Surrogacy In India: Sociocultural and Global Components

In India, social attitudes and cultural dynamics surrounding the assistive reproductive technology of surrogacy are largely rooted in tradition and religion. The influence of Hinduism, India’s predominant religion, does not lie only in religious spaces; it permeates into almost every aspect of life, including family, society and the government. Furthermore, as Hinduism is distinctly defined by its rigid caste and patriarchal systems, women’s reproductive health freedom is adversely affected in many ways. Despite the mass modernization of ideologies, technologies, and practices that has dispersed over the world, historical traditions still have a deep hold on ancient civilizations, like India. Consequently, when contemporary advancements emerge, like surrogacy, they are still controlled by old viewpoints and infrastructures in society that are more oppressive and exploitive of women than not. Along side this national system of institutional sexism, there is the imbalance of power between developed and developing nations that heightens the vulnerability of women in developing countries. This essay also illustrates the role of surrogacy in the exercise of control over women’s bodily autonomy by external actors like family, husband, in-laws and greater forces like traditions, religion and globalization. But to simplify it, the ultimate underlying force at work is the world patriarchy, which fosters transnational inequalities.

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One common social view of surrogacy is that it is “dirty work.” It is a highly stigmatized form of labor in India, despite it also being one of the country’s booming commercial businesses, internationally and nationally. According to a study by scholar Dr. Amrita Pande, many surrogates hide their professions from their communities and parents. Some even go as far as claiming the baby is their own and then saying they had a miscarriage. The lengths that these women are willing to go to hide this profession really demonstrate how big of a social stigma surrogacy is. Surrogate mothers are forced to defend their dignity and justify their work in ways others do not. In this way, the intimate business of what women do with their bodies is anything but their own.

Pande describes several “narratives” or moral justifications that surrogates she worked with used. They used these to rationalize their lives and work to themselves, their families and society. One of these justifications consists of making “boundaries between surrogacy and sex work.” The basis of this strategy entails drawing differences between themselves and other workers like prostitutes to “resist the stigma of surrogacy and construct a sense of self-worth.” Surrogates can use the rationalization that they “aren’t sleeping with anyone” for money, like prostitutes do. One bolder surrogate claimed, “I told my parents that I am doing this… don’t be a hindrance to what I’m doing. If I was doing something wrong you could stop me, hit me, anything, but this is

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2 Amrita Pande, “‘At Least I Am Not Sleeping with Anyone’: Resisting the Stigma of Commercial Surrogacy in India” Feminist Studies 36, no. 2 (June 22, 2010), 293.
3 Ibid., 298.
4 Ibid., 298.
5 Ibid., 299.
6 Ibid., 299.
7 Ibid., 301.
8 Ibid.
not wrong. At least I am not like some other women who have [sexual] relations for money, just because they are so desperate." This self-defense mechanism of surrogates would not exist if not for the patriarchy. By putting other struggling women down as inferior in an effort to create a better picture of themselves, society’s patriarchy often pits women against each other instead of lifting each other up.

The involvement of the surrogates’ husbands and in-laws in the surrogacy process differs from case to case, but there are of course striking similarities that manifest. In Pande’s in-depth study, there are a number of cases where women became surrogates for purposes that benefit their in-laws. The harsh reality that sometimes a surrogate’s family pressures her to be a surrogate is unveiled. In fact, Pande states “most of the surrogates’ husbands and in-laws view surrogacy as a familial obligation and not as labor performed by the women.” One woman used her surrogate income to help her in-laws build a new house, but did not share this with her own parents. Even if she did do this out of her own agency and was not coerced into helping their financial situation, the fact that the most effective way she could contribute was by exploiting her own body conjures up the system of oppression women face yet again. There are very limited viable options for these generally uneducated and poorer Indian women to make this much money. In another case, one woman’s husband, truth be told, “convinced” her to be a surrogate because he had to pay mortgage on his barber stall. Commodifying the use of a

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9 Ibid., 300.
10 Ibid., 298.
11 Ibid., 298.
12 Ibid., 298.
13 Ibid., 299.
woman’s body, not to mention your wife’s or your daughter-in-law’s, to meet an economic end depicts one dark phenomenon enabled by a global, institutional patriarchy.

Interestingly, contrary to this, a study by Dr. Daisy Deomampo finds various women who had to actively persuade their husbands to be surrogates. However, it is important to be informed that these two researchers’ projects did have totally different designs and layouts; Pande’s study was located in a small town, Anand, Gujarat, and included surrogates living in a surrogate hostel, while Deomampo’s research was in the populous city of Mumbai and centered around surrogate “agent-caretakers” and surrogates living at home with their families. Regardless, the underlying issue of concern is that women’s bodily autonomy is still being violated either way. It is just as problematic when she is pushed to be a surrogate as when she receives disapproval for her choice to be one. This is part of the ancient culture where a woman is expected to be a wife, a mother and a daughter first and foremost, rather than her own person to make autonomous decisions for herself. Now and “historically, the self-ownership of women over their bodies has always been mediated by the patriarchy.”

Motherhood is regarded by the Hindu society as an extremely essential life course for Indian women. It is actually a social and cultural obligation to be a mother. Growing up, young girls are routinely socialized for motherhood and marriage, and this occurs “in India as a whole, cutting across social, religious and cultural groups…” This constrictive cultural expectation of women heists their autonomy over their own lives, as

15 Ibid., 183.
17 Ibid., 195.
18 Ibid., 196.
well as their own bodies. Women are cornered by this system of patriarchy, when their most praised quality is not a personal one but a biological function and a social obligation. Encouragement to pursue a career, or a higher education, or simply a life dictated by herself for herself is not the norm, or is substantially less emphasized than bearing children to continue the caste and lineage.

Furthermore, in traditional Hinduism male children do not only carry on the family name, they also are meant to take care of their aging parents and inherit the family wealth.\(^{19}\) In this way, sons represent both economic and social security. They are the most valued. Another infamous patriarchal tradition is the dowry system, which contributes to the cultural ideology of daughters as economic and social burdens, the opposite of sons.\(^{20}\) Perhaps most prominently, however, is the role males have in a religious context. For example, only men are able to perform “the last rites,” which pertain to ceremonies for deceased parents and ancestors.\(^{21}\) Therefore, it is not astonishing how in the sacred texts, “all the ritualistic rites of passage are for obtaining male children.”\(^{22}\) According to Shailaja Menon, “These norms and prejudices have continued to exist through the centuries right through colonial times to the present day when sex selection and son preference lead to female feticide and infanticide.”\(^{23}\) This preference for sons unmistakably drives incomprehensible violence toward females.

The utilization of developments in reproductive technologies has been significantly guided by traditional social views in India. Surrogacy, abortion,
ultrasonography, and amniocentesis are worth mentioning. India has had a severe problem of selective abortion of female fetuses from the implementation of modern detection methods like ultrasonography and amniocentesis. According to the United Nations, the sex ratio of females to males is slightly higher worldwide; however, in old civilizations like India and China, this is not the case. Unsurprisingly India’s census has always displayed a sex ratio imbalance. Female feticide and infanticide just further convey the rampant violence against women as a whole in a society marked by deeply ingrained sex preferences. As for surrogacy, it is as feasible as it is in India because of this patriarchal system that disadvantages women.

In one appalling account of a woman named Nishi, her husband’s actions eventually compel her to make the decision to get a tubal ligation to prevent pregnancy through sex. Before this, she had given birth to two female babies, one immediately right after the other- which went against her wish for more time to recover- because he insisted on having a son. Then, her next and last pregnancy ended in an abortion, for a reason unknown. Her husband’s hunger for a son was so overpowering that he did not care that she wanted more space between births. This led her to the desperate act of sterilization. From Deomampo’s study of transnational surrogacy in India she reveals, “More than a few women mentioned to me the necessity of having the operation, in

25 Ibid., 18.
26 Ibid., 14.
27 Ibid., 14.
29 Ibid., 173.
30 Ibid., 173.
defiance of husbands who demanded that their wives produce a son. These decisions complicate debates around reproductive rights and justice: while women like Nishi undergo operations that limit their reproductive potential for their own families, they later become pregnant for other families.”

In a globalized context, the publication of *Globalization and Transnational Surrogacy in India: Outsourcing Life* (2014) provides a raw and illuminating picture of international surrogacy. The authors use the brilliant term of “reproductive trafficking” to describe reproductive tourism in its resemblance to human trafficking, in its labor and sex forms. In fact, they wish to completely “reformulate the seemingly benign concept of reproductive tourism in terms of global trafficking.” The dawning of ARTs in this globalized age has led to cross border “movements of technology, expertise, ideology, gametes, bodies and babies.” While it is acknowledged that surrogates in developing countries do benefit financially, it is also discussed how much of the money involved in surrogacy deals goes to clinics, physicians, agents and other actors in the process, rather than to the actual surrogates. This parallels the unequal economic arrangements between multinational corporations and their sweatshop laborers and between brothels and their prostitutes. In general surrogates have weak negotiating power with the doctors,

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31 Ibid., 174.
33 Ibid., 180.
34 Ibid., 194.
35 Ibid., 190.
lawyers, intended parents and recruiters involved, which allows them to be paid lower wages.\textsuperscript{36}

In transnational surrogacies, the power imbalances are much more pronounced. Women of color who face poverty in less developed countries are significantly more susceptible to the economic opportunity of being a surrogate for international clientele.\textsuperscript{37} While one can acknowledge that this can be beneficial in a way for the surrogate in the regard of pay, it also can’t be ignored that this settlement would never exist the other way around. Where is a case of a white woman in an industrialized country being a surrogate for a family in India? Laura Harrison, a scholar on cross-racial surrogacy, published a book titled \textit{Brown Bodies, White Babies}, to further illustrate this exploitative, unequal order. There are transparent examples of surrogates in developing countries being arguably more taken advantage of and seen as a disposable commodity rather than genuinely benefiting from this job. For instance, after the 2015 earthquake in Nepal, there ensued “the evacuation of babies, but not surrogates; the concern for the effects of stress on the fetus, but no mention of the woman; a surrogate separated from her own child in order to have a baby for someone else.”\textsuperscript{38} This illustrates the blatant disregard for the wellbeing of the surrogate mother, as well as the serious sacrifices that they make. As reproductive trafficking enables cross-racial surrogacy arrangements, “whiteness can be ‘commercially reproduced’ at an appealing price”\textsuperscript{39} through the laboring of a brown

\textsuperscript{36} Ibid., 194.
\textsuperscript{38} Ibid., 166.
\textsuperscript{39} Ibid., 167.
body. U.S. surrogates are not pushed like Indian surrogates to live in a “closely regulated surrogacy hostel” for the whole nine months of pregnancy, where their personal freedom will be strictly restrained. Ultimately, it is the white supremacy of industrialized nations that is the underlying cause of most “intimate laborers” being women of color from developing nations who are economically disadvantaged while the ones accessing their services are predominantly white and much more financially well-off.

In sum, surrogacy has thrived in the traditional Hindu country of India, where women face “poverty, familial responsibility, and social marginalization, if not direct violence.” Deomampo clarifies that “transnational flows of capital, technology, bodies, and reproductive tissues signal how the global surrogacy industry reifies and reinforces global inequities…” where “some categories of people are empowered to nurture and reproduce, while others are disempowered.” In combination with addressing these transnational inequalities, the work for gender equity is absolutely essential in every part of the world, but especially for old societies like India. The wellbeing of women and their bodily autonomy rest on the dismantling of deep sexist traditions and ideologies wherever they exist. Just as the world patriarchy was built up, it can also be burned down.

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40 Ibid., 171.
41 Ibid., 172.
42 Ibid., 191.


