

“It May Be Her Eggs But It’s My Blood”: Surrogates and Everyday Forms of Kinship in India

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Abstract This ethnographic study of commercial gestational surrogacy in a small clinic in western India introduces the concept of “everyday forms of kinship”—kinship ties as the product of conscious everyday strategy, and, at times, as a vehicle for survival and/or resistance. The surrogates’ constructions of kinship as a daily process disrupt kinship theories that are based solely on biology. So, too, do they disrupt the patrilineal assumptions made in studies of Indian kinship. Kinship ties instead find their basis in shared bodily substances (blood and breast milk) and shared company, as well as in the *labor* of gestation and of giving birth. By emphasizing connections based on shared bodily substance and by de-emphasizing the ties the baby has with its genetic mother and the men involved in surrogacy (the genetic fathers and the surrogates’ husbands), the surrogates challenge established hierarchies in kin relationships—where genes and the male seed triumph above all. Simultaneously, by forming kinship ties with the baby, the intended mother, and other surrogates residing with them, surrogates in India form ties that cross boundaries based on class, caste and religion and sometimes even race and nation. By focusing on the notions of blood (shared substance) and sweat (labor) as basis for making kinship claims, this study both extends anthropological literature that emphasizes the non-procreative basis of kinship and feminist works that denaturalize kinship ties and make visible the labor involved in forming kinship ties and maintaining a family.

Keywords Commercial surrogacy · India · Everyday forms of kinship · Kin-work

Anne, the woman from California who is hiring me, wanted a girl but I told her even before the ultrasound, *coming from me* it will be a boy. My first two children were boys and this one will be too. And see I was right it is a boy! After all she just gave the eggs, but the blood, all the sweat, all the effort is mine. Of course it’s going after me. (Raveena, a gestational commercial surrogate in Gujarat, India, emphasis added)

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In this study of commercial gestational surrogacy in India, I introduce the concept of “everyday forms of kinship”—kinship ties as the product of conscious everyday strategy, and, at times, as a vehicle for survival and/or resistance. By focusing on everyday forms of kinship, I uncover the creative and flexible forms of kinship that the surrogates establish with other actors involved in the surrogacy process. But as importantly, I highlight how the surrogates’ constructions of everyday kinship disrupt theories of relatedness that are based solely on biology and procreation. So, too, do they disrupt the patrilineal assumptions made in studies of Indian kinship. Kinship ties, instead find their basis in shared bodily substances (blood, breast milk) and shared company as well as in the *labor* of gestation and of giving birth. By emphasizing connections based on shared bodily substance and by de-emphasizing the ties the baby has with its genetic mother and the men involved in surrogacy (the genetic fathers and the surrogates’ husbands), the surrogates challenge established hierarchies in kin relationships—where genes and the male seed triumph above all. Simultaneously, by forming kinship ties with the baby, the intended mother, and other surrogates residing with them, surrogates in India form ties that cross boundaries based on class, caste and religion and sometimes even race and nation. I highlight three distinct challenges to more hegemonic notions of kinship: (1) Redefinition of the blood tie; (2) Reinterpretation of patrilineal ties and (3) Labored ties across borders.

By focusing on the notions of blood (shared substance) and sweat (labor) as basis for making kinship claims, this study both extends anthropological literature that emphasizes the non-procreative basis of kinship and feminist works that denaturalize kinship ties and makes visible the labor involved in forming and maintaining family and kinship ties.

Surrogacy and kinship

In classic kinship studies, kin relations were frequently grounded in the domain of nature (Schneider 1984; Finch 1989; Strathern 1992). While scholars recognized the coexistence of biological relationships with “kinlike” relationships (for example, kin relations formed through adoptions or common residence), there was frequent debate as to how these “kinlike” systems were to be placed relative to those based on biological reproduction. These studies assumed that human reproduction establishes links between people that are immutable, special and distinct from relationships formed in other ways.

David Schneider (1984) was perhaps the first to assert that the analytic domain occupied by “classic” kinship studies was unsound. He demonstrated that kinship theory was based on Euro–American folk assumptions about the primacy of ties derived from procreation, and that these assumptions did not necessarily apply cross-culturally. While Schneider’s work challenged the universality of naturalized assumptions surrounding kinship, the advent of new reproductive technologies (NRT)—fertilization in vitro, gamete donation, surrogacy—formulated new possibilities for challenging the “natural” and biological conceptualization of kinship (Franklin and Ragone 1998; Strathern 1992; Carsten 2000). For instance, with gestational surrogacy, motherhood was separated into competing components of genetics and gestation. Gestational surrogacy, where the surrogate is implanted with someone else’s fertilized eggs, created three possible categories of motherhood: the biological mother (the woman who contributes the ovum); the gestational mother (the surrogate) and the social or intended mother (the woman who raises the child). There was now little to be taken for granted. Being a donor of reproductive resources, provider of gestational facilities, post-natal nurturer—as separate elements none was sufficient ground for acknowledging the connection as a relationship (Strathern 1992; Ragone 1994, 2000).

Much of the existing literature on surrogacy, however, focuses on *laws* that help establish which of these relationships should be considered “real” and under what circumstances: Who has rightful claim over the baby: the genetic mother, the gestational mother, the egg donor, the genetic father? Surprisingly little has been written about how the *actors* involved in surrogacy experience, understand and verbalize these relationships. An underlying reason for this relative inattention is the paucity of ethnographic material about the impact of surrogacy (Ragone 1994; Teman 2003, 2006). The only full ethnographies on the subject are Helena Ragone’s (1994) study of the surrogacy programs of six US surrogacy agencies and more recently Elly Teman’s work on state-controlled surrogacy in Israel (Teman 2006). Other studies that relate to the subject (Roberts 1998; Goslinga-Roy 2000; Cussins 1998; Thompson 2002) illuminate certain aspects of surrogacy from an anthropological perspective. Together, these studies provide important ethnographic data on the way that the surrogacy process is structured and establish that surrogacy provides a rich ground for exploring many aspects of culture, including kinship ideology (Ragone 1994) and ideas of the “natural” (Teman 2006). In this paper I extend the ethnographic work on surrogacy by looking at the unique case of India.

Surrogacy in India

While commercial gestational surrogacy, in general, provides rich ground for exploring new challenges to the procreative basis of kinship, surrogacy in India becomes an exceptionally rich case study because of its unusual structure. Most countries, for instance Australia, China, the Czech Republic, Denmark, France, Germany, Italy, Mexico, Spain, Switzerland, Taiwan, Turkey and some US states—ban surrogacy altogether. Some have imposed partial bans; for instance, Brazil, Israel, and the UK. Others have no regulations at all: India, Belgium, Finland and Greece. Apart from the recent spurt of surrogacy in India, surrogacy is mainly practiced in the state of California, in the UK, and in Israel. The Indian structure is closest to the liberal market model of surrogacy in California, where surrogacy births are primarily managed by private, commercial agencies that screen, match and regulate agreements according to their own criteria and without state interference (Teman 2006).

Currently there are no laws governing surrogacy in India. The Ministry of Health and Family Welfare recently drafted a bill to control and monitor cases of surrogacy in the country. If passed in the parliamentary session, the new Assisted Reproductive Technology (Regulation) Bill & Rules, 2008, will be one of the friendliest laws on surrogacy in the world. Unlike in other countries, this proposed law would make surrogacy agreements between the two parties legally enforceable (Krishnan 2008). But until a law is passed, the clinics, like the one in Anand, can follow its own rules.¹

The field: Anand, Gujarat, India

Anand is a city of about 100,000 people in the western Indian state of Gujarat. While infertility clinics from several Indian cities like New Delhi, Mumbai and Bangalore have reported sporadic cases of surrogacy, most clinics provide just the technology and require

¹ In the absence of any formal laws regarding surrogacy in India, the clinic follows some “informal rules” for selecting surrogates: the woman should not be above the age of 40, should be medically fit with a healthy uterus, she should be married and should have borne at least one healthy child (Personal Interviews 2007).

the patients to arrange for their own surrogate. Anand is the only place where the doctors, nurses and middle-women play an active role in the recruitment of women from neighboring villages. The clinic keeps a constant supply of surrogates and some of these women are going in for surrogacy for the second time in just two years. As Dr. Khanderia, the doctor responsible for bringing the surrogates together in Anand, proudly proclaims

There may be surrogacy clinics all over the state, the country and the world, but these people do sporadic surrogacy. No one in the world can match our numbers—55 surrogates successfully pregnant at the same time, under one roof.

Dr. Khanderia had her first successful case of surrogacy in 2004 when a woman gave birth to her own grandchildren on behalf of her UK-based daughter. For this case, the doctor did not supply the surrogate. For her second case, Dr. Khanderia convinced an employee at her clinic to be a surrogate. Since then she has matched 128 surrogates with couples from India and from as far away as the US, Taiwan, South Korea, South Africa, Britain, Turkey and Spain.

For international couples hiring the surrogates in Anand, there are substantial cost savings. While those pursuing surrogacy in Canada or the US, can spend between \$50,000–\$80,000, in Anand the whole process can be accomplished for \$5,000–\$12,000. Another big attraction is that the clinic runs several hostels where the surrogates can be kept under constant surveillance during their pregnancy—their food, medicines, daily activities can be monitored by the doctor or her employees. All the surrogates live together, in a room lined with iron beds and nothing else. Husbands and family members are allowed to visit but not stay overnight. The women have nothing to do the whole day except walk around the hostel, share their woes, experiences and gossip with the other surrogates while they wait for the next injection.

Data and method

The research described in this paper is part of my larger research project on commercial surrogacy in India,² for which I conducted fieldwork in Anand between 2006 and 2008. My research has included in-depth, open-format interviews with 42 surrogates, their husbands and in-laws, 16 intending parents, two doctors and two surrogacy brokers. Typically, the interviews took a narrative form, with the woman responding to my request to “tell me about your life and how you got into surrogacy.” In addition I conducted participant observation for nine months at the surrogacy clinic and a surrogacy hostel. The interviews were in Hindi and Gujarati, and were conducted either in the hostels where most surrogates live or at their homes. I have used pseudonyms except in cases where the surrogate asked me to use their real names.

All the surrogates in my study are married, with children. Their ages range between 20 to 45 years. Except for one surrogate, all the women are from neighboring villages. Fourteen of the surrogates said that they were housewives, two said they worked at home and the others worked in schools, clinics, farms and stores. Their education ranged from illiterate to high school, with the average education hovering around the beginning of middle school, and just one interviewee having a professional law degree. The median

² This paper is part of a larger project exploring parallels between surrogacy in India as “labor.” Additional parallels between surrogacy in India and gendered forms of labor that I have explored in other papers include (1) Surrogacy as dirty labor (2) Surrogacy as bodylabor and (3) Surrogacy and factory labor.

family income is about Rs. 2,500 (\$60) per month (See Appendix 1). If we compare that to the official poverty line in India, 34 of my interviewees reported family income below or around the poverty line. For most of the surrogates' families, the money earned through surrogacy (anywhere between \$3000–\$5000) was equivalent to nearly ten years of family income especially since many of them had husbands who were either in informal, contract work or unemployed. Eleven of my interviewees were surrogates for “international” couples from the all over the world. Eighteen were hired by Indians in the diaspora—Non resident Indians (NRI) settled in the US, UK, Sri Lanka and South Africa (See Appendix 1). The rest have been hired by upper and middle-class professionals from different states in India.

Surrogacy and the everyday forms of kinship

“It may be her eggs but it’s my blood”: Redefining the blood tie

One of the key terms deployed in recent works on kinship is “shared substance” (Daniel 1984; Strathern 1988; Lambert 1996). Anthropologists have argued that the “boundaries between the social and the biological are more permeable in people’s discourse than might be assumed” (Carsten 2000, p. 21). In making their case these scholars emphasize the importance of shared substance in local discourses and indigenous practices of relatedness: children share substance with their mother through the ingestion of the mother’s blood before birth, and breast milk after birth. These bodily substances are themselves described as “transformed food” (Carsten 2000; Lambert 2000). The sharing of substance and sustenance are assumed to entail, automatically, positive affective ties. While dominant discourses emphasize the immutable blood tie between a child and the child’s father, ties become more fluid with the concept of shared bodily substances.

The relative contributions of mother and father in biological reproduction are also expressed in terms of these substances or body fluids—semen, blood and milk. For example, scholars have elaborated how in the textual and oral traditions of people in India, there is a strong emphasis on the father’s contribution to procreation (Böck and Rao 2000; Hershman 1981). This patrilineal focus can be seen in the ubiquitous notions of seed and earth where the seed symbolizes the father’s contribution and the field represents the role of the mother (Dube 1986). The seed contained in semen is considered the *essence* for the creation of offspring. Women are expected to behave like earth, as the mere receptacles of male seed, and to give back the fruit, preferably in the form of male children (Fruzzetti and Ostor 1984; Madan 1981; Meillassoux 1981; Dube 2001). Simultaneously, since in popular understanding as well as in Ayurveda, the indigenous system of physiology and medicine in India, semen is understood as derived from blood, being the product of the father’s seed, a child inherits the *father’s blood* and is therefore placed in his group (Kumar 2006). The mother’s blood thus becomes significant in nourishing the fetus but not in imparting identity to a child (Fruzzetti and Ostor 1984). As Fruzzetti and Ostor succinctly put it, “[B]lood is male, and while it is unchangeable, it is transmitted in the male line and cut off at some point in the female line” (1984, p. 103).

The surrogates in Anand, however, used a very different interpretation of the blood tie. They not only claimed that the fetus is nourished by its (gestational) mother’s blood but also emphasized that this blood/substance tie imparted *identity* to the child. Women, within the surrogacy process, were much more than mere receptacles of male seed.

Surrogate Parvati is 36 and one of the oldest surrogates at the clinic. I met Parvati immediately after a fetal reduction surgery in which one of fetuses had to be surgically eliminated. She tells me that she was against the fetal reduction surgery

Doctor Madam told us that the babies wouldn't get enough space to move around and grow, so we should get the surgery. But both *Nandinididi* [the genetic mother] and I wanted to keep all three. We had informally decided on that. I told Doctor Madam that I'll keep one and *didi* can keep two. After all it's my blood even if it's their genes. And who knows whether at my age I'll be able to have more babies.

Parvati, thus, uses her interpretation of the blood tie to make claims on the baby. Surrogate Raveena makes a similar claim. But in addition to the substantial ties of blood, Raveena also emphasizes the *labor* of gestation and giving birth—her “sweat” ties with the baby—as another basis for making claims on the baby. Raveena is carrying a baby for a South Korean couple residing in California. She will use the money to pay for their elder son's heart surgery. I bump into Raveena right after her second ultrasound

Anne [the genetic mother] wanted a girl but I told her even before the ultrasound, coming from me it will be a boy. My first two kids were also boys. This one will be too. And see I was right, it is a boy! After all, they just gave the eggs, but the blood, all the sweat, all the effort is mine. Of course it's going after me.

This sweat (labor) and the blood (substance) tie between surrogate and fetus is often advocated as stronger than a connection based solely on genes.

Sharda is one of the few surrogates who also breastfed the baby that she delivered. This, she feels, intensifies her ties with the baby.

I am not sure how I feel about giving the baby away to her [the genetic mother]. I know it's not her fault that she could not raise her own baby [in her womb] or breastfeed him. She has kidney problems. But she does not seem to have any emotional ties or affection for him either. Did you see when the baby started crying, she kept talking to you without paying him any attention? She keeps forgetting to change his nappies. Would you ever do that if you were a real mother? When he cries I want to start crying as well. It's hard for me not to be attached. I have felt him growing and moving inside me. I have gone through stomach aches, back aches and over five months of loss of appetite! I have taken nearly 200 injections in my first month here. All this has not been easy.

According to Sharda, her substantial ties with the baby (blood, breast milk) and the effort of gestation makes her more attached to the baby than the genetic mother. The re-interpretation of the blood tie and the everyday forms of kinship established between the surrogate and the fetus cannot be dismissed simply as illiterate women's ignorance of Western medicine. The surrogates recognized that they have no genetic connection with the baby, but nonetheless emphasized the (stronger) ties they had with the baby because of shared substances, namely blood and (sometimes) breast milk.

Additionally for both Raveena and Sharda, the basis for making claims on the baby was not just shared substance but the labor and effort of bearing the child. Shared substance, when coupled with the *labor* of pregnancy and giving birth, not only trumps the mother-child tie based solely on genes, but also the semen and blood tie between the father and the fetus.

“There is no role of the penis here, now it’s only injections!”: Re-interpreting patrilineal ties in surrogacy

Feminist writers have long recognized the gendered nature of new reproductive technologies, emphasizing the use and misuse of women’s bodies to meet patriarchal ends—the male need to establish the genetic tie. Some argue that new reproductive technologies privilege men’s genetic desires and objectify women’s procreative capacities (Rothman 1989; Roberts 1997). Surrogacy arrangements, in particular, “devalue the mother’s relationship to the child in order to exalt the father’s” (Roberts 1997, p. 249). The surrogates in Anand, however, had a different take on the significance of the genetic tie and the role of men in the surrogacy process.

The surrogacy contract prohibits surrogates from having sexual relations with their husbands. The surrogates living in surrogacy hostels are under additional surveillance and had minimal contact with their husbands. Surrogate Rita, a surrogate for the second time in two years, jokes about the “emasculatation” of husbands through the surrogacy process:

During my first surrogacy pregnancy, for nine months I was not allowed to do any heavy or risky work. I was not allowed to have any relation [sex] with my husband. [She laughs] In no other circumstance would he have agreed on that but he needed the money desperately so he had to give in! I am not surprised this thing [surrogacy] is so rare. Tell me, which man will be happy in a situation like this? [Giggling] I am big, but it’s not through him. To add to that injury, when I am at the hostel, he has to look after the children and even cook sometimes.

It’s hard even for Patelbhai [the genetic father]. He did not even touch me, actually he hasn’t even spoken to me. At least *Smitadidi* [the genetic mother] has seen how I live, what I do. I tell her what the baby is doing inside. She has felt it kicking. Patelbhai is a stranger for me and I am a stranger for him. And yet I am carrying his child.

Rita seems to be arguing that the process of surrogacy requires minimum contribution by the men involved and is consequently, emasculating for them. Surrogate Parvati reiterates the irrelevant role of men within surrogacy and has a curious interpretation of the relationship between her husband and the fetus,

My husband stays with his parents nowadays. He visits me sometimes but we usually just talk on phone. We are not supposed to do anything [have sex] for the next few months so why bother? He doesn’t need to be here. See, with your husband’s child there is a constant relation, every night there is a “process” [she makes a gesture with her hands to show penetration] and this makes the child grow. The small seed swells up like this [she mimics a balloon being inflated by a pump] and in nine months is ready to be out. But with surrogacy there is no contact with either your husband or the other male [the biological father] so the child has to be grown by giving me injections.

Parvati thus argues that her husband’s role or the penis role has been taken over by medicines and technology—an injection in the case of surrogacy. While Parvati’s narrative can be read as an illiterate woman’s ignorance of science and biology, the implications of her narratives cannot be trivialized. By de-emphasizing her husband’s role within the surrogacy process, Parvati is implicitly reiterating her contribution. Later in the conversation she adds,

I keep some savings aside from the money I get every month [from the couples hiring her] for the month immediately after my delivery. I don’t tell my husband about this

saving. See right now I get to eat ice creams, coconut water, milk, etcetera, every day—and they are paying for it. But once the child is out it is my body that will suffer and be weak if I don't continue to eat healthy. I think I deserve it for all I am doing right now.

Surrogate Regina uses a similar argument to justify her control over the money earned through surrogacy. Regina is a 45-year-old woman carrying the baby for a non-resident Gujarati from Dubai.

Oh no, I haven't talked to my husband about the money or what to do with it. Why would I? I'm the one earning it. If I tell him about it, he'll spend it. Women have to bear so much of sadness for this, why should they give the money to their husbands? And in any case, what does he have to do in this? He did nothing. At least the other man gave his sperm, not that that is a very big task either.

In *Recreating Motherhood: Ideology and Technology in a Patriarchal society*, Barbara Rothman (1989) talks about new procreative technologies strengthening the patriarchal ideology of the genetic tie—the patriarchal focus on the seed. “And so we have women, right along with men, saying that what makes a child one's own is the seed, the genetic tie, the “blood.” And the blood they mean is not the real blood of pregnancy and birth, not the blood of the pulsating cord, the bloody show, the blood of birth, but the metaphorical blood of the genetic tie” (1989, p. 45).

The surrogates in Anand seem to be doing exactly what Rothman's women are not: emphasizing the real blood of pregnancy and birth and the sweat of their labor. The male actors involved in surrogacy may have provided the seed, but their kin ties with the baby is undermined because the labor, the effort put in by them within the actual *process* of giving birth is minimal. These kinship ties not only challenge patriliney but also allow the women to reiterate their primary role in the surrogacy process and consequently, lay some claims over the money earned through surrogacy.

These everyday forms of kinship ties that challenge patriliney, however, coexist with other narratives, which reinstate the patrilineal and patrilocal focus of kin relations in India. While the emphasis on “blood” ties based on the substance flow between the baby and the surrogates is a powerful example of creative and dynamic indigenous practices of kinship, they do not completely subvert patriarchal assumptions about relatedness and “ownership.” In India, kin ties are often based on the twin notions of patrilineality and patrilocality—descent follows the male line, girls reside with their father before marriage and husband's kin after marriage and are considered the “property” of their father and then their husband. The surrogates recognize and validate these assumptions.

Surrogate Jyoti reasons that the act of giving the baby away will be painful, but she is ready for it.

Of course I'll feel sad while giving her away. But then I'll also have to give up my daughter once she gets married, won't I? She is *paraya dhan* [someone else's property] and so is this one. Our girls just live with us temporarily. Their real home is with their husband and in-laws. We don't have any right over them, even though we are responsible for them. My daughter is my responsibility for 18 years, and then I have to give her up. But I still remain responsible for anything if she does something wrong. At least with this child I won't be responsible once I give her up. She will be her father's headache.

Hetal, a 35-year-old surrogate echoes the same sentiment

I don't think it will be hard giving her away. She is, after all, his property. He is investing so much money in her. We give away our daughters at marriage as well,

don't we? Right from the day she is born we start preparing to give her away. We think she was never ours but still we do care for her when she is with us. It will be exactly the same. We know the baby is not ours; they are investing so much money, on my food, my medicines. It's their property. But I will love her like my own. That's the least I can do for them.

While the surrogates' experience and interpretation of everyday forms of kinship ties cannot be seen as a straightforward challenge to either patriliney or patrilocality, they do seem to indicate the multivocality of kinship. On the one hand, the reinterpretation of the blood tie by surrogate Raveena, Parvati and Sharda challenges the idea that "genes" are the sole basis for making claims on the baby. More powerfully this re-interpretation is a reversal of what has been claimed in most existing studies on conception beliefs in India—the child is product of the father's "seed" and a child inherits the *father's* blood. Surrogates claim the exact opposite: the child is a product of its (gestational) mother's sweat and blood, a fruit of all the labor and effort of gestation and this confers identity to the child. On the other hand, surrogates like Jyoti and Hetal, by invoking the genetic parents "investment", reiterate the patrilineal claim that children are father's "property." Finally, by assimilating surrogacy into the model of giving away daughters when they get married, the surrogates are extending their claims to motherhood while at the same time acknowledging patrilocality.

"I call her didi [sister], she calls me barhi didi [elder sister]": Labored ties across borders

In the literature on kin relations in North India, kinship often appears as a bounded sphere closely structured by not just patrilineality (lineage organized around descent in the male line) and patrilocality (residence with husband's kin group), but also caste endogamy (Trautmann 1981; Dyson and Moore 1983; Lambert 1996). North Indian kinship is often portrayed as immutable connections and caste-based exclusion (Sax 1991; Raheja and Gold 1994). The limitation of such a rigid model is that it can only characterize a very confined sphere of social relations while excluding most of everyday life and everyday interactions that occur beyond these groups.

In her study of Inupiat relatedness, Barbara Bodenhorn demonstrates that among Inupiat (whalers on the North Slope of northern Alaska), kinship bonds are renewed and kept viable through a myriad of reciprocities: food, labor, ceremonial participation and simply company (Bodenhorn 2000). It is *work* of being related rather than biology that "marks out the kinship sphere from the potentially infinite universe of relatives who may or may not belong" (2000, p. 143). Kinship established by "shared substance" allows for one way of reconceptualizing relationships as a process. Forms of relatedness that are made viable by "kin work"³ are other instances of everyday forms of relatedness.

The surrogates forged kinship ties with the baby and laid claims on it by emphasizing the "labor" of gestation and the effort of giving birth. The second instance of "labor" in everyday form of kinship is the kinwork required to maintain relationships between the genetic and the gestational mother.

³ In her pioneering work, Micaela di Leonardo (1987) introduced the concept of "kin work" to refer to the "conception, maintenance, and ritual celebration of cross-household kin ties" (1987, p. 442). Leonardo's concept of kin work made visible an array of tasks culturally assigned to women. Kinship ties cannot be treated as the epiphenomena of production and reproduction or as part of leisure activities. The creation and maintenance of kin ties is work and largely women's work. Maintaining contacts and a sense of family, Leonardo argued, takes time, intention, and skill and should be recognized as work.

Surrogate Parvati talks wistfully about her relationship with the couple especially the genetic mother and seems to be confusing what she *hopes* will happen in the future with reality. Although she is yet to deliver the baby she speaks about the important role she plays in the baby's life as if it has already happened.

My couple keeps such good relations with me. After delivery, *Nandinididi* [the genetic mother] brought him over to me and let me breast-feed him. She sends me invitations for his birthdays. She called me when he got married. When he gets fever she calls and says “Don't worry, just pray to God. If you want to see him we'll come and show him to you.” I am so lucky to have a sister like her taking care of me. I see how the rest of the surrogates in the clinic get treated.

In Parvati's case the kinwork done by the genetic mother (allowing her to breastfeed the baby, sending letters and invitations) veers from merely “fictive” to fantasy. But some of these ties are actually sustained, sometimes even across borders. Former surrogate Raveena emphasizes the continued effort made by Anne, the genetic mother from California, to maintain a relationship even after delivery. Perhaps because of her relatively higher education and better economic status, Raveena was also one of the few to explicitly talk about reciprocity in their relationship:

Anne came in on the eighth month and for two months she stayed with me. We lived together like a family. My husband got her passport fixed from the American Consulate. We have been in constant touch even after they left. See, she brought me these earrings this time. [She shows me her diamond and white gold earrings]. She has become such a close friend that if she calls us we'll even go visit her in America. I am sure they will take care of our younger son's health, education, everything. Because of them our life will change.

Although the surrogates recognized the immense class difference between the intending couple and them, they sometimes constructed relations in their narratives or fantasy that transcended the transnational and class differences. This was reflected in Parvati's fantasy that the couple would continue to treat her like someone special and she will participate in all the important ceremonies, the child's birthday and marriage, like any other family member. Raveena believes that by building a long-lasting friendship with the couple she has secured her son's future. Whether real or imaginary, the surrogates were able to construct kinship ties with women from outside their class and, sometimes, national boundaries.

While Raveena-Anne might be a rare example of an inter-racial tie, there were numerous examples of this tie across castes and religion. I talk to Salma, a Muslim surrogate, about her relationship with the intended mother, Preeti, a Hindu non resident Gujarati from South Africa. She ends up giving me a lecture on politics and religion in India.

There is no Hindu-Muslim disharmony amongst the common people. This has been created by the politicians. All their brain is in their *kursi* (throne). They are making profits and giving us Gujaratis a bad name. Look at my relationship with Preetiben. She is not a Muslim yet she wanted to keep *roza* on my behalf [fast that Muslims keep during their festive season] because I can't keep it when I am pregnant. Our relationship is not dependent on our beliefs. We feel a much stronger bond. Sisters don't need to be from the same mother, right? We are like sisters—just one Muslim

and one Christian. I think she is Christian. I haven't asked. But I know she is not from India.

Salma gives more sanctity to the everyday forms of kin ties with the genetic mother than to the bounded sphere prescribed by caste and religious endogamy. But when I mention the importance of religion and caste to Preeti, the genetic mother who has hired Salma, she confesses,

I was actually looking for someone who is a Hindu—from a good culture and preferably a Brahman [upper caste Hindu]. Hasn't it scientifically been proven that what a woman does when she is pregnant affects the child? So if a surrogate does *pooja* [Hindu form of prayer] when she is pregnant, the baby can hear her and be blessed by the prayer. But at that time no other surrogate, except Salma, was available. Even though Salma is a Muslim, I am glad we decided to start this relationship. Now we have become like sisters. No, actually she is more than a sister for me. Not even a sister would do what she is doing for me.

Dr Khanderia has her own explanation for these, often reluctant, cross caste and cross-religion connections:

See, the couples can't afford to be picky. At the moment the demand for surrogates is greater than the supply and I think it will remain that way. There are more than 300 intended parents in the waiting list. Only one or two couples have said they are not happy with the surrogate we have given them—the way she looks or her caste and religion. Our philosophy is “take what you get” and if you don't like what you are getting, [she shrugs] too bad for you. And once the two women involved start interacting, they usually form a very strong bond. Some of our international clients stay in touch with the surrogate long after the delivery.

Despite the doctor's apparent indifference to the relationships and her medicalized take on the relationships emerging out of surrogacy, the surrogates continue to believe in the sanctity of the bonds they form with the intended mothers. Surrogate Raveena surmises,

Our relationship was made in heaven and we both would do anything to make sure it stays that way.

“We are all like fishes in a dirty pond, why not just swim together?”: Surrogacy and nine months of sisterhood

Whatever be the initial motivation, the surrogates often end up forging connection with intended mothers across caste and cultures. The third kind of everyday forms of kinship emerging in Anand is the one amongst the surrogates. The kin ties between the surrogates are based on shared company and shared residence.

Surrogates in Anand typically have two kinds of living arrangement during their nine months of pregnancy: living in the rooms above the clinic under Dr Khanderia's care or living in the hostels financed by the clinic. In the clinic they live in groups of eight to a room. The rooms are lined with single iron beds with barely enough space to walk in between. The hostel is less sterile—they have fewer restrictions on movement, a kitchen

(along with a cook) at their disposal, a television, and a prayer room. Family members are allowed to visit but not stay the night. To train the surrogates for life after surrogacy, Raveena (the hostel matron and formerly a surrogate) has arranged for an English teacher and a computer tutor to teach the surrogates. It's a new "home" created for the surrogates and not surprisingly, they form close bonds of friendship.

Surrogate Sabina yearns to return to Raveenadidi's hostel after her delivery.

If I go back home I'll have to start work immediately. I would rather rest at the hostel for the next two months and spend a few more days with my sisters there. Mansi and Diksha [two other surrogates in the hostel] and I have become very close. Mansi is very naïve and Diksha a bully! So we three make the perfect group. Rubiadidi's hostel does not seem like a hostel—it's more like a home to all of us. You know she even has a *godh bharai* function [a Hindu ritual similar to a baby shower]—we get to eat so many sweets and even get our photographs taken. Well, I know we Muslims do not have that ritual but here, we all live like family and enjoy all functions. I even celebrated *Navratra* (a Hindu festival that involves fasting, feasting and traditional Gujarati dancing *dandia*) this October and *Raveenadidi* allowed us to go out and dance *dandia* one night.

Surrogate Mansi adds,

We don't fight...okay, only over the TV! This doesn't feel like a hostel at all. This is more like home. As long as we stay in, we can eat what we like, when we like, move around, watch TV, sleep when we want. We are seven surrogates in this room—seven sisters pregnant at the same time! Our villages are not very far—I am sure we will be able to meet each other even after we leave this place. We have convinced *Raveenadidi* to train us in the beauty business. I don't think English and computer will get us a job, but we may be able to work in a beauty parlor. Once we are done here I might start a beauty parlor with Diksha.

For surrogate Mansi and Sabina, the hostel is not just a place where they are monitored during pregnancy but also a community. In some cases, the kinship ties with other surrogates served as resources and networks for future employment. These ties and coalitions also served as a powerful tool against the brokers, who were curiously referred to as "the greedy sister-in-law" (*devrani*).

Broker Nirmala had brought in nine of the surrogates in this study and charged the surrogates up to Rs. 10,000 (around \$300) for the service provided—going door to door in villages and convincing eligible women to become surrogates, driving them to the clinic and driving them back after the medical tests. All the surrogates called Nirmala "*didi*" (elder sister) but, curiously, when she was not around, they referred to her as "*door ki devrani*" (a distant sister-in-law). The "distant sister-in-law" label was an attempt to dilute any kin ties with brokers and reiterate the business aspect of their relation. The kinship ties forged with other surrogates at the clinic were used for lobbying against the tyranny of the greedy sister-in-law.

Varsha is a 38-year-old surrogate for a couple from Uttar Pradesh living in the clinic. She starts talking about Nirmala at the lunch table, and all the other surrogates join in,

I was brought here by Nirmala. Oh, you haven't met her yet? She is the one who gets all of us here. She is my *devrani* [sister-in-law]. She goes from house to house, knocks on

the door and whoever she sees first she grabs them and asks “Do you want to be a surrogate?” [They all laugh]. No, but maybe I shouldn’t be telling you about her. I don’t want any trouble. Why live in a pond and make the crocodile your enemy?

Surrogate Regina interrupts us,

Why not? We all are like fishes in a dirty pond; why let the crocodile take control? I am going to tell her everything. This *Nirmaladidi* takes Rs. 10,000 [\$200] from us for getting us to the clinic. We take all the pain and she earns so much money. See, we come here because we are desperate but she has made a business out of this. This shouldn’t be allowed to happen. We surrogates are doing this out of desperation but with sincerity. We have complained to hostel matron *Raveenadidi*. We want to make sure this is laid out in the contract that no surrogate has to suffer like we did. The couple hiring us should pay extra for people like *Nirmaladidi*. This Rs. 10,000 means a lot to us, our children. Why should we have to give it to someone who is not even our relation? If she had been real family, she wouldn’t have been like this. *Par devrani to devrani hi hoti hain, kanjoos* [But of course, all sister-in-laws are like her—greedy].

The surrogates, thus, seem to be pitting the ties of sisterhood with other surrogates against the business and “in-law” ties with the greedy broker. The broker-surrogate tie is lower in the hierarchy (or “distant”) because it is purely commercial and not based on reciprocity. The ties of sisterhood, however, not only traverse the bounded sphere of relations prescribed by caste and religious endogamy but are renewed and kept viable through a myriad of reciprocities: labor, ceremonial participation and simply company. These ties give the surrogates a sense of collective identity, the ability to demand some minimum rights and protection from exploitation.

By “swimming together in a dirty pond,” the surrogates develop a sense of collective identity, the ability to demand some minimum rights and protection from exploitation. By the time I left the field, Raveena (the hostel matron) had passed the surrogates’ message to the doctor and a special clause had been added to the contract—the intended couples would be responsible for paying any broker involved in the surrogacy process.

Discussion

Surrogacy and everyday kinship: Shared substance, shared company and kin-labor

Scholars have argued that commercial surrogacy disrupts traditional Western conceptions of family, kinship and nature. Surrogacy upsets the traditional moral framework in which reproduction is regarded as a “natural fact” grounded in love, marriage, and sexual intercourse (Schneider 1968), replacing it with a commodification of bodies, feelings, and values (Strathern 1992). Giving birth to a child for the purpose of relinquishment and in exchange for money defies mainstream assumptions that identify pregnancy with the birthmother’s commitment to the project of subsequent lifelong social mothering (Farquhar 1996) and shatters the perceived unity of the maternal role into genetic, birth, intended, surrogate and other maternities (Sandelowski 1990). Gestational surrogacy adds an additional disruptive boundary crossing, namely, the technological implantation of the genetic parts of the couple’s body into the surrogate’s womb (Teman 2006).

Unarguably, the practice of commercial surrogacy provides adequate fodder for exploring new challenges to traditional conceptions of family and kinship. In this paper I focused on the unique case of surrogacy in India and what I call the surrogates' *experiences of everyday forms of kinship* to analyze how real actors negotiate these new challenges to kinship and motherhood. As commercial surrogates in India, the women not only negotiate the usual anomalies that the process of surrogacy entails, but also circumstances specific to surrogacy in India; namely, living with other surrogates during the months of pregnancy with limited contact with their own families, and delivering babies for people from different class, castes, religion and even race and nation. I have demonstrated that the surrogates negotiate these challenges by constructing new bases of kinship. In the surrogates' everyday forms of kinship, shared substance, shared company and the labor (of gestation and giving birth as well as the continuous labor required to maintain kin relationships) replace procreation as the primary determinants of kinship ties.

What implications do these everyday forms of kinship, based on labor and substance, have for existing conceptualizations of kinship? The surrogates' lived experience of kinship as a daily process and fluid construction of substance challenge existing work on kinship on two major grounds. One, the surrogates' narratives gives an alternative way of establishing kinship—a tie based on substance rather than one solely based on biology. In her analysis of the salience of locality and gender in the formation of cross-caste relationships in Rajasthan, India, Helen Lambert (1996) suggests ways of being related other than through birth or marriage by using the concept of substance. She demonstrates that locally recognized forms of relatedness are not confined to connections based on birth/ancestry, but extend beyond these to ties based on shared locality, adoption and nurturance. During pregnancy the fetus is thought to be *nourished* by its mother's blood. This, Lambert argues, is because blood, breastmilk and semen (according to indigenous physiology and medicine) are formed through the digestive cooking and subsequent progressive refinement of ingested foodstuffs. At one level, the surrogates in Anand make a similar claim: the blood of the gestational mother nourishes the fetus. But what is more powerful is the claim that this shared blood imparts identity to the child. Ethnographic studies in India focusing on procreative ideologies or conception beliefs have demonstrated that in patrilineal societies semen is understood as derived from blood. Being the product of the father's seed, a child inherits the *father's blood* and is therefore placed in his group. The mother's blood is significant in nourishing the fetus but not in imparting identity to a child. The surrogates, through the daily construction of creative ties, seem to challenge such formulations of patriliney and the dominance of the seed. They override the contributions made by men and give a more complex interpretation of patriliney and patrilocality than is indicated by existing theories on Indian kinship. The blood of the surrogate mother does not just nourish the fetus—it also gives it identity.

As powerful as this re-interpretation of the blood tie is the claim that not all ties are equal in strength. The gestational mother can make claims on the baby not only because her blood nourishes the fetus but also because she is entitled to it. It is a fruit of all the effort she has put in, the labor of gestation and of giving birth. Moreover, the surrogates' ties trump not just genetic ties between the fetus and the genetic mother, but also the dominance of male semen and genes. Men become irrelevant to the process, as their contribution to the "labor" of procreation is minimal.

In her pioneering work, Micaela di Leonardo (1987) introduced the concept of “kin work” to refer to the “conception, maintenance, and ritual celebration of cross-household kin ties” (1987, p. 442). Revealing the actual labor embodied in what we culturally conceive as love and considering the political uses of this labor helps to denaturalize kinship ties and highlight the gendered forms of labor inherent in forming and maintaining kinship ties. The surrogates’ everyday forms of kinship denaturalize kinship ties by highlighting *labor* as a basis for making kinship claims. This includes not only the labor of gestation and giving birth but also the kin work (sending gifts, writing letters, keeping in touch even after the delivery of the baby) done by the surrogates and the intended mothers.

Finally, the surrogates forge kinship ties with intended mothers and other surrogates that cross borders of class, religion and sometimes race and nation. These disrupt the construction of Indian kinship as a bounded sphere constrained by not just patriliney but by interactions within the same caste and religion. Daily existence and negotiations, shared company, continuous labor and the effort of reciprocities take precedence over formal and restrictive models of interactions, and ties of “sisterhood” seemingly cross all borders in Anand.

It would be facile to end this study without acknowledging the irony of these everyday forms of relationships, especially in the context of gestational surrogacy. The surrogates form kinship ties that disrupt the sanctity of biology and genes within a system that might well be the pinnacle of the commodification of the genetic tie. The high demand for gestational surrogacy is precisely because the genetic tie remains a powerful and enduring basis of human attachment. People are ready to travel halfway across the world and hire an Indian surrogate to fulfill their yearning to share a genetic tie with their children. The “beauty” of gestational surrogacy, relative to traditional surrogacy or transnational adoption, is that the hiring couple need *not* cross any borders, the child born would carry its parents’ genes and subsequently their race, caste and religion.

It’s likely that the everyday forms of kinship established by the surrogates pose very little threat to the fundamental (genetic) basis of establishing kin ties. What they do represent, however, is a constant process of renegotiation of the bases for forming kin ties at the local level. They demonstrate the ability of a group of women to reiterate the role of shared substance and continuous labor in forming and maintaining kinship ties and to use these claims to their own advantage. The small, seemingly trivial claims made by the women in this study provoke a reappraisal of existing assumptions surrounding kinship. Unlike in textbook kinship models, everyday forms of kinship seem to be open to manipulations and transformations. They offer new possibilities for understanding how relatedness may be composed of various components—shared substance, shared company and the continuous labor of women.

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Appendix 1 Characteristics of surrogates in Anand, 2007

Name	Age	Religion	Work	Husband's work	Income per month (\$)	Education	Children	Intended Couple from
Sudha	27	Hindu	Farmer	Truck driver	65	Primary school	1	Mumbai
Raveena ^a	30	Hindu	Bank teller	Bank teller	200	College	2	US
Meena	26	Hindu	Housewife	Hair salon	60	Middle School	3	Mumbai
Pushpa	27	Hindu	Works in a store	Painter	50	High School	2	Bangalore & US (NRI)
Salma	25	Muslim	Housewife	Driver	50	Middle school	2	NRI (South Africa)
Dipali	25	Hindu	Insurance agent	Divorced	30	High School	2	NRI (South Africa)
Vaneeta	36	Christian	Staff/Nurse	Tailor	150	Primary school	3	NRI (US)
Vidya	30	Christian	Housewife	Daily laborer	40	High School	3	Madras
Daksha	20	Hindu	Housewife	Farmer	20	Illiterate	3	Hyderabad
Anjali	25	Christian	Housewife	No fixed job	20	Primary school	2	NRI (UK)
Parvati	36	Hindu	Nurse	Factory worker	100	Primary school	1	NRI
Gauri	28	Hindu	Housewife	Salesman	30	Illiterate	2	NRI (US)
Jagruti	35	Hindu	Works in a school	Haircutter	35–	Middle school	3	Delhi
Rita	23	Hindu	Housewife	Vendor	40	Middle school	2	NRI (US)
Tejal	27	Hindu	Housewife	Painter	30	Middle school	2	Mumbai
Sapna	27	Hindu	Housewife	Factory worker	120	Primary school	2	NRI (US)
Savita	45	Hindu	Cleans the clinic	Separated	40	Primary school	2	Singapore
Hetal	35	Hindu	Floor supervisor	Contractor	150	High School	2	Jaipur
Jyoti	26	Hindu	Housewife & tailor	Auto rickshaw Driver	50	High School	3	NRI (US)
Regina	42	Christian	Maid	Rickshaw puller	30	Illiterate	2	NRI (US)
Varsha	38	Hindu	Waitress	Unemployed	15	Middle school	2	UP (India)

Rita	29	Hindu	Housewife	Plastic collector	60	Primary school	2	NRI (US)
Munni	35	Hindu	Nanny	Unemployed	40	Middle school	3	NRI (US)
Nisha	36	Christian	Nurse	Auto driver	100	Middle school	1	US
Yashoda	38	Christian	Clinic maid	Widow	20	Illiterate	2	Spain
Tejal	30	Hindu	Teacher	Painter	40	High School	1	NRI (Dubai)
Tina	26	Christian	Housewife	Auto driver	60	Middle school	3	NRI (Dubai)
Rina	26	Hindu	Works in store	Auto driver	100	High School	2	US
Mansi	29	Hindu	Tailor	Tailor	50	High School	2	Sri Lanka
Diksha	24	Hindu	Housewife	Factory worker	70	High School	2	NRI (US)
Vaishali	24	Hindu	Cook	Factory worker	70	High School	1	US
Shanta	33	Hindu	Works in a parlor	Auto driver	100	Middle school	3	NRI (US)
Naseem	30	Muslim	Housewife	Daily laborer	40	Middle school	1	UP (India)
Panna	27	Hindu	Housewife	Vendor	60	Middle school	3	Turkey
Naina	36	Christian	Nurse	Factory worker	60	High School	2	US
Sharda	38	Christian	Housewife	Mill worker	40	Middle school	3	Mumbai
Geeta	35	Hindu	Housewife	Farmer	200	Illiterate	2	Does not know
Sabina	25	Muslim	Sorts out plastic	Unemployed	15	Middle school	2	US
Ramya	29	Hindu	Bank Teller	Factory worker	70	High School	1	NRI (US)
Sangeeta	33	Hindu	Housewife	Watchman	30	Illiterate	2	Bangalore
Hasomati	30	Hindu	Housewife	Mill worker	40	Middle school	2	NRI (Dubai)
Sarod	30	Hindu	Mill worker	Mill worker	70	Middle school	3	NRI (UK)

^a Raveena is an exception at many levels. A bank teller in Kolkata, East India, she is the only surrogate not from Gujarat. She is also the only college-educated surrogate at the clinic. Raveena became a surrogate to pay for her elder son's heart surgery

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