

Re-imagining Reproduction: Unsettling Metaphors in the History of Imperial Science and Commercial Surrogacy in India

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Introduction

Since 2004, India has emerged as a premiere location for fertility tourism and Assisted Reproductive Technology (ART) services. The rapid escalation of global access to *in vivo* services is enabled by the low-resourced Indian citizens who serve as surrogates (Vora 2012; 2013). However, this availability of resources for a potential market in fertility travel and surrogacy does not completely answer the question raised by Amrita Pande: Why, with India's historical anti-natalism and low rates of medicalisation of reproduction, is there a 'labour market' for surrogates based on pro-natalist technologies (2014: 33)? The designation of Indian labour as reproductive and service-oriented in the global economy intersects with the availability of medically – and technically – trained middle-class professionals whose education was cultivated by an initiative to boost the newly-independent Indian nation through science and technology skills (Francis 2001; Prashad 2007). This congruence allowed India to meet what came to be an increasing global demand for ARTs and surrogacy – a practice highly regulated in many advanced capitalist countries. Thus, in addition to low-resourced citizens, the transnational market is enabled by a population of well-trained medical professionals who arose in part because of socialised education and a national focus on science and technology education, as well as the demand in other countries for

Somatechnics 5.1 (2015): 88–103

DOI: 10.3366/soma.2015.0149

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www.eupublishing.com/journal/soma

immigrant doctors, which encouraged students in India to pursue medicine as part of aspirations to migrate.

At the same time, the availability of such professionals has a much longer history than that of the recent neoliberal demand for medical technologies and professional services from the global South. As I argue in this article, India's economic development as a provider of fertility services in the global economy has historical roots in India's relationship to Western medicine and in the international division of labour in British colonial practices, part of the development of global outsourcing to India. Bringing these intertwined historical relationships and contemporary disparities in medical and legal protections to bear upon reflections on recent innovations in artificial uterine environments, I suggest that the metaphors we use to structure our understanding of bodies and body parts impact how we imagine appropriate roles for people and their bodies in ways that are still deeply entangled with imperial histories of science. The techno-fantasy of the isolated womb is part of the originating conditions for the structure and discourse of Indian surrogacy as 'wombs for rent'. The notion of the disembodied uterus that has arisen in scientific and medical practice allows for the logic of the 'gestational carrier' as a functional role in ART practices. The logic of the 'gestational carrier' also diminishes possible social connection and minimises a sense of responsibility for the surrogate's life and social world apart from the time period covered by the surrogacy contract.

Given these ongoing histories and metaphors, it is important to consider the unequal positions of participants in transnational fertility exchanges when evaluating recent articulations of the relationship between governance, medicine, and transnational ART markets in the debates about draft ART legislation in India. In this paper, I draw upon my own and others' ethnographic research on surrogacy to address current ART practices in the context of outsourcing, practices that have inherited a legacy built on long held notions of feminine passivity, invisible feminised labour and the globalised gendered division of labour.

Intersecting histories in fertility travel to India

The role of medicine as a discipline, and as a set of biological technologies and modes of intervention in ART practice, is complex and multifaceted, and is as engaged with health and well-being as it is with managing bodies as resources and in disciplining social relations. In Indian transnational surrogacy practice, histories of medicine

as a technique of extracting resources from human bodies and disciplining subjects intersect with legacies of British colonialism in India, where the historical role of Western medicine was as a tool of colonial subjectification and the British civilising mission. This in turn helps explain how medicine, material inequality between global populations, and the technologies of assisted reproduction come together to position low-earning women in India as instruments for the reproduction of other populations, a necessary component in fertility travel to India.

As political, economic and cultural structures have been reorganised through the stages of British colonial rule, independence, and later neoliberalisation in India, the relationship between Western medicine, power, and the body has been cast and recast. The body and discourse about the body have historically been a site of colonisation, conquest, and contestations of power in Indian history (Arnold 1988; 1993). The colonial project was an experiment in creating new types of governable subjects that both were and were not part of the same organism as British modernity. For the project of governing India as a colony, medicine and associated disciplines of bodily care were part of an experiment in creating new types of governable subjects from those under British rule at home (Prakash 1999: 127). As a result, 'values of science thus played a crucial role in creating the space to displace the hegemony of the colonial mission, even while it also enabled biomedicine to justify its differentiated technologies of interventions over native and European bodies' (Towghi and Vora 2014: 11).

This legacy prefigures the way that commissioning parents, surrogates and doctors come into relationships with one another. When commissioning parents travel to India and engage with ART clinics and Indian surrogates, they connect Indian histories with other geographically-specific historical legacies, such as class relations and histories of servitude, in these sending countries. Globalisation and its division of labour mapped the work of social and material reproduction onto the decolonising global South, creating a system that evacuated resources, labour and value from those spaces to invest it into the global North, much as the former colonial metropolises have benefitted from a similar exploitation of what world systems theory named 'the peripheries' (Wallerstein 1976). Gestational surrogacy is often referred to as a new iteration of outsourcing (Hochschild 2012, Winddance-Twine 2013). The process and geography of outsourcing, where cost-effectiveness mandates locating a labour process where it is 'cheapest' – without concern for how that labour has been made to be cheap – genders the labour of reproduction so that some work

becomes that of merely reproducing life and culture, whereas other work is deemed creative, innovative and productive in itself (Vora 2015).

Imperial legacies undergirding contemporary practices of outsourcing also mean that we must pay attention to how we understand the politics of reproduction and labour in emerging forms of biological production and reproduction in general. This is particularly so in a setting like fertility travel for surrogacy, where surrogates are legally positioned as service providers versus commissioning parents, who have property rights and the rule of law to protect their access to the surrogate's services while she is pregnant. The vast gap in resources between producers and consumers in the transnational surrogacy clinic engages histories of power and difference established in India's colonial history. A historical relation of power and exploitation is evident between the Indian middle class, here represented primarily by the doctors running the clinic and by elite Indian commissioning parents, and the rural, less educated and less connected lower-class women who act as gestational surrogates. The relationship between foreign governance, Indian elites, and the rural majority population of India tracked in the work of subaltern historiographies is evident in the ART clinic, but with the added dimension of the privatisation and transnational commerce entailed with the neoliberalisation of India and arguably, Indian subjects.¹

Imagining the gendered reproductive body within the market for fertility services

Fertility travel to India for the purpose of surrogacy arrangements with Indian women thus points to some of the continuities and contradictions inherent in the evolution of relations between foreign economic demands, projects of the Indian elite and middle-class, and low-income rurally-based Indians, relations that have precedence in the colonial period. Here, medicine shifts from a technique of caring for the body to one of producing bodies as the instruments of service work, where the body of the surrogate is rendered available as part of an experimental economy of gestation as a service, provided by the surrogate as entrepreneur, all of which is enabled in part by the continuing relationship between medicine and the colonisation of bodies in India.

The mechanical imagination of the body, an elaboration of Cartesian mind-body dualism, has nurtured a worldview in which machines can actually function as human replacements, or surrogates,

at least physically if not entirely in terms of artificial intelligence. The informatisation of genetic inheritance, and its reliance on the digital imagination of intelligence as information, occludes the actual modes in which biology and its organic basis matters in human reproduction, particularly as these modes and functions are still being actively discovered.

Feminist anthropologists and science studies scholars lead us to ask how the organising metaphors through which we conceive of the body and its processes tie into the formation of social and power relationships. Technologies and their refiguring of bodies are never neutral, and in fact the metaphorising of the body embeds it with histories of power (Star 1991) and invests it with empowered worldviews (Haraway 1997). The mechanical body and the socially embedded notion of the passive femininity of pregnancy come together as part of a worldview in which an artificial uterus for the gestation of the human embryo and fetus makes sense, and by extension enables the logic of renting the uterus of a female human being for the same purpose.

Like the mechanised body and the functional view of organs as separable parts of that body, the shift in obstetrics from a focus on maternal outcome to fetal outcome is also a necessary component of the history of possibility for commercial surrogacy (Martin 2001). For example, Emily Martin (1995) has traced the evolution of the metaphor of the body as an industrial society as it evolved alongside the historical process of industrialisation. The metaphor extends from the level of the cell as a factory up through the flexibilisation of global production and the concomitant model of the flexible body elaborated through metaphors describing the immune system. She sums up the metaphors in obstetrics texts as ‘juxtaposing two pictures: the uterus as a machine that produces the baby and the woman as laborer who produces the baby’ (2001: 65). The doctor is seen as ‘the supervisor or foreman of the labor process’ (2001: 65). As a potentially productive, but unused part, the uterus of the potential surrogate offends capitalist sensibilities (2001: 45). As someone who lacks a genetic relationship to the fetus, the Indian surrogate is positioned within the structure of international fertility travel as providing a service to the commissioning parents as the owner of a uterus that is a space and machine to be let out and whose production is to be professionally managed (Vora 2013), producing a new type of mother-worker subject (Pande 2014).

Commercial surrogacy, like other practices in ART and biotechnology, relies on the use of technologies to reorganise, or

reconceptualise the body as a site of potential productivity. A common narration of the bodily phenomenon of commercial surrogacy that gets related in both ethnographic accounts and media accounts is that it is renting the use of an organ for a limited time (Vora 2009, 2012; Winddance-Twine 2011; Pande 2014). Imagined as an empty space, or as an unused object separate from the organic functioning of the body, the womb-for-rent and the woman who is surrogate become interchangeable in both public discourse and in much of legal and medical policy, as she gets erased as a medical subject other than as a gestational carrier, and is limited in action by contractual restrictions on decisions about her body while pregnant (Vora 2012; Saravanan 2013; Pande 2014). Social scientists studying surrogacy have explained that surrogacy in India has been stigmatised as bodily labour (Pande 2010; Saravanan 2013), and as delimited as a nine-month work contract (Pande 2014). Understanding how surrogacy is connected to the scientific imagination of the uterus as an isolated and necessary 'part' for the biological reproduction of humans offers additional context for the low compensation for surrogacy, the relatively low social value for this work, and the lack of attention in Indian national policy to the need for long-term entitlements for women who have been surrogates. Identifying the biological fallacy of this understanding of gestation may offer tools to destabilise the effects of this imagination in the determination of legal protections for former surrogates.

The imagination of the uterus as separate from the biology and subject of the human body is a historical product. During the 1990s and early 2000s, scientists in the US and Japan conducted a range of experiments involving the creation of artificial uterine environments. Japanese scientists developed an acrylic womb in late 1992, and in the US there were experiments with growing uterine tissue on the curved internal surface of non-organic containers as possible *ex vivo* gestational environments (Klass 1996; McKie 2002; Reynolds 2005). These efforts were modestly successful in getting non-human mammal embryos to attach and grow for several weeks. However, eventually the project of creating an artificial womb was given up, and subsequent research has shown that the influence of the maternal environment on fetal development is so complex that the creation of an artificial uterus is no longer seen as a worthwhile endeavour. How and why did scientific communities come to a place in history where a uterus outside of the body could be imagined, even desired, and how did it come to be perceived as a significant need in an arguably unsustainably growing human population?

The social impact of fetal imaging has been rigorously tracked by scholars (Kevles 1998; Rapp 1999; Stabile 1998), beginning with the famous April 30, 1965, *Life* cover story entitled ‘Drama of Life Before Birth’, which contained photographs described as ‘the first portraits ever made of a living embryo inside its mother’s womb’ (Rosenfeld 1965: 54). Tracing the impact of fetal imaging on the presence of the maternal body in media representations and popular imagination, Carole Stabile notes that in these 1965 images the mother is ‘shot through’ but doesn’t need to be completely erased (1998: 178). She explains that following *Roe v. Wade* (1973), the stakes of controlling the pregnant woman’s body are raised with the legal establishment of a woman’s reproductive choice, resulting in the need to eliminate the maternal body from visualising technologies and public discourse in favour of exclusive focus on the fetus as patient, subject or citizen. Just as fetal personhood relies on the erasure of the maternal body and the reduction of pregnant women to passive reproductive machines (1998: 172), the autonomy of commissioning parents in surrogacy agreements relies on the erasure of the gestational surrogate’s active role as a potential parental subject or genetic author of the future child. This passive role for the surrogate is advocated in current surrogacy contracts and draft ART legislation in India.

Geneticisation, the process by which genetics has come to explain health and disease, and to naturalise social differences as biologically based (Lippman 1991), also operates in ART practice to naturalise genetic descent as legitimate parentage, and egg donors and surrogates as providers of what Cooper and Waldby call “‘services in the self’”: services that rely on *in vivo*, biological processing and the utilization of the worker’s living substrate as essential elements in the productive process’ (2014: 65). This results in the expectation that surrogates become entrepreneurial subjects, taking on the work of self-management that allows them to perform contracted surrogacy. This includes, ‘consent to the constitution of her uterus as an asset class, able to generate monopoly rent’, effectively renting her ‘excess reproductive capacity’, as these ‘must remain *in vivo*, and so the commissioning parents must establish their rights to this remote biology through lease’ (2014: 84).

Women who participate in surrogacy have not described their role as simply or as one-dimensionally as have social representations of the womb-for-rent and their medical and legal corollaries. For example, Pande’s ethnography underlines surrogates’ narratives of the influence of their blood on the developing infant (2009), and my

own ethnography relates narratives that emphasise the necessarily enduring connection between surrogates and commissioning families that defy the genetic logic of connection as existing only between commissioning parents and infant (2015). The medical and legal practices involved in commercial gestational surrogacy, as well as the ethics of how participants make decisions about their participation, are guided by often divergent understandings of such figures as the gene, the fetus, and the uterus as isolated from, or metonymic with, the surrogate as a pregnant female body. Refiguration, or contesting the meaning of figures like the gene or fetus, therefore becomes a site of political potential.

One example of a site for the potential refiguration of the role of the uterus in gestation from being an alienable part of the passive, machinic pregnant body could be in the active research on fetal cell microchimerism in immunology. A growing body of immunological research explores the exchange of cells between a pregnant woman and fetus during pregnancy. This exchange occurs in both directions between the fetus and mother, and fetal cells continue to circulate in the mother's body for years after pregnancy (Hird 2007). Chimerism refers to the presence of two genetically distinct cell lines (genomes) in one organism, and fetal cell microchimerism describes the cellular interchange between the pregnant woman and the fetus. As Susan Elizabeth Kelly notes, the discovery of this phenomenon challenges the notion of the immune self, the basic tenet of immunology (2012: 246). But on an ontological level, it also 'challenges previous biological understandings of a barrier between the body of a pregnant woman and the developing foetus, a barrier maintaining the identity integrity as it were, of two beings, two separate subjects', thus contesting the understanding of individuals as discretely bound organisms (2012: 234). Since a maternal body may contain cells exchanged through previous pregnancies as well as with her own gestational mother (Hird 2007), she becomes a node in a multi-generational and multi-bodied exchange of genetically different cells (Guettier et al. 2005). For gestational surrogacy, whose basic model of legal parental rights is mediated through geneticism and property (Vora 2012), the disturbance of the nature-culture category of bio-social selves could provide scientific grounds for arguments made by surrogates about their influence, through pregnancy, on the developing fetus, and the timeline of the effect of the maternal and fetal bodies upon one another, perhaps offering the potential for an ontological shift that would enable more equitable long-term provisions for current and former surrogates.

In embryology labs and fertility clinics, practitioners work toward manifesting worldviews into futures, worldviews that imagine away the body and nurture-work of the so-called gestational carrier in favour of the empty uterus, the isolated fetus, the heroic doctor, and the intended parents. In these moments, such worldviews suggest how participants can be networked into these imagined futures, and how they cannot. In other words, in addition to seeing new physical relationships forming between bodies, and between technological instruments and bodies in the ART clinic, we also see a contest over how new socialities are forming around the technologies (Pande 2009, 2014; Vora 2014, 2015; Deomampo 2014). However, just as emerging research on the complex role of the maternal environment undermined the scientific worldview and experiments in building an artificial womb, research pointing to the genetic importance of the gestational mother's body has the potential to destabilise the division between the gestational body and the surrogate as a genetic individual with influence on the fetal body, a role that threatens the segregated authorship of the commissioning parents. At the least, such destabilising of the genetic individual would have the potential to shift how we imagine the role of the maternal body as passive, which aligns with the arguments by women in India who have been through surrogacy that the role of the surrogate is active and authorial in producing the eventual infant she bears.

Creative authorship, service work and the gendered body

Despite techno-utopic projections like that represented by the artificial uterus, the body and labour-power continue to be irreplaceable commodities. The instruments of production of post-industrial life include the very bodies of producers in expanded ways, and subjects may be coerced into using them up in the act of production. Service or care, and its circulation as a form of labour, connects the current growth of the commercial surrogacy industry in India to a longer history of the biopolitics of outsourcing, and before that colonialism, in their connecting of Indians to transnational economics. Gendered divisions of labour in both the sphere of industry and the sphere of the heteropatriarchal family come together in the clinic mapped on to bodies that have been prefigured by colonial, caste, class, religious and regional histories of difference. Commissioning parents are situated to take advantage of transnational surrogacy arrangements as the result of their own stratified histories, and as such bring those

histories to bear upon their connection to India and the contracted relationship to the surrogate.

The historical gendering of the pregnant female body as a passive vessel is part of a larger structure of understanding that feminises actions and roles deemed non-creative or non-innovative. Even before the technological interventions discussed above, the body of the pregnant woman was culturally constructed as a passive object: ‘...in the mother-to-be the antithesis of subject and object ceases to exist; she and the child with which she is swollen make up together an equivalent pair overwhelmed by life. Ensnared by nature, the pregnant woman is plant and animal...she is a human being, a conscious and free individual, who has become life’s passive instrument’ (de Beauvoir, 1949 [1976]: 512–13). The feminised subjects performing domestic work and childcare in the heteropatriarchal private sphere were gendered as such as the result of a historical process that created a new subject, the housewife. The housewife did domestic and care work out of love, according to Maria Mies, with the love also being a historical construct (1986).

Feminist theories have shown that the subject of labour power, the presumed male worker in the public sphere, relies on a host of supports that originate in the vital energy of others, supports that do not appear to be labour or behave like it. These include the historical structure of the Euro-American Christian heteropatriarchal household with its wife, children, and servants (Mies 1986; Jakobsen 2012). The role of the pregnant woman’s body in commercial gestational surrogacy as passive object relies on a fundamental understanding of creative authorship as gendered, and upon the distinction between authorial, masculine discovery/invention and feminine, reproductive, servile support labour. In cases where the intended parent and gamete donor are not the same, the discourse of ‘intention’ trumps the discourse of genetics in identifying the rightful parents of the infant-to-be. In Indian gestational surrogacy as represented by the Draft ART Bill and Rules (2012), the genetic non-involvement of the surrogate justifies her social and legal exclusion from the world of intended parents.

In biological and biotechnological research and development, and in genetic therapy research and development in particular, there are very particular notions of what counts as invention, and these are engaged with legal protections of intellectual patent and property. Laws protecting intellectual property rely upon historically gendered notions of active versus passive creativity, where ‘support’ labour, like that performed by non-authorial lower class hired workers or

embodied or physical production, does not figure as producing property, and is therefore not recognised as an invention or the result of creative labour. The woman who enters a surrogacy contract under current conditions in India, given the histories discussed above, enters as a service provider whose support labour is designated as passive and non-creative in both frameworks of labour and of private property.

Effects of embodied inequality in fertility travel and surrogacy practice

Rather than a passive vessel or object of masculine authorial reproduction marked by DNA, the maternal body in immunological research on fetal cell microchimerism suggests a different potential set of metaphors for re-evaluating the role of the pregnant body, and therefore the role of the surrogate, in fertility service economies like that in India. However, present remuneration for surrogacy is based on the common sense devaluation of the mechanical and passive pregnant body, and the uterus as rentable part. As labour, surrogacy is devalued as service and reproductive work through the international division of labour and its colonial roots as they play out in trade agreements like GATS and legislation like the Draft ART Bill and Rules (2012) in India that protect relatively powerful consumers over producers of services (Cooper and Waldby 2014). However, for the present, given the reliance of fertility travel to India upon the potentiality of bodies as produced through histories of inequality and instrumentalisation, there are a number of conclusions to draw.

Discursively, the womb as a detached commodity circulated in a transnational market removes the surrogate as a subject of medicine. It also places surrogacy and the women performing it under the domain of market-based legal values, which protect consumers and property owners. In a market scenario like this, the surrogate becomes a womb, or a carrier, interchangeable as an anonymous commodity (Knopf 2014), rather than as a subject of human rights, of law, or of medicine. This 'co-option of the maternal into a solely economic understanding of women's bodies plays into existing national and international hierarchies of race, class and gender' (Riggs and Due 2010: 22).

The current draft law regulating ART practice in India governs actors through market-based rights that favour commissioning parents as consumers. A surrogate does not have any say regarding practices like embryo reduction and caesarian deliveries beyond her agreement with the clinic's general policy (Sama 2012), and there is currently no state recognition of any legally-defensible connection between the

surrogate and her direct family with the child to whom she gives birth. The infant is not a contracting party and therefore his/her interests are not represented (Sama 27). Until the expected future codification of their rights in Indian legislation, the contracting or intended parents are vulnerable subjects as they negotiate the legal meaning of parentage between national legal structures and assisted reproductive technologies. There are clear legal and medical interventions to be made to decrease inequality and risk for vulnerable actors in fertility travel, but given India's involvement with the WTO and GATS, the interests of the market are likely to remain a primary influence. In light of this, Sama Organization for Women's Health's report on surrogacy concludes that what is needed by surrogates is legal aid and counselling throughout the recruitment and surrogacy process, as well as advocacy for rights of surrogates (Sama 2012: 43). In addition to the potentially adverse health outcomes for surrogates and infants born through surrogacy, there are long-term social consequences for all participants that are only beginning to be understood (Knopf 2014), even as short-term consequences like custody and immigration problems are still being worked out through national courts in India and in the home countries of commissioning parents.

Conclusion

India's colonial history and its influence on the evolution of India's role in the globalised international division of labour are part of the background for the development of medical tourism to India. Practicing a postcolonial focus in thinking through the role of new technologies, such as those in ART creating the conditions for medical travel to India for IVF and surrogacy, means bracketing the newness of the technologies in favour of a focus on their historical continuities. India's national emphasis on science and technology education following independence and the practice of non-resident Indians seeking medical care on return trips to India combine with a larger pattern in decolonising nations of skipping over Fordist production and industrialisation and joining the global economy in the mode of post-Fordism. Subaltern and postcolonial studies approaches to medicine in colonial India have also explained the way that in such an economic climate, the suppression of indigenous interests is common in the development of social and economic policies that advance the interests of economically and politically dominant classes (Arnold 1993; Prakash 1999). As Marcia Inhorn (2003) has shown, the

vast difference in material conditions between women in the population of surrogacy providers and those of the surrogacy consumers (both in India and internationally) mean that what is newly developed or arrived in India may be largely unnecessary for the local population, and in fact may become mainly a tool for the expropriation of value or services for a foreign or elite Indian consuming population. The social structure of this situation means that there is not a one-dimensional feminist approach for the study of the role of scientific knowledge and new technologies in fertility travel, and the analysis of fertility travel to India must be set in the longer history of how science, medicine and technology have been involved in India's history.

Bringing together the role that medicine and medical education have played in India's colonial and postcolonial history with the origins of the notion of the instrumentalised uterus – part of a cultural imagination of mind-body separation, and more specifically, the body as a machine composed of parts – helps explain the way that surrogacy and those who perform it in India become devalued economically and legally. The notions of the private individual body as a medical and social object derive from an ongoing historical relationship whereby other modes of embodiment and sociality are influenced and overwritten through institutions like the ART clinic and technologies that enact fantasies based in the biological, genetic individual and the individuality of the labour contract engaged in surrogacy. The preoccupation with the body as property in the protections offered to surrogates in the Draft ART Bill and Rules (2012) are also part of this process, which DasGupta and Das DasGupta argue is not congruent with the relational and collective emphasis in Indian culture (2010: 140).² However, as Amrita Pande points out, discourses of ownership of the body can be empowering as well, giving women a place from which to assert decisions about reproduction and sexuality, as well as a way to substantiate their contribution to household income (2014).

Research like that on fetal cell microchimerism, which expands our understanding of the biological relationship between maternal and fetal bodies, and challenges the notion of the genetic individual, has the potential to denaturalise the isolation of the uterus as simply a functional machinic part of a woman's passive biological reproductivity. This understanding of the gendered body has repercussions for Indian surrogates, whose financial compensation, health care, and legal isolation from the commissioning parent and infant is influenced by the equating of women who perform surrogacy with their instrumentalised function as temporary gestational carriers.

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At the least, such destabilising of the genetic individual would have the potential to shift how we imagine the role of the maternal body as passive, which aligns with the arguments by women in India who have been through surrogacy that the role of the surrogate is active and authorial in producing the eventual infant she bears.

Notes

1. The vast gap in resources between producers and consumers in the transnational surrogacy clinic engages histories of power and difference established in India's colonial history, and therefore requires attention to the relations of power established by the surrogacy contract, but also to the particular forms of dependency the contract promotes. The current absence of regulation in India means contractual arrangements may contain incomplete or absent information. Consent, and therefore autonomy, is thus incomplete despite being arranged through a freely entered agreement (Vora 2012).
2. Cited by Pande, Amrita: 2014, 250.

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