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Technologies of Enchantment: Commercial Surrogacy and Egg Donation in India

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Transnational surrogacy is commonly portrayed in news reports as a phenomenon in which children born through such arrangements are ‘designer babies’ (Desai 2012) bought from a ‘supermarket of reproductive alternatives’ (Gupta 2006). In this chapter, I draw on parents’ narratives of selection in transnational surrogacy and egg donation and demonstrate that the experience of having children through surrogacy involves more emotional investment than the term shopping implies. Although there are certainly similarities with shopping, parents’ experiences are not wholly comparable to shopping; such a comparison does not do justice to the experience. I focus on intending parents (IPs) narrative accounts of their experiences of surrogacy in India. Selection and rationale for selective decisions emerge naturally in these accounts.

In vitro fertilisation (IVF) and surrogacy follow the regular format of assisted reproductive technologies (ARTs) (Inhorn and Tremayne 2016), including oocyte retrieval and embryo transfer. Sperm and ova

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are graded according to quality as are any resulting embryos. Sex selection¹ was illegal in India while I was conducting field work in 2011 (and remained so at the time of writing), and my informants did not describe the use of preimplantation genetic diagnosis (PGD). However, prenatal testing was performed without fail. Blood and urine tests alongside frequent ultrasound scans were produced, mainly for IPs to track the (healthy) development of their child. Prenatal testing is imbued with both hope for a certain kind of child (Gammeltoft 2013) and bonding with that child (Georges 1996; Kroløkke 2011), along with the fear of what these tests may reveal (Gammeltoft 2013). In addition to the selective reproductive technologies (SRTs) just described, my informants described non-technological selection in their narratives of family formation.

I describe IPs' selective decisions as 'selective moments', placing emphasis on selection as a temporal aspect in IPs' experience of family formation through cross-border reproduction rather than a motivating force. IPs describe 'falling in love' with a specific egg donor as their potential child's genetic donor and their 'heart break' when the donor is unavailable. The term shopping may imply a selfishness that overrides other drives and emotions that flow through the surrogacy process, perhaps more comparable to online dating (Bokek-Cohen 2015) than shopping for products. I draw on IP narratives as a means of illustrating the emotional aspects of selecting egg donors and surrogates in transnational commercial surrogacy arrangements.

While surrogacy involves both ARTs and SRTs, this mode of family formation blurs the boundaries of ARTs and SRTs (Wahlberg and Gammeltoft, this volume). I follow Wahlberg and Gammeltoft's definition of SRTs as those 'used to prevent or promote the birth of certain kinds of children' (this volume; Gammeltoft and Wahlberg 2014) in an exploration of third- (and fourth-) party reproduction and the selective moments involved therein. In doing so, I examine the emotional investment IPs describe in their narratives of selecting gamete donors and surrogate mothers and examine how these selective moments differ for gay men and heterosexual couples not so much comparing gay and heterosexual experiences but drawing on data from two different groups

of participants. The thread that connects all the instances I discuss is the emotion embedded in the selective processes involved in commercial surrogacy in India as conveyed by Australian IPs.

Previous studies of gamete donation have documented that what people seek is not a super child but an ordinary child (e.g., see Gammeltoft 2013; Whyte and Torgler 2015; Whyte et al. 2016; Millbank 2014; Blyth and Frith 2009). There is a dimension of this selection process that has been overlooked in the literature to date and this is the intuitive sense of connection with the third party in this reproductive process. In documenting the role that intuition or gut feeling plays, I highlight the ‘magic’ features of kinship as an aspect of third-party reproduction that has been overlooked in the literature to date and needs more attention.

Methods

I draw on multi-sited (Marcus 1995) ethnographic fieldwork in India and Australia among Australian IPs. My ethnographic fieldwork included participant observation carried out in clinics and social gatherings in India and IPs houses and consumer conferences in Australia and online. It also involved in-depth interviews with directors of 3 clinics in India, 14 IPs and 14 surrogate mothers, some of whom had also acted as egg donors, 3 surrogate agents and 3 IP recruiters from 2010 to 2013. The majority of the primary research this chapter draws upon took place in India in 2011 in IPs’ hotel rooms, IVF clinic waiting rooms and offices, as well as via Skype. I interviewed heterosexual couples and same-sex male couples as well as single same-sex-attracted men.

The next section briefly summarises key points in the social and legal history of surrogacy in Australia. This section creates context in terms of both understanding the kind of families recognised in Australia and the motivating forces that have led to the particular version of family formation and the related selective reproduction I go on to discuss.

A Very Brief Summary of Surrogacy in Australia

The first known² case of surrogacy in Australia, in 1988, was between sisters Linda and Maggie Kirkman. With the assistance of Professor John Leeton, Maggie supplied the egg, sperm was supplied by a sperm donor and Linda Kirkman acted as the gestational mother. Linda Kirkman is clear in her preference for the term 'gestational mother' and rejects the term 'surrogate mother' or 'surrogate' because, she says, 'I do not see myself as a substitute for anything' (2010: 20). This arrangement was difficult to organise; the first hospital's ethics committee rejected the arrangement, refusing to enable a surrogate pregnancy. Leeton found a hospital that did not have an ethics committee and assisted the Kirkman sisters' surrogacy arrangement (Rowland 1992). In 1990, just two years after Linda Kirkman birthed her sister's baby, the Australian ethics committee ruled that surrogacy should not be prohibited in Australia, under strict conditions (Swan 1990). A minority of committee members were concerned that personal autonomy was not possible, effectively, that women choosing to be a surrogate could not possibly give informed consent. They argued that surrogates could not know how they would feel after the birth and that they would suffer upon relinquishment of the child (Swan 1990). Proponents argued that surrogacy should be allowed, under special circumstances and strict guidelines, fearing that prohibiting surrogacy would force these arrangements 'underground'.

Furthermore, proponents contended that as long as the surrogate's gametes were not used and the genetic parentage was clear, the surrogate would not become attached to the child (Yovich 1988) and, therefore, not suffer upon relinquishment. Australian legislation defined (and, to date, still defines) the birth mother and her husband as the legal parents of a child born through genetic surrogacy (Millbank 2011). Regulation is precautionary in this context; although legislators believe that the lack of genetic connection also means a lack of surrogate attachment to the child, the birth mother's right to the child is protected. The belief that the genetic tie is paramount to claims of kinship, while legislation considers the birth mother's claim to kinship as primary, highlights a

tension³ between genetic parentage and the birth mother's claim to parentage. However, while the genetic tie is secondary to the birth tie under Australian law, the genetic claim to kinship is central to a new baby's claim to Australian citizenship. Children born to Australian parents overseas gain Australian citizenship by descent (Sifris 2015). Proof of citizenship by descent is achieved with a DNA test that must demonstrate that the child is the genetic offspring of at least one of the parents.

As a result of the challenges surrogacy poses to existing concepts of kinship, both payment and contracts were (and remain) problematic in regulating surrogacy in Australia. Both proponents and opponents of surrogacy in Australia excluded paid surrogacy as an option (Millbank 2011: 177) and contracts in surrogacy arrangements could not be legally enforceable, and this is still the case to date. Although it is very rare for a surrogate to change her mind and opt to keep the child, the lack of a contract is described as undesirable for IPs.

Currently, altruistic surrogacy is allowed in Australia, and commercial surrogacy is banned in all states and in New South Wales (NSW), this ban extends to overseas arrangements. Clinics follow the guidelines of the National Health and Medical Research Council (NHMRC) as well as the state-by-state legislation. The birth mother is considered to be the parent of the child she births and same-sex marriages are not recognised. Therefore, foreign birth certificates that include both parents in a same-sex relationship, such as those issued in Canada, for example, are not accepted in Australia. Australia thus allows for certain kinds of families and excludes others.

A Certain Kind of Society: Laws Without Teeth

Australian IPs sought commercial surrogacy outside of Australia's borders because they believed they had no alternative route into parenthood. More often than not, IPs had waited on adoption and fostering registers, or had undergone many IVF cycles, suffered multiple miscarriages and failed pregnancy attempts before considering cross-border commercial surrogacy. They chose to circumvent the laws in Australia because they did not offer what they considered to be a valid pathway

into parenthood. Aleardo Zanghellini's (2010) analysis of the 2008 law reforms in England/NSW and Australia governing non-coital procreation and parental responsibility is pertinent here. Zanghellini identifies that reforms tended to discourage family formation that challenge the hetero-normative nuclear kinship structure, in particular, regulation of parental responsibility discourages cooperative parenting arrangements. Like McCandless (2005), Zanghellini establishes that the 'sexual family' is the normative form of kinship regulated and recognised in Australia and the UK.

Each of my informants described the difficult system in Australia as hard to navigate and therefore off-putting. They preferred to follow the reproductive trails of other parents who had successfully formed their families with the help of transnational surrogacy. India was a desirable reproductive destination because many IPs had already had children through IVF clinics there, and it was relatively more affordable and involved contracts privileging IPs claim to the child over the surrogate mother's claim. Surrogacy was unregulated and available for a relatively small window of time⁴ to foreigners seeking commercial surrogacy arrangements. While I was conducting fieldwork in India, the contract was considered⁵ to be legally enforceable (Munjal-Shankar 2014).

The ban on commercial surrogacy in Australia (and its extension to overseas arrangements for NSW residents) was viewed by the Australian IPs I discuss here, as intimidating but not prohibitive. This view was reinforced during the process of obtaining a passport for children born via surrogacy in India. Despite the illegal status of commercial surrogacy for Australian residents, the Australian consulate in New Delhi was able to fast track the processing of passports for children born via surrogacy in India. In 2011, it took a record two weeks to produce these passports.⁶ The director of one of India's more popular surrogacy clinics stated in a conversation with me that the Australian consulate telephoned her every month to get the quota of Australian babies due the following month. The disjuncture between Australian states extending the ban on commercial surrogacy to overseas and the Australian consulate's efficient processing system suggests a double standard, but a kind, process that helped soothe the fears of Australian IPs not being able to take their children home.

Gamete Donor Selection

My approach in initial interviews with IPs was to simply ask for a narration of their surrogacy story. An interesting trend emerged in these narratives in which gay men mainly discussed selection of their egg donor and women discussed only selection or connection to their surrogate. I thought this was perhaps because women were using their own eggs. Yet, in follow-up conversations, I learned that some of the women had used an egg donor as well. Men in same-sex relationships had the additional moment of selection in making the decision as to which of them would provide the sperm. In the following section, I draw out the role of emotion and concepts of success in selecting the egg donor and sperm provider.

Fitting In

When Jonathon and David first came across surrogacy in India as an option, they were exhilarated. They had always hoped to have children of their own but did not think it would ever happen for them. Surrogacy in India presented an affordable path into parenthood that had worked for others:

Jonathan: The clinic just send you a big bunch of profiles, I think there were twenty five egg donor profiles. I hate the term but it's like a bit of a shopping catalogue, they have heights and weights and previous illnesses. We decided not to spend too much time choosing the egg donor because there is no way of really knowing them anyway. We didn't care about university education or anything like that, that is more a sign of class than intelligence. We went through and just went on feeling, we got it down to five that gave us a good feeling and then just chose the one that had produced the most eggs in the past. So, gut feeling then number of eggs, that's how we decided. There is no such thing as a perfect choice. We did the same with the surrogate but the doctors only gave us three to choose from, I think they chose actually, you think you have a choice but then you don't know what will actually happen.

Although Jonathan viewed the clinics' presentation of egg donors and surrogates as a form of shopping, he did not think of his and David's selections in this way. They chose not to take too much time over selection of their egg donor, it was a moment of selection they did not wish to overthink. This emotive approach to selecting an egg donor was common in same-sex male couples' narration of their surrogacy journey. Pete and Dave describe a similar experience of looking through donor profiles online. Pete explains that selecting an egg donor was an unusual and overwhelming experience;

Pete: One of the most difficult decisions we actually made.

Dave: You've got 20 women and you've got to look at 20 women and little tiny write ups about each woman and decide well, which one do I want to be [the] egg donor? And in the end it came down to which one looked most like females from the other person, the one who wasn't the biological father, who looked like the females from the other person's family.

They were seeking a connection but presented with very little information with which they could make this connection. Jonathan was not only seeking a match he had a good feeling about, he was also seeking a successful match; a donor that was also a 'good producer'. While Pete and Dave were equally vexed by the scant information and small photographs they were given to decide on an egg donor, they sought out someone who appeared to share the phenotypical features of the partner who had no genetic connection to their future children, by selecting a donor who looked like his sisters or aunts. This speaks not only of valuing the genetic connection but also of valuing the appearance of genetic belonging or fitting in. Pete and Dave's selective moment focused on identifying their Indian surrogates shared features. Others IP narratives describe seeking out egg donors based on shared skin colour:

Mark: We chose an egg donor with fairer skin, who was willing to donate in India, we saw a profile we really liked and we got to meet her which was wonderful. She wanted to know that we were good people too, so she wanted to meet us. It's a big commitment. William and I decided that I would be the genetic father, we thought about the health of our families, genetic history, we spoke about it a lot and then decided it would be me. If it didn't work with my sperm, he would try.

Mark was not the only IP to choose an egg donor with fairer⁷ skin. While the majority of the IPs I spoke with did not speak about skin colour as a feature of fitting in, Mark was keen for his child to not stand out in any way from other members of his family. Mark felt that his child was likely to suffer some discrimination during his childhood because he would have two dads, and he wanted to limit this discrimination in any way possible and felt that his child 'fitting in' to his family in terms of shared skin colour would help reduce stigma and discrimination. Another same-sex male couple chose a South African egg donor with fair skin and offered similar explanations. A third IP, Dan, chose an egg donor from Ukraine because his family also descended from Eastern Europe, and he wanted his child to look like part of his family. This example illustrates an imagined connection between genetics, kinship and nationality, while highlighting a desire for some sort of connection between himself, his family, his child and egg donor. He also wanted his child to have the option to meet his egg donor later in life. Whereas egg donation in India is anonymous, it is not anonymous in Ukraine.

Like Mark, Dan projected an imagined future for his child and hoped to mitigate emotional suffering as much as possible. He explained that he had read a lot about donor-conceived children and felt his child would have a greater chance of emotional adjustment in a known donor relationship. While Dan was unusual among my informants, his decision was not unusual in the context of domestic gamete donation in Australia. Jenni Millbank's (2014) research into donor conception in Australia describes parents of donor-conceived children as anticipating the future needs of their children and establishing connections with their sperm donor as a means of ensuring their child will have access to their genetic lineage.

The selection of EDs and surrogates is an emotive process in IPs navigation of this novel territory while attempting to build their families. Though selection of specific characteristics such as skin colour and shared phenotypical features comprises part of the process, the prevailing feature of IPs selective moments is that they follow their 'gut feeling' and select egg donors based on their perception of a connection. In addition to this, they make choices based on projected futures—a future that may involve discrimination or the child's desire to know about their genetic lineage—and make selective decisions with the aim of curbing emotional turmoil

in these imagined futures. In contrast, some IPs experienced failure after failure in their surrogacy attempts. In such cases, the selection process becomes increasingly less important.

Ravelingien et al.'s (2015) qualitative study of lesbian couples in Belgium and their views of anonymous sperm donation identified family cohesion and health as the primary concerns when considering why they might want some choice in the donor selection process. Similarly, Whyte and Torgler's study of women's preferences in buying donor sperm online identifies behavioural traits rather than physical appearance as central to the selection process (Whyte and Torgler 2015), indicating that social cohesion was more important than appearance. There is a clear distinction here; whereas the women in the latter studies did not indicate that physical appearance would influence donor selection,⁸ some of my gay male participants did indicate that they ideally would like their child to *look* as though they were part of their family. Couples were not seeking 'designer babies' at all but were imagining their children as members of their family that they hoped would be healthy and would fit in.

Selecting the Sperm Provider and Thoughts on Genetic Connection

Unlike heterosexual couples, same-sex male couples' selection is not limited to the egg donor and surrogate; they must also select which of them will be the genetic father, as is clear in Mark's description of his and William's choice of the genetic parent. Same-sex male couples speak of the genetic tie as the primary, or perhaps primal, tie; it is more important in their selection process than the 'blood tie' their child will have with the surrogate. Greenfield and Seli's (2011) assessment of gay men seeking ARTs at a university clinic in the USA describes that male couples must decide which partner will provide the sperm in surrogacy arrangements; however, as Norton et al. (2013) highlight in their summary of research into gay men's pursuit of surrogacy, the authors do not offer qualitative analysis of the decision-making process. I offer a small contribution to this developing area of knowledge here.

I met Ben and Dean about a year into my fieldwork. They were unusual in some respects. Every other IP I met had tried, or considered trying, alternative paths into parenthood before seeking surrogacy in India, and Ben and Dean had not considered any other option. They also contrasted with other IPs I had met because they sat at the lower end of the socio-economic strata. They earned a modest annual income with Ben as the sole earner working in a factory. Ben unexpectedly received an inheritance, and they decided to use some of the money to put a deposit on a house and the remaining money to enter into a surrogacy arrangement in India. Like Mark and William, their description of choosing an egg donor included choosing which of them would provide sperm:

Ben: The one [whose sperm sample] came back with the more positive results would be the lucky winner.

Ben and Dean decided which of them would provide sperm based on which of them had the best sperm quality and best chances of success in terms of forming a healthy embryo.

Whereas Ben and Dean thought of success in terms of sperm quality, Mark and William made their selection based on family histories of mental health. William had a history of depression and they therefore chose Mark to be the genetic father. Unlike egg donor selection, selection of sperm provider between same-sex male couples was less based on gut feeling, yet like egg donor selection, the examples described here draw out ideas of selection for success: Which of us can provide sperm that will be more likely to ensure pregnancy? Which of us can provide sperm that is more likely to result in the kind of healthy child we want to raise? Similarly, egg donors were chosen on proven success, high production of eggs, a 'gut feeling' and shared phenotypical features with female relatives. Selective decisions were centred on achieving pregnancy as well as fitting in with their family.

The primacy of the genetic tie is dramatically illustrated in Ben's description of his children's egg donor.

Ben: When we went back to the clinic with the babies after they were born, there was the egg donor! She was working for the clinic, we have no idea if

she knew that she was looking at her own genetic children. That was a real moment, it gave us chills.

In a later discussion, Ben and his partner Dean ponder whether or not their egg donor recognised the children as her own somehow, did she know? But it's anonymous, how could she know? She must have known. Like the 'gut feeling' IPs follow in selecting their child's egg donor, we see an expectation that the genetic link is something that can somehow be sensed. This speaks of an understanding of genetic relatedness and kinship that is beyond biomedicine, the idea that we connect with our genetic kin instinctively. In de Castro's words, kinship is more than a 'weird biology', kinship is magic (de Castro 2012). De Castro describes modern kinship as a combination of choice and magic: we construct kinship groups choosing both non-genetic and genetic relations while also choosing not to create kinship with genetic relations (e.g., anonymous gamete donors). Reproductive technology, as another form of construction, is 'our own particular brand of magic', expanding our options in the construction and negotiation of kinship (de Castro 2012).

Alfred Gell's (1988) theory of technology is an interesting tool to think through the selective moments IPs describe. Gell (1988) explains that technology is entwined with techniques of the body, drawing on Marcel Mauss's theory of exploring how we learn to use our bodies in specific ways. Technology, according to Gell, is not just about the tool or the creation of the tool but our bodily ability to master the use of that tool however simple or complicated it may be. He identifies three forms of technology. The first is the technology of production, our ability to gather the things we need to survive such as food and shelter. The second is the technology of reproduction and this encompasses our systems of kinship. And the third is the technology of enchantment. Among these technologies, enchantment is the most sophisticated. Gell includes all forms of art, gifting and rhetoric as just a few of the technologies of enchantment. Attracting other people (and animals), according to Gell, is the most sophisticated human technology. So, the gut feeling in selecting an egg donor could be understood as IPs' description of selecting the most subjectively enchanting genetic traits

for their children, rather than the most phenotypically ideal or normative traits.⁹ One of the fascinating features of ARTs and SRTs is that in the separation of reproduction from intercourse and the inclusion of third and fourth parties, we have a means of understanding something of the values associated with family and its formation. Although Gell does not describe the categories of technologies as overlapping or working together, I suggest that third-party reproduction is a useful example illustrating technologies of enchantment and technologies of reproduction as technologies that work together. In order to reproduce, we must exercise our sophisticated technologies of enchantment to attract another or perceive connection to another.

Surrogate Selection and Emotional Connection

As stated earlier, whereas same-sex male couples would describe ‘falling in love’ with their selected egg donor, intending mothers more often expressed this emotional connection with their surrogate. In part, this is because heterosexual couples tended to use the intending mothers’ ova in their first few surrogacy attempts. However, even after using an egg donor, intending mothers would more often refer to their surrogate than their egg donors. Sheena and her husband Matt, for example, sought out surrogacy in India after years of failed IVF. They had almost given up hope of becoming parents when they came across this new path and their hopes were reignited:

Sheena: Our surrogate is very calm, very beautiful, we got to meet with her and she is happy with us too. It’s a two way process, we chose her and she chose us. It just makes me feel really emotional. We Skyped throughout the pregnancy, but not as much as we could have. We get on really well, the day before the baby was born we met and she was just amazing, it is such a miracle, I never thought I’d be a mother. It’s just incredibly emotional. It just happened that we were there in the clinic on the day that our surrogate was there saying she wanted to be a surrogate, she’d donated her eggs previously and now she wanted to be a surrogate. She phoned me on my birthday to say I was pregnant! It was just amazing. I think I spent a month

crying, I was so happy. When the children are older I will bring them here to meet their surrogate. I have to arrange it through the clinic though because there is a confidentiality agreement. Her family and children don't know she is doing this so it would be her decision.

Like many intending mothers, Sheena refers to the surrogate mother's pregnancy as her own. This idea of the body as a shared space is common to ethnographic work on surrogacy where surrogate mothers describe the pregnancy as the intending mother's pregnancy rather than their own and vice versa. However, the surrogacy arrangements Teman (2010a) and Ragoné (1996, 1994) describe in Israel and the USA, respectively, also explain an intimacy between the surrogate mother and intending mother that is not possible in the transnational arrangements I describe. Sheena felt she and her surrogate had bonded and 'get on well' yet she also described the limitations of the relationship. While she described the emotional side of her relationship with her surrogate, she understood that this was not an ordinary relationship—the clinic mediated their relationship and would go on doing so. Sheena's surrogate was happy to carry a pregnancy and earn money for her family through this labour; however, she did not want her own children to know about her work or her relationship with Sheena's family.¹⁰

Carmel had a very difficult pregnancy and birth with her first son. She and her husband Lachlan were eager to have a sibling for their first son but Carmel suffered multiple miscarriages over several years and eventually decided she could not cope with another miscarriage. They attempted to adopt a younger child and were accepted on the waiting list of an adoption agency in their state. After five years of waiting with no success, they decided to give up on the idea of having another child. Years later, they came across surrogacy in India and chose to pursue this avenue. After three unsuccessful attempts, Carmel was ready to give up. In their final attempt, their IVF specialist recommended they try using an egg donor. Like Sheena, she felt a strong emotional connection with her surrogate. Carmel contrasts her understanding of the surrogate-IP relationship with that of same-sex male IPs:

Carmel: I think that is why he [another IP Carmel met on her first trip to India for surrogacy] said ‘don’t meet the surrogates! They’re not in it for anything else, they are in it for the money’ and I said to Lachlan later on ‘did he [other IP] not know that?’ That’s quite a male point of view too because it was pretty obvious to us.

Carmel has publically acknowledged her surrogate on her Facebook page every mother’s day since her child was born but has not acknowledged her child’s egg donor in the same way and did not share the fact that she had used an egg donor with me until her child was around a year old. During the pregnancy, Carmel showed me an ultrasound of her child at around four month’s gestation. She was excited yet afraid to feel too hopeful after so much loss and spoke of her beautiful surrogate but did not talk about having used an egg donor at all. Although Carmel felt sure that her surrogate carried out her labour for the money, she did not see this as a negative in the same way some of the same-sex male IP couples she describes.

Connections and Disconnections: Selecting and Outsourcing Selection

While some same-sex male couples and single intending fathers met their surrogate and had some say in the selection process, others chose anonymous arrangements and avoided selection of the surrogate altogether:

Ben: We let the doctor decide on the surrogate because she knows—you know there is no genetic link there so that was not as important to us. The doctor chose a surrogate whose cycle was linked up to the egg donor. The first attempt didn’t work. The second attempt would be our last attempt, we were clear about that with the doctor, we couldn’t afford any more than that. The doctor chose a different surrogate, we signed new contracts and then a couple of weeks later we had the email saying that we had twins. We spoke about meeting [the surrogate], but we heard from others that they wished they hadn’t, and we haven’t really decided yet.

Some of those who decided not to meet their surrogate felt that money as a central incentive to carry out this intimate labour signified a business relationship; they felt this was incompatible with more altruistic motivations and therefore did not warrant a more familial relationship and did not require even a moment of selection or connection. The inference that the exchange of money devalues this form of intimate labour (Anleu 1992) is a common trope in academic and popular debate of surrogacy. Arguments over paid and unpaid surrogacy, commercialisation and objectification are the foundation of the difficulty in regulating paid surrogacy (Markens 2007). The perception of the surrogate as somehow not connected with the child she gestates is also a familiar one.

It is common, in academic accounts of surrogacy, for surrogates to refer to themselves as ‘an oven’ baking ‘buns’, a vessel or sorts gestating someone else’s child (Berkhout 2008; Teman 2010b), while others emphasise the ‘blood tie’, as Pande’s (2009) surrogates in Gujarat explain that ‘it may be her eggs, but it is my blood’. This account, of the blood tie, corresponds with the biomedical concept of epigenetics. Epigenetics is the study of ‘molecular modifications that influence gene activity and chromosome structure’ (Novakovic and Saffery 2012: 959); in lay terminology, epigenetics is the study of the effect of environmental factors on genes. Studies of epigenetics and maternal/foetal gestation demonstrate that epigenetics can influence pregnancy outcomes and ‘foetal programming’ for adult disease (Pinborg et al. 2016). The surrogate is much more than just an ‘oven’, vessel or incubator; her body interacts with the foetus’ body, nourishing and affecting the foetus significantly at a genetic level (Novakovic and Saffery 2012).

While intending mothers experience a stronger bond with surrogate mothers, gay men place more emphasis on the genetic tie and their gut feeling about their egg donors. This is indicative of IPs extending their own reproductive bodies and perception of their reproductive roles onto the bodies of third and fourth parties. For women, pregnancy and birth are, normatively speaking, unique to the experience of becoming a mother, and in their bonding with, and relating to, their surrogate mothers, they are extending their bodily boundaries to the pregnant body of their surrogate. At a very basic, bodily level, men are limited to the selection of their conception partner—they may have a child and never

know about it. Women's preference for bonding with their surrogate rather than their egg donor could also be understood as employing technologies of enchantment, following their gut feeling in selecting a surrogate and then bonding with the surrogate to ensure the agreement ends with the surrogate's relinquishment of the child.

Conclusion

Australian regulation of surrogacy recognises certain kinds of families in recognising only certain methods of family formation. IPs seeking surrogacy overseas circumvent Australian laws to form a family with the help of friendlier regulations (Whittaker 2015) or more often unregulated 'pop up' fertility destinations. SRTs, including prenatal testing, oocyte and embryo selection, form part of the experience of seeking surrogacy. Selective reproductive moments also arise in the selection of egg donors and surrogates, just as some same-sex male couples consider family medical histories when deciding whose sperm to use. I highlight that IPs do not emphasise selection as motivating these journeys. However, in IP descriptions of selection, we learn that they are, at least initially, seeking a certain kind of child. They imagine a child that will look like them, is healthy and will fit in with their family.

IVF clinics in India, and elsewhere (Levine 2010), present egg donor and surrogate mother-selection as a shopping experience. In the examples discussed in this chapter, IPs experience of selecting donors and surrogates is driven by gut feeling together with perceptions of success and is not as frivolous as the term shopping would imply. Although there are distinct aspects of seeking a certain kind of child, this is not very different from the kind of child most parents seek in their bid at family formation: a normative, healthy child who will fit in with the family. Perhaps then, just as ARTs and SRTs can be viewed as an extension of the self (Franklin 2013), selection and family formation via these technologies extend on normative decisions around reproduction.

The portrayal of IPs as shopping for 'designer babies' implies a level of choice and control that is extraordinary in comparison to so many other routes into parenthood; in fact, there is perhaps less control, perhaps

more worry and no more design than in normative choices of reproductive partner. As is the case in normative family formation, some seek specific phenotypical characteristics yet most describe seeking similarity and the ‘best fit’. IPs draw on their intuition and gut feelings about the look of a donor or surrogate in seeking out connection with their third- and fourth-party reproductive partners, while at the same time trusting that clinics or brokers have screened egg donors appropriately. Technologies of reproduction and technologies of enchantment work together. IPs draw on technologies of enchantment in feeling their way through technologies of reproduction, third-party selection and successful family formation. In the examples offered in this chapter, technologies of enchantment inform and assist the selective moments that are intertwined in such technologies of reproduction as surrogacy-aided family formation.

Notes

1. Sex selection is viewed to be a risk due to the historic preference for male children and female infanticide. Marcia Inhorn’s recent findings in Egypt demonstrate that although female infanticide is forbidden in religious doctrine, the availability of PGD has led to female ‘embryocide’ (Inhorn and Tremayne 2016).
2. The Kirkman sisters is the first known case, but it is assumed that this case was preceded by earlier traditional surrogacy arrangements in Australia; see, for example, Rowland, R. 1992. *Living Laboratories: Women and Reproductive Technologies*. Sydney: Spinifex Press.
3. This tension tugs at either end of kinship claims, that of the birth mother and that of the genetic kin. Prior to the availability of donor insemination (DI) and IVF, blood and marriage ties formed the basis of western concepts of kinship. Williams-Jones, B. 2002. Commercial Surrogacy and the Redefinition of Motherhood. *The Journal of Philosophy, Science and Law* 2. Gestational surrogacy (in which the surrogate is not genetically related to the child) challenges these notions.
4. India was the first of what I refer to as ‘pop up’ reproductive destinations—destinations for reproductive travel that are available for only a

- brief period while surrogacy was unregulated. Other places include Thailand, Nepal and currently Cambodia and Laos.
5. The ARTs bill had not been passed during my fieldwork, and ARTs clinics were relying on contract law, however, this had not been tested in court. For a detailed discussion of the enforceability of surrogacy contracts in India, see Munjal-Shankar (2014).
 6. This is in contrast to the UK, for example, where production of passports for children born via surrogacy would take at least three months.
 7. IPs generally used the term 'fair skin' to mean ethnically Caucasian.
 8. Although I am in no way universalising this distinction, see, for example, Bellware, K. 2014. White Woman Who Sued Sperm Bank Over Black Baby Says It's Not About Race. *The Huffington Post*, October 3.
 9. In the sense that concepts of 'normal' overlap with concepts of 'perfection'. McDougall, L. 2014. *The Biomagical Vulva: A 'Clean Slit'*. PhD, Macquarie University.
 10. This was possible because of the socio-economic strata of many surrogates in India. In this lower middle-class or working-class strata, women are commonly involved in informal economy (Hill, E. 2010. *Worker Identity, Agency and Economic Development: Womens Empowerment in the Indian Informal Economy*. London and New York: Routledge) and surrogates I spoke to described travelling to another city for work, such as domestic services which are a common feature of their working lives. It was therefore easy enough to hide surrogacy, telling family that they were contracted as domestic servants in another city.

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