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Nirmala and Sonia: the city through embodiment

Soumi Dey^a, Tanushree Shaw^b and Anindita Sengupta^c

^aAnthropology, Haldia Government College, Haldia, East Medinipur, India; ^bAnthropology, Bangabasi College, Kolkata, India; ^cWomen's, Gender & Sexuality Studies Program, University of Connecticut, Storrs, CT, USA

ABSTRACT

In this article, we explore the duality and performativity of bodies as they move through multiple social, sexual and fiscal economies of Kolkata. We offer the story of Sonia, a middle-aged feminine man, who despite a number of obstacles within his family, experiments with a range of sexual identities, and in the process challenges the notion of conformist heteronormative trajectories in the city. Our second character, Nirmala, works as a commercial surrogate in Kolkata. Nirmala's story shows how the cultural script of the pregnant body, associated with heterosexual intercourse and motherhood, is defied by the renting of wombs for profit within the assisted reproductive sector in the city. The personal accounts of Sonia and Nirmala eventually tell a story of Kolkata itself. They underline its transition from older post/colonial economies towards neoliberal aspirations and gendered freedoms. These processes of change remain imprinted in the rebellious, unorthodox bodies of ordinary citizens.

KEYWORDS

Body; identity; performativity

The cultural life of a city is embodied by its inhabitants. We ascribe a variety of identities, performances, and narratives to bodies. Social scientists have come to recognize bodies as a contested terrain on which struggles over control, resistance, and change occur in contemporary urban societies. While society on the whole may think of gender and sexual categories as fixed, deterministic entities, in fact many people manipulate and shift between variously embodied gendered identities in relation to changing circumstances. Bodies are no longer conceived as fixed essences; they become stories (Mintz 2007).

This article offers a fresh understanding of cultural interpretations of bodies in the city. The authors show how two individuals enter into urban sexual and fiscal economies by drawing upon – even playing with – gendered, sexually-embodied performances and experiences, in order to navigate their lives, to survive, and to challenge or even reproduce social norms in the city. Our characters, Nirmala and Sonia, have lives that are hardly similar; their paths within the city do not intersect, but what brings these two characters together is the duality of their existence. Sonia (assumed name) is a person whose assigned gender is male at birth, of 42 years, who presents as ‘feminine’ according to Kolkata's mainstream gender norms. In his lifetime, depending on the situation, he¹ has switched his identity position from Kothi (effeminate males who only receive during penetrative sexual encounters) to Hijra (a socio-religious and cultural identity) to a *dupli* (males who both insert and receive during penetrative sexual encounters and usually appear as ‘straight’ in public) and again to a Kothi. Kothis often join Hijra communities to acquire sexual acceptance, earn a living in the city, and move around with a ‘feminine’ appearance marked, for instance, by wearing women's tops and make-up. Nirmala is a commercial surrogate whose experiences of pregnancy,

through a body which is medicalized within the surrogacy industry, elicits a different account of the city. This is not a narrative of motherhood, nor is it comparable to the experience of any other salaried employment in Kolkata. The cultural script of the pregnant body, associated with heterosexual intercourse, motherhood, and emotional bonding with the child, leads surrogates into a culturally ambiguous in-between zone in which the surrogate both is, and is not, a mother. Therefore, during the time of the interview she was living in a surrogacy hostel, where she could hide from her neighbors and extended family members so that her identity as a surrogate remain hidden.

The authors Dey and Shaw interviewed Sonia twice with an interval of nine years.; in between, they were in contact through social media sites. Nirmala's interview, on the other hand, was conducted in 2014 at one of the surrogacy hostels in Kolkata. Both the interviews were conducted reflectively and empathically (Polkinghorne 2007), in an attempt to create a space of comfort and conversation free from any judgments (Ackerman and Maslin-Ostrowski 2002). Of course, our interlocutors were very aware of the negative scrutiny that bears down on their lives. Efforts to create a sensitive, empathetic engagement was important in both cases to conduct interviews with these individuals (Kleres 2010). In Sonia's interview, the researcher's primary goal was to find out the meaning of queering, by analyzing the case of an individual who repeatedly shifted his sexual identity. In Nirmala's interview, the objective was to explore the binary lives of surrogates. Although these women gestate a child in their wombs for nine months, they are not considered as 'real mothers'. Surrogates do not share genetic ties with the baby, but they do share other bodily substances (like blood); they also experience the pleasures and pain of growing a child in their body. The particular forms of over-medicalization, counseling, and medical surveillance offered by this assisted reproductive service sector in Kolkata can alienate the surrogates from their own wombs. Indeed, women start believing that they are just reproductive vessels – mere agents of reproductive labor. Even though bodies and desires are usually regulated through compulsory, systematized and hegemonic norms, the authors argue that the thwarting and threatening of conventional gender practices creates opportunities for deconstructing established male and female identities in the city.

Our understandings of these subjectivities have been deeply informed by both queer and feminist theory. Queer theory critically examines stable notions of identity as fictional, problematic and even utopic, as creating distinctions (such as class) and reinforcing power relations between and within social and sexual categories. In the following text, the authors attempt to represent the ways in which Sonia constructs identities that are flexible and variously queered in relation to the city around him. Secondly, we show that the transnational surrogacy market in India, which is largely based out of Indian metropolises, is a complex development involving cross-national linkages, renting a woman's womb for birthing, monetary transactions, and questions of sexuality, kinship, family and citizenship. Feminists have adopted the life history method as a way to document the voices and narratives of marginalized women (Alcoff and Potter 1993; Naples 2003), and are invested in theorizing women's corporeal experiences. Oral narratives of different actors involved in the surrogacy arrangement have helped the researcher to document women's embodied experiences in multiple spatial contexts in Kolkata. The urban ethnography proffered by all the authors thus created an opportunity to disrupt and perhaps transcend the static binaries of individual-social, local-global, and subjectivity-objectivity in the city.

While looking at these stories we will also try to reflect on changing experiences of Kolkata itself, with emphasis on our characters as embedded within social contexts shaped by various norms, pressures and established methods of subversion. There is little doubt that we live in a 'somatic society' – that is, a society 'within which major political and personal problems are both problematized within the body and expressed through it' (Turner 1996, 10. Kolkata, like any other city, is undergoing constant change; while its collective memory has not yet forgotten the days of communism and leftist politics (see other articles in this special issue), the city is gradually emerging as an aspirational modern, global city. While exploring Nirmala and Sonia's narratives, and confronting the complex dichotomies of their bodily experiences, the article asks: who are invited to be part

of Kolkata's aspirational project of becoming a global city? Do the stories coming from the unaccounted-for margins of the city give us different narratives about the city?

Sonia's story

The outset

This ethnographic portrait will represent the co-construction of a life story by Sonia, the 'subject' of the present study, and the authors (Knight and Sweeney 2007). Sonia, whose assigned gender is male at birth, and who presents himself in a so-called feminine way, self-identified as Kothi and lived in North Kolkata (he preferred to be referred as 'he', see endnote 1). The first interview with Sonia was held in 2008. At that time, the authors had completed their Master's degrees in Anthropology from the University of Calcutta; the first author, Dey, had finished her dissertation on gender and sexuality issues. Dey had further embarked upon an ethnographic study on men who have sex with men in India which led to a chance meeting with Sonia, who generously shared his life experiences over the course of two interviews. Sonia employed the English pronoun 'he' for feminine men who are biologically male at birth, without ignoring the fact that some people could identify as a woman trapped in a biologically-constructed male body. When speaking in English, the majority of Kothis usually use pronouns 'he' or 'she' instead of western words and concepts such as 'zie/sie' or 'zim/zir/zis' or 'hir/hirs' for self-identification. The goal of our study was not to investigate the claims in Sonia's narratives, but rather to explore the meanings and subjective interpretations of the personal, social, political and temporal that he depicted through his life story (Coulter and Smith 2009; Trahar 2009). These narratives also state the complicated experiences of living as a Kothi or 'feminine' man who has sex with men in contemporary Kolkata (Briggs, Coleman, and Morrison 2012).

Encountering Sonia

Dey and Shaw met Sonia for the first time in a local park in Kolkata, on a January evening in 2008. He was seated with his partner whom the Kothis called their *Parikh* – a 'real man', who always appears 'straight' in public and played the more 'active' role (as an inserter) in sexual relations. We were introduced to each other by a Kothi friend named Bubun. In this case, a snowball technique² seemed very useful to meet people who usually tried to guard their community from the critical gaze of Kolkata's mainstream society. At that time Sonia introduced himself with the name Sanjay, a typical Hindu Bengali boy's name. He appeared to us as a 'feminine' boy of thirty-three years old. He had plucked and shaped eyebrows, clean shaven cheeks, having a touch of light lip gloss on his lips, pierced ear without ear rings and without any heavy makeup. He was wearing a sea-green men's t-shirt and skinny jeans, and was wrapped in a purple winter stole. He had a typical boy's haircut but his posture would be thought of as feminine. Bubun said Sanjay is a very good painter, with his own drawing school. While Bubun cleared the issues of our arrival, Sanjay somehow looked nervous to talk with us regarding his personal experiences. He sent his partner away and did not introduce him to us. Then we had tea from a hawker and started to chit-chat. Sanjay asked a lot of questions, particularly about whether he would suffer from any problem in coming out to us. He seemed more confident after a few minutes of conversation. Bubun left the place after a while. The interview started informally in a semi-structured way.

The first encounter

We asked Sanjay to tell us about his life from the beginning, the story of Sanjay to Sonia. Sanjay began to talk about his childhood days. 'At the age of five, I sensed I'm different; not like other boys of my age,' he said. He admitted that in his childhood, he loved to play with dolls instead of

toy guns or footballs. He used to wrap himself in his mother's sari, and played the role of his mother with neighboring friends. He felt more comfortable playing or sharing things with girls. He supposed he was good at household chores, but useless when it came to the kinds of masculine jobs that his family expected him to do. He might cook for his family or wash clothes for his mother, but was unable to change a light bulb and could not repair a fuse wire easily. He might not be able to shift furniture that his elder brother could move without any difficulty, but he said that unlike his brother, he could make wonderful pickles. Sanjay admitted,

At the age of thirteen, I underwent a weird feeling that I'm not a 'normal' boy like others. I felt attraction towards boys and that made me totally confused. I felt I'm the only one in this planet who being a boy got attracted towards other boys. I had fallen in love with a guy named Subhas in my school who is four years senior to me. I used to make excuses to go to his class or even to his house only to have a glimpse of him. I wished I could wear a long skirt and top while going to meet him because once Subhas shared that he had bought a skirt to give to his friend Sraboni [a girl] whom I didn't like. Sometimes I gave him hints regarding my euphoria, but I was not so courageous at that age to express my love boldly as I was conscious that I'm a boy by birth. I was in dilemma – what's going wrong with me? Is my soul trapped in a male body?

Sanjay started manifesting his 'feminine' side and became conscious about his tendency in early childhood. But he was still confused about his desires. We would suggest that the power of doxic norms makes people think in stereotypical and structured ways (Jackson and Scot 2002, 43–46). From early ages, people imbibe the sexual division (men and women) through their socialization within the heteronormative family. Kolkata's middle and lower classes are still conservative when it comes to such gender norms, and resistant to overt experimentations with gender and sexuality. Sanjay failed to match the competency of other boys of his age, and suffered from anxieties that he would be rejected within a masculine and sexually orthodox urban society.

Sonia told us that when he was in class ten he met Supriyo at his private tutor's home, who was already in the network of the Kothis or MSM (men who have sex with men). He helped Sanjay to begin to identify as a Kothi as he was 'feminine', and felt attraction to other boys. He introduced Sanjay to the Kothi world and made him aware of other MSM. According to Sonia, 'I identified myself as a Kothi while I met my Kothi friends'. Dominant cultural norms and the tensions that these engender, which are shared amongst people who go against these norms, give rise to particular, culturally-specific patterns of identification. Simply put, Kothis help their peers to become socialized into this identity. Recalling Foucault (1984), who argues that the self is not static, it is clear in this case that different conflicting forces acted upon identity and played a role in its reshaping. During this socialization process, the practical transmission of 'knowledge' via peer influences and observation led to a new sense of embodiment. Sonia clarified that his peers helped him to adapt Kothi culture and to integrate into the Kothi world. He acquired the means to become more feminized, more attractive and to manage clients. Sonia confessed that at the very beginning, when he became aware about anal sex amongst his peers, he used to engage in sex with different partners regularly. Sonia described the type of clients that he liked: 'I like a strong physique, a muscular body with hairy chest, a strong man who could force me at the time of foreplay'. He echoed a structured heterosexual model of relations, saying: 'It made me calm when I realized that I was in that position where a handsome masculine man can become crazy for me and proposition me'.

We asked when the transition from Sanjay to Sonia took place. Sonia smiled and replied that it was a long story. Once he had joined a Hijra group by fortune. That time he was only twenty-five years old, facing harsh treatment from his family for unemployment and his feminine behavior. He felt cornered within his family. Sonia reported:

One day I decided to leave the home, and I joined Guru Sona's group in Kestopur, Kolkata.^[3] This is due to the fact no office would recruit me as I'm not like other regular men and there is a lot of cases of humiliation and rejection of Kothis when they appeared for a job. One of my friends helped me to prepare myself before I visited Guru Sona, because selection of a Kothi in a Hijra group is not very easy task. Feminine appearance and contacts really matter here. I was quite beautiful that time and I geared up myself with more feminized deeds to make myself attractive. I removed my body hairs and tied my chest with rubber band for making a cleavage on my

chest. I kept shoulder length hair. My appearance easily convinced my Guru when I went to his place with my friend. After initiation Guru named me as Sonia.

Sonia had decided to join the Hijra group due to his poor economic conditions. He reported that in the male-dominated society acquiring a job for someone perceived to be effeminate is tough. They faced symbolic violence and humiliation for having a subordinated masculinity in a wider, competitive urban environment. So it was more comfortable for Sonia to join a Hijra group rather than to find other jobs in the city. To Sonia, Hijra is a professional category. It is their duty and job to beat the drum and dance when a newborn is brought home from the hospital. Often Kothis join this profession. After an initiation process, a Kothi becomes an 'Akhua' (a person who hasn't removed their genitalia) or 'Chhibri' (if their genitalia are removed). Members of the community rarely refer to themselves as Hijra and there is a rule to live a 'Nirban' (asexual) life if a Kothi joins a Hijra group. A Kothi could freely express and enjoy his femininity because in India, Hijras, unlike Kothis, have more traditional acceptance⁴ as religious healers. Despite facing poverty and social avoidance, they remain powerful agents of prosperity. Sonia gained more cultural capital by becoming more feminized. Both the cultural capital and the social capital (networking with others) made it possible for him to join that Hijra community. However, the societal stigma attached to the Hijras compelled Sonia to join a Hijra community outside his own residential area, in order to protect the reputation of his family. He said that at the beginning everything was well, but a couple of months later he felt that the members of the group were exploiting him. He reported:

I had to work for full day like a maid. As I was a newcomer they didn't allow me to go to the field for *badhai* [dance performed by Hijras after a baby's birth] with them. They initiated my training on how to do *darshan* [plucking beard and mustaches by tong], how to play *dhol* [drums] and about their norms and rules. But in turn I had to do sweeping, moping, bathroom cleaning, washing utensils, clothes, water storing, body massaging and all types of factotum jobs. They strictly warned me not to cut my hair, not to talk with unknown men and to forget about having sex. Though I knew that they used to have sex with their steady *parikh* furtively. If I did anything wrong by mistake I had to pay *don* [a fine]. If I said I don't have money they harassed me by asking to do at least five hundred sit ups with tugging my own ears. Gradually I started earning by taking *hissa* [a share] from them after three months of joining. Guru started forcing me for castration to become a 'Chhibri' [Royal Hijra] from my present 'Akhua' [non-castrated] position. Within five to six months I got fully fed up with all this and one day I flew away. I went back to my home without informing anyone.

Sonia admitted that a Hijra community is totally based on the relations between Guru (master/boss) and Chelas (disciple), and these power relations are maintained by the members. The rules are validated by community-based political ideas, beliefs, and practices. Nevertheless, in the Hijra world Chhibris accumulate more prestige and status as they have castrated their genitalia and can handle the public by assuring them that they are the 'real' eunuchs, by birth or castration. An Akhua can return to their family easily, they can live their life according to their choice in ways that a Chhibri could not. Thus, Chhibris are always suspicious of the Akhuas as they have not upgraded their status from Kothi life to Hijra. Hierarchy is strictly maintained in this community, and newcomers generally suffer. Members who can accept this or are able to handle the situation may get accustomed to the culture; otherwise they escape from the group as Sonia did. Sonia left the group and returned to his home. His mother cried a lot to see him after long days. He admitted:

I felt so bad to face my mother. I decided to behave in the manner my mother expects me to. More than two weeks I shuttered myself in my room and fought with myself. I cut my hair and stopped doing anything girlish. I didn't make any contact with my Kothi friends.

Within these circumstances sometimes people like Sonia try to give up their desires and behave according to the structured rules of Kolkata's wider society. Sonia felt for his mother and decided to act according to his family members' wishes, but he couldn't sustain his heteronormative lifestyle for long. Sonia admitted:

We can't change our destiny, right? After three to four months, one day I met Joy. That time he was working in a shop. I became mad for him and we quickly became friends. I decided that I'll live my life according to my own choice. But from that day I never did cross-dressing or put on loud make-up till today.

Sonia shared that after he met Joy, his life took a new direction. Joy convinced him to take up painting as a profession as he had painted well since his childhood days. Sonia also shared that they were in a relationship for the past seven years. He said that they had a plan to marry and live together in the future, suggesting an emulation of the heterosexual model of relationships.

The second encounter

Dey and Shaw met Sonia suddenly again after nine years, at Sealdah station, in 2017. He was with his friend Bipasa. Sonia was wearing a lady's top and jeans. We asked Sonia to have some food with us. We entered a coffee shop and began casually talking. We inquired about his partner Joy. Sonia reported that Joy had betrayed him and got married in 2011. He had no further contact with him. Dey commented that she has noticed at least four Facebook profiles of Sonia with different names and in one profile that might not be active presently, she saw him with a girl. She seemed very close to Sonia. Sonia smiled and said,

I got married three years back. Suddenly my mother was diagnosed with heart disease in 2013. That time, my father also passed away suddenly. She started blackmailing me that if I didn't marry a girl, she would hang herself. After a long, heated discussion with my brother, one day I was compelled to give my consent. But believe me I don't have any attraction towards women. I can tell you how many times I had sex with my wife. Now she is not in my life. Almost one and half years back she left me and flew away with a guy. I don't have any regret for that because I can understand her condition. She became aware very soon that I used to have sex with men. Oh! It was a horrible time that I went through. I had to play the role of an ideal husband.

By familial pressure, Sonia was compelled to enter a hetero-sexual marriage and tried to maintain his married life alongside his Kothi life. We asked Sonia, 'Maybe you didn't like to penetrate your wife but did you ever experience this with a man?' After a pause Sonia said,

Indeed, yes but not often. I experienced this after my marriage. Once I provoked a man for fulfilling my urge but didn't recognize that he was a *dupli gupti* [a versatile category of men who have sex with men who appear straight publicly and prefer to penetrate or to be penetrated by other men]. He forced me to penetrate him while we were intimate. It was an ambivalent experience for me. After that, not frequently but I did have sex with *dupli guptis* in an undisclosed way. You know being a Kothi this type of dual practice is very immoral. Though I can guarantee that out of ten, four used to practice this infrequently, but they would never disclose. In Kothi network there is no place for *dupli* Kothis. If I express these incidences to my Kothi friends, they would label me as *bila* [impure or disloyal]. Bipasa is my best friend. As he knows everything about my life, I'm expressing this freely in front of him.

We finally asked him, 'Then how you will define your identity now? Are you a Kothi or a Dupli?'

I'm leading a true Kothi life. That time I was suffering from a difficult condition due to my disappointing conjugal life. I did something weird. Now I'm much more stable in my life. My mother passed away two years back. I left my home after my conjugal break up. I'm living my life according to my preference now. I made myself like a woman in true sense over the last year. I've even gone through some therapy to reshape my body. I've uplifted my breasts, had laser treatment to stop the growth of facial hairs. I have a steady partner in my life now but how long he'll stay with me I don't know really. In our life nothing is stable, and no partner is committed that I've experienced. But I'm happy with what I am now.

The case of Sonia is a typical example of the cross bordering nature of identity categories that shows how individuals can performatively manipulate their embodied existence (Bourdieu 1992). Gender and sexual categories may appear to be deterministic or constant, but they are rendered permeable through Sonia's encounters and journeying through multiple sexual identities and sexual communities in Kolkata. In response to given situations, Sonia altered his identity from Kothi to Hijra and again to Kothi, and also experienced Dupli role play, consequently escalating or toning down embodied gendered, cultural practices; these changing identities were integral to his

engagement with multiple actors, agents and sexual aesthetics in the city. Sonia was able to dislodge himself from his familial life and join an urban Hijra group by making himself more 'feminized'. He also returned to marry a woman and provided support to his wife during his conjugal days, following the prescribed norms (or doxic rules) of the heteronormative society.

The lived experiences of Sonia confirm how the potential co-existence of multiple sexual identities in the city create spaces and opportunities for the interactions between non-heteronormative and heteronormative habitus. These sexual identities are situational and flexible as they are adapted to different urban existences and environments. We argue that urban identity politics are complex and ambivalent, which means that if someone separates himself from hetero-normative practice, then he becomes stigmatized; again, if somebody wants to return to hetero-normative practices then that person has to face disadvantages, or he is considered disloyal by his community friends. So, it can be said in this respect that deviant identities, which are not always manifested in the form of overt urban queer politics and activism, may sometimes compromise with rather than challenge hetero-normativity in the city. Knowingly or not, the Kothis or the Hijras or even the Duplis in Kolkata are subjugated to dominant forms of hetero-normativity. Being covertly engaged in identity politics against hegemonic masculinities, Sonia and people like him pave the way to go beyond any single normative construction of urban society, thus symbolizing the possibility of a more 'queer' city.

Nirmala's story

This account emerges from my research on surrogate women in Kolkata, who are mostly poor women renting out their wombs in exchange for money. I will predominantly talk about Nirmala and her experiences as a surrogate, suggesting that narratives around surrogacy cannot overlook the corporeality of such women. Nirmala's story is not only a story of her own personal journey, but a story of Kolkata itself – its transition from an old post/colonial economy towards neoliberal aspirations, with rapid urbanization, changes in the city landscape, and privatization.

Nirmala's husband used to work in a paper mill and lost his job when the factory shut down. Consequently, they moved to a slum in the south of Kolkata, where her husband became a rickshaw puller and she began working as a maid in one of the nearby upmarket housing complexes. Her husband did not work full-time owing to depression and alcoholism that followed the loss of his factory job. However, Nirmala had a dream: she wanted to send her two daughters to the English-medium private school next to her slum. Surrogacy became the only option for her to meet that goal. During my interactions with her, she was working as a surrogate for a big corporate hospital in Kolkata, renting out her womb for a Bengali couple living in Australia. Given that commercial surrogacy is a taboo subject in Kolkata, she preferred to live in a hostel arranged by her clinic during the advanced stage of her pregnancy, so that she could hide from wider society.

The media has taken a lot of interest in the surrogacy industry. A particular image of the surrogate, with a protruding belly and a covered or veiled face, has become commonplace in media representations of these women. These images suggest that although the fertility industry is flourishing, surrogates and egg donors remain invisible actors; behind their veiled faces, there are human stories which are ignored and overlooked. This invisibility can also be self-imposed by the surrogates and donors themselves as a strategy to protect themselves from the social stigma of surrogacy and gamete donation. Assisted reproductive arrangements involve multiple actors and all of them have their own narratives on assisted reproduction from their own personal experiences. The surrogates and donors are not equal participants in the birthing arrangements, as documented by several ethnographic studies (Dasgupta and Dasgupta 2014; Vora 2013; Banerjee 2014). I acknowledge the contributions of this scholarship while telling Nirmala's story, but I insist that the donors and surrogates are not victims either – for them surrogacy is a means to a better life.

My primary field research was conducted mainly in Delhi and Kolkata, conducting interviews with surrogates in both cities. In Delhi, I could not get access to any surrogacy hostel. Even if I could get

permission to interview surrogates, most of the time my meetings with them were under strict surveillance and I was always accompanied by staff from the clinics. The clinics in Delhi were equipped with high-tech surveillance cameras, security guards, and separate seating arrangements for clients, visitors and surrogates to make sure that surrogates do not get the chance to interact with the clients. The capital was considered as one of the biggest hubs of international surrogacy. Delhi-based clinics receive a lot of international clients, more specifically Western clients, and as a result international and national media have always paid a lot of attention to these sites, questioning the morality and ethical aspects of surrogacy. Because of the media scrutiny and criticism coming from activists and academics, the clinics and surrogacy agencies in Delhi are very skeptical about letting their surrogates and donors talk to anybody.

Interestingly, I had a very different experience in Kolkata, where the clinics I visited were more open in terms of providing access to the surrogates and donors. Most of the doctors I met very graciously allowed me to talk to their patients and to join the counseling sessions, and gave me access to their records. Being a Bengali from Kolkata undoubtedly helped me in getting initial access to these clinics, but at the same time, I realized that clinics in Kolkata were generally much more relaxed about discussing issues such as assisted pregnancy and surrogacy. The clinics had less surveillance and some of the clinics did not even have hi-tech cameras installed in their buildings. However, it is also true that doctor's permission was mandatory everywhere to talk to the surrogates and donors. The clinics in Kolkata receive fewer international clients and the city is not known as one of the international hubs for medical tourism. They receive more local Bengali clients, NRI Bengali clients, and clients from adjacent states such as those in the Northeast and countries like Nepal and Bangladesh. In my several visits to these clinics, I was often made aware of their aspirations to go global, particularly by inviting foreign (Western) clients, but they also expressed their frustration that Kolkata as a city is not ready to integrate into the international market. They talked about the lack of direct international flights coming from Europe and the United States to Kolkata, and its reputation as an old, decaying city with no infrastructure.

I met Nirmala in one of the surrogacy hostels in Kolkata run by Dr. Saha. During my interview with Dr. Saha, I got to know that the surrogacy market is new and emerging in Kolkata, and the best way to get surrogates and donors was through advertisements in local Bengali newspapers. It was cheaper to hire a surrogate in Kolkata than in Delhi because the market was not linked to international surrogacy networks – instead catering to the local market. According to Dr. Saha, Kolkata's clinics are thriving because of the clients coming from Bihar, Nepal, Bangladesh and the North-Eastern states. However, it is also a matter of supply and demand; since there is no dearth of poor women in this part of the country, surrogacy is comparatively cheaper than in the rest of India. I realized that the surrogacy industry had developed in areas where two things co-exist – first, a supply of disposable bodies who would sell their wombs or eggs in the market, and second, people with money who would buy their services. Even though surrogates are not genetically linked to the baby, parents sometimes select them on the basis of race, religion, caste, skin color etc. Therefore, remuneration of the surrogates varies depending on those qualities.

Most clinics, both in Kolkata and Delhi, hire their own surrogates. They have their own networks of agents and brokers who bring women to these clinics for egg donation and surrogacy. Nirmala's own sister-in-law did surrogacy twice and now she works as an agent for a clinic in Kolkata and hires new surrogates. Nirmala got to know about surrogacy from her. As Nirmala said, 'There is poverty at home, I needed money, and it is an easy way to earn money.' She continued, 'We have severe financial problems at home. My husband lost his job in a factory. The factory closed. It was literally a hand-to-mouth existence for us. When we got to know about surrogacy, it was like a godsend.' Surrogacy is also a way of securing a better future for them and their families – means of giving their children a better life. As Nirmala explained:

We want to send our children to an English-medium school. Giving my children a good education is most important to us, and this is not possible with my husband's income. I will do anything possible to give them a better life.

She worked as a maid, and her husband works as a rickshaw puller and so this presented an opportunity for her to earn some money.

The hostel

Nirmala stayed in a surrogacy hostel in Kolkata during pregnancy to hide from her neighbors and wider society. Initially she stayed with her family but when her body started to change, and her protruding belly started to show, neighbors started to notice. She laughed and said 'many initially thought I gained weight, but then I realized that it was my time to leave the house and stay in the hostel. I didn't want to explain to them the real cause of my weight gain.' She knew, 'neither the *samaj* [society] nor our neighbors are going to feed me. They are not going to pay my rent. I have to do this for my sake, for the sake of my children.' Most of the surrogates I interviewed said that it was difficult for them to decide on surrogacy. They had to convince themselves and their husbands, whose consent was mandatory. Nirmala faced many dilemmas before she took the final decision. Her doubts were allayed by the doctor after multiple visits. She was surprised to know that someone can become pregnant with the help of an injection (*sui*). She recounts the steps that led her to surrogacy:

There is poverty at home and then we got to know about this. I didn't have any problems during my pregnancy. So I said, let's try it. My husband was not on board initially. I took him to the doctor so that he understood all the steps and procedures. He is a good-hearted person. He wanted to make sure I will be fine and my body will not be harmed in the process. The doctor finally could convince my husband.

When I asked the surrogates if they would still go for surrogacy in an ideal world where there was no poverty, all of them said no – some with confidence and some with reluctance. Nirmala said, '*Didi*, are you crazy? Who would do this if they are not in dire need of money?' According to her: 'We had to make this tough choice because we need the money. I know giving a baby to a childless is also satisfying, God unleashes *blessings* on me for that. But this is tough.' Scholars and activists have pointed out how these hostels recreate a factory-like environment in which reproductive labors take place under surveillance and scrutiny. Amrita Pande's research on commercial surrogacy in India has explored the lives of the surrogates in a surrogacy hostel in Anand, Gujarat. After her, much research has been conducted on surrogacy hostels. In some cases, surrogates stay in hostels during the entire nine months of pregnancy, and in some cases, only during the advanced stage. Pande (2010) argues that through these disciplinary techniques the surrogacy hostels molds surrogates into 'perfect-mother-workers'. She argues further that a perfect commercial surrogate is not found ready-made but is actively produced in fertility clinics and in surrogacy hostels. Interestingly, the surrogate is expected to be a disciplined contract worker who takes care of the fetus as a caring mother but also gives up the baby just after birthing without any fuss. The criteria of a good mother-worker are: one who doesn't smoke or drink, acts as a nurturing mother to the fetus, doesn't demand too much money or claims over the baby, and gives away the baby as soon as the baby is born. Keeping in mind these factors, says Pande, disciplinary techniques are practiced in the hostel through language and metaphors, counseling and surveillance.

The trend of surrogates living in hostels attached to the clinic had not yet arrived to Kolkata at the time of my research. Dr. Saha's hostel, where I got the access to talk to some of the surrogates, including Nirmala, was not attached to any particular clinic. It was an old two-story building, somewhat removed from the center of the city. There were a few rooms on the first floor and a few on the second floor. All the rooms had two narrow beds, two chairs and a TV. They had access to a kitchen (along with a cook) and one of them would make a cup of tea for me when I went to meet them. The only sources of entertainment for these women were television and talking to each other.

Sometimes, surrogates themselves decided to stay in hostels during the gestational period due to the enormous stigma attached to bearing someone else's child. For example, Nirmala wanted to stay in the hostel to hide her surrogacy experience from their extended family and neighbors.

The primary objective of these hostels is to control women's bodies and make sure that these women don't engage in any activities that can harm the fetus. The corporeality of these women's experiences indicate how they are treated differently than any other pregnant women. The hostel environment helps the clinicians to closely monitor the surrogates and the growth of the fetus. In some clinics, strict restrictions are imposed on husbands and children, especially those visiting surrogates in hostels. Some clinics allow children to live with them. The doctors not only try to control the health and lifestyle of the surrogates but also their sexuality and relationships. The husbands are not allowed to stay in the hostels. The women are not allowed to step out of the house and their only trips for nine months are to the clinic for their monthly check-ups.

When I met the surrogates in the hostel in Kolkata, they said that they were bored from the dreariness and monotony of their lives. Nirmala said 'I've never been so useless in my entire life. I only eat, sleep, and take medicine. How long can you watch the TV? My back hurts from sleeping all day.' Initially, these surrogates found the idea of being away from the family fascinating and they enjoyed a break from their daily routine. They chatted and laughed with each other but gradually they became bored of their lives within the confinement of the hostel. They had to give up their jobs, the normality of their daily lives, and even recreational activities. They are mostly confined to the bed even if they do not have any medical complications. Nirmala's children stay with her husband since they have their school. They only come on weekends to spend some time with her. She misses her two boys miserably, but according to her it was 'all for a good cause. I am ready to endure this separation because that will help her to secure their future.'

Medical surveillance

When I met Nirmala, she was carrying a child for an Australian-Bengali client. It was her first surrogacy experience. She was in her second trimester and every move of her body was highly monitored. The doctors told her to eat a lot. 'I am eating milk, eggs, *chana* [cottage cheese], vegetables – sometimes too much. It is hard to digest so much food'. She also received a mobile phone from the intended mother to check on her well-being.

I got a mobile phone from Bela *didi*, and initially I was very excited as I never had my own phone. But now I am sick and tired of her phone calls. She calls at least twice every day, some days even more, to know if I am eating properly, taking medicines and taking rest. If I don't pick up the phone, she gets mad.

Almost all doctors reiterated that since all these women come from poverty-stricken families, they have to be very careful that the women take their medicines daily and even ensure proper nutrition. Interestingly, all surrogates have their own children, they are not pregnant for the first time, and most of them hardly received any medical care during their own pregnancies. But, as surrogates, they need more medical care, since they are pregnant with other (rich) people's babies. Pregnancy is not seen as a natural process of life here and surrogates are treated as sick bodies, supervised and medicalized.

Surrogates live in hostels or in their own homes, and they must all attend counseling sessions organized by the clinics. The objectives of these sessions are to train and discipline the minds of the surrogates so that they do not develop any emotional bonding with the baby. Even though surrogates do not share genetic ties with the baby, they do share other bodily substances (like blood and sweat); they also experience the pleasure and pain of growing the child in their body. Therefore, it takes an enormous amount of convincing to alienate the surrogates from the baby. The intention is not only to alienate surrogates from the end 'product' (the baby) but also to alienate them from their own body. The surrogates start to believe that the reproduction is an out-of-body experience, the womb is not a part of their body, they have no genetic nor any emotional connection with the

baby. The over medicalization, counseling, and medical surveillance alienates the surrogates from their wombs. They themselves start believing that they are just reproductive vessels.

Sometimes, clinics manipulate the surrogates' financial insecurities to emphasize their disposability. As Nirmala says, 'I have to be more cautious, since it is not my baby. I am taking care of somebody else's property.' Through the long process of counseling, the clinics make sure that the surrogates think of themselves as babysitters without any claim over the baby. During my research, I found that sometimes the surrogates were not even clearly aware of the monetary transactions. The counseling process helps them to turn the surrogates into cheap labor, taking away their bargaining power. As Nirmala said,

I know I have to give the baby away, I will get 2.5 lakhs [\$4000] in total for surrogacy after the baby is born. I have to stay here [in the surrogacy hostel], they are taking care of my medicine, food and other costs during my pregnancy. Also, if I have a miscarriage, I will not get any money, so I have to be careful.

The nationwide research conducted by CSR (2012) revealed that the majority of the surrogate mothers had not received any copy of the contract. Though she is a signing party in the agreement, the clinics did not leave a copy of the agreement with the surrogate mother, and thus she did not have any evidence either of her pregnancy or the surrogacy arrangement.

Although clinics employ different strategies to make sure that the surrogates start imagining themselves as no more than the reproductive organs, the interviews with my surrogates revealed that they still developed an attachment to the baby. When asked if she can forget this experience, Nirmala said, 'How can I forget? They are my blood. They are going to stay here [pointing at her stomach] for nine months.' Most of the time, surrogates are known as 'surrogate mothers' but they do not have any rights over the baby. Nonetheless, the surrogates should not be viewed simply as victims. My research echoes Pande's (2010, 985) argument that 'surrogates ... are more complex subjects than either invariant victims or consistently subversive agents.' Going along with Pande, I argue that surrogates in their day-to-day life continuously negotiating with clinics, clients or their family members. Despite poverty, lack of resources and lack of information, the surrogates have to deal with multiple layers of social and economic oppression in the city. Sometimes, in their own personal lives, they face domestic violence, exploitation, along with poverty and deprivation. Therefore, under the circumstances, these women do what seems best for them and their families. Surrogates and donors express agency through the decisions they take, and through the negotiations they make with the clinics and their family members in their day-to-day lives in Kolkata.

Notes

1. As part of this study, we conducted a semi-structured questionnaire in which we asked respondents, how would you define your body and which pronoun authors should use to refer to you as your story will be documented in English? Sonia said 'The people like us are Ardhnanarishwar [a composite androgynous form of the Hindu deities Shiva and Parvati which is genderless]. Boy on one side; girl on the other or I might say a woman trapped in male body. So it does not matter which pronoun one may use to referring us. But as our assigned gender is male at birth, most of the time I used "he" for myself.' The authors note that there is no gender distinction in Bengali subject pronouns.
2. By snowball method, we refer to building a network of research respondents by asking each person we met to provide further contacts.
3. *Guru* here is the title of the head of a Hijra group.
4. Hijras have a degree of historical acceptance in Hindu society. There is mention of Hijras in Indian epics and myths. It is believed that Hijras are holy; they are neither man nor woman, and they are expected not to have a normative sex life. They live in their own groups by developing a complex non-biological kinship tie. In many Indian traditions, sex is deemed as messy or unclean. People believe Hijras are asexual, so they must be pure. Many newlyweds and pregnant women seek blessings from Hijras if they want a baby boy. When a baby is born, Hijras often receive bookings for performances: offering their blessings and singing coarse songs along with dancing. So they have a certain cultural value within traditional societies (Dey, Shaw, and Das 2016).

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No potential conflict of interest was reported by the author(s).

Notes on contributors

Soumi Dey is Assistant Professor in the Department of Anthropology, Haldia Government College, West Bengal. She has been involved in a number of research projects entitled 'The Growing Constructs of Networks, Subculture and Other Social Differentiations of Sexuality and Gender in Local Indian Context and Their Relationship with the Issues of Health (HIV/AIDS)'; 'Sample Survey of Other Backward Communities in West Bengal'; 'Violence in Markets'; 'Servant and Servitude' and 'The Structure and Agencies in The Life of Certain Marginalized Tribes of West Bengal, Jharkhand and Odisha'. She is the co-author of *Sexuality, Identity and Health: Same-Sex Behaviour of Urban Indian Men* (2014).

Tanusree Shaw is Assistant Professor in the Department of Anthropology, Bangabasi College, Kolkata. Her research explored the theory of practice in industrial contexts such as knowledge, process, organizational system, globalization and its effect on handloom, gender and subordinated women in the handloom industry. Her research interests include social theory, ethnography, industry, globalization, development, gender and sexuality. Shaw has published a number of anthropological research papers in national and international journals. She is a life member of The Indian Anthropological Society and a board member of R.U.B.I Society and Research Centre (Reorganizing the Underprivileged Backward Individuals).

Anindita Sengupta received her Ph.D from the Department of Women's, Gender, and Sexuality Studies (WGSS) at the Ohio State University (OSU) in May 2017. Her dissertation, 'The Desired Baby: Assisted Reproductive Technology, Secrecy, and a Cultural Account of Family Building in India' research examines assisted reproductive and genetic technologies, and the transnational fertility industry from the perspectives of family, kinship, parenthood, and reproductive justice. My doctoral project was funded by the prestigious Mershon Center for International Security Studies and the Office of International Affairs at the Ohio State University. My areas interests are postcolonial and critical race theory, feminist reproductive politics, global and transnational feminism, and neoliberalism.

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