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Elina Nilsson

Thai Surrogate Mothers' Experiences of Transnational Commerical Surrogacy

Navigating Local Morality and Global Markets



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Abstract

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Transnational commercial surrogacy is an arrangement where a woman gestates and delivers a child for intended parents from another country in exchange for money. This thesis explores the experiences of women who have acted as surrogate mothers in Thailand. Based on in-depth interviews with twelve former surrogate mothers, the thesis analyses their accounts in relation to gendered, local, and global dimensions of transnational commercial surrogacy. More specifically, it investigates how surrogacy has affected the women materially, socially, and personally; how they understand and negotiate family, kinship, and relationships in connection with their surrogacy experiences; but also how the global surrogacy market and local context interact in shaping the conditions for surrogacy in Thailand. The thesis engages in dialogue with research on commercial surrogacy in other settings, and draws upon theoretical frameworks of gender, motherhood and kinship, local moral economies, and precarious intimate labour. The analysis explores, first, how the women's decisions to undertake surrogacy, and, for some, further involvement in surrogacy are enabled through women's social networks and family relationships. Second, it investigates how, through the framing of surrogacy as primarily an opportunity to earn money for their own family but also as an act of making merit, the women draw upon material and religious rationalities as well as gender ideals that allow them to live up to their obligations as mothers and daughters. Third, it explores how their trajectories are marked by im/mobility and flexibility, taking shape in relation to the global reproductive market as well as local and national conditions. Finally, it demonstrates how the women use strategies of de/kinning that both align with and resist the idea that the surrogate mother is not related to the child. The results highlight the precariousness of these women's labour and how surrogacy stretches into their lives beyond the nine months of pregnancy. Results also focus the women's own decision-making and negotiations within the context of constrained but real agency. This thesis contributes knowledge about the situation of surrogate mothers post-pregnancy, and also in a context where surrogacy is illegal. It also contributes to the research fields of transnational reproduction, gendered and global division of intimate labour and feminist discussions on motherhood.

Keywords: transnational commercial surrogacy, intimate labour, motherhood, gender, Thailand, precarity, local moral economies, kinship, family, merit making, assisted reproduction, bioavailability

Elina Nilsson, Centre for Gender Research, Box 527, Uppsala University, SE-75120 Uppsala, Sweden.

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Abbreviations and glossary

ART	assisted reproductive technology
IP	intended parent(s)
IVF	in vitro fertilisation
NCPO	National Council for Peace and Order
SM	surrogate mother
฿	Thai baht
€	euros
<i>baht</i>	the currency unit of Thailand
<i>bap</i>	Buddhist demerit
<i>bun</i>	Buddhist merit
<i>bun khun</i>	debt of gratitude, especially between parents and children
<i>dek lord kaew</i>	glass tube child
<i>faen</i>	boy- or girlfriend, partner
<i>farang</i>	Westerner or white person
<i>luk</i>	child
<i>luk kha</i>	client, customer
<i>mae</i>	mother
<i>mae um bun</i>	surrogate mother (mother carrying merit)
<i>mia farang</i>	Thai wife of a Western man
<i>um bun</i>	surrogacy (carrying merit)
<i>phaw mae</i>	parents (father mother)
<i>phua farang</i>	Western husband of a Thai woman
<i>sami</i>	husband
<i>tabian baan</i>	house registration book
<i>tam bun</i>	making merit
<i>thansamai</i>	modern, up-to-date

Note: Thai words do not indicate plurals in their spelling

Note on language, dates and exchange rate

Throughout the text, Roman script is used for Thai words. For consistency, in the list of references Thai authors are listed by their last names.

When stating dates, I use the Christian era (C.E.) for most dates. Where a citation employs the Buddhist era year (B.E.), in accordance with the official system for Thailand, the C.E. year follows in parentheses or square brackets.

The exchange rate of Thai baht (฿) to euros (€) varied according to sources and periods of time. In September-December 2018, when I conducted most of my interviews, the average rate of ฿1,000 was €27, according to Bangkok Bank. When referring to a payment taking place before my fieldwork, such as payment for surrogacy, I have used the average rate according to Bangkok Bank's foreign exchange rates for the specific month or year.

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1. Introduction

CHANTANA: During the pregnancy period, I cried a lot. I cared for him like my own child because whatever I consumed, he shared it with me. But when I saw the DNA test result, I was stunned that there was nothing to relate us. I missed him... Before the parents left, they put money, foreign currency, in my hand and said, which was translated to me by the interpreter, thank you very much for giving a valuable thing to his life. I exchanged the money, which was about 30,000 baht (€750). I told them to bring the child to visit Thailand in the future. They said okay. I didn't take any photos of him, but they took a photo of my ID card and house certificate. I can't contact them because I don't have any information, and I think I will never be able to afford to visit them. Sometimes I wish I could contact them to ask for help in case I am in trouble.

Chantana, who is now in her early forties, comes from a village in Isan, the Northeast region of Thailand. When she was twelve years old, she moved with her older sister to Bangkok to work as a housekeeper in order to send money home to her parents. Today, she lives on the outskirts of Bangkok with her ex-husband and their two teenage children. After some financially challenging years leading to informal debts, she heard about surrogacy from a friend, who told her that she could make a lot of money out of it while also helping other people. In 2014, she visited an agency and signed up to become a surrogate mother, and in early 2015, she gave birth to a baby boy for a gay couple from Israel. In the quote above, Chantana reflects upon her experience. Her reflections capture several elements that the women in this study all expressed: the intimate and emotional labour invested in surrogacy, the contractual nature of the arrangement, the mutual but unequal dependency or asymmetrical power relations between the parties involved, and the investments and hopes for the future. All these elements are salient in the accounts of the women whose surrogacy trajectories are the focus of this study.

This thesis investigates transnational commercial surrogacy based on the accounts of Thai former-surrogate mothers. The research contributes knowledge about how transnational intimate industries, local moral frameworks and cultural values, and individuals' motivations are intertwined and how the women involved make sense of their experiences. The focus of the thesis is motivated in part by the lack of studies on Thai surrogate mothers' experiences of surrogacy, particularly within a context where surrogacy is illegal. It is further motivated by a lack of research on the period after the relinquishment of the child,

and how surrogate mothers retrospectively negotiate their experiences and the consequences the arrangements have had on their lives. Thus, this study bridges these research gaps by analysing empirical, first-hand accounts of Thai women about their experiences of transnational surrogacy from a post-relinquishment perspective, and in a setting where commercial surrogacy is unregulated or illegal.

At a basic level, transnational commercial surrogacy is an agreement where a woman gestates and delivers a baby for a couple or an individual from another country in exchange for money. It is a process driven by prospective parents' desire to create a family and have a (genetically related) child of their own, as well as gestating women's wish to improve their life situations and help others. The surrogacy arrangements challenges our understandings of kinship, parenthood, and especially motherhood, as it creates three possible categories of mothers: biological/bio-genetic (the woman who contributes the ovum); gestational (the surrogate); and social or intended (the woman who raises the child) (Pande 2009b, 380). It is also a process in which childbearing and procreation have entered the global market, supported and mediated by technological intervention, neoliberal deregulations and flexible structures, and a global division of intimate and reproductive labour. Transnational surrogacy as a phenomenon has emerged in the past two decades and should be seen as part of a global rise of commercial intimacy and reproduction, particularly in Asia, with the expansion of domestic labour, marriage migration, sex work, reproductive services and adoption centres (Parreñas, Thai, and Silvey 2016).

While transnational flows and geopolitical power structures characterise this emerging market, place continues to matter (Schurr 2018). The arrangement is deeply dependent on the specificities of the national and cultural context, which has effects on how surrogacy is arranged, experienced and understood by surrogate mothers. Thailand is of interest because of the particular ways the country positions itself in the global outsourcing of commodified care and bodily services and as a destination for health tourism, sex tourism and marriage migration (Sunanta 2014). A premise for this commodification of care is the feminised domestic and/or transnational migration of Thai women. The last thirty years have witnessed a transnationalisation of rural villages in Isan, the northeast region of Thailand, through women's marriages with *phua farang* (foreign husbands) (Statham et al. 2020; Sunanta and Angeles 2013) but also through their labour migration to Bangkok and the tourist South, where they provide their services as manicurists, masseuses or so-called bar girls. In the past decade, transnational surrogacy has further contributed to an expansion of Thailand as a site for globalised and commodified intimacies. Surrogacy as a business thrived in Thailand until 2015 when it became illegal. However, surrogacy agencies still operate in the country and Thai women continue to act as surrogate mothers despite the illegal status.

Research aim and questions

The main aim of this thesis is to explore the experiences of women acting as surrogate mothers in Thailand and analyse their accounts in relation to gendered, local, and global dimensions of transnational commercial surrogacy. Centring on former surrogate mothers' experiences of the arrangement, it contributes knowledge about the spatial and social trajectories of surrogate mothers and the ways they understand the surrogacy arrangement. The study is informed by the following interconnected research questions:

How are former surrogate mothers socially, financially and otherwise personally affected by the experiences of surrogacy in Thailand?

How do they understand and negotiate the ways that surrogacy impacts and is impacted by family, kin and other relationships?

How do the demands of transnational surrogacy interact with the specificities of the local context to shape the conditions for surrogate mothers in Thailand?

Terminology

Before introducing the study more fully, the following section presents the conceptual landscape of surrogacy and the terminology I use in this study. Often the terms used when discussing surrogacy are presented as if they were neutral. However, words are rarely neutral and "terms may arise from values or ideologies that vary significantly from one cultural context or country to another" (Beeson, Darnovsky, and Lippman 2015, 807). This is especially so in the context of surrogacy where the different terms may be strategically used to downplay certain relationships and issues while emphasising others. Hence, I find it important to present and explain the motivations behind my choice of words in this study.

Surrogacy refers to an arrangement in which a woman agrees to gestate and give birth to a child for other persons. There are two primary types of surrogacy; "traditional surrogacy" and "gestational surrogacy". In traditional surrogacy, also known as "full surrogacy" or "genetic surrogacy", the surrogate mother uses her own egg and is artificially inseminated (AI) with sperm from the intended father or a sperm provider. In "gestational surrogacy", also known as "partial surrogacy" or "host surrogacy", an embryo is created using in vitro fertilisation (IVF) technology where the egg from the intended mother or an egg provider is fertilised with the sperm of the intended father or sperm provider and then implanted in the surrogate mother's uterus. The gestational surrogate mother is not genetically related to the child. Today, gestational surrogacy has gained ground as the preferred surrogacy method, partly due to the

lower risk it presents in terms of certainty over legal parentage. In addition, genetic surrogacy is often regarded as more complicated psychologically, and genetic surrogate mothers are more likely to change their minds about relinquishing the child (Trowse 2011). When discussing surrogacy cases in this study, I am referring to gestational surrogacy.

Surrogacy can be organised as a “commercial” or an “altruistic” arrangement. In commercial surrogacy, the woman gestating and giving birth to the child receives pre-determined monetary compensation for her service which is commissioned by intended parents, often through an agency or a clinic. In contrast, in “altruistic” or “non-commercial” surrogacy there is usually no payment involved besides reimbursements for expenses – although in reality this varies – and the arrangement is often between close friends or family members. If not stated otherwise, I use the term “surrogacy” to refer to the commercial model.

The terminology used when referring to the different actors in transnational reproduction varies depending on scholarly discipline, ideological perspective, and geographical and cultural context. It is also often value-laden and contested. In this study, I aim to engage in dialogue with the research field of surrogacy while also staying close to the accounts of the participants and grounding the terms in their usage. The word most widely used in the scholarly literature as well as the media and public debate to refer to the woman who becomes pregnant and gives birth to a child with the intention of relinquishing the child to other people is “surrogate”. Other commonly used terms are “surrogate mother”, “gestational carrier”, “carrier” or “birth mother”. The term “surrogate” has been widely discussed, as it implies that the gestating woman is a replacement or substitute, while the term “gestational carrier” has been criticised for trivialising the woman’s role, erasing the nurturing and emotional labour required. “Surrogate mother” and “birth mother” on the other hand recognise the nurturing contribution and emphasise a maternal dimension of the relationship between the pregnant woman and the child. However, some argue that the word “mother” is inappropriate since they view the mothering relationship as between a woman and a born child (Beeson, Darnovsky, and Lippman 2015, 807), and also because not all women engaging in surrogacy view themselves as mothers to the children they bear.

As noted by medical anthropologist Elly Teman (2010, 36) in her study on surrogacy in Israel, the choice of terminology is further complicated when writing in English about surrogacy experiences of non-English speaking women. In Thailand, the commonly used term for surrogacy is *um bun* (carrying merit) and the term used for the woman gestating the child is *mae um bun* (literally meaning “mother carrying merit”). This term evokes religious aspects referring to the Buddhist tradition of merit making while also not separating gestation from motherhood. Most of the interviewees referred to themselves as *mae um* (carrying mother), even though not all of the women identified as “mothers” to the children they gestated. When I asked Vanida, one of

the participants, about this, she told me, “We are called *mae um bun* [mother carrying merit] not *khun um bun* [person carrying merit]. We are mostly labeled as *mae* [mother], *mae um* as a short version, or *mae um bun* as a long version”. As my wish is to represent the specific cultural context of surrogacy in Thailand and my interviewees’ perspective, I have decided to use the term “surrogate mother”.

The persons commissioning the surrogate arrangement are often referred to as “intended parents” or “commissioning parents”. The first term emphasises the intentional act of the arrangement, while the latter emphasises its contractual and economic nature (Teman 2010). Other terms in use are “would-be parents”, “contracting parents”, “prospective parents” as well as “consumers”, “clients” or “reproductive travellers”. My interviewees mostly refer to them as either *phaw mae* (parents) or just *phaw* (father) or *mae* (mother). Only some of them use the term *luk kha* (client/customer). In this thesis, in line with both Teman (2010) and medical anthropologist Andrea Whittaker (2018), I use the term “intended parents” in order to emphasise how becoming a parent through surrogacy involves different claims of intent beyond the economical and contractual, but also to encompass the ways that the women I talked to value these intentions.

Also involved in the surrogacy process are people contributing with gametes. They are often referred to as “egg donors” or “sperm donors”. As Anindita Majumdar has observed, the euphemistic term “donor” implies a relationship of giving or helping, a common rhetoric in surrogacy that “creates a façade of altruism” (Majumdar 2014, 289) and ignores the economic transaction that these people engage in. Without ignoring that those involved may experience the exchange as altruistic, I have, in line with sociologist Ingvill Stuvøy (2018a) and Beeson et al. (2015), decided to use the terms “egg provider”, “sperm provider” or “gamete provider” instead, in order to acknowledge the commercial transaction involved in the exchange of gametes for money.

Setting the scene: Transnational commercial surrogacy

Since the early 2000s, the surrogacy market has emerged across continents and developed into a transnational commercial industry. It is within this context that the experiences of the former Thai surrogate mothers have taken shape. In this section, I describe the emergence, organisation and conditions of transnational surrogacy. I start by giving an overview of the development and the expansion of surrogacy and how different legal changes have prompted new ways of organising the market. Following this, I describe the background to surrogacy in Thailand and the country’s role in the transnational market, and I provide an overview of the current conditions in the early 2020s.

The expansion of a market

Although traditional surrogacy has a long history, the development of IVF and other elements of assisted reproductive technologies (ART) enabled the separation of fertilisation, implantation, and gestation and disconnected pregnancy from biological parentage, enabling gestational surrogacy and gamete provision from third parties.

Since the mid-1980s, different forms of gestational surrogacy have been available in countries such as the United Kingdom, the United States, and Israel, and they have become an increasingly used means of reproduction. However, the laws and regulations on gestational surrogacy (both altruistic and commercial) vary greatly between countries and are constantly changing. At the time of writing (2022), countries such as Georgia, Ukraine, Russia, and some states in the United States allow commercial surrogacy (with varying limitations of access based on nationality, civic status and sexuality) while most countries in Europe have banned it. A few other countries, such as the United Kingdom, Canada and Greece, and some states in Australia allow altruistic surrogacy arrangements. This disparity in regulation between countries is one of the reasons for people seeking surrogacy services outside of their home country and the expansion of transnational commercial surrogacy on a global scale.

Since the beginning of the 2000s, the transnational commercial surrogacy industry has expanded, especially across Asia. Until recently, India was a major site for commercial surrogacy. With a relative absence of regulation and with access to state-of-the-art facilities, English-speaking medical staff, an available pool of surrogate mothers, “surrogacy houses” for pregnancy monitoring and “package deals” with guaranteed pregnancy and live-birth of a child, the country became one of the favourite global destinations for people seeking to have children through surrogacy. Surrogacy arrangements in India, which could cost intended parents between 20,000-40,000 U.S. dollars, were viewed by many as “a bargain” when compared to costs in the United States, where surrogacy costs range between 80,000-120,000 U.S. dollars (Deomampo 2016, 50). In addition, seeking surrogacy in a foreign land was appealing for many intended parents as “differences in language, status, and culture ensured limited if any contact or relationships claims with the surrogate post-pregnancy” (Whittaker 2018, 33). The expertise and infrastructure, the accessible and rapid services, the comparatively low prices, and the anonymity and avoidance of intimacy were all important factors when the surrogacy market expanded to Thailand.

After 2010, the global surrogacy market has been characterised by fast legislative changes. In 2013, India closed commercial surrogacy to foreigners,

which contributed to Thailand (Whittaker 2018) and Mexico¹ (Schurr 2018) blossoming as surrogacy destinations. Thailand was particularly appealing to Australians in terms of geographical distance, access and costs. Furthermore, the gay friendly promotions by many surrogacy agencies attracted intended parents who otherwise faced difficulties accessing surrogacy services (Whittaker 2018). However, due to a number of controversial surrogacy cases in Thailand a ban on commercial surrogacy was adopted in 2015, restricting clinical practices and prohibiting all commercial surrogacy and its facilitation (something I discuss in more detail below). Following the ban, the surrogacy industry moved to Cambodia and Nepal (both subsequently enforced restrictions), and later to Laos (Lefevre 2017) and Colombia, where surrogacy remains unregulated (Tammuz Family n.d.). These sudden changes reflect how any summary of the current landscape of transnational commercial surrogacy is a description of a moveable industry that negotiates supply and demand as well as legislative changes.

With the international expansion of the commercial surrogacy market, there is also an expanding transnational traffic of surrogate mothers as well as intended parents, medical and agency staff, gametes and providers. These embodied movements can be understood as constituting what medical anthropologist Marcia Inhorn has termed “reproflows”: the global flow of gametes and people crossing borders to seek or provide reproductive “assistance” (Inhorn 2010, 184). The reproflows in transnational surrogacy largely have been moving in particular directions, from the global North to the global South with affluent intended parents from North America, Europe and Australia seeking surrogacy services in countries where the surrogate mothers are in strained economic situations, lacking the economic, social and cultural resources of the intended parents they serve. This direction of reproflows not only reflects power differentials but also wider geo-political and imperialist practices, the division of labour in globalisation and the industry’s postcolonial underpinnings (Lau 2018). This is particularly reflected in the “biologization of race, skin colour and nation” (Deomampo 2016, 116), with preferences for (bright) skin colour, (high) education and (middle) class status, for example, among gamete providers. At the same time surrogate mothers, viewed through an Orientalist gaze, with their (dark) skin colour, (lack of) education and (low) class are constructed as the Other, reifying their role as merely a womb for the (white) child.

However, as noted by anthropologist Sheela Saravanan (2018), the global North-to-South movement is not sufficient to explain the reproflows of surrogacy. Since the regulation and closure of many surrogacy hotspots in South

¹ In 2015, the State of Tabasco banned surrogacy for foreign couples and gay men. However, it continues to be practiced by a number of agencies and in other states as well, such as Mexico City (Schurr 2019, 104).

Asia in 2015, the demand for surrogacy in countries such as Ukraine² and Russia has increased (Weis 2017; 2021; Siegl 2018), with people from affluent, privileged countries in Western Europe using surrogacy services in economically and politically marginalised countries in Eastern Europe. At the same time wealthy people in China, Japan and Taiwan contract surrogacy arrangements through women in other Asian countries, such as Thailand and Laos, forming complex reproductive global assemblages partly via the mobilisation of women's reproductive labour within the continents (Saravanan 2018, 23), with new patterns of movement for surrogacy services. As noted by geographer Carolin Schurr, this highlights how there is "a particular geography to the global surrogacy market in which surrogacy hotspots do not emerge randomly but as a result of wider geopolitical constellations" (Schurr 2018, 8). However, the fact that the transnational South-South reflows are emerging does not mean that a "postcolonial pattern of flows from global North to global South is redundant or non-existent" (Saravanan 2018, 23), nor that the market flows within Asia are equal. It is still people representing the one-third worlds (haves) who pay for surrogacy arrangements, and women of the two-third worlds (have-nots) (Mohanty 2003) that provide the reproductive service, reflecting the inequalities in the global surrogacy markets.

As a response to the increasing bans on surrogacy in Asia, the international surrogacy industry has become even more flexible, characterised by what Whittaker (2018) terms "hybrid" surrogacy arrangements, whereby surrogate mothers as well as gametes and medical staff are moved across borders in order to circumvent the laws that ban commercial surrogacy in some countries. Through such hybridity, commercial surrogacy can continue to take place in, for example, Thailand after the change in national legislation but with the difference that the industry thrives on the lack of regulation in other countries and the mobility of surrogate mothers. Segmenting surrogacy pregnancy, agencies now often require surrogate mothers to "be prepared for transfer in one location, travel to a clinic for embryo transfer elsewhere, gestate the pregnancy in another place" and then travel to the home country of the intended parents to give birth (Whittaker 2018, 175). This hybrid surrogacy model does not only make it easier for the business to suit the legal requirements of intended parents and avoid prosecution; it also increases the vulnerabilities for surrogate mothers in a transnational surrogacy industry that today is characterised by rapid movements, secrecy, anonymity, law evasion and instabilities.

The surrogacy trajectories of many of the women in this study took shape within this fragmented and disruptive landscape of law circumventions, geographical movements, and uncertainty. At the same time, the women's experiences of surrogacy are also shaped within the local and cultural context of surrogacy in Thailand, which I will discuss next.

² When this thesis goes into print (June 2022), there is an ongoing war in Ukraine, leaving an uncertain future for the surrogacy business in the country.

Thailand in the global surrogacy market

Development from the 1980s to the 2010s

Thailand became known as a popular destination for medical tourism as early as the 1970s due to its specialisation in gender affirmation surgery and later cosmetic surgery (Connell 2006, 1095). In the late 1990s, medical care in Thailand was privatised, and this in combination with “a Thai way” of excellent service and medical expertise, has resulted in the country now being one of the leading Asian nations, alongside India, Malaysia and Singapore, in the global medical tourism business. Medical tourism is generally understood as long-distance travel for medical interventions, often combined with a conventional holiday (Sunanta 2014; Connell 2006). As noted by anthropologist Ara Wilson (2011, 122), it is often people from “countries with industrial, post-industrial, or oil wealth [who] travel to medical sites in less developed countries, themselves often sites of international tourism, such as Costa Rica, Brazil, or Thailand” in order to obtain medical, dental and surgical care.

Furthermore, Thailand has been known for its advanced expertise in reproductive technology since the birth of the country’s first *dek lord kaew* (glass tube child) baby “Mung Ming”, conceived through IVF at Chulalongkorn hospital in 1987. Assisted reproduction was quickly accepted in Thai society, as it was associated with *thansamai* (modernity) and a patriotic pride in Thai science and medicine as well as with Buddhist beliefs and the valorisation of procreation and birth of new life. In 1991, only four years after “Mung Ming” was born, the first gestational surrogacy arrangement using IVF took place at the same prestigious hospital in Bangkok (Whittaker 2016). Until then, surrogacy in Thailand had been solely an altruistic, familial affair between sisters and relatives, but through the new technology, there was a separation of genetics and gestation, which resulted in the possibility of commercialisation of surrogacy also in Thailand. What started as a discrete business with little publicity increased in the early 2000s, as the country began to emerge as a leading destination for reproductive tourism with a growing number of clinics providing ART treatment for both Thais and foreigners. Contributing factors behind the increasing popularity of Thailand as a destination for reproductive services is the country’s sophisticated medical and hospital services and expertise in ART, as well as the affordable prices when compared to the United States and Europe. The country’s tourism infrastructure is also well developed, which makes it a “safe” and attractive destination for medical tourism (see Sunanta 2020).

Until 2015, surrogacy arrangements were not clearly regulated by Thai law, and commercial surrogacy was neither legal nor illegal. However, a need for ART legislation was widely recognised when in February 2010 the police arrested a Taiwanese brokering agency called “Baby 101” located in Bangkok. They had kept 15 Vietnamese women locked up who had been trafficked to deliver babies to foreign clients for monetary payment (Anonymous 2011).

The draft ART Bill number 167/2553, which included a prohibition of commercial surrogacy, was approved by the Thai Cabinet in May, 2010, but was left unratified by the National Assembly due to political instability at the time (Stasi 2017). Hence, commercial surrogacy remained legally ambiguous, which made it possible for the commercialisation of third-party reproduction to continue. Between 2010 and 2014, a range of new private clinics and surrogacy agencies were established in Bangkok and there was a rapid increase in foreigners travelling to the country to seek IVF and surrogacy services. Officials in Thailand estimated that up until 2015, several hundred surrogate births were carried out each year (Fuller 2014). With new surrogacy regulations in India implemented in January, 2013, which restricted access to married heterosexual couples only, a high number of male gay couples and single men looking for reproductive services turned to Thailand, which was promoted by a number of surrogacy agencies as offering “gay friendly” services.

However, in August, 2014, two new major surrogacy scandals occurred that put Thailand’s surrogacy industry in the global spotlight and led to the closure of transnational surrogacy arrangements. The first was the “Baby Gammy” case. A baby boy with Down syndrome was allegedly abandoned in Thailand by his Australian intended parents, David and Wendy Farnell. Gammy’s Thai surrogate mother, 21-year-old Pattharamon Chanbua, appeared in the Thai media explaining that she was in need of financial support to cover Gammy’s medical expenses. Chanbua, a mother of two, had agreed to become a surrogate mother in order to pay off family debts, and had been promised around ฿350,000 (approx. €8,400 at that time). It soon became clear that she was pregnant with twins, and several months into the pregnancy it was discovered that one of the babies had Down syndrome. According to Chanbua, the intended parents pressed her for an abortion (something the Farnells and the agency denied), which Chanbua refused with reference to her Buddhist beliefs. When the twins were born, the intended parents took Gammy’s sister, who did not have Down syndrome, with them back to Australia, leaving Gammy to be cared for by Chanbua and her family (Murdoch 2014; Anonymous 2014b; Whittaker 2018).³ After further investigation, it was revealed that David Farnell had formerly been convicted of a total of 22 incidents of sexual abuse against girls under the age of 13 in the 1980s and had been sentenced to jail for a total of four and a half years (Nicholson and Orr 2014). This spurred worries for the safety of Gammy’s sister, and created a heated debate on surrogacy not only in Thailand and Australia but throughout the world, with media condemning the couple as well as calling for a ban on commercial surrogacy (see Whittaker 2018, 148).

³ Judicial investigation in the case in Australia did not find evidence of intentional abandonment of Gammy by the Farnells as reported by media and the surrogate mother (see Whittaker 2018, 157).

Just a few weeks later the second high-profile surrogacy scandal, known as the “baby factory” case, caused headlines. As the case of Baby Gammy emerged, Thai police received a tip off that prompted a raid on an upmarket Bangkok apartment, where they found nine babies born through surrogacy (aged between two weeks and two years), seven nannies and a pregnant surrogate mother. The apartment was connected to 24-year-old Mitsutoki Shigeta, son to a Japanese billionaire, who was initially investigated for child trafficking and child exploitation but never charged for any offence (Thongnoi and Halpin 2014). Shigeta had commissioned 13 children born through surrogacy in Thailand, including four sets of twins.⁴ Four surrogate children had previously been placed in his custody, and in total, he had fathered 17 babies via surrogacy in Thailand. Shigeta, who allegedly “wanted a big family” also had two children through surrogacy in India (Olarn and Berlinger 2018). As noted by Whittaker, having many babies through surrogacy was not a crime at that time; however, it did demonstrate how “the industry lacked accountability or any means of monitoring how many surrogates were being used by any one individual” (2018, 139).

These cases unfolded in the midst of political turmoil in Thailand. The country has seen political instability for many years, driven mainly by a schism between supporters of the former prime minister Thaksin Shinawatra (red shirts), many of them rural and poor, and those opposing Shinawatra (yellow shirts), largely urban middle class, royalists and ultra-nationalists. In addition, factors such as the royal succession, a rural-urban or North-South divide, social inequalities, and class conflicts were also contributing factors to the political turmoil (Anonymous 2014a). Following months of political crisis with violent demonstrations, on May 22, 2014, the Thai military launched a coup d’état (the country’s 12th coup since 1932) and established a military regime, the National Peace and Order Council (NPOC), to govern the country. The NPOC government, stressing Thai nationalism and Thai values “pursued an agenda with emphasis on public morality and a crackdown on activities deemed illegal, immoral or unpatriotic” (Whittaker 2019, 127). Among these was commercial transnational surrogacy.

In reaction to the Baby Gammy and Shigeta cases and the international criticism of the unregulated surrogacy market in Thailand, the NPOC launched a campaign against commercial surrogacy, closing 12 clinics, publicly arresting doctors involved in surrogacy, and preventing foreigners from leaving the country with babies born through surrogacy in Thailand (Pearlman 2014). Following this, the NPOC revived and modified the pre-existing draft ART Bill from 2010, which came into effect in July, 2015. The 2015 bill limits surrogacy to non-commercial arrangements, prohibits intermediaries or brokers for surrogacy arrangements, and restricts the eligibility for surrogacy to

⁴ In 2018, Shigeta was granted sole parental custody of the 13 children born in Thailand (Olarn and Berlinger 2018).

heterosexual couples married for at least three years, at least one of whom must be Thai. In addition, surrogate mothers must be female relatives of the intended parents. Anyone caught involved in commercial surrogacy faces up to 10 years in prison and/or fines up to ฿200,000 (approx. €5,700) (Stasi 2017).

Following the ban, many international surrogacy agencies in Thailand moved their business to neighbouring countries such as Nepal and Cambodia where surrogacy was still unregulated. In 2019 it largely moved to Laos, where there is as yet no specific regulation on surrogacy. However, as will be explored in the following chapters, the ban on commercial surrogacy in Thailand did not necessarily discourage Thai women from engaging in surrogacy. Nor did it stop surrogacy agencies and intermediaries from continuing with commercial surrogacy arrangements, moving surrogate mothers, gametes and staff across borders to other jurisdictions in order to circumvent the Thai laws.

Public attitudes towards surrogacy in Thailand

There has been a gradual change in the public attitudes toward surrogacy in Thailand, from initial suspicion to a greater societal acceptance in the mid-2000s when altruistic surrogacy (often between sisters) was depicted in the Thai media and on popular television series. This is also when the term *um bun* gradually started to be used when referring to all forms of surrogacy in Thailand (Whittaker 2015).⁵ The term *um bun* literally means “carrying merit”, where the word *um* refers to carrying children around and *bun* refers to Buddhist meritorious acts with positive karmic consequences. This contributes to surrogacy being associated with something positive, “positioning surrogacy as a selfless meritorious act creating bonds of obligation and goodwill” (Whittaker 2015, 213). At the same time, relinquishing the child in return for money makes some view surrogacy as a selfish act that challenges Thai understandings of motherhood. There has also been suspicion surrounding the practice of surrogacy, partly stemming from limited knowledge about the IVF procedure and a supposition that the surrogate mother has to have sex with the intended father. Thus, the largely positive charge of surrogacy has been balanced by some negative connotations.

However, following the scandals in 2014 and the negative accounts in the media, the practice was heavily stigmatised. As discussed by Whittaker (2019), the Thai media and the publicly expressed suspicions and worries regarding intended parents’ dubious intentions as well as concerns over wealthy *farang* (foreigners) exploiting Thai women evoked “an image of Thai women’s bodies as symbolic boundaries of the nation being breached by foreign forces” (Whittaker 2019, 134). This was reflected in how Chanbua, the

⁵ Before, the term *kan rapjang tangkhan* (process of hiring a pregnancy) had mainly been used when referring to commercial surrogacy (Whittaker 2015, 213).

surrogate mother of Gammy, was initially portrayed in the Thai media as caring, self-sacrificing and noble when refusing abortion, but also vulnerable and in need of protection, having been misled by greedy foreigners. However, when it was later revealed that Chantana herself had recruited women into surrogacy for monetary compensation, people became critical of her, portraying her as a “greedy” woman (Whittaker 2019, 132–33).

During my fieldwork, in addition to my interviews, I asked people I encountered in daily life about surrogacy. Their opinions reflected the attitudes described above. A few said they viewed it as a promising work opportunity for women who could earn a large sum of money and also help others. However, the majority found the practice morally questionable and accused surrogate mothers of being “greedy” and selfish, giving up a child. Some also expressed concern about the women being exploited.

It is within these contextual frameworks of legal restriction, circumvention of such restriction, and mixed public attitudes to surrogacy that the women I interviewed experienced and told their stories of acting as surrogate mothers.

The procedure of the arrangement

For surrogate mothers, the procedure usually started with an initial meeting with the surrogacy agency to go through the arrangement. Before being approved by the agency, the women had to show birth certificates as evidence that they had given birth to at least one child. However, among the women I talked to, one had no children of her own and had never been pregnant before the surrogacy arrangement. In order to be approved by the agency, she had borrowed a birth certificate of an orphan living in a monastery in her village. The women underwent medical screenings, pelvic examinations and abdominal ultrasounds. If the results looked good, they were eligible for surrogacy and would begin to prepare for the embryo implantation. At this stage they would also sign a contract. Some of the surrogate mothers met with the intended parents prior to the medical procedure (sometimes together with the egg provider), while some only met the parents for the delivery. The medical procedure started with several medications at the beginning of their menstrual cycle. Hormones were injected on a daily basis to regulate ovarian function, and after about ten days, a menstrual period occurred and the surrogate mother would take oestrogen injections to stimulate the growth of the uterine lining. When the lining reached an appropriate thickness, the surrogate mother would start to take progesterone injections to prepare for implantation of the embryo(s). Although ethical guidelines recommend restricting the number of transferred embryos to two, higher numbers were very common, resulting in many twin pregnancies among surrogate mothers. Out of the 14 surrogacy pregnancies in my material, two resulted in the birth of twins. One was pregnant with triplets, but two foetuses did not develop, resulting in the birth of one child. The embryos were created by sperm from either a sperm provider or the intended father, and the egg came from either an egg provider or the

intended mother. After the implantation, the surrogate mother would be instructed to rest for about ten days, and some received progesterone injections to maximise the chances of a successful implantation. After about two weeks, a blood test was performed to confirm pregnancy. If the test was negative, surrogate mothers were asked to await a new menstruation cycle. A woman could undergo up to three embryo transfer attempts. However, it was not unusual for the intended parents to switch surrogate mothers after a failed transfer. If pregnancy was confirmed, the surrogate mother had a transvaginal ultrasound around week eight to ten in order to detect a foetal “heartbeat”, then continued to go for check-ups at the clinic once a week for the first three months of pregnancy. After that, the surrogate mother went once a month until the seventh month, then every other week, for check-ups. The delivery was scheduled before the expected due date and performed by caesarean section (C-section)⁶.

For intended parents, a surrogacy arrangement in Thailand cost between €30,000 and €45,000⁷. In general, women acting as surrogate mothers in Thailand were paid between ฿350,000 and ฿450,000 (approx. €9,800-€13,000), depending on agency and timing. For a multiple pregnancy, the surrogate mother would often be paid about ฿50,000 extra (approx. €1,600). Those acting as surrogate mothers after the ban were usually paid more than those acting as surrogate mothers before the ban. The payment was usually split into several instalments, with about ฿5,000 paid after the embryo transfer, followed by monthly payments of about ฿10,000-฿15,000 (approx. €250-€400) once the live pregnancy was confirmed. The remaining amount was then split in two, one portion paid after delivery and the rest paid when all the papers had been signed and the surrogate mother had relinquished her parental rights.

According to the Thai Civil and Commercial Code, the woman who gives birth to a child is regarded as the legal custodian of that child. In surrogacy arrangements, this precludes the possibility of an egg provider having any parenting rights. If the surrogate mother is married, her husband is also regarded as a legal custodian. Consequently, agencies offering surrogacy services would require the surrogate mother to be unmarried in order to reduce the likelihood that the husband might claim rights over the child when born. If the woman is unmarried, she alone is recognised as having the legal rights over the child. A father who is not married to the mother at the time of the birth has no parental rights, even if he is recorded on the birth certificate and/or can prove biological parentage through a DNA test. These provisions require that

⁶ One of the women I spoke to had a vaginal delivery as she went into labour before the planned C-section.

⁷ The price may go above this range depending on the intended parent’s requirements. Costs for travels, accommodation etc. is not included in this sum.

the surrogate mother resign her parental rights in favour of the intended parents, who often must adopt the child.⁸

In other words, a surrogacy arrangement is not limited to the period of gestation but begins with hormone treatments and the matching of surrogate mother and intended parents, and it continues for weeks or even months after the birth and relinquishment of the baby with issuance of legal documents. The arrangement is not limited to the surrogate mother and intended parents but also involves other actors such as doctors, embryologists, agency staff, care takers, and lawyers, as well as family members of the surrogate mother. In my analysis I will primarily focus on the surrogate mothers and their position but also on how they position themselves in relation to others.

Previous research

In this section, I outline previous research on commercial surrogacy and the experiences of surrogate mothers in particular. I position my study in relation to this research both to identify the vast insights I build on and to clarify the particular contribution of this study. I begin by giving an historical overview of the feminist scholarship on surrogacy, then focus on empirical research on transnational surrogacy and surrogate mothers' experiences. Since the study focuses on transitional commercial surrogacy, and particularly surrogate mothers' experiences of the practice as well as surrogacy in Thailand, these are the fields of research I present here.

Feminist scholarship on a contested phenomenon

Research on commercial surrogacy has been carried out since the 1980s by scholars from different geopolitical contexts and disciplines, and the topic has been particularly addressed in feminist studies where reproduction and motherhood have long been central concerns. As noted in a review by Stuvøy (2018b) of the various conceptualisations of surrogacy, the feminist scholarship on surrogacy has been "diverse and far from uniform, reflecting different historical periods, theoretical and disciplinary commitments, and critical projects" (2018b, 35).

Early feminist scholarship on surrogacy, mainly from the United States, focused on legal and ethical aspects of the practice (see Anderson 1990; Anleu 1992) and expressed concerns about the development of reproductive technologies and the commodification of pregnancy through surrogacy during the 1980s. Following feminist critiques of the medicalisation of childbirth (see e.g. Rich 1976; Arms 1977), many radical feminist scholars were critical and

⁸ For discussion of parentage laws and surrogacy in Thailand, see Whittaker (2018, 38) and Stasi (2017).

dismissive of the practice of surrogacy, viewing it as the trafficking of women and babies, an instance of reproductive prostitution, and the ultimate control over women's bodies in a patriarchal and capitalist system (Dworkin 1983; Corea 1985; Raymond 1989; Rothman 1989). In contrast, more liberal feminists argued that surrogacy should be regarded as one of the many reproductive choices women should be free to make (see e.g. Andrews 1990).

With the development of ART and the renewed attention to kinship and reproduction within anthropology in the 1990s and 2000s (Franklin 1997; Franklin and Ragoné 1998; Strathern 1992), the scholarship on surrogacy became more ambivalent, and researchers came to view the practice as having the potential to both subvert and reproduce understandings of motherhood, family, and gender. This shift to a more nuanced approach was also reflected in how feminist scholars began to pay greater attention to the lived worlds of ART and surrogacy, foregrounding women's (as well as intended parents') own experiences.⁹ A key example of this is the work by anthropologist Helena Ragoné (1994). In Ragoné's empirical study based on surrogacy program records and interviews with predominantly genetic surrogate mothers in the United States, she insists that surrogates and intended parents focused on intent, desire, and love when defining parenthood and negotiating the relationships. The arrangement was often framed in terms of "sisterhood" and a "shared pregnancy", emphasising the "conceptions in the heart" in order to downplay the surrogate mother's and intended father's genetic connection to the child (Ragoné 1994, 129). Even though much has changed in the development of surrogacy since Ragoné's study, more recent work on commercial surrogacy in the United States supports these findings. In her ethnography on surrogacy in Texas, sociologist Heather Jacobson interviewed surrogate mothers as well as their family members, intended parents and surrogacy professionals. Jacobson concludes that the different stakeholders involved all countered negative connotations of surrogacy by downplaying the commercial and contractual nature of the arrangement, framing the positions of surrogate mothers as altruistic, nurturing women and the practice of surrogacy not as "a labor of profit, but as a labor of love" (Jacobson 2016, 43). Similarly, sociologist Zsuzsa Berend (2016), who studied surrogate mother's accounts on the largest US surrogacy support website, shows how altruism was stressed and money was downplayed. Another crucial study which has similar results, though conducted in a different national context, is Teman's monograph *Birthing a Mother* (2010). Teman explores the intimate experiences of domestic surrogacy in Israel based on eight years of fieldwork among (Jewish) gestational surrogates and intended parents. As in the studies on domestic commercial surrogacy in the United States, Teman highlights how the surrogate

⁹ There is also a growing body of research focusing on the desires and experiences of intended parents entering into commercial surrogacy arrangements and their parental projects and journeys (see e.g. Smietana 2016; Nebeling Petersen 2018; König 2018; Arvidsson 2019).

mother and the intended parents (particularly the woman) negotiate and make sense of their relationship to one another and how they rely on nonmonetary motives and narratives of “gift-giving” to downplay the commercial nature of the arrangement, while also focusing on reconfigurations of motherhood, family and kinship.

Several of these previous studies mention the impact of socio-economic factors on the surrogacy arrangement and the relationships between surrogate mother and intended parents. These factors and their effects have gained more attention in the research that has emerged on transnational surrogacy.

Surrogate mothers’ experiences of transnational surrogacy

Whereas much early scholarship focused on Euro-American contexts, specifically the United States, the majority of scholarship on commercial surrogacy in the past two decades has focused on countries outside of these continents. With the expansion of the transnational surrogacy market in the mid-2000s and India becoming the surrogacy hub of the world, ethnographic research on transnational surrogacy also developed. The majority of the research has focused on India (Pande 2014b; Vora 2009; Majumdar 2017; Rudrappa 2015; Deomampo 2016), although other national contexts have been investigated: Thailand (Hibino and Shimazono 2013; Whittaker 2014; 2019; Nilsson 2015; 2020), Mexico (Schurr 2018; 2019), and Russia (Weis 2017; 2021; Siegl 2018).

Numerous studies on transnational surrogacy highlight how the relationships between surrogate mothers and intended parents are shaped by cultural ideals around family and parenthood, the inequality among the stakeholders, as well as the potential risks that surrogate mothers face. Because of the differentials in class and race between the intended parents and the surrogate mothers, new concerns have emerged, and the experiences and perspectives of the transnational surrogate mothers have been centred. Exploring how surrogate mothers as well as intended parents make sense of their participation in surrogacy arrangements and their relationships to one another, studies have illuminated the impact of surrogacy on notions of motherhood, kinship and labour and have also focused on how surrogacy reproduces class and race hierarchies.

Sociologist Amrita Pande (2009a; 2009b; 2010a; 2010b; 2011; 2014a; 2014b), one of the most prominent scholars on Indian surrogacy, conducted an in-depth study based on long-term fieldwork at a surrogacy clinic and surrogacy hostel in Anand in 2006. In her analysis of surrogate mothers’ complex situations, Pande criticises the ways feminist scholars tend to “invoke victimhood when the bodies of Third World women are their focus” (2010a, 293). Instead, she argues that commercial surrogacy in India is to be seen as a form of stigmatised labour, or “dirty work”, highlighting the associations with the immoral commercialisation of motherhood. Further, Pande accounts for the

surrogate mothers' different strategies for negotiating their role in this "dirty work" through various measures, such as creating symbolic boundaries between surrogacy and sex work, downplaying the element of choice in their decision to become a surrogate mother, resisting their disposability in the labour process and, finally, challenging established hierarchies in kin relations by emphasising connections based on shared substance (Pande 2009b; 2014b).

Along similar lines, anthropologist Kalindi Vora (2009; 2015) places labour at the centre of her analysis of commercial surrogacy in India, based on ethnographic fieldwork at a surrogacy clinic in Northern India in 2008. Vora uses the themes of affective labour and biocapital to explain how surrogacy and call centre work mark new forms of "exploitation and accumulation within neoliberal globalisation but also rearticulate a longer historical colonial division of labor" (Vora 2015, 21). Similarly, sociologist Sharmila Rudrappa presents a critical view of the surrogacy industry in India in *Discounted Life* (2015). Drawing on interviews with 70 surrogate mothers but also egg providers, garment workers, and intended parents, Rudrappa describes how women move from the garment factories in the productive assembly line to act as surrogate mothers in the "reproductive assembly line" in order to gestate babies for affluent people across the world. By mapping out personal relationships and social networks, Rudrappa locates the women's decisions to become surrogate mothers within the context of garment factory work, where surrogacy generates hopes for greater control over their lives. She demonstrates how this "market in life", where women from the social margins are recruited to gestate children for others, is embedded within neoliberal global capitalism (Rudrappa 2015).

While Pande, Vora and Rudrappa centre labour in their analysis of surrogacy, anthropologist Daisy Deomampo places kinship, race and racialisation processes at the centre of her analysis. In the monograph *Transnational Reproduction* (2016), she draws upon interviews with intended parents, surrogate mothers and clinic staff in Mumbai and gives an account of how the categories of race and kinship are constructed and made flexible in ways that reinforce social stratification. Deomampo employs the concept of "stratified reproduction" (Colen 1995) to demonstrate the impact surrogacy has on ideological discourses of kinship, ethnicity, gender, and nation. The concept stratified reproduction has become central in analysis of the dynamics of transnational surrogacy (see Pande 2014b, Rudrappa 2015, Vora 2009, Whittaker 2018, Schurr 2018), as it captures the hierarchal organisation of reproduction and how certain people are empowered in their fertility, reproduction and parenting while others are disempowered. Furthermore, highlighting the orientalist, racist and nationalist imaginaries of intended parents seeking surrogacy in India, Deomampo illustrates the othering process of surrogacy and how surrogate mothers' agency is circumscribed. Another important work that examines the racialised and gendered dimensions of surrogacy is Laura Harrison's

Brown Bodies, White Babies (2016). Drawing upon qualitative analysis of media sources on surrogacy, legal cases, and databases of egg providers and surrogates, and connecting it to the history of racialised reproduction in the United States, Harrison shows how race and kinship are constructed through the reproductive labour of women of colour. While focusing primarily on the discourse on surrogacy in the United States, she also addresses the role of race in transnational arrangements in India, and similarly to Deomampo stresses how racially and economically privileged individuals benefit from the reproductive labour of marginalised women.

With the expansion of transnational surrogacy, research on the mobilities and transnational flows of the market has increased, though mostly with a focus on the transnational mobility of intended parents and their travels (Deomampo 2013; Payne 2015; König 2018; Smietana 2016 Speier 2016;) or on the mobility of egg providers (Nahman 2011; Kroløkke 2015; Namberger 2019; Pande 2021). Despite reports of surrogate mothers relocating or travelling in order to circumvent regulations, these women's transnational mobility has not been explored to any extent in empirical research.

However, there are some exceptions to this. Deomampo (2013a), for example, explores the geographies of surrogacy, arguing that both intended parents and surrogate mothers experience mobility and immobility throughout the surrogacy process, challenging the dichotomous portrayal of intended parents and surrogate mothers as exploiters and victims. Similarly, Schurr (2019) explores both the intended parents' and the surrogate mothers' experiences of mobility in her analysis of the surrogacy industry in Mexico, relating them to the multiple logics and practices at play in reproductive tourism. Schurr argues for more extensive engagement with multiple modes of mobility involved in transnational reproduction, since "the interplay of mobility and power lies at the heart of critical analysis of [surrogacy]" (Schurr 2019, 106). Another example is the work of anthropologist Christina Weis (2017) who, in her PhD thesis on surrogate mothers in Russia, shows how the Russian surrogacy market depends upon the mobilities of surrogate mothers who either move to agency-provided accommodations, isolated from their families, or continuously travel to appointments on the demand of the intended parents (2017, 253).

To my knowledge, no empirical studies have been conducted that focus particularly on the outcomes of transnational commercial surrogacy arrangements for surrogate mothers. Compared to non-commercial and domestic arrangements, transnational commercial surrogacy is an arrangement more substantially marked by socio-economic, geopolitical and cultural differences. The few studies where the outcomes of transnational commercial surrogacy are mentioned are all set in India and often concern the financial impact (Pande 2014b; Rudrappa 2015; Rudrappa and Collins 2015; Førde 2016) but also the physical and emotional effects for surrogate mothers (Saravanan 2019). In the epilogue to her book *Wombs in labour* (2014b), Pande revisits some of the

Indian women she interviewed and reflects on the impact that the surrogacy pregnancies had on their lives. Similarly, Rudrappa and Collins (2015) as well as Kristin Engh Førde (2016) briefly address the outcomes for the Indian surrogate mothers they interviewed. The studies highlight how agencies, clinics, and intended parents frame surrogacy as a “win-win” situation, potentially empowering the women and enabling them to improve their children’s life opportunities and generate social change (see Rudrappa and Collins 2015, 951). However, when discussing the surrogate mothers’ situations post-delivery, the empirical findings suggest that the money often disappears within months and that the surrogacy arrangement makes little difference in the women’s lives (Pande 2014b, 194). While these studies do address the outcomes of transnational surrogacy, the issue often remains an add-on to the main findings, and studies rarely explore the situation of surrogate mothers post-surrogacy.

Research on Thai surrogacy

Research on transnational commercial surrogacy in Thailand is scarce, despite Thailand being a popular surrogacy destination up until 2015 (and after). According to Whittaker, whose research focuses on surrogacy and reproduction in Southeast Asia, this lack of research may be due to the ambiguous legal status of surrogacy in the country as well as to the secrecy associated with it (Whittaker 2014, 105).

Before the ban on surrogacy in Thailand, three studies had been carried out focusing on commercial surrogacy in the country. One of them was by Yuri Hibino and Yosuke Shimazono (2013) who studied Thai women involved in “message board surrogacy”, posting online ads offering their services as surrogate mothers looking for clients. From interviewing these prospective surrogate mothers, Hibino and Shimazono found that the women were motivated by financial needs but also that they used the concept of *tam bun* (merit making) to justify their decisions. The women were especially motivated by a desire to help both their own family and the commissioning parents (2013, 68–69).

Similarly to Hibino and Shimazono, Whittaker (2014), who has been studying various aspects of reproductive health in Thailand since the early 1990s, argues in an article on transnational commercial surrogacy in Thailand that local moral economies and ideals of dutiful motherhood play important roles in sustaining the trade in the country. Drawing upon secondary research on transnational surrogacy between Thailand and Australia, data from media reports, chat rooms and websites, fieldwork in public and private clinics offering assisted reproductive services as well as interviews with two intended parents, Whittaker emphasises the importance of acknowledging the major role local moralities play in the surrogacy business in Thailand. By discussing ethical discourses evident on websites and referring to literature that presents first-

hand accounts of Thai surrogate mothers, Whittaker notes that surrogacy is often described as more than just a commercial transaction. It is frequently referred to as a selfless act of Buddhist merit making (*tam bun*) and at the same time an opportunity to provide for one's own children and family (Whittaker 2014, 104). Because of this, Whittaker argues, Thai surrogacy can draw upon local understandings of motherhood and local moral values to promote and legitimise the practice.

In my MA thesis (Nilsson 2015; see also 2020), where I interviewed eleven pregnant Thai surrogate mothers about their experiences, I found similar patterns as Whittaker. The women explained their participation in surrogacy by referring to merit making and need of money, often emphasising their role as mothers and daughters. The objectives of this thesis expand on the insights (as well as contacts) gained during my MA research, and especially on how the framing of surrogacy draws upon religious rationalities and gendered ideals. However, in this study the women interviewed are all former surrogate mothers who have relinquished the child and who have acted through various surrogacy agencies. Furthermore, it was undertaken during a time when surrogacy was illegal and almost half of the women have experience of surrogacy during the ban. Moreover, in contrast to Hibino and Shimazono who primarily focus on prospective surrogate mothers in Thailand and their expectations and motivations, and Whittaker who draws upon secondary data of surrogate mothers' accounts, this study, while also including narratives of motivation and developing on Whittaker's understanding of Thai surrogacy as "enabled" by local-global circumstances, draws upon in-depth interviews with Thai surrogate mothers about their experiences of transnational surrogacy over time.

After the ban in 2015, most scholarly literature on Thai surrogacy discussed the events leading to the ban and reviewed the new legal framework and its consequences (Cohen 2015; Whittaker 2016; Stasi 2017). The most extensive work on surrogacy in Thailand is Whittaker's *International Surrogacy as Disruptive Industry in Southeast Asia* (2018). Through a case study of the surrogacy industry in Thailand, Whittaker discusses what she terms the "disruptive model" of surrogacy, a model that emerged in India and later spread to other Asian countries with few formal regulations and low costs. In contrast to the prior form of commercial surrogacy, often being a lengthy and complex procedure in those countries where it was permitted, this new form of surrogacy offers multinational rapid accessibility and flexibility, comparatively low costs and circumvention of local laws and regulations, having characteristics in common with other post-Fordist disruptive industries (Whittaker 2018, 10–11). This disruptive and hybrid model creates differential vulnerabilities for those enmeshed within it: the surrogate mothers, the intended parents as well as the children. In a sense, my own research follows Whittaker, since I discuss the women's experiences of surrogacy in relation to the cultural context of Thailand as well as the new disruptive model.

As demonstrated in this section, the scholarly literature on transnational surrogacy, especially in India, constitutes a major contribution to the exploration of surrogate mothers' experiences and circumstances. However, as women's routes into surrogacy, their experiences and the outcomes of it are diverse, complex and contextually specific it is important also to explore accounts from women acting as surrogate mothers in other settings. As noted by Whittaker, "[w]e need specific studies of the different contexts in which international surrogacy occurs that address both the structural conditions and local moral economies that sustain this trade" (2018, 50). With this thesis I wish to contribute with such a "specific study" researching surrogate mothers' experiences and how they relate to both structural and local conditions.

Furthermore, research on domestic as well as transnational surrogacy has mainly investigated women who sign up to become surrogate mothers or who are in the process of gestating a surrogacy pregnancy. With this study, I wish to contribute to the research by centring surrogate mothers' situations and accounts of the arrangements after relinquishing the child and completing the contractual agreement.

While most studies on transnational surrogacy have focused on locations where the practice either is, or has been, legal or unregulated, very few studies focus on contexts where the practice is illegal. Even though commercial surrogacy in Thailand (as well as other countries) continues to play a crucial role in the global surrogacy industry, research on local surrogate mothers remains scarce, and as Whittaker points out, "further research is needed to capture more perspectives from surrogates, particularly those now working illegally or across international borders" (2018, 23). Focusing on surrogacy as experienced during a time when it is illegal in Thailand is another contribution of this study.

With this study, I provide a focus on surrogate mothers' experiences in the surrogacy market in Thailand. I present and analyse first-hand accounts of several Thai women about their experiences of surrogacy, which has not been done before. Furthermore, the study focuses on surrogacy where the practice is illegal and on experiences of surrogate mothers over time. Hence, this thesis contributes to research on surrogacy specifically as well as to the literature on gender, intimate labour, and assisted reproduction. More specifically, it contributes knowledge on the spatial as well as social trajectories of surrogate mothers, and how they think about kin and family, their own role in the surrogacy arrangement, and the outcomes of the experience.

Theorising Thai Surrogacy

In this section, I present the theoretical orientations used in the analysis of the empirical material. Analysing the experiences of the surrogate mothers in relation to these different frameworks, I demonstrate how surrogacy in Thailand

is impacted by the interconnected worlds of the global market and the local cultural and moral contexts. These theoretical concepts and frameworks are combined in various ways, relevant to each chapter.

I view transnational commercial surrogacy as a mode of reproduction as well as an intimate industry embedded within particular gendered ideologies. The thesis deals with several key issues central for feminist research and practice, such as reproduction, reproductive rights and decision making, motherhood and bodily and intimate labour; it invokes the discussion on power and agency as well as the global division of reproductive labour. Consistent with feminist traditions of highlighting marginalised experiences, this study centres the accounts and perspectives of the women who participate in transnational commercial surrogacy and sheds light on their knowledge about a phenomenon that has stirred debate both globally and on a national level in Thailand. In line with postcolonial feminist concerns around representation and knowledge production, the thesis also acknowledges the importance of diversity in the experiences of surrogate mothers in the global South without ignoring socio-economic and geopolitical inequalities and global power structures. As such, it is important to be attentive to the context and the subjectivity and negotiations among the surrogate mothers, as well as to the global and national economic and political systems and hierarchies (see Mohanty 2003, 223). Inspired by feminist critiques of globalisation and transnationalism, I adopt an approach in looking at “situated globalisation” where the transnational phenomenon of surrogacy is examined as a personal, embodied and embedded process situated within structural inequalities and power relations (Mahler and Pessar 2001; Sunanta 2009). Through former surrogate mothers’ experiences, I explore surrogacy in Thailand as it is lived and experienced by socially situated subjects, emphasising conditions, impacts and negotiations where notions of gender, class, race, and nation intersect.

In order to analyse surrogate mothers’ experiences I activate theoretical frameworks on motherhood, precarious intimate labour, and local moral frameworks and economies.

Feminist theories of motherhood and reproduction

The practice and notion of motherhood and reproduction have been, and still are, intractable issues for feminist theory and feminist discourse on women’s rights, and has been theorised by feminist critics for a long time (de Beauvoir 1949; Rich 1976; Chodorow 1978; Carby 1989; Hill Collins 1994; DiQuinzio 1999; Rothman 2000; Theile and Drews 2009; O’Reilly 2010). In 1949 in her pioneering work *The Second Sex*, Simone de Beauvoir considered reproduction as a major factor behind women’s subordination. Many feminist critics

shared her perception of motherhood as the main reason for women's inferior social and economic positions.

Much feminist discourse on motherhood and reproduction has been critical, regarding a rejection of motherhood as necessary in order to overcome women's subordination (Neyer and Bernardi 2011). Even though feminists still struggle against the oppressive biological reductionism regarding women as, per definition, mothers, the feminist discourse on motherhood has shifted and diversified since the 1980s. Feminist researchers started to demonstrate how the linkage between motherhood and nature was historically, socially, culturally and philosophically constructed, rejecting the assumption of motherhood as innate to women (see e.g. Badinter 1981; Bock and Thane 1991; Fineman and Karpin 1995). However, there are various stances on this within feminist research, which becomes visible particularly in research on surrogacy, where assumptions about naturalness and normalness of motherhood, childbearing and a maternal-foetal bond may differ (see Teman 2008).

Furthermore, with the development of ARTs the context in which we appraise the notion of motherhood (and parenthood) and reproduction has profoundly changed. An increasing body of feminist analyses of ART has emerged, reflecting renewed attention to kinship within anthropology, and feminist scholars such as Marilyn Strathern (1992), Sarah Franklin (1997), and others have re-theorised the relationship between nature and culture in motherhood and kinship and how the role of reproductive technologies is complicating our notion of these concepts. Through ART, the meaning of biological motherhood has transformed into something that can be partial or fragmented, while it also has been seen to subvert and reinforce ideals of motherhood, family and gender (Ragoné 1994; Franklin and Ragoné 1998; Thompson 2005). This is of particular importance in the case of gestational surrogacy, as it contests the "wholeness" of motherhood by involving at least two (often three) potential mothers; genetic, gestational/biological, and social. Gestating and giving birth to a child for the purpose of handing over the child to other people also destabilises and contests the age-old understanding of motherhood as something we can always be certain about (*mater semper certa est*). As such, surrogacy not only fragments motherhood, but it also challenges the popular status of the maternal bond as a natural phenomenon as it "defies mainstream assumptions that identify pregnancy with the birthmother's commitment to the project of subsequent lifelong social mothering and threatens dominant ideologies in many cultures that assume an indissoluble mother-child bond" (Teman 2008, 1105).

Another important aspect when theorising motherhood, especially in the context of transnational surrogacy, is the need to also acknowledge cultural specificities of motherhood. As described by Patricia Hill Collins, "feminist theorizing about motherhood has not been immune to the decontextualization of Western social thought", it has emerged in specific intellectual and political contexts and cannot be applicable to all social or cultural contexts (Hill Collins

1994, 45). Linking motherhood to gender, racial, social and economic structures challenges the assumptions of a universal concept and experience of motherhood (Neyer and Bernardi 2011, 166). In line with this, I argue that it is crucial to consider women's differences and look to the culture-specific context when discussing notions and experiences of motherhood (Hill Collins 1990; DiQuinzio 1999). We cannot talk about "woman" as a universal position, nor can we talk about "motherhood" as a universal experience or practice. Women from different cultural backgrounds have different perceptions and experiences of motherhood, and as psychologist Shari Thurer notes, "the good mother is reinvented as each society defines her anew, in its own terms, according to its own mythology" (1994, xv). In addition, the fact that women mother in a variety of societies is not as significant as the *value* attached to mothering in these societies. The distinction between the act of mothering and the status attached to it is very important and needs to be analysed contextually (Mohanty 1988, 75).

According to anthropologists Pranee Liamputtong (2007b), Mary Beth Mills (1999), and Marjorie Muecke (1984), who all have studied notions of motherhood and modernity in Thailand, motherhood becomes an important identity as women's roles as mothers and nurturers of children award them status, prestige and respect. A mother is expected to be selfless in her nurturance and sacrifices for her children, and in return she obtains respect, material support, and religious merit for bringing new life into the matrilineal line of the family (Mills 1999, 102; Liamputtong 2007b, 6–7). As women mark their status through childbearing and maternity, Whittaker notes that female fertility becomes "an important source of female cultural power and prestige" (2000, 70). As a consequence of the valuation of motherhood and childbirth, infertility is stigmatised in Thai society. This cultural notion of motherhood and maternity makes pregnancies and birth precious events in the lives of Thai women (Liamputtong 2007b, 7). With Thurer and Mohanty, I contend that notions of mothering need to take into account culture and class if we are to understand how notions of motherhood come to play a role in surrogate mothers' experiences.

Surrogacy as precarious intimate labour

In this thesis, I conceptualise transnational commercial surrogacy as a form of "intimate industry" and the reproductive labour that surrogate mothers are providing as "intimate labour". In doing so, I draw upon the theory of sociologists Eileen Boris and Rhacel Salazar Parreñas as discussed in their influential anthology *Intimate Labors: Cultures, Technologies, and the Politics of Care* (2010). Building on feminist scholarship on reproductive and emotional labour, they examine "the social construction of commodified intimacies" (2010, 7). Boris and Parreñas define intimate labour as work that involves "tending to the intimate needs of individuals inside and outside their home"

(2010, 5) and that “involves embodied and affective interactions in the service of social reproduction” (2010, 7). Under the umbrella term intimate labour, Boris and Parreñas consider various occupations – for example manicurists, nannies, and sex workers – that are often not thought of together. These occupations share common features which are key aspects of intimate labour, such as attentiveness and the meeting of intimate needs of either reproductive and/or bodily character.

In their discussion, Boris and Parreñas mention commercial surrogacy as one of the new forms of intimate labour that redefines intimacy through technology and globalisation and introduces different dynamics to the labour process (2010, 14). What these new forms of labour show is that intimacy is no longer limited to face-to-face interaction and actual meetings between provider and client. While the bodily proximity between surrogate mother and intended parents is absent in the surrogacy arrangement, Boris and Parreñas argue that the intimate dimension is enabled through the advancement of technology, sustaining closeness through e-mail, chats and messaging. While this is true in some cases, I argue that there is another dimension of intimacy present in the surrogacy arrangement. Despite the lack of one-on-one contact, I view the surrogate mother and intended parent to be intimately connected through the surrogate mother’s gestation and nurturance of the intended parents’ gametes and future child. Furthermore, Boris and Parreñas mentions how surrogacy can be viewed as a form of intimate labour despite lacking an often central dimension, namely emotional labour (Hochschild 1983). They argue that “surrogate mothers do not engage in emotional labour” while admitting that “their jobs may involve emotional labour that would occur in private and not public spaces (2010, 7). I oppose this view, and argue surrogacy to be understood as affective and emotional labour also (see Teman 2009; Pande 2010b; Jacobson 2016; Toledano and Zeiler 2017; Siegl 2018). Conforming to conditions of surrogacy, the surrogate mothers must align their emotions for the purpose of the market, express a will to help others, nurture and care for the foetus as a mother, while at the same time being required to suppress or reframe feelings or emotions and emotionally detach from the foetus (see Pande 2010b; 2014b).

Conceptualising surrogacy as intimate labour in this thesis is based on how the definitions of “tending to the intimate needs of individuals” very well describes the purpose of the surrogate mother. By gestating and birthing a child, she tends to the intimate needs of intended parents to have a child, while also tending to the needs of the foetus she carries, doing labour in order for the child to live and thrive in her womb. In this, there is a (re)productive aspect, while also involving an embodied and affective dimension. I am not alone in conceptualising surrogacy as intimate labour. For example, Rudrappa refers to “the paid employment involved in forging, maintaining, and managing interpersonal ties by tending to the bodily needs and wants of care recipients”

when framing surrogacy as intimate labour (Rudrappa 2015, 13; see also Rudrappa and Collins 2015). In the same vein, Whittaker (2014, 104–5) views surrogacy as a form of intimate industry “embedded within particular gendered ideologies” where the labour performed by surrogate mothers “intersects intimacy and commerce and crosses the porous boundaries between paid and unpaid work”.

Intimate labour encompasses a wide range of activities that all represent services historically assumed to be non-market activities undertaken by women, but which in late modernity is often seen as work that should be done by (non-white) women from lower classes for a low payment (Boris and Parreñas 2010, 2). This division of reproductive labour has its roots in colonial labour allocation as a project of the racialisation and gendering of labour, where, for example, non-white/black women were expected to act as nannies and wet-nurses for white children, and later with the expansion of commodified services, employed as lower-level reproductive and intimate labour in “public” sectors (see Glenn 1992; Harrison 2016). A shared trait across intimate labour is how it is governed by asymmetrical relations between the provider and those employing them and those receiving the labour. In the context of surrogacy this asymmetrical relationship can be understood through the concept of stratified reproduction, originally coined by sociologist Shellee Colen (1995) in her study on the experiences of West Indian childcare workers in New York and their white U.S.-born employers. By stratified reproduction, Colen refers to how certain categories of people in a society are encouraged or coerced to reproduce and parent, while others are disempowered (Colen 1995). At the same time, those disempowered may enable more privileged people’s reproductive future and parenting by being a nanny, domestic servant, or surrogate mother.

The question of whether surrogacy is to be understood as labour is raised in various ways in the surrogacy literature. Those rejecting surrogacy as labour often frame it primarily as a commodification of women’s bodies and exploitation linked to a patriarchal order (Rothman 1989; Andrews 1990), while more recent ethnographically anchored literature tends to theorise it as labour (Vora 2012; Pande 2014b; Rudrappa 2015). Taking on a labour approach can be understood as “moving beyond discussions over commodification, and instead focusing on the surrogate mothers’ efforts and conditions” (Stuvøy 2018b). However, and as Vora (2012) indicates in her own theorisation of surrogacy, there are limits to the labour approach. A recent paper by philosopher Johanna Oksala (2019) problematises viewing surrogacy as (intimate) labour. According to Oksala, surrogacy is not labour in the same sense as other types of labour under capitalism; surrogate mothers’ “functional role” differs from other forms of waged care work. According to her, surrogacy is an expropriation of capacities and biological resources rather than exploitation of labour (2019, 895). Ultimately, her point is not only that surrogacy cannot be understood as labour, but it is also politically problematic to frame it as labour

since it reduces the surrogate mother to a worker and ignores her kinship relation to the child (2019, 900). While Oksala's point is interesting, it ignores the interplay between the disposability of labour and the disposability of kin. As noted by Vora, the "way gestation and childbirth are imbricated with the body and subject of the surrogate makes it difficult to distinguish between what is labour and what is not" (Vora 2019, 42). Pande, in her theorisation of surrogacy as labour, acknowledges this production-reproduction duality while empirically also illustrating how this duality is used to discipline the women as "perfect mother-workers" (Pande 2010b; 2014b). According to Pande, "[t]he perfect surrogate is one who is constantly aware of her disposability and the transience of her identity as a worker and yet loves the product of her transient labor (the fetus) as her own" (Pande 2014b, 71). As such, the surrogate mother's identity as woman, mother and non-mother are intertwined in the construction of the surrogate subject. By framing surrogacy as intimate labour, my intention is to acknowledge this particular labour in present day biocapitalism and grasp the dualism between production-reproduction, where the intimate dimension of the labour acknowledges how surrogacy is about more than just labour, which my terming of the women as surrogate *mothers* also indicates.

However, the notion of surrogacy as a form of intimate labour does not fully grasp the structuring and organisation of the labour, the insecurities, and the temporality. As such, I also find it useful to conceptualise surrogacy as a form of *precarious* labour. The notion of precarity is closely tied to that of vulnerability and uncertainty, even though the concept is used in different ways by scholars coming from different directions. As a social science concept precarity is mainly associated with Pierre Bourdieu (1963) and his portrayal of an emerging colonial working class in Algeria, referring to the class divide between racialised casual workers and non-racialised, permanently employed workers. Following from Bourdieu's line of thinking, precarity is primarily seen as a labour condition where precarious work is characterised by insecurity and unpredictability, temporary or part-time employment, lack of social benefits, low wages, and risk from the point of view of the worker (Kalleberg 2009; Millar 2017).

In the past decade, the notion of precarity is particularly known in relation to Guy Standing (2011) who popularised the concept with his book *The Precariat: The New Dangerous Class*. Moving from a labour-condition approach to a more class-based approach to precarity, Standing views the precariat (a neologism formed by combining "precarious" with "proletariat") as a globally growing workforce of casual labourers that lack different forms of labour security. While his thesis has been discussed and criticised, the idea that labour conditions have become more precarious has been picked up within sociological studies on labour (especially within Euro-Atlantic states) focusing on precarisation as a process (see Alberti et al. 2018). Precarisation is best used to

describe the process of increasing insecurity and vulnerability in the labour market, which is demonstrated by more insecure working conditions, demands for flexibility, new types of contracts, fewer social benefits, lower wages and other changes like these.

In quite a different take, we also find the interpretation of precarity in a more ontological and relational sense. In *Precarious Life: The Powers of Mourning and Violence* (2004), Judith Butler understands precariousness as a generalised condition of human life, where terms and conditions outside of an individual's control affect life as a whole, and they discuss how this vulnerability is distributed unequally throughout the world. The concept of precarity has also been criticised for being ethnocentric as well as androcentric (Ivancheva and Keating 2020). Mostly focusing on Euro-Atlantic contexts, precarity has been framed as a new exception, while it in fact has been the norm for people in the rest of the world where the majority have not experienced stability or security (see Neilson and Rossiter 2008). Furthermore, precarity studies has mainly focused on the individual white male worker engaged in productive work, ignoring how reproductive labour and care sector work, mostly done by women, migrants, minorities and people from/in the global South, have been “some of the most flexibilised, stigmatised, invisible, and exploited forms of work in human history” (Ivancheva and Keating 2020, 253).

For my purposes in this thesis, the scholarship on precarious labour combined with the insights from a Butlerian approach to precarity, “capture the relationship between precarious labour and precarious life” (Millar 2017, 5). By theorising surrogacy as precarious intimate labour I am interested in acknowledging the intimate, gendered and embodied particularities of precarious labour. As such, I also follow the conceptualisation of *bioprecarity* as theorised by Gabriele Griffin and Doris Leibetseder (2020). Emphasising bodily vulnerability, Griffin and Leibetseder with the concept *bioprecarity* wishes to capture not only precarity of employment but of the embodied self, especially in intimate labour. As argued by Griffin, intimate labour and (bio)precarity are closely intertwined as intimate labour “renders the labourer vulnerable to the client and to self-exploitation (...) because of the intimate, often bodily proximity between worker and client and because of the limited regulation or unregulated nature of the work” (2020, 23), and those performing intimate bodily labour are often “exposed to bioprecarity through the manner in which they have to put their bodies to work” (2020, 22). Following Bula Bhadra's (2017) research on surrogacy in India, I argue that women acting as surrogate mothers, especially in the global South, perform bodily, intimate and emotional labour, precarised due to the uncertainty and insecurity of the labour. It is (bio)precarious because it involves certain social categories – economically disenfranchised, racialised women – and because it is based in bodily labour (see Nilsson 2020).

Understanding surrogacy as not only intimate but also precarious labour serves as an analytical tool, highlighting the conditions, the organisation, and structuring of the surrogacy arrangement but also the experiences of surrogate mothers in relation to the conditions of the market, capturing the entanglement of bodily, social and economic vulnerability. Throughout the thesis, different aspects of the women's surrogacy accounts speaks to this precarity and intimate dimension of labour. For example in Chapter 4 the dimension of money and economic precarity is discussed, in Chapter 5 the requirements and conditions of the global and local surrogacy market are analysed in relation to im/mobility and flexibility and in Chapter 6 the demands of flexibility, disposability and ambiguous positions in the negotiation of relationships and kinship are discussed.

Local moral frameworks and economies

While motherhood, reproduction and the precarious and intimate labour of surrogacy are global phenomena, they exist and are experienced by the surrogate mothers within locally specific cultural and religious frameworks that vary across different contexts and regions. Local moralities are central to ways of being in the world, making sense of as well as affecting reasoning around actions and decisions.

Local moral frameworks are not coherent theoretical approaches but rather an analytical tool for addressing how phenomena and practices become intelligible in a cultural, social, and moral context. The use of the concept local moralities has in the last couple of decades emerged among social science scholars and anthropologists, where "moral" and "morality" often is described as "a set of shared values that underlie certain practices" or understandings central to peoples ways of being in the world (Zigon 2007, 131). Paying attention to local moral frameworks means focusing on culturally and religiously dominant normative frames of reference, and how these impact upon social practices, beliefs, evaluations and priorities. This is not only based in culture and religion but is also shaped by people's social positions. Hence, moral frameworks are also impacted by class, gender, ethnicity, age and education, and they exist in specific contexts (Zigon 2007).

Feminist studies of reproduction have long shown how debates about reproduction are embedded within local moral worlds and shaped by cultural, religious beliefs and traditions (Smietana, Rudrappa, and Weis 2021, 4). This becomes especially evident in the context of ART. As highlighted by Inhorn (2015, 22), "local moralities are perhaps best exposed when new health technologies confront deeply embedded religious and ethical traditions". Reproductive technologies engage various moral frameworks in different cultural contexts and differ in what cultural value and legitimation they ascribe to the practices (Salter 2022). Hence, it becomes important to explore the ways in which local moralities affect the practices and understandings of commercial

surrogacy but also women's experiences and understandings of their participation in the practice (Smietana, Rudrappa, and Weis 2021; Whittaker 2014). In their research on surrogacy in India, Rudrappa and Collins (2015) discuss how actors make sense of, as well as justify, their participation in surrogacy by drawing on moral frames of compassion. Further, they argue that moral frames are not only what actors feel about surrogacy but are also "systematic to, and *constitutive* of, transnational surrogacy" (2015, 942), referring to how the surrogacy market draws upon local moralities in order to frame it as intelligible and legitimate. Local moralities are also highlighted by Jacobson (2016) in her research on surrogacy in the United States, where surrogacy became ethically and socially comprehensible in an American context by framing it as friendship building between surrogates and intended parents.

Furthermore, part of local moral frameworks is local moral economies. Historically, the most significant body of research that takes a local moral economies approach concerns the moral dimensions of class relations. However, the concept is increasingly adopted to not only concern economic activity but also "gift economy", exploring the impact of obligations arising in the interactions between people, such as between siblings, child and parents, and partners in a marriage (Carrier 2018, 23). Even though the notions of local moral frameworks and local moral economies are sometimes used interchangeably, and both address the major role cultural and religious world views play in informing moral premises that affect behaviour and reasoning, moral economies focuses more explicitly on value exchange and patterns of reciprocity and expectations. The term "moral" is understood as referring to exchanges that have goals other than just economic profit, such as the accumulation of symbolic and social capital or maintaining or achieving social status (Näre 2011, 400). In a Thai context, for example, where the moral economy is primarily grounded in a Buddhist world view predicated on the "law of karma", people will seek to advance their self-interest, or the interest of their families, with reference to the social imperative of living within a moral community and trying to gain "merit" (Keyes 1983, 851).

Local moral economies also make up an important dimension in the context of intimate labour, where moral tensions often emerge given the co-mingling of "economic transactions and intimacy" (Zelizer 2005, 12). In their special issue on intimate industries in Southeast Asia, Parreñas, Thai and Silvey (2010) discuss how intimate labourers mobilise and rework moral economies and frameworks to their own benefit and take the example of hostess club workers and domestic workers, who frame their labour as morally palatable partly because of the income it provides their families (2010, 9). This is, for example, evident in the research by Whittaker (2014), where she explores how the framing of commercial surrogacy in Thailand draws upon local moral economies with reference to Buddhist merit-making and gendered obligations.

In this thesis, the concept of local moral frameworks helps me to analyse how the women's interpretations and negotiations of the surrogacy process are

locally situated and draw upon dominant normative imaginaries. From the perspective of the surrogate mothers, I explore how they make sense of, experience, and negotiate a global and technologically advanced phenomenon within their own cultural context with its specific moral framework. Furthermore, taking on a local moral framework approach is consistent with Aihwa Ong's (2010) call for "situated ethics", emphasising the importance of context and situation where moral reasoning takes place, and Alison Bailey's (2011) call for "reproductive justice approach" in surrogacy research by keeping women's "local moral worlds" visible and avoiding discursive colonialism when projecting Western moral values onto the lives of women in other settings. In line with Whittaker (2014), I also use the term moral economies to analyse the ways that local social and religious norms intersect with the making of exchange value and obligations in the women's motivations, negotiations and understandings of the surrogacy experience. Thus, I argue that understanding commercial surrogacy as situated within local moral frameworks and economies can contribute to the analysis of how surrogacy is experienced and understood by those acting as surrogate mothers.

While perspectives on motherhood, precarious intimate labour, and local moral frameworks and economies are the overarching theoretical frameworks in this thesis, the analytical chapters variously use key concepts, such as bio-availability, mobility, de/kinning, and kinship grammars, which are explained in the chapters.

Outline of thesis

This thesis is divided into seven chapters. This first chapter introduces the context of the study, gives an overview of the research field of surrogacy in which this thesis is situated, and presents the aims and research questions as well as the theoretical frameworks that guide the thesis. Next, Chapter 2 covers methods and methodology. I describe the research design, including the recruitment process and information about participants, methods for data collection and analysis as well as a discussion of methodological questions and ethical challenges and considerations. Following this, the thesis unfolds through an analysis of the empirical data with thematically organised chapters. Chapter 3 explores the women's surrogacy trajectories and how their initiation and involvement in surrogacy typically follow certain patterns and are shaped through and in relation to women's networks and family relations. In Chapter 4, I explore the women's motives for engaging in surrogacy where local moral economies and gender ideals are at the core when negotiating (and evaluating) surrogacy as a morally defensible means of making money, showing how altruistic incentives and financial needs are intertwined. In Chapter 5, the time

of the pregnancy and delivery is explored with a focus on im/mobility, flexibility and restrictions in relation to both the changing conditions of the global reproductive market and the cultural and historical context of Thailand and women's (intimate) labour migration. In Chapter 6, I focus on the pregnancy and birthing and the ambivalent relationship between surrogate mother and child. Through the framework of kinship grammars and the concept of (de)kinning, I show how the women both align with the surrogacy market's framing of kinship while also challenging it by creating hybrid and flexible meanings of kinship and relatedness drawing on embodied experience, local morality, and cultural notions of motherhood and kinship. Finally, in Chapter 7, which is the conclusion of the thesis, I summarise the results of the analysis of the Thai women's experiences of transnational commercial surrogacy and discuss key findings.

2. Methodology, methods and material

At the centre of this thesis is original empirical data in the form of semi-structured, in-depth interviews, conducted between 2018 and 2019, with twelve women who have experience of acting as a surrogate mother in Thailand. In this chapter I describe and discuss the different stages of the study, from accessing the field to the process of analysis and writing. Furthermore, I discuss ethical considerations and methodological issues that arose along the way. My aim is to provide transparency about what I have done and how I have thought about it in order to provide the reader with a basis for reflection around the research process.

Accessing the field

Some aspects of the selection of field site and fieldwork for this study began in 2014 while I was working on my Master's thesis and interviewed pregnant surrogate mothers in Bangkok about their experiences. Not only did my interest in Thailand and surrogacy deepen, but I also established contact with researchers and women who would become important for this study and with whom I have remained in contact.

During the first fieldtrip in May-June 2018, which had a preparatory character, I spent a couple of weeks in Bangkok investigating the possibilities of recruiting participants and discussing my research project with Thai researchers in the fields of sexuality, reproduction and intimate labour at Mahidol University and Chulalongkorn University. From these meetings I gained guidance about doing research in Thailand, as well as practical assistance for applying for a research permit from the National Research Council and establishing contact with potential interpreters.

The second round of fieldwork took place during three months that same year, in September-December. During this time, I made Bangkok my base and took Thai language courses for two months to improve my basic skills while I applied for the research permit and met with researchers working on intimate labour and reproduction in Thailand. I also established contact with a suitable interpreter, with whom I met several times to discuss the research project before recruiting participants and conducting interviews. Recruiting participants proved somewhat difficult, a matter I will return to shortly. During this stay, I

ended up interviewing eleven women at different locations, mostly on the outskirts of Bangkok or in surrounding provinces, but on a few occasions I travelled to the participants' home in the North or Northeast.

The third round of fieldwork was a one-month stay in April-May 2019 in Bangkok, where I tried to get in contact with more potential participants. This time, it was even harder to find women willing to be interviewed, and I ended up coming home with only two more interviews, one of which was a follow-up interview with a woman I had met during the previous visit.

All in all, about five months were spent in the field. Initially my plan was to spend at least six consecutive months in Thailand, but due to practical and family reasons this did not work out, as I was not able to take my children out of school for that long a period. During the first and third round of fieldwork, I was alone in Thailand, but during my three-month stay, my partner and two children came to stay with me for six weeks. Ultimately, there were some advantages to the travelling back and forth. Going back home in between fieldwork periods gave me time to reflect, to discuss my experiences with supervisors and colleagues and to read, write and reflect. During periods at home, I kept in contact with participants, the interpreter and researchers in Thailand.

Conducting fieldwork is often a time-consuming task, and not all five months were spent doing interviews. Most of the time was devoted to preparations and planning, and a lot of waiting: for the Thai research permit to be granted, for responses from potential participants, for participants to show up at interviews, and for sitting in buses and taxis, waiting for traffic to ease. A considerable time was also spent travelling to visit participants in different parts of the country.

Recruitment and incentives: Issues of access and trust

Surrogate mothers in Thailand as a group are a hard-to-reach population (see Liamputtong 2007a) since they are geographically dispersed and live in different regions of the country, but especially since surrogacy is now illegal and a sensitive and controversial issue in the country. One of the main challenges in this project has been to access and recruit women to interview, that is to find former surrogate mothers willing to participate in the study. Given that transnational commercial surrogacy is illegal in Thailand, the possibility to go through a surrogacy agency or clinic to recruit participants, as I did when interviewing surrogate mothers for my Master's thesis (in 2014) was no longer a possibility. Contact with gatekeepers can be essential for gaining access to the field, especially for hard-to-reach groups, but a researcher also runs the risk of becoming too dependent on the gatekeepers' willingness and ability to help. Many women may not be open about their past as a surrogate mother.

They may be wary about revealing information about themselves and I learnt that some even changed their names after surrogacy.¹⁰

When starting my study, the criteria for recruitment were the following: the women must be of Thai nationality, aged 18 and above, with experience of acting as a surrogate mother for foreign clients. Following the interviews for my Master's thesis, I had remained in contact with one of my former participants, Maladee, whom I also visited during my preparatory fieldwork. When I met with her, it became clear that she had at least five women friends who had acted as surrogate mothers. I hoped to gain access to participants through her network, and she came to be one of my key participants. However, in general recruiting former surrogate mothers as interviewees proved to be much more challenging than I initially had anticipated.

When arriving in Thailand in September, 2018, I first had to wait for my research permit to be approved before I could start contacting any potential participants, and since the approval was a time-consuming procedure, this delayed my recruitment process. One month later with my research permit in hand, I started to contact the five women that Maladee had suggested for me through social media networks. As described by Masson et al. (2013), social networks on the internet have become an important resource for identifying potential respondents. Mostly, recruitment is done via a call for participants on websites or forums. In my case, there were no such forums available; instead I recruited the women through Facebook or LINE¹¹, which were the channels where Maladee had contact with them. I had written a short text translated into Thai where I presented myself and my research, explained that I had gotten their contact information from Maladee and asked whether they would be interested in talking to me (see Appendix B). Five such messages were sent to women from my personal Facebook or LINE accounts. Following weeks of either silence or refusals, I finally had a positive response from one woman, who invited me to her house for an interview. This woman, Samorn, would come to play a crucial role in recruiting new participants, and with her help, I managed to get in contact with another six former surrogate mothers who wanted to participate in the study. In addition to this recruitment method, my interpreter Sumonmarn Singha, who also had experience interviewing Thai surrogate mothers, contacted a health care practitioner who had contact with former surrogate mothers in a province in the North of Thailand. Through the health care practitioner, we were able to get in contact with three women, of whom we interviewed one. The others were reluctant to be interviewed given the sensitive topic and some previous bad experiences with journalists during the time of the Baby Gammy case¹².

¹⁰ In Thailand, changing one's name is a common practice for luck and improvement of future prospects.

¹¹ A freeware instant messaging application especially popular in Southeast Asia.

¹² For information around the Baby Gammy case, see p. 24-25 (Chapter 1).

This illustrates that the majority of the participants were recruited through snowball sampling recruitment (Tenzek 2018). This form of recruiting relies on the social networks of knowledgeable and/or experienced insiders acting as gatekeepers to potential participants, providing access to people they know with the same experience or associated with a specific event. Those new participants then lead to potential participants they know, and so on. As women in Thailand are often recruited into surrogacy through word-of-mouth from relatives or friends, a form of snowball sampling in itself, this way of recruiting participants in a sense mirrors the women's recruitment into surrogacy. Snowball sampling enables researchers to access potentially hard-to-reach or marginalised groups (Tenzek 2018, 1614), and this method of recruiting participants was for me perhaps the only possible way. However, as with every recruitment technique, there are certain disadvantages, such as the possibility of biased selection of participants who all share the same experiences and opinions and may respond similarly (Tenzek 2018, 1615). Still, I believe that the twelve women I managed to recruit represent a diversity in surrogacy experiences, as the following chapters will show.

For the interviews I did with surrogate mothers for my Master's thesis in 2014, I paid the women ฿1,000 (approx. €27) each for participating. This was a request from the surrogacy agency who stated that the women would not see any incentives to participate in the study if they were not paid for their time. After discussing the issue with Thai researchers and Thai friends, I decided to also offer the participants ฿1,000 for participation this time, something I was transparent about in my applications for ethical approval and the research permit. The money was given to the women in cash after the interview, handed over in an envelope together with my business card and a card thanking them for their contribution. The compensation of ฿1,000 could be regarded as both relatively modest and generous, depending on one's socioeconomic situation. As such, the payment was both an important incentive in the recruitment of participants, assisting them in their daily living, and also a symbol of my respect and gratitude for their participation (Liamputtong 2010).

In addition to the interviews, I also took the opportunity to talk about my research with Thai people I met during my stays. Besides leading to interesting conversations about surrogacy with taxi drivers and waiters in restaurants, I also gained some insight into public opinions on the issue. Some had never heard of surrogacy, some were familiar with the Baby Gammy case and had strong opinions, and some knew women who had acted as surrogate mothers. When talking to a tuk-tuk driver about my research, he told me he knew a woman from his hometown who had been a surrogate mother. He forwarded my contact information to her, but she never responded. In one nail salon, I met a woman who told me that her neighbour had been a surrogate mother but that she probably would not be able to participate, as she had "promised the agency not to tell anyone about the surrogacy." She handed over the information about the study (Appendix C) to her neighbour who never responded.

Even though these chance meetings eventually did not lead to any interviews, it shows that surrogacy still is taking place in Thailand and that, though one will hear about women who have the experience, to find those who will consent to participate in a research project is harder.

The result was that after contacting 22 women with experiences of surrogacy, twelve agreed to be interviewed. When planning the study, I had anticipated conducting 15-20 interviews with former surrogate mothers and was initially worried that the number of interviews would not be enough. However, throughout the research process I have come to re-evaluate my sample size of twelve interviews given the secrecy, stigma and illegal status of surrogacy in Thailand. Furthermore, sample size is not a simple question and will be affected by “what you want to know, the purpose of the inquiry, what’s at stake, what will be useful, what will have credibility, and what can be done with available time and resources” (Patton 2002, 244). Practical issues such as limitations in terms of time and resources as well as former surrogate mothers being a hard-to-reach group affected the sample size. Also, the objective of this study was not to provide a representative sample of surrogate mothers in Thailand but rather to qualitatively explore the accounts of the participants’ experiences of surrogacy. These in-depth accounts provided me with rich and complex material in which I found some repeated patterns concerning region of origin, agencies, doctors as well as their ages and number of surrogacy pregnancies, among other factors, but also a variety of attitudes and experiences of surrogacy.

As mentioned before, even though I was prepared for it being challenging to find participants, I did not expect so many women to turn down the interview invitations. I later asked some of my participants what they thought about the difficulties to find women to interview. Vanida, whom I came in contact with through Maladee, told me,

[s]ome women are afraid that the interviewer might trick them with questions, have a hidden agenda, and eventually cause them trouble. Noon, a woman that I recommended for an interview, was also afraid of this risk [...] so she refused to accept the interview invitation. She was scared and also just got a new job, so she replied that she was not available for the interview. Probably she didn’t believe that the interview was for research.

Vanida herself had also initially been suspicious when receiving my interview invitation. It was not until Maladee called her after her interview and told her about the research that Vanida agreed to participate. Her husband too had been suspicious and had asked her if the interview might be “a trick to ask her for money,” so she let him listen to her phone conversation with Maladee. Achara, who was introduced to me by her sister Samorn, also expressed this worry: “They are scared, even I was scared but my sister said that you are a researcher and that you won’t share my personal information, and my sister also did the

interview so I agreed to do this.” There was apparently a suspicion of me and my purpose for talking to them, and some suspected I was not a researcher but a person who would try to “trick them”. This should be understood in relation to the controversial status of surrogacy in Thailand and how acting as a surrogate mother now is illegal. Suspicion about both my political and sociocultural position as well as worries that I would report them to authorities complicated the process of gaining trust. Also, there was a worry around revealing their experiences to others, and some did not want to risk neighbours and people around them finding out about their surrogacy past. This is something that came up when I asked Achara’s sisters, Pimchan and Samorn, if they knew any more women who might be interested in talking to me.

PIMCHAN: I have friends [who have acted as surrogate mothers] but I don't know if they will be willing to do the interview. I think they will have to use transportation and there is a cost associated with that.

ELINA: I see, but if needed I could pay them for the transportation, or I could go to their place.

SAMORN: I think there is no one who is very positive about this, they won't agree to it if we [she and her sister] do not provide guarantee. To go to their house is even more difficult, as they don't want any impact on their family life. For my sisters, I guaranteed them that this is safe so they came. If you want to go to their place it is going to be very hard, as neighbours are going to be curious and want to know more.

The (potential) participants had different wishes and worries regarding confidentiality. Therefore, I had to be attentive to each of their expressed desires or reluctances to accommodate their wishes, which also meant that some interviews never could take place. Like other participants I talked to, Samorn stressed the importance of having received a guarantee by someone who had already met me and gone through an interview and who, based on her own interview, could recommend me. This illustrates how access to participants was gained by, and relied upon, me building rapport with key participants, such as Samorn, in order to gain contact with other potential participants. It also highlights the dilemma of being dependent on people participating while also not pushing them to do something they do not want and being sensitive to the asymmetrical power dynamics between researcher and research participants, which might cause worries, suspicion and refusal to participate.

The participants

In total, I interviewed twelve women with experience of acting as surrogate mother in Thailand.¹³ They were between the ages of 23 to 48 at the time of the interviews and came from different provinces of the country, in North, Northeast or Central Thailand. Most of them lived in Bangkok or the surrounding areas, one of them had moved back to the North of Thailand and two still had their homes in the Northeast but travelled for long periods to Bangkok and other cities to work as caretakers. Others made their livelihoods through farming, petty trading, selling food or clothes on the market, maintenance work at a hospital, selling cosmetics online, or as a parking guard at a mall. One was staying at home with her children while occasionally traveling to earn money through massage in another Asian country, and one acted as a low-level agent recruiting women to become surrogate mothers. Most of them had finished *Prathom 6* (primary school), but there was a range of education levels; three had finished *Matthayom 3* (lower secondary school) and two had finished *Matthayom 6* (upper-secondary school), while one had a Bachelor degree for teaching *Prathom 1-6* (primary school). The women were paid between ฿340,000 and ฿450,000 for the surrogacy arrangement, which equalled about €9,800–€13,000, a sum that for the women was equivalent to approximately four years of wages.

Half of the participants were single; five of these had separated or divorced from former partners or husbands while one was a widow. The other women had a partner who they often referred to as *sami* (husband) even though they had not officially registered a marriage but in some cases had a traditional wedding ceremony. As noted by Whittaker, “this is a common practice in Thailand and enables the women to be legally classified as ‘single’ and hence available to work as a surrogate” (Whittaker 2018, 55–56). All had one to two biological children whom they raised, except for one woman who had four children and another woman who had no children, but had had her first pregnancy experience as a surrogate mother. One of the participants was the daughter of another participant, and three of the participants were sisters.

The time that had passed between their acting as surrogate mothers and our interview varied from eleven years to four months. Two of the women had acted as surrogate mothers twice and two had given birth to twins. Most of the women had undertaken surrogacy between 2014 and 2018, while one had been a surrogate mother in 2007, having gone to India for embryo transfer. Otherwise, seven had had the embryo transfer in Thailand, and three had travelled to Laos for the transfer. Nine out of the fourteen surrogacy deliveries had taken place in Thailand, while four had been done in China and one in Vietnam. The intended parents came from Australia, Canada, China, Israel, Taiwan, United

¹³ For a more detailed overview of the participants, see Appendix A.

Kingdom and Vietnam. Three of them were single men, three were male gay couples, and eight were straight couples.

Table 1. Overview of participants

Pseudonym	Age	Children	Civil status	SM year	IPs from
Achara	30	1	Single	2016	China (M+F)
Boonsri	37	2	Married	2013	China (M)
Chantana	42	2	Divorced	2015	Israel (M+M)
Lamai	34	2	Partner	2018	China (M+F)
Maladee	43	2	Widowed	2014	Australia (M+M)
Noon	23	1	Single	2018	Vietnam (M+F)
Onwara	43	0	Single	2014	U.K. (M)
Pimchan	34	1	Partner	2014	China (M+F)
Ratana	48	1	Single	2009	Australia (M+F)
Samorn	42	2	Partner	2015**	Taiwan (M+F)
Vanida	39	1	Married	2015 2018	Canada (M+M) China (M+F)
Waen	43	4	Married	2007** 2013	Australia (M+F) Israel (M)

SM = surrogate mother, IPs = intended parents
M = male, F = female
** = twins

The empirical material

The study draws on multiple methods; primarily semi-structured in-depth interviews supported by informal interaction as well as the collation of ethnographic field notes. Besides scheduled interviews, more informal conversations with the participants as well as people I would discuss the topic of surrogacy with during my stay in Thailand informed my understanding of their experiences and how the phenomenon of surrogacy is perceived. Some of the participants I met with several times. I visited their homes and we communicated via phone calls and text messages and online chats. Others I had more limited encounters with, but informal conversations before and after the interview provided me with more insights and additional information beyond the interview.

Complementing this, I kept field notes to document and reflect upon activities, information gathered, contacts, decisions made, observations and conversations, both from interview settings and outside such settings. Field notes are a traditional means for ethnographers to record observational data and usually consist of relatively concrete descriptions and reflections of social interactions and their contexts (Hammersley and Atkinson 1995, 175). As suggested by Davies (2008, 233), I organised the field notes as a journal with dates of entries. After each interview I would document the encounter, the settings and how the interaction proceeded, followed by my own reflections on the conversation. I noted any points that were of particular interest, and, from this, began to develop some theoretical speculations. The field note diary also included daily reflections on the research process.

Interviews

In this study, I am interested in the first-hand accounts by women on their experiences of acting as a surrogate mother. For this purpose, I chose to carry out in-depth semi-structured interviews because of their focused but still flexible nature in discussing highly sensitive and personal topics such as surrogacy. As the term suggests, the in-depth interview offers an opportunity to stimulate depth on a topic (Kvale and Brinkmann 2014). Furthermore, the semi-structured format of the interview allows me as a researcher to explore new themes and capture unanticipated additional information. While as a researcher I have a set of predetermined questions, the interviewee is free to add new lines of enquiry, and follow-up questions can be pursued as they arise. The conversations with the women provided me with important accounts and reflections on their individual experiences.

I view interviews as social situations where meaning-making is produced in the interaction between the participants and researcher, constructing knowledge together (Kvale and Brinkmann 2014). However, the interactional dimension of the interview situation does not mitigate the hierarchical dimension. In feminist discussions on interviewing and power in research, the (inherent) asymmetric relationship has often been emphasised. Ann Oakley, in her influential article “Interviewing women: A contradiction in terms?” from 1981 suggests feminist researchers to approach interviewees with solidarity, emphasising a relationship based on shared gendered subordination and “sisterhood”. This argument has been criticised by other feminists for its limitations, pointing out the failure to acknowledge the dynamics of power and differences between women (see e.g. Riessman 1987; Phoenix 1994; Tang 2002), and has since been acknowledged by Oakley herself (2016). Other social attributes such as an interviewer’s education, class, sexuality, age, and race or ethnicity can influence the balance of power in an interview. My position as a Western/*farang* scholar did, I believe, affect the research process and especially the interviews and the results that came from it. Our different cultural

positions meant we had different expectations and understandings of the research practice of interviewing. In some contexts, such as Thailand, the interview situation may be related to hierarchal relationships and connected to investigations or hearings. My position in combination with the different cultural meanings of interviewing may have added to the asymmetric relationship. At the same time, I believe that my status as a Western researcher also was an asset. As discussed by political scientist Elin Bjarnegård (2009, 65) in her thesis on male dominance in Thai politics, as a Western scholar in Thailand I might be considered highly ranked in Thai society but also outside of it. My status meant that I could ask questions that Thai researchers might not be able to. This was something that my interpreter Singha confirmed, explaining that the women probably could be more open about their experiences when talking to me as a *farang* than they would have been with a local researcher. Anthropologists like Lila Abu-Lughod (1990) and Kirin Narayan (1993) challenge the notion of a static insider/outsider dichotomy and instead suggest that the researcher's status as both insider and outsider is constantly shifting as relationships are continually negotiated during fieldwork. As an outsider, interviewing women who came from very different backgrounds and had very different experiences than me, I had to negotiate access and try to build rapport by emphasising common aspects of our lives, while still acknowledging my outsider position. Still, and as noted by Griffin on cross-cultural interviewing, the women I interviewed were not a homogenous group and there were "degrees of differences and similarities between the diverse women I interviewed and myself, and these also had to be negotiated as part of our interaction" (2016, 26).

In order to downplay the formal setting and create a friendly and less hierarchical relationship, I would emphasise my curiosity about surrogacy in Thailand and my status as a mother and personal experiences of pregnancy, childbirth and child rearing. Furthermore, my basic Thai language skills made me able to communicate more informally with the women, as it helped to take the edge off the situation and create a more relaxed atmosphere with the women as native speakers, being patient with my mispronunciations. I made it clear at the beginning of each interview that my purpose was to capture their experiences and what was significant to them. Even though sharing was mostly one-sided and I obviously had the most to gain, it could still be a rewarding encounter for the participants. As Charlotte Davies argues: "The experience of being listened to and taken seriously by a researcher possessing high social status can be experienced as both empowering and reflexively enlightening and as such, is not necessarily a barrier to communication" (2008, 111). Often, I perceived the women as curious about how their experiences compared to others. At times, I was asked by the participants to share my experience of research on surrogacy and my thoughts on the topic as well as what other former surrogate mothers had told me. I would often tell them about the debate

on surrogacy in Sweden and emphasise why I found their perspectives important, as first-hand accounts from surrogate mothers tend to be missing in the debate. While I could not disclose any details from previous interviews, I could provide them with a general overview of the situation of the women I had met. As argued by Oakley (1981), it is important that the researcher become involved and prepared to *answer* questions as well as ask them. I was asking a lot from the women, not only a couple of hours of interview time but also confidences on very personal matters. All this was in order to write a thesis that none of the women would read or profit from directly (Oakley 1981, 44), so the least I could do was to answer their questions.

The interview process

In total, I conducted thirteen interviews, including two separate interviews with one woman. The interviews lasted from 35 minutes to over two hours, with the average being one and a half hours. However, many of the conversations would continue after I turned off the audio recorder. Often, we continued to engage in small talk. In some instances, the participants would give me a ride or accompany me on a walk to the bus or train station, continuing our conversations. I met my key participants, Samorn and Maladee, several times and had informal conversations with them.

The interview settings varied, and I suggested meeting the women at a location most convenient and comfortable to them. This was often in the homes of the women or friends of theirs. Sometimes I met them in public places, such as a park, a café or a restaurant. Samorn agreed to house interviews, stating that it would be more convenient and safe for the women, as she would act like a bridge between us. Even though this small family home did not offer complete privacy, with accompanying husbands, mothers and children eating dinner and chatting nearby, she still provided us with a more private space in the living room where we could have the interview. Although she made sure that people kept away during interviews, occasionally children would run in, food would have to be fetched, and relatives would enter the room. Having a foreign woman visiting could raise questions among neighbours, as the earlier quote from Samorn illustrates.

A couple of interviews were conducted with additional people present, besides the interpreter, as some of the participants came accompanied by their husband, mother, or friend. Førde observes the following about her interviews with Indian surrogate mothers: “for most of these women, travelling from their neighbourhoods and talking to strangers about sensitive and personal issues was challenging enough. Insisting that the surrogates do this on their own – which was highly unusual for them – would [...] be far less ethical than to negotiate the ideal of privacy” (Førde 2016, 78). Similarly, I found it important to be sensitive to the women’s wishes and weighed their comfort against the ideal of a one-on-one interview.

After some small talk, often about whether or not I had eaten and what I had eaten, the interview would start with me introducing myself and explaining who I was and why I wanted to talk to the participant as well as the general aim of my research. I provided the participant with an information sheet translated into Thai (Appendix C). She was given time to ask questions about the study and, if willing to be interviewed, asked to sign a consent form (Appendix D). After this, I asked for her permission to record our conversation, which all participants agreed to.

The interviews were facilitated in a semi-structured manner, which means that while I had some predetermined questions (see Appendix E), there was no mandatory order and I had the option to omit questions that seemed inappropriate in the situation or introduce supplementary questions. The participants were also encouraged to expand on their responses and to introduce their own concerns. This allows for other themes to emerge which could capture unexpected additional information (Davies 2008, 106). Before conducting the first interview, I met with interpreter Singha and gender studies scholar Sirijit Sunanta at Mahidol University in order to go through my interview guide, try the questions out and adjust them as needed. I found this discussion around the interview guide very useful as it became evident that some of the questions needed to be rephrased. I would start the interview with an introductory set of questions on their background and life situation and then move to a more open question on their surrogacy experience. This allowed the interviewee to decide what to bring up initially, and then I continued with follow-up questions, making sure during the course of the interview that we had covered the topics of my interview guide. In this way, the semi-structured interview format ensured that I elicited the same core information from each participant while it also provided me with the flexibility to probe more deeply into the narratives that the participants shared.

Interpretation and language

My conversations and contact with participants, most of whom spoke no English, largely depended on the help of my interpreter, Singha, who accompanied me during all the interviews. I met Singha through Sunanta at Mahidol University, as she was a former student of hers. Singha was not a professional interpreter but had a good command of English and, most importantly, had experience of doing interviews with surrogate mothers. This meant she was familiar with the research field and the surrogacy process, and especially within the context of Thailand. She also became familiar with my research project and we could discuss the interviews afterwards together.

I became familiar with the Thai language on an exchange program in 2003 and from my work on my Master's thesis in 2014. However, my knowledge was very basic, so prior to interviewing I took Thai courses for two months, developing my language skills. This enabled me to have basic conversations

in everyday social situations and talk about my research without great difficulty. Even though I am not fluent in Thai and still depended very much on Singha for interpretation, my language skills helped me to establish rapport with the participants and meant I could follow what was said during the interview and pose follow-up questions. Additionally, the oral interpretation in the interview situation was not word-for-word but more focused on conveying the content and the central message of the answers. However, the audio-recorded interviews were transcribed later in order to capture their entire content but also to enable the use of direct quotes. For this, I was assisted by Fitra Jehwoh, a woman fluent in Thai and English, working with gender equality in South Thailand, whom I got to know when she assisted me with transcriptions in 2014. Given that the topic could be seen as sensitive, I asked both the interpreter and the transcriber not to share any information from the interviews with anyone else.

Besides being able to talk to the women, there were additional advantages of working with an interpreter. For example, the translation gave me time to make notes and pose relevant follow-up questions, as I had more time to reflect upon what was said and what to ask next. In addition, Singha provided me with important information and knowledge about Thai society and advised me on how to behave in relation to both participants and other crucial persons during the fieldwork. Eventually, her role developed to become more of a research assistant, as she helped me to communicate and set up meetings with the participants. Spending a lot of time together on long bus rides or in taxis during traffic jams, I also got the opportunity to discuss and reflect upon the interviews with her.

Analysis: Making sense of the data

As mentioned earlier, all the interviews were audio-recorded and later transcribed verbatim. In addition, I kept notes during the interviews, writing down the women's answers and other important information. After the interview, either the same day or the day after, I summarised the interview and made comments about the context and environment or about the participants' perceived demeanour as well as my own reactions and thoughts. If the transcripts are a textualisation of the interviews, my field notes added another dimension, giving an account of the features of the interview and my reflections. Back home, after completing the fieldwork, I listened to the recordings, read the transcripts, and anonymised them by changing names of people and places. I then created a grid analysis summary of all the participants with information regarding their occupation, living conditions, family situation, date and place for surrogacy, origin of intended parents, and payment. This enabled an overview of the participants.

In my analysis of the interviews, I draw upon thematic analysis as outlined by Virginia Braun and Victoria Clarke (2006). Thematic analysis is a theoretically flexible method for identifying, analysing, and interpreting themes within qualitative data, where themes can be thought of as key characters or patterns of meaning in the story we are telling about the data. Thematic analysis is not one approach to qualitative analysis but many, and it varies in its application. The form I draw upon is described as *inductive* thematic analysis, which refers to

analysis primarily grounded in the data, rather than existing theories and concepts. Although pure induction is not possible in most forms of qualitative research – analysis is always shaped by a researchers’ theoretical assumptions, disciplinary knowledge, research training, prior research experiences, and personal and political standpoints – inductive TA aims to stay as close as possible to the meanings in the data. (Clarke, Braun, and Hayfield 2015, 225)

I started the analysis process in keeping with what Braun and Clarke describe as “familiarising oneself with the data,” by reading and re-reading the transcripts on paper to immerse myself in the content, making notes in the margin as I went along.

The material consisted of many pages of transcribed interviews to deal with analytically, and this was partly facilitated by the use of the qualitative data analysis software program NVivo, which helped me sort out the important parts of the interview, give me an overview and make connections between the interviews. In NVivo, I uploaded the transcripts and created a “case” for each participant, which I linked to the transcripts, as well as “memos” where I added my notes from the specific interview as well as reflections around their accounts. After repeated readings of the transcripts, I started identifying codes from the data. Codes are to be understood as “the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon” (Braun and Clarke 2006, 18).

The next step was to sort the different codes into potential themes, considering how different codes might go together and form an overarching theme. For example, I identified how the codes of “waiting,” “fear” and “restrictions” came together to form a theme on “immobility.” Some of the analysis was also done deductively, identifying themes that had guided my interviews, such as the descriptive theme “motivation,” which I would later divide into sub-themes. However, I did not always follow the steps outlined by Clarke and Braun (2006). Sometimes, I would identify a theme before identifying codes. For example, after going through about half of the interviews, I could anticipate that the notion of “merit-making” would be a salient theme in my data. After coding, I realised that other codes would fit into this theme as well, such as “motherhood” and “*bun khun*,” but also how merit-making together with “money” and “health” could be seen as a sub-theme to, for example, “motivation.” Quotes from the interviews regarding a specific theme, such as motive,

were then read together when analysing the theme and planning the writing of the chapters.

However, the process of analysing the interviews and the women's narratives is more than just coding and thematically organising data. Other strategies that have been important in the process include developing and evolving codes, building contextual relationships between themes, reading and thinking about the transcripts and field notes, and writing memos to store ideas and thoughts about the participants and their accounts. In addition to this, the iterative readings and theorisations I do in dialogue with other research is also part of the analysis process. In this process, theoretical and analytical tools are applied and specified together with readings of the empirical material.

Ethical considerations and challenges

There are a number of ethical issues bound to come up when conducting research on a sensitive and complex topic in a foreign country. As noted by Førde (2016) in her study on Indian surrogacy, the power relations prominent in transnational surrogacy arrangements affect the research setting. Conducting research with a vulnerable and possibly stigmatised group on a sensitive topic such as surrogacy, and in a setting where it is illegal and hence linked to risks in several ways, requires several ethical considerations. In the following section, I will discuss some of these.

Formal ethical reviews

In order to meet the formal requirements concerning ethics in research, ethical approval was obtained from the Central Ethical Review Board in Uppsala (Etikprövningsnämnden Uppsala) (Ref. No. 2018/161). The project also received ethical approval from Mahidol University Social Sciences Institutional Review Board in Thailand (Ref. No. 2018/234.0910), and I was granted a research permit by the National Research Council of Thailand (NRCT) (Ref. No. 0002/7436). The various review processes were time consuming but nonetheless important since as a researcher I am dealing with what could be considered sensitive information due to factors such as beliefs around religion, reproduction and sexuality, relinquishment and other topics. Applying for ethical approval to some extent increased my level of consciousness about the necessity of ethical reflection when planning my study. As a consequence, I took some concrete measures. When designing the information letter and consent form, which are both important documents informing the participants about the study, I made sure to be clear about the participants' rights to withdraw as well as potential risks from participating in the research. As a researcher I did my best to explain as fully as possible, and in terms meaningful to the participants, what the research is about, why it is being undertaken and

how it will be disseminated (Davies 2008). Furthermore, in gathering the data, I ensured to the best of my ability that consent was both informed and voluntary, and I stressed that the consent form was used to protect the research participant rather than oblige them to commitment.

Ethics as an ongoing process

It would have been impossible for any review process to prepare me for many of the ethical challenges that appeared throughout the fieldwork, such as the difficulty of recruiting participants and how to handle continuous contact with participants. Moreover, the issue of informed consent is not exactly a “one-off” event. I found that ethical considerations are better described as ongoing negotiations throughout the research project, where the responsibility rests upon me as a researcher to secure the research participants and myself in the research process.

One constant concern for me was the issue of reflexivity. The fieldwork was an intensely personal process where I continually had to grapple with my own position in the world in relation to that of the participants. As noted by Banu Ozkazanc-Pan (2012, 574) in her discussion of the challenges of post-colonial feminist research, “in a fieldwork setting, these approaches necessitate that researchers acknowledge how differences in position and privilege, which may take place through gender, ethnicity, and class among other relations, impact research” as well as the researcher-participant relationship. Given my privileged and outsider position in relation to the women I write about, this study is open to critique from a postcolonial feminist perspective, as it could be read as part of the criticised imperialist traditions of “studying the other” or “giving voice to the other” (see e.g. Abu-Lughod 1990; Skeggs 2001). The intention within academic writing of giving space and voice to a distant “other” runs the risk of reinforcing the imperial gaze and essentialising and victimising the “other”. Does this then mean that no one from the outside is able to speak with any legitimacy about the conditions of surrogate mothers in Thailand? While I admit that the academy is part of the problem, I do not believe that retreating is a solution. Thinking with Ong (1995), “there is greater betrayal in allowing [my] personal doubts to stand in the way of representing their claims, interests, and perspectives” (1995, 354). While I am aware that through listening and learning from the women I met, and trying to understand surrogacy through their accounts, I will never fully manage to represent their realities, nor do I claim to give a full picture of their experiences (see Spivak 1988).

Having described the methodology and material as well as ethical considerations, I now move on to the analysis.

3. Women's networks: Familiarising the surrogacy experience

WAEN: The women often go through the same agency. It's like they are living in a small world. They are rotating their [surrogacy] attempts between one another. If one fails, her friend will be picked.

Waen and the trajectory of surrogacy

I came in contact with Waen through Samorn, one of my key informants. They were acquaintances from before, and Waen had been the one to introduce Samorn to surrogacy a few years earlier. We met on a late evening in November, 2018, in the home of Samorn. Under the fluorescent lights of the living room, Waen, 43-years-old at the time, told me about her experiences of surrogacy. While Waen's route into surrogacy was similar to that of the other women, her story stood out, as she had had her first surrogacy pregnancy back in 2007. This was before Thailand had become a popular international surrogacy destination. Waen, who was from a village in the north of Thailand, had moved to Bangkok together with her husband, who worked as a tuk-tuk driver. She had never had a job, as she stayed at home, taking care of their four children. People close to her were aware of their unstable finances, and in 2006 she was approached by a friend of a friend whose cousin worked for a surrogacy agency in Bangkok. The woman told Waen about the procedure of surrogacy and that by gestating and delivering a child for other people, she would be able to do a good deed and earn a large sum of money. Given their financial insecurity at the time, Waen decided to give it a try. After going through check-ups and hormone treatments she became pregnant with twins for a straight Australian couple. Because of the twin pregnancy, she earned a bit more than for a single pregnancy, and with the ฿350,000 (approx. €4,000 at the time) she renovated her mother's house in the north and paid for her children's education. Six years later, in 2013, when her children were in their teens and she had separated from her husband, Waen decided to repeat surrogacy. This time she gave birth to a child for a single man from Israel, and for the money she bought a new car and spent the rest on daily expenses. Waen told me that, after this, she had wanted to do surrogacy a third time, but as she then was in her late thirties, many intended parents considered her too old. She was

never matched with new clients. Instead, she started to earn money by acting as a kind of low-level agent, recruiting other women to become surrogate mothers. When I met Waen, she had been recruiting women for a surrogacy agency in a neighbouring country for four years.

Hence, for Waen, surrogacy continued to be a source of income. After the ban the hybrid model of surrogacy had been an opportunity for her to earn even more money due to travels and the extra assistance required. At the same time, because of the expansion of the surrogacy market in the past years as well as the ban, recruiting surrogates has become more challenging: “These days it’s harder to find women since there are more agents operating and the news [on surrogacy] scares the women. So I have to convince them not to be afraid.” Even though recruiting women into surrogacy has meant a steady income for Waen and many Thai women are interested in surrogacy, it places her in a precarious position. Besides the fact that she is competing with more recruiters, and that the illegal nature intimidates potential surrogates, acting as a recruiter is also a criminal offence under the new law, and doing so exposes her to great risk.¹⁴

In this chapter, I explore the women’s surrogacy trajectories and how these typically follow certain patterns often informed by familial-social relations. Waen’s story above is a description of one particular surrogacy trajectory that reveals several elements crucial for understanding the conditions for surrogacy in Thailand. Her story does not represent all the participants’ experiences, as will be discussed in the following analysis. However, it clearly illustrates something they do all have in common: that the initiation and trajectories of surrogacy are formed through, and in relation to, women’s social networks and family relationships, and that they are grounded in their socioeconomic situation where the need for money is key, something I discuss more in Chapter 4. Furthermore, it shows that surrogacy can continue to be part of the women’s lives and a source of income, also after relinquishment, both by repeating the process and/or by recruiting new women into surrogacy. The women’s experiences and their surrogacy trajectories illustrate that the women’s networks and close relationships are an asset both for the women on an individual level and for the global surrogacy market. The women are introduced to surrogacy by other women, but it also becomes comprehensible, familiar and legitimate to them through other women’s individual stories and knowledge.

I begin the chapter by discussing how the women came into contact with and learnt about surrogacy and how their decisions to act as a surrogate mother

¹⁴ As an example of this, in February, 2020, a Chinese man and five Thai women accused of being illegal surrogate mothers or surrogacy recruiters were arrested after raids on illegal surrogacy networks in different locations in Bangkok as well as Pathum Thani and Sukhothai provinces (Ngamkham 2020a).

were informed by other women's experiences and negotiated in relation to opinions of people in their close circles. I argue that this process of initiation and decision-making can be understood in terms of a *familiarisation of surrogacy*, a concept I coin to capture how the women become familiar with the phenomenon through their local networks, which are at times family networks, but also how surrogacy is made into a family matter for the women in their own lives. In the latter section of the chapter, the women's choices of repeating or leaving surrogacy and recruiting others is discussed.

The familiarisation of surrogacy

When talking to the women about surrogacy it soon became apparent that close relations and social networks were deeply entangled in their recruitment and initiation into surrogacy. Like Waen, many of them were not aware of the practice of commercial surrogacy until female friends, family members, relatives or other women they knew who had done it told them about it. In previous research on transnational surrogacy in India, this recruitment via word of mouth through social networks is indicated as well (Deomampo 2013b; Pande 2010b; 2014b; Rudrappa 2015), and former surrogate mothers are regarded to be effective recruiters, given their previous experiences and position to explain the process (Rudrappa 2015, 16).

Being familiar with the existence of surrogacy did not necessarily mean the women were well informed or felt safe. Many initially reacted with cautious curiosity, unsure if it was "for real". Samorn who acted as a surrogate mother for a Taiwanese couple in 2015 told me how she initially "did not believe it was real, did not believe what others said", but started to ask around for more information from former surrogate mothers. Part of their hesitancy also came from their unawareness and insecurity regarding how the procedure was carried out. Many of them worried that they would have to have sex with someone in order to become pregnant. This lack of knowledge and understanding about the technical process involved in surrogacy was something that contributed to the women's scepticism. When telling me about their previous ignorance about ART methods, some of them explained it as being uneducated "country people" and saying: "in upcountry, we don't know much". The women I met had never encountered IVF technologies before and had to be informed about the process in order to understand that surrogacy conception did not require sex (see also Vora 2013). Often, former surrogate mothers had explained the procedure and the technology of IVF to the women, and as they learnt more, many of them were reassured and could also explain it to their partners and family. Learning about the technical and practical procedure of surrogacy from familiar women with previous experience was often more informative and reassuring than it was to have it explained by agency staff.

This process of becoming aware of the opportunity to earn an income from surrogacy as well as learning about the procedure involved can be theorised as a form of *familiarisation of surrogacy*. By this concept, I refer to how the surrogate mothers become familiar with surrogacy via female family members or close relations, and how this familial relationship is positive for the potential surrogate mothers, as well as the women acting as recruiters and the surrogacy agencies. This familiarisation should be understood as premised on the particularities of Thailand, where faith in public authorities is relatively low and reliance on family and social networks is great. This is partly based on the lack of social protection in Thailand, where social insurance and similar programs mainly have been limited to employees in the formal sector. As in many other Asian countries, in Thailand the local community has long served as an informal social welfare system, where social networks are crucial in order to provide protection and basic needs (Petchmark, Boonyabancha, and Hosaka 2011).¹⁵ By introducing women who are in need of money to surrogacy and sharing experiences, female social networks support each other during challenging times. Part of this familiarisation of surrogacy is also the fact that surrogacy is to a great extent motivated by family issues, and family relationships influence decision making as well as experiences of surrogacy.

Reliance on women's experiences and networks

Besides learning about surrogacy and the procedures from women in their close surroundings, witnessing women they knew act as surrogate mothers and participating in their successful surrogacy experiences proved to be an important part in their routes into surrogacy and their decision making. This was the case for Boonsri, who was a surrogate mother in 2013 for a single man from China, and who had first doubted the “reality” of surrogacy. Boonsri lived in a northern village where as many as 18 women had acted as surrogate mothers. It was through some of them that Boonsri got to know about surrogacy. She told me how she was introduced through “word of mouth” but that she was sceptical at first: “I told them to do it first and if it worked, I would follow them. Later, a friend contacted me and said that she did and got money for real”. Witnessing how other women “got money for real” through surrogacy was an important factor for Boonsri and the other women when making the decision.

This was also the case for Achara, aged 30 and mother to a three-year-old son. She separated from the father when the son was born and lived with her mother in a village in the central region of Thailand. Achara acted as a surrogate mother in 2016 for a Chinese couple (i.e. after the ban). She had heard

¹⁵ This is mirrored in the Thai language, where the word *baan* not only refers to an individual house or home, but to an entire community, representing “an extension of the family unit into the community” (Petchmark, Boonyabancha, and Hosaka 2011, 95).

about surrogacy mostly from the news: “I knew people did it, but I was afraid from seeing the news about these things.” Then after her sister Pimchan had signed up for surrogacy and her eldest sister Samorn had given birth to twins for a Taiwanese couple, Achara’s scepticism eased. “Since my sisters have done this, I saw that [intended parents] did not harm the child and they took good care of them. They sent them pictures and all. I saw that they take care, and they are thankful...” Reassured by her sisters’ experiences and surrogacy process, witnessing how they were paid and how the intended parents really took care of the baby, Achara decided to give it a try herself: “I thought about it for two months. I thought ‘I will just do it’”. Another example is Noon, 23 years old and mother to a three-year-old son. She is the daughter of Waen, and it was her mother who introduced her to surrogacy. Hence, Noon had already witnessed two surrogacy pregnancies up close before she acted as a surrogate mother for a Vietnamese couple in 2018: “therefore it was easy for me to decide while other people might take a longer time to make a decision”. This pattern of many female members of a family or close friends enrolling in surrogacy is not unique for Thailand. Pande, in her ethnography of surrogate mothers in India (2014b), reports similar patterns of families where many women act as surrogate mothers.

Witnessing the positive and relatively easy surrogacy processes of other close or familiar women outweighed the fact that surrogacy was banned; in fact, in the women’s accounts, legal issues did not seem to affect their decision substantially. Rather, social and relational trust and bonds seemed to matter more than perceived risk for interventions from authorities. In line with the Indian surrogates in the study by Rudrappa (2015), the women I talked to did not sign up to become surrogate mother because they trusted the international agencies; it was based on reassurance from women they knew and looked up to. As such, the familiarisation of surrogacy not only included learning about the opportunity, the process, and what was required from them, but it also included gaining trust for the arrangement and legitimising the practice, despite regulations. In a society where authority is perceived as a hostile other, known people’s experiences and advice becomes important. Furthermore, in Thai society each person is positioned hierarchically in relation to others, often based on age but also on occupational status, and those who are more experienced and more senior receive more respect and social status (*thaana*). Familial words, such as *pee* (older) and *nong* (younger) referring to one’s order among siblings, are also often used for other members of the community to indicate both closeness and respect. Many of the women I talked with had witnessed someone more senior (*pee*) and more knowledgeable going through surrogacy, mirroring how the *pee-nong* relationship is often seen as more trustworthy than any legal parameters.

Witnessing other, unfamiliar women going through the surrogacy process could also be reassuring, especially for those who had not previously followed someone’s surrogacy process from up close. Chantana, 42 years old and living

in Bangkok with her two teenage children, acted as a surrogate mother for a male gay Israeli couple in 2014. She learned about surrogacy through a neighbour, a former surrogate mother, and she told me she was initially “scared and uncertain”.

Then I thought that since I was in debt, I had nothing to lose. So I brought the documents to the clinic to give it a try. When I saw lots of people at the clinic, I was relieved that at least there were many people doing this together. If something went wrong, I would not be the only one facing it. [...] I was concerned that it would be difficult, but when I arrived at the clinic and saw many people there, I realised that at least I wouldn't be the only one who would go through this. Plus, I needed some money to pay for the debt. I had to go forward.

When seeing other women signing up as surrogate mothers at the clinic and realising that she “wouldn't be the only one” going through the procedure, Chantana was comforted and “relieved”. Realising that she would be doing this “together” with many other women who had made the same decision, she found support for her own choice. In the same way, Boonsri told me that “when I saw lots of people at the clinic, I was relieved that at least there were many people doing this together”. Being uncertain about the procedure and its outcome, both Chantana and Boonsri expressed relief at realising other women are going through the same thing as they are. Even if they knew of women who had done it, it was still soothing for them to witness and be part of a group of women doing it at the same time as themselves. Their reference to doing this “together” suggests how they see themselves as part of a group of women with shared experiences, doing it “with” women who are both familiar and unfamiliar to them.

Women's reproduction as a family issue

If women's female networks as well as other women's experiences were decisive for learning about, being introduced to and trusting the surrogacy process, other close relationships also mattered for routes into surrogacy. As noted in the introduction, the Thai surrogacy agencies would require married women to have their husbands' permission, or preferably divorce them, before starting the process of surrogacy. This was to reduce the likelihood that the husband might claim rights over the child once born, given that he in accordance with the Thai Civil and Commercial Code would be regarded as the legal custodian of the child. Vanida, whose husband fully supported her surrogacy pregnancy, described these requirements:

To sign a contract, both the surrogate mother and her partner have to agree. For people whose husband disagrees, they need to sign a divorce paper. This is because [the agencies] are afraid there would be a problem. In my case, I have never signed a marriage certificate with my husband from the beginning,

so it was easier for us. For other people who have [formally married], they need an agreement from the husband, otherwise they need to divorce first.

Out of the twelve women I talked to, six were single (of whom four were separated and one widowed), while six of them were in relationships when entering into surrogacy. Even though they referred to their partners as *sami* (husband), they had not legally married and hence did not need formal permission from their husbands. None mentioned being persuaded by their husbands or other family members or friends. Indeed, some had gone against the will of their family or had only told partners and family *after* having made up their minds.

An example of this was Lamai, who was 34 years old and lived in Bangkok with her husband and their two children, nine and six years old. Before becoming a surrogate mother, she did not have a job but stayed at home while her husband worked in governmental administration. Lamai gave birth to a child for a Chinese couple in 2018, only a few months prior to our meeting. She made the decision to become a surrogate mother after a friend told her about her plans to do surrogacy in order to earn money. Lamai suspected that her husband would not support her decision, so she did not tell him until she had already undergone the embryo transfer and was confirmed pregnant: “My husband didn’t know about the surrogacy. After he learnt that I was doing it, we were about to divorce [...] He did not want me to be a surrogate mother at all. When he found out, the implantation was already successful.” She decided to do this without discussing it with anyone, and when her husband and mother found out they both disapproved of her decision. However, eventually, they accepted her surrogacy pregnancy and took care of her: “Since I was already pregnant, they had to accept it and they took care of me until the delivery.” For Lamai, the support of her family towards the end of the pregnancy was of great importance.

Unlike Lamai, some of the women consulted with and even found great support in their partners when making the decision. When interviewing Samorn, I was invited to her house on the outskirts of Bangkok, a place I would come back to several times. Samorn, who now was 42 years old, had a 23-year-old son and a 20-year-old daughter from an earlier marriage, and the children, who were college students, lived on and off with Samorn and her partner Kiet. They had recently moved to a newly built, two-story townhouse in a gated community. When meeting with Samorn, I often took a motorcycle taxi to the gates, where Kiet would pick me up with his SUV. The fancy neighbourhood forced me to reframe my preconceptions of how a surrogate mother lives, as it stood in stark contrast to the standard of living of other surrogate mothers I had visited. Samorn worked selling food in the market in the morning, and in the afternoon she sold clothes in another market. After her separation from her husband when her second child was born, Kiet helped her take care of the children, helping her with fees and other expenses. Eventually,

their friendship evolved into a romantic relationship, and when we met, they had lived together for six years. During the interview, Kiet was present in the house, and at some points Samorn would call on him to help answer some questions, for example, about the procedure she underwent in preparation for the embryo transfer and what the doctors had said. Sitting down together on her living room floor with a plate of grapes between us and the TV on in the background, Samorn told me how Kiet had been supportive of her decision to become a surrogate mother and had taken very good care of her during the pregnancy. Kiet had also helped her search for information about surrogacy, and during the pregnancy he went with her for some of the check-ups. “He knows more than me, he even talked to the doctors,” she told me. However, Samorn was clear in emphasising that it was her decision, and one that Kiet supported.

The level of partner support and involvement in the surrogacy pregnancy that Kiet showed was unique in the sample, although some of the other women consulted their partners before making a final decision and visiting an agency. In contrast to reports of husbands or in-laws “convincing” women into surrogacy in India (Pande 2014b, Rudrappa 2015), I did not come across any mention of coercion by husbands, family members or others. Instead, many of the women told me they became surrogate mothers of their own accord after learning about surrogacy from friends and women in their social networks. In this way, the women’s accounts place them as having power to decide over their bodies and reproductive capacity. In the context of Thailand with a long history of control over working-class women’s bodies, highly restrictive abortion laws¹⁶, and national family planning programs, deciding to become a surrogate mother could be understood as a way of deciding over one’s own reproductive potential. At the same time, and as noted by both Rudrappa (2015) and Deomampo (2016) in relation to Indian surrogates, these decisions are made under specific local social and material conditions and can be contextualised as forms of “constrained but real agency” (Rapp 2011, 703). Here their gendered bodies, reproductive capacity and reproductive status as already having children become positive assets. Suddenly, through surrogacy, they could receive money by converting their reproductive capacity into capital. While they themselves controlled the ability to make these reproductive decisions, they were still commodifying their reproductive capacity for family purposes. Thai surrogate mothers’ reproduction became an asset for the whole family, and familial relations were important in their decision making, as family matters often motivated their surrogacy involvement, which will be discussed in Chapter 4.

¹⁶ Until 2021 abortion was illegal in Thailand except under limited circumstances, and a woman undergoing an abortion faced potential fines and up to six months in prison. Since February 7, 2021, abortion up to 12 weeks of pregnancy is legal if the pregnancy is the result of a sexual assault, if it poses threat to the mother’s health or if the foetus is known to have “abnormalities” (Suhartono and Ives 2021).

Navigating close relationships

After making the decision and entering into the surrogacy process, many of the women were quite secretive about the surrogacy pregnancy and only disclosed the decision to their closest circle, keeping it within the family. According to the women, the reason for secrecy was due to other people's potentially negative opinions of surrogacy. Even though, in cases after the ban, the women did not mention the illegal status of surrogacy as a contributing factor to secrecy, this would most probably contribute to people's suspicions. As noted in Chapter 1, in Thailand surrogacy is both seen as a meritorious act through birthing new life and helping other people and also viewed as a stigmatised practice. The suspicion that surrounds it partly stems from limited knowledge of the procedure and the technology used, which leads many people to draw parallels between sex work and surrogacy. As expressed by Samorn, "people in the countryside don't know that this is possible scientifically. They think I will have to go do something, have sex with others. They don't understand the technology, they don't accept it." Such misconceptions about the procedure also surfaced in research on surrogacy in India, and similarly to the women I talked with, the Indian surrogate mothers Vora (2009, 272) interviewed often kept surrogacy a secret due to misunderstandings and the connection to sex. Instead of attempting to explain this technologically mediated mode of reproduction, most of the surrogate mothers I met chose to hide their surrogacy pregnancies from their extended families and communities. Samorn only told her children, boyfriend, mother and sisters:

But I didn't tell other people because they wouldn't be able to accept it and it is not necessary to let them know [...] If you tell others, you don't know how they will take it. I think we experienced it so we know, but there are people that still have misconception about involvement of sexual intercourse, but my husband went with me [to the doctor's appointments], so the family knows and can accept this. We spend more time with family than others anyway. Many people want to know about us but we don't want to reveal anything as they may think negatively, but for people who understand, it is acceptable.

Similarly, Noon did not tell anyone, as she did not want to answer any questions: "If I made it public, people would ask many questions and it would be a long conversation. Other people wouldn't understand this issue anyway." These two accounts by Samorn and Noon reflect the importance of acceptance or approval by other people, mainly family, but also the neighbours and the wider network around them. This worry of possible negative reactions from people after disclosing their surrogacy involvement contrasts with the cultural understanding of surrogacy as a meritorious act evoking Buddhist ideals of women as nurturing mothers that the women themselves draw upon. Instead, other people's unfamiliarity with and/or misconceptions of surrogacy contributed to most of the women keeping it a family matter.

In addition to the misunderstandings regarding the surrogacy procedure that several women mentioned, many were also confronted by people who were suspicious of the arrangement and the intended parents, expressing worries over the surrogate mother being tricked and the child being subject to baby trafficking, and sometimes making connections between surrogacy and the illegal organ market. These suspicions heightened the need for secrecy. For example, Ratana, who acted as a surrogate mother in 2009, did not tell anyone, not even her son, about her surrogacy pregnancy:

There are people who think it is a kind of *tam bun* [merit making], but there are also people who are curious if the parents might need children for bad purposes, not taking care of them as their children and, for example, cutting off their hands or legs to turn them into beggars. In this case, surrogacy would be considered a sin. That's why I refrained from seeking an opinion from other people because some of them agree and some of them disagree and could make me doubt my own decision.

Those refraining from telling people about their decision and the arrangements did so often because they were afraid that other people's opinions and worries might affect them and, as Ratana states, make them doubt their own decisions. Once the decision was made it was easier for the women to keep away from other people's opinions, reducing the risk of being questioned and having to defend something that they themselves had spent a lot of time pondering before coming to a decision. Hence, the avoidance of disclosure was partly due to possible negative consequences of *not* being accepted by others.

The suspicions and rumours around surrogacy were already flourishing before the ban, but they increased after the scandals due to the abandonment of Baby Gammy by his intended parents as well as the dubious intentions of Shigeta (see Chapter 1). One would think that the scandals, but also the ban, would heighten the need for secrecy. However, the five women I talked to who had been engaged in surrogacy after 2015 did not make any comments about the legal status of surrogacy having an effect on either their decisions or their openness about surrogacy. Achara did mention that the news about Baby Gammy and Shigeta had worried her, but after witnessing her sister's surrogacy, she was reassured and also felt that she could explain the procedure to close friends and family.

However, not all of the women kept their surrogacy a secret; some were open about their pregnancies, with varied reactions from people in their communities. Chantana, for example, was open with her neighbours and told me that many of the women had replied, "Really?! I want to do it too." They asked for more information, and some of them even went for health check-ups at the clinic. Others, like Vanida, who was also open about her surrogacy, did not meet the same positive response. While some people thought it was a good thing that she could earn money, there were also people who warned her that she could "get diseases", "could die in a bad way", or "get AIDS" because

they thought she slept with a *farang* (foreign man). She told me, “I was so angry and wanted to fire back with words. I didn’t care, because I didn’t ask for their advice.” Having gone through two surrogacy pregnancies as well as recruiting other potential surrogate mothers, Vanida “didn’t care” about other people’s negative opinions, even though they sometimes upset her. She was secure in her decision and did not feel a need to keep surrogacy a secret.

What becomes evident through the women’s accounts is that familiarisation worked on several levels in their experiences of surrogacy. Not only did they become familiar with surrogacy through close female relations; they also had to navigate their family’s needs and opinions in the decision. The stigma surrounding surrogacy also made most of them keep the information within the family, familiarising their close ones to the practice, making it into a family matter in a double sense. Hence, although their trajectories – and their accounts – are not all the same, they are linked together by this aspect of family and close relationships.

Staying with surrogacy

The familiarisation of surrogacy through female networks and family relations proved to be important for the women’s knowledge about and decision-making on surrogacy, but also for staying with surrogacy in various ways. One way was to repeat the process; another was to start recruiting others to become surrogate mothers. These protracted engagements also involve considerations of family relationships as well as female social networks.

Repeating

Whether to undertake another surrogacy pregnancy is something that many former surrogate mothers think about. If the surrogacy pregnancy is successful, agencies and recruiters will often contact the women again, inquiring whether they would like to repeat the process. The sum offered continued to attract many of the former surrogate mothers, and if they needed money they considered it.

Among the twelve women I met, more than half expressed a wish to undertake another surrogacy pregnancy. Two of them had already done so and hoped for a third. One woman was more ambivalent, while four women expressed a clear stance against ever doing it again. The agencies would in general allow women to act as surrogate mothers up to three times, with at least a six-month pause in between. Some of the women who wished to repeat surrogacy had been in contact with the surrogacy agency, waiting to be matched with intended parents, while others wanted to wait some years before taking on a new surrogacy pregnancy. The reason for the women wanting to do it

again was the same as when they decided to do it the first time, namely, the wish to make the rather large sum of money in the relatively short period of time. The fact that a considerable proportion of the women actively considered repeating the process could be interpreted as a result of their first surrogacy experience being positive and living up to their expectations. However, it could also be seen as a consequence of the compensation for their previous surrogacy pregnancy being insufficient to realise their plans. While they were motivated by the money, the fact that they had had a relatively satisfactory/acceptable experience made them consider another round.

Onwara wanted to become a surrogate again to earn money to save for herself since the compensation for the first surrogacy had gone to her sister and the business. When I asked her why she considered surrogacy to be a good way to make money, she told me, "there are many ways to get money, but this is the best way. Just apply, take a photo, and wait until they contact you back. [It's] not like being a caregiver, where I need to participate in training to be able to work. Being a surrogate mother is about waiting to be selected." For Onwara, surrogacy was an attractive opportunity compared to her job as a caregiver since it did not require any formal training and was considered less hard work in relation to the financial rewards it brought. Listening to Onwara, it was apparent that she did not acknowledge the physical, emotional and intellectual labour required in the gestation of a surrogacy child, or at least she did not consider it when reflecting on the compensation. For her, surrogacy had been a positive and relatively easy way of earning money, which made repeating the process attractive to her.

While Onwara framed her previous surrogacy as a mostly positive and smooth process worth doing again, other women who considered repeating surrogacy did so with some hesitation. Vanida, who had undergone two surrogacy pregnancies already, hoped to do it a third time to get money to renovate her mother-in-law's house. This illustrates how for most of the women family relationships and continued economic needs were major motivations for repeating. By once again making their bodies bioavailable and using their reproductive capacity, their family would continue to benefit from their earnings. However, she did bring up various concerns, such as her age posing a risk to the child's health as well as her own: "I think it is fine to do it once or twice, but doing it for the third time would affect my health when I get older for sure." Despite recognising the health concerns and risks with surrogacy, for her, the need for more, relatively quick money for her family was more urgent.

The concern with age when considering repeating the process was something that other women also brought up. Those around 40 were not only concerned their age would pose a health risk to the pregnancy, but, more importantly, that it would limit their possibilities to be selected as a surrogate since many agencies and intended parents preferred women at prime reproductive age, 35 years or younger, in order to avoid potential pregnancy risks

with advancing maternal age. Similar to how hegemonic beauty standards and phenotypical “sameness” are crucial factors related to egg donor’s biodesirability (Gunnarsson Payne 2015), age becomes a crucial factor related to the surrogate mother’s biodesirability. As such, the possibility of earning money through surrogacy decreases as their age increases. Furthermore, there are increased risks with repeating surrogacy given the illegal status of surrogacy in Thailand. However, these health and law factors were not perceived as significant enough to prevent the majority of the women from wanting to do it again.

When repeating surrogacy, it was not only the women’s reproductive capacity that was an asset but also their reproductive status as former surrogate mothers with previous successful experience and knowledge of the process. These women’s previous surrogacy pregnancies, local social networks and insider knowledge were also assets for the Thai surrogacy agencies. Women who had already gone through a successful surrogacy pregnancy had knowledge about the process, had gone through the various medical procedures and had relinquished the child; they accepted what was required and expected of them. Furthermore, in the wish to repeat surrogacy the women would inform other women in their network, both former and current surrogate mothers, about their plans, asking them to keep their eyes open for opportunities and recommend them to agencies. Hence, both their reproductive status and capacity and their female networks were important and continued to be a (potential) asset for both themselves and for the surrogacy market.

Recruiting

Both Waen and Vanida underwent two surrogacy pregnancies and had wanted to do it a third time, but at that point, being in their forties, they were regarded as too old. Instead, they started to recruit other women into surrogacy, often by identifying women in their networks who were in need of money (see also Pande 2014b, 67). Many surrogacy agencies would appoint former surrogate mothers as low-level agents to recruit new potential women into surrogacy. Waen had been recruiting women for the past six years on behalf of an agency operating in a neighbouring country. The experiences from her own two surrogacy pregnancies had become an asset that she could now draw upon when explaining the arrangement and procedure to others.

As noted by Whittaker (2018, 152), it is common practice for the recruitment of surrogate mothers in Thailand to follow social networks, similar to the surrogacy market in India (Deomampo 2016, Rudrappa 2015). Many of the women I interviewed told friends, family and acquaintances about the opportunity, especially those who were in a financially difficult situation. Waen told me how she would contact former surrogate mothers and ask them either to repeat surrogacy or to provide contact with other potential women in their close network, many of them coming from upcountry Isan or living in Bangkok. She would also identify women in her own network who were in need of

money. For example, she had suggested that her daughter become a surrogate mother when she separated from her child's father. This makes the distinction between surrogate mother and agent a fluid one; the women recruiting surrogate mothers were often close kin or friends, and hence intimately involved.

As low-level agents, Waen and Vanida were paid around \$10,000- \$20,000 (approx. €260-€520) by the agency for each woman they recruited. They were paid even more, around \$100,000 (approx. €2,600), if they accompanied the women on travels abroad for embryo transfer or delivery, which is more common after the ban in 2015. Additionally, they would ask the woman whom they introduced to surrogacy to pay them around \$10,000 for giving her this opportunity to earn money.¹⁷ As the process of surrogacy is difficult for most women to navigate, both given the technological procedure and the uncertain legal landscape, being guided by a former surrogate mother is reassuring. This is one reason why the agencies need women like Waen and Vanida to introduce potential surrogate mothers and then guide and accompany them to appointments and medical procedures, especially since after the ban surrogate mothers are required to travel abroad for both implantation and delivery. Just as the agencies depended upon Waen's and Vanida's bioavailability, flexibility and need for money when they signed up to be surrogates and repeated the process, they themselves now depended on the bioavailability and financial needs of other women. When recruiting daughters, friends and acquaintances to become surrogate mothers, the women convert their "social networks into market networks" (Rudrappa 2015, 43), based on familiarity, trust and interdependencies, where both parties benefit. As described by Vanida,

New women did not know about surrogacy or the agency. I had to guide them on how to prepare a healthy body for surrogacy, the kind of food and vitamins to eat and what not to eat or drink. I told them what I was told before, so they could quickly pass the health check without needing to go through it twice.

By familiarising other women with surrogacy, passing on her knowledge and experience, she not only introduced them to a lucrative opportunity but also helped them increase their chances of a smooth and successful surrogacy pregnancy. As such, through the gendered familiarisation of surrogacy, where women recruit women, women's reproductive bodies are made bioavailable and women earn money that they then often use to help other women (which I discuss more in Chapter 4), former surrogate mothers' knowledge, experience and networks become important assets for themselves, for the surrogacy agency and for the potential surrogate mother.

¹⁷ As noted by Rudrappa, acting as a low-level agent could in the long run be more remunerative than being a surrogate mother, but in order to access this opportunity they needed previous experience with surrogacy (2015, 17).

...Or leaving it behind

Even though many of the women had positive attitudes about returning to surrogacy, not all wished to do so. The reasons for this varied; some stated they did not have the same financial need anymore, and some were concerned about their age and health as well as the ban on surrogacy, making it more difficult and risky. A few of them had experienced the relinquishment so emotionally stressful that they did not want to experience it again.

Boonsri, who initially had contacted the agency to show her interest in repeating surrogacy, later changed her mind, referring to both the changed legal landscape as well as her age but also how physical challenges during and after the surrogacy pregnancy made her reluctant to repeat it. In the same way, Samorn, who had been contacted by the agency to do it a second time, had said no because of her surrogacy pregnancy being physically challenging: “I experienced a lot of morning sickness. When [the agency] contacted me again, I didn’t want to do it anymore. I couldn’t eat anything for five months, it was really severe. I was in the bathroom all the time, couldn’t even drink water, and couldn’t drink anything for five months.” These hardships of pregnancy was also expressed by her sister Pimchan, who spoke of the pregnancy process as tiring, and stated that “it is difficult to make a person”.

For Chantana, the emotional stress and the relinquishment of the child was the main reason for not repeating surrogacy: “I am afraid that it would be hard to let go again because I feel tortured when I miss him [...] I want money, but it is very hard to let go of the feeling.” Similarly, when I asked Lamai if she would like to do it again, she referred to her feelings and her health:

LAMAI: If I could turn back time, I would not do it.

ELINA: Why is that?

LAMAI: It was not worth it. It was not good.

ELINA: Why was it not worth it?

LAMAI: In terms of my health. [...] No. It is not good. It is not worth it in terms of my health and my feelings.

As mentioned earlier, Lamai had disagreements with her husband and mother because of her decision to act as a surrogate mother. She experienced pain post-pregnancy when having sex with her husband. In addition, she told me how she had experienced the travel to China as traumatic, staying by herself and not getting any support from the agency for the delivery, not even follow-up treatment. For her, the money earned did not make up for the negative social, bodily, and emotional consequences she experienced, and therefore she was not ready to repeat the procedure.

Even though these women did not wish to repeat surrogacy, it did not mean that their surrogacy experience was a closed chapter in their life. For many of

them, it was still a present issue. This is illustrated by the case of Chantana who, besides financial insecurity and debts, also struggled with the emotional stress of missing the child, something I will return to in Chapter 6.

Concluding discussion: Familiarisation of the Thai surrogacy market

As a starting point for exploring the participant's experiences of surrogacy, this chapter analyses the women's initiations and trajectories of surrogacy. Following their routes in(to) the process, which have multiple and complex dimensions, I have demonstrated how their decisions, aspirations and (potential) further involvement in surrogacy are informed and enabled by gendered and familial networks.

I have conceptualised this as a familiarisation of surrogacy, which has different dimensions. First, two important features of the women's initiation into surrogacy were social networks and word-of-mouth, becoming familiar with and learning about surrogacy from female friends, relatives or acquaintances. Through other women, they acquired knowledge about the opportunity to earn money as well as about the procedure. This familiarisation of surrogacy was also informed by witnessing other women signing up to become surrogate mothers and pursuing the process, something that reassured the women in their decisions. In the same sense, when some of the women recruited others to surrogacy they familiarised potential women with the process based on their accumulated knowledge and experience.

Another dimension of the familiarisation of surrogacy is how the women's familial relationships proved to be important and how surrogacy is a family matter. Not only were their motives for surrogacy primarily relational and material, referring to the provision and care of children and other family members, a topic I will develop more in the next chapter, but family relations were also an important part in how the women decided, pursued and perceived surrogacy as family members' opinions and/or support affected the women in their experiences. By becoming a surrogate mother and making their bodies bioavailable, the women also used the value of their reproductive capacity and status as mothers for family purposes.

Surrogacy is not only an arrangement between two parties, the surrogate mother and the intended parents; it is also enmeshed in larger networks of family, relatives and friends who both affect and are affected by the arrangement. This way of being introduced to surrogacy is true not only in Thailand but in other contexts as well. Therefore, the notion of surrogacy as a process of familiarisation reaches beyond the Thai context and can be used to describe women's surrogacy initiations and trajectories in other parts of the world as well.

While the interfamily dynamics, close relationships and the notion of a collective are striking in the women's surrogacy trajectories, the women all assert that the decision to become surrogate mother was of their own accord. This disrupts the simplistic characterisation of surrogate mothers in the global South as being coerced by husbands and family, with little or no agency of their own. Instead, by making the decisions, some even going against partners' and family members' opinions, the women emphasise their own assertiveness and express forms of agency. However, while the decisions express agency on a local level, they are not made in a vacuum. Instead, they depend upon global as well as local socio-economic and gendered structures that emphasise women's maternal and reproductive duties (see also Deomampo 2016, 203). Thus, the process of the women's decision-making can be understood as expressions of "constrained but real agency" (Rapp 2011), where the women are not only acting as autonomous agents but also as persons involved in different relationships; their surrogacy engagement is related to other people on different levels, such as family, friends, relatives, and society (see also Gunnarsson Payne, Korolczuk, and Mezinska 2020).

I argue that the familiarisation of surrogacy is not only social and familial but first and foremost *gendered*, building on women's networks, experiences and reproductive capacity. Commercial surrogacy is often rhetorically constructed as a form of gendered solidarity or a "(global) sisterhood", primarily between the surrogate mother and the intended mother (Pande 2011; Fixmer-Oraiz 2013; Berend 2016). In the case of surrogacy in Thailand and from the conversations with my informants, I did not come across any such references to the intended mother being like a "sister", and the women never expressed feeling a greater solidarity with female intended parents than with male ones. Rather, it was evident that the women's accounts about their experiences to a great extent are about relationships between surrogate mothers and how they rely on each other in different ways, similarly to a kin network. And sometimes there are actual kin and family relationships present in this network; three of my informants were sisters, two informants were mother and daughter and two informants were neighbours and close friends. But this is also illustrated by how many of the women had kept in contact with other surrogates they had met during their process, thus *building* a women's network as well. This was particularly important for the women acting as surrogate mothers during the scandals in 2014-2015 when surrogacy agencies abandoned them and they found support and could share their worries with each other.

In her study on surrogacy in Bangalore, Rudrappa (2015) shows how the Indian labour markets in surrogacy emerge from women's networks in garment factories, where social intimacy, friendship, and loyalty as well as fear, shame and threats are intertwined with the labour market (2015, 62). Tracing the connections and parallels between the garment industry and surrogacy, she highlights how women were converting their social networks into labour networks when recruiting each other into surrogacy, moving from productive to

reproductive “assembly lines”. Compared to Rudrappa’s findings, in the context of Thai surrogacy the women’s networks are not located in a labour-specific neighbourhood or based in the women’s previous work or employment. Instead, the networks are characterised by being intimate, informal and gendered. The women have intimate knowledge about each other’s lives and family situations, and their relationships are often marked by social intimacy. The intimate dimension of the networks makes them more informal. Furthermore, within the informal labour setting and the women’s socioeconomic position, they rely on each other to find income opportunities. They constantly need to be innovative, hustling, and responsible for finding solutions. By exchanging knowledge and experience, information, and support, they contribute to each other’s opportunity for economic improvement. Besides the gendered dimension of women helping each other, they also turn to their reproductive capacity to earn money. As such, surrogacy simply becomes another arena where the women interact, help, and inform each other, and it provides a window onto the strategies of Thai women to earn money under constrained and uncertain conditions.

It was not only the women themselves who profited by this familiarisation through their social networks, either as surrogate mothers or recruiters. The Thai surrogacy market, while part of a global market, also relies on the women’s networks and the gendered and local moral economies. Through women’s close relationships and informal networks, the market is provided with a steady pool of potential surrogate mothers, while also profiting off women who repeat the cycle and/or recruit other women. Furthermore, in the Thai context where surrogacy is illegal, women’s networks and former surrogate mothers’ experiences and outcomes worked both to legitimise the practice and to calm potential surrogates in their worry, which was a crucial for the continuation of the surrogacy market. As such, the women’s individual accounts and surrogacy trajectories also illustrate how their individual and local conditions are intertwined with the conditions for the global surrogacy market, which profits from the local gendered and informal economy and from women’s reproductive capacity and reliability on each other.

In the next chapter I will discuss in more detail the monetary motivations for enrolling in surrogacy. I will explore how these motivations were accompanied by references to family relationships, Buddhism and gender ideals, and how the surrogate mothers make sense of their participation and the material outcomes within the framework of local moral economies.

4. Making money, carrying merit? The local moral economy of Thai surrogacy

Chantana: “Was it *um bun* or *um bap*?”

I came in contact with Chantana through Maladee, one of my key informants. As Chantana was a bit hesitant to meet me by herself, Maladee offered to accompany her, and we scheduled a meeting early one Sunday morning in late April, 2019, in a shopping mall on the outskirts of town when Maladee was visiting Bangkok. I had not met with Maladee for some time, and neither had Chantana, so the first half hour was spent catching up on each other’s lives. They came from neighbouring villages in Isaan, and Maladee had been the one to advise Chantana to sign up for surrogacy. In 2014 they were both pregnant, and they met at the clinic when going for health checks. Though she appeared a bit hesitant and reserved in the beginning of the interview, Chantana soon started to open up about her surrogacy process and the life that followed after, and I remember thinking that it was like turning on a tap of water that had been closed for a long time.

Chantana, who was 42 years old at the time of the interview, originated from Isan but at the time was renting a house with her two teenage children and their father in a low-income area in northern Bangkok. She moved to the capital with her older sister after graduating from primary school (*Prathom 6*) when she was only twelve years old. She started to work as a housekeeper, sending money back to her parents in Isan. For some time she travelled between Isan and Bangkok and alternated between housekeeping in the capital and cultivating sugar cane on her family’s farm. At the age of 22, she got married to Arthit, and together they had two children. Once a mother, she stopped working and took care of the children and the household while Arthit worked as a taxi driver. The relationship with Arthit later became abusive, and they eventually divorced. Chantana told me how he drank and gambled a lot and did not contribute to the household, “a fundamental problem in Thai families”, she said. However, despite the abusive relations between them, they still continued to live together as “he would miss the children too much if he could not live with them”. As Arthit was not earning enough money to cover the household expenses, and they were unable to pay the children’s school fees or the rent, Chantana started borrowing money from illegal money-lenders to pay for food and other necessities, as well as to buy a car. The informal

debt grew, and she had a hard time paying it back. Then she heard about surrogacy and how this could be an opportunity to earn a large sum of money for herself and her family. She had been a bit hesitant, afraid she would do something wrong by giving up a child she had borne but was comforted by Maladee, who explained to her that by gestating a child and helping other people have a family she would do a good deed, for which she would receive Buddhist merit, which would be positive for both her present and future life: “At first I was scared and uncertain. Then I thought that since I was in debt, I had nothing to lose.” In the company of a friend, in 2014, at the age of 38, she went to a clinic located in a high-rise building in the central business districts of Bangkok. In a small, worn notebook with a picture of dolphins and waves on the cover she showed me how she had kept track of the whole process: “I recorded everything from the beginning to the delivery. I even jotted down the date that I received the last instalment [...] I had a health check in early 2557 [2014] and delivered in late 2557 [2014]. I got an embryo implanted on the 4th of February, 2557 [2014].” Her first implantation was successful and she gave birth to a healthy baby boy for a male gay Israeli couple. For this she received ฿340,000 (approx. €8,500) in total, a sum of money that for someone in Chantana’s situation was the equivalent of almost four years of income.

Throughout the surrogacy pregnancy Chantana had been optimistic, hoping this would solve many of her and her family’s financial problems while also gaining her good karma. When receiving the final payment after delivery, Chantana cleared up all the debts and had planned to save the rest of the money for future expenses. Instead, Arthit decided to take out a loan to buy a new car, and she needed to use her surrogacy earnings to pay the monthly instalments. “Then the car crashed, and my money ran out. Then Arthit couldn’t work because his hand got hurt [in the crash] so I needed to borrow money from other people again to support the family. Today I am still in debt.” She told me how she then borrowed a car from her niece for Arthit to drive, which he also crashed and let her take the responsibility for. He would disappear for months at a time and only paid their rent, while Chantana was responsible for paying the electricity, water, petrol, food, school fees and pocket money for the children as well as the debt Arthit had caused, as she was the one who had borrowed the money for him. When I met her, she had recently got a job as a park maintainer with a salary of ฿8,000 (approx. €215) per month, which did not leave her with much after the principal and interest of ฿3,000 had been paid. She had a hard time making ends meet and was worried that, since she could not afford to pay the fees, her 18-year-old daughter would have to quit school. Chantana was clearly devastated and upset when talking about her life after surrogacy, telling me how she was in greater debt now than before. The financial burden weighed her down, leaving her with worry and uncertainty: “I feel hopeless and wonder if I gained merit or committed a sin since my life has become worse. I don’t want to run away from the debt because the sum is

not too much. I have to be patient even though I lose hope and cry every night.”

This question of whether acting as a surrogate mother was a merit or a sin is something that recurred throughout my conversation with Chantana as she interpreted her financially strained situation as the result of karmic consequences of good or bad deeds. Looking back, she stated that “the happiness period of surrogacy was short”. During the pregnancy she was still hopeful for the future and had an income from the monthly payments: “At that time I had money to afford all necessities, but now I am broke and wondering if I made a merit or committed a sin because my life has become difficult in the end. I don’t have a big income. My family is broken. Was it *um bun* [carrying merit] or *um bap* [carrying sin]?” In this statement, she clearly blames herself for the situation and interprets her financial hardship as a negative karmic consequence.

When talking about her life after surrogacy, Chantana had a hard time holding back her tears, and while crying she asked me how the lives had turned out for the other women I had met. Was it only her life that had become miserable, or had other women also fallen into the same life situation? Having a hard time holding back my own tears, I told her that all the women I had met had done surrogacy because they wanted to improve their life situations in different ways and had hoped for the money to solve their problems, but many of them still struggled with debts and uncertainty. She responded, “Yes, everyone fights her own struggles. If we didn’t have any responsibilities, we would not become surrogate mothers. Talking about it, I want to cry. I must keep fighting.”

The story of Chantana illustrates how the women’s motivation to enrol in surrogacy is to earn money to provide for one’s family and children. Her participation was eased by framing surrogacy as an act of making merit, informed by religious rationalities and local moralities. Hoping that surrogacy would improve her financial situation while doing a good deed for others and gaining merit, she instead, at the end, found herself in a financially and emotionally difficult situation. Given the outcomes, Chantana interpreted her surrogacy pregnancy as a failure and questioned herself, her decision and the moral soundness of surrogacy. This illustrates how surrogacy is embedded in both local moral economies and gendered ideals, with the women often bearing the responsibility for the family economy.

Across different contexts and cultures, women articulate different motivations and understandings for their participation in commercial surrogacy; these are also linked to material and ideological circumstances. In research on surrogacy in high-income countries such as the United States and Europe, surrogate mothers tend to downplay monetary motives and draw upon the metaphor of gift-giving, framing their involvement in surrogacy mainly in terms of altruism (Ragoné 1994; Teman 2010; Jacobson 2016; van den Akker 2017). This

contrasts with the surrogate mothers' motivations described in studies from low- to middle-income countries such as India (Pande 2014b; Førde 2016; Rudrappa 2015; Saravanan 2018), Russia (Weis 2017), and Thailand (Whittaker 2014; Hibino and Shimazono 2013; Nilsson 2015; 2020), where monetary compensation is stressed in the accounts about why women engage in surrogacy. My findings in this study support this emphasis on the monetary motive, which I discuss further below. But they also indicate how that motive is imbricated in local understandings of doing good deeds, which render surrogacy socially and morally (more) acceptable. The monetary motive supports the conventional understanding of Indian, Thai or other women in the global South becoming surrogate mothers due to poverty (see Rudrappa 2015, 41). Surrogate mothers' motivations are connected to wider socioeconomic realities while the phenomenon becomes intelligible for the women in a specific cultural and moral context. Rudrappa and Collins (2015) state that surrogacy [in India] emerges from so-called moral frames that mediate how surrogacy is framed and understood by surrogate mothers as well as intended parents and others. Through these moral frames, surrogacy becomes locally situated and made intelligible but also made socially acceptable (Smietana, Rudrappa, and Weis 2021, 2). While there are a lot of similarities when it comes to these moral frames governing transnational surrogacy, often with references to dimensions of gift-giving, they also vary between the different contexts. With the analysis in this chapter, I argue for the need to explore the motives and reasoning around surrogacy in relation to local moral values and economies.

In the previous chapter, I discussed the women's initiation and involvement in surrogacy and how both the surrogate mothers and the surrogacy market depend upon the women's networks and (close) relationships. In this chapter, I will explore the motivations for undertaking surrogacy and the women's understandings of and meaning-makings around surrogacy and how these are informed by local moral economies which are imbricated with gendered ideals. On the one hand, surrogacy is viewed as a commercial transaction, and on the other it is framed as a Buddhist act of merit-making and an opportunity to provide for one's family, emphasising how surrogacy is a family matter, as discussed in the previous chapter. Analysing how these motivations are intertwined, rather than discrete, I will show how this entanglement helps the women live up to and legitimise their surrogacy involvement while also facilitating the surrogacy market. In any case, it is *women's* responsibility to provide for one's children, parents, and other relatives that impact on their motivation and decision-making around surrogacy. Following Whittaker (2018) and Parreñas, Thai, and Silvey (2016), I use the term *local moral economies* to refer to the ways that social, cultural and religious norms intersect with the making of exchange value in the surrogate mothers' accounts. The concept of local moral economies helps me to theorise how the women's reasoning around surrogacy, their motives and experiences are shaped and informed by religion, culture, and gendered ideals around being a woman, specifically a

mother and daughter. I begin by discussing the monetary motive that was by far the clearest incentive expressed by all the women I talked to. I also explore how the women perceived the outcomes of surrogacy in comparison to their initial motives. Furthermore, I analyse how the women reasoned around surrogacy as a means of making merit, drawing upon local Buddhist values that frame surrogacy as a selfless act. Following this, I discuss how these two motives, money and merit-making, are intertwined, showing how in this particular cultural context money and altruism are not necessarily in contradiction with each other.

I argue that the accounts of the women illustrate that the Thai surrogacy industry can proliferate on a global market due to local moral values, gender ideals and the Buddhist notion of surrogacy as an act of merit-making.

“No one wants to become a surrogate mother for free”

When asked about the reasons for becoming a surrogate mother, all the women I spoke to were upfront about their financial needs and the fact that they became a surrogate mother primarily because of the substantial sums of money offered. As Vanida pragmatically told me when we talked about the reasons for women becoming surrogate mothers, “We want money. No one wants to become a surrogate mother for free.” In the context of the Thai local economy, where the official minimum daily wage is ฿320 (€9) (Charoensuthipan 2019), the compensation of ฿350,000- ฿450,000 (€9,800-€12,700) for surrogacy provides an attractive sum of money.

Although the need for money bound all these women together, their socioeconomic situations were quite diverse; not all women I spoke to were in the same desperate situation as Chantana. Some lived rather well with a steady income and in a steady relationship, while some lived in dysfunctional families with experiences of violence and abuse. The women spoke of having children in prison, having parents with severe illnesses, or being single mothers with the sole responsibility for their children. Their social and familial circumstances not only were hard on them but also impacted on their financial situation negatively. For instance, the sisters Samorn, Achara and Pimchan, who spent their earnings on their children’s university fees, on investing in a restaurant and a small shop, had no debts to pay and did not have the same pressing need for money that many of the others had. Furthermore, their extended family members tended to also be in more stable socioeconomic positions and did not request cash or loans from them.

Nonetheless, like Chantana, many of the women I talked to were in precarious situations, struggling with huge informal debts, often accumulated over years of insufficient income. Their intended use of the money was primarily to improve their living conditions. They wanted money to pay for their children’s education, pay debts, renovate their house or build a house for their

parents, or start their own business. When I asked Pimchan about her motives for acting as a surrogate mother, she told me she and her husband had planned to open up a restaurant of their own for a long time. Her husband was a chef and he was getting tired of “working under others”. With the money from the surrogacy, they could open up a small eating place in connection to their house, where he would cook the food and she would serve. In the same way, her sister Achara wanted money to be able to invest in a small clothing shop. “It is a lot of money for me, 400,000 baht [about €10,300]. I don’t have a husband so I have to take care of my child. That money helped me start up the clothing shop too because to start up something, initial investment is required. I don’t have money like other people.” Achara, a single mother, wanted to use the money to start up her own business, creating an opportunity for her to earn her own money in order to raise her son, while at the same time working close to her house, where they lived with her sick mother.

Some of the women, like Chantana, Vanida and Boonsri, were also heavily in debt while having the costs of their children’s education hanging over them. When asked about the motives for surrogacy, Boonsri told me, “I was *haa chao, gin kam* [working in the morning to be able to eat in evening] and living upcountry, so there was no way for me to earn such a large sum of money. I wanted the money for my children and to pay off debt.” Besides paying her debt, Boonsri wanted money to support her family and invest in their tamarind farm. Similarly, when I asked Vanida about the reason for her becoming a surrogate mother, she concisely responded, “I was in debt”. Vanida had a black-market debt after borrowing a large sum of money from a loan shark in order to buy a car and goods to sell at the market, as she and her husband did not have a job at the time: “[s]o I *tam om boon* [did surrogacy] because I wanted a large sum of quick money to pay the debt.”

The kinds of illegal money loans that many of the women had are often targeted at poor people who find it difficult to access legitimate forms of credit. This is a major problem in Thailand. With excessive interest rates of up to 20 percent a month and hired collectors often attacking those who fail to make repayments (Anonymous 2014c; Gallucci 2015), it is not hard to see how the relatively big sum of money offered through surrogacy would attract women like Vanida. The keys here are the *large* sum and the *quick* money offered by surrogacy. However, the meaning of *quick* may be relative as it takes more than nine months before the women have been paid the full sum, but given how otherwise it would take most of them three to four years before they could earn the same amount, the time of a surrogacy pregnancy is regarded by the women as a relatively “short time”.

The quick money and the large sum was attractive not only to those in debt but also for those who were not in desperate need of money. Samorn who, compared to the other women, was rather well off, living in a newly built house in a gated community, did not have any debts to repay or any business to start. However, she still worked two jobs to support herself and her family,

going to the market at five o'clock in the morning to sell food, and then going to another market after lunch to sell clothes, coming home late in the evening. She wanted the money to pay for her children's university fees: "Firstly, I wanted the money. My children were going to the university and there was nothing to lose. [...] The fees were very expensive. ฿75,000¹⁸ per term. I was very stressed." As Samorn was carrying twins, she was paid almost ฿100,000 more than for a single pregnancy, and the ฿440,000 (€11,200) she earned was enough to cover almost six terms of university fees. Similarly, Lamai was not in desperate need of money, and her husband had a secure income working in the governmental administration: "[t]here were some money issues, but they were not bad. I just wanted some money." Whether it was in order to pay debts, to finance their children's education, to be able to put food on the table or to get an extra contribution to the household budget, the women all claimed money was their main motive, and by becoming a surrogate mother they intended to resolve their precarious financial situations, at least temporarily.

While these monetary motives for surrogacy are located at the individual level, they must be seen in the context of traditional family values, gender roles and limited opportunities in Thailand. While men in Thai society have been considered more prominent and responsible for issues on a societal level, the role of Thai women has been centred in the private sphere as mainly mothers and nurturers. For a long time, (rural) Thai women have been considered crucial economic agents of the family, having the responsibility over household finances and to make ends meet (Muecke 1984). With economic development and industrialisation in the 1970's, Thai women began to participate in the country's transition from rural agriculture to urban manufacturing, and more women have entered the workforce. They are still expected to be responsible for the household and take on breadwinning roles. Being expected to provide economically for the family, women are forced to find a balance between their simultaneous roles as both breadwinners and caregivers. Having few opportunities to make a substantial sum of money, and in comparison with other opportunities available to women both in the informal (intimate) labour market (bar girl, massage, etc.) as well as in the manual labour market (factory or construction work) in Thailand, surrogacy could be seen as an attractive alternative and a more lucrative (and legitimate) option than other means of making money (Whittaker 2018, 53). Even though it is tiring and demanding labour and one is never "off duty", surrogacy allows the women to continue to take care of their families throughout most of the pregnancy (see also Rudrappa 2015), while living up to their responsibility of materially providing for their family.

One other motivation voiced by some of the women, which was linked to their financial needs, was the issue of health and how they were attracted by

¹⁸ ฿75,000 was equivalent to approximately €1,900 at the time Samorn received her payment for surrogacy in 2015.

the fact that acting as a surrogate mother would entitle them to state-of-the-art health care and medical benefits. Some stressed that, besides getting money, the fact of “being taken care of” and “getting care in a good hospital” with “blood tests, blood pressure and such...” attracted them, and as noted by Samorn: “I think it’s good since because of this I get to go meet the doctors more often”. Considering that acting as a surrogate mother subjected the women to a range of different invasive medical treatments as well as the physical strain that a pregnancy and a mandatory C-section entail, the health care claim may seem somewhat incongruous. However, for women whose previous pregnancies have been subject to little medical attention or care, the surrogacy pregnancy meant access to professional care by expert medical doctors in upscale clinics, and this was seen as an opportunity to invest in their health. In her research on surrogacy in India, Pande (2014a, 57) discusses how the surrogate mothers emphasise the practical advantages of surrogacy, and the medical care and the surrogacy pregnancy as a time to take care of their bodies. I argue that the health “advantages” that the surrogacy contract offers the women can also be understood in terms of stratified reproduction (see Pande 2014a), illustrating how, through acting as surrogate mothers and gestating a child for other people, they became at least temporarily entitled to health care they otherwise would not have access to or be able to afford. In our conversation, Achara repeatedly highlighted the benefits of health care during her surrogacy pregnancy and how the agency “took care of her very well” and when she was sick, took her “to a good hospital”. But, in the words of Pande: “their bodies become only temporarily worthy of care because they are using their bodies to produce babies for rich(er) couples, oftentimes from the global North” (2014a, 59).

A life-changing sum of money? Expectations and realities

The idea of gaining a large sum of money clearly shaped not only the women’s motivations but also their expectations of the surrogacy and its outcomes. In the discussions on transnational commercial surrogacy, the so-called life-changing sum of money offered to women in countries like India, Thailand and Mexico is often highlighted, not least by surrogacy agencies and intended parents. Acting as a surrogate mother is framed as a transformational economic opportunity to earn money otherwise impossible to attain, and intended parents often draw upon what Pande (2014b, 102) calls a “mission” or “charity” narrative where the payment is constructed as a donation to a needy, poor woman. Even if the women I met never talked about the payment and the surrogacy act as potentially life-changing, they had mainly been attracted by the big lump sum of money and its transformative potential, and they viewed surrogacy as an opportunity to earn a lot of money in a relatively short period of time, as a complement to their small and insecure incomes.

However, many also expressed an ambivalence about this compensation, commenting on the payment in a disappointed manner. Boonsri, for example, said how the money earned eventually was “not *that* much” and how she was left with less than initially expected. Even if most of the women concluded that there was no other way for them to make this much money in such a short time, many of them also expressed a disappointment at how quickly that money ran out and how it did not cover as much as they had hoped. Their disappointment could be understood as an effect of the fragmented payment arrangement. When being introduced to surrogacy, the women were attracted by the substantial sum of ฿350,000-450,000. However, the payment was split into several instalments, with about ฿5,000 (€125) paid after the embryo transfer, followed by monthly payments of about ฿10,000- ฿15,000 (€250-€400) once the live pregnancy was confirmed and up until delivery. Most of the women needed to use these monthly payments for their daily expenses since the pregnancy often limited their ability to work and earn money during surrogacy. The monthly payments were then deducted from the big sum, which was split in two; one portion being paid after delivery and the rest being paid when all the papers had been signed. Therefore, the lump sum they received after relinquishing the child was almost ฿100,000 less than they initially had imagined.

But while the fragmented payment resulted in an experience of less money in the end, the women often expressed gratitude for the earnings and highlighted how the monthly instalments had also been a positive thing, security for many of them *during* the surrogacy pregnancy. When talking to Onwara, who had earned ฿390,000 for acting as a surrogate mother for a single man from England, she concluded, “at least when I had money, I had a better life”. In the same way, Chantana stated, “the happiness period was short, during the surrogacy, I had an income”. Both of them referred to how the ฿14,000 of instalments every month gave them a sense of security. Being grateful for the instalments signals how some of the women were in precarious financial situations during surrogacy but also how the money ultimately did not meet their expectations.

How did they use the money? Although monetary motives are often discussed in research on surrogacy, the actual use of the money and the more long-term economic outcomes for surrogate mothers are rarely explored. In their studies on commercial surrogacy in India, both Pande (2014b) and Rudrappa and Collins (2015) mention financial and socioeconomic outcomes, even though it is not their main focus, declaring that the longer-term effects of surrogacy were limited and the money earned did not transform the women’s lives in terms of security and living conditions (Pande 2014b, 190–94; Rudrappa and Collins 2015, 955). In line with these findings, the stories of Chantana and the other women I met also suggest that the economic effects of surrogacy were not that palpable, as many still found themselves in precarious financial situations years later. Yet, the reason for this was not that their

initial financial plan was not fulfilled. Rather, the majority of the women managed to realise their original plans, such as being able to pay off some debts, invest in their farm and pay their children's education. These "patchwork spendings" did result in some kind of financial improvement and made their economic situation somewhat easier, even though the change was not profound. For many of the women, paying education fees and loan instalments bought them some "stress-free" time and temporarily improved their finances, but this did not necessarily last. As with Chantana's story above, most of the women had hoped the money would last longer, but due to debts and an insecure financial situation, it was rapidly used up. Therefore, even if the sum was big and the women did manage to use it as planned, there was a disappointment in the insufficiency of the money.

It should be noted that the money earned from surrogacy did not so much profit the women themselves but their family members and relatives. By paying off debts, investing in businesses and paying for school fees, surrogacy had positive outcomes for husbands, children, parents and people in their family networks. Onwara's earnings, for example, were used to invest in her sister's business. Achara invested her money in opening up a shop closer to her home to be able to bring her child to work. This had a positive impact both on her life, as she was able to spend more time with her son, and on her mother's life, as she no longer needed to babysit the child during the week.

The almost ฿300,000 that the women received after relinquishing the baby created expectations not only among the women themselves but also from people in their surroundings. Most of the women were the only ones in their social network to hold capital (even though they were not always in control of it). This contributed to shaping new needs and requirements and impacting how they spent the money, striving for immediate material outcomes, such as the renovation of their own or their parents' house, buying a new car or buying a cow. In her study on Thai women migrating to the Netherlands through marriage, Panitee Suksomboon (2008) explores the impact remittances had on the women and the lives of their families in Thailand. She concludes that the women were more likely to spend remittances on renovating the residences of their parents or buying new cars or motorcycles, as these activities immediately demonstrate their economic achievement (Suksomboon 2008, 478). Like the women in Suksomboon's study, the majority of the women I interviewed were from families of lower economic and rural backgrounds for whom it was "rational" to prioritise visible improvements in their family's living condition (2008, 462). Using the money for purposes that are visible to other people can be understood as a way of living up to expectations, both their own and those of the people around them. Such spending had the potential to improve the women's and their families' social position and status.

Furthermore, when the substantial remuneration became known, some family members and relatives expressed opinions on what the money should be spent on. Chantana's relatives in her home village had become aware of

her earnings and, assuming she was well off, expected her to host a village feast and also asked her to lend them money. Despite being in debt again due to her ex-husband, Chantana felt that she could not turn them down and did not want to create conflict, so she agreed (see also Rudrappa 2015). Hence, earning what is considered to be a substantial sum of money creates new expectations from family and relatives but also new situations *requiring* money. Chantana's duty to pay for the village feast was *created* by her having money, a situation that did not exist before. Spending money on village feasts may be deemed a form of "irrational" and "unproductive" consumption (see Suksomboon 2008), but Chantana felt it was socially necessary. Unless she complied with this request, she would run the risk of being condemned as a person who abandons her relatives. An inability to help their friends and families could imply financial failure, contradicting the expectations of successful earnings, and risk the women losing face (*siǎ nā*). In Thailand, the concept of *rāksā nā* (saving/preserving face) has crucial social and cultural significance, especially for women, in order to retain status and avoid criticism and embarrassment (see Suksomboon 2008).

Among the twelve women I met, only one of them, Noon, stated that she had been able to save some of the money. At 22 years old at the time of interview, Noon was the youngest of the women and her age could be the reason for her more stable economic position; she did not have any debts. Moreover, she was also among those who had done surrogacy most recently, having given birth the same year as I met her, and therefore she had not yet spent her money. This shows how there are other temporal dimensions besides the payment structure that impact the women's understandings of the outcomes as these are expressed in the interviews.

So far in this chapter, I have discussed the monetary motivations for participating in surrogacy and how the money earned (and spent) created expectations regarding the outcomes of surrogacy among both the women themselves and other people in their lives. However, these expectations were shaped not only by their often precarious economic situations but also by the specificities of the local moral economy. This brings us to the second motive that was raised by the women, that of merit-making.

Merit, motherhood and filial obligation

SAMORN: They [intended parents] want children and if that dream can come true then it is a good thing [...] because you also get merit and you help your family.

The quote above captures many of the women's reasonings around surrogacy as an opportunity not only to earn money but also to do a good deed by helping

others fulfil their procreative desires and at the same time receiving merit and means to support one's own family. This framing of surrogacy as a noble act and a way to help others is not exclusive to surrogate mothers in Thailand but is also discussed in research on surrogacy in other settings. Notions of gifts, help or love and of a social relationship and emotional reward – in contrast to a commercial transaction – are often invoked by women when explaining their participation in surrogacy. But how do these acts differ based on the local moral economy in Thailand?

Surrogacy as an act of merit-making

A majority of the women explained their decision to become a surrogate mother with a wish to do a good deed, emphasising the practice of *tam bun* (merit-making) or *dai bun* (receiving merit). As Waen told me, “I think it is good. One can earn money, make merit (*tam bun*) and help to complete a family”. In the same way, Vanida stated, “I can make merit by helping people who want to have children”.

The concept of *tam bun* is an essential part of the Theravada Buddhist culture that is highly influential in Thailand, where 95 percent of the population are practicing Buddhists. The term refers to the practice of good deeds and acts, such as donating food to monks and money to temples, but generally speaking it can be summarised as a sort of beneficial karma where deeds are defined as being either *bun* (meritorious/good) or *bap* (unmeritorious/bad), “both of which have karmic consequences for the self and others” (Whittaker 2014, 111). When you make merit (*tam bun*) you accumulate good karma, which will balance your bad deeds (*bap*) and increase your chances of, for example, a good education or obtaining wealth, as well as affect your future reincarnation.

By helping people who cannot have children, the surrogate mothers were both making (*tam*) and earning (*dai*) merit (*bun*). In this sense the act of surrogacy can be understood as an act of beneficial karma; by giving they also get something in return. As Samorn said, “The [intended mother] is sick so she cannot have babies. I thought that if I help them I get merit (*dai bun*) too. At the time, my children were going to university, I had some financial challenges and while doing this I will also get merit (*dai bun*).” This emphasis on helping others while also receiving merit stresses the mutual benefit of the arrangement. This was highlighted by Vanida as well: “I can make merit by helping people who want to have children. Some people say that it is a sin, but I think of it as a win-win situation for both parties. I get to make merit and also make money.” Such references to merit-making were also underlined by Whittaker (2014), and Hibino and Shimazono (2013) when discussing the accounts of Thai surrogate mothers.

Even though merit-making adds an altruistic dimension to their motives, it still entails aspects of receiving and reciprocity. In that sense it differs from the notion of altruism proffered in high-income countries as a motive for surrogacy, a notion that does not involve receiving something on the part of the giver. As described in Chapter 1, previous studies on surrogacy in the United States (Ragoné 1994; Jacobson 2016; Berend 2016) have demonstrated how surrogate mothers also draw upon narratives of gift-giving when explaining their decision to act as surrogates. By conforming to a narrative of surrogacy as an altruistic deed and stressing their sympathy for the intended parents, they downplay the contractual and economic nature of the agreement. Even though the Israeli surrogates in Teman's (2010) study were less concerned with downplaying the money, they also highlighted their desire to help, transforming the contractual relationship into a gift relationship and emphasising sisterhood and their "gift of motherhood" to another woman. These notions of surrogacy as a gift are also present in studies on Indian surrogacy, but with a difference. Here, surrogacy is viewed as a gift from God, offering a woman an opportunity to help her family, converting the picture of the surrogate mother as an "angelic gift-giver" to a "needy gift-receiver" (Pande 2011, 621).

Pregnancy and childbirth in themselves are seen as meritorious acts within Buddhist culture, allowing the rebirth of a life while improving the woman's karma by assuring her merit through the future acts of her children (Muecke 1984; Liamputtong 2007b). At the same time, infertility is stigmatised among Thai people, and it is claimed that women cannot live without children, while they can live without husbands (Muecke 1984, 462). As such, the act of surrogacy, being pregnant and giving birth to a child for people who otherwise would not be able to become parents is understood as a highly meritorious act. By making their bodies bioavailable and using their reproductive capacities, the women are not only earning a substantial sum of money honourably but also conforming to and living up to gendered ideals of women being naturally inclined to care, reproduce, and be mothers.

By emphasising the act of merit-making, the women also subscribe to a discourse that frames surrogacy in religious terms, as the practice already carries with it associations in Buddhism with the term *um bun* (carrying merit). This connection to religion is prevalent among surrogate mothers in India as well, where the act of carrying a child for another couple is framed as "extraordinary and even divine" (Vora 2013). In Thailand, the reference to surrogacy as *um bun* not only highlights the "godliness" of the act of gestating a child for someone else but can also be understood in terms of receiving merit and positive karma for oneself. This discourse is also prominent in research on surrogacy in other settings. Weis (2017, 156), for example, notes how the surrogate mothers she interviewed in Russia often pointed out how they were achieving two good things at the same time by "helping their own family with money while helping someone who had money to have a family". This shows

how doing a good deed and being a good mother are linked through the construction of surrogacy as leading to mutual benefits for the involved parties, all of which hinge on surrogate mothers' reproductive capacity and bioavailability.

The nurturing mother

In her study on surrogacy in Mumbai, Førde (2016, 146) discusses Indian surrogate mothers' motivations and how they often talked about "two different ethical projects: that of making someone a mother and that of 'securing [their] children's future'". While both these aspects were to some extent present in my interviews, the Thai surrogate mothers tended to foreground the wish to provide for one's own children and family more than the ethical project of helping intended parents to achieve a family. Achara, a single mother to a three-year-old, told me: "At first I was afraid, then I thought I make merit and I also get money to raise my child (...) I don't have a husband, so I have to take care of my child alone". Noon was in a similar position: "I separated from my boyfriend and became a single mom. I want to be able to raise my child (...) I decided to do this because I could make merit and earn money". In the same way, many of the other women stressed their need to "earn money to take care of their children" while also being able to make merit at the same time, some of them highlighting their worry about their financial situation and their worry about their children's education and future. In other words, many of them emphasised their role and position as a mother, and a breadwinner, when explaining their decision to undertake surrogacy.

In order to make sense of this emphasis on being a mother, a contextualisation of motherhood in Thailand is useful. Motherhood is traditionally highly valued in Thai society, and having children is a great source of status among women. Through pregnancy, childbirth and mothering, a woman marks her position within the Buddhist moral order. She ensures merit through providing a household labour force and through the actions of her children: sons make merit for parents by being ordained as Buddhist monks and daughters help with domestic chores. These contributions of the children become evidence of a woman's accumulated merit and "harmony with the spirit world", and traditionally having many children was "a woman's wealth and her greatest resource" (Muecke 1984, 462; Whittaker 2000). Due to a new economic order and modernisation, childbearing has become expensive, and "the best survival strategy for both economic and moral ends [is] to have fewer children" so that they can get an adequate education and be provided for (Muecke 1984, 467). Whereas the nurturing mother's primary commitment used to be to secure her children's existence, today it is more about providing education, wealth and securing the children's material needs. Nevertheless, a mother still has the main responsibility for her children, managing the household finances, especially when the man in the household cannot do so (Keyes 1984, 229; Muecke

1984, 464). Many of the women I talked to were either single mothers taking care of their children alone, or they and their husband/partner had difficulties making ends meet. For example, Chantana, who by becoming a surrogate mother and earning money for her family and the household, took on a particular form of mothering, that of the bread-winner.

Bun khun and the duty of the daughter

Breadwinning in Thailand as in many low-income countries extends to supporting the wider family. Apart from emphasising merit-making and their children's needs in making the decision to become surrogate mothers, most of the women highlighted the wish to support and care for other close relatives, especially their mothers. Onwara, for example, wanted money in order to pay her sister's debt, Lamai used some of the money to buy a cow for her mother, Waen used all her money from the first surrogacy to build a house for her mother, and Maladee used some of the money to rebuild her parents' house and also gave part of the sum to her mother. When talking about their needs to help parents and sisters, some mentioned the cultural norms of *katanyu*, and especially *bun khun*. These two concepts are firmly ingrained in Thai Buddhist culture and have no simple English equivalents but could be interpreted to refer to the powerful values concerning age-hierarchy, mutual reciprocity and what could be called debts of merit that define relationships to one's family, especially the ties between parents and children, in Thailand (Mills 1999). As noted by Liamputtong, *bun khun* in the Thai context often refers to gratitude toward the love and kindness particularly of one's mother for her efforts of giving birth and nurturing, as mentioned above, and "the status markers of mothers can also be clearly seen within the concept of *bun khun*" (Liamputtong 2007b, 116). How one bestows these acts of *bun khun* differs between daughters and sons. The son often repays his debt by being a Buddhist monk for a period, which guarantees the accumulation of merit for his parents; daughters are expected to take responsibility for their parents by taking care of them and supporting them, and their filial obligation is potentially infinite compared to that of sons. However, due to economic changes and the increase of domestic as well as overseas migration, the ability of daughters to contribute their labour to the natal household has become complicated. Instead, remittances and material support through consumer goods or finances to build a house for their parents or pay for the education of siblings have become a means to demonstrate their gratitude and to fulfil the role of the dutiful daughter (Lapanun 2019; Mills 1999; Muecke 1984; Whittaker 2014).

Vanida, who had twice acted as a surrogate mother in order to pay several debts, would have liked to do surrogacy a third time in order to be able to move closer to her mother-in-law: "My own mom still has people around her, but my husband's mom is completely alone, sick with asthma and has no one taking care of her. I want to fix my house in [Isan] (...) If I could get my house

fixed, I will move back to live with her. I estimated the cost for the house around ฿300,000, so if they offer me ฿350,000 for the third surrogate, I would accept it.” For Vanida, earning the money from surrogacy would enable her to live closer to her mother-in-law, who had no other children but Vanida’s husband, and in this way fulfil the filial obligation of a dutiful daughter(-in-law).

The cultural norm of *bun khun*, Thai women’s contributions to their natal households and their filial duty have long been discussed in scholarly work on labour migration, marriage migration and sex work (Mills 1999; Lapanun 2019; Muecke 1992; Sunanta and Angeles 2013; Jongwilaiwan and Thompson 2013). This concept of *bun khun* in accounts of becoming a surrogate mother is addressed by Whittaker in analyses of Thai surrogate mothers’ accounts on a surrogacy websites. Whittaker states that by stressing the practice of *bun khun* and *tam bun*, the women “exemplify the framing of surrogacy within Buddhist discourses of merit making” (2014, 112). However, by describing their act as surrogate mothers in terms of *bun khun* and highlighting the well-being of their parents, the women I interviewed not only place their narratives within a Buddhist framework but also reinforce certain gender norms and Thai ideals of femininity.

Concluding discussion: Merging money and merit

In the context of commercial surrogacy, as in many other forms of intimate labour, the commercialisation of intimacy, pregnancy and childbirth creates various moral conflicts. These moral conflicts can be understood as emerging from what economic sociologist Viviana Zelizer terms the “hostile world” view, where economic transactions and the market should be kept separate from intimate relations, as these spheres are separate and “hostile” to each other, potentially producing “moral contamination” (Zelizer 2005, 21–22). When, for example, American surrogate mothers downplay the economic dimension of surrogacy in favour of the gift-relationship, they could be understood as trying to keep these “hostile worlds” apart. However, as scholars on surrogacy and intimate labour have shown, these two competing logics are often not discrete but instead tend to overlap and co-mingle with each other, particularly in low-income countries (Smietana 2017; Whittaker 2018; Rudrappa and Collins 2015; Parreñas, Thai, and Silvey 2016). This is clearly illustrated in the accounts above, where the Thai surrogate mothers all openly acknowledge the financial dimension of surrogacy and their need for money while also framing surrogacy as an opportunity to do a good deed. I would argue that not only do these two co-mingle but they are also co-dependent.

In this chapter, I have explored the complexity and entanglement of the motivations behind Thai women’s readiness to become surrogate mothers.

When describing their motives to undertake surrogacy, the women gave relational rather than individual reasons for becoming a surrogate mother. This means that they did what they did *for other people*: their children, their mothers or parents, and their husbands and sisters. Primarily they stressed the need for money, often in a pragmatic manner. Their motives for becoming surrogate mothers were formed in relation to their lack of economic resources where the *large* sum and the *quick money* offered by surrogacy provided them with an opportunity to improve their economic position, at least temporarily. However, this pragmatism needs to be understood not only in reference to the socio-economic conditions that constrain their lives but also with reference to the social imperative of local moral economies in Thailand.

I view local moral economies as related to the concept of a gift economy and following David Cheal's approach as a "system of transactions which are defined as socially desirable (i.e. moral), because through them social ties are recognised, and balanced social relationships are maintained" (1988, 15). The women's accounts illustrate the complex network of Buddhist notions, cultural beliefs and gender roles that shaped their motives but also shaped their experiences of being a surrogate mother. In these accounts, local moral values are at the core when constructing surrogacy as a morally defensible means of making money. Altruistic motivations and financial needs are hence not mutually exclusive categories but instead are dependent upon each other. When seeking to advance the interest of their family and others and emphasising their positions as nurturing, struggling mothers and daughters, they drew on traditional Thai morality that is closely connected to economic exchanges. As noted by Whittaker, "The practice of commercial transnational surrogacy in Thailand flourished within the intersection of these logics, despite official sanctions against it" (Whittaker 2018, 51). In Thailand, money has a long association with social practices and religious rationalities and is seen as a source of making merit (*tam bun*) through, for example, gifts and donations where economic exchanges have other goals than that of economic profit, such as accumulation of moral and social capital (Keyes 1983; Muecke 1984). Thus, by making sure that the money earned from surrogacy benefitted their children, their sister or their parents, the women fulfilled their filial obligations and lived up to the role of dutiful daughter. As such, money is understood not only in terms of a materialist logic but also as converting into social and moral value, and thereby as a means to live up to gendered ideals.

In other words, the money as well as the act of surrogacy itself enabled the women to live up to Thai Buddhist ideals about gender. By gestating a child and giving life the women engage in something that is considered "natural" for women while also receiving social respect and care while pregnant (see Whittaker 2018, 54). And by using the money earned for purposes that benefit their own children, such as school fees, the women's involvement in surrogacy can be regarded as more noble. They can here be seen to fulfill the role of the nurturing mother in a double sense, both by gestating and giving birth to a

child for other people as well as using this means to care for their own children. In this way, surrogacy becomes a way for the women to live up to local moral values of what constitutes a good mother and woman. The commercialisation of intimacy and reproduction here helps them to uphold certain gendered ideals. However, despite such great contributions to the household finances, and even the finances of the extended family, the women were not released from the responsibility of family care or the act of *bun khun*. They were still expected to continue to carry out this responsibility, as it is a life-long obligation.

Besides the money earned and the social and moral value accumulated through this, another important exchange value informed the women's engagement – namely that of the merit made and accumulated through gestation and birth. Some of the women I met considered the aspect of merit-making as one of the positive outcomes of surrogacy and highlighted how, besides the money earned, they were satisfied and felt happy that they had helped other people to have children, and through this, they had made merit. Samorn, who had given birth to twins, told me how she felt happy knowing how these two girls were growing up with parents who had longed for them, and she was happy that she helped them be born. She stated with pride, “I made this family have children”. In the same way, her sister Achara also highlighted the act of merit-making and the good deed as a positive outcome: “Was it worth it? Yes, I helped someone that really wanted to have a child. I got merit and financial help for my business.”

The framing of surrogacy as an act of merit also contributed to the women's expectations of gaining karma that potentially could contribute to social upward mobility. Many emphasised how making and receiving merit was something they anticipated would benefit them in the long run. The expectations of the improvement the money would have on their lives was clearly related to the lump sum they had been promised. However, this also meant that some of the women whose lives post-surrogacy had been filled with disappointments viewed the deed differently. Chantana, who found herself in a worse financial situation after surrogacy than before, had started to wonder if it really was *bun* (good deed) she had made, or if it in fact was *bap* (a sin). This reasoning aligns with the Thai traditional belief that “the size of a farmer's rice harvest is a function of the quality of his merit” and follows the moral-material view of the consequences of merit, where wealth is understood as a reward for merit made (Pfanner and Ingersoll 1962, 354). Chantana thought that her current lack of financial stability was a consequence of her act as a surrogate mother being a demerit rather than a merit. In the same way, Lamai also interpreted her surrogacy experience as having had a negative impact on her social and emotional life. She had argued with both her husband and mother, who both disagreed with her decision to act as a surrogate and who considered it to be a wrongful act to relinquish a child for money. The

discontent expressed by both Chantana and Lamai and the framing of surrogacy as a potentially wrongful act must be understood in relation to how surrogacy agencies, recruiters and other surrogate mothers frame and present the practice as an honourable way of earning money through a good deed. Thus, when the women's lives did not turn out as expected and when the negative outcomes overshadowed the positive, they questioned whether it actually was an act of merit.

Drawing upon both local moral economies and their positions as mothers may also work to legitimise their involvement in an industry which is to some extent surrounded by anxiety, controversy and moral stigma. When talking about surrogacy with people I met in Thailand, many tended to question the possibility of other motives than financial ones. According to them, women would frame surrogacy as an act of merit in order not to come across as “greedy” women giving birth to a child for money. Given the valorisation of motherhood in Thailand, giving up a child in exchange for money can be regarded as sinful. As Samorn said, “Thai culture is not very open, they think that it is a sin that I give birth and give the baby up”. In the same way, Vanida told me, “On the one hand, it is a way to make merit. On the other hand, it might be a sin that a mother doesn't take care of her child”. By then emphasising their role as mothers and their wish to help others, including their own family, they could be understood as counterbalancing this “sin” and framing surrogacy as an act of self-sacrifice that is “strongly opposed to the neoliberal utilitarian notion of surrogacy as an individual pursuit of self-interest, performed by an autonomous, strategic actor” (Førde 2016, 150). Furthermore, highlighting the merit made also legitimise and counterbalance any possible stigma that is connected to gestating and relinquishing a child for money. As discussed by Parreñas, Thai and Silvey in their introduction to the special issue on intimate industries in Asia, “intimate laborers mobilise and rework regimes to their own benefit, such as when hostess club workers and domestic workers frame their labor as morally upstanding in part because of the income it provides for their families” (2016, 8–9). This is something that Pande and Førde also note in their studies. As surrogacy in India is seen as stigmatised “dirty work”, accentuating the gift giving and the financial need of one's children may be a way for the Indian surrogate mothers to reduce the moral stigma attached to this intimate labour (Pande 2014a). Even if surrogacy may not be considered “dirty work” in Thailand, and is not associated with sex work to the same degree as in India, it is still a form of labour that is not fully socially accepted by Thai society, and after 2015 it is also illegal.

The framing of surrogacy with reference to both material and religious rationalities and gender-ideological underpinnings not only works for surrogate mothers to rationalise or account for their participation and actions but also works in favour of the commercial surrogacy market in Thailand. By presenting surrogacy as both an opportunity to earn a large sum of money and as an act of merit-making, the agencies and clinics promote surrogacy as culturally,

religiously, and morally acceptable. This is also common in other cultural contexts (see Jacobson 2016; Teman 2010; Pande 2014b; Rudrappa and Collins 2015). However, I argue that the framing of surrogacy as an act of merit-making in Thailand has another function, namely that of upholding traditions, such as filial piety and particular gender ideals, through the commercialisation of different forms of value exchange. We can find the same moral framings among Thai female factory workers, sex workers and Thai women migrating for marriage (Mills 1999; Sunanta 2009; Lapanun 2019), and as suggested by Rudrappa and Collins (2015), these moral framings are not incidental but rather central to the institutionalisation of surrogacy as well as other forms of intimate labour (2015, 938). Operating within multiple (and often conflicting) social norms concerning the commodification of intimacy, the market of intimate labour adjusts and legitimates itself through various local moral regimes (Parreñas, Thai, and Silvey 2016, 7).

While these women's intimate and reproductive labour and the transnational market it feeds are negotiated through local moral economies and gendered ideals, they also transgress borders and legal jurisdictions, requesting (im)mobility and flexibility on the part of surrogate mothers, which is the theme of the next chapter.

5. Trajectories and transitions: Thai surrogate mothers' flexibilities and im/mobilities

VANIDA: At first I was scheduled to stay [in China] for one month, but the doctor at [the hospital in Bangkok] found that I had a shortage of amniotic fluid and [gestational] diabetes, so I was admitted to the hospital for four nights and then flew to China right away. Then, I stayed [in mainland China] for two months, while the parents were in Hong Kong.

The first time I met Vanida was in December 2018 and Bangkok was burning hot. We had decided to meet outside a shopping mall in the suburbs of Bangkok, and Vanida noticed me right away, as I was the only *farang* present. After some small talk about the extraordinarily hot weather, we sought retreat in a quiet and cool air-conditioned café close by, and for the next two and a half hours, Vanida talked nonstop about her experiences of surrogacy.

Vanida, who at the time of interview was 39 years old, lived with her husband in Bangkok while their 20-year-old daughter worked in their hometown in Isan. Vanida had held no job since her latest surrogacy pregnancy, having delivered a child for a straight couple from China seven months earlier. This had been Vanida's second surrogacy pregnancy, her first taking place in 2014 for a male gay couple from Canada. Both pregnancies had been motivated by the substantial sum of money offered, as she was in debt and both she and her husband were jobless. In her account, traveling and movement were salient themes, and Vanida's reflections and descriptions of surrogacy took the structure of a verbal mapping with references to different locations, travels and logistic procedures. Feelings of isolation and uncertainty also permeated her surrogacy experiences. During her first surrogacy arrangement, she was still living in her hometown in Isan and was required to travel the 300 kilometres to Bangkok during the whole pregnancy period for check-ups and appointments. For her second surrogacy pregnancy in 2018, the laws around surrogacy in Thailand had changed, and even more movement and flexibility was required from Vanida. Vanida told me how she in the early stages of the arrangement had travelled by train to a clinic in Cambodia a total of three times for health checks and embryo transfer, each time accompanied by an agency assistant and two or three other Thai surrogate mothers. During the pregnancy, she resided in Thailand, and when delivery approached, she flew to a city in China where she spent the last couple of months before giving birth. In the

quote above, she tells me about the late stages of that pregnancy. Her account captures the “hybrid” model of surrogacy, with its fragmented design and movement across borders to circumvent local laws and regulations (Whittaker 2018, 175), as well as the requirements for surrogate mother’s mobility, immobility and overall flexibility.

Before embarking on this project I had heard rumours of Thai surrogate mothers crossing borders to neighbouring countries, as well as Cambodian, Vietnamese and Laotian women crossing the border to Thailand to act as surrogate mothers. However, I was not prepared for the surrogacy journeys that I would encounter in many of the interviews. Soon it became clear to me that the transnational dimension of Thai surrogacy existed beyond international agencies and clinics and intended parents traveling from all over the world. What I was listening to was stories of Thai surrogate mothers being moved across (at times multiple) national borders for embryo transfers and deliveries in order to circumvent legal restrictions. These topics were prevalent in many of the women’s accounts of surrogacy. When I went through and analysed the interviews, I was intrigued by the role that movement and mobility – and to some extent immobility and confinement – played in these stories, where some movements were required, some encouraged, and some restricted.

In this chapter, I explore different forms of mobility and flexibility that come into play in the women’s accounts of their surrogacy trajectories. I begin by contextualising surrogate mothers’ mobility in terms of Thai women’s intimate mobilities on a local, national and global level. I then introduce previous research particularly relevant to this chapter as well as the concepts im/mobilities and bioavailability that are central to the analysis. Following this, I move on to investigate the different forms of mobility experienced and enacted by the women in this study. The analysis highlights the domestic mobility and travel within the country that the women undertake in order to enrol in surrogacy. Temporary relocations or long-distance commuting has played a major role in the expansion of Thailand as a global surrogacy destination. The chapter also explores the transnational mobility of the women and how their flexibility and movements across borders enables the continuation of the surrogacy industry in Asia today. Finally, I analyse how the requirement for mobility and flexibility at times led to states of immobility and I explore the women’s experiences of restriction and confinement in the surrogacy process.

Thai women’s intimate mobilities

Surrogacy in Thailand is a form of intimate labour that can best be understood in the light of the gendered labour migration in Thailand and Southeast Asia. Thailand’s labour migration is a crucial component of economic survival; the

population is highly mobile. Among Thai women specifically, rural-urban migration has a long history. In her work on rural labour mobilities in Thailand, Mary Beth Mills (1999) shows how young Isan women leave the countryside for factory work in Bangkok in their search for *thansamai* (modern lifestyle) and as a means to support their parents in the village. Besides factory work, women from the countryside have also long sought to raise their standard of living by turning to food vending, service and care work, “including the loosely defined ‘sex tourism’ sector in Thailand’s bustling tourism industry” (Sunanta and Angeles 2013, 704). This shift away from agrarian life towards the service and manufacturing sectors, with more employment opportunities for women, especially in female-dominated sectors such as garments, tourism, and entertainment, as well as the desire for *thansamai* has contributed to many girls and women leaving their rural villages to search for labour, producing gendered patterns of local, national and transnational mobility (Sunanta and Angeles 2013; Sunanta 2009). In this context, the mobility of the surrogate mother is nothing new but fits an already established pattern of Thai women relocating in search for labour opportunities. Many of the women I talked to had moved between the countryside and Bangkok for other work both before and after surrogacy. One example is Chantana. Prior to the surrogacy experience, her life was marked by a series of moves. At the age of 18, she moved with her sister from a village in Isan to Bangkok to work as a housekeeper and send money home to her parents. For many years, she travelled between her parents’ home in Isan and various jobs in Bangkok before she married, had children and settled in the capital (even though she still considers the village in Isan her home and often goes there). Other examples are Onwara and Maladee who are friends and neighbours in a village in Isan but who both travelled to Bangkok for work in the care sector, both before and after acting as surrogate mothers.

Clearly, mobility is a key factor for Thai women in terms of securing a job while also being an important aspect in supplying both the Thai tourist industry and domestic sector with labour. This mobility is often linked to global as well as intimate forms of labour. Today, many Thai women leave the countryside, predominantly Isan, to find work in massage parlours or bars in Bangkok or in tourist resorts in the South. The loosely defined sex tourism industry in Thailand, which is rooted in the country’s history as a rest and recreation (R&R) destination for U.S. soldiers during the Vietnam War in the 1960s and 70s, attracts rural women. Closely linked to the tourism industry is the phenomenon of transnational marriages between Thai women and foreign men, with many rural women from predominantly the Northeast moving first to the capital and then abroad after marrying foreign men (Sunanta 2009). These transnational marriages constitute an important part in Thailand’s role in the “global intimate” (Sunanta 2014, 10). Just as in marriage migration and sex tourism, transnational surrogacy is highly gendered. It relies on the commod-

ification of feminised intimate labour and depends upon the mobility, the bodily and affective labour and the re/productive capacities of Thai women's bodies. As such, these movements of surrogate mothers can be understood as "the latest in a long history of mobility for domestic work, marriage migration, and sex work in Southeast Asia" (Whittaker 2018, 133).

Besides the long tradition of rural-urban as well as transnational migration for various forms of intimate labour, medical tourism in combination with the current growth of global reproductive travel has created a new market "for the 'bio-available' bodies of Thai women to service the demand for surrogates and ova providers" (Whittaker 2018, 53). The accounts and the experiences of the former surrogate mothers in this study embody the intersection of the (medical) tourism industry and the global intimate industry, which all depend upon the mobilisation of women's bodily and intimate services.

For some of the women in this study, the time after surrogacy was also marked by mobility and engagement in different forms of intimate labour. When I met Onwara and Maladee, four years after they had given birth to surrogate children, they worked as caretakers for an agency in Bangkok, going to different provinces for temporary employment, such as elder care. Similarly, Lamai, who gave birth to a baby for a Chinese couple in 2018, had soon after the delivery travelled to South Korea to work as a masseuse for two months. Given the ambiguous meanings that Thai massage sometimes carries with it, as a euphemism for sex work, Lamai made sure to communicate to me that she was not doing "that kind of massage", giving me a meaningful look, but respectable "real Thai massage" (see Sunanta 2014, 10). When I met her for an interview, she had just come back from South Korea but had plans to go there again soon. These women remained engaged in intimate and reproductive labour, which also required them to travel and be flexible.

Exploring im/mobilities in transnational surrogacy

Many different terms and concepts have been developed in the scholarly work on transnational reproduction in order to conceptualise the transnational dimension in these different arrangements. Concepts like *reproductive tourism* (Pennings 2004; Martin 2012), *infertility journeys* (Speier 2011), *reproductive exile* (Matorras 2005; Inhorn and Patrizio 2009), *transnational circumvention* (Bergmann 2011), *reproflows* (Inhorn 2015), *reprotravel* (Inhorn 2015), *reproscape* (Inhorn 2011), *repromigration* (Nahman 2013), *reproductive mobilities* (Schurr 2019), all connote or point towards movement, travel and mobility. When addressing these themes in empirical studies on transnational surrogacy, the focus has mainly been on the mobility of intended parents (Speier 2016; Payne 2015; König 2018; Smietana 2016), or on the mobility of egg providers (Nahman 2011; Kroløkke 2015; Namberger 2019). The mobility of surrogate mothers and their experiences of movements and relocations are

rarely mentioned in research on surrogacy, making the phenomenon appear as both local and static in terms of the surrogate mother's own situation (Kroløkke 2015). However, a few recent studies have foregrounded the issue of surrogate mother's movements and travels, notably Deomampo's (2013a), Weis's (2017) and Schurr's (2019). Focusing on India, Deomampo (2013a) explores transnational surrogacy using a geographical lens in order to understand both the surrogate mothers' and the intended parents' experiences of space, mobility and immobility and how this illuminates the unequal power relations in transnational reproduction. Weis (2017) explores the mobility and travels of surrogate mothers in Russia and how the surrogacy industry profits from the women's movement and mobility. Similarly, Schurr (2019) discusses the multiple mobilities constituting the transnational surrogacy industry in Mexico and its connection to the tourism sector, while also emphasising the interdependent mobilities between the intended parents and the surrogate mothers. Building on these works but focusing entirely on the experiences of the surrogate mothers, I analyse their movements and im/mobilities during the surrogacy process.

As discussed in Chapter 1, I understand transnational commercial surrogacy to be a variation of transnational intimate labour that is facilitated by and deeply entwined with issues of gender, class, and race (see Boris and Parreñas 2010; Groes and Fernandez 2018). Although this chapter mainly focuses on the spatial mobility and geographical movements within the country and across national borders, this mobility is partly motivated by a desire for upward socioeconomic mobility where women's labour play an important role and where Thai women's responsibility for household finances encourages mobility for the benefit of family. However, this possibility of upward social mobility is interdependent on spatial mobility both from the intended parents and the surrogate mothers (see Schurr 2019).

To further understand the experiences of the different forms of mobility within surrogacy, it is important to acknowledge how the mobilities are highly stratified, embedded within both global and local economic and political contexts, but also inherently gendered, classed, racialised, nationalised "due to specific colonial histories and postcolonial developments" (Groes and Fernandez 2018, 16). One example of this is the travels of Western intended parents to countries in the global South, such as Thailand, India and Mexico. In surrogacy arrangements within an inter-Asian context, the colonial underpinnings may not be as present, while people in wealthier parts of Asia increasingly depend on less privileged women to perform this intimate labour. In both cases, some people's reproductive mobility is based on and assumes/shapes the im/mobility of others, which is connected to the stratified reproduction dynamics of surrogacy (Colen 1995).

While mobility is central, I argue that its opposite, immobility, is also crucial when analysing experiences and conditions for transnational surrogacy. A growing body of migration scholarship highlights the centrality of immobility

when analysing globalisation processes (Bélanger and Silvey 2019). Just like mobility, immobility is a multi-layered concept that often refers to a geographical, physical and spatial inability to move or to change one's location, but it may also be relevant when discussing limited or downward socio-economic mobility. In order to emphasise the strong connection between mobility and immobility when analysing the surrogate mothers' accounts of their surrogacy trajectories, I follow Bélanger and Silvey and use the notion of "im/mobility", where a back slash separates immobility from mobility to underscore "the mutually constitutive relationship between particular forms of movement and the regulations and disciplinary pressures that delimit that movement" (2019, 2).

Furthermore, central for my understanding of the women's trajectories as well as the global reproductive im/mobilities of the transnational surrogacy market is anthropologist Lawrence Cohen's concept "bioavailability" (Cohen 2005). According to Cohen, "to be bioavailable is to be available for the selective disaggregation of one's cells or tissues and their reincorporation into another body (or machine)" (2005, 83). The concept of bioavailability is closely linked to spatial movements and flexibility, and even though Cohen uses bioavailability to describe the global market for human organs, it is also useful for theorising how surrogate mothers provide their reproductive potential for others' procreative desires and undertake travel in order to make their bodies bioavailable.

Bangkok-bound: Commuting and relocating for surrogacy

Clearly, the degree of transnational mobility and movement in Thai surrogacy has increased following the ban in 2015, which I will address in more detail below. However, the women undertaking surrogacy, both before the ban and after, also engaged in different forms of movement and mobility within the borders of Thailand. Some of them temporarily relocated, and some commuted long distances in order to engage in surrogacy labour, as entering into a surrogacy arrangement was Bangkok-bound, with close to all clinics and agencies being located in the capital. For Vanida's first surrogacy pregnancy in 2014, she still resided in her hometown in Isan and travelled to Bangkok for meetings, check-ups and, eventually, the delivery. The same is true for Boonsri, 37 years old, who acted as a surrogate in 2013 for a single man from China. Boonsri makes a living from her tamarind farm and a food stall. She lives with her two teenage children and husband in a small village in an up-country province, 400 kilometres north of Bangkok. To visit her I travelled for almost ten hours on the night bus, a ride she often took in preparation for and during her surrogacy pregnancy.

I had to travel to the clinic alone. If I was not familiar with the appointment venue, I would take a taxi to get me there. It was challenging for a person who never travels alone like me. I even went to the hospital for the delivery alone.

This quote highlights the challenges and hard work it meant for Boonsri to travel during the surrogacy, revealing feelings of loneliness and vulnerability in an exposed situation.

The sisters Achara, 30, and Pimchan, 34, both acting as surrogate mothers for couples in China in 2016, also travelled back and forth between their homes in a western province and Bangkok, a distance of about 150 km. Their older sister Samorn, 42, who lives on the outskirts of Bangkok with her boyfriend and whose two children in their early twenties live with her part-time, also travelled a lot during the pregnancy. Visiting Samorn, I learnt that the journey from her place to central Bangkok where the clinic and agency were located was supposed to take 45 minutes but would often end up taking two and a half hours due to intense traffic. Therefore, even though Samorn did not have the long distance to Bangkok, she still ended up spending entire days away from home for medical check-ups and meetings.

Travelling between their homes and the different appointments in Bangkok, Vanida, Boonsri, Achara, Pimchan, and Samorn qualify as what Christina Weis (2017) calls “commuting surrogacy workers”¹⁹. Studying surrogacy in Russia, Weis discusses how some women continue to reside at home for most of the pregnancy but travel long distances for treatment, check-ups, meetings and delivery (2017, 219). Such travels between their homes and the agencies and clinics in Bangkok were seen as a requirement for the Thai surrogate mothers.

While many of the women travelled rather long distances and/or hours for appointments, check-ups and delivery, it was also not unusual for surrogate mothers in Thailand to relocate during the whole pregnancy period. Maladee and Onwara, for example, shared an apartment in Bangkok during their surrogacy pregnancies. In Boonsri’s small village in the North many women had acted surrogate mothers and resided in Bangkok during the entire pregnancy process, from hormone treatment to delivery, before they returned to the village. Vanida, who had been a commuting surrogate mother during 2014, later moved to live in Bangkok for her second surrogacy pregnancy in 2018.

When I did surrogacy for the first time, I still lived in [Isan] and travelled to Bangkok for medical check-ups at [the hospital] every month until I delivered. So, the monthly salary of ฿15,000 was eaten up by petrol cost and food cost. In 2559 [2015], my husband moved to Bangkok while I was still in [Isan] selling *som tam* [papaya salad] in front of my house. When I wanted to do surrogacy for the second time, I decided to move to Bangkok.

¹⁹ Weis uses the term “surrogacy worker” instead of “surrogate mother”, referring to the commercial aspect of the arrangement and her interviewees’ viewing themselves as workers (Weis 2017, 21).

Besides wanting to live with her husband, Vanida had found the constant travelling back and forth during her first surrogacy pregnancy both time-consuming and tiring as well as financially draining due to expenses for petrol and train or bus tickets. By relocating to Bangkok for the purpose of surrogacy, both Vanida and the women from Boonsri's village could be understood as "migrating surrogate mothers" (see Weis 2017). Contrary to commuting surrogate mothers, migrating surrogate mothers temporarily relocated to Bangkok for the entire process of surrogacy.

However, the reasons for women relocating during the surrogacy pregnancy were not only convenience or money; often it also meant greater privacy for the women who were engaging in a stigmatised arrangement. As Boonsri told me, many of the surrogates she knew had been afraid of what other villagers might say when finding out they were carrying a child for foreigners in exchange for money, so they moved temporarily to Bangkok to also avoid exposure. This was also expressed by Vanida. During her first surrogacy pregnancy many in the village were curious about her many trips to Bangkok and her growing belly, while she could be more anonymous during her second pregnancy.

Everyone knew, because when I did my first surrogacy pregnancy, I lived at home and travelled to Bangkok often. When I went home, people saw I was pregnant, and when they asked, especially my husband's relatives, I answered them that I was doing *um bun*. [...] For the second pregnancy, only three, four people knew, because I lived in Bangkok.

Even though Vanida did not conceal she was doing *um bun* (surrogacy), she expressed relief at not having to defend her choice and respond to other peoples' questions, advice and sometimes even "bad words". This corresponds to the experiences described by Indian and Russian surrogate mothers, who felt relieved staying in surrogacy housing far from home, and therefore able to conceal the surrogacy pregnancy (Pande 2014b; Deomampo 2016; Weis 2017). Thus, the relocation not only served as a way to make themselves bioavailable for labour in the transnational surrogacy industry, but also enabled them to conceal this actualised biovalue from relatives and neighbours.

As previously mentioned, these different arrangements – surrogate mothers relocating or commuting – is part of a long history of rural-urban migration where women (and men) from the countryside search for opportunities in the capital's service and industrial sectors (Mills 1999). For many of the women I talked to this was not their first time going to Bangkok for work. Maladee and Onwara, both from Isan, had previously been to Bangkok to work as care takers for elderly people, Ratana had moved from a village in central Thailand to Bangkok to work with small-scale vending, and at the age of twelve Chantana had left Isan with her older sister to work as a housekeeper in the capital, and she continued working there off and on for almost ten years. Thus, these

patterns of movement have a long history in many of the women's lives, and often with the purpose of earning money to be able to send home to family and parents as discussed in Chapter 4, grounded in the powerful discourse around living a modern life (*khwaam pen thansamai*) (see Mills 1999, 5) and their responsibility as dutiful daughters.

In one way, acting as a surrogate mother by engaging in intimate labour was not fundamentally different from how many other Thai women are expected to move and relocate for work. At the same time, the commuting or relocating to Bangkok was required of them in order to make themselves bioavailable through interventions such as hormone treatments, implantations and check-ups. As the women undergo medical procedures in order to actualise their fertility and reproductive capacity at a local level, their bioavailability also enables the surrogacy industry on a global level. Therefore I argue that the mobility of Thai surrogate mothers needs to be understood not only as part of the long national tradition of gendered labour migration but also as part of the needs of the global economy for these rural women's cheap labour (see Mills 1999, 6). The increased volume of reproductive travels in the last decade, and especially the past years' increase in surrogate mothers' movements, illustrates how the surrogacy industry depends upon the mobility of women and their bodies.

If Bangkok-bound mobility has been, and still is, crucial in order to enable the surrogacy market in Thailand, transnational mobility when crossing (multiple) national borders in order to provide reproductive services is increasing as an effect of shifting surrogacy models and circumventions of Thai regulations. While Whittaker points out that shifts were made, post-ban, to increase profitability, it is also clear that this shift to increase international movement was necessary to maintain the surrogacy industry's existence.

Travelling Thai surrogate mothers

PIMCHAN: The assistant took me to Laos. The parents were not there, I think they couldn't fly there or something, I am not sure. They said the doctor in Laos is good, they tried in China and it didn't work.

LAMAI: I went [to China] 20 days before the delivery, on the 14th of July. I stayed in an apartment. I stayed with six Chinese surrogate mothers, and I was the only Thai surrogate mother. So, there were seven people in total sharing the condo.

WAEN: The surrogates are giving birth in Vietnam but the embryo implantation takes place in Vientiane, Laos. I go with them by plane. Sometimes one woman, sometimes more than one.

NOON: The embryo transfer took place in Thailand and the delivery took place in Vietnam. [...] I travelled to Vietnam during my 30th week of pregnancy and I was accompanied by my mother's boss. I stayed there for about one month.

ONWARA: These days²⁰ a medical check is done in Ayutthaya, while injecting the embryo is carried out in Laos or Cambodia. Have you heard that there was a case with an arrest for sperm being transported to Laos? That was the sperm that was supposed to be used for injecting embryos. They keep the sperm here in Thailand and deliver it to Laos for embryo injection.

Much cross-border movement is taking place in order to make the surrogacy arrangement possible, including by surrogate mothers, as illustrated in the choir of quotes above. As mentioned earlier, the surrogacy industry in Thailand is still thriving despite the new legislation implemented in 2015 banning all commercial surrogacy arrangements. Five of the women I met had acted as surrogates after the ban. In order to circumvent the laws, they were often required to travel abroad, both for the embryo transfer and for the delivery. These movements across national borders are essential for the facilitation of the surrogacy industry.

Altogether, the twelve women I interviewed had undertaken 14 surrogacy pregnancies (and in total approx. 20 embryo transfers, as some implantations did not succeed). Out of these 14 surrogacy processes, six had required the surrogate mother to travel abroad for treatment. For her first surrogacy pregnancy in 2007, Waen was flown to India for embryo transfer because of the country's emergent surrogacy market, while commercial surrogacy was not yet common practice in Thailand. In five of the cases that took place after the ban in 2015, the women underwent their preparation and hormone treatment in Thailand, travelled to Laos or Cambodia for embryo transfer (except one who had her transfer done in Bangkok), and returned to Thailand for the remainder of the pregnancy. When delivery was approaching, they then travelled to China or Vietnam where the commissioning parents resided. These travels are typical of surrogacy arrangements taking place in unregulated or post-ban contexts, where surrogate mothers, ova providers, doctors and gametes "are moved across borders to circumvent local laws and regulations" (Whittaker 2018, 175). As mentioned in Chapter 1, these surrogacy arrangements, which fragment the site of the surrogate mothers' labour, not only occur along North-South pathways but also within Asia (Saravanan 2018). Out of the fourteen surrogacy pregnancies in this study, seven were commissioned by individuals or couples from China, Vietnam or Taiwan.

For her second surrogacy pregnancy, Vanida was flown to Phnom Penh in Cambodia for embryo transfer: "It's illegal, so the police will not let this kind of case slip away freely. That's why we have the implantation in Phnom Penh.

²⁰ Onwara acted as a surrogate before the ban, but with "these days" she refers to the time after the ban on commercial surrogacy in Thailand.

[...] It was very big, it looked like a hotel or a shopping mall”, she explains to me while showing photos on her phone that her friend sent to her from another IVF centre in Phnom Penh, capturing a big, white and modern furnished reception counter and waiting area where six other women are seated. “I heard that she went for an implantation, so I asked if she went to the same clinic as I did, then she took photos inside the place, and I realised that she went to a different place. Anyway, she went with a different agency (...) I think there were three clinics, but I’m familiar with only one. I don’t know about the other two.” Vanida’s statement suggests that the surrogacy industry is widespread, with Vanida’s friend also acting as a surrogate mother, taking the same route as Vanida but with a different agency and at a different clinic in Phnom Penh. In addition, Vanida’s comment on the clinic resembling a hotel lobby or a shopping mall signals an atmosphere of commercialisation and the provision of goods or experiences rather than medical care.

In total Vanida travelled three times to Phnom Penh, always accompanied by a caretaker and twice together with other Thai women, who also hoped to return to Thailand with a successful surrogacy pregnancy. The first time Vanida went to Cambodia, the implantation went well and later on, the pregnancy was confirmed. However in the third month of pregnancy there was a problem during a health check, as they could not detect the baby’s heartbeat properly, and Vanida subsequently had to go for regular check-ups.

I had to go through a heartbeat check three times. The first time, the heartbeat appeared. The second time, it appeared, but slowly. Then, the third time, it disappeared. That was the fourth month, about the fifth month of pregnancy, therefore, I was told by [the doctor] to get a *karn khut mod luk* [dilation and curettage]²¹. Otherwise, the baby would stick to the uterine wall.

After having dilation and curettage (abortion) performed and then waiting for three months, Vanida travelled to Phnom Penh for the second attempt. In Bangkok, she passed the medical check for uterus fluid and endometrial lining, but when the clinic in Cambodia performed a second health check, the thickness of the lining had decreased. They refused to implant any embryos and Vanida had to fly back home, without any compensation. In 2017, just over a year before our interview, she travelled to Phnom Penh a third time, passed the health check at the clinic, went back to a hotel to rest for a night and had the embryo transfer the next morning. This time the implantation was successful and led to a pregnancy that eventually resulted in the birth of a healthy baby boy, just seven months before our interview.

Instead of having the embryo transfers carried out in Bangkok as was the practice before the ban, the surrogate mothers were taken across the border to

²¹ A procedure to remove tissue from inside the uterus, i.e. in order to clear the uterine lining after a miscarriage.

neighbouring countries. While Vanida had her embryo transfers done in Cambodia, Achara, Pimchan and Lamai all had their transfers carried out in Vientiane, Laos. After taking hormone treatments and passing the examination of uterus fluid and endometrial lining, they were immediately flown to Laos for the implantation, where they stayed for about three days to rest before they were flown back home again. The reason for going to Vientiane is that one of the major IVF clinics used by Thai surrogacy agencies is located there. It is headed by Dr. Pisit Tantiwattanakul, fertility specialist, embryologist, and former director of an IVF clinic in Bangkok that provided multiple surrogacy services to the Japanese businessman Mitsutoki Shigeta. Dr. Pisit's name came up several times in my interviews, as many of the women who were surrogates before the ban had had their embryo transfers carried out by him at his clinic. By moving the business to Laos, a country with as yet no regulations on commercial surrogacy, Dr. Pisit could continue to operate surrogacy pregnancies, despite accusations and a damaged reputation in Thailand (Whittaker 2018, 174).

After the embryo transfers the women returned to Thailand for the remainder of the pregnancy, with regular check-ups and meetings in Bangkok. When the birthing approached, the agency brokerage arranged for the surrogates to travel to the country where the clients resided, in these cases China or Vietnam, in order to make it easier for the parents to get registration papers. If born via surrogacy in Thailand, they would have to adopt the child, and it would also be difficult to get a visa for the child to travel with them to China. To facilitate the process for the intended parents, the surrogate mothers travelled abroad as the delivery date drew near, spending some weeks in the country before the planned C-section. In this way, the surrogate mother would be in place if something were to happen, and the delivery had to be pre-poned. The women would stay in an apartment, sharing rooms with other surrogate mothers, all arranged by the agency and paid for by the intended parents.

When I talked to Noon in 2018, only ten months had passed since she gave birth to a baby boy for a straight couple from Vietnam. In contrast to Achara, Lamai and Pimchan, Noon had the embryo transfer done in Bangkok. However, for the delivery, she travelled to Hanoi, Vietnam, as the commissioning parents were Vietnamese. She spent one month in Vietnam before the delivery, and the parents came to visit her once a week while waiting to meet their baby. Before the planned C-section, Noon suddenly went into labour and had a vaginal delivery. After the birth, she stayed in Hanoi for three days before returning to Thailand.

Vanida shared rooms with three surrogate mothers from other agencies, all Thai women. While showing me photos of the condo, the women she lived together with and the food they cooked, she explained that more Thai women arrived after each of them gave birth. "I witnessed two new arrivals of Thai women during my months there [...]" but I also heard of surrogates coming

from Vietnam and Myanmar [...] and there were many rooms rented for surrogate mothers scattered around the city.” In the same way, Achara, Lamai and Pimchan also travelled to cities in different parts of China to birth babies for Chinese couples and met other surrogate mothers there. Lamai, who went to a city in Southwest China, stayed in a private apartment that she shared with six Chinese surrogate mothers. She was the only Thai surrogate mother. The narratives of Vanida, Achara, Lamai and Pimchan all indicate a significant market for surrogacy in Southeast Asia, with a growing demand from Chinese clients to have a baby through surrogacy. Surrogacy is illegal in China, but with the combination of the relaxation of the one-child policy in 2014, a growing middle class, rising infertility and a cultural imperative to have children, there is a booming black market, with agency brokerages and private clinics circumventing the regulations (Johnson and Li 2014).

The trajectories of Vanida, Pimchan, Achara, Lamai and Noon not only demonstrate how commercial international surrogacy arrangements with Thai surrogate mothers continue to take place in Thailand despite the bans; they are also illustrative of “hybrid” surrogacy arrangements (Whittaker 2018). By being prepared for embryo transfer in Bangkok, travelling to a clinic for transfer in Laos or Cambodia, gestating the pregnancy in their home in Thailand, and then travelling to China or Vietnam to give birth, the surrogacy process is segmented. Clearly, the surrogate mothers are the most mobile in these arrangements, crossing multiple borders to meet the needs of embryologists, doctors, agency brokerages and intended parents in different locations.

Although such post-ban surrogacy travel is a relatively new requirement, even before the ban on commercial surrogacy in Thailand, some women’s surrogacy arrangements required them to travel abroad. Waen, who is the mother of Noon, is 43 years old and originates from a Northern province but has lived in the capital for many years. She undertook two surrogacy pregnancies, the first in 2007 for a straight couple in Australia, and the second in 2013 for a single man from Israel. The first pregnancy took place at a time when Thailand still was not well known as a surrogacy destination, and the medical infrastructure for it was not yet developed, so she had to travel to India to undergo the embryo transfer. However, this was not the only occasion she travelled to India for reasons related to surrogacy. After the second pregnancy, Waen started to act as a recruiter for surrogate mothers, and for some of them she would also act as a caretaker during their pregnancies. In this role, she occasionally accompanied surrogate mothers to India for undergoing selective reduction, removing one or more foetuses in a multiple pregnancy. Waen herself explains it as “Indian doctors having the courage to perform an abortion, but Thai doctors are afraid that it would be a sin,” referring to the practice being controversial and rarely discussed in Thailand, a country where abortion is stigmatised and highly restricted.²² This required travel for foetal reduction

²² For discussion about abortion in Thailand, see Whittaker (2004).

further illustrates the precarious and intimate dimension of the labour performed by the women. Becoming bioavailable for surrogacy, the women need to comply with requirements that, besides entailing bodily precarity, by most Thais would be viewed as negative karmic acts, encouraging feelings of guilt (Nilsson 2020, 124).

Restrictions and confinement

VANIDA: I didn't get to go anywhere. It felt like living in a jail. I went out only to the hospital, and when I reached the condo, I just slept. They didn't allow me to go out because my belly was so big, so the police could notice it.

As discussed above, the various degrees of mobility and flexibility of the Thai women acting as surrogate mothers are the basis for the surrogacy industry in Thailand and Southeast Asia, both before and after the ban in 2015. However, at times this requirement of mobility and adjustment was accompanied by another requirement: the ability to adjust to restricted mobility and at times even confinement. In my conversations with the women, it became clear that their mobility as surrogate mothers in some cases was literally cut to states of immobility. Similarly to Deomampo's descriptions of her interviewees' experiences of surrogacy housings in Mumbai (2013a; 2016), the women in my study who had gone abroad for delivery shared stories of loneliness, restrictions and feelings of isolation. This was maybe most evident in the conversations with Vanida and Lamai, who both had been relocated to different parts of China for delivery. Vanida, whose travel to China was expedited due to pregnancy complications, came to spend two months awaiting delivery in an agency-provided apartment with three other Thai surrogate mothers and one Chinese woman who prepared food and looked after them. During her stay, she was not allowed to go outside the apartment by herself at all. Since surrogacy is illegal in China, the agency did not want to attract police attention or generate suspicion, so Vanida stayed inside with the other surrogates, leaving the condo only for medical check-ups and then always accompanied by a caretaker.

There were many police out there. When I had to visit the doctor, the caretaker and I would quickly get in a taxi and go. I heard that after I left, the condo was searched by the police because they had seen surrogate mothers going in and out. [...] Sometimes there were three, four surrogate mothers going to see the doctor at the same time, and it attracted their attention. [...] I had a pregnant friend who was visited by the police because they were curious why pregnant ladies often come and go to this condo as there were many surrogates who would visit the doctor at the same time. After I returned to Thailand, my friend

texted me via WeChat²³ that yesterday the police came for a search, but they couldn't arrest anyone because the caretaker took the surrogates to another place to hide.

At first glance, this statement by Vanida shows a lot of movement, with people coming and going in and out of condos and cars. At the same time, this movement is restricted and limited, and Vanida's previously required mobility, agreeing to travel to China for delivery, had turned into a state of immobility. Not only is she isolated in the apartment with closely monitored visits to the hospital; there is also an impending risk and fear of being caught by Chinese police, heightening her already vulnerable position. When asking Vanida about her stay in China and under what conditions she lived, it was as if pushing a button to release a flood of words, a flood of frustration, despair and eventually relief, feelings she shared with many of the other surrogate mothers.

There were more Thai women arriving after each of us gave birth. I witnessed two new arrivals of Thai women. Living there could be fun for some people, but it could be hard for those who were homesick. I was there for two months and needed to be patient. When my delivery date was announced, I was so happy and wanted to scream out of happiness because I wanted to go home. Some people cried every day, and I helped to comfort them, telling them to be patient. When I saw them cry, I wanted to cry too.

Clearly, the experience of being relocated to China, sharing a small apartment with other women in the same situation and not being allowed to go outside while waiting for the delivery was overwhelming and frustrating for Vanida, whose statement above expresses many strong emotions. Lamai, who spent three weeks in a city in the Guangdong province in China before giving birth, expressed similar feelings and became serious when talking about the time spent in China:

I stayed at a condo. I stayed with six Chinese surrogate mothers, and I was the only Thai surrogate mother. So, there were seven people in total sharing the condo (...) It was torturous to live there, feeling like I was imprisoned. I wanted to come home as much as I wanted to deliver the baby as soon as possible.

When discussing how Indian surrogate mothers in Mumbai kept in surrogacy housing are not allowed to go out for a walk, Deomampo (2013a, 519) uses the notion of "spatial imprisonment" to describe their experiences, a notion that I find fits well with Lamai's expressions of torture and imprisonment. Like Vanida, she was not allowed to go outside or leave the condo, except for doctor appointments. However, while Vanida at least could chat with the other surrogate mothers, Lamai was the only Thai-speaking person in the condo,

²³ A Chinese instant messaging application.

and not being able to understand Chinese heightened her isolation even more. In this way, she was an object of constraints and limitations on her spatial/physical movement as well as her social life. This agency-induced immobility imposed on the surrogate mothers at the end of their surrogacy pregnancy put their lives in limbo and blocked their mobility. Vanida and Lamai spent their days in suspense with little distraction, only waiting for time to pass so that they could deliver the child and go home. In this way, they were not only subjected to spatial imprisonment, constrained in their abilities to move, but also temporally imprisoned, constrained to the passing of time that they had no influence on, placed in idleness and waiting for their scheduled C-sections. These experiences of how moments of substantial movement and mobility were suddenly disrupted by periods of imposed immobility, suspense and spatial constraint reveal “how different bodies are differently privileged in transnational surrogacy” (Deomampo 2013a, 525), with surrogate mothers’ bodies sometimes required to move and, at other moments, required to stay still at somebody else’s will.

Constrained to immobility, Vanida and Lamai told me of how they were homesick, being separated from their family in a new environment, a new country, and with language barriers feeding into feelings of isolation. Comforting women who “cried every day”, experiencing the time before delivery as “torture” and wanting to “scream out of happiness” when the delivery date was within sight illustrate how the spatial immobility translated into emotional vulnerability. This vulnerability was heightened by the distance from home and the trying situation of being about to deliver a child to hand over. The feeling of frustration and imprisonment is also reflected in Vanida’s experiences after delivery. Vanida was eager to get back to Thailand.

I stayed only one day after the delivery because I had already stayed at the hospital for four nights for the delivery on the 17th. On the 22nd, I returned to stay overnight at the condo and departed for Thailand on the 23rd. I couldn’t use the mobile at the hospital. I used a [device] which couldn’t install WeChat, so I couldn’t contact anyone including my *sami* [partner/husband] and I was so frustrated. I couldn’t afford an international call ... I was going crazy for waiting to complete the four-day stay.

Clearly, Vanida missed her husband and family and was not able to contact anyone back home, this at a vulnerable time just after she had gone through a C-section, given birth to a child and relinquished him to his commissioning parents. Both Vanida and Lamai spoke of “going crazy” waiting to be able to get back home.

In their research on surrogacy in India, both Deomampo (2013a) and Pande (2010b) discuss the issue of separating the surrogates from their own families by displacing them in surrogacy hostels or maternity homes during the pregnancy period. Due to this, the Indian surrogates experienced higher levels of stress and anxiety because of the restrictions on their mobility and the spatial

imprisonment. Partly similar to the Indian surrogates, Vanida and Lamai were expected to live separately from their families in unfamiliar locations, even countries, where their wishes to walk around freely and be close to loved ones were valued as less than the need to circumvent legislation and accommodate the needs of intended parents. These restriction starkly illustrate the stratified dimension of transnational commercial surrogacy, where some people's abilities to nurture and reproduce assume the im/mobility of other women, being separated from their own children and family.

However, not all of the women were in the same hurry to return home. As soon as they had given birth to the child, they were allowed to move around freely without any permission from caretakers. Pimchan and Achara both stayed in China an extra week after delivery, now in the care of the intended parents who took them out sightseeing, shopping and to restaurants in the city before sending them home. This illustrates how the surrogate mothers while pregnant with the child were merely treated as means of production, and as soon as they had delivered the precious product their status changed from an object to a subject. They went from being monitored and isolated to being allowed to move around freely.

Local restrictions

The women who had acted as surrogate mothers before the ban, and hence had not travelled abroad, told other stories of restricted movement. In contrast to, for example, Indian surrogate mothers living in surrogacy housing (Deomampo 2016; Pande 2014b), these women were much freer in relation to agency requirements and restrictions, and in contrast to the surrogate mothers travelling to China, they were not spatially confined in condos in a foreign country and, as such, not as vulnerable. However, they expressed other forms of agency-induced constraints and immobility during the period of surrogacy. For example, they were told not to drive or ride a motorbike during the pregnancy in order to avoid accidents. Motorbikes are a common means of transportation in Thailand, and thus the prohibition restricted the women's mobility in their everyday lives. They were also discouraged from travelling after the implantation of the embryo, with some agencies providing accommodations in Bangkok for women residing in the countryside. During this time, the women were ordered to rest for one week while waiting for a positive pregnancy test. However, not all of them complied with the directives issued by the agency. Vanida, who in her second surrogacy pregnancy underwent embryo transfer in Cambodia, was offered accommodation in Bangkok for a week afterwards, which she refused for the third implantation.

For the first two implantations, I stayed at the provided accommodation, but the implantations failed. After the third implantation, I refused to stay there

and took a bus home right away. Despite the bus ride being shaky, which might hurt the implantation, the pregnancy was luckily successful.

The women were told by agency staff that the “artificial” surrogacy pregnancy was more fragile than “normal” pregnancies and could be jeopardised by a shaky bus ride. The vulnerable state of the pregnancy also entailed restrictions on their ability to hold another job during pregnancy. Both Boonsri and Chantana stated that the agency did not allow them to work during the surrogacy, restrictions in order to decrease the risk of miscarriage. However, frequent travel for check-ups and appointments, the requirement to be flexible and docile and show up when being called made it hard for the women to have a job during the pregnancy even without explicit restrictions.

As Vanida, Lamai and the other women’s stories show, they often experienced much mobility and movement at the beginning of their surrogacy process. However, in order to deliver a healthy baby, circumvent regulations and make the process as smooth as possible for the intended parents, restrictions on their mobility were considered necessary by the agencies. At the same time, the surrogate mothers were not completely stripped of agency. Some movements were initiated by the women themselves, such as going to Bangkok in order to become bioavailable, and some women even ignoring restrictions.

The demand for flexibility

Clearly, engaging in transnational surrogacy demands a lot of flexibility from the surrogate mother, particularly the ones engaging in surrogacy after the ban. Besides attending the many medical check-ups, treatments and appointments in Bangkok, they have to be prepared to follow instructions for travel abroad for both embryo transfers and delivery. Just like the surrogates in Weis’s study in Russia, the women had “no say on the timing, were on constant call and expected to respond without compromise once instructions came” (Weis 2017, 235). A clear example of this is how the plans for Vanida changed in the last minute due to conditions that put the pregnancy at risk. Being prepared to spend the last month of the pregnancy in China, she suddenly was hurried there when diagnosed with conditions that could jeopardise both her own and the baby’s health.²⁴ The reason for her pre-planned travel was to make sure she would be in place in China in case of preterm delivery. While just having been diagnosed with pregnancy complications, Vanida was expected to comply with the instructions to immediately travel to China without compromise, requiring a great deal of flexibility and adjustment on her part. She admitted this was difficult, emphasising the uncertainty and the tiring travels before

²⁴ If left untreated, gestational diabetes entails an increased risk for pre-eclampsia, excessive fetal growth, preterm delivery, stillbirth, hypertensive disorders and long-term medical risks for both the woman and the child (Federico and Pridjian 2018).

finally reaching the city in China where she was to spend the last months before delivery.

When in China and approaching the date for delivery, Vanida again had to be on call, awaiting directions for the planned C-section. As noted by Pande (2014b, 117), having C-sections as the mandatory delivery form for surrogate mothers allows the agencies to schedule the delivery in order to fit the needs of the intended parents, who are often in other countries, as well as the needs of the hospitals.²⁵ Vanida told me,

For a C-section, we can just deliver on an appointed date. It's more convenient. Importantly, the Chinese believe in lucky days, and by using C-sections, they can just select their preferred dates. In my case, they changed the delivery time more than three times. First, it was set at 9 am, then changed to 1 pm, and then changed to 2 pm. Then, it was changed again to 9 am of the next morning. The agency communicated these time changes to me through the WeChat app. I didn't know when I would get to deliver." I was in the middle of not knowing when I would get to deliver.

Even though the reasons for changing the time, and eventually day, for Vanida's caesarean section are unknown, it illustrates how she was at the mercy of the decisions of other people without any possibility of objecting, having to wait for further instructions via text messages from agency staff in Thailand. This situation required Vanida to be flexible and adjust to circumstances beyond her control in an exposed situation.

Another example of this need for flexibility and adjustment is illustrated in the case of Chantana, who was carrying a baby for a male gay couple from Israel in 2014. In January that year, one month before Chantana had her embryo transfer, the Israel Interior Ministry refused to grant citizenship to surrogate babies born in Thailand. This was reported to have affected over twenty babies and forty surrogacy pregnancies for Israeli intended parents (Fiske 2014). Eventually, following protests and media coverage, the Israeli government agreed to the procedure where the Thai birth mother gives up her rights to the child, allowing the Israeli parents to acquire citizenship for the baby. However, Chantana was about to give birth just some months after the scandals of Baby Gammy and Mitsutoki Shigeta caused international headlines. The controversy resulted in Thai authorities "tightening the controls over the movement of surrogate children across the country's borders" (Cohen 2015, 123), leaving both surrogate babies and their commissioning parents in legal limbo. In order to avoid the difficulties over citizenship, the agency planned for Chantana to travel to Israel for the birth.

²⁵ Another possible reason for C-sections being mandatory for surrogate mothers is the instrumental and medical/surgical dimension of it, avoiding the pain and physical as well as emotional labour of a vaginal delivery, and as such decreasing the risk of the surrogate mother being attached to the baby (cf. Pande 2014b, 117). I will return to this in Chapter 6 when discussing the embodied experiences of surrogacy and the women's relationships to the children.

At that time, I was about to give birth and already had a visa for travelling to give birth in Israel, but the news reported that there was an escalated conflict between Iraq and Israel, and they were afraid that it would affect me, so they arranged the delivery at [a hospital in Bangkok] instead.

Due to the agency's worry that the political turmoil in Israel would cause problems for Chantana and the Israeli couple, she was rescheduled to deliver in Bangkok. Just like Vanida, Chantana had to adjust to unexpected changes as the delivery approached. These last-minute changes illustrate how women like Chantana and Vanida are expected to comply with sudden instructions at short notice and how the rapidly changing hybrid surrogacy arrangements depend upon maximum flexibility and mobility from the surrogate mothers.

Managing im/mobilities

The im/mobilities at play in transnational commercial surrogacy and the movements required by the women are more than just movements in space and time, more than mere horizontal displacements. These im/mobilities and flexibilities entail interdependencies and contradictions marked by entangled power relations (see also Schurr 2019). They also illustrate the precarious position of the surrogate mothers and how they, while also undertaking travel on their own accord, are moving and staying put at other people's wills and plans and in ways that have impact on their own wellbeing and family life.

While surrogate mothers experience uncertainties, so too do intended parents, who may also be confronted with im/mobility and uncertainty. This has been addressed by many scholars researching intended parents' experiences of surrogacy (see e.g. Nebeling Petersen 2018; König 2018). Exploring the geographies of the surrogacy industry in India, Deomampo (2013a) discusses both the intended parents' and the surrogate mothers' experiences and perceptions of space and mobility. While paying attention to the reproduction and enhancement of existing unequal relations, Deomampo asks for a nuancing of the dichotomous portrayals of "one group with relative power – in this case, commissioning parents from the global north – as always exercising power to constrain the mobility of another less privileged group, the surrogate mothers" (2013a, 532). She highlights the waiting, liminality and disruption that intended parents also experience, while still acknowledging the way many intended parents move with "the ease of cosmopolitan travellers whose higher socioeconomic status allowed them the comforts of luxury full-service apartments or five-star hotels" (2016, 529). This two-sided exploration of mobility in transnational surrogacy arrangements is something that Schurr (2019) also discusses in her research on the fertility industry in Mexico, where both 'reproductive consumers' and 'reproductive labourers' experience multiple forms of im/mobilities while also being interdependent upon the im/mobility

of their counterpart. The surrogate mother's possibility to earn money through surrogacy depends upon the mobility of the Spanish intended parents, who must travel to Mexico, while the intended parents can only fulfil their dreams of a baby if Mexican women are willing to travel to Cancún to act as surrogate mothers (2019, 112). In the same way, the surrogate mothers I talked to depended on the mobility of the intended parents as well as the flexibility of the surrogacy industry in order to be able to carry out the surrogacy contract, while the intended parents depended upon the Thai surrogate mothers' domestic and transnational movements and sometimes their immobility and confinement.

However, even though by both groups some mobility is required, and in some ways they are interdependent upon the im/mobility of the other, there are clear differences between these experiences of mobility. The intended parents and the surrogate mothers not only have different capacities to move; as Schurr points out, due to different positions in terms of gender, class, race, and nationality they "experience mobile practices and moments of immobility very differently according to their particular position in the global (bio)-economy" (Schurr 2019, 107–8). These inequalities in movements and im/mobilities are marked by what Massey (1994) calls "power geometry" a helpful concept when exploring the trajectories and conditions of my participants. By power geometry, Massey referred to the ways in which spatiality and mobility are both shaped by and reproduce power differentials in society, to emphasise how different social groups have different relationships to mobility:

This point concerns not merely the issue of who moves and who doesn't, although that is an important element of it; it is also about power in relation to the flows and movement. Different social groups have distinct relationships to this anyway differentiated mobility: some people are more in charge of it than others; some initiate flows and movement, others don't; some are more on the receiving-end of it than others; some are effectively imprisoned by it. (Massey 1994, 149)

As Massey points out, it is not merely about who moves and who does not but about questions of power in relation to mobility. Who is moving and on whose initiative? Who can stay put? The surrogate mothers I talked to undertook a lot of travelling during the surrogacy arrangement, both on their own accord and following the directions of others. Even though a successful surrogacy arrangement, as well as the surrogacy industry as a whole, depend on their movements and mobility, they are not in charge of the process or the global reproflows they are part of. Their mobility is in many ways managed, monitored, and even sometimes blocked and constrained by somebody else.

This power geometry, which is manifested in control over mobilities, was also evident in degrees of knowledge about the surrogacy arrangement and procedures. Some of the women I spoke to were not entirely aware of the reasons they kept crossing national borders for surrogacy, and they did not always realise the effects that the ban on surrogacy could have. For example, when I

asked Pimchan, who in 2015 travelled to Vientiane for her embryo transfer, about the reason for going to Laos, she answered hesitantly, “I don't know... The liaison took me, the parents were not there, I think they couldn't fly [to Thailand] or something, I am not sure. They said the doctor in Vientiane is good. They tried in China and it didn't work.” Pimchan's speculative and somewhat meandering answer reflects a lack of information, suggesting the reason for her travel to Laos being for the convenience of the intended parents as well as the doctor's medical expertise, without mentioning the ban and the regulations at all. In some sense, her reasoning is valid, but the main reason for the relocations were to actualise the surrogate mothers' bioavailability by moving them to sites where the practice was unregulated.

The travels abroad for embryo transfers and deliveries that Vanida, Achara, Pimchan and Lamai undertook also posed risks. Even though surrogacy at the time was not illegal in Laos or Cambodia, crossing the border in order to act as a surrogate mother was not without legal risks. When Vanida's transfer took place in Phnom Penh in 2017, the regulation of surrogacy in Cambodia was not yet in effect, and some clinics still performed surrogacy procedures.²⁶ However, awaiting the adoption of a new law on surrogacy, dozens of surrogate mothers were charged under human trafficking laws in Cambodia²⁷ (Blomberg 2019). Vanida, who was unaware of the situation of surrogacy in the country, apparently lacked clear information about the conditions under which she had agreed to act as a surrogate mother.²⁸

Traveling to China for delivery also poses risks. Crossing the borders into a country where surrogacy is illegal and staying there for several weeks awaiting delivery, there is little protection for the surrogate mothers if anything goes wrong. They are not Chinese citizens and travel there on a tourist visa, and if complications occur during the pregnancy or delivery, they are not entitled to

²⁶ In November, 2016, Cambodia passed a ministry directive banning commercial surrogacy, including the procedure of embryo transfers if the recipient is a surrogate mother (Handley 2016).

²⁷ In 2018, 32 surrogate mothers were arrested in Phnom Penh and accused of carrying babies for Chinese clients. They were all released on the condition that they would raise the children as their own (Blomberg 2019; Handley 2016).

²⁸ In May, 2017, six Thai women and one man were detained at the Thai-Lao border when returning from Laos with an empty nitrogen tank and lab equipment. They all confessed to being hired by a Chinese man residing in Bangkok, and they were returning from a clinic in Vientiane after unsuccessful embryo transfers. According to check-point police, they had also retrieved a notebook from the group showing results of embryo transfers for seven other Thai women (Saengpassa 2017; Audrey Wilson 2017). Theoretically, one of those women could have been Pimchan, Lamai or Achara, and this event illustrates the vulnerable and risky conditions of the surrogate mothers' movements. In addition, in February, 2020, Thai police arrested five Thai women paid to be surrogate mothers, as well as Chinese and Thai persons involved in a transnational commercial surrogacy ring, during an operation targeting ten premises in Bangkok, Pathum Thani and Sukhothai provinces. According to police, the network was run by Chinese people hiring Thai brokers to recruit Thai women to act as surrogate mothers. Since 2012, at least 100 Thai surrogate mothers had been hired by the network (Ngamkham 2020b).

any support and have very little rights as noncitizens to any health care or legal protection. In addition, some surrogate mothers are requested to sign a marriage certificate with the intended father in China in order to secure his right to the child, and then they divorce him and give up their rights shortly after. This is what Lamai referred to when she explained to me that she “didn’t marry [in China], but some people did”. When asking the women about the uncertain situations of surrogacy in Thailand, as well as in China and Cambodia, and how they felt about undertaking surrogacy under these conditions, most of them told me how they had relied on other surrogate mothers’ previous experiences, hearing about their success stories while also being reassured by caretakers and agency staff. At the same time, they did admit that there had been moments of worry and fear.

Clearly, this fragmented model of surrogacy, where surrogate mothers are moved around and required to take part in dubious and/or illegal procedures, both necessitates and relies on the women being flexible and adapting to the requirements, while the structuring and organisation of the arrangement in combination with the illegal status of surrogacy places the surrogate mothers in insecure, uncertain and risky positions with low security.

Conclusion

In this chapter, I have analysed how notions of mobility and flexibility but also immobility and restriction are presented in surrogate mothers’ accounts of their trajectories. What the women I talked to all had in common was that they undertook rather substantial travel in order to act as a surrogate mother. Those engaging in surrogacy after the ban also had to cross national borders for embryo transfer and delivery, as changing regulations in one country moved the business to other countries. The ability to move and be flexible proved a precondition for surrogacy, while this ability in some cases would end up placing the surrogate mothers in states of spatial confinement. I argue that the surrogacy trajectories of the women should be understood not only in light of the global reproductive market but also as taking shape in the intersection of neoliberal flexibility and a long tradition of Thai women’s (intimate) labour migration. Their trajectories illustrate how global processes and power differences are interlinked with local and national conditions and trends.

As many of the women did not live in Bangkok but in other parts of Thailand, many had to travel rather long distances for meetings, medical check-ups and treatments during the entire surrogacy pregnancy. Others chose to relocate and move to Bangkok for the surrogacy period, often due to convenience or the high costs commuting would entail, while it also meant they could conceal their surrogacy involvement from relatives and neighbours back home. However, these travels within the country, both the relocation and the

commuting, need to be understood as means to make their bodies bioavailable and to participate in global intimacies without crossing borders for the purpose of fulfilling other people's family building while also earning money and supporting the well-being of their own families.

If this Bangkok-bound mobility has been, and still is, crucial in order to enable the surrogacy industry in Thailand, the transnational mobility when crossing (multiple) national borders in order to provide reproductive services and actualise the women's biovalue is something that is increasing as an effect of more hybrid surrogacy models and shifting regulations. The trajectories of the women acting as surrogate mothers after the ban, undertaking travels to Laos, Cambodia, Vietnam and China for embryo transfer and delivery, clearly illustrate how the fragmented and hybrid model of surrogacy that now exists "favors the movement of surrogates to circumvent local restrictions" (Whitaker 2018, 133). These movements are essential for making the surrogacy arrangements possible and require the women to be mobile and flexible reproductive bodies "on call". Furthermore, the women's trajectories demonstrate how global flows and new legislation affect different people differently. While both the surrogate mothers and the intended parents experience uncertainties and im/mobilities and are interdependent upon each other's im/mobilities, there are clear differences. Discussing mobility within the surrogacy industry in terms of power geometries, I have shown how the surrogate mothers, undertaking a lot of travel both on their own accord and following directions from others, are not in charge of the process or the movements. Instead, their mobility is managed and monitored by others, often placing them in precarious positions marked by uncertainty, vulnerability, exposure and risk. Their positions are marked by a requirement for being flexible and conforming to fast changes and demands. Further, both forms of mobilities illustrate the stratified reproduction of surrogacy, with the women undertaking substantial and sometimes risky travels and leaving their home and family in order to contribute to fulfilling the reproductive desires of others.

Besides undertaking risky journeys when crossing the borders for embryo transfers and delivery abroad, my material also demonstrates how this required mobility in many cases turns into forms of temporary spatial confinement and induced immobility, where the women are isolated and have their freedom restricted while awaiting delivery. Doctors and agencies make decisions in the best interest of the pregnancy, not the surrogate mother, who has unequal bargaining power in relation to the agency and the commissioning parents as well as, sometimes, faulty information about the process. In the agency-induced confinement as they await delivery, the surrogate mothers are, I argue, treated as a means of production who are allowed to move freely only after having delivered the precious product.

In this chapter, I have also shown how mobility is present in these women's lives not only for the purpose of surrogacy but also before and after the surro-

gacy pregnancy. As such, the women's mobility in the context of intimate labour can be understood in the cultural and historical context of Thailand and women's labour migration. Still, these movements should also be seen as part of the global surrogacy assemblage. On a global level, the transnational commercial surrogacy industry, as well as many other intimate industries, relies upon the im/mobility, movement and flexibility of the women acting as surrogate mothers, while on an individual level the im/mobility and movement enables the women to become bioavailable and carry out the surrogacy contract.

In the following chapter I move on to the more intimate, embodied and relational dimensions of the women's surrogacy experiences, focusing on their position in the arrangement and their relationship to the child, which is also marked by precarity and demand for flexibility.

6. Ambivalent relationships: Surrogate mothers and de/kinning

MALADEE: When I saw the baby, I thought he was so cute, but I had to let the feelings go. After they took the baby away, I missed him. Especially now when I look at his photo. [...] I miss him, but I think he is their child, not my child.

In July 2014, when I was in Thailand to do interviews for my MA thesis, I met Maladee for the first time. She was then five months pregnant with a child for a gay couple from Australia, whom she had met once. During our interview she told me about the bond she experienced between herself and the child, feeling as though they were related to each other in some way, and when talking about the delivery and the future, she expressed worry and uncertainty, stating that she would have to “restrain her feelings” and “be strong”.

Four years later, when I was back for my PhD research, we met again. I had taken the night train from Bangkok to Isan, spending the weekend with my friend Onpilai who lives just an hour from Maladee’s village. We decided to meet at Maladee’s house, and Onpilai, who knows the area, accompanied me. After being a bit lost and waiting out some heavy rain and thunder, we arrived at the right address. The house looked like so many other houses in this area, with its dark, aged wood and the stilt structure providing a large space underneath the house for storage of food, tools, vehicles and social space. We were greeted by Maladee, casually dressed in an oversized checked shirt, rubber boots, and with a hat in her hands, just coming back from harvesting cassava. It was an emotional reunion for both of us, and a lot had happened in the past four years. Last time we met, the contours of her pregnant belly were clearly showing underneath her clothes, and surrogacy was the headline in the news because of the Baby Gammy case. This time, her belly was flat and surrogacy was not something people talked about any more.

Maladee invited us to sit down by the table underneath the house and offered us rambutan fruit, bottles of water, and Coke. On a wooden bench in the shadow, her father was resting, and in the backyard, her adult sons were eating lunch. She told us how before, the house had been smaller, but thanks to the money earned from surrogacy she had been able to renovate and expand it. She was happy that her mother had been able to live there for some time before she recently passed away. When I asked about the child and if she had heard anything from the two fathers, she left the table and went inside the house to

fetch a plastic folder and an envelope. With pride and affection, she showed us photos of her and Oliver as a newborn baby taken at the embassy, the first and only time she got to see him. She had also received a letter, an email address and some photos of him when he was around one year old. She had written to the fathers but later forgot her email password and had lost contact with them for some years. However, a couple of weeks before my visit, she had received a letter and some new photos of Oliver, showing a smiling, three-year-old boy with dark blonde, curly hair, playing outside on a field together with his fathers and baby sister, also conceived through surrogacy in Thailand. The fathers had apparently tried to contact Maladee many times before and eventually managed to track her down on Facebook to get her address. Besides the photos, they had also asked her for a favour. As they were moving to Europe, they needed her consent to bring Oliver with them. As she explained, “I am the mother, and my name is on the birth certificate and the child’s name is in my *tabian baan* (house registration book).”²⁹ Even though Maladee only met Oliver once, when signing the papers allowing the fathers to take him with them to Australia, according to Thai law she was still considered Oliver’s mother. When talking about Oliver and their relatedness, Maladee was ambivalent, stating that she was considered his mother while she at the same time believed he did not belong to her. She told me she had to let her feelings go, even though she still missed him a lot, especially when she looked at his photos. I asked her what her thoughts of the future were, and she told me that in the letter the fathers sent, they said they would come visit her in Thailand if they had the opportunity, adding, “I hope they make a visit, but Oliver will not know me”.

In my conversation with Maladee, she expressed an ambivalence when it came to her relationship with Oliver. Four years after relinquishment, she still considered herself Oliver’s mother, both emotionally as well as on paper, and she hoped the intended fathers would stay in touch with her. At the same time she gave the impression of a more pragmatic attitude, acknowledging that Oliver did not belong to her and that “he would not know her”. Maladee’s ambivalence when reflecting upon her relationship to the child, as well as her own role in the arrangement (over time), was common among the women I spoke to, though it was expressed through a wide range of responses.

In the previous chapters I have focused on the familiarisation of surrogacy, the women’s networks, their routes to and through surrogacy, as well as the

²⁹ When a child is born in Thailand, it will be registered in the *tabian baan* (house registration book) of the mother. As a child born through surrogacy in Thailand is considered the legal child of the surrogate mother, it is registered under her *tabian baan*.

local moral economies through which they understand their surrogacy experience. In this chapter, I focus on the experience of the pregnancy and birthing, examining the women's reflections on their role in relation to the foetus and the child as marked by notions of (non)kinship. The phenomenon of commercial surrogacy, with the gestation, birth and relinquishment of a child in exchange for money, in many ways defies the hegemonic model of motherhood and conventional assumptions about an unbreakable maternal-foetal bond (see Teman 2009). However, separation is the goal of the surrogacy arrangement and the women who enlist as surrogates are informed at the outset that they will relinquish the child right after delivery. This places special demands on women to be distanced from this embodied experience. The mere fact of the surrogate's pregnancy and the mother-child bond it implies may also cause particular anxieties for intended parents, and they, as well as the surrogacy agencies and clinics, manage such anxieties in different ways; the whole arrangement is designed to ease the separation between child and surrogate mother and often to ward off further contact between them (see Pande 2014b; Whittaker 2018).

In the research on commercial surrogacy, surrogate mother's negotiations of kinship, motherhood, and relatedness to the child have been explored in different settings. In contexts of in-country surrogacy, where relationships between surrogates and intended parents are more equal, such as in the United States, the United Kingdom, and Israel, surrogates often create clear boundaries between their own family and the surrogacy child, emphasising their non-relatedness to the child (Ragoné 1994; Jacobson 2016; Berend 2016; Imrie and Jadvá 2014). In the context of American surrogates, this is often expressed in terms of intentions, emphasising the desire, choice, and love of intended parents (Berend 2016; Jacobson 2016). Israeli surrogates in Teman's (2010) study instead emphasised their non-genetic link to the child, viewing the pregnancy as "neutral" and more an act of "babysitting" the foetus. In a similar way, surrogates in Russia emphasised the lack of a genetic link as being constitutive for their non-relatedness to the child, describing it as "belonging to someone else" (Weis 2017, 163). In contrast, studies on surrogacy in India have illustrated how surrogate mothers tend to grieve the relinquishing of the child, doing a lot of emotional work in order to be unsentimental and distance themselves from the child (Rudrappa 2015, 72) while also emphasising their procreative contribution and relatedness through labour and shared substances (Pande 2014b, 148, Førde 2016, 277). These ethnographic studies in different countries and contexts illustrate how surrogate mothers' understanding of bonding, relatedness, and relinquishment vary due to local moral frameworks, cultural notions of kinship as well as power disparities, geographical distance, and the structure of the arrangement.

Often when I talked to people, both in Thailand and in Sweden, about my research topic and the interviews I had done, they would either have strong

opinions or curious questions. About half-way into my research process I gave a presentation at a Swedish city library, and afterwards a man came up to me. He was eager to know “how the surrogate mothers could possibly cope with relinquishing the child they had gestated for nine months”, assuming they would miss it and perhaps even regret it. This was one of the most common questions I got, illustrating common ideas about a “natural” and “unique” bond between mother and child and the public unease about the contractual agreement and the relinquishment of babies by surrogate mothers, which is an aspect that is often addressed in the research on gestational surrogacy (see e.g. Teman 2008; 2010). In this chapter, I wish to explore the position of the surrogate mother and how they make sense of their relationship to the surrogacy child and their position in the arrangement.

In the conversations with the surrogate mothers I met, the child is a central figure, and the women mobilise ideas about kinship and (non-)relatedness when negotiating and construing their own role in the surrogacy process, both during and after pregnancy. In the following section, I analyse the women’s account of the relationship with the baby they carried. I do this through the framework of kinship grammars (Gunnarsson Payne 2016) and the notion of de/kinning (Howell 2006). I then address how in these accounts the women align with the conditions of the surrogacy industry, but they also carve out their own idea of their role in the arrangement and their relatedness to the child. The way they talk about (non)mother-child relationships is informed by cultural notions of motherhood and local moral frameworks, but also by the demands of the global market.

Surrogate mother and child: An ambivalent relationship

The notion of a (presumed) maternal-foetal bond is one of many discourses that contribute to surrogate mothers’ understandings and negotiations of kinship and relatedness and their role regarding the child, both during surrogacy and after. At the same time, local moralities and cultural notions of kinship and relatedness also inform the women’s understandings and negotiations. According to Thai understandings, the bond between mother and child is strong due to nurturing in the womb as well as the act of birthing and creating a relation of future obligations between child and woman (Whittaker 2018, 61). Even so, due to long-distance-migration for work, lengthy separations between mothers and young children are socially constructed as normal (even if research in the past decade has raised the potential traumatic effect this may have on the children) (see Adhikari et al. 2014).

Concerning surrogacy, there is a counter-discourse often formulated by international clinics and agencies that emphasises a medical model of kinship based on genetics, but also on intent and money, downplaying the conventional notion of maternal-foetal bonding. The women I met told me how it had

been stated in their contracts that they were not to develop any bond with the child and that they were instructed that the child they carried was not genetically theirs; all they were contributing was a space for the child to grow (see also Pande 2009b; 2010b; 2014b; Rudrappa 2015; Majumdar 2017). It is against the backdrop of these different discourses that the women's understandings of their relationships with the child take form.

The women's sense of the relationship with the surrogacy child was complex, and it also changed over time. Many had found it challenging to distance themselves as the gestation continued and the delivery approached, while a few expressed feeling "neutral" and already having made up their mind not to get attached to the child. In the articulation of their role in the surrogacy arrangement, the women drew upon different understandings of what constitutes kinship and their role in the arrangement. On the one hand, there was an emphasis on the pregnancy as a process of kinning and bonding through shared substances of blood, the time spent together, as well as the emotional and physical labour required. On the other hand, the women would highlight the non-relatedness between them and the child by privileging the genetic connections between the child and their intended parents and/or referring to the contract and the procreative intent of the clients, allowing for ambiguity in the designation of parenthood and relatedness.

To discuss these different understandings and negotiations of (non-)relatedness and kinship, I use ethnologist Jenny Gunnarsson Payne's framework of *kinship grammars* (2016; 2018). According to Gunnarsson Payne, kinship grammars are a set of principles that in flexible ways articulate what kinship "is" in a specific context. In her analysis of the debate on altruistic surrogacy in Sweden, she identifies three grammars of kinship that all privilege different aspects when determining kinship between people; the *grammar of genetics* (privileging shared biogenetic substances), the *grammar of gestation* (privileging the shared process of pregnancy), and the *grammar of reproductive intent* (privileging the parental intent of raising the child) (Gunnarsson Payne 2018). In the women's accounts of their relationships to the children, I could identify these three grammars of kinship. My material also suggests an additional grammar, the *grammar of resemblance*, where genetics and gestation are intertwined (along with racial differences); the child's looks become main structuring factors when the women talked about their relatedness. Besides introducing this additional grammar, I complicate the grammar of gestation by adding the dimension of shared substances and shared time. This framework of kinship grammars helps me to acknowledge the cultural and local variations in the establishing of relatedness and kinship, and it highlights how the women combine notions of biology with cultural understandings and contractual agreements when articulating and negotiating kinship and relatedness. Furthermore, I make use of the terms "kinning" and "de-kinning", as coined by scholars in analysing kinship formation in adoption. In her work on transnational adoptions in Norway, anthropologist Signe Howell (2006) introduces

the term *kinning* to denote “a universal process” through which “a foetus or new born child (or a previously unconnected person) is brought into a significant and permanent relationship with a group of people that is expressed in a kin idiom” (2006, 63). At the same time, the process of *kinning* presupposes a *de-kinning* process, wherein a person is dis-identified as kin and stripped of meaningful relationships or when a new-born child is never *kinned* in the first place (Howell 2006, 70). In the context of surrogacy, processes of *kinning* and *de-kinning* occur through both legal and social acts, where the surrogate mother is often stripped of any associations with the child while the intended parents are designated as the child’s parents.

In addition, I also discuss how the delivery and the mandatory C-section was highlighted by many of the women as an important event in their detachment from the child and how it could be understood to align with the grammar of gestation. Furthermore, I will discuss how more “neutral” accounts of attachment and relatedness could be understood either as strategies of conforming to the regime of the ideal surrogate mother or as challenging normative understandings of a “maternal instinct” or a maternal-foetal bond.

“Sharing and coming from my blood”: The grammar of gestation

Despite the surrogate mothers being repeatedly told by agency and clinic staff that they were not genetically related to the child, discouraged from developing any strong feelings, the women proved to be flexible in their definition and understanding of kinship and relatedness in surrogacy. This was expressed in the way they made use of a grammar of gestation, viewing the pregnancy and the time spent together as creating kinship bonds or relatedness between them and the child. In doing so, they emphasised the act and labour of gestation and different interpretations of blood ties and shared substances as well as the embodied experience of sharing space and time with the child during pregnancy.

A recurring theme in the conversations with the women on their role in the arrangement was the idea of a shared bloodstream between them and the foetus, constituting a kinship bond or a relationship between them. For instance, Onwara, who had no previous experience of pregnancy, expressed this when talking about her reaction after delivery: “I burst into tears. The baby screamed very loudly. I felt like he was my own son, sharing and coming from my blood. Of course, he came from my blood.” By referring to a shared bloodstream, Onwara legitimises her feelings that the child belongs to her and as such, blood is understood as a substance that activates relatedness as well as “ownership” (Gunnarsson Payne 2016, 491). This understanding goes against the strong emphasis on genetics when defining relatedness in surrogacy arrangements. At the same time it is a classical mode of establishing and making sense of kinship relations, both in Western societies as well as in Thailand, where the

notion of the substance of blood (*luat*) and the bloodline (*pen sai luat*) are regarded vital and overrule the notions of genetics (Whittaker 2004, 2018).

In addition to the kinning process ascribed to the shared bloodstream between surrogate mother and foetus, some women also brought up the role of blood for the foetus's nurturance and growth, implying this had a kinning function. One of them was Chantana, who told me how she cared for the child like it was her own, "because whatever I consumed, he shared it with me." This is to be understood in relation to the Thai traditional belief that a maternal-foetal bond is created in the womb through sharing the woman's blood. As described by Whittaker,

In Thailand, the nurturance from a woman's body in the womb is recognised as creating a form of kinship; blood is a primal substance linked directly to the child. Acts committed after birth, such as breastfeeding, the consumption of rice, and further nurturance, together cement this kinship, but their absence does not negate the initial act of nurturance in the womb in creating ties and obligations (2018, 62).

The logic of ascribing shared blood an active role in the establishing of kinship bonds is also highlighted in research on recipients of eggs. In a study on egg donation in the United Kingdom by anthropologist Monica Konrad, the recipients would, just like Onwara and Chantana, stress the ideas of a shared bloodstream as well as the role of blood for the nurturance and growth of the foetus. As such, there is "both a conceptual distinction and conflation between blood substance as bio-genetic and inherited material" transmitting kinship, and blood as "somatic, non-reproductive bodily material" acting as a transfer of nourishment and care (Konrad 2005, 153).

Besides articulating a sense of relatedness or kinship based on shared blood, the notion of shared substances could also be understood as a means of transmitting identity to the child, and through this relatedness is established. When talking to Boonsri about the relationship between her and the boy she gave birth to, she told me how "people said that he would inherit some of my behaviours because we are blood-related". Here, the grammar of gestation is expressed through shared substances and the notion of blood as an inherited material that will transmit identity and behaviours from her to the child. The term "blood-related" gains an attentive meaning where genetics are mixed into gestation. Chantana echoes this sentiment when speculating about the child's future preferences for food and flavours: "I am curious if the child would grow up liking *som tam* [papaya salad], because when I was pregnant [with him], I always ate *som tam* and *plara* [fermented fish]. I didn't focus on nourishments, just ate *Isan* food." This statement by Chantana implies a belief that food preferences could be passed on to the child through gestation and sharing substances. Furthermore, possibly transmitting a preference for food typical of her home and origin to a child growing up in Israel could also be understood

as a way to leave a trace of herself and her culture with the child. According to Thai understandings the blood is a vital substance that provides not only nurturance for the foetus in the womb but also passes on some aspects of identity from the woman to the child through the blood shared, regardless of the inherited characteristics from its genetic parents or gamete/egg providers (Whittaker 2018, 62). As such, this cultural expectation of relatedness that the women are subscribing to does not fit Western biomedical understandings of kinship where the grammars of genetics dominate, distinguishing genetics from nurturance. By viewing gestation as a process of transmitting identity and preferences through shared substances, the women ascribe to themselves an active role in affecting the child's characteristics as well as leaving an imprint of themselves in the child's future life.

This understanding goes against the kinship narrative prevalent in the industry of ART (assisted reproductive technology) where genetics are privileged over gestation and "the role of the surrogate is cast as that of an incubator who will not affect the appearance, intelligence, or personality of the child" (Harrison 2016, 178). In *Making Parents*, Thompson questions this separation of the biological idioms of shared bodily substance and genes, arguing that it is not irrational to assign biological motherhood to the surrogate mother as well:

The embryo grows in and out of the substance of another woman's body; the fetus is fed by and takes form from the gestational woman's blood, oxygen, and placenta. It is not unreasonable to accord the gestating mother a biological claim to motherhood. Indeed, some have suggested that shared substance is a much more intimate biological connection than shared genetics and is more uniquely characteristic of motherhood, as genes are shared between many different kinds of relations. (Thompson 2005, 149–50)

The accounts of Onwara, Chantana and Boonsri, drawing on the blood-tie and the shared substances when kinning the child to them, could be understood as expressions of both a more rational knowledge of kinship and a more intimate and embodied knowledge based in the pregnancy.

In addition to the substantial blood-ties and shared substances, Chantana also emphasised the embodied labour of gestation as another basis for relatedness and intense ties with the child:

We used to share everything I ate. I carried him for many months. And I think he wanted to be born through me. After the implantation and resting at the arranged accommodation, I returned home to find that the house was so messy while my husband had gone gambling at a neighbour's house. I called him to come back and threatened that if he didn't come home, I would climb the fence to get him. Then, I really climbed the fence and seized 100 baht from his hand. Later, I realised that I was wrong gambling a hundred thousand baht for a hundred baht, but luckily, the baby was safe... In the third month of pregnancy, my father died, so I had to return to [Isan]. People said I shouldn't travel during

the third month, but again, the baby was fine. In the fifth month, people who were drunk and on drugs got into a fight equipped with knives and guns [in my house], so I took my children and ran away, climbed a high fence, jumped to the ground, and fled through a forest, but the baby was still safe. The baby was very strong and really wanted to stay with me. Many other surrogate mothers lost their implanted eggs when they returned home, but mine was fine. I couldn't stand a messy house. I had to clean up even though my body needed to rest. Even though the baby went through such tough experiences with me, I never needed an extra appointment with the doctor out of concern for his health. I only went for regular injection appointments.

The conversation with Chantana affected me a lot, and listening to her account of the pregnancy and her relationship to the baby, it was evident that the surrogacy process had been challenging and difficult in many ways. In the statement above, Chantana highlights the shared substance in terms of food and nourishment but also the experiential aspects of being pregnant and sharing the same space and time together. As such, she articulates the pregnancy as an emotional and challenging experience as well as an embodied process that she shared with the child. Just as blood is seen as affecting the baby's identity according to Thai traditional beliefs, so are a woman's actions, experiences, and emotions during pregnancy believed to affect the baby (Whittaker 2018, 62). The tough circumstances that Chantana and the child experienced together are believed to strengthen the bond between them.

When talking of how the baby "wanted to be born through her" despite the risks and the tough experiences they shared, Chantana is not only assigning agency and intention to the foetus, but also describing herself as chosen, as the baby wanted to stay with *her*, wanted to be born through *her*. By comparing her successful yet risky pregnancy to how other surrogate mothers lost their embryos, she also stresses her particular labour and effort in the gestation, resisting the image of herself as disposable. The surrogates in Pande's research in Northern India reasoned in a similar way, highlighting shared bodily substances such as "blood, milk and sweat" to emphasise a kinship relation between themselves and the children (Pande 2009b; 2015). However, these kin ties forged with the baby should not be understood as ignorance of the medical process, as the surrogate mothers do understand that they have no genetic connection to the child. Instead, they re-negotiated their relatedness to the child based on a different kind of reproductive knowledge by emphasising the ties they have with the child through shared substances, shared experiences and the labour of gestation. As such, by drawing upon the grammar of gestation and the discourse on kinship through a maternal-foetal bond, Thai surrogate mothers not only resisted a non-generative role but also challenged existing kinship hierarchies constructed in transnational commercial surrogacy based on differing cultural notions of kinship and other reproductive knowledge.

“I realised that he’s not mine”: The grammar of genetics

The hierarchical kinship understanding with the privileging of genetics also influenced the women’s sense of their role in relation to the child. Even if the gestational act was understood as a practice of kinning by the women, it was often regarded as more temporary, whereas genetic connection was considered more latent but believed to be permanent. This is evident in the account of Chantana, who earlier in our conversation had emphasised the shared substances and the strong bond between her and the child during pregnancy. Later in the same conversation she referred to the lack of shared genetics as proof of the child not belonging to her:

After the delivery I went home, but the baby was still at the hospital, not yet brought home. I cried and felt sorry for him, caring for him like my own child. Then, I went to apply for his passport and the DNA test. I realised that he’s not mine and that I cried about wanting something that did not belong to me. Since then I have learnt to let go and feel better.

In surrogacy arrangements in Thailand, when the intended father’s sperm is used, a DNA test is often done to determine bio-genetic parenthood and register his name on the birth certificate alongside the surrogate mother. In the statement above, Chantana refers to this DNA result as a determining factor when defining kinship and relatedness. She describes how she cried and missed the child before knowing the results. After learning he was biologically related to the intended father, she realised “he did not belong to her.” In other words, seeing the DNA test results confronted her with the genetic facts that the child had other connections, downplaying the grammar of gestation. Also, the fact that *she* had no connection to the biological intended father contributed to further disconnecting her from the child. Referring to the lack of DNA connection, a basis for de-kinning, could also be understood as aligned with the kinship grammar of genetics, where shared genetic substance is the underlying principle when determining the relatedness between people (Gunnarsson Payne 2018, 68).

The hierarchisation of genetics over gestation was repeatedly communicated to the surrogate mothers by agency and clinic staff during the pregnancy process. This can be seen as a strategy to privilege the relatedness between the child and the intended parents (who often contribute eggs and/or sperm), but also to downplay the relatedness between surrogate mother and child in order to convince the women that they are not relinquishing a child “of their own”. For example, in the case of Chantana, the fact that she did not share any bio-genetic connection to the child seemed to have made it easier for her to let go and downplay her feelings of connection based on gestation. Here, the DNA results and the grammar of genetics trumps the grammar of gestation. This aligns with the logic of gestational surrogacy being about “essentializing the

genetic aspect of biological kin and making the blood and shared bodily substance of gestation custodial rather than relational” (Thompson 2005, 164). Nevertheless, many of the women’s accounts expressed an understanding of the gestational process as both a relational stage configured as a kinship relationship, and as a custodial stage where their relatedness was limited and trumped by the relatedness of the intended parents based on a biogenetic connection.

“Cute, blonde hair, big body. No trace of me”: The grammar of (non)resemblance

When reflecting on the relationship to the child some of the women referred to phenotypical differences, and a lack of physical resemblance became concrete proof of their non-relatedness to the child. Pimchan, who gave birth to a girl for a couple from China where both parents had contributed with gametes, stated that she had been prepared that the child would not be related to her. However, seeing the baby after delivery she was still surprised by the lack of resemblance: “I knew from before that she is not my blood. She does not even look like me, very cute, big and Chinese looking.” In contrast to many of the other women I spoke to, Pimchan did *not* say that she shared blood with the child but instead drew upon the grammar of genetics, viewing the appearance of the child as expressing its genetic connection to its intended parents.

The women are expressing processes of kinning and de-kinning where grammars of gestation and genetics compete in their reflections on relatedness. Seemingly, these two grammars co-exist and intertwine into what I would call a mixed/ambivalent *grammar of resemblance*. Understandings of relatedness and kinship between children and parents are often expressed through “resemblance talk” (Becker et al. 2005), with comments or queries about a child’s resemblance to family members serving to confirm the legitimacy of the relationship. When the women commented on the child’s *non*-likeness to them, they could be understood as engaging in “non-resemblance talk”, renouncing their relatedness to the child. This non-resemblance talk could be understood as a practice of de-kinning, as well as a strategy for making detachment emotionally more manageable. Hence, emphasising a lack of both genetic connection and physical resemblance between surrogate mother and child was crucial not only for the agency when encouraging detachment but also for the women, as this meant they did not relinquish their *own* child (cf. Førde 2016, 274).

De-kinning also occurred when other women commented on the differences between themselves and the child in remarks about the child’s blonde hair and *farang* looks, with various emotional responses to such difference. Maladee, for example, who had felt a strong connection to Oliver, the child she had carried, expressed fascination and a sense of pride in the fact that she

as a Thai woman had carried and given birth to a *farang* child. Chantana instead had a sense of disappointment or surprise in her voice when describing the child she had gestated and birthed: “Cute, blonde hair, big body. No trace of me. In the end I have to let go, he doesn’t belong to me.” Chantana’s disappointment over the non-resemblance between her and the child also implies that her contribution to the pregnancy was not only emotional and gestational labour, but that she also had expected some form of transmission of traits. This expected phenotypical resemblance based in the pregnancy is in line with the grammar of gestation, where an experiential model of kinship is believed to trump a genetic model of kinship (Harrison 2016, 178). At the same time, it is the appearance presumed to be inherited by genetics that is read as a definite marker of disconnection from the child, and that explains their non-relatedness/disconnection in line with the grammar of genetics.

In the accounts by Pimchan, Maladee and Chantana, there is an emphasis on visual differences and how there was “no trace” of them in the child’s appearance, reinforcing that the child did not belong to them. Despite knowing that the child was conceived through an egg donor, some of the women nonetheless looked for themselves or family traits in the child. Lamai, for example, expressed how the child she had given birth to resembled her husband (a suggestion that had upset him) and she joked about taking the child home because of this resemblance. For Lamai, the resemblance to her husband could be interpreted as a connection to her and read as a claim of relatedness/belonging.

The mechanisms of racial markers

In the grammar of resemblance – and the women’s talk of non-resemblance – there was also an evident racial dimension. Referring to the blonde hair, the big body and the Chinese or *farang* looks, the women used racial markers as evidence of the child not belonging to them. This bodily boundary of racial difference between child and surrogate mother is an important mechanism in the transnational surrogacy arrangement, as it symbolically neutralises the role of the surrogate while accentuating relatedness between the intended parents and child. In her book *Brown Bodies, White Babies*, Harrison (2016) examines the implications of cross-racial surrogacy for contemporary understandings of race, kinship, and gender. Harrison argues that racial differences in these arrangements maintain kinship boundaries as white intended parents gain an unspoken advantage when the surrogate is “visually identifiable as ‘Other’ to the baby, weakening her potential maternal claims and naturalizing the authenticity of the relationship between child and intended parents” (2016, 181). When the women talk about the child’s blonde hair and big body and about their own Thai ethnicity leaving no trace on the child, they identify themselves as “Other” to the child and reinforce their roles as “genetic strangers” (Harrison 2016, 127). This follows the accepted logic of genetic essentialism in the surrogacy industry and the framing of the surrogacy pregnancy as a mere custodial stage, implying that the surrogate mother is “giving back to the intended

parents what was already theirs (their own genetic material)” (Harrison 2016, 188; see also Cooper and Waldby 2014, 64; Thompson 2005, 167). As an effect, the industry of gestational surrogacy becomes less spatially constrained, and destinations such as Thailand or India become particularly appealing for clients in the Global North due to comparatively low-cost arrangements as well as the racial differences of the surrogate mothers, which facilitate the practice of Othering surrogates from the child they carry (Deomampo 2016, 66).

In contrast to how the grammar of gestation was articulated by the women as a means of kinning with the child and resisting their own disposability, referring to a lack of shared genetics and non-resemblance served as a way to disconnect and de-kin from the child. In line with the grammar of genetics they disambiguated the relatedness between the child and the (often genetic) intended parents (Gunnarsson Payne 2016, 497). In doing so, the non-sharing of DNA, physical non-resemblance and racial difference played a major role. When drawing upon both gestation and genetics in describing their relatedness to the child, sometimes by mixing them in a grammar of resemblance, the women allowed multiple understandings of kinship to co-exist, despite these being contradictory and carrying different weight in the women’s accounts. However, sometimes genetics and (non-)resemblance were insufficient principles for explaining relatedness and their role in the surrogacy arrangement, especially since the intended parents were not always genetically related to the child. This brings us to the fourth grammar of kinship expressed by the women, namely the grammar of reproductive intent.

“I was not what would happen to the baby”: The grammar of reproductive intent

In their talk of their role in the arrangement and their relationship to the child, some of the women also referred to the contractual nature of the surrogacy, emphasising how the child did not belong to them, but to the intended parents based on their desire to procreate as well as their resources to do so. This logic can be understood in line with the kinship grammar of reproductive intent where parenthood is believed to be a moral relationship, and parental responsibility and rights are construed based on agency rather than biology and genetics (see Gunnarsson Payne 2018). The contracts signed by both parties as well as the payment to the surrogate mother and the agency are a declaration of the clients’ intent to parent the child. Simultaneously, the contractual and financial aspects of the surrogacy invalidate any potential parenthood claims by the surrogate mother, reinforcing the child’s non-belonging to her (Smietana 2017, 7). This aspect of the contract was brought up by some of the women, for instance by Pimchan who gave birth to a child for a couple from China. She told me how according to the contract she “was not supposed to

form an attachment” to the child. Similarly, Ratana, who gave birth to a baby girl for a couple from Australia, told me that she “knew from the beginning that I should not develop a bond with the baby and she would not be mine, so I refrained from developing such feelings.” Similarly, Noon also explained that “it was not hard [to resist my feelings], because I knew that the baby was not mine and I already have my own”, when talking about the child she gestated for a couple from Vietnam. Ratana and Noon refer to the child as not being theirs based on the agreement and the contract stipulating that the child belongs to the intended parents. At the same time, this contractual agreement and the instructions received from agency staff that emphasised the appropriate mindset helped the women to manage their emotions. Hence, the contract not only serves as a way of documenting the agreement, but also as a way of directing feelings as the women are instructed to *not* develop feelings for the child as it did not belong to them.

The accounts of the women about their role in relation to the child further indicate that the intended parents were often considered the “true” parents of the child from the very beginning. The women implied that the children had always belonged to the intended parents since it was their desire to have a child that had initiated the whole surrogacy pregnancy. Vanida, for example, told me, “We can think of them as children of other people whose parents left them with us for a while.” Similarly, Boonsri said, “I think of him as a baby whose parents asked me to take care of him temporarily.” According to them, they were only taking care of the children during pregnancy, offering space and time while waiting for delivery and returning them to their parents. This is in line with studies on U.S. surrogacy where surrogates both in interviews and in online forums argue that giving birth to children through surrogacy meant giving “back” something that never belonged to them from the beginning (Berend and Guerzoni 2019). Here, the desire to become parents and the intention to conceive children with the purpose to parent those children is seen as constitutive of parenthood. This could be understood in terms of Thompson’s (2005, 148) logic of different stages of what is relevant to kinship and parenthood, where the role of the surrogate mother is custodial, caring for the foetus as an ends not a means, illustrating the logic of surrogates as temporarily providing a space in their own bodies (see Rudrappa 2015, 108). The intended parents, on the other hand, are considered to have a relational role to the child because of their intention to care for the child as a means to an end.

This relational role of intended parents is not only based on their intent, but also on their capacity and resources to parent the child, in other words, also *having* the means to do so, and as such being considered more suitable parents. Chantana, who had given birth to a boy for an upper-middle class Israeli couple, told me how “it’s better for the baby to be with [the intended fathers], because they have money to afford him a good life, while I am too poor to do so”. In the same way, Boonsri addressed the importance of future financial responsibility by stating that, if she were the parent of the child, this good life

“was not what would happen to the baby”. This reference to future financial responsibility was also expressed by the Indian surrogate mothers in Førde’s study (2016), where the intended parents, as opposed to the surrogate mother, were regarded to have the resources to provide a good life for the child, while the surrogate was motivated by the needs of her own children (Førde 2016, 276). Unequal access to resources becomes part of the reasoning of parenthood, viewing the intended parents as in positions to provide for the child, while the surrogate mother cannot.

As noted by Thompson, money plays a significant role in establishing reproductive intent and claiming biological kin (2005, 145), not only in a socio-economic way, determining who is financially most suitable to take care of the child, but also in a transactional way, where value is attached to who is actually paying for the treatment, the services and the surrogate mother. However, the payment made by intended parents was never addressed by the women I met as legitimising relatedness or belonging, and they never mentioned the money involved as proof of the child belonging to the intended parents. This silence could be understood as a way to downplay the contractual nature of the relationship.

As argued by Gunnarsson Payne, the application of the grammar of intent in the case of a surrogacy arrangement cannot be reduced to legal or contractual dimensions (2018, 70) but also has affective aspects, emphasising the desire and love for the child as well as the social aspect of parenthood and the act of caring. This has been demonstrated in previous research on surrogacy, including in Ragoné’s study on surrogacy in the United States where surrogate mothers (both traditional and gestational) focused on the emotional engagement of intended parents when discussing kinship and relatedness in the arrangement. They talked about “conceptions in the heart”, emphasising the determination and emotional labour performed by the intended mother in particular, a form of shared pregnancy where the intended mother through her desire and love for the child was practicing “emotional conception” (Ragoné 1994, 129). Many of the women I spoke to, while not developing a bond with the intended parents, did regard them as the legitimate parents of the child based on their emotional investment and how happy and lucky they were.

Furthermore, in addition to the affective aspect of reproductive intent, I argue that we also need to recognise the aspect of *non-intent*. In the context of surrogacy, grammar of intent can only determine kinship and relatedness if intent on the one side corresponds to non-intent on the other. While the intended parents’ desire to have a child is the basic premise for the whole surrogacy arrangement, so is the surrogate mothers’ intent to *not* parent the child after relinquishment.

I now move on from how the different kinship grammars surfaced in the women’s accounts to an analysis of how they expressed a range of responses to relinquishing the child.

From womb to out of sight: The delivery as a disconnecting event

The baby's delivery proved to be an important event, influencing the participants' experiences of the separation from the child. Many described it as a determining but also emotionally challenging stage in the process of disconnection. By looking at concrete situations, such as the event of the delivery, we can see how the grammar of gestation is put into play while also being acknowledged as a threat. Thai surrogate mothers almost always gave birth to babies via C-section, and among my informants only one woman had a vaginal delivery, as she went into labour before her planned C-section. The delivery signalled the stage of separation and the end of the pregnancy. Under conventional circumstances, the delivery would represent the first time the woman would see the child she had been carrying, a beginning of a potentially life-long relationship. In the case of surrogacy, the delivery instead marked the end of the surrogacy arrangement and the end of the relation between surrogate mother and child. The women had been informed that after delivery it was up to the intended parents to decide whether or not she could see, hold or have any contact with the baby. This represents a physical as well as symbolic disconnection.

The mode of delivery further contributed to this disconnection. The reasons for the mandatory C-section, scheduled between weeks 36 and 38, were partly for planning purposes and to accommodate the intended parents travelling internationally, as well as to ensure a live birth and avoid anything happening to the child during delivery (see also Pande 2014b, 117; Rudrappa 2015, 168–69; Deomampo 2016, 181). However, some of the women I spoke to suggested another possible reason for the C-section being mandatory: the belief that a C-section was a strategy by the agency and the intended parents to decrease the risk of bonding between the surrogate mother and the baby they gave birth to. This was, for example, expressed by Vanida:

Surrogate mothers only give birth via C-section. [The agency] doesn't allow surrogate mothers to give birth naturally except in an emergency case because they are afraid that we would develop a bond with the child. [...] Because when you deliver naturally, you need to push the baby out. It hurts a lot until you cry, but you would do it anyway because you would think that was your own child...

According to Vanida, giving birth via vaginal delivery would require more emotional as well as physical labour from the woman, which would reinforce any potential bonds between her and the child. This belief was evident among surrogates and medical staff in research on Indian surrogacy as well. In her study on commercial surrogacy in Northern India, Pande (2014b) describes how the nurses she talked to mentioned the doctor's belief that surgical delivery decreases the risk of the surrogate being attached to the baby. Similarly, in her study on commercial surrogacy in Mumbai, Førde (2016) observed how

the C-section was preferred by agencies and clinics, as it was more effective in terms of detachment and avoiding bonding than vaginal birth would be.

In contrast to the Indian surrogates in Pande's and Førde's studies, who in the case of a C-section often delivered under anaesthetic, waking up with an empty womb, Thai surrogate mothers were given a spinal or epidural anaesthetic and thus were awake throughout delivery. This meant that they witnessed the birth of the child, which could evoke strong emotions in them. Onwara, for instance, described how she had burst out in tears during delivery when hearing the first and very loud cry of the baby.

After delivery, the baby was often immediately taken out of the room; few of the women were allowed to come near the baby after this point, often due to a policy of strict non-contact between the surrogate mother and child. For many, this contributed to the delivery being experienced as an abrupt separation and transition between the state of pregnancy, with the baby inside their body, to the baby out of their body and out of their sight, all within minutes. This was described by Vanida. During her two surrogacy pregnancies she felt a relationship to the children she carried, sensing their movements inside her body, but after delivery she "didn't even see their faces, no holding, and no touching after giving birth." In the same way, Chantana told me how she had returned home a couple of days after delivery while the child was still at the hospital: "I cried and felt sorry for him, caring for him like my own child." For her, the separation from the child evoked sadness and feelings of loss. After having had the responsibility for the children's well-being for nine months, through the passage of the children from their womb to the hands of the doctor and later to the intended parents, the surrogates were stripped of utility and connection. Many of them found this emotionally frustrating. As Lamai said:

[The nurses] didn't even allow me to enter the child's room. A surrogate mother was put in one room and the child was separated into another room. I wanted to make sure he was alright, so I wanted to see him. Also, he was adorable. But they didn't allow me to see him. I could get in on the first day because the parents had not yet arrived, then when they arrived on the second day, they no longer allowed me in.

Just like the surrogate mothers in Førde's (2016) study, most of the women I interviewed described the visual contact of "seeing the child" as emotionally significant and desirable. The women's choice of words, talking about "being allowed" or not to "see the baby" illustrates both the desire to do so and the lack of control that characterised their relationship to the child after delivery. However, few of them were aware of the reasons for the agencies' discouragement of contact between surrogate mother and child. They expressed uncertainty regarding why they had not been allowed to see the child and guessed

that it was because of the intended parents' concern that they might develop feelings for the child.

In other cases, such as Ratana's, the women shared the agency's view that visual contact with the newborn baby could potentially trigger feelings of attachment and complicate the relinquishment:

I knew from the beginning that I should not develop a bond with the baby and he would not be mine, so I refrained from developing such feelings. Plus, [the surrogacy agent] told me that it would be better not to see the baby's face to prevent any possible bonding development, and I agreed that it would be easier this way. [...] It was difficult, but I was prepared for it. If I got to take care of him for a while, I would not want to let him go for sure... I wanted to see what he looked like, but I thought it was better not to see him.

This statement shows the cognitive and emotional management that Ratana engages in to handle the separation from the child. At the same time, there were women who were allowed to see the child, and even hold them. They often expressed gratitude towards the care takers or intended parents for being allowed to meet the child, mentioning their "kindness". One of them was Lamai. When talking about the child she took out her phone and showed me a photo of a newborn baby wrapped in a blanket. "I didn't feel a strong bond, but it was kind of love at first sight [...] I held him until his parents did not allow me to see him anymore, I guess because they were afraid we would develop a bond. Also, they didn't allow me to breastfeed him [...] I feel like I am his mother, but in the end, I am just a surrogate mother. I wanted to breastfeed him." In this statement by Lamai the ambiguous relationship with the child that the women expressed is illustrated. She dismissed a strong bond while at the same time expressing "love at first sight", and she signals a wish to do more for the child, to hold him longer, to breastfeed him, based on her feelings of being his mother, while concluding in a pragmatic way that she is "just a surrogate mother".

"I am totally fine with it because I don't like children": Non-bonding and disclaiming of maternal attachment

As described in the previous section, many women found it difficult to distance themselves from the child, both during the pregnancy and after delivery. However, a couple of the women reported that they had not experienced any bonding with the child and expressed being morally and emotionally distanced. Samorn, who gave birth to twins for a couple from Taiwan in 2015, described her relationship with the children in more detached terms. When I asked her about her thoughts and feelings of the now-three-year-old twins, she responded,

I don't feel very attached as I know they are not my children. I view them as another person's children. At that time there was no attachment, now there is also no attachment... I feel neutral, it's not like I don't like them. I feel like I love them and in the beginning when they came out, I did miss them. Then I didn't feel anything. [...] Different from how I am attached to my children. I am happy to see the development, but I don't have an attachment like with my own children, it is like seeing just another child.

While Samorn admits that she sometimes thinks about them, is curious about how they developed and “if they go to school, if they can speak, if they sing”, and that she also did feel some sort of love for the twins and had missed them just after delivery, with the passing of time this feeling subsided. Compared to many of the other women I met who spoke of emotionally painful separations and a sense of loss, the conversation I had with Samorn regarding the relinquishment of the twins was less emotional. She felt “neutral” and regarded them as “just another child”.

Similarly, Vanida, who had given birth to one surrogacy child in 2014 and one in 2018 spoke of the separation from the children in a pragmatic way. For instance, when talking about the second surrogacy delivery, she told me how she “just wanted him out quickly”, as she “didn't like peeing very often while waiting for the delivery in China, and the toilet in the Chinese hospital was dirty too.” When I asked her if she thought about the children often, she replied:

No. I am totally fine with it because I don't like children. I don't like taking care of little children. I just think of them and how old they are now. The first one is four years old, the second is turning one. My husband likes to think about their development. I didn't take care even of my own child, leaving her with her grandmother. When my husband asked for a second child, I refused. I really don't like taking care of children.

In contrast to Samorn, Vanida had a completely different perspective on her detachment from the surrogacy child. She did not describe her detachment by comparing the baby to her own child. Instead, she explained it as based on “not liking children”, pragmatically concluding that “some women have a strong bond with her baby, but I don't.” By doing this, she positioned herself not only in contrast to an ideal image of motherhood and femininity centred on love of children, but also in contrast to other surrogate mothers who expressed developing a bond with the child. She told me how some people had asked her if it had been difficult to separate from the children, arguing that “for me, if you think like that, just don't become a surrogate mother.” By emphasising her ability to rationalise the process and by expressing a slight contempt for surrogate mothers who mourned the separation from the child, Vanida underlined the importance of the appropriate mind-set (see Berend and Guerzoni 2019) and thus aligned herself with a certain script of surrogacy en-

couraged by the agency. Furthermore, the rational detachment and determination to not get emotionally involved made her seemingly the ideal post-partum surrogate mother, an image strengthened by her now acting as a recruiter of new surrogate mothers.

These more pragmatic approaches need to be understood in the cultural context of Thailand. In Thailand, lengthy separations between mothers and young children are socially constructed as normal and not inherently traumatic, related to separations due to long-term migration. Sharing child rearing is already a common social phenomenon in Thailand, dividing different aspects of mothering and parenting across generations but also between relatives. As such, leaving children in the hands of other people is not as socially charged as it might be in other cultural contexts.

Furthermore, we need to consider the influence of public assumptions on surrogacy in Thailand and accusations of the women “giving up their child”. As highlighted by Berend and Guerzoni (2019, 89), writing about relationships and kinship in the context of surrogacy in the United States, the surrogates “react to public comments and assumptions, respond to interview questions, and defend themselves against accusations of ‘selling’ their own babies” by emphasising their non-relatedness to the child. The detachment from the child can thus be a way to counter comments, questions and criticism about “giving away” or even “selling” their own babies.

When women such as Samorn and Vanida conformed to the generic role of the “good surrogate” by not expressing attachment to the children, I found myself reacting to their rationality and lack of emotionality with a bit of surprise. I realised that I had been presumptuous in expecting the women to feel some form of sadness or loss, accepting a normative understanding of the “maternal instinct”. In this, I can be seen as guilty of what Teman (2008) criticises as “essentialist assumptions” of a “natural” maternal-foetal bond in surrogacy research. According to Teman, these assumptions impact on surrogacy research, where women who un-sentimentally relinquish the baby are seen as going against normative understandings of motherhood and gestation. At the same time, the women’s non-emotional accounts of their relation to the child could also be understood as a way to legitimise the “deviance” of the procedure of relinquishing a child. By emphasising their non-attachment and lack of bond they contributed to the relinquishment of the child in a less morally ambiguous manner.

Concluding discussion

If I would meet the man from the library today and respond to his question on how the surrogate mothers understood the relationship to the child they had gestated, delivered, and relinquished, I would explain how their accounts ranged from feelings of relatedness and a strong sense of affinity to those who

viewed it more neutral and as a “clean” cut. However, what was pervasive in all their accounts was flexibility and, most of all, an expression of ambivalence, where diverse and sometimes contradicting notions of relatedness and kinship were simultaneously expressed. I argue that their range of responses and co-existing notions of relatedness to the child could be understood through different grammars of kinship (Gunnarsson Payne 2016; 2018) that were also influenced by cultural notions of kinship and motherhood as well as the rhetoric of kinship by surrogacy agencies. Through the grammars of genetics and the grammars of resemblance, the women were supporting the bio-genetic notion of kinship, emphasising the relatedness between the child and intended parents while underplaying their role in the arrangement. Furthermore, by referring to both the contractual and affective nature of the arrangement, as well as the unequal access to resources in their reasoning of parenthood, the grammar of reproductive intent was also evident, where intended parents were often framed as the legitimate parents due to their procreative desire. However, through a kinship grammar of gestation, many of the women stressed connection through shared substances (blood, nourishment), and the intimacy of shared space and time during gestation. In addition, the women’s understandings of their role as central based on gestation are informed by Thai notions of kinship, where gestation is seen as overruling genetics (Whittaker 2018, 62). This signals the women’s defiance of understanding themselves as disconnected from the children and stands in opposition to the idea that pregnancy itself does not influence kinship; I see this as making a claim on relatedness to the baby. When allowing for different grammars of kinship to co-exist, the women can be seen as negotiating relationality and kinship. Rather than claiming the child as their own, the surrogate mothers often interpreted the surrogacy process and their role in ways that made it more emotionally and morally manageable to relinquish the child, while at the same time emphasising their own contribution and resisting “disposability” (see Førde 2016, 174; Pande 2014b, 140).

I argue that this ambivalence and negotiation reflects the ambiguity inherent in the surrogate mother’s position, where she is required to nurture the pregnancy and care for the foetus as if it were her own future child, while also distancing herself and being aware of the contractual agreement and her custodial role. Negotiating relatedness through different grammars of kinship, as well as through language, paperwork, medical practices, and differences in language, race, and socioeconomic positions between surrogate mothers and intended parents could be understood as tools for the strategies of kinning and de-kinning (Howell 2006). This starts already before the embryo is created, where the intended parents are kinned to the future child through a contractual agreement and monetary transactions. Besides processes of kinning, there is also a need for unlinking the surrogate mother from the child, which can be understood as de-kinning. In transnational adoption, as studied by Howell (2006), birth parents are doing the de-kinning in the act of relinquishment. In

the case of surrogacy, however, the surrogate mothers might be understood as not kinned in the first place. However, the majority of the women I met felt related in different ways to the children, and the clean cut through the caesarean delivery as well as DNA-results could be seen as a practice where the relationship is undone and they are silently “unlinked” from the baby. Through such processes of de/kinning, doubts about who is related to the child are attempted to be erased. Two of the women I met, Samorn and Vanida, accepted these premises all along, aligning with the role of the “perfect mother-worker” (Pande 2010b; 2014b), while some women deployed strategies of de-kinning themselves through emphasising non-resemblance. However, the majority still experienced an ambivalence despite contracts, instructions, phenotypical differences, money and agreements, and by emphasising shared blood, shared substances, shared space, shared time, and shared experiences, they enhanced their own contribution.

In the previous chapters, I have analysed how local moral economies and global conditions of surrogacy intersect in shaping the specific premises for the surrogacy industry in Thailand. Here, however, when reflecting on the women’s relation and role in the arrangement, the local moral economies and cultural notions of kinship could be seen to have the opposite function, going against the facilitation of surrogacy/the surrogacy regime. According to Thai understandings of relatedness and kinship, the act of gestation with shared bodily substance and nurturance trumps genetics. Furthermore, through the act of gestation, nurturance, birthing and “giving life” in line with Buddhist notions of pregnancy and merit making, future obligations between child and woman exist, which informed many of the women’s hope for/expectation of continued contact. As described by Whittaker (2018, 63), “[...] most Thais believe that a surrogate and the child she births will always continue to have karmic ties and obligations to each other”, an understanding that conflicts with the conditions and framework of the surrogacy regime. Even though these ambivalent and flexible understandings of kinship and relatedness expressed by the surrogate mothers have small or no effect on how the arrangement is carried through, they do however have a function for the women in making sense of their role in the arrangement. As argued by Pande, such ideas demonstrate the “constant process of renegotiation of the bases for forming kin ties at the local level” (2009b, 393).

Taken altogether, these accounts and reflections through different kinship grammars as well as non-bonding, signals the precarious positions of the women in the arrangement (on several levels) as well as the precarious intimate labour required. Often, talk about precarious labour conditions refers to non-standard employment, financial insecurity, temporary positions, and increasing demands on mobility and flexibility (Standing 2011, Millar 2017), all dimensions that are salient for transnational commercial surrogacy and that have been discussed in the previous empirical chapters. However, these dimensions are not sufficient to grasp the precariousness of surrogacy, where

dimensions of precarity are in many ways unique. Gestating, birthing, and relinquishing a child for other people also involves the body, emotions, and negotiations of kinship and relationships, aspects often considered key to understandings of and impacts on subjectivity. As I have discussed in a previous study (Nilsson 2020, 125-126), narratives of discipline, restraint, and the managing of feelings are expressions of the highly emotional, intellectual and embodied labour the women perform, that is assumed to be given “rather than explicitly recognized and compensated” (Rudrappa 2015, 105). When stating how the time spent with the foetus growing and moving inside of them made it increasingly difficult to distance themselves from the child, the surrogate mothers acknowledge the embodied and intellectual labour that is required. Through the events of gestation and giving birth, the surrogate mothers put material as well as immaterial dimensions of themselves to work; they are putting life to work (Morini and Fumagalli, 2010). Furthermore, this ambivalence contributes to the women’s precarious position, as they do not have the power to define the premises or any future contact with the child but are dependent on the will of other people.

7. Conclusion

With this study, my aim was to explore the experiences of women acting as surrogate mothers in Thailand by analysing their accounts in relation to gendered, local, and global dimensions of transnational commercial surrogacy. By centring surrogate mothers' situations and accounts of the arrangements post-relinquishment, the study contributes both to research on commercial surrogacy in Thailand and to a broader global conversation on reproduction. More specifically, I have investigated how the experiences of surrogacy have affected the women materially, socially, and personally; how they understand and negotiate family, kinship, and relationships in connection with the experiences; but also how the global surrogacy market and local context interact in shaping the conditions for surrogacy in Thailand.

In my analysis, I started by exploring the women's routes into surrogacy, demonstrating how their decisions, aspirations, and, for some, further involvement in surrogacy are informed and enabled through and in relation to women's social networks and family relationships. I discussed the gendered dimensions and the women's networks in terms of the *familiarisation of surrogacy*. Clearly, women's networks are an asset when entering into surrogacy. The familiarisation of surrogacy refers to how the women become familiar with the phenomenon through female networks, which are at times family networks, but also how surrogacy becomes a family matter for the women in their own lives. In the next chapter, Chapter 4, the motives for surrogacy were explored. Through the framing of surrogacy as primarily an opportunity to earn money for their own family but also as an act of *tam bun* (making merit), the women draw upon material and religious rationalities as well as gender ideals that allow them to live up to their filial obligations as mothers and daughters. I argued that these altruistic and financial motivations are co-dependent and intertwined in the women's framing of surrogacy, but the motivations also benefit the market. Chapter 5 explored the surrogacy routes and movements. Through notions of im/mobility and flexibility, I analysed the women's accounts and trajectories, demonstrating how these are shaped in relation to the fast-changing global reproductive market as well as local and national conditions and trends. Finally, Chapter 6 focused on the ambiguous position of the surrogate mother, as demonstrated in the women's reflections on the child and their own position in the arrangement. Strategies of kinning and dekinning

were shown to co-exist, as the women's accounts both align with and resist the idea that the surrogate mother is not related to the child.

Painting a coherent picture of surrogate mothers' experiences would be an impossible task. As evident throughout this thesis, the women provide varied accounts of the experiences of and reflections on surrogacy. Most women viewed it as a good opportunity to earn money and help others, and some repeated it. Others were more ambivalent and experienced negative impacts or regretted becoming a surrogate mother. However, combined, I believe that these accounts illuminate patterns of how transnational commercial surrogacy is experienced by women in Thailand. Some of these themes and patterns I had anticipated, such as the framing of surrogacy as an opportunity to both make money and merit. Some themes however were not as expected, such as the importance of female networks, the crossing of borders and demands for mobility, the various strategies of kinning or dekinning, and how the surrogacy experiences were temporally extended.

In this final chapter, I conclude the thesis. I begin by reflecting on the complexities of doing research on surrogacy in the Thai setting, discussing methodological issues and challenges, and looking at how the research process in some ways mirrors that of the surrogacy process. Then, I summarise main themes and key findings. The discussion is organised around three broad and interlinked thematic areas: the situation for surrogate mothers post-relinquishment, the surrogacy arrangement as a family affair on multiple levels, and the interlinked levels of the global surrogacy market as well as the specificities of the local context. Finally, I discuss the situation of Thai surrogacy and my findings in this thesis in relation to the changing reproductive landscape.

Methodological reflections

A couple of days ago I sent text messages to Vanida and Boonsri, asking if they wanted to meet me for interviews and participate in my project. Still no response. Feels as if I've texted a crush asking for a date. I jump every time the phone beeps in the hope that it will be one of them with a positive response. [...] If they do not answer, what do I do? I've come to realise my dependence on them and my need for participants. I am genuinely interested in how they are doing and really want to meet with them and listen to their experiences. But it becomes so clear that more is at stake here. And I can't help but feel selfish.

Two hours later. Received response from Vanida: "I want to meet with you and talk to you." Such a relief! (If only for a moment.)

Field notes, October 2018 (translated from Swedish)

This extract from my field notes highlights my dependency on the willingness of former surrogate mothers to participate and the desperation I sometimes felt. My awareness of these dependencies prompted me to actively reflect on my position and involvement throughout the project. There were several ethical concerns regarding the co-dependencies between me as a researcher and the participants that have to do with resources, knowledge production and power.

Given that surrogacy is controversial and illegal in Thailand as of 2015, it stands to reason that former surrogate mothers may not always be open about the surrogacy process and may be reluctant or suspicious about sharing their experiences with a foreign researcher. When discussing my project and the recruitment of participants with Thai researchers as well as Thai friends, they all emphasised that I would need to offer a monetary incentive for the participants to take part in the study or else they would probably not agree to be interviewed, since they could not see any benefits of opening up about such a sensitive topic to a stranger. As described in Chapter 2, I decided to follow this advice. Nevertheless, the decision to pay for interviews was not always an easy one and there were many times during the fieldwork when I wondered if I was “buying” information from them. Would I run the risk of turning their surrogacy experience into a commodity when putting a price tag on their accounts?

I do not believe in complete reciprocity or that payment in any way mitigates the power relation between me and the participants, but I nonetheless found it important to compensate them for taking the time and trouble to talk to me and to ensure that they at least in some small tangible way benefitted from their involvement. As some feminist scholars argue, paying participants may not only be seen as an honorarium but should also be perceived as the compensation for being “research partners” in the project (Liamputtong 2010; Paradis 2000). Liamputtong even argues that by giving something in return, the researcher can reduce the power inequality between themselves and participants (2010, 81). While there are many ethical dilemmas around monetary compensation when conducting research with vulnerable groups, by giving something in return for interviewing the women, I as a researcher can acknowledge their contribution and knowledge instead of reproducing the idea of the altruistic informant. It can also compensate for any costs they might have incurred because of their participation (see Liamputtong 2010).

At the same time, I am fully aware that the researchers’ need for informants is greater than the informants’ need for the research, at least in any direct sense and in the short-term perspective. In her discussion on ethical concerns when doing research with marginalised and vulnerable groups, Emily Paradis points out that participating in research seldom has direct benefits for the participants, “while it often has great professional benefits for the researcher” (2000, 847). She argues that research resembles a “colonial economy” when researchers “enter the world of participants uninvited, extract a resource called

data, process this resource into a product called theory, and use the product toward their own ends” (Paradis 2000, 840). As pointed out by Rudrappa (2015, 51), when discussing the recruitment of participants in her research on surrogacy in India, “[f]rom being an ethnographer of reproductive hustling, I as ethnographer had become a hustler. I used my extended social networks to exercise a kind of research entrepreneurialism to get the stories I wanted. To pretend otherwise was to engage in self-deception”. This was a structure I was aware of participating in and upholding.

Reflecting on these monetary compensations to former surrogate mothers and how I gained access to their networks, I cannot help but note how my recruitment and research process of surrogacy partly mirrors the recruitment process of surrogate mothers. Through my key informants, Maladee and Onwara, I got in contact with former surrogate mothers. They familiarised the women with my project and my intentions and told them about their own experiences of being interviewed by me in 2014. Through this, they legitimised me and my project, while also providing opportunity for women in their close network to earn some money; their surrogacy experience became an asset in a new sense. In a way, as the global surrogacy market profits from women’s pressing economic situations and close networks, I also depended on them. This illustrates how the intersections of local specificities and global power inequities in the surrogacy market are also at play in the research on transnational surrogacy. While these methodological concerns have not been a major theme of this thesis, they can be the subject of future work.

Post-relinquishment situations

My way into this project was in many ways grounded in a recognition that there is a lack of knowledge about the situation for surrogate mothers after relinquishing the child. What becomes evident is that although their situations and understandings of the life after surrogacy differ, there are also some patterns. One clear pattern is that there are ongoing after-effects, drawn out beyond the actual surrogacy process.

The women in this study could be understood to live precarious lives before entering surrogacy, and many of them continue doing so after surrogacy as well. As stated earlier, although the need for money was the primary reason for all the women to undertake surrogacy, their socioeconomic situations ranged from those being rather well off with no debts and a partner that contributed to the household, and to those who were in desperate financial situations and challenging familial and social circumstances. What they had in common was how the “large sum” and the “quick money” was attractive to all of them. They were all able to realise most of their original plans and undertaking surrogacy had, for the majority of them, resulted in some financial im-

provement. However, as with Pande's (2014b) and Rudrappa's (2015) findings on the effects of surrogacy for Indian surrogate mothers, the accounts of the women in this study suggest that the economic outcomes of surrogacy were not that palpable, and many of the women were still in precarious financial situations years after. They were not getting rich out of surrogacy, it was not an economic opportunity that changed their lives, and they were not moving from precarity to non-precarity. Even though the money earned was understood by them as quick and a large sum – more than what they could have earned in other ways – it was not transformative.

In terms of social relations, effects were described as both positive and negative. As I have argued in Chapter 4, through the money earned from surrogacy many of the women were able to live up to ideals of a nurturing mother and/or a dutiful daughter or sister. However, despite the contributions that the surrogacy meant for their family (through school fees, paying debts, investing in businesses, or renovating houses), the women are not released from the responsibility of family care. Due to gendered ideals related to the concept of *bun khun* and debt of gratitude towards their parents, the women are still expected to continue to carry out this responsibility as a life-long obligation (see also Whittaker 2018). In addition, the money earned could also create new needs and expectations in others, such as family and neighbours who assumed they had a lot of money and asked for help.

Some of the women considered the aspect of merit-making as one of the positive outcomes of surrogacy and were satisfied that they had helped other people have children. The karma gained was expected to gain them respect, contribute to their social upward mobility, and also to have a positive outcome for them throughout this and future lives. However, when the effects of surrogacy did not match their expectations but had a negative impact on their lives financially, socially, and emotionally, some of them questioned surrogacy as an act of merit-making. These contradictory views where surrogacy could be perceived as either making merit (*tam bun*) or making a sin (*tam bap*) suggest not only that there are different moral positions to be inhabited in relation to surrogacy within a given culture but also that these different positions enable diverse interpretations of what happens, depending on whether the outcomes are seen as positive or negative. Nevertheless, for all the women, the cultural framing of surrogacy in Thailand as an act of merit shaped their understanding of surrogacy, their motivations, and their views on the outcomes.

One of the most common concerns about commercial surrogacy is how the women acting as surrogates cope with the relinquishment of the child. As I have shown, the experiences and current situations of the women differed, as did their attitudes. A couple of them did not mention any difficulties with regards to detaching from the child. Others expressed that feelings shifted over time. The majority of them found it difficult to distance themselves from the child after relinquishment, and some explicitly expressed that they missed the child and viewed the “clean cut” after relinquishment as disappointing. Many

of the women expressed a desire for continued contact with the intended parents, which was mainly related to their desire to have contact with the child and follow their development.³⁰ However, this was not something they could control. Their disappointment over the clean cut and lack of continued contact can be understood via the cultural and religious framing of surrogacy, which implies that the women, through their effort and labour, are entitled to reciprocation beyond the contract since the intended parents and children have a life-long debt of gratitude towards the women.

Many of the women stayed connected with surrogacy in different ways, and surrogacy stayed with them. Some repeated the process because of a continued need for money and a lack of opportunities to earn such a quick and large sum of money. Their reproductive status and capacity and their female networks continued to be important assets for them. At the same time, not all wished to repeat or continue with surrogacy. Some stated they were not in the same financial need any more, while others were concerned about age and health as well as the illegal status, which made it more risky and difficult. A few of the women had experienced the relinquishment as too emotionally stressful and therefore did not want to do it again. However, for these women surrogacy remained an emotional, and at times embodied, presence in their lives.

The very fact that the surrogate mothers re-interpret what they have done in the light of (more long-term) outcomes shows that the meaning of surrogacy is not stable, not even for an individual woman, but may change during her life course in interaction with other factors that influence her situation.

A family affair

Based on the women's accounts and experiences, it becomes clear how the surrogacy arrangement is a family affair, not only in terms of assisting intended parents in their family-building but also in other ways. The study has provided an understanding of how the surrogacy arrangement and the relationships it generates take place not only on an individual level between the surrogate mother, the child and the intended parents, but also within a frame of broader relationships and networks of kinship and social relations.

First and foremost, when discussing their motives behind surrogacy, all women gave relational rather than individual reasons. Their involvement in surrogacy was primarily for the sake of their family, their children, and their parents. Their explanations draw on their role as a mother, daughter, wife, and

³⁰ This can be compared to how surrogate mothers in countries such as the United States (Barend 2016; Jacobson 2016), Israel (Teman 2010), and India (Pande 2011; Vora 2013; Førde 2016) wished for continued contact in order to downplay the commercial nature of the arrangement.

sister, and in doing so, they live up to gendered ideals and obligations. By earning money, and making merit, they do a good deed for others, both for the intended parents that they assist and for their own family. Through surrogacy, many of them were able to live up to the role of the nurturing mother in a double sense, both through the selfless act of gestating and giving birth for others and by using the money earned for their own children and family. Their reproduction became an asset for the whole family. Making their bodies bio-available (Cohen 2005), the women used the value of their reproductive capacity and status as mothers for family purposes. Furthermore, when accounting for their trajectories, it became clear how these were shaped, as well as negotiated, through their family relationships and women's networks – relationships that also proved important for those women staying with surrogacy in various ways, either by repeating or recruiting others.

In this thesis, I have theorised these different aspects of relationality in terms of the *familiarisation of surrogacy*. The term familiarisation has two functions. First, it highlights the way that women are introduced to and become familiar with the process of surrogacy via other women, but also how it becomes comprehensible, familiar, and legitimate to them through the individual stories and knowledge of former surrogate mothers who are familiar – at times also family – to them. Second, the term familiarisation highlights how surrogacy is made into a family matter for the women in their own lives. For some, their families accepted and supported them in their decision and involvement, while others went against the view of family members, having to familiarise them with the process in order for them to accept it.

I have shown how the women had to navigate their family's needs and opinions in the decision as well as in the use of the money. Some of the women found support in their families and had involved partners while others had family members who questioned their decision. Due to the stigma surrounding surrogacy, many kept it within the family, familiarising close relatives with the practice, making their involvement in surrogacy into a family matter in a double sense.

No matter how diverse their accounts were, it was evident that the relationships between surrogate mothers were central. Women's networks also served to familiarise surrogacy and make it more acceptable and known for the surrogate mothers. They relied on each other in different ways through other women's reassurances and stories about the process. The familiarisation of surrogacy included not only learning about the opportunity, the process, and what was required but also gaining trust for the arrangement and legitimising the practice, despite scandals and regulations. Relational trust was established, especially when it was illegal. The women depended on each other, and introduced one another to the opportunity to earn money. Furthermore, surrogacy was explicitly a family affair in the sense that mothers recruited daughters and sisters recruited sisters and sisters-in-laws. The women's surrogacy trajectories illustrate how women's networks and close relationships are an asset for

them on individual as well as collective levels. These relationships were characterised as intimate, informal, and gendered.

Local and global co-constructions of surrogacy

One of the questions I asked in this thesis was how the demands of the transnational surrogacy market interact with the local context and its specificities when shaping the conditions for surrogate mothers in Thailand. The accounts of the women illustrate how individual motivations and experiences are enmeshed within local conditions and cultural values as well as the conditions of the global surrogacy market. As my analysis has demonstrated, the surrogacy market also depends on these local conditions, which include, among other things, gendered local morality, an informal labour market, and the long history of Thai women's work mobility and involvement in reproductive and intimate labour.

In this study, I have shown how the women make meaning around surrogacy through local moral economies and religious rationalities, imbricated with gendered ideals, much in line with the framing of surrogacy in India (Pande 2014b, Rudrappa 2015). Framing surrogacy, a somewhat controversial phenomenon, within Buddhist notions of merit-making emphasises that it is a selfless and noble act where ideals of motherhood and economic needs are combined, which makes it more comprehensible and morally defensible. Furthermore, I have argued that this understanding of surrogacy as an act of merit making and an opportunity to earn money for one's family also worked in favour of the commercial surrogacy market, on a national as well as global level. Through this moral framing, the practice becomes locally situated and intelligible as well as socially acceptable (see also Smietana et al., Rudrappa & Collins).

However, as I argued in Chapter 6, the framing of surrogacy as an act of merit-making, in combination with cultural notions of kinship and relatedness, at the same time challenges the facilitation of the transnational surrogacy regime. This is most evident when the women talk about the child and about the embodied dimensions of their experiences. In most of the accounts, the women's reflections on their role in the arrangement and the relationship to the child they have gestated and relinquished is marked by ambivalence. By analysing their accounts in relation to grammars of kinship (Gunnarsson Payne 2016; 2018), I have shown how the women accept the position ascribed to them by the surrogacy agency and clinics, as non-mothers, by emphasising racial difference, genetics and reproductive intent. At the same time, they still have to make sense of their embodied and emotional experiences, and in doing so they emphasised the act of gestation and notions of sharing space, time and substances. In other words, the women employ complex strategies for negotiation in response to the structural constraints and conditions they face. As I

have claimed, this ambivalence is connected to the inherently ambiguous position of the surrogate mother. The ideal surrogate mother is expected to be “a disciplined contract worker who will give the baby away immediately after delivery without creating a fuss”, yet simultaneously “expected to be a nurturing mother attached to the baby and a selfless mother who will not treat surrogacy like a business” (Pande 2010b, 976). Thus, to act as a surrogate mother is to constantly relate to the dualities of production/reproduction and labourer/mother.

In Chapter 3, I argued that the Thai surrogacy market, while part of a global, international market, relies on the women’s networks and the gendered and local moral economies. The women’s decisions were made under specific local, social, and material conditions, and depended on informal networks and former surrogate mothers’ experiences. However, their knowledge, experience, and networks as well as their roles as low-level agents became important assets not only for themselves, but also for the surrogacy agencies and for the continuation and legitimation of the surrogacy market. The market profits greatly from Thai women’s reproductive capacities, but also from the local, gendered, and informal economy and the women’s reliance on each other, particularly in an illegal context.

Through the accounts of the women, I have shown how the experiences of surrogate mothers are marked by demands for im/mobility and flexibility. The need to travel to make themselves bioavailable and actualise their fertility and reproductive capacity at a local level enables the surrogacy market on a national and global level. The women’s relocations could be seen as part of a long history of rural-urban migration in Thailand (Mills 1999). At the same time, the women’s opportunity to earn this quick and large sum of money assumed the mobility of intended parents as well as Thailand’s position in the global intimate economy (Sunanta 2014). However, after the ban the requirement for transnational travel has increased as an effect of more hybrid surrogacy models and shifting regulations. Because of this, the required mobility sometimes turned into states of immobility and confinement, heightening the women’s already vulnerable positions. I have argued that these conditions starkly illustrate the stratified dimension of transnational commercial surrogacy, where some people’s ability to nurture and reproduce builds upon the im/mobility of others, who are separated from their own family while undertaking what can sometimes be risky travels.

Changing reproductive landscapes

During the past decade, the global market of commercial surrogacy has undergone significant changes. The demands for the intimate labour of surrogate mothers at “affordable” prices has expanded the market to new destinations,

with new hubs emerging and others closing down, changing the map of surrogacy worldwide. While writing up this thesis in May, 2022, the global Covid-19 pandemic has caused massive disruptions, with major impacts on reproductive travels and commercial surrogacy. Due to global and national lockdowns and travel restrictions, access to surrogacy was also restricted. Intended parents were unable to pick up their newborn babies, and a large number of surrogate mothers had to either abandon the babies or take care of them themselves (see e.g. Weis 2021). In Thailand, the pandemic prevented surrogate mothers from traveling abroad to deliver the child. Instead they would leave the babies at local hospitals or in the care of social services, afraid of getting arrested (Wipatayotin 2021). Furthermore, at the time of writing, there is an ongoing war in Ukraine, one of the world's largest surrogacy hubs. Pregnant surrogate mothers are required to move across the country's border or stay with other pregnant surrogates and new-born babies in bomb-shelters, uncertain of what will happen to the babies after they are born (Rawnsley 2022; Dominus 2022). The chaos of the pandemic and the war in Ukraine has shed new light on the uncertainty, vulnerability and risks for those involved, not least the women acting as surrogate mothers. It has also brought more attention to the inherent power imbalances between surrogate mothers and intended parents as well as the precarious position of the women gestating and giving birth to children for others in times of shifting borders and boundaries.

When I did my first interviews with surrogate mothers in Thailand in 2014, many international agencies had been established in order to accommodate intended parents from different parts of the world. When I returned in early 2018 to conduct this study, the Thai surrogacy landscape had changed. Commercial surrogacy was now illegal, but the practice continued under new conditions. Agencies and clinics were now operating underground and in collaboration with neighbouring countries to meet the global demands for reproduction. This illustrates the global shifts in the surrogacy industry to circumvent legal jurisdictions through hybrid arrangements where surrogate mothers are moved across borders (see Whittaker 2018). Seven years after the ban, in the spring of 2022, there are reports that the Department of Health Service Support (DHSS) in Thailand is seeking to relax the surrogacy ban, allowing international parents to hire Thai surrogate mothers in order to “promote Thailand as a medical hub, gaining more income for the country” (Petpailin 2022). At this point, there have not yet been any reports whether authorities have agreed to the amendment. Regardless of the outcome, this is another sign of the ever-changing conditions for surrogacy.

The phenomenon of transnational commercial surrogacy relies on different relationships across different countries and contexts. In this thesis, my focus has been on the women gestating and birthing the child. Through their accounts, I have explored transnational surrogacy in Thailand as a form of precarious intimate labour and shown that, in Bhadra's (2017, 41) words, “it is no longer possible to speak just about precarious labour, but rather precarious

life of surrogates.” The precariousness of these women’s labour stretches into their lives beyond the nine months of the pregnancy and becomes visible in their accounts, which emphasise demands for flexibility, im/mobility, and bioavailability. At the same time, their accounts also focus their own decision-making and negotiations. They make sense of their surrogacy experience as knowing subjects within the context of constrained but real agency.

My hope is that this thesis will have an impact upon the debate on surrogacy in Thailand and how acting as a surrogate mother affects the women. Furthermore, I hope this work will be useful to further our understanding of surrogacy – and precarious intimate labour – as gendered, socially/globally stratified, and locally situated. Not only in Thailand but in other contexts as well. As long as there are women in need of money and a demand for genetically related children, the market of transnational commercial surrogacy will continue to thrive. Therefore, it will also be important that research on surrogacy and the gendered and global division of intimate labour continue in gender studies and beyond.

สรุปเป็นภาษาไทย (Summary in Thai)

การอุ้มบุญข้ามชาติเชิงพาณิชย์

เป็นข้อตกลงที่ผู้หญิงจะตั้งครรภ์แทนและคลอดบุตรสำหรับคู่สามีภรรยาหรือบุคคลจากประเทศอื่นเพื่อแลกกับเงินเป็นกระบวนการที่ขับเคลื่อนโดยผู้ที่หวังอยากพ่อแม่ในอนาคตที่จะสร้างครอบครัวและมีลูก (ที่เกี่ยวข้องทางพันธุกรรม) ของตนเอง

และความต้องการของแม่อุ้มบุญที่อยากจะใช้ชีวิตที่ดีกว่าเดิม

พร้อมกับได้ช่วยเหลือผู้อื่นการอุ้มบุญได้ท้าทายความเข้าใจของสังคมเกี่ยวกับเครือญาติ ความเป็นพ่อแม่ และโดยเฉพาะอย่างยิ่ง การเป็นแม่

นอกจากนี้ยังเป็นกระบวนการที่การคลอดบุตรถูกนำเข้าสู่ตลาดโลกผ่านการแทรกแซงทางเทคโนโลยีการลดกฎระเบียบตามแนวคิดเสรีนิยมใหม่และโครงสร้างที่ยืดหยุ่นและการแบ่งงานกันทำในระดับโลก (global division of labor)

ในการสร้างความสัมพันธ์และเจริญพันธุ์

การอุ้มบุญข้ามชาติเป็นปรากฏการณ์ที่เกิดขึ้นในช่วงสองทศวรรษที่ผ่านมา และถูกนับว่าเป็นส่วนหนึ่งของความสัมพันธ์และการสืบพันธุ์เชิงพาณิชย์ที่เพิ่มขึ้นทั่วโลก โดยเฉพาะอย่างยิ่งในเอเชีย ด้วยการขยายตัวของแรงงานทำงานบ้าน

การย้ายถิ่นเพราะการแต่งงาน งานบริการทางเพศ

การบริการสืบพันธุ์และศูนย์เลี้ยงบุตรบุญธรรม (Parreñas, Thai, and Silvey 2016)

ถึงแม้ว่ากระแสโลกและอำนาจทางภูมิรัฐศาสตร์จะเป็นตัวกำหนดลักษณะของตลาดเกิดใหม่นี้ แต่ สถานที่ (place) ก็ยังคงมีความสำคัญ (Schurr 2018)

เพราะการอุ้มบุญนั้นขึ้นอยู่กับบริบทของแต่ละชาติและวัฒนธรรมอย่างลึกซึ้ง

ซึ่งเป็นปัจจัยที่ส่งผลต่อกระบวนการอุ้มบุญ ประสบการณ์

และความเข้าใจของแม่อุ้มบุญ

การศึกษานี้มีจุดประสงค์เพื่อสำรวจประสบการณ์ของผู้หญิงที่ทำหน้าที่เป็นแม่อุ้มบุญในประเทศไทย

โดยวิเคราะห์เรื่องราวเกี่ยวกับการอุ้มบุญข้ามชาติในเชิงพาณิชย์ผ่านมิติทางเพศ

มิติท้องถิ่น และมิติสากล

โดยแรงบันดาลใจส่วนหนึ่งมาจากการขาดการศึกษาเกี่ยวกับประสบการณ์การตั้งครรภ์แทนของแม่อุ้มบุญไทย

โดยเฉพาะอย่างยิ่งในบริบทที่การตั้งครรภ์แทนเป็นสิ่งผิดกฎหมาย

และการขาดการวิจัยเกี่ยวกับช่วงเวลาหลังจากการสละสิทธิ์ในเด็ก

วิธีที่แม่อุ้มบุญเข้าใจประสบการณ์ของพวกเขาเมื่อมองย้อนหลังกลับไป

และผลกระทบต่องานของพวกเขา

งานวิจัยฉบับนี้มีส่วนช่วยในการศึกษาการตั้งครรภ์แทนในเชิงพาณิชย์ในประเทศไทย

และการอภิปรายเรื่องการสืบพันธุ์ในระดับโลก โดยเฉพาะอย่างยิ่ง

ผู้เขียนได้สัมภาษณ์แม่อุ้มบุญถึงประสบการณ์การตั้งครรภ์แทนว่าส่งผลกระทบต่อผู้หญิงในด้านวัตถุ สังคม และอารมณ์อย่างไร พวกเขาเข้าใจและเจรจาต่อรองกับครอบครัว

และมองความสัมพันธ์เชิงเครือญาติที่เกี่ยวข้องกับประสบการณ์นี้อย่างไร รวมถึงวิธีการที่ตลาดการอุ้มบุญระดับโลกและบริบทในท้องถิ่นมีปฏิสัมพันธ์กันในการกำหนดเงื่อนไขสำหรับการอุ้มบุญในประเทศไทย

ข้าพเจ้ามองว่าการอุ้มบุญข้ามชาติเชิงพาณิชย์เป็นรูปแบบหนึ่งของการสืบพันธุ์ เช่นเดียวกับอุตสาหกรรมที่ผู้ให้บริการและผู้ใช้บริการต้องใช้และแลกเปลี่ยนความสัมพันธ์หรือความใกล้ชิด (intimate industry) ซึ่งเกาะเกี่ยวแนบแน่นกับมโนคติเรื่องเพศ วิทยานิพนธ์ฉบับนี้สำรวจประเด็นสำคัญต่างๆ ที่เป็นแกนในการวิจัยสตรีนิยม เช่น การสืบพันธุ์ สิทธิในการสืบพันธุ์และการตัดสินใจ ความเป็นแม่

แรงงานที่ใช้ร่างกายและความใกล้ชิด (intimate labour)

โดยข้าพเจ้าใช้กรอบทฤษฎีเกี่ยวกับการเป็นมารดา

แรงงานที่ต้องใช้ความสัมพันธ์ใกล้ชิดซึ่งมาพร้อมกับความไม่แน่นอน

และกรอบศีลธรรมและเศรษฐกิจในท้องถิ่น เพื่อวิเคราะห์ประสบการณ์ของแม่อุ้มบุญ

ในบทที่ 3 ข้าพเจ้าสำรวจเส้นทางที่นำผู้หญิงไปสู่การอุ้มบุญ

โดยชี้ให้เห็นว่าพวกเขาได้รับข้อมูลและได้รับการอำนวยความสะดวกโดยเครือข่ายสังคมผู้หญิงและคนในครอบครัวในการตัดสินใจ การตั้งเป้าหมาย

และการมีส่วนร่วมอื่นๆ ในกระบวนการอุ้มบุญ

ข้าพเจ้าอภิปรายมิติทางเพศและเครือข่ายผู้หญิงในแง่ของ

การทำความคุ้นเคยกับการอุ้มบุญ

ซึ่งเห็นได้ชัดว่าเครือข่ายผู้หญิงนั้นเป็นประโยชน์เมื่อเข้าสู่การอุ้มบุญ

การทำความคุ้นเคยกับการอุ้มบุญหมายถึงการที่ผู้หญิงคุ้นเคยกับปรากฏการณ์นี้ผ่านเครือข่ายผู้หญิงในสังคม ซึ่งบางครั้งก็เป็นคนในครอบครัว

รวมถึงการทำให้การอุ้มบุญกลายเป็นเรื่องในครอบครัวของผู้หญิง ในบทที่ 4

ข้าพเจ้าสำรวจแรงจูงใจในการอุ้มบุญ

โดยมองว่าเป็นโอกาสในการหารายได้ให้กับครอบครัวของพวกเขาเป็นหลัก

และยังเป็นการทำบุญ ผู้หญิงใช้เหตุผลด้านวัตถุและทางศาสนา และอุดมคติทางเพศ

ทำให้พวกเขาสามารถปฏิบัติหน้าที่ลูกกตัญญูในฐานะแม่และลูกสาว

ข้าพเจ้าวิพากษ์ว่าแรงจูงใจที่เห็นแก่ประโยชน์ผู้อื่นและแรงจูงใจทางการเงินนั้นเกี่ยวพันกันและพึ่งพาอาศัยกันในกรอบการอุ้มบุญของผู้หญิง

แต่ก็เป็นไปในลักษณะที่สร้างกำไรให้กับตลาดด้วย บทที่ 5

สำรวจเส้นทางและการโยกย้ายสถานที่ภายใต้การอุ้มบุญ

และวิเคราะห์แนวคิดเกี่ยวกับการเดินทางได้/ไม่ได้ ความคล่องตัว และความยืดหยุ่น

ในเรื่องเล่าของผู้หญิง

เห็นได้ชัดว่าวิถีของพวกเรามีความสัมพันธ์กับตลาดการสืบพันธุ์ทั่วโลกที่เปลี่ยนแปลงอย่างรวดเร็ว รวมถึงสถานการณ์ในระดับท้องถิ่นและระดับชาติ บทที่ 6

เน้นที่ตำแหน่งที่คลุมเครือของแม่อุ้มบุญ

วิธีที่ผู้หญิงสะท้อนถึงเด็กและตำแหน่งของตนเองในข้อตกลง

กลยุทธ์ในการนับญาติหรือไม่นับญาติที่มีอยู่ด้วยกันทั้งคู่

เพราะมีทั้งผู้หญิงที่คิดสวดคล่องและผู้หญิงที่ต่อต้านแนวคิดที่ว่าแม่อุ้มบุญไม่มีความเกี่ยวข้องกับเด็ก

จากเรื่องราวของผู้หญิงในวิทยานิพนธ์ฉบับนี้

ข้าพเจ้าได้แสดงให้เห็นว่าประสบการณ์ของแม่อุ้มบุญถูกกำหนดโดยการเจรจาต่อรองกับเครือญาติ ความต้องการ/ไม่ต้องการเดินทางไปทำงานที่อื่นและความยืดหยุ่น

และถูกผูกติดอยู่ภายในโครงสร้างอำนาจระดับโลกและค่านิยมทางศีลธรรมในท้องถิ่น

ข้าพเจ้าได้โต้แย้งว่าเงื่อนไขเหล่านี้แสดงให้เห็นอย่างชัดเจนถึงการแบ่งชั้นของการอุ้มบุญข้ามชาติเชิงพาณิชย์

ที่ความสามารถของคนบางคนในการเลี้ยงดูและสืบพันธุ์ถูกสร้างขึ้นบนความสามารถในการเดินทาง/ความคล่องตัวของผู้อื่นที่ถูกพรากจากครอบครัวของตนเอง

และบางครั้งก็เป็นทางที่เสี่ยงอันตราย ในเวลาเดียวกัน

เรื่องราวของพวกเขาชี้ให้เห็นไปที่การตัดสินใจด้วยตนเองและการต่อรอง

พวกเขามีความเข้าใจประสบการณ์การอุ้มบุญอย่างจำกัด

ทั้งๆที่ตนเองเป็นผู้ที่ให้บริการจริง

ข้าพเจ้าหวังว่า

วิทยานิพนธ์ฉบับนี้จะมีคุณค่าต่อการอภิปรายเรื่องการอุ้มบุญในประเทศไทย

และการทำหน้าที่เป็นแม่อุ้มบุญมีผลกับผู้หญิงอย่างไร นอกจากนี้ ข้าพเจ้าหวังว่า

มันจะเป็นประโยชน์ต่อความเข้าใจเกี่ยวกับการอุ้มบุญในมิติทางเพศ มิติทางสังคม/โลก และมิติท้องถิ่น ไม่เฉพาะในประเทศไทยเท่านั้น แต่ในบริบทอื่นๆ ด้วยเช่นกัน

ตราบดีที่ยังมีผู้หญิงที่ต้องการเงินและต้องการเด็กที่มีความสัมพันธ์ทางพันธุกรรมกับตนเอง ตลาดของการอุ้มบุญข้ามชาติในเชิงพาณิชย์จะยังคงเติบโตต่อไป

ดังนั้นจึงเป็นเรื่องสำคัญที่การวิจัยเกี่ยวกับการอุ้มบุญ

และการแบ่งงานกันทำในระดับโลกในอุตสาหกรรมแรงงานที่ใช้ความสัมพันธ์ใกล้ชิดเป็นปัจจัยหลักในการให้บริการ

ยังต้องดำเนินต่อไปในการศึกษาเรื่องเพศสภาพและหัวข้ออื่น ๆ ที่เกี่ยวข้อง

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Appendices

Appendix A: Overview of participants

Achara, 30 years old, lives in a province in Central Thailand with her mother and 2-year-old child. Finished lower-secondary education (*Matthayom 3*). Sells clothes at a market. Was a surrogate mother in 2016, at the age of 29, for a heterosexual couple from China. Had the embryo transfer in Laos and delivered the child in China. For this, she earned 400,000 baht.

Boonsri, 37 years old, lives in a province in Northern Thailand with her husband and two children, 15 and 19 years old. Finished primary education (*Prathom 6*) and then enrolled in non-formal education (*Kor Sor Nor*) and finished grade 9 (*Matthayom 3*). Works in a food stall and has a tamarind farm. Was a surrogate mother in 2013, at the age of 33, for a single man from China. Both the embryo transfer and delivery took place in Bangkok. For this, she earned 390,000 baht.

Chantana, 42 years old, comes from Isan but lives in the outskirts of Bangkok with her ex-husband and two children, 15 and 19 years old. Finished primary education (*Prathom 6*). Works as a park maintenance at a hospital. Was a surrogate mother in 2014, at the age of 38, for a gay couple from Israel. Both the embryo transfer and delivery took place in Bangkok. For this, she earned 340,000 baht.

Lamai, 34 years old, comes from Isan but lives in Bangkok with her husband and two children, 6 and 9 years old. Finished upper-secondary education (*Matthayom 6*). Housewife and occasionally goes for work in South Korea as a masseuse. Was a surrogate mother in 2018, at the age of 34, for a heterosexual couple from China. Had the embryo transfer in Laos and delivered the child in China. For this, she earned 450,000 baht.

Maladee, 43 years old, comes from Isan but moves between Isan, Bangkok and provinces in Central Thailand. Widow with two children in their early twenties. Finished primary education (*Prathom 6*) and then enrolled in non-formal education (*Kor Sor Nor*) in order to finish grade 9 (*Matthayom 3*). Works as a caretaker and cultivates sugar cane. Was a surrogate mother for a

gay couple from Australia in 2014, at the age of 39. Both the embryo transfer and delivery took place in Bangkok. For this, she earned 390,000 baht in total.

Noon, 23 years old, lives in Bangkok with her 2-year-old son. Works selling cosmetics online. Was a surrogate mother in 2018, at the age of 22, for a heterosexual couple from Vietnam. Has finished upper-secondary education (*Matthayom 6*). Had the embryo transfer in Thailand and delivered the child in Vietnam. Daughter of Waen. For this, she earned 350,000 baht in total.

Onwara, 43 years old, comes from Isan but moves between Isan, Bangkok and other locations for work. Single and has no children of her own. Finished primary education (*Prathom 6*). Works as a caretaker and has a farm together with her sister. Was a surrogate mother in 2014, at the age of 39, for a single man from England. Both the embryo transfer and delivery took place in Bangkok. For this, she earned 390,000 baht in total.

Pimchan, 34 years old, lives in a province in Central Thailand with her husband and 4-year-old child. Has a teaching degree for primary level (*Prathom 1-6*). Owns a restaurant together with her husband. Was a surrogate mother in 2016, at the age of 32, for a heterosexual couple from China. Had the embryo transfer in Laos and delivered the child in China. For this, she earned 400,000 baht in total.

Ratana, 48 years old, comes from a province in Central Thailand but now lives in Bangkok. Is divorced and has one child. Finished primary education (*Prathom 6*). Runs a small shop. Was a surrogate mother in 2009, at the age of 39, for a heterosexual couple from Australia. Both the embryo transfer and delivery took place in Bangkok. For this, she earned 350,000 baht in total.

Samorn, 42 years old, comes from a province in Central Thailand but now lives in a neighbouring province to Bangkok with her partner and her two children, 20 and 23 years old, from her earlier marriage. Has finished primary education (*Prathom 6*). Works with selling clothes and food at different markets. Was a surrogate mother in 2015, at the age of 38, for a heterosexual couple from Taiwan. Gave birth to twins. Both the embryo transfer and delivery took place in Bangkok. For this, she earned 440,000 baht in total.

Vanida, 39 years old, comes from Isan but lives in Bangkok with her husband. Has a daughter, 20 years old. Finished primary education (*Prathom 6*). Works as a parking guard. Has been a surrogate mother twice. The first time was in 2015 for a gay couple from Canada. Both the embryo transfer and delivery took place in Bangkok. For this she earned 350,000 baht in total. The second time was in 2018 for a heterosexual couple from China. This time the embryo

transfer took place in Bangkok and the delivery in China. This time she earned 450,000 baht in total.

Waen, 43 years old, comes from North Thailand but lives in Bangkok with her husband. She has four children from her earlier marriage. Finished primary education (*Prathom 6*). Earns money by recruiting and taking care of surrogate mothers. Has been a surrogate mother twice. The first time was in 2007 when she gave birth to twins for a heterosexual couple from Australia. She had the embryo transfer in India and delivered the child in Bangkok. The second time was in 2013 for a single man from Israel. This time both the embryo transfer and delivery took place in Bangkok. Both times, she was paid 350,000 baht in total.

Appendix B1: Text-message to potential participants (Thai)

ข้อความแนะนำงานศึกษาอัมบุญเพื่อให้ผู้ให้ข้อมูล

คุณ.....

ดิฉันชื่อ เอลีนา เนลสัน เป็นนักศึกษาปริญญาเอกที่มหาวิทยาลัยอุปซอลา ประเทศสวีเดน
ฉันสนใจเรื่องราวที่น่าสนใจ การอัมบุญของคุณ

ฉันจึงพัฒนาเป็นงานศึกษาเรื่องราวประสบการณ์อัมบุญของผู้หญิงไทยในช่วงห้าที่ผ่านมา
ซึ่งฉันวางแผนจะสัมภาษณ์ผู้หญิงที่รับอัมบุญประมาณ 10-15 คน

ฉันได้รับการบอกเล่าจากคุณ ว่าคุณเคยผ่านประสบการณ์อัมบุญ ฉันจะความยินดี
หากคุณสามารถแบ่งปันเรื่องราวและเข้าร่วมในงานศึกษานี้

คุณสะดวกใจที่จะพบกับฉันเพื่อให้พูดคุยประมาณ 1-2 ชั่วโมงไหม

หากคุณสะดวกใจที่จะพูดคุยในช่วงเวลาเดือนพฤศจิกายน –

ธันวาคมซึ่งเป็นช่วงเวลาที่ฉันอยู่ประเทศไทย

ฉันมีความพร้อมที่จะเดินทางในการเดินทางไปหาคุณ

ฉันยินดีจะให้ค่าตอบแทนที่คุณสละเวลาพูดคุยกับฉันจำนวน 1,000 บาท

ทั้งนี้การนัดหมายพูดคุยขอให้คุณได้เลือกวัน และเวลาตามที่คุณสะดวก

ขอคุณโปรดพิจารณา และ ตอบกลับฉันด้วยนะคะ

ด้วยความปรารถนาดี

เอลีนา เนลสัน

โทรศัพท์ 064 773 0481, LINE: elina_nilsson

ข้อความสำคัญแก่ผู้หญิงอัมบุญที่ฉันรู้จักและเคยสัมภาษณ์แล้วในปี 2558

คุณ

ฉันหวังว่าคุณจะสบายดี ตอนนี้ฉันอยู่ที่กรุงเทพ

และยังคงทำการศึกษาการอัมบุญในประเทศไทย และ ประสบการณ์ผู้หญิงอัมบุญต่อเนื่อง

ในงานศึกษานี้ฉันวางแผนจะสัมภาษณ์ผู้หญิงที่รับอัมบุญประมาณ 10-15 คน

ก่อนหน้านี้ที่ฉันได้พูดคุยกับคุณเกี่ยวกับประสบการณ์การตั้งครรภ์อัมบุญ และ

ฉันหวังว่าจะได้รับโอกาสพูดคุยกับคุณอีกครั้งหลังจากคุณผ่านประสบการณ์อัมบุญ 4 ปีแล้ว

หากคุณมีความสะดวกใจให้ฉันสัมภาษณ์ประมาณ 1-2

ชั่วโมงภายในช่วงเวลาเดือนพฤศจิกายน ถึง ธันวาคม

ฉันสามารถเดินทางไปคุณที่จังหวัดสุรินทร์ โดยฉันยินดีจะให้ค่าตอบแทน

ที่คุณได้สละเวลาให้ฉันเป็นจำนวนเงิน 1,000 บาท

ทั้งนี้การนัดหมายพูดคุยขอให้คุณได้เลือกวัน และเวลาตามที่คุณสะดวก

ขอคุณโปรดพิจารณา และ ตอบกลับฉันด้วยนะคะ

ด้วยความปรารถนาดี

เอลีนา เนลสัน

โทรศัพท์ 064 773 0481, LINE: elina_nilsson

Appendix B2: Text-message to potential participants (English)

Info text to potential participants in order to get in touch with them

Dear XX,

My name is Elina Nilsson and I am a PhD student at Uppsala University, Sweden. I am writing to you because of my research project on surrogacy in Thailand in which I am interested in Thai women's experiences of surrogacy some years after they have given birth. For this project I plan to interview 10-15 former surrogate mothers. I have been told by Khun XX, that you have experiences of surrogacy and I am now wondering if you are interested in participating in this project and if you would like to meet me for an interview of about one hour? The interview would take place sometime during November or December and you would be compensated with 1,000 baht for your time and we would meet at a time and place chosen by you.

Best wishes,

Elina Nilsson

Tel: 06 4773 0481, LINE: elina_nilsson

Text to women I interviewed in 2014

Dear XX,

I hope you are doing well.

I am right now in Bangkok continuing my research on surrogacy in Thailand and Thai women's experiences being a surrogate mother.

For this project I plan to interview 10-15 former surrogate mothers.

I have before interviewed you about your experiences about surrogacy and am now wondering if you would like to meet me for another interview about your experiences four years after the surrogacy?

The interview would take place sometime in November or December and would last about one hour, and I can travel to you in XX if you would like. For the interview you will be compensated 1,000 baht and we would meet at a time and place chosen by you.

Best wishes,

Elina Nilsson

Tel: 06 4773 0481, LINE: elina_nilsson

Appendix C1: Participant information sheet (Thai)

๘๐ เอกสารชี้แจงผู้เข้าร่วมการวิจัย สำหรับการสัมภาษณ์เชิงลึก๘

คำชี้แจง : ในเอกสารฉบับนี้อาจมีข้อความที่ท่านอ่านแล้วยังไม่เข้าใจ โปรดสอบถามหัวหน้าโครงการวิจัย หรือผู้แทนให้ช่วยอธิบายจนกว่าท่านจะเข้าใจดี

ชื่อโครงการ	การศึกษาประสบการณ์ระยะยาวของผู้หญิงไทยในการเป็นแม่ผู้บุญเชิงพาณิชย์
ชื่อผู้วิจัย	ผศ. ดร. ศิริจิต สุนนีตะ, นางเอลินา นิลสัน
สถานที่ทำงาน	สถาบันวิจัยภาษาและวัฒนธรรมเอเชีย มหาวิทยาลัยมหิดล
หมายเลขโทรศัพท์	02 8002308 ต่อ 3329, 089 9198084
สถานที่วิจัย	กรุงเทพฯ และปริมณฑล จังหวัดต่างๆ ในภาคกลางและภาคตะวันออกเฉียงเหนือ
ผู้ให้ทุนวิจัย	Uppsala University, Swedish Society for Anthropology and Geography (SSAG), Anna Maria Lundin's travel grant, Håkansson's travel grant

ข้อมูลโครงการวิจัยโดยย่อ : โครงการวิจัยนี้จัดทำขึ้นเพื่อ ศึกษาประสบการณ์การเป็นแม่ผู้บุญเชิงพาณิชย์ของอดีตแม่ผู้บุญชาวไทย เพื่อทำความเข้าใจผลของการผู้บุญเชิงพาณิชย์ต่ออดีตแม่ผู้บุญในด้านการเงิน สังคม อารมณ์และความสัมพันธ์ และเพื่อศึกษาผลกระทบของการย้ายถิ่นและแรงงานใกล้ชิดต่อชีวิตของอดีตแม่ผู้บุญ ประโยชน์ที่คาดว่าจะได้รับจากการวิจัยนี้คือ การสร้างความเข้าใจต่อสังคมเกี่ยวกับการผู้บุญ เพื่อเป็นประโยชน์ในการออกเชิงสาธารณะและการวางแผนนโยบายที่เกี่ยวข้องกับการผู้บุญในประเทศไทย โดยนำเสนอมุมมองของแม่ผู้บุญในฐานะผู้มีส่วนร่วมสำคัญในกระบวนการผู้บุญแต่ก็ไม่มีโอกาสในการเสนอความคิดเห็น และเป็นโอกาสให้แม่ผู้บุญได้สะท้อนประสบการณ์และความคิดเห็นต่อการผู้บุญ

ท่านได้รับเชิญให้เข้าร่วมการวิจัยนี้เพราะ ท่านมีประสบการณ์เป็นแม่ผู้บุญให้กับชาวต่างประเทศ

จำนวนผู้เข้าร่วมการวิจัยทั้งสิ้น 15-20 คน

ระยะเวลาที่จะทำวิจัยทั้งสิ้น 5 ปี (พ.ศ.2560-2565)

หากท่านตัดสินใจเข้าร่วมการวิจัยแล้ว ผู้วิจัยจะขอสัมภาษณ์ท่านในประเด็นเกี่ยวกับ “ประสบการณ์ระยะยาวของการเป็นแม่ผู้บุญให้กับชาวต่างประเทศ” โดยใช้เวลาในการสัมภาษณ์ประมาณ 1-2 ชั่วโมง ซึ่งคำถามมีทั้งหมด 53 ข้อ

➢ ข้อมูลที่ได้จากการสัมภาษณ์เชิงลึก ผู้วิจัยจะขออนุญาต (บันทึกเสียง) และจะดำเนินการทำลายข้อมูลตลอดจนข้อมูลอื่นๆ ที่เกี่ยวข้องกับท่านภายหลังเสร็จสิ้นการวิจัย ระบุในเดือนกันยายน พ.ศ. 2572 โดยจะลบข้อมูลออกจากระบบคอมพิวเตอร์และทำลายข้อมูลที่เป็นกระดาษโดยใช้เครื่องย่อยกระดาษ)

➢ หากมีข้อมูลใหม่ที่เกี่ยวข้องกับการวิจัย ผู้วิจัยจะแจ้งให้ผู้เข้าร่วมการวิจัยทราบโดยเร็ว ไม่ปิดบัง

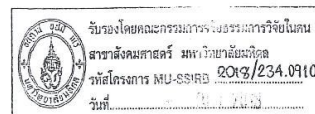
➢ ความเสี่ยงที่อาจจะเกิดขึ้นเมื่อเข้าร่วมการวิจัย ท่านอาจรู้สึกอึดอัด หรืออาจรู้สึกไม่สบายใจอยู่กับบางคำถาม ท่านมีสิทธิที่จะไม่ตอบคำถามเหล่านั้นได้ รวมถึงท่านมีสิทธิถอนตัวออกจากโครงการนี้เมื่อใดก็ได้ โดยไม่ต้องแจ้งให้ทราบล่วงหน้า และการไม่เข้าร่วมวิจัยหรือถอนตัวออกจากโครงการวิจัยนี้ จะไม่มีผลกระทบใด ๆ ต่อท่านแต่อย่างใด

➢ ข้อมูลส่วนตัวของท่านจะถูกเก็บรักษาไว้ ไม่เปิดเผยต่อสาธารณะเป็นรายบุคคล แต่จะรายงานผลการวิจัยเป็นข้อมูลส่วนรวม ผู้ที่มีสิทธิเข้าถึงข้อมูลของท่านจะมีเฉพาะผู้ที่เกี่ยวข้องกับการวิจัยนี้ และคณะกรรมการจริยธรรมการวิจัยในคนเท่านั้น

➢ การวิจัยครั้งนี้ท่านจะได้รับค่าตอบแทนเป็นเงิน 1,000 บาท

➢ หากท่านมีข้อข้องใจที่จะสอบถามเกี่ยวกับการวิจัยนี้ ท่านสามารถติดต่อไปยัง ผศ.ดร. ศิริจิต สุนนีตะ หมายเลขโทรศัพท์

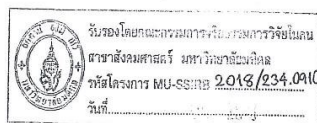
089 9198084 ได้ตลอดเวลา



➤ โครงการวิจัยนี้ได้รับการรับรองจากคณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ มหาวิทยาลัยมหิดล ซึ่งมีสำนักงานอยู่ที่คณะสังคมศาสตร์และมนุษยศาสตร์ มหาวิทยาลัยมหิดล ถนนพุทธมณฑลสายสี่ ตำบลศาลายา อำเภอพุทธมณฑล จังหวัดนครปฐม 73170 หมายเลขโทรศัพท์ 0 2441 9180 โทรสาร 0 2441 9181 หากท่านได้รับการปฏิบัติไม่ตรงตามที่ระบุไว้ ท่านสามารถติดต่อกับประธานคณะกรรมการจริยธรรมฯ หรือผู้แทน ได้ตามสถานที่และหมายเลขโทรศัพท์ข้างต้น

ข้าพเจ้าเข้าใจข้อความในเอกสารนี้และขอมอบให้ผู้เข้าร่วมการวิจัยนี้โดยตลอดแล้ว จึงลงลายมือชื่อไว้

ลงชื่อ.....ผู้เข้าร่วมการวิจัย ลงชื่อ.....ผู้ให้ข้อมูล
 (.....)
 วันที่..... วันที่.....



Appendix C2: Participant information sheet (English)

Participant Information Sheet*

* This information sheet will be translated into Thai by
The Center for Translation and Language Services, RILCA, Mahidol University

In this document, there may be some statements that you do not understand. Please ask the principal investigator or her representative to give you explanations until they are well understood. To help your decision making in participating the research, you may bring this document home to read and consult your relatives and intimates.

Title of Research Project: Study on Thai Women's Long-Term Experiences of Commercial Surrogacy

Name of Researcher: Elina Nilsson, PhD candidate

Work place address: Centre for Gender Research, Box 527, S-751 20 Uppsala, SWEDEN

Tel: +66 (0)6 477 304 81 / +46 70 234 39 27

E-mail: elina.nilsson@gender.uu.se

Source of funding: Uppsala University, Swedish Society for Anthropology and Geography (SSAG), Anna Maria Lundin's travel grant, Håkansson's travel grant.

Research objective

This research project aims to explore how former surrogate mothers remember, understand and reflect upon the surrogacy experience as well as explore how the surrogacy experience has affected the women's lives financially, relationally, socially, and emotionally. To examine the long-term effects of (inter/national) migration and intimate labour and how they correlate in the lives of former surrogate mothers.

Why you are asked to participate

You are invited to participate in this research project since you have experience of acting as a surrogate mother for international client/s. There will be about 15-20 participants (former surrogate mothers) interviewed, and the data collection will take place between Oct 2018 and Oct 2020. The duration of the research project is in total five years, 2017-2022.

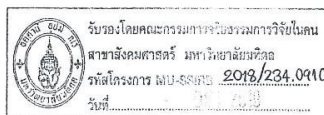
How you would participate

If you decide to participate in the research project, you will be interviewed by Elina Nilsson, PhD candidate, about your experience of surrogacy and how this process has affected you in different ways. The interview will take place in a location chosen by you at a time that suits you. The interview consists of some 53 questions and is estimated to last between 1-2 hours. The interview will be conducted in Thai and a Thai female interpreter will attend the interview. If you approve, the interview will be tape-recorded. Your name and address will not be recorded.

Benefits of participation

The hope is that the findings of this study will contribute to society's understanding of commercial surrogacy as well as policy debates on commercial surrogacy. This by highlighting the perspective of surrogate mothers and their long-term experiences, something that is lacking in the current debates on transnational commercial surrogacy. Furthermore, our hope is that participating in the study will have a positive influence on the participants' lives and that they appreciate the opportunity to discuss and reflect upon their experiences.

Participant Information Sheet



Risks of participation

Participating in the study means that you may share sensitive information and we may talk about topics that can be experienced emotionally difficult and some questions may create uneasiness or discomfort. You always have the right to choose not to answer any question, and you can choose to cancel the interview at any time or take a break.

If relevant information arises about benefits and risks of the research project, the researcher will inform the participant immediately and without concealment.

Handling of private information

Any private information that would make it possible to identify you will be kept confidential and will never be included in any sort of report. Only the researcher, her supervisor and project advisor will analyze the information, and information about you will be treated so that unauthorized persons cannot access them. Responsible for the personal data is Uppsala University, Centre for Gender Research. According to the Swedish Data Protection Act, PUL (1998: 204), you are entitled to receive information once a year of your study, and, if necessary, correct any errors.

Compensation for participation

When participating in this research project you will be compensated with 1.000 THB. This compensation refers to the time and effort invested by you in the project, and the researcher Elina Nilsson is responsible for the compensation paid to participants after being interviewed. No expenses by you as a participant are required.

You are free to decide whether to participate or not. As a participant, you have the right to withdraw from the project at any time without prior notice, and the refusal to participate or the withdrawal from the research project will not at all affect any service or treatment. However, if you experience uneasiness or discomfort due to participating in the research project, the researcher is happy to answer all of your questions or concerns. If you have comments, complaints, or questions about this research, please contact one of the people responsible for the project (see contact info below).

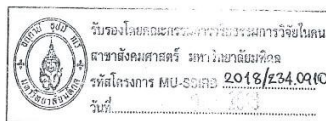
On the condition that you are not treated as indicated in this information sheet, you can contact the Chair of The Committee for Research Ethics (Social Sciences) at the office of MU-SSIRB, Office of Faculty of Social Sciences and Humanities, Mahidol University, Tel: 02 441 9180, Fax: 02 441 9181

For questions or more information, you are welcome to contact me, my supervisor or project advisor.

Sincerely,
Elina Nilsson

.....
[Place and date]

Participant Information Sheet



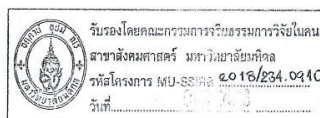
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Contact information:

Elina Nilsson, PhD candidate responsible for project
Centre for Gender Research, Uppsala University, Sweden
+ 66 64 773 04 81 / +46 18 471 58 89
elina.nilsson@gender.uu.se

Prof. Helena Wahlström Henriksson, supervisor for project
Centre for Gender Research, Uppsala University, Sweden
+46 18 471 72 98
helena.henriksson@gender.uu.se


Dr. Sirijit Sunanta, project advisor
Research Institute for Languages and Cultures of Asia, Mahidol University, Thailand
+66 28 002 308 14
sirijit.sun@mahidol.ac.th



Participant Information Sheet

3

Appendix D1: Consent form (Thai)

หนังสือแสดงเจตนายินยอมเข้าร่วมการวิจัยที่ได้รับการบอกกล่าวและเต็มใจ สำหรับอายุ 18 ปีขึ้นไป			
ข้อมูลผู้เข้าร่วมการวิจัย			
		วันที่..... เดือน..... พ.ศ.	
ชื่อ-นามสกุล		อายุ	
บ้านเลขที่		ถนน	
ตำบล/แขวง		อำเภอ/เขต	
จังหวัด		รหัสไปรษณีย์	
หมายเลขโทรศัพท์			
ขอแสดงเจตนายินยอมเข้าร่วมโครงการวิจัย		เรื่อง การศึกษาประสบการณ์ระยะยาวของผู้หญิงไทยในการเป็นแม่เลี้ยงเดี่ยว	
<p>ข้าพเจ้าได้รับทราบรายละเอียดทั้งหมดเกี่ยวกับที่มาและจุดมุ่งหมายในการทำวิจัย, รายละเอียดของขั้นตอนต่างๆที่ต้องปฏิบัติและได้รับการปฏิบัติ, ประโยชน์ที่คาดว่าจะได้จากการวิจัย และความเสี่ยงที่อาจเกิดขึ้นจากการเข้าร่วมการวิจัย รวมทั้งแนวทางป้องกันและแก้ไขหากเกิดอันตราย โดยได้อ่านข้อความในเอกสารชี้แจงรายละเอียดสำหรับผู้เข้าร่วมการวิจัยโดยตลอด อีกทั้งยังได้รับคำอธิบายและการตอบข้อสงสัยจากหัวหน้าโครงการวิจัยเป็นที่เรียบร้อยแล้ว ข้าพเจ้าจึงสมัครใจเข้าร่วมในโครงการวิจัยนี้</p> <p>ข้าพเจ้าได้ทราบถึงสิทธิที่ข้าพเจ้าจะได้รับข้อมูลเพิ่มเติมทั้งด้านประโยชน์และโทษจากการเข้าร่วมการวิจัย และสามารถถอนตัวหรือลดเข้าร่วมการวิจัยได้ทุกเมื่อ โดยจะไม่ผลกระทบใดๆ ต่อข้าพเจ้าในอนาคตและยินยอมให้ผู้วิจัยใช้ข้อมูลส่วนตัวของข้าพเจ้าที่ได้รับจากการวิจัย แต่จะไม่เผยแพร่ต่อสาธารณะเป็นรายบุคคล โดยจะนำเสนอเป็นข้อมูลโดยรวมจากการวิจัยเท่านั้น</p> <p>หากข้าพเจ้ามีข้อสงสัยที่จะสอบถามเกี่ยวกับการวิจัย ข้าพเจ้าสามารถติดต่อไปยัง ผศ.ดร.ศิริจิต สุนันต์ หมายเลขโทรศัพท์ 089-9198084 ได้ตลอดเวลา</p> <p>หากข้าพเจ้าได้รับการปฏิบัติไม่ตรงตามที่ระบุไว้ ข้าพเจ้าสามารถติดต่อกับประธานคณะกรรมการจริยธรรมฯ หรือผู้แทนได้ที่สำนักงานคณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ คณะสังคมศาสตร์และมนุษยศาสตร์ มหาวิทยาลัยมหิดล ถนนพุทธมณฑลสาย 4 ตำบลศาลายา อำเภอพุทธมณฑล จังหวัดนครปฐม รหัสไปรษณีย์ 73170 หรือติดต่อได้ทางหมายเลขโทรศัพท์ 0 2441 9180 หรือโทรสาร 02 441 9181 ภายในเวลาราชการ</p>			
ข้าพเจ้าเข้าใจข้อความในเอกสารชี้แจงผู้เข้าร่วมการวิจัย และหนังสือแสดงเจตนายินยอมนี้โดยตลอดแล้วจึงลงลายมือชื่อไว้			
ลงชื่อ.....ผู้เข้าร่วมวิจัย (.....) วันที่.....		ลงชื่อ.....ผู้ให้ข้อมูลและขอความยินยอม (.....) วันที่.....	
		 <div style="display: inline-block; vertical-align: middle; text-align: left; margin-left: 10px;"> รับรองโดยคณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ มหาวิทยาลัยมหิดล รหัสโครงการ MU-SRIG 2019/234.0910 วันที่..... </div>	

Appendix D2: Consent form (English)

MU-SSIRB 03

Form of Informed and Voluntary Consent to Participate in Research *

* This informed consent form will be translated into Thai by
The Center for Translation and Language Services, RILCA, Mahidol University

Date / /

My name is aged years old, now living at the address no
..... at Road/Street
Sub-District/Tambon District/Amphur
Province Postal code: Tel:

I hereby express my consent to participate as a subject in the research project entitled "Study on Thai Women's Long-term Experiences of Commercial Surrogacy".

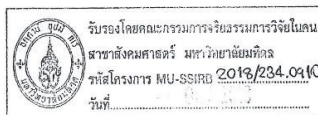
In so doing, I am informed of the research project's origin and purposes; its procedural details to carry out or to be carried out; its expected benefits and risks that may occur to the subjects, including methods to prevent and handle harmful consequences; and remuneration, and expense. I have thoroughly read the detailed statements in the information sheet given to the research subjects. I was also given explanations and my questions were answered by the responsible researcher. I therefore consent to participate as a subject in this research project.

I am aware of my right to further information concerning benefits and risks from the participation in the research project and my right to withdraw or refrain from the participation at any time without any consequence on the service or health care I am to receive in the future.

I consent to the researchers' use of my private information obtained in this research, but do not consent to any individual disclosure of private information. The information must be presented as part of the research results as a whole.

On the condition that I have any questions about the research procedures, or on the condition that I suffer from an undesirable side effect from this research, I can contact Mrs. Elina Nilsson, PhD Candidate.

On the condition that I am not treated as indicated in the information sheet distributed to the subjects, I can contact the Chair of The Committee for Research Ethics (Social Science) at the office of MU-SSIRB, Office of Faculty of Social Sciences and Humanities, Mahidol University, Tel: 02- 441 9180, Fax: 02-441 9181.



I thoroughly understand the statements in the information sheet for the research subjects and in this consent form. I thereby give my signature.

Signature (participant)

Clarification of name (participant)

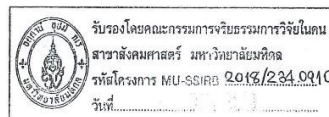
Place and date

In case that the participant is not literate, the reader of all the statements for the participant is Mr./Mrs./Ms....., who gives his/her signature as a witness.

Signature (witness)

Clarification of name (witness)

Place and date



Appendix E: Interview guideline

Background (ภูมิหลัง/ข้อมูลส่วนบุคคล)

- Please, tell me about yourself...
คุณจะช่วยแนะนำตัวเองให้ฉันฟังคร่าวๆ ได้ไหม
- Background (where do you come from?)
บ้านเกิดคุณอยู่ที่ไหน
- Family situation (Children? Spouse? Living together with?)
คุณมีครอบครัวหรือไม่ (ลูก สามี อาศัยอยู่กับใคร)
- Education
คุณเรียนหนังสือจบชั้นไหน
- Where and how do you live?
ตอนนี้คุณที่ไหนและอยู่อย่างไร
- What do you work with?
ตอนนี้คุณทำงานอะไร งานที่คุณทำเป็นอย่างไร
- What have you been working with before?
ก่อนหน้านี้มาทำงานนี้ คุณเคยทำงานอะไรมาก่อน

The surrogacy process (กระบวนการที่เข้าสูการเป็นแม่อัมบุญ)

- When were you a surrogate mother?
คุณพอจะบอกได้ไหมว่าคุณรับอัมบุญเมื่อไหร่ (จากปี/เดือน ถึง ปี/เดือนไหน)
- Tell me about your surrogacy process...
ขอช่วยเล่ารายละเอียดของการอัมบุญ ต้องทำอะไรบ้างที่ผ่านมา
- What agency did you work with?
คุณรับอัมบุญผ่านตัวแทนบริษัทไหน
- Where did your clients come from? Who were they?
คุณพอจะทราบไหมว่าพ่อแม่ที่จ้างให้คุณอัมบุญมาจากไหน และ เป็นใคร
- When did you give birth to the surrogate baby?
คุณคลอดลูกอัมบุญเมื่อไหร่
- When did you become a surrogate mother?
คุณตัดสินใจรับจ้างอัมบุญเมื่อไหร่
- How did you decide to become a surrogate?
คุณตัดสินใจรับจ้างอัมบุญเพราะอะไร ตัดสินใจอย่างไร

Family and social relations, religion, morality

- Where you open with family and friends about the surrogacy pregnancy?
คุณได้บอกเรื่องอัมบุญของคุณแก่ครอบครัว และ เพื่อนๆ บ้างไหม
- Your children, how did you explain to them?
คุณได้บอกลูกให้ทราบเรื่องนี้ไหม

- How do your family and friends think about your surrogacy experience?
ครอบครัวและเพื่อนของคุณคิดอย่างไรกับประสบการณ์การอุ้มบุญของคุณ
- What do most people around here think of surrogacy? What do you think about that?
แล้วคนรอบๆ ตัวคุณคิดอย่างไรกับการอุ้มบุญ คุณคิดและรู้สึกอย่างไร
- Have people around you supported you during the surrogacy pregnancy? If so, in what ways? If not, what did you wish they would have done?
ระหว่างที่คุณท้องลูกอุ้มบุญ คนรอบๆ ตัวให้ความช่วยเหลือคุณบ้างหรือไม่ ถ้าช่วย ช่วยอย่างไร ถ้าไม่ช่วย คุณอยากให้เขาทำอะไร
- Do you have contact with other women who have been surrogate mothers?
คุณได้รู้จักหรือติดต่อกับผู้หญิงคนอื่นที่เป็นแม่อุ้มบุญไหม
- If so, what do you do? How do you contact each other?
ถ้าคุณได้รู้จักบางคน คุณติดต่อกันอย่างไรอย่างไร

Economy/Payment (เศรษฐกิจ/ ค่าตอบแทน)

- How much did you earn by being a surrogate?
คุณได้รับค่าตอบแทนในการอุ้มบุญเท่าไร
- What had you planned to use the money for?
(ในตอนนั้น)คุณได้วางแผนที่จะนำเงินไปทำอะไรบ้าง
- How have you spent the money?
ที่ผ่านมาคุณใช้เงินก้อนนี้อย่างไร
- How was the payment organized?
คุณจัดระบบการใช้เงินนี้อย่างไร
- Do you have any thoughts about the payment?
คุณคิดอย่างไรเกี่ยวกับเงินที่ได้รับจากการอุ้มบุญ (คิดว่าเป็นการทำบุญ)
- How is your situation today?
สถานการณ์ของคุณวันนี้เป็นอย่างไรบ้าง

Body/Health (ร่างกาย / สุขภาพ)

- How did you experience the pregnancy?
ช่วยเล่าประสบการณ์ขณะที่ท้องลูกอุ้มบุญ
- How did you experience the delivery (C-section)?
ช่วยเล่าประสบการณ์การคลอด (การผ่าท้องคลอด)
- How did you feel after delivery?
คุณรู้สึกอย่างไรหลังคลอด
- Did you have any health problems or issues during or after pregnancy?
คุณมีปัญหาระหว่างหรือสุขภาพอย่างไรอย่างใดอย่างหนึ่งไหมในระหว่างที่คุณท้องและหลังจากคลอดแล้ว
- Did you go for check-ups after delivery?
หลังจากคลอดแล้วคุณได้ตรวจสุขภาพบ้างหรือไม่ อย่างไร
- How is your health today?
สุขภาพของคุณเป็นอย่างไรในตอนนี้
- Have you been pregnant after the surrogacy arrangement?

หลังจากการอุ้มบุญแล้วคุณตั้งท้องอีกหรือไม่

The agency/clinic (นายหน้า บริษัท และโรงพยาบาล)

- How was your relation to the agency? Which people did you meet regularly?
คุณมีความสัมพันธ์อย่างไรกับบริษัทอุ้มบุญ ปกติแล้วคุณพบกับใคร
- How did they offer you support?
บริษัทให้ความช่วยเหลืออย่างไรบ้าง
- Have they been following up on you after the pregnancy?
บริษัทได้ติดต่อคุณหลังการอุ้มบุญหรือไม่

Intended parents (ความสัมพันธ์กับพ่อแม่ที่จ้างอุ้มบุญ)

- Do you have any contact with the commissioning parents now?
ตอนนี้คุณติดต่อกับพ่อแม่ของเด็กที่คุณอุ้มบุญให้หรือไม่
- Did you have contact with them during the pregnancy
คุณได้ติดต่อกับพ่อแม่ที่คุณอุ้มบุญให้ระหว่างคุณท้องไหม
- How many times did you meet?
คุณได้พบพ่อแม่ที่คุณอุ้มบุญให้กี่ครั้ง
- What is your impression of them?
คุณมีความรู้สึกต่อพวกเขาอย่างไร
- Is there something you wished they would have done differently?
มีอะไรที่คุณคิดว่าเขาทำน่าจะทำได้ไม่ได้อีก หรือทำในสิ่งที่คุณคิดว่าไม่น่าทำหรือไม่

The child

- Tell me about the child you gave birth to...
ช่วยเล่าเกี่ยวกับเด็กที่คุณคลอด
- Did you meet him/her?
คุณได้เจอเด็กหรือไม่
- Do you think about him/her? Has this changed over time?
คุณนึกถึงเด็กบอยหรือไม่ มันเปลี่ยนแปลงไปหรือไม่เมื่อเวลาผ่านไป
- How do you see yourself in relation to the child?
ตอนนี้คุณมองว่าคุณกับเด็กมีความสัมพันธ์กันอย่างไร

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