World women, Pande conducts a systematic evaluation of the choices women make in order to participate in the global reproductive market, demonstrating how women both comply with and resist regimes of labor. Vora too places labor at the center of her analysis in order to develop notions of affective labor and biocapital; she uses these themes to explain how forms of labor (including surrogacy work and call center labor) mark new forms of “exploitation and accumulation within neoliberal globalization but also rearticulate a longer historical colonial division of labor” (2015, 21).

Studies of assisted reproduction in India shed light on evolving notions of caste, kinship, and gender, and scholars have examined the ways in which ARTs are received and negotiated in Indian infertility clinics (Bharadwaj 2002; 2003; 2006). This book goes further, examining the expansion of the Indian fertility industry in dynamic relation to networks of reproductive actors situated in a range of virtual and actual locations. I treat transnational reproduction as an emergent social formation and not as a portrait of “Indian surrogacy.” That is, rather than taking Indian “surrogacy” or “assisted reproduction” as my object of analysis, I examine the social imaginaries of global reproductive actors as they emerge at particular geographic, historical, and technological junctures. While scholars have previously analyzed links between ethnic belonging, nation, and kinship, fewer have linked kinship to race (Wade 2007). I bring these intersections to the fore by uncovering the nuanced sets of relationships between clients and surrogates. By complicating the intersections between race and kinship, I illustrate the ways in which the process of kin making relies on ever more flexible ways of imagining race. The converse is also true: race-making processes depend on more
destabilized categories of kin. In other words, kinship in the context of transnational reproduction provides a revealing frame of reference for understanding race (and vice versa), demonstrating precisely how these categories are constructed and made flexible in ways that reinforce social stratification.

While previous scholars have illuminated concepts of kinship and labor in the context of surrogacy and assisted reproduction in India, few have centered on the shifting racial formations that emerge, particularly in transnational settings. I place race and racialization processes at the center of analysis, building on the concept of stratified reproduction to examine the kinds of racial imaginaries people use when making sense of their relationships with one another. By highlighting the intersections of race and kinship in the context of transnational gestational surrogacy, I elucidate the complex and unexpected ways in which transnational surrogacy reinforces stratification.

Stratified Reproduction and Racial Reproductive Imaginaries

With ongoing advances in reproductive technology, feminist scholars have paid close attention to what Shellee Colen, in her 1986 study of West Indian childcare providers and their female employers in New York City, called stratified reproduction (Colen 1995). Stratified reproduction describes the ways in which political, economic, and social forces structure the conditions under which women carry out physical and social reproductive labor. This labor is differentiated unequally across hierarchies of class, race, ethnicity, gender, and place in a global economy. As part of a movement to shift childbearing (biological reproduction) and domestic labor (social reproduction) from the sphere of the “natural” to the center of social analysis, the concept of stratified reproduction continues the feminist project of interrogating gender relations and gender inequalities, particularly within the arena of social and biological reproduction (Rapp 2001). Stratified reproduction is central to this book as it provides a lens through which to examine how systems of inequality influence individuals’ reproductive practices, their experiences with and access to ARTs, and the choices available to them.

Stratified reproduction provides a theoretical framework within which issues connected to reproduction and stratification can be que-
ried. Reproductive practices like transnational reproduction define certain racial, ethnic, and class groups as, for instance, more or less “modern,” “responsible,” or “worthy” (Colen 1995; Kanaaneh 2002; Mullings 1995; Maternowska 2000). Researchers have used this concept to describe how reproduction is stratified, particularly by race, class, and sexuality, and the power relations and discourses of motherhood, family, and childbearing that create opportunities and allocate resources, enabling some women to reproduce and care for their children while inhibiting others from doing so (Kanaaneh 2000; Mullings 1995; Roberts 1997, 2002; McCormack 2005). Population policies (Kanaaneh 2000; Petchesky and Judd 1998; Greenhalgh 2008; Lopez 2008; Maternowska 2000), the criminalization of women who use drugs while pregnant (Roberts 1997), and dominant representations of poor women and women of color as bad mothers (Mullings 1997; Roberts 2002; Davis 2009) reflect the social implications of stratified reproduction. Since the mid-1990s, there has been an expansion of scholarship on stratification in the context of ARTs (Ragoné and Twine 2000; Franklin and Ragoné 1998; Pollock 2003; Roberts 2009). Such work, for example, examines media framings of and public discourses around women’s use of ARTs (Davis 2009; Markens 2012); how sperm and egg donation industries perpetuate a form of gendered eugenics (Daniels and Heidt-Forsythe 2012); and how gametes and embryos are stratified—marketed according to gender, place of origin, and donor characteristics (Whittaker and Speier 2010).

Transnational surrogacy in India reflects many of these inequities; in India as elsewhere disparities in gender, race, class, and nation place some women’s reproductive projects above others’ (DasGupta and Dasgupta 2010; Gupta 2006, 2012; Pande 2011). Pande (2014c) argues that surrogacy in India is an explicit manifestation of “neo-eugenics,” drawing attention to the contradictions that emerge when the Indian government promotes fertility treatments as part of the medical tourism industry while simultaneously supporting smaller families and permanent sterilization for poorer families. In other words, when women compare their previous pregnancies to their experiences as surrogate mothers, they highlight the paradox of an industry built on “pro-natalist technologies [in] an otherwise anti-natalist state” (Pande 2014c, 35). These narratives concurrently reflect a global trend of “stratified motherhood” (Pande
Similarly, France Widdance Twine has conceived of commercial surrogacy as a form of “stratified contract labor” in which the women who “sell their uterus” to wealthier women and men “lack the economic, social, and cultural resources of the couple whom they serve” (2011, 16).

Moreover, Marcia Inhorn’s work on reproductive tourism in the Middle East illuminates the global economy that empowers the spread of ARTs. Building on Arjun Appadurai’s (1996) theory of global “scapes,” Inhorn develops the concept of “reproscape,” which involves “a distinct geography traversed by global flows of reproductive actors, technologies, body parts, money, and reproductive imaginaries” (Inhorn 2011, 90). New forms of gendered reproductive labor circulate within these reproscapes, as most reproductive “assistants” are women who bear the risks of hormonal stimulation, egg harvesting, pregnancy, and childbirth. Certainly, the “stratified reproscape” in which Indian surrogacy occurs is highly uneven, offering a powerful exemplar of how “some individuals, some communities, and some nations have achieved greater access to the fruits of reproductive globalization than others” (Inhorn 2015, 24).

Yet while much scholarship has acknowledged the ways in which race, class, and gender inequalities are embedded in transnational surrogacy, few have examined precisely how such concepts are constructed. In her work on Indian call centers and surrogacy clinics, Vora emphasizes that racialization is a critical process to track “even in the contemporary moment in India’s transnational labor history, which was primarily instantiated through British colonial practices” (2015, 11). But precisely how do various actors articulate and comprehend ideas about race? This book addresses this question by placing race and racialized bodies at the center of analysis, in order to evaluate the diverse ways in which actors construct and engage shifting notions of race.

In the context of surrogacy, concerns about race and heritability are coded in conversations about likeness and difference and often take the form of “resemblance talk” (Becker, Butler, and Nachtigall 2005). As Helena Ragoné found in her study of gestational surrogacy in the United States, surrogates and couples draw on beliefs concerning racial difference to resolve conflicting feelings about the child (Ragoné 1998). For instance, when Ragoné questions Linda, a thirty-year-old Mexican American pregnant with a child for a couple from Japan, about racial
difference, Linda replies, “No, I haven’t thought about the child as mine because she’s not mine, she never has been. For one thing, she is totally Japanese” (1998, 125). Linda’s remarks illustrate how ideas about race elicit questions about relatedness even when there is no genetic tie. Given the ways in which the relationship between kinship and blood is constantly reconfigured (Schneider 1980; Carsten 2004; Johnson et al. 2013) and persistent conceptions of race as something that is heritable and embedded in biogenetic substance, the intersections between race and kinship become especially salient in the context of transnational, transracial surrogacy, where people make explicit decisions about the “kinds” of children they want to have.

Indeed, race is a powerful organizing principle within transnational gestational surrogacy, and it is implied in its racial geography. Commissioning clients are primarily white and hail from countries in the global north. They travel across racial-ethnic lines in order to hire Indian surrogates and egg providers who primarily come from lower-caste, lower-class backgrounds. To be sure, not all ART consumers are white, and some are privileged people of color (e.g., nonresident Indians), while not all surrogates are lower-caste or lower-class. But even when intended parents and surrogates may share similar nationality or cultural background, this book addresses the ways in which ART providers and consumers carefully police other problematic borders, such as caste or religion.

Within this racial geography, I approach race as an “unstable and ‘de-centered’ complex of social meanings constantly being transformed by political struggle” (Omi and Winant 2015, 110). Sociologist Moon-Kie Jung (2006) draws on the works of both Omi and Winant and Benedict Anderson to envision race as a form of “imagined political community,” one that represents an identity of interests; a way of seeing the world and identifying interests in which actors construct their identities in relation to race, class, or nation. Because transnational surrogacy relies on ever-changing racial identities and constructions, of particular interest are the ways in which various social groups become racialized in particular historical and social contexts. In the case of transnational surrogacy, an always-shifting intersection of identities (including religion, race, class, gender, and nation) functions as markers for the construction of racialized identities of imagined communities (see Baber 2004). Indeed I do not view race in isolation from other factors such as class, nation, or
Thus, taking inspiration from Khiara Bridges’s (2011) study of pregnancy in a New York City public hospital, this book locates transnational surrogacy as a site of racialization. Miles (1989) argues that racialization refers to the systematic ways in which meaning is attached to a number of factors (including phenotypic features) that serve to create social boundaries among humans. Similarly, Omi and Winant (2015) refer to “racial formation” as the “sociohistorical process by means of which racial identities are created, lived out, transformed, and destroyed” (109). The exact dynamics of this process varies; the social forces of racialization can be seen as the continual construction of different racialized groups which are constantly reworked and recategorized (Banton 1977; Miles 1989; Gould 1981).

In transnational contexts, these reimaginings of race and racial groups are linked to the differential distribution and struggles over power and wealth. Indeed, as Winant argues,

Globalization is a re-racialization of the world. What have come to be called “North-South” issues are also deeply racial issues. The disparities in status and “life chances” between the world’s rich and poor regions, between the (largely white and wealthy) global North and the (largely dark-skinned and poor) global South have always possessed a racial character. They are the legacy of a half millennium of imperialism. (Winant 2004, 131)

Thus, if globalization is a “racialized social structure” (Winant 2004, 131), it is within this structure that commissioning parents confront the transnational inequalities that privilege their capacities to become parents while relying on the reproductive labor of women in the global South.

This racialized social structure provides the setting in which reproductive actors rely on what I call *racial reproductive imaginaries* to make sense of their own and others’ bodies as they engage in transnational surrogacy. Louis Althusser borrowed the Lacanian term “imaginary” for his theory of ideology, which he defined as “the imaginary relationship of individuals to their real conditions of existence” (1971, 162). In other words, the imaginary is the representation of reality that obscures life’s
Marcia Inhorn (2011) has argued that “reproductive imaginaries” are among the flows of reproductive actors and technologies that traverse the global reproscape. For instance, imaginaries that highlight the “birth of ‘miracle’ babies” (Inhorn 2011, 90) foreground the procreative promise of IVF while masking the role that economic resources and cultural power play in structuring people’s experience with and access to technology.

Taking this concept a step further, in this book I describe how the racial reproductive imaginary enables actors to envisage their reproductive endeavors in ways that conceal the operation of race. These imaginaries explain how actors signify and give meaning to their actions; key to these imaginaries are particular notions of race and difference that simultaneously influence notions of kinship and relatedness and mask the role that race plays in structuring unequal reproductive relations between commissioning parents and surrogates. While anthropologist Sallie Han (2013) has demonstrated how practices of literacy and consumption illuminate the ways in which families become imagined and embodied in U.S. women’s experiences of “ordinary pregnancy,” I show how practices of racialization shape kinship and family making. In other words, it is through processes of race making that surrogates, parents, and others imagine kinship and family. I argue that these processes of racial and kinship formation are central to actors’ efforts to comprehend and justify their engagement in commercial surrogacy. In doing so, I uncover the specific racial reproductive imaginaries that underpin the unequal relations at the heart of transnational surrogacy. This book illustrates how actors constitute racial reproductive imaginaries through various transnational reproductive practices: through practices that “Other,” through articulation of difference, and through the production and reproduction of power and stratification.

A Note on Nomenclature

The terminology used to refer to the participants in transnational reproduction is diverse, contested, and often reflects a particular stance on assisted reproduction. The terms are value-laden and vary in accordance with one’s social position, culture, and discipline (Beeson, Darnovsky, and Lippman 2015). Many of them indicate a bias either in favor of or
opposed to commercial surrogacy; indeed, as Pande (2014a) writes, they are “discursive tools” that selectively emphasize or deemphasize certain relationships or issues. Use of certain terms may reinforce or resist oppression, and Bailey (2011) calls attention to the dangers of “discursive colonialism” or the application to non-Western contexts of terms and frameworks that originate in the West.

Given that terminology around third-party reproduction is so disputed, the choice of terms I use in this book was not simple. Many scholars and activists prefer the terms “birth mother” and “gestational mother” to refer to the women who gestate and hand over the child at birth, calling attention to the maternal relevance of the woman’s role. Others prefer the term “gestational carrier” to refer exclusively to the woman’s capacity as someone who gestates a fetus for another, thus de-emphasizing her maternity. In the Indian clinics and among the women I interviewed who worked as surrogates, everyone used the term “surrogate” to refer to the women who were contracted to carry pregnancies to term, while commissioning parents used the terms “surrogate” and “surrogate mother” interchangeably, as I do in this book.

The individuals who commission surrogate pregnancies are also referred to by several terms, including intended parents, intending parents, prospective parents, commissioning parents, and contracting parents. Some object to the term “commissioning parent” because of its emphasis on economic arrangements, preferring instead “intended parent” to emphasize the ways in which family making through assisted reproduction involves many intentional acts. In Indian clinics and policy documents, the term commissioning parent is primarily used, while the people who travel abroad seeking surrogacy services typically refer to themselves as intended parents. Thus, I use both commissioning parent and intended parent in this book.

In the context of egg donation, everyone I encountered referred to the women who undergo hormone stimulation and egg harvesting for payment as egg or oocyte “donors.” Yet, to call these women donors would be a serious misnomer; their explicit task in this global reproductive economy is to sell their ova for a specified sum of money. Indeed, all the egg providers I spoke with, both Indian and some South African, said they pursued egg donation because of financial need. Thus, while I use the term “egg donor” because it is most commonly used throughout the
industry, I also refer to these women as egg “sellers” or “providers,” in order to call attention to the participation of purchasers and providers of ova in a wider global economy (Nahman 2008). Doing so confronts the discomfort that egg donation evokes, particularly for those disturbed by the commercial aspects of assisted reproduction. Identifying those who receive eggs as “purchasers” and women who provide them as “sellers” also highlights the positionality of participants. The prospective parents who commission surrogacy arrangements and donor egg IVF typically come from wealthier countries than those from which egg providers and surrogates originate. These distinctions underlie the complex ways in which global ova donation and surrogacy reflect broader patterns of stratified reproduction.

Toward a Transnational Methodology

To understand the links between race and kinship in transnational reproduction, I conducted field research in India over fourteen months between 2008 and 2010, with the majority of the research completed during 2010. I also conducted follow-up interviews in India in 2014 and in the United States in 2011 and 2014. The bulk of my fieldwork was done in Mumbai, with additional research trips to Delhi and Anand, Gujarat. While I designed my research to enable long-term immersion in the cultural settings in which gestational surrogacy occurs, I also was concerned with the transnational processes that drive the surrogacy industry in Mumbai. Thus, the prospect of how to define a given “field,” access research participants, or limit my scope of inquiry remained daunting.

Within anthropology, there is a marked shift toward multisited research and away from narrow “area studies” approaches (Marcus 1995), and this book represents, quite literally, a border-crossing topic that requires mobility as well as online and “deterritorialized” research (Gupta and Ferguson 1992). As others have argued, the “field” as a discrete, bounded, and geographically specific site is a problematic construction in anthropology, and as anthropologists shift their focus to the processes of globalization and transnationalism, they too must confront the challenge of defining the scope and sites of inquiry (Gupta and Ferguson 1997). Thus, this book illustrates a shift from a focus on single
nationalities and locations, going beyond binary constructions of sending and receiving locations, to examine multiple hierarchies of sites and subjectivities.

This chapter opened with the stories of Nishi and Eben because they not only reveal the remarkable contours of transnational reproduction, but also the various spaces in which it occurs. Eben, cosmopolitan and financially secure, stayed in upscale hotels when traveling to Mumbai. Nishi, on the other hand, lived in a simple one-room dwelling in a working-class area on the outskirts of the city. I regularly traveled between such spaces throughout my fieldwork. Consequently, my methodological approach was organized around the attempt to trace “networks” of actors involved in transnational reproduction in Mumbai. The actors in my study include doctors, commissioning parents, surrogates, egg donors, and medical tourism brokers, among others. The spaces through which these actors moved included fertility clinics, private hospitals, commissioning parents’ accommodations in India (often in high-end hotels or full-service apartments), and surrogates’ homes (typically in working-class areas of the city).

I faced the significant challenge of figuring out how to enter such networks, particularly in a city with a population of over 18 million inhabitants. I turned to the same solution that many commissioning parents and doctors rely on to establish initial connections with each other: the Internet. I drew on a variety of online sources in order to make initial contacts in the field, including doctors’ websites, online surrogacy forums, and public blogs chronicling intended parents’ surrogacy experiences. After initiating contact via e-mail with an intended parent or medical tourism agent, for example, we would often set up a video interview via Skype, where we would “meet” for the first time. In many cases, these initial Skype interviews were followed by face-to-face meetings in Mumbai or Delhi, or, in some cases, at the family’s home in the north-eastern United States, as several participants lived in the region where I was based post-fieldwork. Thus, it is worth highlighting how online spaces themselves became a primary “location” in which I conducted research, and how online relationships often set the stage for subsequent in-person meetings in India or the United States (and vice versa).

I also used the Internet to identify and contact doctors who practiced surrogacy in Mumbai, Delhi, and Anand. For these doctors, the
Internet and word-of-mouth recommendations were the main strategies by which commissioning parents would learn of their businesses; therefore many of these doctors had developed websites advertising their surrogacy plans to international clients. I made initial contact with doctors via e-mail or phone, and set up meetings with doctors during my first field trip in 2008. Interviews with doctors primarily focused on the structure of their surrogacy practices, the clients and surrogates they encounter in their work, the challenges and rewards of practicing surrogacy, and their thoughts on the ongoing policy debates around the regulation of ARTs. When I returned to Mumbai in 2010, I followed up with most of these doctors to understand how their surrogacy practices might have changed in the two years since my previous visit. During my main period of fieldwork in 2010, I focused my research on four clinics in which doctors allowed me to meet surrogates and intended parents. I should note that the clinics included in this study are self-selected by doctors who welcomed the presence of a researcher.

As Inhorn (2004) has noted, fieldwork in infertility clinics depends heavily on the goodwill of their gatekeepers. Thus, I recruited surrogates, egg donors, and intended parents in several ways. With respect to commissioning couples, clinic staff initially approached clients to see if they wanted to participate in the study; staff would then make introductions between interested clients and myself. I conducted interviews with intended parents either at the clinic or another location convenient for the parents (often their hotel or a nearby restaurant), and in many instances I was able to meet with intended parents several times during the course of their trip. These trips would typically last one or two weeks if they were at the beginning of the surrogacy process (which would involve the coordination of sperm/egg collection and embryo transfer). If the child had recently been born and the parents awaited the travel documents necessary to leave the country with their child, their stay in Mumbai might last longer, anywhere from several weeks to several months, depending on the parents’ country of origin.

Since I interviewed parents at distinct moments and in various locations throughout their surrogacy process, I was able to capture how parents’ perceptions and experiences of surrogacy shifted over time. My interviews with intended parents focused on topics related to personal
and reproductive histories, decision making around aspects of surrogacy and/or egg donation, thoughts on their relationships with the various actors involved, and opinions on assisted reproduction in the context of racial, ethnic, national, and class differences. My goal in these interviews was to elucidate the social histories, biographies, and motivations of parents pursuing surrogacy in India, their ideas about biogenetic and social kinship, and their thoughts on the ethics and debates surrounding gestational surrogacy in India.

I also made initial contacts with many surrogates and egg donors through my relationships with doctors in the clinics. Clinic staff would first explain who I was and the topic of my research to women visiting their clinic; they would then introduce me to women who agreed to participate in the study. With the assistance of a translator, I conducted interviews in Hindi or Marathi, the languages most commonly used by the women. I found that, like intended parents, many of the surrogates or egg donors I met in the clinic were eager to meet again outside the clinic, and these meetings often led to introductions to other surrogates and egg donors.

Thus, I recruited a significant number of participants outside the clinic in women’s homes, including surrogate agents. I use the term “agent” to describe women who recruit potential surrogates and egg donors for fertility doctors, and also care for surrogates during the duration of their pregnancies. While many of the women in this study are native speakers of Marathi and/or Hindi, they use the English term “agent” in conversation to describe this position. Similarly, agents used English terms such as “patient,” “surrogate,” or “donor” to refer to the women they cared for. One of my most enthusiastic interlocutors, Antara, herself a former surrogate turned agent, introduced me to many of her “patients” in her home over the course of my fieldwork. Often, as many as six or eight women would congregate in Antara’s home during my visits, and our meetings frequently resembled a focus group, community-like atmosphere rather than individual interviews. These women would sometimes bring their sisters or children to the meetings; in a few cases, women brought their husbands. In other instances, I would travel with or without an agent to the home of a surrogate, where I would meet with the surrogate, her husband, children, and perhaps her parents or her husband’s parents.\(^5\)
Here, it is useful to note that there is very little privacy in Mumbai. My interviews with surrogate women and egg donors often included mothers, sisters, children, husbands, neighbors, and any other friends or family members who might be present in the home. Indeed, it would have been awkward to request privacy in the context of a one-room dwelling; there was simply no other place to go. Moreover, had I insisted on private interviews, it would have removed women from their cultural context to some degree, assuming the internal, individual self to be more genuine than their socially embedded self.

As Halliburton has shown in his study of mental illness in South India, such encounters reveal how a person is embedded in her social relationships; in contrast to the egocentric or individual self, in South Asia it is more accurate to speak of the socially dispersed or socially embedded self (Halliburton 2009). In my own work, women identified themselves in relation to others in their social networks: they were mothers, sisters, wives, and friends. Indeed, in interviews with families and groups of women, I noted that it was not just the women undergoing surrogacy but a “therapy managing group” of family, friends, agent, and fellow surrogates who are close to the patient (see Janzen 1978). However, while such interviews proved cathartic at times for women who opened up about family, marriage, and the challenges of surrogacy, I also noted several disadvantages to this method. Some women, for instance, would take my translator and me aside after an interview to express their “true” feelings about a surrogate, a family member, or their caretaker. Others might have felt hesitant about speaking critically about their family or their husband in front of others, particularly in a society where family unity is highly valued. I sought to mitigate these disadvantages by interviewing women multiple times over the course of my research, in order to build trust and to gather their opinions and experiences over time and in different settings.

By visiting women at their homes, I was able to observe how women interacted with each other and with their families away from the watchful eye of the doctor and clinic staff. This allowed me to grasp how surrogacy affected their everyday lives, in their homes, and with their families over the course of their pregnancies. My interviews with surrogate mothers focused on their personal biographies and motivations for becoming a surrogate or egg donor, their experiences with doctors and intended par-
ents during the course of pregnancy, their thoughts on their relationship with the intended parents and the child conceived through surrogacy, and the ways in which surrogate pregnancy affected their everyday lives.

I supplemented the insights gained from interviews with participant observation throughout the encounters and spaces described above, which often included accompanying foreign visitors in their hectic travels across the city. For instance, I witnessed a “day in the life” of a traveling foreign egg donor, as she moved from hotel to clinic waiting room to the ultrasound room in which I observed the technician count how many eggs were developing in her ovaries. I also found that much of surrogate women’s medical experience of surrogacy occurs outside the clinic, as I occasionally observed a caretaker administering hormone injections to a surrogate on the floor of her home. Field visits to surrogates’ homes also offered opportunities to participate in activities not only as a researcher but also as a guest or visitor. Visits to Antara’s home sometimes included an impromptu cooking lesson or an invitation to the wedding celebration of their landlord’s daughter. These experiences generated much insight into the day-to-day lives of women in Nadipur.

My own positionality as an Asian American female anthropologist in the field affected my research in various ways. My Indian interlocutors often mistook me, a Filipina American, for a native of Nepal or the northeastern region of India. Thus, although I was a foreigner in India, many did not view me as “American,” and this sometimes narrowed the perceived social distance between research participants and myself. Indeed, I believe this affected the willingness of some doctors to allow me to visit surrogate housing, which typically was located in areas where foreign researchers were uncommon and conspicuous.

Yet my U.S. nationality also positioned me as something of a curiosity for many participants, particularly the surrogates and their families, who, over time, felt comfortable posing questions about social life in the United States. Once my interlocutors accepted that I was indeed from the United States, the conversation often turned to all manner of questions about marriage, family, children, where my parents lived, how I met my husband, and whether he was from the same caste as I. In many cases women shared intimate details about their surrogacy experiences that would not have been considered proper to share in male company; thus, my position as a woman, with a female translator, was also ad-
vantageous. I also found that many intended parents visiting India welcomed the opportunity to speak with a fellow American or foreigner in the country. Many of these parents had no prior experience traveling in India, and they often appreciated the opportunity to speak with me and share experiences and thoughts about culture shock, life in India, and cross-cultural misunderstandings.

Lastly, I should indicate how my positionality as an anthropologist affected my reception in the field. During the years of my field research, there was a surge in media coverage of surrogacy in India. Thus, many doctors and commissioning parents were wary of speaking to a stranger about their surrogacy experience, as they did not wish to be profiled in any media outlets. I took great care to explain my position as an anthropologist (not a journalist) and I assured all participants that their comments would remain confidential. I also provided copies of consent forms bearing the institutional review board approval stamp for my research, as well as letters from my home institution in the United States and host institution in Mumbai. In many cases I found that these documents convinced participants, particularly doctors and parents, that I was not a journalist, and they subsequently felt more open to share “the whole story” of their experiences with surrogacy.

The Chapters to Come

The chapters in this book focus in turn on the various actors involved in transnational reproduction: the commissioning parents, doctors, and surrogate mothers who come together in the process of conceiving a child. Following a discussion of how transnational reproduction emerged in India in chapter 1 I focus on the narratives and experiences of intended parents in chapters 2, 3, and 4. Chapters 5, 6, and 7 emphasize the perspectives of doctors and surrogate mothers in India. Though the experiences of these actors clearly overlap, the individual stories of parents, doctors, and surrogates illustrate key points of each chapter and unveil the ways in which actors construct notions of race in transnational surrogacy.

Chapter 1 describes the emergence of India as a global surrogacy destination within a broader discussion of public health, assisted reproduction, and medical tourism. By critically examining the political-economic contexts of transnational reproduction, I consider the practice
as a “racialized therapeutic landscape” that illuminates the sociopolitical dynamics within which gestational surrogacy has thrived. I suggest that in order to grasp the contemporary politics of reproduction in India, we must analyze the foundations of racialized politics of power in transcultural health care settings. I complement this analysis with a description of the range of clinics and surrogacy practices one may encounter in India. While I approach commercial surrogacy in India through a transnational lens, I also investigate the context of surrogacy “on the ground” in order to demonstrate how the construction of therapeutic landscapes produces and perpetuates certain stereotypes about race.

Chapter 2 examines how commissioning parents create and make sense of their relations with surrogates, egg donors, and the children born through surrogacy. How do intended parents narrate their family's origin stories? Within these narratives, what kinds of racial ideologies do they rely on? I argue that commissioning parents construct boundaries that position the surrogate as racially Other to themselves and their families, in ways that allow them to focus on Indian women alternately as objects of rescue or as shrewd actors involved in economic transactions. I suggest that these narratives serve to naturalize inequities between commissioning parents and surrogates in order to justify their participation in unequal economic arrangements.

Chapter 3 analyzes constructions of skin color and race in intended parents’ narratives about the experience of selecting an egg donor. I show how egg donors of different backgrounds are differently valued, bolstering social hierarchies. At the same time, I describe the diversity of ways that intended parents approach race and skin tone when choosing an egg donor. I find that in contrast to dominant assumptions that intended parents seek donors who match their own ethnic backgrounds in order to reproduce whiteness, the process of egg donation represented an opportunity for many intended parents to subvert racial hierarchies by selecting Indian donors with darker skin tones. I argue that such narratives, however, misrecognize donor egg selection as an opening to challenge racial hierarchies; instead, such decisions rely on essentialized notions of race and beauty that exoticize Indian women and reflect new articulations of biological race.

In chapter 4 I examine the ways in which notions of citizenship and nationality intersect with ideas of race and kinship in the context of
transnational surrogacy. With increasing numbers of people traveling from other countries to India in order to commission surrogate pregnancies, there have been reports of parents unable to obtain citizenship for their children born in India. This chapter explores what happens when incompatible national legal frameworks, policies about surrogacy, and practices of assigning citizenship intersect in the context of transnational surrogacy in India. I focus on the process of gaining citizenship in two countries that illustrate the range of approaches to transmission of citizenship: the United States and Norway. In particular, I analyze how ideas about citizenship and motherhood intersect with racial ideologies (related to blood and genes) to take on new meanings through transnational surrogacy processes. I argue that while assisted reproduction may expand conventional understandings of kinship and family, it also renaturalizes state definitions of citizenship and motherhood.

Chapter 5 offers an in-depth analysis of the key role that doctors play in organizing and facilitating surrogates’ relationships with commissioning parents. By examining how doctors influence the ways in which surrogates themselves understand and negotiate their relationships with commissioning clients, I argue that Indian doctors racialize surrogates in ways that justify their unequal position in surrogacy arrangements. The chapter first addresses the ways in which doctors articulate their own role in transnational surrogacy arrangements, demonstrating how they structure relationships and facilitate communication between clients and surrogates. I then examine surrogates’ narratives regarding their relationships with intended parents, demonstrating how physicians’ practices powerfully shape how surrogates view their own relationships with commissioning clients and fetuses. I elucidate how physician racism and a racialized labor market shape surrogates’ views of commissioning parents as actors in an economic transaction, rather than as co-collaborators in the creation of babies. Yet while doctors develop racial reproductive imaginaries through which they justify their treatment of surrogates, surrogates simultaneously describe this treatment as problematic and disrespectful, and perceive their inability to communicate directly with clients as a mark of disrespect.

Extending the discussion of physician racism in chapter 5, chapter 6 explores the ways in which doctors provide medical technologies and treatments to surrogate mothers, arguing that doctors racialize women who
become surrogate mothers in ways that construct the surrogate mother and her pregnancy as always and already high-risk. I contend that this construction contributes to the justification of excessive medicalization in surrogate pregnancies; I show how doctors rely on practices of social control and excessive medicalization to control women’s pregnancies, which culminate in soaring rates of cesarean sections among surrogate mothers. This chapter illuminates how gestational surrogacy and cesarean delivery are inextricably intertwined; these interrelated processes stem from practices that racialize this group of women as inherently risky. The chapter concludes with an analysis of the ways in which surrogates understand and negotiate these practices of medicalization and social control, focusing on their views and experiences of cesarean section.

Chapter 7 outlines the complexities of agency, constraint, and inequality in the lives of women who become surrogates in India. Women’s personal narratives reveal the global surrogacy industry’s reinforcement of a broader stratification of reproduction. They also show women’s resistance to victimhood. In the context of physician racism and structural inequalities discussed earlier in the book, I analyze how women challenge racialized constructions of Indian surrogates to create new opportunities for themselves and their families, albeit within larger structures of power. I also examine the roles of women, many of them former surrogates, who act as intermediary agents. I show how the creation of intermediary positions reinforces the increasingly refined hierarchies inherent in transnational surrogacy. By revealing the many ways in which women exert (limited) power, I highlight the social divisions inherent in transnational surrogacy.

In the Conclusion, I reflect on the various themes discussed in the preceding chapters, elucidating the ways in which transnational surrogacy can be considered a technology of race. By viewing surrogacy as a technology of race and analyzing the ways in which racial reproductive imaginaries work to naturalize and maintain structures of inequality, this book shows how understanding the ways in which inequality becomes taken for granted is key to dismantling those very processes and the structures of which they are a part.