

Sheela SARAVANAN, *A Transnational Feminist View of Surrogacy Biomarkets in India*, Springer Singapour, 2018, 9789811068690 (online), 9789811068683 (print), 183 p.

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Sheela Saravanan, whose main area of expertise is Public Health and the Global Reproductive Technologies, has specialized in reproductive health in South Asia, as well as violence against women and female infanticide in India, themes which have taken her to study the impact of assisted reproductive technologies (ARTs) in Asia and in Europe. Her ongoing research concerns prenatal diagnosis and selective abortions in Germany and India, in relation with the notion of “desired child(ren)”. In her teaching activities at the Anthropology Department of the University of Heidelberg, Saravanan approaches reproductive technologies within a feminist, ethical and legal framework.

*A Transnational Feminist View of Surrogacy Biomarkets in India* addresses the development of a market for surrogate motherhood in India, tackling new reproductive technologies and medical competences (in South Asia in general and in India in particular, as well as the question of the increasing transnational availability of biomaterial (oocytes, sperm, embryos), to which there is the added issue of resistant structural poverty and sex-based inequalities leading women to use their reproductive capacity for money.

Three thematic divisions structure the book: the first one (chapters 2 and 3) discusses the surrogacy globalscape and the feminist discourse which deals with this issue; the second part (chapters 4, 5 and 6) is an in-depth analysis of the Indian surrogacy biomarkets, on the basis of ethnographic field work and on a comprehensive reading of its outcomes, confronted with other research on this topic; part three (chapters 7 and 8) brings together the notions of “transnational feminism” and “humanitarian assisted conception” from a reproductive justice perspective, in order to provide a feminist conceptual framework to think, analyse and deconstruct global discourses and representations about surrogacy. The abstract opening each chapter, as well as the references at the end of each part, enhance the reading experience, while the seven photos included (chapters 2, 5 and 6) provide a sensitive window into the reality studied. Chapter 1 (“Indian Surrogacy Biomarkets: An Introduction”) offers an overview of surrogacy since

the emergence of this practice in the Indian context, following the intense period of rapid growth (2009- 2010, which is also the time Saravanan conducted her field work) until 2016, when commercial surrogacy was officially banned in India. The main information on her field work is also integrated in this chapter. The research was conducted in two clinics, both in the State of Gujarat, one in a small town (a clinic including three surrogate homes) and another one in the urban centre of Ahmedabad (a clinic without a surrogate home). It was based on several in-depth interviews with five intended parents, thirteen surrogate mothers, and five medical practitioners in different conditions and at different times, as well as on participant observation in clinics, surrogate homes, hotels, surrogates private homes. This is how the author summarizes her field work:

my research findings revealed that surrogacy was mainly a money-making business for the medical sector and the agents, who were exploiting not only the surrogate mothers but also the intended parents. Surrogacy was a bazaar where everything about women's reproductive capacity and the children born was priced: the woman's body parts, her breast-milk, her labour as a nanny, the number of child(ren) born, the weight of the babies, the gender/(dis)abilities of the child and even the surrogate mother's caste or religion was priced. (5-6)

As for the overall work, Saravanan shows that

[t]he book reviews the conceptual relevance of neo-colonialism and post-colonialism and the methodological relevance of stratified reproduction and intersectionality towards a transnational understanding of reproductive justice, which leaves some questions unanswered. The book finally explains the significance of "humanitarian assisted conception" by posing the question : "are feminist humane"? (6)

In "Surrogacy Globalscape" (chapter 2), the author addresses several approaches of surrogacy. Her main concern here is to take into account both the micro-social, individual level of the reproductive freedom, stressed mostly by liberal feminism in terms of individual choice and autonomy leading to increase women's empowerment, and the macro-social level, considered as indispensable to examine the broader patterns of surrogacy global markets. Consequently, she uses Arjun Appadurai's theory of globalscapes, reframed by M.C. Inhorn in order to analyse the cross-border environment of assisted reproductive technologies. Appadurai envisaged five globalscapes: people (ethnoscape), technology (technoscape), money (financescape), images (mediascape) and ideas

(ideoscape); to this original pattern, Inhorn added the “bioscape (moving biological substances and parts)” (17), and Saravanan proposes to also add the legalscape, as composed by the laws and legalities (national, bilateral, international). First, on the basis of this conceptual framework, the author reviews the contexts that made possible the naturalization and the normalization of several social prejudices inherent to the development of the ARTs, namely “racism (deems some genetics as superior), alienation (the surrogate mothers from any embodied parenthood), and classist exploitation (considering surrogacy as any other paid labour like a garment factory worker or housemaid)” (18). What Saravanan emphasises here is that several historic patterns of oppression continue to reinforce “the domination of some bodies over the others”, and by doing so, they strengthen the idea that some individuals are more bioavailable than others. For her, “the biotechnological revolution demands a change in our understanding of embodied race, ability, gender and nationality specificity through kinship identities” (20). Following the transnational trajectories of the people who went to India to benefit from the local surrogacy industry and comparing this data with an extensive knowledge of the ARTs market, Saravanan shows how “genetic selection identifies the gene as being central to human personhood, identity and social relationships” (21). This geneticization process, combined with the never questioned acceptance of phenotype-based selection of biomaterial, naturalize and normalize racism and ableism all over the world. The extension of a surrogacy global market reinforces the normalization of the idea that some characteristics are more bioavailable (because more desired and demanded) than others, and “the naturalization of geneticization that prioritize genetic linkage and devalues the surrogate mother’s gestational role” (39). Given the central role played by women who accept to become surrogate mothers, it is essential to build up a consistent analytical scheme in order to consider both the reproductive rights and justice, the people desire to be parents and the women basic human rights. Chapter 3 (“A Feminist Discourse on Surrogacy: Reproductive Rights and Justice Approach”) presents the main arguments developed by different feminist strands to analyse surrogacy motherhood. While rationality, choice and individual autonomy are at the root of liberal feminism, they lead to the definition of the reproductive rights, that the International Conference on population and development (ONU, Cairo, 1994) put as “the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so” (48). Based on a rich scientific literature, Saravanan highlights that some academics, activists, lawyers and medical practitioners understand this definition not only as the liberty of intended parents to use technologies to

achieve their goals, but also as a woman's right to enter into any contract she may wish, if she decides to act as a surrogate mother. Other researchers criticize this vision of the reproductive liberty "as institutionalizing commodification of women wherein women and children become objects and instruments to serve other's ends" (49). Notions such as informed consent and autonomy have to be thoroughly taken into account when it's about women's choice, given that

as surrogate mothers, women in India experience a triple alienation binding them to different forms of institutionalized choicelessness; one form of alienation is poverty and inequalities that motivates them into surrogacy followed by a spatial alienation wherein they are supposed to be living in surrogate homes away from their family under restrictive conditions only breeding for the intended parents (...) while the baby grows inside them, and finally having to alienate from the baby itself so as to maintain distance from the baby growing inside" (53)

As they are supposed to be married and to already have children, this alienation has an impact not only on the surrogate mother, but also on her family members, as shown by academic research and confirmed by the outcomes of Saravanan field work.

Altruism is another important notion related to women's choice to be surrogate mothers. However, altruism cannot be an analytical notion, since it is insufficient when it comes to examining the complexity of life conditions for surrogate mothers. Since all Indian women who testified for scholars, journalists, or documentary producers are motivated mainly by money, altruism is unsatisfactory as an explanation. Radical feminists argue that "the lower socio-economic status of surrogate mothers and prostitutes drives women to make themselves biologically available as that is their most valuable possession"; furthermore, "women are socialized to meet reproductive and sexual desires as a matter of duty and pride." So it is not about altruism when, in a country where a large part of the population do not have access to essential basic needs (food, energy, clean drinking water, healthcare, housing, education), one can find a surplus of women wanting to be surrogate mothers. Saravanan shows that "surrogacy in India is embedded in the complex social context of structural inequalities, gender roles, notions of family, and perspectives of the body in terms of the self and the socio-politic body" (59).

Autonomy appears to be an essential notion in understanding motherhood, especially related to surrogacy. For some scholars, motherhood concerns the situation of a woman able to define her own pregnancy in her own terms, including contractual terms, compelling her to accept all requests intended parents can formulate. For others, surrogacy

motherhood is seen as an arrangement that reinforces stereotypical notions of motherhood and women's social roles, especially when it prevents women from participating in the public sphere by encouraging her to give up her rights to decide about her health and well-being. Putting other's need and priorities before their own is a tendency noticed in all patriarchal societies, and it is even strengthened by the forms developed by transnational surrogacy. "People turn themselves into commodities that broadly eliminate their ability to influence their conditions transforming them into a commodity that forfeits the power to control the terms of exchange" (66). When some scholars argue that in northern countries certain women described their surrogate pregnancy as an enjoyable experience, in India surrogate mothers "were saying that they were doing it out of desperate compulsion of money and they would never want their daughters to do this" (66). Moreover, research shows that commodification of body parts and of body services, such as surrogacy, along with the stratification of reproduction, intensified inequalities of race, class, gender and migration patterns (69).

Saravanan explains that her objective was to understand "how stratified reproductive tasks of bearing and rearing children is differentially embodied as experience, value and reward according to inequalities" (71). When addressing surrogacy as a transnational practice, intersectionality appears to be a useful conceptual framework, revealing the intersecting forms of oppression, domination and discrimination, and the ways social structures and legal institutions produce marginalizing effects and groups. The author also notes that "reproductive exploitation can occur both within and between these vulnerable groups" (72).

The second part is devoted to the specific situation of the Indian surrogacy biomarket. Chapter 4 ("Situating India in the Globalscape of Inequalities") describes the economic, social and political circumstances which led India to become one of the most popular destination for people from all over the world interested in using ARTs. An important part of the chapter presents a consistent synthesis of data showing how the incentives promoted by the Indian government, the lack of national regulation in the case of unregistered clinics, as well as a growing global biomarket influenced the development of surrogacy as a practice in this country, until the ban of commercial surrogacy in September 2016. On the one hand, what brought India to the forefront of the globalscape is the high level of medical clinics specialized in ARTs, English-speaking health practitioners, low healthcare costs compared to USA or Canada, as well as unclear surrogacy regulations and even unethical medical practices. On the other hand, it is the large number of women who earn poverty wages and the structural inequalities, as confirmed by its rank based on

worldwide human development indicators (approx. 135) or the official figures of the population living below the poverty line (22 %, 2013) (83). In this context, what was very attractive for people from abroad, as foreigners involved in surrogacy in India were estimated as approx. 60-80 %, 2016) was the very limited rights of surrogate mothers recruited from the lower socio-economic quartile as they

have to sign off their rights over their own body for the surrogacy period; they have no say on the medical interventions, such as selective abortions, number of embryos to be transferred, they have to stay in dormitory homes, abide by the rules within the home relating to what to watch on TV, what kind of music to listen, they cannot go out for walks. (84)

As other scholars who conducted field research in India have argued, surrogate mothers have their agency recognized and receive respect from their families. Saravanan spends a fair amount of this chapter examining the notion of surrogacy as labour. Authors like Sharmila Rudrappa and Amrita Pande agree that surrogacy in India is exploitative, but consider that it can also be an empowering experience for surrogate mothers, giving them the opportunity to earn more money, in better conditions than in a garment factory. Saravanan underlines the outsourcing dimension of this practice, presented as a service in a larger scale of division of labour:

It is normal for the affluent around the globe to outsource unskilled jobs to the socio-economically disadvantaged people. Housework or childcare that is outsourced to maids and nannies is a widely accepted practice (...) outsourcing of surrogacy to poor women and their exploitation in India is not considered any different. (92)

Chapter 5 (“Surrogacy Biomarkets in India: Stratified Reproduction and Intersectionality”) and chapter 6 (“The Post Colonial Paradox and Feminist Solidarity”) are both based on the ethnomethodological fieldwork realized by Saravanan with surrogate mothers, intended parents and medical practitioners. Thus, they address the perception of each actor about his/her situation, their own interpretation of the phenomena they were involved in. The experience of surrogate mothers (chap. 5) is analysed from a feminist perspective, using the stratified reproduction framework of S. Colen, in order to describe and understand how the socio-economic and political status of Indian women influence their experiences of bearing and rearing children, what reproductive tasks they accept to do by contract, how these tasks are valued and rewarded by medical practitioners and by

the intended parents, as well as how the women themselves estimate the pay. All the surrogate mothers in this study could read and write. Their monthly family income ranged between 50 -100 euros, and the remuneration for the surrogacy was the equivalent of five years' worth as domestic, in care or as agricultural workers. None of them received a copy of the contract they signed at the clinic with the intended parents. All of them were aware they were being exploited and were not satisfied with the pay received, which was less than what the clinic demanded from the intended parents to pay the surrogate mothers. It appears that most of the surrogate mothers Saravanan talked to bonded with the babies during the pregnancy and after, while breast-feeding them. They expressed to the researcher their wish to keep in touch with the parents. This is the exact opposite of what doctors are saying to the intended parents. The surrogate mothers' motivations are always related to their economic and family situation. They choose to enter surrogacy career in order to be able to pay for their children's education, the dowry for a sister-in-law, or to buy land. If this income brings them respect in their family, it is also a way to reinforce their maternal embodiment value, which can put them under the pressure to become surrogates again and again. "A choice between 'poverty' or surrogacy cannot be prescribed as "liberty" (129).

Chapter 6 examines the entire ethnoscape in which the surrogacy biomarket arises and highlights the complexity of this globalscape, which cannot be reduced to a polarized North-South vision, but has to be screened by a pattern composed of "haves/one-third world" and "haves-not/two-third world". The intended parents interviewed by Saravanan in this study came both from countries where surrogacy was illegal (Germany) and legal (Canada, USA). Even when surrogacy is legal, there may be limits or restrictions. They all choose India looking to escape the regulations in their home country, lower prices, fewer rights for the surrogate mothers, more control over the process of surrogacy and above all, over the surrogate mothers. Regardless of their nationality and of the country they were coming from, they all behave as "haves". "The advantage of the one-third/two-third world over terms like Western/Third World and North/South is that it theoretically advances to intersectionality that includes various forms of global and local discrimination rather than the restricted geographical and ideological binaries" (131). This pattern allows us to identify similarities between women from different groups/ nations, and their experience of inequalities. What is more, there are also similarities in the intended parents' motivations, based on their representations of Otherness endorsed by the surrogate mothers perceived from a neocolonial analysis grid. Shorter than the two others, Part 3 proposes a conceptual framework intended to recognize "the intersectionality of structural

social oppressions operating through historic systems of postcolonial and neocolonial domination” (161). Two chapters compose this part, “Transnational Feminism for Reproductive Justice” (chap. 7), which describes how the notion of reproductive justice aims to reduce existing inequalities and not to use it against women’s vulnerability pushing them to choose between surrogacy and poverty. The framework based on this notion

aims at recognizing the histories of reproductive oppression in all communities, identifying and addressing multiple oppressions of race, class, gender, sexuality, ability, age and immigration status to bring about changes in the structural power inequalities and develop political solidarity between women across class, race, ethnicity, sexuality and national border. (165-166)

The last chapter (“Towards Humanitarian Assisted Conception”) puts into an ethical perspective the entire argument presented before, through two cross-cutting questions: “as human can we normalize gamete picking and surrogate choosing that reify social prejudices, and can we normalize surrogacy as any other work?” (173) The author is not only asking those questions, but of course she is also providing hints regarding her own answer, showing that “if we gauge our future children with their race and abilities that emphasize on the superiority of some races and abilities over others, we are leaving a legacy that will find logic in waging war against each other to maintain the superiority of one section of people over others” (180). One can see that genetic normalization through surrogacy is not only about reproductive rights, but also about the future of human rights and of humankind in a globalscape where the biomarket is ever expanding.

Several notable aspects are to be retained. First of all, it is essential to consider surrogacy as a whole phenomenon, at a globalscape, and not by introducing a polarized vision. Given that India is among the countries where this practice is typically chaotic and exploitative, there is the issue of individuals who deliberately remain silent on the structural inequalities that characterize not only global North/South biomarket orientations, but also surrogacy offer-demand relationships between and within North/Western countries. Secondly, concepts of reproductive rights and reproductive justice have to be analysed in the global context of human rights, by taking into account the rights of every part involved in surrogacy, and the detailed reality of practices allowing some people to use other people’s bodies and persons to achieve their goals. The interests of the medical practitioners and of the intermediaries appear to take centre stage from a financial point of view, giving them a powerful position to take decisions, even if they may violate the human rights of women and their children. Thirdly, one should also mention



the importance of in-depth fieldwork based on mutual trust and respect. Saravanan clearly shows that the surrogate mothers, as long as they were at the clinic or at the surrogate homes, did not feel free to express themselves: “It was only when I met them after relinquishment or away from the clinic atmosphere that they shared their experience in entirety with me” (93). Last, but not least, a feminist perspective is more than relevant when approaching surrogacy motherhood, as it provides key concepts and insights necessary to designate and to analyse practices involving health and life risks exclusively for women acting as surrogate mothers and for the babies they are caring by contract.

At this point, Saravanan is taking a stand on surrogacy motherhood. From an intersectional and transnational feminist perspective, she defines

humanitarian reproductive thresholds as reproductive rights that is applicable to one’s own body and its limitations when it is applied on another person’s body. (...) Any form of individual reproductive desires that interferes with another person’s reproductive labour such as genetic substance retrieval, bearing, or rearing cannot be defined as a reproductive right and crosses the humanitarian thresholds. (173)

Given the amount of scientific references and data, the book will be of interest for scholars and specialists, but also for all those activists, students, or general interest readers who deal with the legal and ethical issues raised by ARTs.