

## Commercial Surrogacy in India: Manufacturing a Perfect Mother-Worker

Everything works like clockwork. We wake up at 8 a.m., have tea, take our medicines and injections, and go back to sleep. Then we wake up at noon, bathe, and eat lunch. We basically rest. That's what is required of us. We are allowed visitors, but not for the night. In the evening we pray. Then the English tutor comes and teaches us how to speak in English. We will be learning how to use a computer next.  
—Tina, a surrogate mother, describing the timetable at a surrogacy hostel in Anand, Gujarat, India<sup>1</sup>

**F**eminist ethnographers have often ventured into factories and global assembly lines to watch what they call “gender at work” on the shop floor, and they have demonstrated that good labor—cheap, docile, and dexterous—is not found ready-made (Freeman 2000; Salzinger 2003; Pun 2005). It is created through relations of production, through the “meaningful practices and rhetorics of shop-floor life” (Salzinger 2003, 16). Within this schema, managerial control operates through the constitution of shop-floor subjects. In this article, I argue that the perfect commercial surrogate, like the perfect laborer of global production, is not

I would like to thank my dissertation advisor and mentors—Millie Thayer, Robert Zussman, and Joya Misra at the University of Massachusetts, Amherst, and Elizabeth Hartmann at Hampshire College—for their unending support. I am indebted to Arlie Hochschild for her helpful suggestions on earlier drafts of this article and to the anonymous reviewers for their insightful feedback. Finally, heartfelt thanks to the women who shared their life stories with me. Funding was provided in part by the International Dissertation Research Fellowship from the Social Science Research Council and by a university fellowship from the University of Massachusetts, Amherst.

<sup>1</sup> Personal interview. Please see the “Method” subsection for a more detailed discussion of the context and technique for the interviews.

found ready-made in India.<sup>2</sup> The perfect surrogate—cheap, docile, selfless, and nurturing—is produced in the fertility clinics and surrogacy hostels. When one’s identity as a mother is regulated and terminated by a contract, being a good mother often conflicts with being a good worker, which makes the perfect surrogate subject rather difficult to produce. It requires a disciplinary project that works both discursively—through language and metaphor—and through the materialization of discourses in the form of enclosures (Foucault 1990), or surrogacy hostels. By bringing together insights from feminist literature on factory work and global production, I argue that through the various stages of the disciplinary process a new mother-worker subject is produced, a subject similar to a trained factory worker but one who is simultaneously a virtuous mother. At each stage of the disciplinary process, the mother-worker duality is manipulated in ways that most benefit the mode of production, from the recruitment of guilt-ridden mothers to the disciplining of poor, rural, uneducated Indian women into the perfect mother-workers for national and international clients.

The production of this mother-worker subject, however, does not go unchallenged. What we see instead is a continuum of resistance that includes both narratives as well as individual and collective actions. The surrogates resist being reduced to the disposable and docile subjects of medical discourses by creating alternative worlds of meaning for themselves (Certeau 1984). Ironically, these resistances at the discursive level often reinforce the primary identity of these women as selfless mothers rather than as wage-earning workers, which further undermines their ability to negotiate the payment received. Despite its systemic and near-total

<sup>2</sup> The origin of the term “surrogacy” and its social and political implications have been widely discussed by feminists (Stanworth 1987; Snowdon 1994; Rothman 2000). Generally, a surrogate is defined as a substitute or a replacement, implying that the surrogate is a substitute mother. Critics have argued that this terminology suggests that the woman who is paid to give birth is somehow less than a mother and that this disparages her efforts and objectifies her by reducing her to her reproductive capabilities. Although the phrase “women who give birth for pay” may be preferred over the term “surrogates,” in this article I use “surrogacy” and “surrogate” for purposes of brevity and clarity. The women refer to one another as “surrogate mothers,” and when I explained what the term “surrogate” meant in English, most agreed that the description was fitting. There are two types of surrogacy: the first, called traditional surrogacy, involves the surrogate being artificially inseminated with the intended father’s sperm. The second, termed gestational surrogacy, is done through in vitro fertilization, in which the egg of the intended mother or of an anonymous donor is fertilized in a petri dish with the sperm of the intended father or of a donor and the embryo is transferred to the surrogate’s uterus. All the cases in this study are gestational surrogacies; that is, the surrogate has no genetic connection with the baby.

domination of surrogates' lives, or perhaps because of it, the Foucauldian enclosure (surrogacy hostel) becomes a space for resistance and networking. The hostels constitute a gendered place, one that generates emotional links and sisterhood among the women. This intensive contact allows the surrogates to share information and grievances with one another and to sometimes come up with strategies for future employment and even acts of collective resistance.

### **Surrogacy as labor**

Scholarship on surrogacy, a practice in which a woman agrees to carry a child to term for a couple who will then keep the child as their own, can be broadly classified into three groups based on how scholars frame the subject: legal and feminist works that debate the ethics or morality of this practice; radical feminist literature that views surrogacy as the ultimate form of medicalization, commodification, and technological colonization of the female body; and more recent scholarship that focuses on the impact of surrogacy on the cultural meanings of motherhood and kinship.<sup>3</sup> With the exception of Israel, where surrogacy is tightly controlled by the state, this vast literature revolves around surrogacy in the global North (Teman 2006). Scholars, however, have made predictions about surrogacy in the global South. For example, in *The Mother Machine*, Gena Corea (1986, 276) describes a reproductive brothel. In *Women as Wombs*, Janice Raymond (1993, 143–44) discusses the growth of reproductive clinics specializing in sex determination in developing countries, which foreshadows the use of third-world women as gestational surrogates. And Barbara Katz Rothman (1988, 100) asks, “Can we look forward to baby farms, with white embryos grown in young and Third World women?”

These (Eurocentric) portrayals of and speculations about surrogacy cannot incorporate the reality in India, where commercial surrogacy has become a survival strategy and a temporary occupation for some poor rural women, where women are recruited systematically by fertility clinics and matched with clients from India and abroad. In my earlier works I have made a case for considering commercial surrogacy in India as a new kind of labor—gendered, exploitative, and stigmatized labor, but labor nonetheless (Pande 2008, 2009b). I chose the word “labor” over “work”

<sup>3</sup> For works on the ethics debate, see Andrews (1987), Anderson (1990), Raymond (1993), and Ragoné (1994); for radical feminist works, see Dworkin (1983), Corea (1986), Neuhaus (1988), Rothman (1988), and Raymond (1993); for work on cultural meanings, see Thompson (2005), Franklin and Roberts (2006), Teman (2006), and Markens (2007).

because labor is used to describe both work undertaken as a means of earning income as well as the process of childbirth. These definitions overlap in the case of commercial surrogacy, where labor becomes the capacity to produce and reproduce in order to earn income. I have argued that in the case of a developing country like India, where surrogacy is fast emerging as a survival strategy, it makes little analytical sense to battle about the morality of surrogacy. By analyzing surrogacy as a new form of labor, we can develop some knowledge of the complex realities of women's experience. Further, by identifying commercial surrogacy as labor, susceptible to exploitation like other forms of labor, and by simultaneously recognizing the women as critical agents, we can deconstruct the image of the victim that is inevitably evoked whenever bodies of third-world women are in focus (Pande 2008, 2009b).

In this article I analyze both the disciplining or training process of a new kind of worker as well as the intended and unintended consequences of this process. In the absence of any other work on surrogacy in India, it is important to understand the nature and structures of power (the disciplinary project) as well as to highlight the power of resistances by the workers themselves. By first laying out the disciplinary project and then the resistances, I demonstrate how enclosures (typically imagined as the most concrete manifestation of control) have become gendered spaces for networking and collective action in the case of surrogacy hostels in India. First, I describe the setting for this study by giving a brief history of surrogacy in India and an outline of my fieldwork and methods. In the next main section, "Manufacturing the Perfect Mother-Worker Subject," I analyze the various stages involved in the disciplinary project of creating a perfect mother-worker. In the last section, "Imagining Change: Beyond Wombs, Bodies, and Subjects," I describe a continuum of resistance—individual attempts to negotiate disciplinary discourses and instances of collective action within gendered spaces—and analyze their different repercussions.

### ***Surrogacy in India***

Most countries—for instance, Australia, China, the Czech Republic, Denmark, France, Germany, Italy, Mexico, Spain, Switzerland, Taiwan, Turkey, and some U.S. states—ban surrogacy altogether. Some have imposed partial bans, as in Brazil, Israel, and the United Kingdom. Others, such as India, Belgium, Finland, and Greece, have no regulations at all (Teman 2006, 10). Apart from the recent spurt of surrogacy in India, commercial surrogacy is mainly practiced in the state of California and in Israel. The Indian structure is closer to the liberal market model of surrogacy in

California, where surrogacy births are primarily managed by private, commercial agencies that screen, match, and regulate agreements according to their own criteria and without state interference.

Currently there are no laws governing surrogacy in India. The Ministry of Health and Family Welfare recently drafted a bill to control and monitor cases of surrogacy in the country. If passed in the parliamentary session, the new Assisted Reproductive Technology (Regulation) Bill and Rules, 2008, would be one of the most permissive surrogacy laws in the world. Unlike in other countries, this proposed law would make surrogacy agreements between the two parties legally enforceable (Krishnan 2008). But until a law is passed, clinics like the one in Anand can follow their own rules.<sup>4</sup>

***The field: Anand, Gujarat, India***

Anand is a city of about 100,000 people in the western Indian state of Gujarat. A curious fact about the demographics of the state of Gujarat is that a large percentage of Gujaratis have settled in different parts of the world. Of the 20 million Indians spread across the globe, 6 million are from the state of Gujarat, meaning that nearly 30 percent of the total nonresident Indian (NRI) population is from this one state. Nonresident Gujaratis (NRGs) coming to India for personal and medical visits are making Gujarat one of the most popular sites for medical tourism in India. The majority of medical tourists are cardiac patients, but an increasing number of patients are coming for joint replacement, plastic surgery, and now in vitro fertilization and surrogacy (Bhargav 2006). At Hope Maternity Clinic in Anand, where I performed my fieldwork, the proportion of international clients is a clear indication of the success of medical tourism: nineteen of the forty-eight surrogates in this study were hired by NRGs settled in different parts of the world, and ten were hired by international clients.

Hope Maternity Clinic is very unremarkable looking: it is one clinic among the many mushrooming medical stores and hospitals lined up one after the other on a street in the center of the city. Dr. Usha Khanderia, medical director of the center, specializes in infertility and assisted reproductive technologies. She had her first successful case of surrogacy in 2004 when a woman gave birth to her own grandchildren on behalf of her UK-

<sup>4</sup> In the absence of any formal laws regarding surrogacy in India, the clinic I discuss in this article follows some informal rules for selecting surrogates: the woman should not be above the age of forty, she should be medically fit with a healthy uterus, she should be married, and she should have borne at least one healthy child.

based daughter. For her second case, Khanderia convinced an employee at her clinic to be a surrogate. Since then she has matched over 100 surrogates with couples from India and from places as diverse as the United States, Taiwan, South Korea, South Africa, the United Kingdom, and Spain.

### **Method**

The research described in this article is part of my larger research project on commercial surrogacy in India, for which I conducted fieldwork in Anand between 2006 and 2008.<sup>5</sup> My research has included in-depth open-format interviews with forty-two surrogates, their husbands and in-laws, eight intending parents, two doctors, and two surrogacy brokers. Typically, the interviews took a narrative form, with the woman responding to my request to “tell me about your life and how you got into surrogacy.” In addition, I conducted participant observation for nine months at the surrogacy clinic and at a surrogacy hostel. The interviews were in Hindi and Gujarati and were conducted either in the hostels, where most surrogates lived, or at their homes. I have used pseudonyms except in cases where the surrogate asked me to use her real name.

All the surrogates in this study are married with at least one child.<sup>6</sup> The ages of the surrogates range from twenty to forty-five. Except for one surrogate, all the women are from villages neighboring Anand. Fourteen of the women said they were housewives, two said they worked at home, and the others said they worked in schools, clinics, farms, and stores. Their education ranged from illiterate to high-school educated, with the average having attended some middle school. The median family income is about \$60 per month. If we compare that to the official poverty line in India, thirty-four of my interviewees reported family income below or around the poverty line. 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 were unemployed.

Eleven of my interviewees were surrogates for international couples.

<sup>5</sup> This article is part of a larger project exploring parallels between surrogacy in India and labor. Additional parallels between surrogacy in India and gendered forms of labor that I have explored in other articles include surrogacy as dirty labor; surrogacy as embodied labor, that is, labor that requires intensive use of surrogates’ physical selves; and surrogacy and the labor of kinship. See Pande (2008, 2009a, 2009b).

<sup>6</sup> Khanderia insists on this requirement to ensure that the woman is “psychologically prepared to be a mother” and has a “healthy womb.”

Sixteen had been hired by NRIs settled all over the world. The rest had been hired by couples from India.

### **Manufacturing the perfect mother-worker subject**

Disciplinary production deploys the art of metaphor, the power of language and the politics of othering and differentiation in crafting a new identity.

—Pun Ngai (2005, 110)

### ***Recruiting desperate mothers***

The parallels between commercial surrogacy and sex work in the Indian public imagination make surrogacy a highly stigmatized labor option (Pande 2009b). Although surrogacy as a process is an ethical quagmire in almost all countries, surrogates are not usually stigmatized. In India, however, the surrogates face a high degree of stigma. As a consequence, almost all the surrogates in this study decided to keep their surrogacy a secret from their community and very often from their parents.

The stigma and secrecy surrounding surrogacy limits the scope of recruitment through word of mouth, and doctors have to rely on formal and informal surrogacy brokers. Former surrogates, women who could not become surrogates for medical reasons, and midwives often become brokers in this trade. These brokers recruited more than half of my interviewees. Broker Nirmala, a former midwife, brought in nine of the surrogates in this study, and she charges the surrogates up to Rs 10,000 (around \$200) for the service provided, driving them to the clinic and driving them back after the medical tests. Nirmala describes how she came to be a broker by saying, “I came here to donate eggs, but I was refused because of my age. So I started getting women from my hospital. It is easy for me to find the right women because I used to be a midwife. I know which women have very young children, which ones are in desperate need of money.”

Recruitment tactics often tapped into women’s anxiety about being bad mothers—mothers who were unable to provide for their children or, especially, mothers who could not get their daughters married on time. In India, although fathers are expected to play the breadwinner role, mothers are often castigated by the community for not getting their daughters married. Regina is a forty-two-year-old surrogate and one of the oldest at the clinic. She has a teenage daughter with severe mental challenges, and her story exemplifies how fear of being a bad mother

affects the decision to become a surrogate: “I came to the clinic when my daughter was ill. The nurse is from my village, and she has seen the state of my daughter. She knows I am old but she told me if I want to be a surrogate, she would try to get me in. I was not agreeing in the beginning; I was too scared. But she said, ‘How else will you get that mad daughter of yours married?’”

Naseem, a thirty-year-old surrogate and mother of a three-year-old boy, heard about surrogacy from the nurses when she went to have her second child aborted: “When Jayati [a nurse at the clinic and an informal broker] heard that I am getting the cutting [abortion] done because I can’t afford to feed another child, she told me about surrogacy. She told me there is nothing immoral about it, so I agreed.” It is indeed poignant that Naseem, who cannot afford to have her own second child or even feed the first, is instead having a child for someone else to keep.

Thus, by identifying and persuading women in desperate need of money for their children, the recruitment strategy is founded around the dual image of a mother-worker. Being a mother is not just a medical requirement for a woman to be recruited as a surrogate but also an insidious mechanism to control her as a worker. This interplay of the mother-worker duality continues to underlie the next two steps in the labor process: counseling and the signing of the contract.

***Contract and counseling: Manufacturing a perfect mother-worker mind***

Bringing a needy woman from the village to the clinic is a small first step in the whole process. Economic desperation does not make a perfect surrogate; a new subject has to be produced, a surrogate who is a willing worker and, simultaneously, a virtuous mother. The surrogate is expected to be a disciplined contract worker who will give the baby away immediately after delivery without creating a fuss. But she is simultaneously expected to be a nurturing mother attached to the baby and a selfless mother who will not treat surrogacy like a business. This mother-worker combination is produced through a disciplinary project that deploys the power of language along with a meticulous control over the body of the surrogate. In the next few sections I analyze the language of the contract and the discourses used by the medical staff in formal and informal mentoring of surrogates.

The surrogacy contract, which lays out the rights of the surrogates, is in English, a language almost none of the surrogates can read. Some essential points of the contract, however, are translated for them. In the words of surrogate Gauri, “The only thing they told me was that this

thing is not immoral, I will not have to sleep with anyone, and that the seed will be transferred into me with an injection. They also said that I have to keep the child inside me, rest for the whole time, have medicines on time, and give up the child.” Salma, a surrogate for a couple from Los Angeles, adds, “We were told that if anything happens to the child, it’s not our responsibility but if anything happens to me, we can’t hold anyone responsible. I think the legal contract says that we will have to give up the child immediately after the delivery—we won’t even look at it. Black or white, normal or deformed, we have to give it away.”

The contract (in translation) becomes a critical part of this disciplinary process. It reiterates the transient role and disposability of the women, not just as workers but also as mothers. Scholarship on globalization and women’s work has analyzed how women workers of the global South are made to feel disposable and has noted that this is an integral part of the workings of global capitalism (Chang 2000; Ehrenreich and Hochschild 2003; Wright 2006). Although there are more couples waiting to hire a surrogate than there are women waiting to be surrogates at the clinic, the contract, the clinic rules, and the counseling reiterate the disposability of the surrogates. The surrogates are periodically told that their role is only as a vessel, that they have no genetic connection with the baby, and that it will be taken away from them immediately after delivery.

Shalin Desai, a doctor at the clinic, describes the ideal profile of a surrogate as compared with the profile of an egg donor in these terms:

We have a different set of priorities for egg donors. In egg donors, we look at the woman’s age, intelligence, looks, education, family background, etc. For the surrogates it’s mostly the character of the womb we are interested in. We make sure the surrogates know that they are not genetically related to the baby, *they are just the wombs*. But we still have to counsel them a lot before they become ready for surrogacy. It’s because of this counseling that we have had no problem with the surrogate not wanting to give the baby up. Our surrogates are not like the surrogates you find in the U.S., who feign attachment just to make some extra bucks. That is one of the big reasons why we get so many international clients. (Emphasis added)

According to Desai, then, the counseling session reiterates the transient nature of the surrogate’s mothering role (the surrogate is merely a womb), and this knowledge prevents her from getting attached to the baby. Presumably, this also underscores her disposability as a worker and discourages her from “feigning attachment” to the baby in order to negotiate higher wages.

Khanderia has a slightly different take on the qualities required of a surrogate:

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

Khanderia’s “training” of first-time surrogates reiterates the disposability of the women-wombs but adds the contradictory demand that the surrogate be nurturing toward the baby and yet detached from it.<sup>7</sup> Her comments reveal the complex mother-worker combination demanded from a surrogate, to simultaneously be a temporary (yet professional) caretaker and a nurturing mother. The perfect surrogate is one who is constantly aware of her disposability and the transience of her identity as a worker and yet loves the product of her transient labor (the fetus) as her own.

Raveena, a former surrogate, current surrogate counselor, and hostel matron, plays a critical role in the production of the dual mother-worker subject. “My task,” she states, “is to make sure that the clients don’t get fooled—they get the best deal possible. After all, they are investing so much money in my surrogates. Of course, I also want the best deal for the surrogates. I know how painful this thing is. I have been there myself. But I teach my surrogates one crucial thing: don’t treat it like a business. Instead, treat it like God’s gift to you. *Don’t be greedy*” (emphasis added). Raveena’s statement reflects the ambiguity surrounding commercial surrogacy: it lies somewhere between contractual labor and motherly altruism (Raymond 1990, 1993; Ragoné 1994). But interestingly, this ambiguity

<sup>7</sup> It is worth noting that while commercial surrogacy involves an unusual intertwining of women’s reproductive capacities with productive roles, there are some fundamental parallels with other forms of work. For example, surrogates, like factory workers, are asked to give up the product of their labor—in one case, a baby, and in the other, the material objects as well as the surplus value they produce. In both cases, they are also asked to treat their employers’ property as if it were their own, even as they are constantly reminded that it is not.

surrounding surrogacy works differently for buyers and sellers of surrogacy. While Raveena recognizes the business aspect of surrogacy and the “investment” made by the buyers of this labor (the intended couple), she simultaneously instructs the sellers (the surrogates) to treat surrogacy like God’s gift, the underlying instruction being not to negotiate the wages.

A broker and matron of another surrogacy hostel, Nirmala conducts her counseling sessions a little differently: “To convince the women I often explain to them that it’s like renting a house for a year. We want to rent your womb for a year, and Doctor Madam will get you money in return. I tell them surrogacy is not immoral. It is much better than a woman going from one man’s bed to the next to make money. Prostitution will not pay her much and can also lead to diseases.” Nirmala stresses the business aspect of surrogacy by using the metaphor of renting a house and by comparing surrogacy to prostitution. Although Nirmala understands the medical procedures involved in surrogacy, she uses the surrogacy-prostitution comparison often used by people who are not familiar with assisted reproductive technology.

The surrogate-prostitute comparison plays a critical role in the disciplinary project. It is simultaneously challenged and reinforced by the brokers, counselors, and medical professionals at different stages of the labor process. At the time of recruitment and counseling, the surrogates are assured that their role does not involve any “immoral acts” like “sleeping with clients.” The bad surrogate, however, is often compared to a prostitute in informal counseling and mentoring sessions. Consequently, the surrogate is under constant fear of crossing the thin line between morality and immorality and disturbing the delicate balance of being a perfect mother-worker. While sipping tea with some surrogates at her hostel, Raveena criticizes broker Nirmala:

I don’t know where Nirmala gets her women. You know what I call her, a dirty *bharbwa* [pimp]. She never tries to find out about the family of the surrogate. For all you know she gets prostitutes. It’s criminal what she does to the trust of the intended parents. They trust their lives on this surrogate, and if she turns out to be a prostitute, then their baby will grow in a dirty womb. She once got a loose woman [prostitute] who delivered babies to her clients and then eloped with another surrogate’s husband! No one here has any respect for such brokers or the women she brings.

What makes a good versus a bad surrogate is often talked about in counseling sessions and at informal lectures in the hostels, and new en-

trants are encouraged to stay away from bad influences like broker Nirmala and the immoral surrogates she brings to the clinic. Raveena lectures her surrogates, “I don’t want any of you to behave like surrogate Pushpa [a surrogate brought to the clinic by Nirmala], treating this like a money-making business and manipulating the nice couple from America. Whenever I meet Pushpa or that broker Nirmala, I feel like saying, ‘First start taking care of your own children.’ Such dirty clothes Pushpa’s boy wears, and his nose is always running. And who knows who Nirmala’s daughter is sleeping with. She hangs around with ten boys at the same time.” It is worth noting that surrogate Pushpa and broker Nirmala are depicted as bad models for the surrogates because they are not just greedy workers (prostitutes or pimps) but also unfit mothers. According to Raveena, Pushpa is incapable of being a good surrogate, a caretaker for someone else’s child, since she is not a good mother to her own children. To be a perfect surrogate, a woman has to be a good mother first and then a good contract worker.

The counseling sessions and the various metaphors used thus become a critical tool in the disciplinary project. The discourse of disposability and transience emphasizes detachment from the child and keeps the negotiating power of the surrogates in check. An egg donor with special characteristics could negotiate a higher price, but a womb like any other womb is waiting to be hired by a client. The demand for professionalism ensures that the surrogate hands over the baby without causing any trouble for the clients. The professional surrogate, however, cannot be business minded. She is to treat surrogacy as an opportunity to fulfill her duties as a mother.

Moreover, the disciplinary project not only emphasizes a perfect-worker model but also demands perfect-mother qualities from the surrogates. A good surrogate loves the product of her transient labor as her own. Good mothering qualities are required not just in conjunction with the good worker qualities but independently as well. A surrogate has to be a good mother to her own child before she can be a mother-worker for someone else’s baby.

The contract and the counseling compose the first step in the disciplinary process. The surrogates in Anand are desirable not just because they are cheap but because they are fully under the control of the doctor and the buyer. To ensure that the women remain perfect surrogates and that the clients get the best deal, the management has devised ways to have complete control over the surrogates during the nine months of pregnancy: surrogacy hostels.

***Surrogacy hostels: Manufacturing a perfect mother-worker body***

What was so new about these projects of docility . . . ? [An] uninterrupted, constant coercion, supervising the process of the activity rather than its result and it is exercised according to a codification that partitions as closely as possible time, space, movement.

—Michel Foucault (1995, 136–37)

Scholars writing on gender and factory work have demonstrated how dormitory techniques of power are central to the extraction of labor from workers.<sup>8</sup> The underlying principle of the dormitory system is not just to impose severe discipline and surveillance but also to create a constant need for self-discipline and internalized surveillance (Foucault 1995). In this section I demonstrate how the enclosures for the surrogates, the use of timetables, the practice of ranking surrogates, and the subtle self-supervision of everyday lives are used to create the perfect mother-worker.

Surrogates typically have two kinds of living arrangement during their nine months of pregnancy: living in the rooms above the clinic under Khanderia's care or living in the hostels financed by the clinic. The doctors and the hostel matron decide whether an individual will go from one to the other during her pregnancy. These enclosures are the least discreet of the disciplinary techniques used by the clinic, somewhere the surrogates can literally be kept under constant surveillance.

In the clinic the surrogates live in groups of eight to a room. The rooms are lined with single iron beds with barely enough space to walk in between. One end of each bed is kept raised with a wooden block so that the surrogate can have her legs up after the embryo transfer. The women have nothing to do the whole day except pace back and forth on the same floor (they are not allowed to climb the stairs and have to wait for the nurses to operate the elevator), share their woes and experiences with the other surrogates, and wait for the next injection. The surrogacy hostels located in towns close to the clinic are less sterile: the surrogates have fewer restrictions on their movement and have a kitchen (along with a cook), a television, and a prayer room at their disposal. Husbands are allowed to visit but are encouraged not to stay the night, to emphasize the requirement that the surrogate not have any sexual relations during the nine months of pregnancy.

The clinic and the hostel are spaces where the daily activities of the

<sup>8</sup> See Hershatter (1986), Honig (1986), Lee (1995), and Pun (2005).

surrogates can be not just monitored but also controlled. The timetable establishes a rhythm, a rhythm meant to ensure a healthy and docile mother-worker. Varsha is a surrogate for a couple from Uttar Pradesh, India. She lists the daily schedule for the surrogates at the clinic:

Get up at 8 a.m. and have some vitamins with our breakfast. Sleep. Get up in time for Doctor Madam's visit. Sleep. Get up for lunch. Mostly we get served a fixed lunch, along with whatever medicines we have left. The doctor wants me to eat too much here. I enjoyed it in the beginning, but now sometimes I feel like I would burst! Madam has told us that all mothers who want a healthy baby should take this diet. I know it's required for the baby, so I can't create a fuss.

The surrogates are instructed to follow the diet that all responsible mothers should follow for their babies' good health. Their duty to act as responsible mothers is underscored not just as a disciplinary technique but also an incentive. Varsha explains, "I am being extra careful now because Doctor Madam has said if everything looks all right in the ultrasound I can go visit my children. I don't want to do anything that will make Madam change her mind about letting me go home for a day or two." For Varsha and other surrogates with young children, the promise of being able to see their own children "if everything goes well" serves as an ever-present incentive to follow instructions and be the perfect mother-worker. Here the contradictory demands made on the perfect mother-worker are starkly evident: while bad surrogates are constantly being chastised for not taking care of their children, the surrogacy arrangement requires that the good (disciplined) worker stay willingly at the clinic, away from her family.

The surrogates living in the hostels away from the clinic have a less rigid schedule and more leisure activities. However, the leisure activities are engineered to make them better workers in this round of pregnancy or the next: classes in English that would enable the surrogate to converse with her international client and report her daily health and activities, and computer lessons to facilitate further communication with international clients.

Tina, a surrogate for a couple from Dubai, thinks the hostel feels like home despite the rules and injections, perhaps because of the leisure activities:

This doesn't feel like a hostel at all. This is more like home. As long as we are inside the house we can move around freely, watch TV,

sleep. We even have a prayer room where we all pray in the mornings and evenings. Everything works like clockwork. We wake up at 8 a.m., have tea, take our medicines and injections, and go back to sleep. Then we wake up at noon, bathe, and eat lunch. We basically rest. That's what is required of us. We are allowed visitors, but not for the night. In the evening we pray. Then the English tutor comes and teaches us how to speak in English. We will be learning how to use a computer next.

A detailed regulation of the surrogates' private time allows prolonged control in a way not possible when there is a separation between home and work. Regulation of the surrogates' leisure time also reinforces the perfect mother-worker identity. The computer and English lessons create a better worker (for now and the future) who can communicate more effectively with the couple hiring her, while the elaborate prayer room and scheduled prayer hours emphasize the image of a virtuous, religious, and conservative mother-worker.

The metaphors of hostel as home and training as leisure not only dilute the labor aspect of surrogacy but are used to justify the surveillance of surrogates. Desai argues:

In a way it's also very good for all the mothers to stay together, laugh, play, and stay happy. It's a good way of passing time for them. And it prevents them from always wanting to go home. If we send her home, she is bound to start doing housework. *She doesn't know any better.* But here we can ensure that she gets complete rest. When the surrogate has her own children, she has them without even realizing what happened—in fun and games. But in this pregnancy a lot depends on her actions. And we want nothing to go wrong. In the other hostel, we've also started English and computer lessons for them. We want them to learn something, some skills to face the world better after staying with us. *We can't take care of them forever!* (Emphases added)

Desai's comment reiterates the need to modernize the women. The untrained mothers need to be kept in the hostel because they cannot be expected to understand the modern methods of motherhood. Interestingly, Desai also argues that the hostel is both a haven for the surrogates and a place where they will be trained to face the real world. Scholars of work, especially in global production and factories, have discussed the paternalistic tropes that managers use to justify the surveillance of women workers as well as to emphasize the temporary and secondary nature of

their employment (Farnsworth-Alvear 1997). The medical staff uses a similar paternalistic narrative for the surrogates, making reference to the illiteracy of these women and their inexperience with modern mothering practices and modern technologies, as well as their assumed unfamiliarity with the public space of “real work.”<sup>9</sup>

The disciplinary machinery, however, works in a more detailed way than simply enclosing the surrogates in the clinic and the hostel. Surrogates are organized into ranks: the first rank is composed of surrogates in the clinic who are recovering from embryo transfer, are awaiting confirmation of pregnancy, or are in their first months of pregnancy. These women are usually kept in one (smaller) room at the clinic under close surveillance. They are actively disciplined to be docile workers—to rest, eat, and take injections and medicine on time. The surrogates in the second (bigger) room in the clinic have confirmed pregnancies and are usually in their second or third trimester. The atmosphere is more relaxed, and the surrogates are allowed to roam around freely on that floor of the clinic.

As the surrogates move up in rank, the emphasis moves from disciplinary rules to “subtle surveillance and meticulous self-supervision of everyday lives” (Pun 2007, 252). While the first-time surrogates and women in their first trimester are given medicine and injections by nurses, the surrogates at the hostel outside the clinic and repeat surrogates are encouraged to self-monitor their medicines, injections, food, and rest. As Raveena summarizes:

With my girls there is no tension. I keep them like it’s their house. It’s not like a hostel with restriction on food, activity, or movement. I told them right at the beginning that if you treat this like someone else’s house, then you will find it very hard to be happy in the months away from your family. I urge them to be self-sufficient, take responsibility, go cook in the kitchen whenever they like. By now they should have learnt what they can do without harming the baby; I should not have to tell them anything.

The paradoxical portrayal of gestation and pregnancy as natural for women as well as requiring training necessitates these different forms of discipline both in the clinic and the hostel—from explicit surveillance of

<sup>9</sup> Desai’s assumption about the women’s housewife status and inability to deal with the real world is ironic since only a third of the surrogates identified as housewives. Their presumed housewife status further underscores their primary role as mothers and wives rather than as workers.

different ranks to meticulous self-supervision of everyday lives. Unlike Desai's depiction of surrogates as vulnerable and untrained mothers, Raveena's narrative encourages the surrogates to behave like self-disciplined, responsible mothers who know how to take care of the babies growing inside them.

### **Imagining change: Beyond wombs, bodies, and subjects**

Michel Foucault's controversial assertion that "where there is power, there is resistance" (1990, 95–96) has been alternately hailed and criticized by feminist scholars (Sawicki 1991; Simons 1995). But whatever else this statement implies, it does force us to keep questioning our understanding of power and resistance. The surrogates in this study are more complex subjects than either invariant victims or consistently subversive agents. Instead of "romanticizing all forms of resistances" (Abu-Lughod 1990, 42) as signs of the ineffectiveness of systems of power, in this section I call readers' attention to a continuum of resistance—the different forms that resistance takes and the repercussions that may follow. The first kind of resistance, one I have described in more detail elsewhere (Pande 2009b), takes the form of discursive resistances: individual attempts to negotiate the various disciplinary discourses. I demonstrate that the surrogates resist some of these disciplining discourses (surrogates as disposable, contractual workers) by the individual act of "appropriating meanings subversively" (Certeau 1984, 26). At the risk of undermining the power of these narratives, however, I urge readers to notice the unintended consequences of these narratives. These narratives often reinforce the primary identity of these women as selfless mothers rather than as wage-earning workers. The second form of resistance takes place within the physical space of the enclosures. I argue that instead of being just repressive, the gendered space of the surrogacy hostel becomes an avenue for resistance.

### ***"If we are just wombs, why are there different rates?" Surrogates respond to medical discourses***

From recruitment to delivery, surrogates are subjected to diverse, often contradictory conceptions of surrogacy and their role in it. In the counseling sessions, the surrogate's transience and dispensability both as a worker and as a mother are highlighted. But these discourses of dispensability do not go unchallenged. The surrogates resist them by forging relations with the baby and the intended mother. Some surrogates emphasize the "special" quality they had that made couples choose them

over all the other workers. Others stress the special quality of the intended couple and the exceptional bond they share with the couple and the baby.

Pushpa, a twenty-seven-year-old surrogate who has already delivered a baby for an Indian couple, is pregnant for the second time in two years, this time for an NRI couple from the United States:

If we are just wombs, why are there different rates? I am getting much more than many of the surrogates here. A Gujarati NRI couple came from America during the delivery of my first baby. They said that they don't care how long they have to wait, but they only want me to carry their baby. Radha *didi* [elder sister], the NRI woman, she is also a Brahman. Maybe that's why she liked me. But almost everyone who comes here for a surrogate wants me. Doctor Madam says to me, "Why can't you get me ten to fifteen more Pushpas?"

A complementary narrative used by the surrogates to resist their disposability is the claim that they share a special bond with the intended mother. Former surrogate Raveena emphasizes the continued effort made by Anne, the genetic mother from California for whom Raveena was a surrogate, to maintain a relationship even after delivery: "Anne came in on the eighth month, and for two months she stayed with me. We lived together like a family. I know she wanted me to feed the baby—it would have made our bond even stronger! We have been in constant touch since then. See, she brought me these earrings this time. [She shows me her diamond and white-gold earrings.] Anne is everything for me, and I know how much I mean to her."

The surrogates resist the commercial and contractual nature of their relationship with the intended parents by establishing some kind of a personal connection with them. While this can be seen as a form of resistance to medical narratives that underscore their disposability, these ties also make the remuneration structure more informal, often to the detriment of the surrogates.

In the absence of any binding law or contract, individual couples have considerable freedom in deciding the amount and form of remuneration. A couple from New Jersey decided to pay their surrogate, Salma, in kind. Salma explains, "We don't really have a contract. Will [the intended father] said, 'You make us happy, and we'll make you happy.' He said he would build a house for us—however big we want it to be. I am having twins so perhaps he will build us two rooms instead of one. But his wife has become like an elder sister to me. I don't want to ask about the money or the number of rooms." Thus, the ties forged with the couple further

dilute the labor aspect of surrogacy and often prevent the surrogates from negotiating the payment.

Another form of relationship forged by the surrogates is the one with the baby they are carrying. Surrogate Parvati makes a distinction between genetic ties and the intimate connection associated with surrogacy to emphasize her blood tie with the baby. I met Parvati immediately after a fetal reduction surgery in which one of the fetuses she was carrying had to be surgically eliminated. She told 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. 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.” Parvati thus uses her interpretation of the blood tie to make claims to the baby. Parvati’s claim is exceptionally powerful, as it challenges the hegemonic and genetic bases for claiming kinship ties.<sup>10</sup> Ironically, this claim further undermines the work and contract aspects of surrogacy by reinforcing the surrogates’ primary role as mothers. Parvati further argues, “We can’t really call surrogacy ‘work.’ I personally feel it’s nothing strange to us Hindus; it’s in our religion. It’s something like what Yashoda Ma did for God Krishna. And Krishna loved his Yashoda Ma, didn’t he?”<sup>11</sup>

Surrogates not only highlight their mothering role within surrogacy but also actively deny the labor aspects. Ironically, while supporters of surrogacy emphasize the element of choice in surrogacy—that a woman

<sup>10</sup> See Pande (2009a) for a detailed analysis of how the surrogates’ constructions of kinship (based on shared bodily substances and the labor of gestation) challenge established hierarchies in kin relationships and disrupt kinship theories that are based solely on biology.

<sup>11</sup> According to Hindu mythology, Krishna was born as the eighth child of Devaki, sister of the cruel demon king Kamsa. A sage, Narada, predicts that Kamsa will be killed by his nephew, so Kamsa kills his sister’s first six children. The eighth child, Krishna, is secretly exchanged for a cowherd’s daughter. Krishna is brought up by the cowherd’s wife Yashoda, and most stories surrounding Lord Krishna in his infant years are about the loving bond shared between him and his surrogate mother, Yashoda. The mother-son interaction between Yashoda and Krishna is a popular theme in media representations of Indian mythology as well as in Hindu devotional songs and prayers. Innumerable devotional songs have been dedicated to establishing Yashoda’s loyal motherhood where Yashoda bathes and dresses the child, cooks for him, feeds him, tells him stories, and rocks him to sleep. Yashoda’s absorption in Krishna to the total exclusion of everything else and Krishna’s devotion to his surrogate mother are illustrated in many songs, prayers, and paintings. Thus, Yashoda’s lap becomes a *sarovar* (lake) wherein Krishna blooms as a *kamal* (lotus), while the child Krishna describes his Ma’s feet as the *swarg ka chaukhat* (threshold of heaven). See Krishnan (1990) for a detailed analysis of the significance of the Yashoda-Krishna relationship.

has the right to choose what to do with her body—most of the surrogates' narratives work toward downplaying the role of choice in their decision to become surrogates. They deny choice by highlighting their economic desperation, by appealing to higher motivations, or by emphasizing the role of a higher power in making the decisions for them. As surrogate Salma puts it, "Who would choose to do this? This is not work, this is *majboori* [a compulsion]. It's just something we have to do to survive. When we heard of surrogacy, we didn't have any clothes to wear after the rains—just one pair that used to get wet—and the roof of our house had collapsed. What were we to do?"

This act of desperation was often linked to their need to fulfill their motherly duties. Surrogate Vidya defends her decision to become a surrogate by stating, "I am doing this basically for my children's education and my daughter's marriage. I am not greedy for the money. This surrogacy is like God has blessed me and given me the opportunity to do something for them."

While Pushpa was undergoing treatment for her second client from the United States, she spoke about her dream to go abroad: "I built one house with the money I got the first time. I want to do this again and again. You know, I've always wanted to be an air hostess and visit America. Maybe now I can. . . . But don't think I am being selfish. This is only for my children. If I go abroad I can send money back home for them." Even Pushpa, labeled a greedy surrogate by the medical staff, is reluctant to talk about surrogacy in purely business terms and instead reiterates her higher motivations. The surrogates' reluctance to talk about the contract and the payment they deserve can be connected to the disciplinary discourses used in the manufacture of the mother-worker subject and the different ways that the mother and the worker parts of the dyad are dealt with in these discourses. While there is a lot of explicit discussion about good and bad motherhood, the construction of workers goes almost unspoken, so as to conceal the commercial aspect. The consequent dual construction of surrogates as mother-workers has a corollary that a surrogate must be a good mother before she can be a good worker. This not only creates surrogates who are ideal for national and international clients, it inhibits the women from identifying as workers. The narratives that ostensibly resist the clinic's disciplinary discourses and increase the surrogates' feelings of self-worth become instrumental in eroding the surrogates' recognition of the significant role they play as workers and breadwinners for their family.

***“We all are like fishes in a dirty pond. Why let the crocodile take control?” Enclosures as gendered spaces of resistance***

In the last section of this article I demonstrate that the surrogacy hostels, typically imagined as the most concrete manifestation of control, become a powerful site for resistance. These are gendered spaces, where women live together for the entire length of their pregnancies. The kin ties between the surrogates, based on shared company and shared residence, often cross borders of religion and caste.

The hostels constitute a gendered place, one that generates emotional links and sisterhood among the women. Mansi, a surrogate, talks about her relationship with other surrogates in the hostel: “We are seven surrogates in this room—seven sisters pregnant at the same time! Our villages are not very far—I am sure we will be able to meet each other even after we leave this place. We have convinced Raveena *didi* [the matron] to train us in the beauty business. I don’t think English and computer will get us a job, but we may be able to work in a beauty parlor. Once we are done here I want to start a beauty parlor with surrogate Diksha.” For Mansi, the ties with other surrogates serve as resources and networks for future employment. These ties and coalitions also serve as a powerful tool against the brokers. Varsha, a surrogate for a couple from Uttar Pradesh, began talking about broker Nirmala at the lunch table, and all the other surrogates joined in: “I was brought here by Nirmala. Oh, you haven’t met her yet? She is the one who gets all of us here. She goes from house to house, knocks on the door, and whoever she sees first she grabs them and asks, ‘Do you want to be a surrogate?’ [They all laugh]. No, but maybe I shouldn’t be telling you about her. I don’t want any trouble. Why live in a pond and make the crocodile your enemy?” Surrogate Regina interrupted us:

Why not? We all are like fishes in a dirty pond. Why let the crocodile take control? I am going to tell her [the researcher] everything. This Nirmala, she takes Rs 10,000 [\$200] from us for getting us to the clinic. We take all the pain, and she earns so much money. See, we come here because we are desperate, but she has made a business out of this. This shouldn’t be allowed to happen. We have complained to Raveena *didi*. We want it written in the contract that the couple hiring us will pay for people like Nirmala. This money means a lot to us. Why should we have to give it to someone else?

By swimming together “in a dirty pond,” the surrogates develop a

sense of collective identity and the ability to demand some minimum rights and protection from exploitation. By the time I left the field, Raveena (the hostel matron) had passed the surrogates' message to the doctor, and a special clause had been added to the contract: the intended parents would be responsible for paying any broker involved in the surrogacy process.

### Conclusion

One might well ask, Why are we here, in a city of no particular significance, examining the making of a handful of surrogates? On one level, the significance of this study is that it is the first attempt to interrogate this new and unusual form of women's labor emerging in India—commercial surrogacy—and to understand the processes by which laborers are trained for it. Anand may be the Indian city where surrogacy first began booming, but by now it is not the only one. Since my fieldwork ended, surrogacy has spread to almost all major cities in India. More feminist work is required to document and analyze the growth of this stunning new instance of the international division of (reproductive) labor, where poor women of the global South are having babies for richer women, many of them of the global North.

Moreover, while India may be the first country where commercial surrogacy has become a new kind of temporary work for poor women, with globalization leading to the spread of reproductive technologies, it is unlikely to remain the only one. It is hard to predict whether the Anand model will be emulated by other clinics around the world. But given the success of the Anand surrogacy program within just three years of its inception, it will not be surprising if it is.

*Department of Sociology  
University of Cape Town*

### References

- Abu-Lughod, Lila. 1990. "The Romance of Resistance: Tracing Transformations of Power through Bedouin Women." *American Ethnologist* 17(1):41–55.
- Anderson, Elizabeth S. 1990. "Is Women's Labor a Commodity?" *Philosophy and Public Affairs* 19(1):71–92.
- Andrews, Lori B. 1987. "The Aftermath of Baby M: Proposed State Laws on Surrogate Motherhood." *Hastings Center Report* 17(5):31–40.
- Bhargav, Padma. 2006. "Gujarat Becomes the Preferred Medical Tourism Destination: More than 1,000 NRIs and Foreigners Visit Every Year." *Canada Free*

- Press, December 7. <http://www.canadafreepress.com/2006/india120706.htm>.
- Certeau, Michel de. 1984. *The Practice of Everyday Life*. Trans. Steven Rendall. Berkeley: University of California Press.
- Chang, Grace. 2000. *Disposable Domestic: Immigrant Women Workers in the Global Economy*. Cambridge, MA: South End.
- Corea, Gena. 1986. *The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs*. New York: Harper & Row.
- Dworkin, Andrea. 1983. *Right-Wing Women*. New York: Perigee.
- Ehrenreich, Barbara, and Arlie Russell Hochschild, eds. 2003. *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*. New York: Metropolitan.
- Farnsworth-Alvear, Ann. 1997. "Orthodox Virginity/Heterodox Memories: Understanding Women's Stories of Mill Discipline in Medellín, Colombia." *Signs: Journal of Women in Culture and Society* 23(1):71–101.
- Foucault, Michel. 1990. *The History of Sexuality*. Vol. 1, *An Introduction*. New York: Vintage.
- . 1995. *Discipline and Punish: The Birth of the Prison*. New York: Vintage.
- Franklin, Sarah, and Celia Roberts. 2006. *Born and Made: An Ethnography of Preimplantation Genetic Diagnosis*. Princeton, NJ: Princeton University Press.
- Freeman, Carla. 2000. *High Tech and High Heels in the Global Economy*. Durham, NC: Duke University Press.
- Hershatter, Gail. 1986. *The Workers of Tianjin, 1900–1949*. Stanford, CA: Stanford University Press.
- Honig, Emily. 1986. *Sisters and Strangers: Women in the Shanghai Cotton Mills, 1919–1949*. Stanford, CA: Stanford University Press.
- Krishnan, Prabha. 1990. "In the Idiom of Loss: Ideology of Motherhood in Television Serials." *Economic and Political Weekly* 25(42–43):103–15.
- Krishnan, Vidya. 2008. "Baby Biz: Indian Set to Trump Global Surrogacy Laws." *Express India*, October 20. <http://www.expressindia.com/latest-news/Baby-biz-Indian-set-to-trump-global-surrogacy-laws/375458/>.
- Lee, Ching Kwan. 1995. "Engendering the Worlds of Labor: Women Workers, Labor Markets, and Production Politics in the South China Economic Miracle." *American Sociological Review* 60(3):378–97.
- Markens, Susan. 2007. *Surrogate Motherhood and the Politics of Reproduction*. Berkeley: University of California Press.
- Neuhaus, Richard John. 1988. "Renting Women, Buying Babies and Class Struggles." *Society* 25(3):8–10.
- Pande, Amrita. 2008. "Commercial Surrogate Mothering in India: Nine Months of Labor?" In *A Quest for Alternative Sociology*, ed. Kenji Kosaka and Masahiro Ogino, 71–87. Melbourne: Trans Pacific.
- . 2009a. "'It May Be Her Eggs But It's My Blood': Surrogates and Everyday Forms of Kinship in India." *Qualitative Sociology* 32(4):379–97.
- . 2009b. "Not an 'Angel,' Not a 'Whore': Surrogates as 'Dirty' Workers in India." *Indian Journal of Gender Studies* 16(2):141–73.

- Pun Ngai. 2005. *Made in China: Women Factory Workers in a Global Workplace*. Durham, NC: Duke University Press.
- . 2007. "Gendering the Dormitory Labor System: Production, Reproduction, and Migrant Labor in South China." *Feminist Economics* 13(3–4):239–58.
- Ragoné, Helena. 1994. *Surrogate Motherhood: Conception in the Heart*. Boulder, CO: Westview.
- Raymond, Janice G. 1990. "Reproductive Gifts and Gift Giving: The Altruistic Woman." *Hastings Center Report* 20(6):7–11.
- . 1993. *Women as Wombs: Reproductive Technologies and the Battle over Women's Freedom*. San Francisco: HarperSanFrancisco.
- Rothman, Barbara Katz. 1988. "Reproductive Technology and the Commodification of Life." In *Embryos, Ethics, and Women's Rights: Exploring the New Reproductive Technologies*, ed. Elaine Hoffman Baruch, Amadeo F. D'Adamo Jr., and Joni Seager, 95–100. New York: Haworth.
- . 2000. *Recreating Motherhood*. New Brunswick, NJ: Rutgers University Press.
- Salzinger, Leslie. 2003. *Genders in Production: Making Workers in Mexico's Global Factories*. Berkeley: University of California Press.
- Sawicki, Jana. 1991. *Disciplining Foucault: Feminism, Power, and the Body*. London: Routledge.
- Simons, Jon. 1995. *Foucault and the Political*. New York: Routledge.
- Snowdon, Claire. 1994. "What Makes a Mother? Interviews with Women Involved in Egg Donation and Surrogacy." *Birth* 21(2):77–84.
- Stanworth, Michelle. 1987. "Reproductive Technologies and the Deconstruction of Motherhood." In her *Reproductive Technologies: Gender, Motherhood, and Medicine*, 10–35. Cambridge: Polity.
- Teman, Elly. 2006. "The Birth of a Mother: Mythologies of Surrogate Motherhood in Israel." PhD dissertation, Hebrew University of Jerusalem.
- Thompson, Charis. 2005. *Making Parents: The Ontological Choreography of Reproductive Technologies*. Cambridge, MA: MIT Press.
- Wright, Melissa W. 2006. *Disposable Women and Other Myths of Global Capitalism*. New York: Routledge.