



The Womb of a Lesser Woman: Indian Anglophone Fiction and the Politics of Biotechnological Othering

Muqaddas Arshad¹ & Asma Mansoor²

ABSTRACT

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Our paper investigates the fictional representations of 'biotechnological othering' and biological precarity as experienced by underprivileged Indian women with particular emphasis on the commodification of their wombs. Foregrounding the exploitation of their reproductive rights via surrogacy at the hands of the global capitalist elite, we root our argument through the representational practices of *The House of Hidden Mothers* by Meera Syal and *Origins of Love* by Kishwar Desai to explore the disavowal of the reproductive rights of socio-economically vulnerable Indian women and the re-perpetuation of capitalist modes of inferiorization that target them. Contesting the egalitarian tilt of posthuman discourses, our main contention is that the biotechnological commodification of the wombs of indigent women does not merely confine them within structural inequalities, it also ensures that they remain confined within a biological precarity. Taking theoretical support from pertinent voices in the field including Deepika Bahri, Laura Harrison, Anureet Lotay, Kateřina Kolářová and Eva-Sabine Zehlein, we unpick the multi-dimensional ramifications of biotechnological othering depicted in these novels to foreground the threat of biological precarity embedded within transnational surrogacy and the continuation of the dehumanization of Women of Color in today's world.

Keywords: biotechnological othering, surrogacy, biological precarity, women of color, posthumanism, Indian anglophone fiction

¹An independent scholar residing in Canada

²Assistant Professor, Department of English, International Islamic University, Islamabad, Pakistan



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Introduction

In a world plagued by socio-economic, racial, and gender inequities, biotechnological developments operate as yet another medium that further perpetuates these inequalities. The unfair use of biotechnological interventions such as surrogacy compels one to ponder over their ramifications on indigent women around the world. In order to delve into these inequalities, we anchor our argument within the context of the underprivileged Indian women to foreground the fictional projection of their biotechnological othering through the practice of surrogacy in modern-day India in two Indian Anglophone novels, *The House of Hidden Mothers* by Meera Syal and *Origins of Love* by Kishwar Desai.

Biotechnological othering gestures towards the inferiorization and subjugation of socioeconomically vulnerable Indian women via interventions within their biological makeup through biotechnological developments, specifically surrogacy. We argue that such exploitative mechanisms confine these women within a state of biological precarity wherein their bodies are used as prosthetics to enable the self-perpetuation of the world's privileged at detrimental cost to the surrogates' biological health and stability. The reason for exploring this form of exploitation is that it has led to the violation of a human being's natural state, a violation that is exacerbated by racial and economic inequities framing the contemporary world (Harrison, 2014). For Francisco Collado-Rodríguez (2018), these women are the "ultimate living dead, commodified conformist humans with no will of their own and no body for themselves. In their condition as living dead, surrogates have no self at all, they have become enslaved containers" (p. 122). In turning these living breathing humans into mere containers, the practice of surrogacy reduces the bodies of the Indian women to a subhuman corporeality, stripping them off all the rights to autonomous control over their bodies, as is highlighted by Syal and Desai.

Both the selected novels foreground the flourishing industry of surrogacy in India and the biotechnological exploitation of Indian women. *Origins of Love* spotlights the couriering of embryos of western parents to India to find surrogate mothers who may carry them for nine months. Kate and Ben, two key characters in the novel, are desperate for a baby and decide to hire a poor Indian woman, Preeti, who is willing to comply with their needs in exchange for money. These characters inhabit the same world as we do — a world that is marked by a power imbalance wherein some peoples' ideas and knowledge are made to matter more than others (Tallbear, 2013). *The House of Hidden Mothers* revolves around an Asian-British couple, the forty-eight-year-old Shyama and Toby, who reach India to hire Mala, a poor Indian woman, as the surrogate mother of their child. Yet, Mala is not only to be the gestational mother of the child but also its genetic mother because Shyama no longer has any viable eggs. Therefore, this foreign couple, with the help of their doctor Dr Passi, uses Mala's own ovum in the process. Both novels, thus, highlight diverse aspects of cross-cultural and inter-

class ramifications of “fertility outsourcing” (Harrison, 2014, p. 145), a constituent of a global market that involves the commodification of babies and the bodies of surrogate women.

One has to remember that these novels are not merely fictional narratives but a blend of both fiction and reality as they portray a realistic and insightful picture of the exploitative business of surrogacy in the Indian context. Biotechnological oppression depicted through fictional characters in the novels is without doubt taking place in the real world outside the novels’ fictional realm. Both the selected texts highlight the global commodification of the wombs of Indian surrogates. They bring to light the lucrative business of the surrogacy industry and the social consequences for the poor Indian women which force them to become surrogate mothers. Therefore, through the representation of a diverse range of perspectives and views, these novels provide solid ground for an in-depth exploration of the notions of biotechnological othering and biological precarity that operate as a negation of the surrogates’ humanity and agency.

Our argument begins by challenging the egalitarian tilt of posthuman discourses that augur a world wherein biotechnology would equalize all exclusionary hierarchies by modifying human bodies via biotechnological modifications. Placing the practice of surrogacy within the rubric of such biotechnological interventions, we unpack this posthuman fallacy and contend that such developments merely reinstate Humanist binaristic legacies that have continually placed indigent Indian women and other WOC (women of color) into positions of socio-economic vulnerability as well as biological precarity that depreciate their corporeality to a subhuman level. We subsequently delve into the dark side of India’s medical tourism industry as we unpack the notion of surrogate mothers as agentic women as well as the commodification of the embryos and children born out of surrogacy.

Biotechnological othering and surrogacy

One of the crucial aspects of transnational surrogacy, particularly in the context of Indian women, is its embeddedness within the politics of exclusion engendered by the world’s colonial history which remains prevalent in contemporary global flows of capital, genetics and racism. This politics continues to permeate even the most sanguine posthumanist discourses that augur an egalitarian future for all people via biotechnology. Posthumanism, despite its claims to supporting equality and mitigating racial, social, or religious distinctions, allows only for a selective participation of people, mostly rich, who can make use of technology while the underprivileged either remain excluded or are simply used as resource-rich mines for experimentation. This implies that “inclusion is a one-way street and not a reciprocal right” (Mignolo, 2011, p. 15). This contradicts posthumanist predictions of a future wherein the humanist subject would supposedly stand disbanded.

One of the manifest outcomes of Humanism was the projection that people in the West fell within an epistemologically, biologically, and culturally superior category while the rest of the world were supposedly barbaric, primitive, and epistemologically deficient (Mignolo, 2011) and, therefore, disposable. Posthumanism does not practically disband these categories because its idea of an egalitarian and malleable human subject remains confined within the theoretical domain alone. Therefore, on the basis of this disconnect between posthuman theory and practice, we problematize posthuman egalitarianism on the grounds that biotechnological interventions—as a manifestation of posthuman alterations of the human body—are anything but egalitarian and that they perpetuate only the survival of the *financially fittest*. Their selective utilization to exploit the bodies of the impoverished Indian women further negates the prophecies of disbanding the exclusionary humanist subject and the consequent inferiorization of other humans. Against all sanguine predictions, the truth is that biotechnology has “opened up the human body and subject as a greatly expanded site for annexation, harvest, dispossession, and production,” therefore it acts as a project perpetuating “racialization and gendering of labor” (Vora, 2015, 90-91). In line with this, we too contend that the application of new technologies on human bodies does not merely lead to the strengthening of a human being’s bodily capabilities or the overcoming of its physical weaknesses, it also enacts discriminatory politics based on race and gender. Therefore, biotechnology is complicit with the replication of the wealthy neo-liberal humanist subject, all the while excluding the less privileged.

In continuation with this, biotechnological othering is predicated on the idea of designating someone as inferior on the basis of gender or race, through techno-scientific techniques and modifications. It involves exploiting the biological or genetic makeup of humans via technological interventions such as surrogacy and hysterectomy by taking advantage of their socio-economic vulnerabilities. Real life instances of forced sterilizations of 4 million poor women in India in 2013-2014 attests to this fact (Biswas, 2014). Fifteen women who underwent this sterilization process in Chhattisgarh died (India Sterilisations: Doctor arrested over operation deaths, 2014). These statistics attest to the fact that biotechnological exploitation mainly targets those financially weak Indian women, thereby not only violating their reproductive rights but also affirming their marginalization at the hands of the rich.

It is for this reason that we take a skeptical stance towards the posthuman notions of decentering the human and its prophecies of an egalitarian world. “Biotechnologies” argues Rosi Braidotti, “affect the very fibre and structure of the living” (2013, p. 2). It involves “*playful experimentations* with the boundaries of perfectibility of the body” (Braidotti, 2013, p. 40; emphasis added), thereby breaking down any fixed notion of the human. But, we ask, are these experimentations really playful, particularly when othering is its necessary corollary? That is why we read these experimentations as macabre and un-playful

games of exploitation wherein the wombs of Indian surrogates are taken as disposable toys deployed for the perfectibility of a rich (western) body only to be discarded once their utility is over. The bodies of the surrogates are grounds for the interplay of reproductive technologies at the hands of the global capitalist elites, such as rich childless couples both within and outside India. This line of thought finds illustration in Mala in *The House of Hidden Mothers* whose eggs are fused with Toby's sperms to create an embryo because his wife cannot get pregnant. Even the genetic material in Mala's body is used as a resource to ensure the continuity of Toby's bloodline. This makes the productive bodies of surrogate mothers like Mala instruments of service catering to foreign and Indian elite (Vora, 2015).

The bodies of these women are toyed with as "biological capital that is deposited in bio-(technological) banks ... from which the public can draw" (Gupta and Richters, 2008, p. 243). The wombs, uteri and placentas, of the underprivileged Indian women are sold and rented to the global capitalist elite, providing a profitable business for local and international companies such as *Global Surrogacy India*, *NewlifeIndia.com*, *Wyzax Surrogacy Consultants*, *Surrogacy Services India*, etc. Consequently, practices like surrogacy confine the Indian women within an inescapable biological precarity which not only negates posthuman optimism but also devalues these women by placing a price tag on their fertile wombs to produce the offspring of the privileged. The next section delves further into this aspect.

Indian surrogates and biological precarity

While taking cue from Kateřina Kolářová's (2015) conceptualization of the notion, we present a nuanced notion of biological precarity. Kolářová had emphasized the embeddedness of disabled and aging bodies within transnational care circuits stemming from global "biopolitical inequalities" (p. 78) which demand underprivileged people from the Global South to care for the disabled from the Global North. However, we re-read biological precarity as a state of biological vulnerability that not only stems from dire economic, gender and biopolitical inequalities but also compels the underprivileged of the world to loan out or sell their bodies or parts thereof to contribute towards the perpetuity of the genetic lineage of the world's affluent. This loaning and selling process ensures that members of the global elite, like Shyama and Toby in *The House of Hidden Mothers*, continue to ensure the perpetuity of their bloodline by using the bodies of the underprivileged as prostheses. Shyama was secretly relieved that she would not have to experience nausea, stretch marks and piles etc., as the necessary corollary of a pregnancy and was not averse to buying "a womb as unthinkingly as renting a car for a package holiday (Syal, 2015, p. 282). *Origins of Love* also attests to the same form of exploitation when the couple Renu Madam and Vineet Bhai ask for an assurance that their child that is to be born via surrogacy will have the

desired genetic qualities. Seeing the surrogate's womb as a gene-mixing and nourishing machine, they enlist the following conditions while commissioning surrogacy:

We know that certain genetic qualities are important. Is there any way you can ensure that? Most importantly, it should have Renuji's sagacity and my intellect; the rest we can teach. The looks are unimportant, but the child should be fair in complexion, because fairer babies do better. (Desai, 2012, p. 50)

This illustrates a form of genetic mining which is extremely manipulative for the underprivileged Indian surrogate as it reiterates neo-colonial agendas that reinforce the optics of the white race and enact discriminatory politics based on race and gender (Mignolo, 2011). These optics are further reinforced when Sonia, Radhika, Preeti, and Mala are presented as material objects before wealthy couples so that they could be chosen based on their skin color and features. Appalled, Toby asks, "Did she [Dr. Passi] really say 'browse'? Like we're going shopping?' 'Yup.' Shyama sighed, already surfing the Indian Donor section" (Syal, 2015, p. 180).

These women are further beautified to appear attractive to the commissioning parents by bleaching and makeovers, thereby consolidating colonial prejudices. Their being destitute is also hidden from the clients who demand middle-class and educated surrogate mothers so that they would, assumedly, have a good effect on the child's psychology. *Origins of Love* highlights these dynamics in the following words:

Better photographs would have to be taken (especially for the website, which was designed to appeal to Western tastes)... But everything could be photoshopped these days, so he was sure that the final, slightly out of focus photographs..., would make them look more middle-class. (Desai, 2012, p. 27)

All this is done to cater to the demand of fair-skinned baby by the commissioning parents, both Indian and western. As Simran Singh, a social worker, says to a foreign sperm donor called Edward, "Actually there are quite a few IVF clinics who may be interested in you because of the color of your skin! Nobody wants babies who are brown like me" (Desai, 2012, pp. 48-49). Desai further highlights the language of demand and supply governing the surrogacy business as she foregrounds the male dealer, Mr. Sharma, who asks his clients what sort of surrogate mother they would prefer, "Just tell me your requirements: tall, short, fat, thin, straight hair or curly hair-because you also need the egg from her right?" (p. 372). Hunted and lined up by cunning middlemen, these women are treated as objects produced out of some factory on demand, to appease the customers: "Thank God Sharma's arms encompassed all of India, he boasted that he already had a list of five hundred women, all prepared for the task" (Desai, 2012, p. 28).

These instances illustrate that these surrogate women are dehumanized and categorized on the basis of preferred physiological features which would then transfer to the child via their ova. Bought, sold, and rented for the cheapest prices, they are the quintessential affectees of biotechnological othering. Mala in *The House of Hidden Mothers* mulls over this point when she says, “all my life I am a thing bought and sold” (Syal, 2015, p. 400). She is, in the words of Randhawa, Bhattacharya & Singh, “a laborer” and her child “a commodity” (2022, p. 838). This is why the bodies of the surrogates are bound in biological precarity as subjected to “foreign invasions” (Desai, 2012, p. 414) even as their own health and lives remain in a perpetually fragile state. *Origins of Love* illustrates this via Simran Singh who enquires from a doctor, “What about Radhika? You made a 16-year-old girl undergo surrogacy twice with only a gap of six months. I find it indefensible” (p. 454). It needs to be recalled that Radhika’s “twins had been born through a caesarean section quite recently” (p. 444). The surrogate’s health is of no consequence as long as the clients’ demand is fulfilled.

Desai further presents another case of an HIV-positive newborn baby, Amelia, who inherits the diseased gene from her biological parents, Mike and Susan. The alarming fact is that this transmissible gene is transferred to the womb of the unsuspecting surrogate mother, Preeti. Soon after delivering Amelia, Preeti’s body was left extremely weak, but she was again prepared for another surrogacy without any considerable gap nor with any consideration for the fact that she might have been infected with HIV and could now pass on her disease to the next child. There is absolutely no accountability for her contracting this disease through criminal negligence on the part of any of the parties involved. This serves as an eye-opening example of the biological precarity wherein the surrogates’ lives and health are the least of anyone’s concern, neither of the commissioning parents nor of the doctors running the surrogacy clinics.

But this is not where the complications end. In many cases, the genes of the surrogates are used as a resource to create babies designed according to the conditions set by the commissioning parents. The irony is that one half of the baby’s dual genetic heritage eventually will be disowned or erased. Not only will the biological mother have no legal claim over the child, any attachment or bond that she might develop with the baby growing within her would be sidelined or ‘compensated’ monetarily. In fact, the identity of the surrogate mothers is hidden from the child after it is handed over to the commissioning couple. That is why Syal calls these women *Hidden Mothers* in the title of her novel. Mala and her husband keep it a secret from their parents as well because surrogacy is considered a taboo in society. Surrogate mothers like Preeti and Mala, however, become emotionally attached to the babies growing inside them so it is difficult to give them up at the time of their delivery, but their emotions are devalued. Furthermore, their contracts come with a catch; in case they refuse to give up the baby, they will be asked to repay all the money spent on them, which, considering

their financial straits, would be an uphill task. Yet, despite this secrecy, their physical responsibilities persist even after the baby is delivered. For instance, a surrogate mother is made to package her breast milk for the newly born child:

[S]he felt connected to the child as she still pumped out breast milk for him which was carefully packaged and then sent off to Australia where the child would feed from it for at least three months. (Desai, 2012, p. 74)

Despite her offering up her milk, the law deprived women like her of any claim on the children they bear. She is nothing more than a dehumanized reproductive machine which is under constant surveillance to produce products with the desired traits and to continue nourishing them. Reduced to mere baby pouches (Minh-Ha, 2009) whose operations are viewed in isolation from the rest of their bodies, the wombs of these women are taken as a mechanized system serving only to nourish the fetus, as we see in the case of Mala.

This commodification of the surrogates' wombs lies at the heart of a heartless capitalist approach that believes everything can be compensated for at a price. It replicates the colonial exploitation of natural resources; but now it is the genetic and biological realm of these women that has become the West's New Frontier. The parallels become even more pronounced as the commissioning parents assume that they are, in fact, alleviating these women's poverty by providing them with a means of earning an income and have thus bring with them a benevolent agenda. In the next section, we elaborate how the demands of rich IPs (Intended Parents), both from within and outside India, are facilitated by the country's medical tourism industry and its complicity with the neocolonial politics of exploitation. The cycle of othering continues via medical and biotechnological interventions.

The dark side of India's medical tourism industry

India's surrogacy industry remains the site of extreme exploitative practices "due to low costs, access to infertility technology, and an abundance of impoverished women willing to become commercial surrogates" (Frankford, Bennington, & Ryan, 2015, p. 286). As a consequence, privileged people from different parts of the world are attracted to the country. In the course of her novel, Syal (2015) also highlights that "surrogacy is unregulated in India right now, that's why it's cheap. There are guidelines laid down rather than laws, so it varies from clinic to clinic" (p. 92). This is despite the fact that the IGSC has placed regulations that only childless couples with some medical conditions or couples that are infertile can avail surrogacy, but the ground reality is that people do not abide by the law.¹ Consequently, India has become a hub for such endeavors.

¹ Legalized only in 2002, the International Commercial Gestational Surrogacy (ICGS) in India is a lucrative niche market within the sector of medical and healthcare tourism.

Supporting India's surrogacy industry is the use of advertisements of surrogacy and its lucrative benefits to attract infertile couples from all over the world. "[C]ouples from the United States can purchase transnational surrogacy for less than one-half or even one-third of the costs in the United States, including the cost of travel" (Frankford, Bennington, & Ryan, 2015, p. 284). An international report titled, "Surrogate Motherhood: A Violation of Human Rights" declares that "In developing countries, clinics advertise for low-cost surrogacy: the price of a baby in India may be one fourth of the price in California" (2018, p. 4).² Further supplementing the smooth running of the business of commercial surrogacy in India are the legal, medical and governmental institutions that actively participate in this trade (Bahri, 2018). It is for this reason that India is labelled by some as the 'mother destination' of cross-border surrogacy (Pande 2017, p. 329). This booming business is termed by journalists as the "ultimate outsourcing" (Rimm, 2009, p. 1431) as India offers great leeway to unregulated business transactions which involve underprivileged Indian women being exchanged as material entities. Consequently, "ART clinics are not limited to metropolitan cities alone but also thrive in smaller towns, with the former typically being sourced by overseas consumers and the latter by local ones" (Nadimpally & Venkatachalam qtd. in Das 2019, p. 57).³ That is why "India is now the world centre for ART" (Syal, 2015, p. 92) for it makes the indigent Indian women easy targets in the practice of surrogacy. "Mala's female body is a site of gender exploitation portrayed by Syal as being exercised by men and women alike; first by Dr. Passi, the female specialist who makes a business out of the exploitation of other women...secondly by Indian men; finally by the western couple who will eventually violate her body-space with the seed of their union" (Fernandez, 2018, p. 13). This is what defines the dark side of India's medical tourism industry. The entire business of surrogacy is focused on using an impoverished woman's womb as a conduit for the self-consolidation of the privileged while her own positionality and circumstances reinforce her socio-economic and biological precarity.

This exploitation is also evinced in the behavior of doctors who, via various treatments, cater to the demands of their clients. They merely see them as mechanical devices whose maintenance is to be ensured for the clients rather than for the women themselves. Even the care that is given to these women is

² This report was presented at the Council of Europe, Strasbourg, on 26th April 2012 organized by the ECLJ (European Council of Law and Justice) and several NGOs, during the session of the Parliamentary Assembly of the Council of Europe. "This Report has been elaborated as an answer to current attempts to obtain the legalization or normalization of the practice of surrogacy motherhood through the drafting of a *Recommendation on the rights and legal status of children and parental responsibilities*, and through the case law of the European Court of Human Rights" (1; emphasis in original).

³ ART stands for Assisted Reproductive Technologies. ARTs include egg or sperm donation, where the fertilization may occur within a woman's body or outside in a test tube.

underlined by perverse financial interests; “With more expensive clothes, a protein-rich diet, bleach to lighten her skin, and maybe some make-up, Sonia could do” (Desai, 2012, p. 27). The woman’s health is to be maintained for only as long as her womb is contractually hired, thereby exacerbating her biological precarity. This hiring process signifies new modes of coloniality executed via biotechnological exploitation. Preeti’s case cited earlier is illustrative of this point: injected with an HIV positive embryo and later discarded, she was not given the right to speak and the decision of other people, like Dr Subhash, was imposed on her. Talking about the ill treatment that Preeti received later, Desai (2012) writes, “Poor thing, she had been such a pretty girl... and who knew what that Ganguly wanted to do with her” (pp. 373-377). Not only that, mostly young girls were engaged for this task since they were more fertile and appropriate for being harvested; “some of them had not even had children as yet and were only doing it for money” (Desai, 2012, p. 28). This dark aspect of India’s unregulated medical tourism asymmetrically empowers doctors and clients while taking crucial medical decisions, and thereby depriving these underprivileged Indian surrogates of their rights over their bodies (Pandey 2017; Lotay 2015). This enhances the biological precarity of these women for if anything goes wrong, they cannot take decisions regarding their bodies themselves. The ownership of their bodies is never theirs. That is why both novelists question the fundamental ethics behind such reproductive exploitation of the impoverished Indian women. In so doing, they flag the problematic conception of the surrogate’s agency. In opting for surrogacy, is an indigent surrogate displaying agency or is she succumbing to the socio-economic pressures at home against her will? Is she being saved through her services or is her motherhood being exploited? The next section delves into the complexities of these questions.

Agentic women or not?: The production of lesser wombs via transnational surrogacy

In this section, our argument joins the voices of Eva-Sabine Zehelein, Anureet Lotay, Charlotte Halmø Kroløkke, Saumya Pant and Laura Harrison who have, in their diverse ways, cogently argued that transnational surrogacy is situated at the intersections of unequal power relations. Discourses surrounding surrogacy highlight how the practices of transnational surrogacy are mired within the controversial colonial discourse of the ‘White Man’s Burden’ (Minh-Ha, 2009, p. 12) that sees the utilization of an indigent Indian woman as a vessel for successfully re-producing the white man’s (and woman’s) offspring where the couple fails to do so themselves. They cite this as an act of mutual benefit wherein the underprivileged women are paid handsomely in exchange for their services. The following extract from Syal (2015) illustrates this point:

This was a business transaction, fundamentally. Money made it possible, money was the incentive. Supply and demand, the basis for all successful trading. India had fertile poor women; Britain and America and most places west of Poland

had wealthy infertile women. It had begun with companies moving their call centers towards the rising sun, so what was wrong with outsourcing babies there too, when at the end of the process there was a new human being and a woman with financial independence? *It was a win-win situation, wasn't it?* (pp. 97-98; emphasis added)

As the emphasized part of this quote highlights that the IP narratives from the West contain patronizing justifications for engaging in transnational surrogacy. They defend it “as a specific form of bodily labor which, despite all criticisms, provides otherwise disenfranchised and disempowered Indian women with at least some form of agency, that is, the possibility to use their bodies for work which yields a much higher income than any other work they could ever find within their sociocultural and economic situation, offering at least a chance for financial improvement” (Zehelein, 2019, p. 4). In some cases, their act of agency is read through the notion of “repreneurs” (Kroløkke, 2012, p. 233), that is, entrepreneurs willing to sell their wombs to rich people from the Global North to make ends meet. Shyama is a classic case in point. When she is looking for options to have a child with her much younger husband, it is the advertisement of the Passi Clinic in India offering ART that acts as a catalyst for her to opt for surrogacy. The ad drones on in the voice of Dr. Passi who had quit her earlier job for this lucrative business, stating this was “a special dream of mine” which she justifies on the grounds that India’s low infertility rate and “the rising rate of unwanted pregnancies amongst the poorer uneducated women she treated” had provided her with the niche for starting a surrogacy business as the most “perfect and humane solution for both parties”. “It would be a life-changing and life-enhancing experience for everyone involved” both for the childless couples and the surrogates for the fees “would transform their lives; to buy their own homes, educate their children ... it gives them financial independence they could not get any other way” (Syal, 2015, p. 92). Ironically Dr. Passi’s dream is predicated on the exploitation of the poor women in her country for her interest primarily lies in making profit by exploiting their vulnerabilities and their healthy reproductive systems. Despite deceitfully projecting their services as an agentic choice, the texts shows that what little agency these women might have had stands eroded.

The novels reflect this erosion of agency through their portrayal of “bodies bound by contract” that are closely surveilled and “medically managed” (Lotay, 2015, p. 10). The surrogate mothers Radhika, Sonia and Mala are victimized by constant surveillance and medical control at the fertility clinic (Desai, 2012). Their movements, diet, activities are all recorded and monitored. They are made to follow a strict routine, but they have no choice except to abide by the regulations imposed on them. This portrayal complicates the idea of surrogacy as an act of agency amidst glaring socio-economic polarities which disproportionately benefit the privileged. The novels illustrate that this glorified idea of “wombs *sans frontiers*” stands problematised by the notions of

“reproductive brothels, baby machines and baby farms” (Pande, 2017, p. 329) wherein both the women and the babies they produce by loaning their wombs and, at times, their ova as well, are reduced to objects. Driven by socio-economic vulnerabilities, these women are pushed into making a Hobson’s choice. It is for this reason that we have labelled their wombs as ‘lesser wombs’. This is because they are not only wombs of lesser women and lesser humans but are also sites wherein their biological precarity is consolidated even as they continue to produce the scions of a race and class responsible for engendering global inequalities. In the meantime, their own offspring remain trapped within the endless loop of poverty. *Origins of Love* illustrates this point through Mr. Sharma’s evaluation of prospective surrogates. His statements are telling, “This one is Shobha ... Like Preeti, she is from Uttar Pradesh, from a village near the Nepal border. Her husband stays in the village. She has one child, but needs the money because they want to build a house” (Desai, 2012, p. 25). To this Dr. Pandey replies, “I hope she knows there is very little money upfront and she may have to stay here for nine months before she gets the entire amount?” (Desai, 2012, p. 26). What is disheartening here is the fact that these women are paid a meager “3,000 rupees a month while they were carrying the child, with the full amount being cash on delivery” (Desai, 2012, p. 71).³

Beyond India’s economic and juridical loopholes that exacerbate the vulnerability of these women or which the privileged commissioning parents capitalize on is the influence of husbands and men in the families of the surrogates. The novels throw the spotlight on local patriarchal structures that assign the control of a woman’s body to her husband and thus add to the biological precarity of these disadvantaged women particularly when their husbands themselves refuse to earn. In this regard, Randhawa, Bhattacharya & Singh state that, “the hegemony of the body is seen through cultural suppression, societal trend and objectification of female body in Syal’s *The House of Hidden Mothers*” (2022, p. 840). The surrogate mothers are compelled by their husbands to offer their wombs to the world as a material object, as a quick way to earn money. *The House of Hidden Mothers* begins with a suspense filled narrative about Seema whose husband compels her to opt for surrogacy. Even her children are aware of the price their mother had to pay for she had become a changed person who seemed to be carrying an embarrassing secret which was becoming harder to conceal:

Days later, the first of the expensive treasures began arriving. But Mala could see that Seema had left something of herself behind, as if the city had nibbled quietly, softly at her plump corners, and everything fat and free about her had been swallowed up. The kids also, they came back to school but their eyes were filmed over with something that had made them grow up bamboo-fast, too fast. (Syal, 2015, p. 36)

³ 3,000 Indian rupees is equivalent to US \$42.

After this development, Mala's own husband starts watching her "like a starved dog salivating at the meat of her backside" (Syal, 2015, p. 39). Not only does this imagery portray her as meat to be consumed by a ravenous animal, but it also shows how "these women may be forced by husbands or relatives to offer themselves in this industry for money, promoting inequality" (Rimm, 2009, p. 1445). The women are pushed by their male partners into renting their wombs while they themselves sit idly by to enjoy the money earned through their women's bodies. In *Origins of Love*, a village girl called Shobha chooses to become a surrogate mother to build a house for her family; in the meanwhile, her husband resides in the village while she remains trapped in the city for nine months. Similarly, Sonia, who is an untouchable, is exploited by her partner, Rohit, who "viewed her as a perpetual source of income and favors" (Desai, 2012, p. 146). She is forced to carry the child for a Health Minister named Vineet Bhai and his love partner Renu Madam via surrogacy. She "felt like a hunted animal" (Desai, 2012, p. 143) and this sense of entrapment gradually strengthens as "[m]ore and more realization was dawning on her that they were all using her. The hospital doctors, Renu Madam, Vineet Bhai and Rohit. Everyone was getting something out of it, but her" (Desai, 2012, p. 294).

These instances of exploitation have not simply emerged in the era of biotechnological advancements; rather they have their roots in colonial history. This is why the stories presented in *The House of Hidden Mothers* and *Origins of Love* recall another story titled "The Breast Giver" which portrays the commodification of a lactating mother's breast. Jashoda, a working class Indian woman, is engaged by a rich Brahmin household to nurse the babies born to them. This was simply to enable the daughter-in-law of the household to not suckle their babies so that they may retain their figures and prevent their husbands from pursuing other women (Devi, 1997). Jashoda spends her youth constantly having babies and suckling rich people's babies to support her household until she's afflicted with breast cancer and dies alone in the hospital forgotten by the children she'd borne, the children she'd nursed and the husband for whom she had become a breast giver. As soon as the breast falls into decay, Jashoda also falls into decay for nobody had wanted her as a whole, merely a part of her that nourished the same rich who were complicit with their marginalization. The way Jashoda is discarded finds synonymity with the way the women like Mala, Preeti, Radhika are discarded once they become incapable of gestating more children due to health issues which, at times, develop due to their volunteering for surrogacy. This further consolidates our stance that biotechnological interventions do not discard prevalent discriminatory practices that have historically commodified indigent Indian women's bodies; as a matter of fact, they continue to exclude them from a supposedly more inclusive posthuman future and also deprive them of any agency whatsoever. For these women, the cycle of exploitation has simply changed form, nothing more.

Contradicting the claims of agency advocated by the proponents of biotechnology and surrogacy is the fact that the money earned by these surrogates in exchange for their services rarely benefits them directly as it finds its way into their husbands' pockets who, being the masters, decide how and where to use it. Even these women are convinced that it is their duty to serve their husbands and their families regardless of the dangers they are putting themselves in. This is evident in *Origins of Love* where Sonia does not have any say in how and where the money that she earned through her body ought to be spent. Her partner does not even bother to ask her as to how should spend the money she earns (Desai, 2012). This parallels the situation of Seema in *The House of Hidden Mothers*; the economic gains that women like her accrue for their families via the demeaning and repetitive cycle of surrogacy become the property of their husbands. Deprived of these economic boons, "Seema is no longer free, as she is trapped by the services of her fertile body which is able enough to fulfil the capitalist demands of western intended parents" (Syal, 2015, p. 38). This gendered nature of technology further gives an ominous warning regarding the female body in the technoscientific future where it is reduced to a mere reproductive body. In this world, "the male body is marked by the sign of a full-bodied person whereas the female body is marked only by an artificial uterus", thereby implying the recodification of bodies within the discourses of biotechnology and medicine in terms of culture rather than of nature (Balsamo, 1996, p. 9). Not only does it carry on with the legacy of the biotechnological othering of these women, it also exacerbates their biological precarity.

Amidst such disparities, the wombs of these underprivileged women become their most defining body parts, that is, they are the most precious and yet the cheapest organs to be sold or rented out for a little amount of money. This is why women are greater in number when it comes to being victims of biotechnological exploitation as compared to men, thereby countering the myth of liberation and equality that is encoded within posthuman prognostications of the future. What further makes the underprivileged Indian women easy targets of dehumanizing biotechnological practices is the fact that they are less likely to protest which facilitates the commodification of their most private parts as they become sites of production and labor in global systems of production (Bahri, 2018). At this point, it is important to take cognizance of the fact that not only is this horrendous business ruining and exploiting the lives of the destitute South Asian women, but it is also reducing the status of the resulting children to that of a corporeal property because the new-born babies yielded by these lesser wombs have a product value attached to them. The ensuing argument explores this aspect of India's surrogacy industry as is depicted in the novels.

Embryos with price-tags

So far, our argument has concentrated on the fact that the bodies of surrogate mothers are sold as commodities and used as prosthetics. However, the

process of commodification does not end there. Even the child produced has a commodity value—a price tag—attached to it because it is an object which is biotechnologically inseminated in the surrogate mother’s womb. This argument is buttressed by Desai’s depictions of the cold selection criteria deployed for the embryos where only healthy ones are preferred over unhealthy ones. Even the genetic makeup of the embryos is tampered with via biotechnology to allow the parents to choose the gender and desired characteristics of the child: “According to Sharmaji, only healthy cells were implanted. And for a bit more money the child’s sex could be selected as well, if you kept the arrangements quiet and did not tell anyone. These were made-to-order babies” (Desai, 2012, p. 195). The embryos are thus not seen as subjects, rather they are taken as material objects that can be used, reused or discarded, “Just because they were tiny cells, not yet fully grown—they did not have teeth, or hair, or feet, or even a brain or a heart—did that make them dispensable?” (Desai, 2012, p. 270). The practice of surrogacy indicates that the answer to this question that the novel asks is ‘Yes’.

What further accentuates their object treatment as mere objects are the low import prices of embryos in India in comparison to other countries and the cheaper costs of fertility treatments. In *The House of Hidden Mothers*, a foreign female dealer in the UK states to a dealer from India: “You are taking away a lot of our customers. Why would they have fertility treatments here if they can do them for a quarter of the price in India, even if they risk picking up the New Delhi bug?” (Desai, 2012, p. 261). Later, Desai (2012) adds, “in the UK one fertility cycle cost over four thousand pounds! That was more than three-and-a-half lakh rupees!” (p. 412). However, this is only one dark outcome of India’s surrogacy industry. Another frightening aspect emanating out of this commodification of embryos is its deployment for strengthening the businesses of child trafficking and sex trade that are prevalent in developing countries like India. Desai alludes to this illicit trade in the following words:

Perhaps that was why the embryos of foreigners were disappearing inside the hospital, and why it was so secretive. Could the embryos be implanted and the resultant newborns be trafficked or used by pedophiles? ... Mumbai, as all cosmopolitan cities in India, had become a hub for child-trafficking under an indifferent government. (2012, p. 320)

Catering to the customized needs of international clients with different kinds of sexual fetishes and orientations, “the embryos could be implanted into women to produce fair-skinned children who would then be inducted into sex trade ... when the children of any color could be bought for less than the prices of a handbag” (Desai, 2012, p. 420). Thus, the child produced via surrogacy is the one who can be re-designed by incorporating the desired traits through biotechnological interventions for the darkest of objectives. That is how these

“babies become commodities to be exchanged in a globalized market economy” (Fernandez, 2018, p. 17).

This dehumanization of the embryos extends to egg manipulation through which unfertilized eggs can be retrieved from a fertile womb and placed in an infertile womb, or fertilized eggs can be transferred to an infertile womb (Balsamo, 1996). Through such invasive practices, biotechnology poses a threat to hired surrogate mothers and also to the newborn babies in the form of genetic manipulation. The freezing of eggs has several health risks attached to it. *Origins of Love* has touched upon the issues surrounding the freezing of eggs. Desai writes, “Subhash remembered that Simran’s mother was trying to persuade her to at least freeze her eggs before it was too late” (2012, p. 72). Not only that, it raises red flags about their possible illicit usage, for instance, there could be embryo mix-ups or the eggs could be used for cloning or even destroyed. In short, it is not only the surrogate mothers who are used as objects or dehumanised “womb-bearers” responsible for producing “healthy” and “normal” babies” (Das, 2019, p. 60), the embryos and their trade also denies their humanity even before they are born. Biotechnological advancements allow the selection of “healthy”, nondisabled and “normal” fetuses to be born and form the future population” (Das, 2019, p. 60). This enables biotechnology to permit genetic modification by a few rich people to produce a race carrying specifications of their choice thereby reasserting their biological hegemony. In this manner, biotechnology is used as a tool of neo-colonialism that aggravates the racial disparity among people and permits only the biologically and financially fittest to survive.

Conclusion

One of the crucial issues that we have foregrounded through our analysis of *The House of Hidden Mothers* and *Origins of Love* is the perpetuation of exclusionary practices via biotechnological interventions such as surrogacy that disproportionately target Indian women belonging to the lower strata of the society. Not only do the novels highlight how biotechnology continues to be a neocolonial tool engaged in the continued subalternization of poverty-stricken WOC, it also punctures a hole in the sanguine projections of equality that are advocated in posthuman discourses that claim to disband the humanist subject. As a matter of fact, we contend that the novels, while reminding one of the dystopian world of Margaret Atwood’s *The Handmaid’s Tale*, which *The House of Hidden Mothers* pertinently alludes to in its epigraph, are not a futuristic warning. What makes them so acutely relevant is the fact that they project a living dystopian present for underprivileged women in contemporary India. These texts, unlike dystopian science fiction, are not prognostications of a future society that singles out people on the basis of their biological specificities and uses them for fulfilling the objectives of the authoritarian and privileged few. As novels that intersect and project the real world that we all inhabit today, the facts they are presenting are far more alarming and immediate for they augur a future where

being a WOC would aggravate the sense of precarity that would stem from the new fictions of power that biotechnology and posthumanist interventions in the human realm would inaugurate. These women are nothing more than spare parts in an automobile repair shop, providing spare parts to the malfunctioning bodies of the rich and the privileged. From such a position of extreme marginalization, it is not possible to conceptualize these impoverished women to emerge as “technicians of realizable futures” (Haraway, 1991, p. 230).

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