
Blood, Sweat and Dummy Tummies: Kin Labour and Transnational Surrogacy in India

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Abstract: How do the actors involved in transnational surrogacy negotiate anxieties about global inequities that underpin these services? In this ethnography of transnational surrogacy in India, I analyze what I call the “kin labour” done by the Indian surrogates and the (often international) intended mother to downplay these anxieties. Kin labour includes the labour of forging ties with the baby as well as forming ties of sisterhood, sending gifts, and writing letters to intended mothers. I argue that while at one level this kin labour sustains relationships beyond contracts and across borders of race, class and nationality, at another level it ultimately reifies structural inequalities within transnational contractual surrogacy.

Keywords: surrogacy, India, kin labour, motherhood, transnational, kinship tourism

Résumé : Comment les acteurs engagés dans la maternité de substitution transnationale négocient-ils les angoisses d'inéquités mondiales sous-jacentes à ces services ? Dans cette ethnographie de l'activité des mères porteuses en Inde, j'analyse ce que j'appelle le « travail de parenté » produit par les mères porteuses indiennes et celui des mères d'intention (souvent internationales) pour minimiser ces angoisses. Le « travail de parenté » comprend non seulement les efforts pour tisser des liens avec le bébé, mais aussi d'autres formes d'entreprises (tisser des liens de sororité, envoyer des cadeaux, écrire des lettres) de la part des mères porteuses et des mères d'intention pour établir et maintenir des liens entre elles. J'avance l'argument qu'à un niveau, ce travail de parenté soutient les relations au-delà des contrats et au travers des frontières de races, de classes et de nationalités ; mais, à un autre niveau, au bout du compte, il réifie les inégalités structurelles au sein des contrats transnationaux de maternité de substitution.

Mots-clés : maternité de substitution, Inde, travail de parenté,

Introduction

Cross-border travel for accessing assisted reproductive services such as transnational contractual surrogacy remains a fraught topic (Culley and Hudson 2009; Inhorn and Gürtin 2011). It conjures up images of extremes of consumerism and commodification of relationships conventionally based on maternal love and altruism. When intended parents travel from countries in the global north to access services in the global south, there is an additional anxiety that such travel reifies global inequalities by making the bodies—and cells, organs and tissues—of people in resource-poor countries more “bioavailable” than others (Cohen 2005; Pande 2011; Whittaker and Speier 2010).¹ How do the actors involved in transnational contractual surrogacy—especially the surrogate/birth mothers and genetic/intended mothers—negotiate these anxieties?

In this ethnography of transnational contractual surrogacy in a small clinic in India, I analyze what I call the “kin labour” of Indian surrogates and intended mothers to downplay these anxieties, during and after the contract period. For surrogacy in India, kin labour includes not just the labour of forging ties with the baby but also other kinds of work—forming ties of sisterhood, sending gifts, writing letters, keeping in touch after termination of the contract—undertaken by surrogate mothers and intended mothers. In her pioneering work, cultural anthropologist Micaela di Leonardo (1987) introduced the concept of “kin work” to refer to the

conception, maintenance and ritual celebration of cross-household kin ties, including visits, letters, telephone calls, presents and cards to kin; the organization of holiday gatherings; the creation and maintenance of quasi-kin relations; decisions to neglect or to intensify particular ties; the mental work of reflection about all these activities. [442]

Di Leonardo's concept of kin work made visible an array of tasks culturally assigned to women. Maintain-

ing contacts and a sense of family, di Leonardo argued, takes “time, intention and skill” (443) and should be recognized as work. Revealing the actual labour embodied in what we culturally conceive as love and considering the political uses of this labour helps to denaturalize kinship ties and highlight the gendered forms of labour inherent in forming and maintaining kinship ties.

Building on di Leonardo’s concept of kin work, I use the term *kin labour* to capture the whole range of labour performed by the surrogates and intended mothers to establish and maintain ties not just with the baby but also with each other. In the narratives of surrogates, the kin labour manifests both as *khoon paseena* (the metaphor “blood-sweat,” often used for hard labour) of maintaining kin ties with the baby and, more specifically, *khoon aur paseena* (“blood and sweat of giving birth”). Intended mothers, in turn, mirror these narratives by emphasizing their genetic connection with the baby and the labour and pain involved in their journey of assisted reproduction. Much like the kin ties forged with the baby, surrogates cherish the ties of sisterhood forged with intended mothers, whether in the form of an exchange of letters, emails or material gifts. While some intended mothers maintain these ties, most prefer to terminate the relationship with the contract.

Travel across (literal and metaphoric) spaces and boundary-crossing are central to the kin labour performed by the two sets of women and key to the forging and maintenance of ties. The intended mothers travel across the globe and traverse real geographical borders to fulfil the desire for a genetic tie with their offspring. Surrogates may not cross any physical borders, but their kin labour requires the crossing of several other boundaries. Surrogates traverse boundaries of race, nationality, class, religion and caste to forge kin ties with the fetus they are gestating, as well as with the intended mothers. I argue that while at one level the kin labour of the surrogates and the intended mothers sustains relationships beyond contracts and across borders of race, class and nationality, at another level kin labour ultimately reifies structural inequalities within transnational contractual surrogacy.

India as the Destination for Commercial Surrogacy

The Indian case represents an especially interesting site because it is the first country in the global south with a flourishing industry in national and transnational commercial surrogacy.² India is not the only country to experience transnational surrogacy. Clients from countries where surrogacy is either illegal or restricted (such as Britain, Japan, Australia, Taiwan and Kuwait)

have hired surrogates in the United States to bear babies for them. But, while the total cost of such transnational packages is roughly US\$100,000, in India such packages cost less than one-third of that price.³ Although commercial surrogacy is not illegal in India, there are currently very few guidelines regulating the procedures, the contract or the surrogate–client relationship. As a consequence, intended parents are able to take advantage of the client-friendly policies of private clinics and hospitals where doctors are willing to offer options and services that are banned or heavily regulated in other parts of the world. Typically, countries treat commercial surrogacy with utmost caution. Some, like China, France, Germany, Italy, Saudi Arabia, Switzerland, Taiwan and Turkey, have taken the prohibitive approach and banned surrogacy in all its forms. Others, for instance, Australia (Victoria), Brazil, Canada, Hong Kong, Hungary, Mexico, South Africa and the United Kingdom, allow only altruistic surrogacy.⁴ In the United States, surrogacy is not regulated by the federal government but through a combination of legislative actions and court decisions. This legal inconsistency among states means that clients who are unable to access surrogacy services in their own state can travel to more surrogacy-friendly states, such as California.

The Indian structure is close to the free-market model of surrogacy in California. Fertility clinics like Armaan (a pseudonym for the clinic I studied) are free to take or reject the suggestions made by the Guidelines for Accreditation, Supervision and Regulation of Assisted Reproductive Technology (ART) issued by the Indian Council of Medical Research in 2005. In November 2010, the council submitted a final set of guidelines for the ART Act to the law ministry.⁵ But, until now, clinics have continued to work informally and can, in effect, make or break their own rules. Thus, Armaan clinic has its own informal set of rules for recruiting surrogates: the woman should not be older than 40 years, should be medically fit and should have a healthy uterus; she should be married with at least one healthy child; and, finally, she should have her husband’s consent.

Economics and the absence of regulations, however, are not the only forces motivating clients from countries like the United States, Canada, Spain, Germany, Sweden, South Africa, Britain and Japan to come to Armaan—the hub for transnational surrogacy in India. An additional factor is that the clinic runs several surrogacy hostels. Here the surrogates are under constant surveillance during their pregnancy—nurses and hostel matrons monitor their food, medicines and daily activities. Elsewhere I have discussed the disciplinary tactics used within these hostels to produce what I have labelled the

“perfect mother worker” (Pande 2010a, 2010b). By 2014, the clinic claimed that it had delivered around a thousand babies through surrogacy.

Researching the Field

This article is part of a larger research project on commercial surrogacy in India, for which I conducted fieldwork between 2006 and 2013 (Pande 2014). My research has included in-depth, open-format interviews with 52 surrogates, their husbands and in-laws, 12 intending parents, three doctors, three surrogacy brokers, three hostel matrons and several nurses. In addition, I conducted participant observation for ten months at surrogacy clinics and two surrogacy hostels. The interviews were in Hindi and in the local language of the region and were conducted either in the clinic, in the surrogacy hostels where most surrogates live or at their homes. I have used pseudonyms for all places and people.

The doctor and the nurses introduced me to my first round of respondents—surrogates in the clinic. Thereafter, the surrogates referred me to their friends, family, brokers and women who had already delivered. To maintain the surrogates’ privacy, I refrained from taking photographs (unless the surrogates wanted me to take photographs with them), and I obtained their consent before starting any recorded conversation. Some surrogates refused to give me their real names, while some did not want me to tape record them. Then there were others who insisted on being recorded and even got offended if I recorded their friends’ narratives and took only handwritten notes on their comments. In cases where respondents felt uncomfortable having their narratives recorded, I took extensive handwritten notes, which I typed immediately afterward. Over the course of time, most surrogates not only talked to me willingly but often asked me to sit by their bedside during their rest-hour and started telling me their life experiences without any prompting.

All the surrogates in this study were married, with at least one child. The ages of the surrogates ranged from 20 to 45 years. Except for two surrogates, all the women were from neighbouring villages. Fourteen of the women said that they were “housewives,” two said they “worked at home,” and the others worked in schools, clinics, farms and stores. Their education ranged from none (illiterate) to high school level, with the average surrogate having approximately an early middle school level of education. The median family income of the surrogates was about Rs2,500 (US\$50) per month. For most of the surrogates’ families, the money earned through surrogacy was equivalent to almost five years

of total family income, especially since many of the surrogates had husbands who were either in informal contract work or unemployed. Transnational clients had hired 30 of the surrogates in this study.

During my fieldwork, I engaged in formal research activities conducting interviews with the doctors and surrogacy brokers, preparing questionnaires for nurses and brokers, and collecting demographic information on the area from local libraries. But I also had lunches and teas with the surrogates and their families, smuggled in teatime snacks for surrogates, prayed with them and cooked lunches for them in the surrogacy hostel. After months of constant interactions with the surrogates, I found myself immersed in the intricacies of their lives. This immersion got even deeper when I got an unexpected opportunity to revisit the surrogacy hostels, yet again, in 2011. My new status as a married and pregnant woman generated lively discussions on motherhood, bodily changes, emotional upheavals, labour pains and marital relationships—topics the women were reluctant to discuss with me when I was unmarried, hence, in their words, naive and inexperienced. My pregnancy was celebrated enthusiastically by the women but, inadvertently, highlighted the poignancy of their “surrogate” pregnancy. This prompted a heated discussion on “wasted” kin labour, that is, labour that goes unreciprocated, a concept I discuss in a later section in this article.

“It May Be Her Eggs but It’s My Sweat and Blood”: Gestational Mother–Child Tie

In classic kinship studies, nature and biology were often assumed to be the foundational bases for kin relations (Strathern 1992). While other “kin-like” relationships (e.g., kin relations formed through adoptions and common residence) were discussed in different contexts, links established through reproduction were assumed to be special and distinct from these other relationships. In the last few decades, many scholars have destabilized the essentialist and naturalized assumptions of kinship studies by emphasizing the *context* of these relations (Levine 2003; Peletz 1995; Strathern 1992). Surrogacy, especially gestational surrogacy where the surrogate is implanted with someone else’s fertilized eggs, provides a perfect opportunity to destabilize any assumptions around kinship ties and to pay attention, instead, to the “paradox and ambivalence in kin ties” (Peletz 1995:360). This reproductive option, for instance, creates three possible categories of mothers: the biological mother (the woman who contributes the ovum), the gestational or womb mother (the surrogate) and the social or adoptive mother (the woman who raises the child). In princi-

ple, as separate elements, none of the three—being an egg donor, a provider of gestational facilities or a post-natal nurturer—is sufficient ground for acknowledging the connection as a relationship (Pande 2009; Ragone 1994; Roberts 1998; Strathern 1992). How do the surrogates negotiate these ambivalent relationships on an everyday basis?

The doctors and nurses constantly highlight the contractual nature of the surrogate's mothering role and her transience and dispensability as a mother. The surrogates are periodically told that their role is only as a vessel, they have no genetic connections with the baby, and it will be taken away from them immediately after delivery. To reduce maternal attachment, the surrogates are discouraged from breastfeeding the baby. These discourses, however, do not go unchallenged. The surrogates resist these discourses of disposability by forging kin ties with the baby.

Parvati, hired by a couple from Mumbai, is 36 and one of the oldest surrogates at the clinic. I met Parvati in 2006, immediately after a fetal reduction surgery (a common procedure recommended by the clinic for surrogate mothers pregnant with twins and triplets). Parvati tells me that she was against the fetal reduction surgery:

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

Parvati believes that, despite having no genetic connections with the baby, it is her "blood," and she uses this connection to make claims on the unborn baby. Divya makes a similar claim. But in addition to the substantial ties of blood, Divya also emphasizes the *labour* of gestation and giving birth—her "sweat" ties with the baby—as another basis for making claims on the baby. I bump into Divya right after her second ultrasound:

Anne, the woman from California who is hiring me [the genetic mother], wanted a girl but I told her even before the ultrasound, coming from me it will be a boy. My first two children were also boys. This one will be too. And see I was right, it is a boy! *After all they just gave the eggs, but the blood, all the sweat, all the effort is mine. Of course, it's going after me.* [Emphasis added]

For Divya, it is not just the substance tie of blood—one emphasized by Parvati—but the sweat ties or kin labour

done by her that become a basis for making claims on the baby. This sweat (*paseena*) and blood (*khoon*) tie between surrogate and fetus is often advocated by the surrogates as stronger than a connection based solely on genes. Sharda is one of the few surrogates who also breastfed the baby that she delivered, which she feels intensifies her ties with the baby.

I am not sure how I feel about giving the baby away to her [the genetic mother]. I know it's not her fault that she could not raise her own baby [in her womb] or breastfeed him. She has kidney problems. But she does not seem to have any emotional ties or affection for him either. Did you see when the baby started crying, she kept talking to you without paying him any attention? She keeps forgetting to change his nappies. Would you ever do that if you were a real mother? When he cries, I want to start crying as well. It's hard for me not to be attached. I have felt him growing and moving inside me. I have gone through stomach-aches, back aches and over five months of loss of appetite! I have taken nearly 200 injections in my first month here. All this has not been easy.

According to Sharda, her substantial ties with the baby (blood and breast milk), as well as the labour and effort she has put into gestation, make her more attached to the baby than the genetic mother is. She criticizes the genetic mother's lack of concern for the newborn baby. Sharda believes that since the genetic mother has not put in the labour of gestation and giving birth she is incapable of feeling the emotions of a "real" mother. Deepa, like Sharda, was "permitted" to breastfeed the baby. Deepa's story is unusual. Her Japanese clients had trouble arranging the legal papers required to take the baby back home and requested Deepa to take care of the baby in the interim period. For two months, Deepa looked after the baby under the doctor's supervision. Deepa talks of her "daughter" with a smile on her face:

She is my first baby girl. I have two sons and I always craved for a girl. *I know she looks Japanese but I think of her as my own daughter.* Well, it was different for me. I had her with me for not just the nine months [of pregnancy] but even after that. The two months we had her with us, I pampered her, you don't know how much! I splurged on pink clothes, matching mittens and shoes. All out of my money, not money sent by them! She was on my breast for two whole months. Jessy and I did not want her to take the bottle ... I miss my daughter, you don't know how much. [Emphasis added]

Deepa is one of the few to mention the racial difference between surrogates and the babies they bear. But this difference does not erode her kin claims, and even though the baby “looks Japanese,” Deepa thinks of her as her own daughter. Deepa’s kin ties are forged by the labour of gestation and breastfeeding, as well as taking care of her as if her own, even after the contract period.

The kin ties forged with the baby cannot be dismissed as illiterate women’s ignorance of modern technology. The surrogates understand and recognize that they have no genetic connection with the baby but, nonetheless, emphasize the ties they have with the baby because of shared substances, blood and sometimes breast milk. In addition, for Deepa, Divya and Sharda, the basis for making claims on the baby is not just shared substance but the labour of bearing and breastfeeding the child.

“It Is My Creation, She Is Just Keeping It Warm”: Intended Mother and Child Tie

Previous scholarship on surrogacy has described the “kin-claiming or maternal claiming practices and rituals” of intended mothers’ attempts to construct and embody the pregnancy through a whole range of practices, like reading pregnancy guides, managing all the medical appointments related to pregnancy and even dreaming “pregnancy dreams” (Teman 2010:120). These practical strategies were supplemented by a vigorous assertion of their genetic connections to the unborn child. Vanya, an intended and genetic mother from Dubai, is Indian by origin but was born and raised in Dubai. She confesses that she was looking for a Hindu surrogate mother to carry her baby but simultaneously asserts that religion is irrelevant for her since the baby is “her [the genetic mother’s] creation”:

I was looking for someone who is a Hindu, from a good culture. But then I said, why worry? Her [the surrogate mother’s] caste or religion does not matter because it is actually just our child. She is just keeping it warm, in a way. I might not be creating it inside my womb, but it is my creation—my eggs and my husband’s sperms.

Vanya has a conflicting interpretation of the role of her surrogate mother. She confesses that she wanted the surrogate to be from her religion (Hinduism) but in the same breath emphasizes that the surrogate’s role was merely to keep the child “warm”—much like an egg in an incubator. Intended mother Karen, from Canada, has a more fluid interpretation of the genetic connection than the “old-fashioned” emphasis on genes and acknowledges that with new technologies claims of kinship have shifted:

See, with these new technologies you never know how the genes are being mixed and what is ... umm ... happening, you know, to the child. I am not so old fashioned that I’ll keep talking about how the child is my genes. But it’s not just about genes, it’s much more; the child is my dream and it’s my intention, my determination that is pushing this through. Think of it this way: I have risked millions of injections [for egg retrieval] to get this started. I came all the way here. Look outside, who in their right minds would come to a place like this! I did and all alone. I am sitting in this godforsaken clinic, in a strange land, away from my family. I am thinking of this day and night, working on it day and night. Sure, I can’t feel it move inside me, but does that matter?

For Karen, the kin labour involves not just the bodily pain of medical interventions but also the dangers of crossing into unknown territories just to get one’s own child. Anne, an intended mother from California, legitimizes her kin claims in a similar tone:

People travel to the U.S. to get a surrogate and here I am travelling out of it into some place as far as India. My friends think I am very brave to be travelling to this country. I mean if you take one look at the streets outside, you would know why ... And isn’t that why you [academics] call us intending mothers—because it is the intention that makes one a mother!

Much like the surrogates’ narratives, the narratives of intended mothers emphasized the kin labour—the intention and determined pursuit of surrogacy, across borders and against all odds. The clinic, in turn, facilitated the kin claims of the intended mothers by offering a range of products appropriate for intended mother–child bonding at different stages of the pregnancy. In my last visit to the field in 2013, the doctor introduced me to two surrogacy-related products—the dummy tummy and the sound belt. The dummy tummy is a fake tummy manufactured in India by a soft-toy manufacturer and is allegedly supplied by the clinic staff to intended mothers who want to keep the surrogacy a secret from their families and want their families to believe they are the ones carrying the baby.⁶ But it has other purposes. Lara, an intended mother from the United States, enthusiastically relates another use of this product:

This is what I used to feel a connection to the baby and the pregnancy. As she grew, I grew. It is such a fantastic invention. I would run my hands around my swollen belly and I almost felt like he [the unborn child in the surrogate’s womb] could feel me. This is a way for me to bond with the baby even when I am sitting so far away.

While the dummy tummy helps Lara feel connected to the unborn child growing in the gestational mother's womb, the sound belt is expected to let the unborn baby bond with his/her intended mother. The sound belt is a prenatal music belt that the surrogate can wear around her belly through which the intended parents can "share" their choice of music as well as make the unborn child familiar with the voices of the intended parents. Lara recalls the many evenings she spent just recording lullabies and dialogues for her surrogate to wear in the belt:

I know it sounds silly to some but I want him to hear my voice. I have recorded all the lullabies that my mother used to sing for me. All she has to do is just wear it around her waist and sit. I have recorded stories, our stories, how much we love and want him as well. Once he comes out, he will know who his real mom is!

Much like the surrogates, who cannot depend on their gestational role to automatically determine kin ties with the baby, intended genetic mothers do not assume that their genetic connection automatically gives them the status of "real" mothers. In fact, kinship ties are ritualized through a whole range of kin labour, whether through discursively reiterating their own contribution to the creation of the baby or by using a variety of products to establish attachment during the gestational phase. But as important as the kin claims on the baby are the ties forged by the women with each other.

"It's a Relationship Made in Heaven": Laboured Ties across Borders

In the early literature on kin relations in North India, kinship often appeared as a bounded sphere closely structured not just by patrilineality (lineage organized around descent in the male line) and patrilocality (residence with husband's kin group), but also caste endogamy (Madan 1981). North Indian kinship was often portrayed as immutable connections and caste-based exclusion (Carsten 2000). Other scholars, especially anthropologists and ethnographers, have provided powerful criticisms of such a linear, textual and formal discussion of culture (Dube 1986; Jeffery et al. 1989; Vatuk 1975). The limitation of such rigid models is that they can only characterize "a very confined sphere of social relations while excluding most of everyday life and everyday interactions that occur beyond these groups" (Lambert 2000:89). Kinship bonds are not simply an enactment of unambiguous cultural codes but are experienced as ambiguous and fluid, and hence need to be reconstructed, renewed and "kept viable through a myriad of reciprocities: nurturance, labour, ceremonial participa-

tion, shared locality and simply company" (Bodenhorn 2000:143). It is the *labour* of being related rather than biology that "marks out the kinship sphere from the potentially infinite universe of relatives who may or may not belong" (143).

Scholars have previously discussed the many ways by which surrogate mothers negotiate their ties with the intended mother (e.g., Ragone 1994; Teman 2010). But for the surrogates living in isolation in surrogacy hostels, with little interaction with their family, the kinship ties forged take on a whole new meaning. Much like the kin ties forged with the baby, the ties with the intended mother become central to their thinking about surrogacy. These ties allow the surrogate not just to cope with the emotional isolation but also to challenge the medical construction of their relationships as merely contractual and easily disposable. Parvati highlights the labour of maintaining kinship ties within surrogacy and talks wistfully about her relationship with the intended mother. Parvati seems to be confusing what she hopes will happen in the future with reality. Although she has not delivered the baby yet, she speaks about the important role she plays in the baby's life, as if it has already happened.

My couple [intended parents] keep such good relations with me. After delivery, Nandini didi [the genetic mother] brought him [the baby] over to me and let me breast-feed him. She sends me invitations for his birthdays. She called me when he got married. When he gets fever she calls and says "Don't worry just pray to god. If you want to see him we'll come and show him to you." I am so lucky to have a sister like her taking care of me. I see how the rest of the surrogates in the clinic get treated.

Curiously, although Parvati calls her relationship with the intended mother "just like between sisters," she recognizes the status difference. Most surrogates echo Parvati's claim that the relationship was like that between sisters but simultaneously recognized the power difference. The inevitable narrative is "She calls me *didi* (sister) and I call her *barhi didi* (elder sister)," where the hiring sister is referred to as the "elder" and the hired sister is the "younger." Parvati explains,

I know Nandini didi is younger than I am but I prefer calling her didi [elder sister]. She used to call me didi as well. But it felt strange because she is from a foreign land, so educated, so well dressed.

In Parvati's case the kin labour performed by her didi, which includes allowing her to breastfeed the baby and sending her letters and invitations to the baby's birth-

days, verges from merely fictive to fantasy. But some of these ties are actually sustained, sometimes even across borders of religion and nationality. This is the case for three surrogates, Salma, Divya and Deepa.

In my first meeting with Salma, one of the few Muslim surrogates at the clinic, I confess I was surprised by her intimate relationship with the intended mother, Preeti, a Hindu non-resident Indian from South Africa. Salma responds by giving me a lecture on politics and religion in India.

Why are you surprised? There is no Hindu–Muslim disharmony amongst the common people. This has been created by the politicians. All their brain is in their *kursi* [throne]. They are making profits and giving us a bad name. Look at Preetididi. She is not a Muslim; yet, she wanted to keep *roza* [a fast that Muslims observe during their festive season] on my behalf because I can't keep it when I am pregnant. Our relationship is not dependent on our beliefs. We feel a much stronger bond. Sisters don't need to be from the same mother, right? We are like sisters, just one Muslim and one Christian. I think she is Christian. I haven't asked. But I know she is not from India.

Salma gives more sanctity to her kin ties with the genetic mother than to the bounded sphere prescribed by caste and religious endogamy. The ties of sisterhood between the two women seem to be based on the labour and effort made by the women to maintain these ties; for instance, the Hindu genetic mother follows a Muslim ritual to bond with her sister. While Salma's sisterhood ties traverse religious boundaries, some ties are maintained across borders of race and nationality. Divya, a former surrogate, emphasizes the continued effort made by Anne, the intended mother from the United States, to maintain a relationship even after delivery. Divya shows me the diamond earrings and the toys Anne has sent from the United States for Divya's infant son, Shalin.

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

While Divya hopes that her kinship ties with the intended mother in California will change the life of her family, Deepa believes her relationship with her clients from Japan is based on mutual respect and reciprocity. Deepa reminisces about the intended mother, Jessy:

Jessy came to visit me during the *godh bharai* ritual [a baby shower organized by the hostel matron for all surrogates], showered me with gifts and gifted Rs1500 (US\$30) for my children. It's been three years and today she [the baby born out of surrogacy] would have been three years old. I wished Jessy in the morning on computer and they sent me pictures. You know, they paid me Rs1.5 laks (US\$3000) extra out of happiness and gifted me a laptop when they came to take the baby. Now I can email them using that laptop and they send me pictures by email.

In Deepa's case, the kin labour is not just based on material gifts. She recalls the day the clients came to fetch the baby:

When Jessy came and took the baby in her arms, she started crying out of happiness. And you won't believe it, but she kept pointing me to the baby and saying, "See, this is your mom." I know the baby did not understand what she was saying to her but it meant a lot to me. So many clients say "This is your aunty." But Jessy said "This is your mom."

Jessy's symbolic gesture of calling Deepa the "mom" and Preeti's efforts in keeping a religious fast in solidarity with Salma, her surrogate mother, are powerful, albeit rare, instances of kin labour of intended mothers that did not involve material gifts. While almost all intended mothers mirrored the surrogates' narratives and downplayed the monetary and contractual nature of the relationship, material gifts continued to play a key role in their interpretation of kin labour. Intended mothers often emphasized their generosity and all the payments made in cash and kind, payments that are not required by either the clinic or the contract. Preeti talks about her decision to gift a piece of land to the surrogate:

I am a doctor myself and I have really been busy the last few months. I did call my surrogate everyday in the beginning and then it became a weekly or fortnightly call. But I won't forget her after the delivery. We plan to send her gifts every year on my child's birthday ... I want to buy her a piece of land on top of all the cash. I know my husband thinks I am being silly but I want to do it for her. I won't call it charity. She has given me a lot. But we have given her a lot as well. This should get her life all set.

Preeti accepts that she is unable to reciprocate her surrogate's kin labour on a regular basis but believes that she overcompensates for it through monetary gifts. While Preeti states that her gifts are not "charity," many others deployed explicit narratives of charity and mission whereby intended mothers framed their deci-

sion to choose a surrogate in India primarily as a desire to contribute toward a worthy cause.⁷ Scholarship on transnational adoption has indicated that adopting parents often evoke similar narratives where the desire to adopt children is constructed as a form of international aid (Briggs 2003; Cartwright 2005; Volkman 2005). Ideologies of rescue, care and compassion are rampant in accounts given by people involved in transnational adoptions. Curiously, even in the absence of the “abandoned child in need of being rescued,” transnational clients of reproductive services seem to give similar accounts of “moral adoption,” whereby adopting children from the so-called Third World was perceived as a responsibility of socially conscious citizens (Briggs 2003; Volkman 2005). These narratives of charity, in some sense, are in stark contrast to the instances of kin labour that are based on mutuality or reciprocity in the surrogate-intended mother relationship. But an even starker challenge to these laboured ties sustained across metaphoric borders is what the surrogates label relationships gone to “waste.”

Many intended parents, apprehensive that the surrogate would change her mind about giving the baby away, prefer to sever all ties with the surrogate. These are the cases the surrogates label a “waste,” kin labour that has gone unrecognized and unreciprocated. Tejal was hired as a surrogate by a non-resident Indian couple settled in the United States. When I meet Tejal in 2011, she recalls the delivery day rather bitterly.

There was a lot of problem with the delivery and I had to have 15–20 bottles of IV in just two days. Ultimately, I got a scissor [Caesarian section]. I was unconscious when the couple came and took away the baby. They didn’t even show it to my husband. The baby would have been three years today. But I don’t even know what he looks like. I used to think they would invite us to America. I used to think of her as a sister—all of it went to waste. Forget an invitation, they did not even call to see if we are dead or alive. They just finished their business, picked up the baby and left.

Tejal is not the only one to claim that her kin labour has been wasted. Sudha delivered a baby to a couple from Mumbai, India. She recalls the day of the delivery:

The couple and the family had become like a family to me. They treated me very well throughout the pregnancy. But on the day of the delivery, their *tevar* [“behaviour”] started changing. First, they were reluctant to let me see the baby. When the nurses brought her over to me, she [the intended mother] started instructing the nurse to give me pills, to stop

my breast milk! I had just delivered her baby and all she could think of is that I should not be allowed to feed the baby!

Munni, who delivered a baby for an Indian couple settled in the United States in 2007, has a similar tale. Like Sudha, Munni is bewildered by the change in her client’s behaviour immediately after the delivery,

My party was from America but they used to come here [to the city] to visit their parents. They would call me every day from America and come visit me almost every month. They even allowed me to breast-feed the baby. They always said that, when the baby grows up they would tell her about me, about her second mother in India. It’s been over a year now; she would have been one year old last week. There have been no phone calls, nothing. I don’t know what has gone wrong.

Munni seems surprised by the sudden severing of ties. Her relationship with her clients was unusually friendly while she was carrying their baby. But once she completed her contract, her reproduction became a classic example of alienated labour. Her clients honoured the capitalist contract; they paid her and appropriated the surplus value of her labour—the baby.

Conclusions

Globalization, new technologies and increased mobility of people have expanded and altered mainstream assumptions and conceptions of family, kinship and motherhood. Undeniably, commercial surrogacy poses many challenges. Giving birth to a child in exchange for money and giving it up right after birth defies the hegemonic model of motherhood, whereby the birth or gestational mother is assumed to be the permanent social mother. When surrogacy takes on transnational dimensions, new complexities emerge with ties between the gestational and genetic/social mother crossing boundaries of class and even race and nation. In this article, I analyzed how real actors negotiate these new challenges to kinship and motherhood. The surrogates negotiate these challenges by constructing new bases of kinship. For surrogates, the labour of gestation and giving birth, as well as the continuous labour required to maintain kin relationships with the baby, replaces genes as the primary determinant of kinship ties. Intended mothers have a different, yet equally powerful, narrative for making kin claims on the baby. Here again, kinship ties are ritualized through a whole range of kin labour—the continuous emphasis on the importance of genes and intention in the creation of the baby, as well as the use of a variety of products, like fake tummies and prenatal

music belts, to establish attachment during the gestational phase.

In addition to the laboured ties (based on sweat and blood) with the baby, surrogates work hard to establish kin ties with the intended mothers. Although most surrogates recognize the immense class difference between the intending couple and themselves, they often construct relations in their narrative or fantasy that transcend transnational and class differences. This was reflected in Parvati's fantasy that the couple would continue to treat her like someone special and that she would participate in all the important ceremonies, the child's birthdays and marriage, like any other family member. Divya believes that she has built a long-lasting friendship with the couple. Whether real or imaginary, the surrogates are able to construct kinship ties with women from outside their class and, sometimes, national boundaries. Some intended mothers reciprocate this kin labour, but most prefer to monetize it. Unlike the surrogates' emphasis on labour, intended mothers emphasize their missionary motive or their excessive generosity toward the surrogate mother. Such narratives accentuate and reify the structural differences between the buyer and the seller of surrogacy services.

While seemingly powerful challenges to a naturalized conceptualization of kin ties, even the laboured forms of kinship have their own irony. As indicated in the narratives of the surrogates, not all kin labour is reciprocated. In fact, very often, the labour put in by surrogates in maintaining kin ties with the intended mothers goes to waste. Many intended parents decide not to correspond with their surrogates after delivery. In fact, in some extreme cases surrogates wake up after their Caesarean deliveries only to discover the babies have been taken away. Very often, at the end, the surrogates' kin claims on the baby do not prevent it from being taken away from them.

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Notes

- 1 Anthropologist Lawrence Cohen (2005) used the phrase "selective bioavailability" to describe how certain people's bodies are mobilized for the purpose of disaggregation into cells, tissues and organs to be used by science and medicine. Cohen used the term in the context of transplant tourism, where *bioavailability* becomes just another phrase for poverty and discrimination.
- 2 In the absence of a national registry, there is no reliable information on the number of assisted reproduction clinics offering surrogacy in India. Some recent studies have estimated the industry to be worth as much as US\$400 million

(Kohli 2011). Many Indian clinics report that surrogacy arrangements have doubled in the past decade, with most of the demand coming from international clients and non-resident Indians. According to the National Commission for Women, there are about three thousand clinics across India currently offering surrogacy services (Kannan 2009).

- 3 In the United States, clients of commercial surrogacy can expect to pay a total amount between \$60,000 and \$100,000. The gestational surrogate gets between \$20,000 and \$25,000, donor eggs cost \$4,500 on average, and donor sperm typically costs \$300 on average (Twine 2011). In India, the breakdown is estimated to be \$2,500 to \$7,000 in surrogacy fees and \$100 to \$150 for donor eggs; the total costs reportedly range between \$20,000 and \$35,000.
- 4 See Susan Markens (2007:24) for a tabular summary of comparative international laws on surrogacy.
- 5 In January 2013, the home ministry laid out another list of guidelines or "clauses" that need to be followed if foreign nationals are to be issued a visa for surrogacy (Rajadhyaksha 2013). A clause that is likely to have a serious impact on the transnational market, especially the growing clientele of gay foreigners, is that only couples married for two years and those whose countries recognize surrogacy can apply for a medical visa for surrogacy. It is still too early to speculate on the effects.
- 6 One can get dummy tummies in several sizes in order to simulate different months of pregnancy. One set costs around US\$20 (Rs1,000).
- 7 I have discussed this in more detail in my previous works (e.g., Pande 2011).

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