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A critique of baby making supermarts: Surrogacy clinics in Kishwar Desai's *Origins of Love* (2012)

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Abstract

This paper explores the exploitation of commercial surrogates at the hands of the various stakeholders and agents of the fertility industry in Kishwar Desai's novel *Origins of Love* (2012). It begins with a brief description of the advances in the field of infertility treatment and the tailored options of the Assisted Reproductive Technologies (ARTs) for conceiving a child. It then traces the practice of surrogacy in mythology and explores how it is different from present day surrogacy. It further points out why ARTs is preferred over adoption by prospective parents and how this preference has led to the emergence of fertility clinics as the new baby supermarts, from where the parents can 'buy' egg, sperm and customised babies. The paper also throws light on how this trend of baby shopping makes fertility clinics operate akin to any other commercial industry and how in the novel Desai has depicted the inherent flaws of this phenomenon of baby shopping. It critically examines the rapid expansion of Reproductive Tourism due to transnational commercial gestational surrogacy and the huge popularity of India as a surrogacy hub, as depicted in Desai's novel. The paper illustrates how surrogacy not only involves exploitation of women's reproductive capacity but also encompasses physical, emotional, psychological and economic exploitation. The paper ends with a scrutiny of the blatant violation of medical ethics in the field of ARTs and the potentially dangerous long-term implications that these technological advancements can have on women's health and the society at large.

Keywords: Assisted Reproductive Technologies (ARTs), baby making supermarts, Kishwar Desai, surrogacy



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Public Interest Statement

The study draws attention towards the exploitation and dehumanization of the surrogates as a result of the commercial interests of various agents in the fertility industry. It also highlights a disturbing contemporary trend and popularization of surrogacy by privileged sections of society most of whom are influencers on social media platforms. The study discusses how such celebrity endorsement of surrogacy results in promotion of surrogacy as a convenient family planning option rather than a medical necessity.

Introduction

Infertility or rather inability to conceive a child is often seen as a curse or misfortune in our society. Often women who are unable to conceive are labelled as barren and commonly experience abuse and hostility. Such women are said to be accursed and are ill-treated. They are often made to follow certain cultural rituals and practices to be blessed with an offspring and to be released from the curse, abuse, pity and neglect. Among such fertility rites is the myth associated with water from Marichi Kund at Orissa's Linga Raja temple. It is believed that if a woman bathes and drinks the holy water of the Marichi Kund on the day of Ashokashtami her infertility is cured by the blessings of Lord Shiva. Consequently, every year scores of childless couples flock the Linga Raja temple on the eve of Ashokashtami festival to participate in the auction of three pitchers of the sacred water. The temple priests sell the pitchers to the highest bidder. In 2022, the first pitcher was auctioned for 1.3 lakh rupees (Press Trust of India, NDTV). While such culturally prescribed beliefs and practices for curing infertility have been quite prominent through the ages, the latter half of the twentieth century has witnessed a number of technological advancements which are heralded as new-age solutions for dealing with infertility issues.

This paper begins with an enumeration of the major reproductive technologies and other scientific interventions that have emerged in order to assist infertile couples seeking parenthood. It then discusses the dangers and threats associated with Assisted Reproductive Technologies through an insightful analysis of Kishwar Desai's *Origins of Love* in which she highlights an evocative parallel between the fertility industry and commercial enterprises. Through a description of the instances of the practice of surrogacy in mythological tales and religious scriptures, the paper further discusses how fertility clinics take advantage of mythological references of surrogacy to consolidate their capitalist agenda. By sharing such stories on their websites and advertisement brochures, the clinics tend to portray surrogacy as a deep-rooted cultural practice.

The paper expresses concern over the manipulative promotion of ARTs as miraculous interventions for overcoming infertility issues. It argues how the popularisation of ARTs is resulting in baby shopping becoming the new-age trend, as prospective parents make a beeline to the fertility clinics aka baby marts to purchase designer babies. The paper attempts to illustrate how Desai juxtaposes the proliferation of the fertility clinics and the rise of transnational commercial surrogacy to unmask the capitalist agenda of the reproductive industry whilst forewarning that a prospective reproductive dystopia is emerging through the intersection of patriarchal cultural beliefs, colonisation of women's bodies and reproductive technologies.

The last few decades have witnessed tremendous advances in the field of reproductive science. Assisted reproductive technologies (ARTs) are a range of techniques that help couples in overcoming infertility issues "by assisting in conception and allowing them to bring their pregnancy to term" (Nadimpally & Venkatachalam, 2016, p. 101). The techniques and procedures such as IVF, sperm and oocyte donation and third-party interventions like commercial surrogacy facilitate the fulfilment of the procreative intentions of the parents. There are two types of surrogacy arrangements - traditional surrogacy and gestational surrogacy. In traditional surrogacy, the baby is conceived from the surrogate

mother's eggs. She is artificially inseminated, by the intended father or an anonymous donor. In gestational surrogacy, an embryo is implanted in the surrogate mother's uterus. This embryo is fertilized in vitro, meaning in a petri dish in a laboratory using the intended mother's eggs or an anonymous egg donor's eggs and the intended father's sperm or an anonymous donor's sperm. While surrogacy rests on hope, science and service, it has also evoked social, legal, medical and ethical issues since the very beginning.

Surrogacy in History

The ideology and the practice of surrogacy predates modern times. There are many references in the ancient texts that validates the idea. One can trace its origin in the Old Testament. The Biblical story of Ishmael's birth is the first instance of the historical practice of surrogacy. Sarah is unable to bear a child and so she convinces her husband Abraham to impregnate her servant Hagar so that she could bear a child for them. Hagar gives birth to a son named Ishmael. After 14 years, Sarah herself became pregnant and gave birth to a son Isaac. Sarah, fearing that Ishmael and not her own son, Isaac would become the heir, sent Hagar and Ishmael away in the desert. (*King James Bible*, 2011, Gen. 16:2)

The story of Rachel and Leah is another instance of the practice of surrogacy. Rachel and Leah were sisters and both were Jacob's wives. While Leah had given birth to four sons, Rachel was unable to conceive and she became jealous of Leah. She then asked her husband Jacob to impregnate their maid Bilhah who would bear their child for them in her womb. "Behold my maid Bilhah, go in unto her; and she shall bear upon my knees, that I may also have children by her" (*King James Bible*, 2011, Gen. 30:3). Bilhah was thus a surrogate mother for Rachel and Jacob.

In Hindu mythology one can find many instances of surrogacy: One is mentioned in the Bhagavata Purana. King Kansa had imprisoned his sister Devaki and her husband Vasudev because he had been warned by an oracle that he would be killed by his sister's son, his nephew. So, in a very brutal manner, he kills all the children of Devaki and Vasudev much to their anguish and despair. When Devaki becomes pregnant for the seventh time, Vasudev prayed to Lord Vishnu to intervene and save their child. It is then that Lord Vishnu transferred the embryo from Devaki's womb to Rohini's womb who was the other wife of Vasudeva. The child that was thus born was Balarama, Lord Krishna's brother (Subramaniam, 2015, p. 439). This embryo transfer resulted in Rohini becoming the surrogate mother of Balarama. Thus, while surrogacy had been practiced in ancient times, the contemporary commercialised and transnationalised surrogacy is extremely exploitative and robs women of their dignity.

Commercialised Surrogacy in Kishwar Desai's *Origins of Love* (2012)

Kishwar Desai in her novel *Origins of Love* (2012) takes the readers through the complex labyrinth of the multi-million-dollar surrogacy industry and delves deep into the obscure complexities related with womb trade. It "unveils the dark side of commercial surrogacy" and examines the hidden cost of the various infertility treatments and "other reproductive technologies" (Parveen, 2019, p. 437). Through the stories of the various stakeholders in the fertility industry, she gives us a peek into the rapidly growing fertility industry where ethics and norms have no place and selfish, money minded doctors are so blinded by their greed that they exhibit an absolute disregard for emotions and human life. All they care for is to capitalise as much as possible and take unethical advantage of the vulnerable surrogates.

The parallel threads of the story converge during the social worker Simran Singh's investigative attempts to find the biological father of Baby Amelia, an HIV positive child born out of surrogacy at the surrogacy clinic: Madonna and the Child, which is co-owned by her friends Dr. Anita and Dr. Subhash Pandey. The surrogate Preeti disappears mysteriously after delivering Baby Amelia. The commissioning parents die in a tragic accident soon after. This makes the entire case of Baby Amelia very complicated,

since the blood samples of neither the surrogate mother nor the commissioning parents were HIV positive in the tests conducted prior to beginning of the procedures. It is then that the owners of the clinic decide to enlist the help of their friend and social worker, Simran Singh. Her investigations unveil the involvement of Dr. Ganguly who worked at the Madonna clinic. He emerges as the mastermind in the surrogacy business and could stoop to any level for the sake of earning more money. Even though he was working in the Madonna clinic, he had secretly opened his own private hospital in a shabby building. His clandestine operations resulted in huge losses for the Madonna clinic. As he had access to the contact information and other details of the clients, he diverted the clients to his own hospital. He used his aid Sharma who arranged surrogates and egg donors for him, to lure clients opting for surrogacy to his personal hospital. Apart from surrogacy, he also conducted stem cell surgeries and experiments on vulnerable patients. He was sure that stem cell surgeries would prove to be a breakthrough in the near future and he wanted to capitalise on it.

Subsequently, Simran's probe also reveals Dr. Ganguly's secret liaison with Mybaby.com fertility clinic in UK. The records confirm that the embryo supplied in this case was from Mrs. Oldam and her son who was HIV positive. Evidently, the clinic had failed to wash the infected semen and had exported this embryo to Madonna and the Child clinic. It is this infected embryo that undergoes gestation in Preeti and results in the birth of an HIV positive baby, Amelia. In order to sustain and complicate the mystery, Desai makes Dr. Ganguly secretly take away Preeti after her delivery. In the progress of the narration, Desai also exposes the covert nexus between hospitals and unscrupulous government officials. For instance, the custom officer Nizar Ali seizes cans of blastocytes and embryos from abroad and surreptitiously sells them to Indian hospitals such as the Freedom Hospital which conducts stem cell surgeries. Through the tragic stories of the surrogates Preeti, Reena, Sonia and Radhika, Desai depicts how grim poverty and pathetic living conditions force them to take up commercial surrogacy.

Massive Rise of ARTs

Fertility clinics are mushrooming at a rapid pace owing to increasing infertility and the desire of childless couples to have children. The unhealthy, busy lifestyle and manipulative pharma nexus have accelerated issues of infertility among couples. Owing to the pressures of modern lifestyle and the desire to achieve career stability and financial security, most middle-class couples postpone childbirth. Most couples also delay child birth because they believe that ARTs can facilitate late conception. (Waldby & Cooper, 2008)

In addition to delayed childbirth, the stigma attached to infertility and the societal eulogization of motherhood makes couples explore ARTs as a family-making option. The social and cultural idea of motherhood is deeply entrenched into the psyche of women, so much so that those who are unable to bear children are insulted for being barren and made to feel unworthy and useless. The inability to bear their own child further results in psychological distress and anguish among women. Such contemptuous treatment inadvertently affects their self-esteem and sense of being, "they start considering themselves as lesser human beings" (Joseph, 2017, p. 69). The largely private Assisted Reproductive Technology (ART) market takes advantage of these deeply entrenched beliefs and cultural norms which treat infertility as 'abnormal'.

The traditional notion of family and kinship, deems it important that the parents have biological and genetic relation with their children, in order to be considered as a socially acceptable family. Owing to this compulsion, the couples ignore other family making options and solely focus on assisted reproductive technology as the exclusive option. This results in marginalisation and almost negation of the possibilities of adoption (Menon, 2012). IVF is chosen over adoption because of the social pressure exerted on couples to have a child with whom they can have genetic relatedness, who is racially pure

and is one of their caste and religion. It is this predicament of the parents that has enabled the capitalist fertility market to justify the emergence and existence of ARTs as harbingers of ‘new hope’.

Million-Dollar Baby-Making Industry: Dehumanizing Fertility Clinics

The booming baby making industry owes its expansion to the advances in reproductive medicine. Technological advances and reproductive technologies have resulted in surrogacy becoming increasingly transnational and commercialized (Peet, 2016). The million-dollar reproductive industry operates like any other commercial venture with its factory-like breeding establishment. Through its treatment of ovum and sperm as raw materials, the surrogates as baby-making machines, the babies as consumer durables, and the parents as buyer clients, the fertility industry functions as profit-oriented, capital industries, which focus on processing raw materials with machines to produce commercial, ready-to-be-sold products.

Pinky Virani (2016) observes that such commercialization and global expansion of the reproductive market has given rise to an emerging trend of baby shopping: “In vitro fertilization is birthing a bizarre baby bazaar catalysed by medical science and empowered ironically, by those at their weakest – the women – who every culture, be it in the developed or developing world, presses into producing” (Virani, 2016, p. 1). The anxious parents in their eagerness to fit into the acceptable mould of society take recourse in the ARTs and thus, eventually get entangled in the vicious web of the baby bazaar.

Desai accentuates the commercial, profit-oriented aspect of the fertility industry through the character of Sharma who manages Dr. Ganguly’s underground hospital. In order to attract Ben, a desiring parent and a potential customer, Sharma gives him an advertisement brochure covered with dancing babies, which said, quite clearly:

Don’t Worry Be Happy
Just Come to Collect Your Baby
Use our Courier Cryogenic Service
At 100 per cent No Risk Only Send Us Your Sperm
And You Will Learn
That We Can Get You Egg Donor
Any Way You Want Her Big, Small, Slim, Tall
Its Your Call
We Also Find the Surrogate
At Very Good Rate Soon She Will Be
Pregnant With Baby
You and Wife Can Take Rest
NewLife – Cheap and Best. (Desai, 2012, p. 343)

The advertisement leaflet that Sharma reads out to Ben demonstrates the extent of commodification that exists in the fertility industry, which views babies as commodities, “precious products” which the commissioning parents have to just come and collect (Rothman, 2004, p. 19). The reproductive industry makes enormous profits by capitalising on vulnerable women’s reproductive capacities (Corea, 1985; Raymond, 1993; Rothman, 2004; Jana & Hammer, 2021). The insinuation and “application of commercial norms” in the realm of commercial surrogacy results in the treatment of women’s reproductive labour as a purchasable commodity (Anderson, 1990). It is pitiful how these clinics treat

surrogates as vendibles whose value is only in terms of the services they can provide.

Shockingly, these clinics appear as if they are akin to a tailor's shop where the commissioning parents have to just send their samples and their baby will be tailor-made for them according to their preferences. These clinics also supply "surrogates by maintaining an extensive network of 'field agents' who find and recruit potential women for surrogacy" (Jana & Hammer, 2021, p. 15). As part of their endeavour to ensure "the comfort of foreign clients" and to cater to "consumer choice" the fertility clinics send online the "profiles of potential surrogates" to the commissioning parents for selection (Krølokke et al., 2012, p. 244). Desai is critical of this emerging trend of "made-to-order babies" (Desai, 2012, p. 195) and the overt emphasis on customer satisfaction by the surrogacy clinics. The novel depicts how the European clients' preference for fair women posed problems for the agents in India as the Indian surrogates had dark skin. In order to resolve this issue, Dr. Subhash proposed an overhaul of their website. He recommended "expensive clothes, a protein-rich diet, bleach to lighten ... [the surrogates'] skin, and ... some makeup." He also suggested uploading edited and "photoshopped" photographs of the surrogates so that it could "appeal to Western tastes" (Desai, 2012, pp. 26-27). All these tweaks, such as the makeover of the surrogates and enhancements of their pictures are "in sync with the production principles and selling strategies in an extreme biocapitalist commodity culture" (Karmakar & Parui, 2019, p. 3).

Debra Spar (2005) makes a succinct observation regarding this trend: "parents choose traits, clinics woo clients and specialized providers earn millions of dollars a year" (2005a, p. xi). The specialized providers involved in the production of the perfect designer baby function like the specialized staff in any industry. Apart from providing a suitable surrogate, they even make arrangements for an egg donor, in case the eggs of the commissioning parents are not fertile. The choices that are provided to the parents in terms of what physical features they seek in the egg donors and the surrogates speaks volumes about the customer-oriented approach of the industry. Apart from photoshopped websites and fancy advertisement brochures the clinics also attract their clients through eye-catching hoardings and posters in public areas and public transport (Nadimpally & Venkatachalam, 2016; Jana & Hammer, 2021). It thus becomes clearly evident how the ART market employs effective marketing strategies in order to lure clients and expand their market share.

Reproductive Tourism

As the expansion in one sector supports expansion of other sectors, in the same way, the rise in medical tourism boosted the growth of the ART industry and reproductive tourism. Reproductive tourism is one of the subsets of medical tourism (Saravanan, 2010). This is a practice that takes people across borders and distances to avail themselves of the procedures such as IVF, sex selection, gamete donation, surrogacy and related diagnosis (Martin, 2009, p. 250-251). These people travel to other countries because access to reproductive technologies is either banned in their country or the costs of the infertility treatments and services are exorbitant. They select those countries which offer affordable packages (Nadimpally & Venkatachalam, 2016). The cost of IVF treatment and surrogacy is very expensive in the USA. Typically, the average cost of surrogacy arrangement in USA ranges from USD 100,000 to USD 150,000 (Snider, 2020). The cost in other countries like UK, Canada, Russia, Ukraine is also very high. The exorbitant cost of surrogacy procedures in developed countries and the ban on surrogacy in countries like France, Bulgaria, Germany, Italy, Portugal and Spain prompted the citizens of these countries to avail infertility treatments in third world countries like India. This soon resulted in India becoming a key player in the global ART market. The fertility market in India offered treatments and services at one third of the cost in developed countries. Apart from the option of cheap surrogacy packages, other factors like availability

of highly qualified medical professionals, multi-speciality hospitals with world-class infrastructure and availability of a large pool of working-class women willing to be surrogates contributed to the exponential growth of India's reproductive market. The twin forces of "Globalisation" and "the rise in medical tourism" not only accelerated the expansion of India's 'fertility industry' but also positioned India as a leading global destination for 'fertility tourism' or 'reproductive tourism' (Nadimpally & Venkatachalam, 2016)

As part of their promotional schemes, most Indian fertility clinics made arrangements for the stay of their foreign clients in hotels whilst also providing a tour of popular tourist attractions. In their offering of ART packages along with high quality residential tourism packages, the ART industry uses common market practices as an allurement to desiring parents. (Nadimpally & Venkatachalam, 2016, p. 94). The analysis of websites and brochures of fertility clinics in metropolitan cities reveals how they offered customised 'medical tourism packages' in order to attract overseas clients. These packages included "boarding, lodging and ... excursions to nearby tourist attractions like the Taj Mahal, Jaipur palaces, spas in Goa or Kerala etc." (Sarojini et al., 2011, p. 5). In Desai's novel too, Simran takes a dig at the promotional strategies deployed by the tourism department and the fertility clinics to attract foreign clients to India. She sarcastically remarks: "Perhaps the Indian tourism department could even adopt ... a campaign slogan: Pay for a Trip to Rajasthan and Get a Baby for Free . . ." (Desai, 2012, p. 115). Such complementary trips provided as an add-on bonus by the surrogacy clinics to the commissioning parents again highlights the commercial nature of the fertility industry which focuses on client satisfaction and endeavours to make the parents feel good regarding their decision of having a child via IVF. This focus on ensuring value for money is the hallmark of commercial enterprises and again illustrates how surrogacy is "fundamentally a business, a profit-making enterprise ... [and] a commercial arrangement" (Spar, 2005b, p. 289).

Surrogacy: Shift from Necessity to Convenience

The medical practitioners and owners of fertility clinics frame surrogates as "goddess" or "privileged giver" and the surrogacy arrangement as a win-win situation for the intended parents and the surrogates. While the monetary payment is claimed to be a justified exchange for the service rendered by the surrogates, it cannot be denied that the "supposed benefits of surrogacy are created by a capitalist patriarchal society" (Centre for Social Research [CSR], 2010, p. 9). Such rhetoric, cleverly "disguises the market dynamics at play" and conceals the enormous profit made by the clinics via surrogacy contracts (Krolokke, et al., 2010, p. 110).

In the novel, Simran is critical of this rent-a-womb arrangement and of the customer parents who just came and picked up a baby from an impoverished and destitute surrogate mother. (Desai, 2012, p. 110) The import of Simran's thought is that the would-be parents add a baby to their cart just as random shoppers added groceries from their list at a mart. According to Kajsa Ekis Ekman (2014) such "buying and selling of children constitutes baby trade" which turns children into "products to be exchanged through such contracts." The attempt to fulfil the desire for parenthood via surrogacy disguises the capitalist consumerism involved in surrogacy arrangements. The question whether such parents are commercially motivated may not be easily answered; yet it is undeniable that they are closely "involved with both a market operation and a political calculation" (Spar, 2005a, p. xi).

The structural and economic inequality existing in society is what sustains the surrogacy industry just like any other capitalist venture but with a greater allurement. Surrogacy arrangements are exploitative and are possible only because of the existing social and class differences. In this regard, Tasleema Nasreen points out how surrogacy is one of the ways in which poor women are exploited:

“Surrogacy is possible because there are poor women. Rich people always want the existence of poverty in the society for their own interests” (Nasreen, 2022). By allowing the privileged class an option to outsource pregnancy to disadvantaged and marginalized sections of society; commercial surrogacy reaffirms power imbalances and reifies inequities in capitalist societies. The “unequal power balance between the commissioning couple and the contracted surrogate” (Watson, 2016, p. 220) triggers their “socioeconomic exploitation” (Merrick, 1990, p. 168) and use as “breeders” (Raymond, 1993, p. 57). It thus becomes evident how the privilege of one class of woman is deeply linked with the oppression and exploitation of another class of woman (Gupta, 2006, p. 34).

Simran is also riled by the fact that would-be parents of certain higher classes resort to surrogacy for certain cosmetic reasons other than actual infertility. She points out how Dr. Anita would steer her out of the room whenever “a rich wannabe mom” visited her. Though these women could undergo natural pregnancy, they still opted for surrogacy so as to maintain their figure and “preserve” their career (Desai, 2012, p. 110). Simran succinctly describes this trend as “The celebrity syndrome” and nowadays it is quite a popular phenomenon. Surrogacy serves as a convenient option for celebrities who don’t want to “disfigure their bodies for the motherly act of begetting a child” (Singh et al., 2015, p. 90). In the recent past, many well-known Hindi film industry and Hollywood celebrities have announced how they have had their biological children via surrogacy. Such celebrity endorsement of surrogacy has resulted in increasing popularity of this procedure among the starry-eyed fans who are now opting for it just to keep up with the trend. Richards (2014) highlights how the practice of outsourcing pregnancy is gaining ground among privileged women who believe that pregnancy is “unnervingly unpredictable” and fear health problems that might arise in pregnancy. In order to avoid health complications and weight gain which might “ruin” their figure or career, most privileged women are now choosing the option of surrogacy. Such blatant outsourcing of pregnancy can inadvertently result in a “society where women can hire other women to be surrogates ... [just] ... to escape the debilitating roles of pregnancy and childbirth” (Nadimpally & Venkatachalam, 2016, p. 282). Further, if surrogacy is allowed to continue in such an injudicious, commercial manner, then it is plausible to foresee the procedure turning from a medical alternative for infertile couples seeking a genetically linked biological child, to a readily available option or “convenience” for privileged people (Das & Maut, 2014, p. 16).

Post-functional Redundancy of the Surrogate

The practice of “rent-a-womb” promoted by the commercial surrogacy industry reduces the surrogates to mere wombs, vessels and incubators to bear children for the wealthy and privileged couples. The surrogate mothers are seen as mere vessels “as inanimate objects– incubators, receptacles, “a kind of hatchery”, rented property, plumbing– and [that] they ... come to speak of themselves in this way” (Corea, 1985, p. 222). In the novel, the surrogate Sonia expresses her resentment at her exploitation by all the stakeholders for producing a baby for Renu Madam and Vineet Bhai. There was no binding contract between her and the hospital. Yet, she was being treated as indentured labour by the hospital owner and the intended parents: “Everyone was getting something out of it, but her” (Desai, 2012, p. 294).

Sonia echoes the emotional toil and abuse experienced by most of the commercial surrogates who are treated less as humans. This becomes evident in the novel when we see how the surrogates are given training by the hospital administration to drill into them the realisation that they are merely the carriers or vehicles and that they shall have no claim or any relationship with the child whom they will be birthing. During their training sessions at the hospital, the surrogates are trained to separate their heart from their head. They are also taught that there is no scope for their emotional involvement with

the babies they breed. (Desai, 2012, p. 288)

Desai illustrates the difficulty and inability to part with the child that is experienced by some surrogates who tended to believe that the surrogate child is a valuable part of their body, which cannot be given away as a mere object. In trying to escape with the child, Reena is reminded by Preeti of the monetary loss. Reena, however, is firm that this gift of God cannot be given away. Her readiness to forgo her payment exhibits her maternal affection. Preeti reports the matter to the hospital authorities to remain in their good books. In such cases of conflict of interest, the hospital authorities summon the agent. The agent uses forms of persuasion, including money power and the threat of social and legal power to erode and weaken any parental love the surrogate might develop. (Anderson, 1990, p. 76). Reena is subjected to similar treatment when the hospital staff eventually accosts her and forcibly snatches away the child. She is then sent home by the agent with the promised remuneration. (Desai, 2012, p. 288)

Desai emphasizes how the ‘use and throw’ policy is the *modus operandi* of the surrogacy industry. After the surrogates deliver the child, the purpose of their appointment is deemed over and they soon become forgotten entities for the doctors, the hospital staff and the commissioning parents. Such treatment of their body as rented property, as a receptacle, highlights how the surrogates are viewed as a “disposable” commodity by the doctors, agents and the commissioning couples who have hired them to serve their purpose (Wright, 2006). Desai’s novel illustrates “how in the current culture of neoliberal consumerism, ... the surrogates are conceived as collateral and dispensable entities that are exploited by the fertility industries for producing babies” (Karmakar & Parui, 2019, p. 3). After the surrogates deliver the child, neither the fertility clinics nor the commissioning parents bother to contact the surrogates to enquire about their well-being. Also, no follow up of the health record of the surrogate is maintained by the hospital administration. What is even more astounding is that while the doctors themselves are aware as to how the surrogates might experience post-delivery issues such as post-partum depression, anxiety or restlessness, still they make no effort to provide any counselling help to the surrogates. The same thing happens in the case of the surrogate Reena. While Dr. Anita had assessed that Reena was experiencing post-partum depression, no steps were taken on the part of the clinic authorities to provide comfort or counselling to Reena.

Reena’s story thus pinpoints how the surrogates are dehumanised by being treated merely as contractual labourers who after the delivery of their service are deemed useless. Their emotional connect and any feeling of attachment that they have for the child borne by them is callously ignored by the doctors, nurses and even other brainwashed surrogates. They perceive the maternal love of the surrogates for the babies as just a pretence and an exaggerated attempt to gain sympathy. It is through the character of Dr. Ganguly and Dr. Anita that Desai gives us a glimpse of the insensitive attitude of the medical fraternity which seems to dismiss the pain and anguish experienced by the surrogates at the time of parting with the child as a gimmick. According to Dr. Anita, the surrogates were just concerned with their money.

The surrogates are effectively restrained from forming any ties or attachments with the babies in their womb. They are continuously told that their womb has been hired for a specific purpose. “The womb is just considered as a storage place of the embryo or as a fertile field where crops are cultivated” (Joseph, 2020). They are trained by brokers and hospital staff to think of themselves as merely the machine which would have no association with the commodity that would be produced by it. The surrogates are forced to repress the maternal affection they feel for the babies by reminding them of their involvement in a commercial transaction. Such trainings estrange them from their own womb. It thus becomes perceptible as to how the fertility industry reduces women to their body parts:

“Women are presented as less like people; they are dismembered and fragmented. They become eggs, ovaries, wombs, body parts disconnected from the whole person – merely vehicles for breeding babies” (Rowland, 1992, p. 157). The surrogates too are made to view their womb as a vessel. Once the body parts are understood as equipment and vessel, the surrogate is able to conceive of gestation as work. In combination with technology, such an understanding shapes “procreation in a way that allows for the alienation of the womb ... necessary for commodification” (Vora, 2016, p. 273). Desai highlights how the surrogates are estranged from their own wombs, indeed their entire body, such that the commercial aspect of the act remains dominant and undisputed.

ARTs and Its Violation of Medical Ethics

In the novel, Desai has also portrayed how the profit-oriented doctors and agents, who procure surrogates, flout many ethical considerations in their quest to maximise their earnings. As in baby Amelia’s case, the import and use of the infected embryo without any ethical compunctions is a clear indication of the way in which medical ethics is treated with little regard by the industry. It also perhaps points to the casual neglect of the scientific ethics in transactions between the first world and the third world. Baby Amelia’s case brings to light how the fertility clinics have no concern for the future baby’s health nor the physical and mental health of the surrogate.

Dr. Ganguly is a prime example of the callous and money-minded professional who admits the flaws and follies of the ARTs. This vicious attitude is a kind of justification of the ills plaguing the industry. Dr. Ganguly and his ilk are aware that reproduction is divine in some sense but they also try to replace God in the procedure. Such awareness does not prevent them from attempting to play God, driven as they are by their avarice (Desai, 2012, pp. 119-120).

Dr. Ganguly’s comment brings to light the ruthless approach of the fertility market which sees women as living test sites on whom various experiments may be conducted without any worry for their safety or life. It is indeed shocking how indifferently these doctors can just fob off the burden of any mishap and blunder onto the women, who might have to helplessly grapple with the side effects of these dangerous technologies for the rest of their lives. Bioethicist and feminist Janice Raymond denounces IVF as an invasive and potentially harmful procedure. She contends that “reproductive technologies are forms of medical violence against women.” She scathingly remarks that these technologies and procedures “violate the integrity of a woman’s body in dangerous, destructive and debilitating ways” (Raymond, 1993, p. viii). In this context, Simran firmly believes that the surrogates are inconsiderately exploited especially when they are compelled to undergo hormonal treatments, for producing donor eggs and bearing multiple embryos (Desai, 2012, p. 111)

Women are kept in the dark about the invasive technological procedures and are left uninformed about the mortality due to IVF treatment. Often, they are shown inflated statistics of the successful IVF treatments. These false success rates of IVF blind women to the hazardous impact of these invasive treatments. There is a contrast in the legislation that exists regarding experimentation on embryos and women. While the experiments on embryos are limited to the first 14 days upon conception, there is no bar of limitation on the experiment with women, stuffed with risky drugs. “Embryos, it seems are better protected than women from invasive and potentially dangerous technologies” (Hynes, 1989, p. 8). The lack of strict rules and legislation regarding potentially dangerous medical procedures performed on women by the fertility industry enables avaricious doctors like Ganguly to take undue and full advantage of the situation. While potential surrogates are exploited by Ganguly-like unethical doctors, the entire society is also injured in many ways by the unethical but profitable pursuit of ARTs.

Conclusion

Kishwar Desai's *Origins of Love* is a pathbreaking contribution to highlight the tip of an iceberg which gives the warning signs of an impending reproductive dystopia as in the prominent novels of Margaret Atwood, Megan McCafferty and Bina Shah. Atwood's novel *The Handmaid's Tale* (1985) is particularly significant in the context of reproductive dystopia, with the state playing the role of a powerful enforcer of reproductive techniques and norms. Kishwar Desai like Atwood and others highlights the various aspects of surrogacy in Assisted Reproductive Technology. The tailor-made options available in ART cater extensively to the demands of privileged sections of society in the first world. Consequently, one can witness a massive shift from ARTs being a medical treatment for infertile couple to it becoming a matter of convenience for the privileged class. This shift not only exacerbates the gap between the rich and the poor but also renders ART a tool in the hands of the privileged sections to exploit reproductive technology for their own benefit. The desperate financial situation of one section of society becomes the potential path to parenthood for another. Through its thought-provoking representation of the disregard of social and medical ethics involved in this entire business of surrogacy and the subsequent thriving market of South Asian women's bodies, Desai enables the reader to comprehend the complications of the issue and think deeply about all the questions raised by the novel.

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