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Travelling Thai Surrogate Mothers: Required and Restricted Mobility in Transnational Surrogacy

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ABSTRACT

In response to the changing landscape of transnational surrogacy, the industry has introduced flexible business models requiring women to move within and across borders to act as surrogate mothers. However, knowledge about their experiences remain vague, particularly concerning women traveling abroad under illegal conditions. Building upon interviews with Thai surrogate mothers, I demonstrate how their im/mobility reveals critical insights into labor conditions and power relations and is formed within the global reproductive industry as well as the specific national context. I also argue that the women's im/mobility and flexibility are central when making themselves bioavailable for the global surrogacy market.

บทคัดย่อ

เนื่องจากภูมิทัศน์ของเทคโนโลยีช่วยการเจริญพันธุ์มีการเปลี่ยนแปลงอย่างรวดเร็ว อุตสาหกรรมการตั้งครรภ์แทน หรือที่เรียกทั่วไปว่าการอุ้มบุญ จึงมีการปรับโมเดลธุรกิจให้ยืดหยุ่นมากขึ้น โดยกำหนดให้ผู้หญิงต้องเดินทางเคลื่อนย้ายทั้งภายในประเทศและข้ามพรมแดนเพื่อทำหน้าที่รับตั้งครรภ์แทน หรือที่เรียกทั่วไปว่าแม่อุ้มบุญ อย่างไรก็ตาม ความเข้าใจเกี่ยวกับสภาพชีวิตและประสบการณ์ของผู้หญิงเหล่านี้ยังคงคลุมเครือ โดยเฉพาะอย่างยิ่งความเข้าใจเกี่ยวกับผู้หญิงที่เดินทางข้ามพรมแดนระหว่างประเทศและทำงานข้องเกี่ยวกับการสืบพันธุ์ที่ต้องใช้ทั้งความสนิทชิดเชื้อทางร่างกายและอารมณ์อันละเอียดอ่อนอย่างผิดกฎหมาย บทความนี้มีวัตถุประสงค์เพื่อสำรวจประสบการณ์ของผู้หญิงที่เดินทางข้ามพรมแดนเพื่อทำหน้าที่รับตั้งครรภ์แทน และศึกษาว่าการเคลื่อนย้าย/ไม่เคลื่อนย้ายเชิงพื้นที่ของพวกเธอนั้นมีส่วนช่วยให้ธุรกิจการรับตั้งครรภ์แทนในภูมิภาคเอเชียดำเนินมาอย่างต่อเนื่องจนถึงทุกวันนี้ได้อย่างไร โดยวิเคราะห์ผ่านการสัมภาษณ์ผู้หญิงไทยที่เคยรับตั้งครรภ์แทน

KEYWORDS

Assisted reproduction; immobility; mobility; reproductive labor; Thailand; transnational commercial surrogacy

คำสำคัญ

การเจริญพันธุ์ด้วยการช่วยเหลือ; การไม่เคลื่อนไหว; การเคลื่อนไหว; แรงงานเพื่อการเจริญพันธุ์; ประเทศไทย; การตั้งครรภ์แทนเชิงพาณิชย์ข้ามชาติ

> 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 intended parents were in Hong Kong.
>
> (Vanida, 39 years, two-time surrogate mother)

I first met Vanida in December 2018, sharing a hotpot in a shopping mall in the suburbs of Bangkok where we had met to talk about her experiences of acting as a surrogate mother. Among plates of noodles, seafood, mushrooms and steaming broth, Vanida shared her experiences of her two surrogacy pregnancies; the first one taking place in 2014, when Vanida was 34 years old, for a male gay couple from Canada, and the second one in 2018 for a straight couple from China. At the moment, she had no job and was hoping to do surrogacy a third time. Vanida and her husband lived in Bangkok and had a 20-year old daughter who had moved to their home village in Isan, the Northeast region of the

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Media teaser: The im/mobility required by surrogate mothers adds to their precarious position while playing an important role in the expansion of the global surrogacy industry.

country, to work. The family was heavily in debt and by acting as a surrogate mother, Vanida would get a "large sum of quick money" that otherwise would take her three to four years to earn. As Vanida told me that women's reasons for becoming surrogate mother's were largely pragmatic: "We want money. No one wants to become a surrogate mother for free." Vanida's account of surrogacy took the shape of a verbal mapping with different locations, travels and logistics procedures (both within Thailand and abroad), where immobility and feelings of isolation and vulnerability also permeated her two surrogacy pregnancies. In the quote above, Vanida talked about travels abroad and sudden change of plans. Her account points to the increasing demand of mobility, flexibility and adaptation on behalf of surrogate mothers in the changing landscape of assisted reproduction, in particular that of the global surrogacy market, and how these demands shape the embodied labor conditions of women acting as surrogate mothers.[1]

In my research on surrogacy in Thailand, I have encountered many stories like Vanida's where acting as a surrogate mother, or *mae umbun* (mother carrying merit) as the women referred to it themselves, in order to earn money to pay debts or finance children's education or parents' health care, required a lot of flexibility and mobility from the women. They were required to move, travel, and commute for checkups, embryo transfers and delivery, but also to comply with restrictions and confinement, having to stay put and follow instructions at short notice. These requirements for surrogate mothers' im/mobility have increased in the past decade as an effect of what Andrea Whittaker (2019) terms the new "hybrid" model of surrogacy with its segmented design and movement across borders to circumvent local laws and regulations.

In research on the "reproflows" (Inhorn 2015) of commercial surrogacy, it is mainly the transnational mobility of intended parents (Gunnarsson Payne 2015; König 2018; Stuvøy 2018; Whittaker and Speier 2010), or the mobility of ova providers (Nahman 2013; Kroløkke 2015; Namberger 2019; Pande 2021a) that has been explored and theorized. When it comes to the surrogate mothers, scholars have instead emphasized their geographic *im*mobility or their economic or social mobility incited by surrogacy (Deomampo 2013; Pande 2010). However, in recent years the various geographical mobilities of surrogate mothers in places like Mexico (Schurr 2019), Russia (Weis 2021a), India (Pande 2021b), and North America (Speier 2020) has spurred interest in empirical research, exploring how movement of various kinds are part of their conditions for undertaking this reproductive labor. As Whittaker et al. (2022):318) point out, "further research on such movements is needed to understand the extent of these mobilities, the effects on the development of the industry, and consequences for the surrogates and donors involved." The case of Thai surrogate mothers' im/mobilities and flexibilities represents a critical opportunity to examine the demands and conditions in a fluctuating and constantly changing transnational surrogacy market and in a context where surrogacy is illegal.[2]

In this article, I pay attention to the geographical, corporeal mobility in crossing borders, relocating and commuting and the way in which mobility shapes social hierarchies and inequalities. I also argue that its opposite, *im*mobility, is crucial when analyzing experiences and conditions for transnational surrogacy, referring to constraints, regulations and limits as well as geographical, physical and spatial inability to move (see Bélanger and Silvey 2019). This dyad of im/mobility is an important aspect in the surrogate mothers' process of becoming "bioavailable" (Cohen 2005). Cohen, who borrows the concept of bioavailability from pharmacology, uses it to describe the circumstance of the global market for human organs and how certain people's bodies are mobilized for "the selective disaggregation of one's cells or tissues and their reincorporation into another body" (2005: 83). The concept has gained ground in research on ART, often referring to the extractability of reproductive laborers and highlighting the process where they are made available for the global biomarket through narratives, emotion work and bodily strategies (Molas 2023; Perler and Schurr 2020; Nahman and Weis 2023; Tober and Kroløkke 2021). Adding to these aspects, I argue that the process of becoming bioavailable also implies aspects of space and place, being flexible and adjustable, to accommodate changing conditions.

Building upon the trajectories and stories of twelve former surrogate mothers in Thailand, and taking the concept of im/mobility as a central category of analysis, I demonstrate how these

women are both actors of and entangled in reproductive im/mobilities in order to become (and be) reproductive laborers in the global surrogacy market. But I also explore how these im/mobilities should be understood in relation to (1) the flexible global surrogacy market and its various actors, (2) aspects of the labor surrogate mothers perform (alongside the emotional and physical labor), and (3) the national context and tradition of Thai women's labor mobilities. I contend that making visible the experiences and conditions of surrogate mothers in unregulated and/or illegal contexts is needed in order to broaden our understanding of the labor performed by reproductive laborers, as well as their conditions, in the rapidly changing bioeconomy.[3]

The changing landscape of commercial surrogacy

The laws and regulations on surrogacy vary greatly between countries and are constantly changing. Currently, a handful of countries allow commercial surrogacy (with varying limitations of access based on nationality, civic status and sexuality) while most countries have banned it and a few other countries allow altruistic surrogacy arrangements. This disparity in regulation and eligibility for treatment 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. For the past twenty years, the transnational surrogacy market has been characterized by what Whittaker (2019) describes as a "disruptive" industry with flexible, mass-marketed and multinational business models and lower cost alternatives on the basis of the economic differences between surrogate mothers and intended parents. Besides the US, destinations such as India (Deomampo 2013; Pande 2010; Rudrappa 2015), Mexico (Schurr 2019), and Thailand (Whittaker 2014) emerged as important "reprohubs" (Inhorn 2015) – geographic places specializing in the provision of reproductive services where intended parents, medical professionals, ova providers and surrogate mothers come together. Thailand, with its medical and health tourism industry and infrastructure, emerged as a leading destination for reproductive tourism between 2006 and 2015 (Cohen 2015). With a growing number of clinics providing ART treatment, sophisticated medical and hospital services, unregulated laws on commercial surrogacy, as well as affordable prices when compared to the US and Europe, the country attracted intended parents from high-income countries including Australia (Attawet et al. 2022; Whittaker 2019). Demand increased further following India's ban on commercial surrogacy for same-sex couples in 2013. However, following a series of scandals, in 2015 the Thai military government legislated against commercial surrogacy, prohibiting brokers for surrogacy arrangements, and restricting surrogacy to heterosexual couples married for at least three years, and at least one of the parents must be Thai (Stasi 2017). Because of the ban, several fertility clinics closed while some continued to operate underground, extending parts of the surrogacy arrangement to countries where surrogacy was not yet regulated, such as Cambodia (Whittaker 2019). When later Cambodia imposed a ban on commercial surrogacy in 2016, Laos became an important location for hybrid surrogacy arrangements where agencies take surrogate mothers and gametes across the border for embryo transfer (Attawet et al. 2022; Whittaker 2019). Cambodia and Laos can here be understood as what Whittaker et al. (2022) terms "repronubs," locations where surrogacy is not regulated, opening up for some parts of the surrogacy process, such as the embryo transfer. This development of reprohubs and repronubs is illustrative of the current structure of the global reproductive industry, which is by Anika König and Heather Jacobson (2021) described as a "reproweb," a term emphasizing its elasticity, fragmentation and flexibility to expand into new markets in reaction to local and global changes. Because even though reprohubs, like Thailand, continue to exist, they "bleed out to other locations, making their services multi-local, constantly adapting to new obstacles and opportunities" (König and Jacobson 2023:185). The surrogacy trajectories of many of the women in my study took shape within this fragmented reproweb of law circumventions, geographical movements, and uncertainty.

Methods

The analysis in this article is informed by the long-term research on transnational surrogacy in Thailand that I have carried out since 2014 (Nilsson 2015, 2020, 2022). I draw on five months of ethnographic fieldwork in Thailand during 2018–2019, that primarily involved semi-structured interviews with women who have acted as surrogate mothers for foreign intended parents. In addition, I draw upon media coverage of surrogacy in Thailand. Following the interviews with Thai surrogate mothers for my Master's thesis (Nilsson 2015), I had remained in contact with one of my former participants, whom I also visited during my preparatory fieldwork. Through her network I managed to gain access to other women who had experience of surrogacy, followed by a snowball sampling. 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. However, access to participants was severely limited due to surrogacy being a sensitive and controversial issue in the country, especially so after the coup d'état in 2014 and subsequent legal restrictions on surrogacy introduced in 2015. Some of the women I came in contact with turned down the invitation to participate due to the potential stigma attached to it. This illustrates the tricky politics of studying an illegal and/or stigmatized phenomenon. Suspicions about both my political and sociocultural position as well as worries that I would report them to authorities complicated the process of gaining trust, and I very much relied upon building rapport with key participants who familiarized the women with my project and my intentions and told them about their own experiences of being interviewed by me.

In total, twelve women were interviewed, from which two women had acted as surrogate mothers twice and two had given birth to twins. They were between the ages of 23 to 48 at the time of interview and came from different provinces in the country with the majority originating from Isan. Most of them lived in Bangkok or surrounding areas while some moved between Isan and the capital for work. They all came from low-income families and made their livelihoods through farming, care work, selling food or clothes at the market. The women had all been recruited by women, often former surrogate mothers, in their vicinity who acted as low level agents for different agencies seeking women who were in need of money, considered healthy and who had children of their own, and who themselves had acted as a surrogate as a way to make money while also helping people. Half of the women had been around 35–39 years old when acting as a surrogate mother, while the others had been between 20–30 years. All were married, divorced or widowed at the time of surrogacy and all but one had at least one child of their own. The women were paid between THB 350,000- 450,000 (EUR 9,800 -12,700) for surrogacy, a sum that that was equivalent to almost four years of income. All of the women also had experiences of traveling for the purpose of surrogacy, either commuting or relocating. Achara, Pimchan, Lamai and Vanida, who all acted as surrogate mothers after the ban, also traveled to Laos or Cambodia for embryo transfer and to China for delivery. Mobility and traveling between different places, as well as immobility and the process of waiting, were prominent themes in all of the interviews, but for Vanida in particular they very much seemed to have defined her experience of the surrogacy process, why she also has a more prominent role this article.

The interview settings varied, as did geographic location, and I suggested meeting the women at locations 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. The interviews lasted on average one and a half hour and were conducted in Thai. My conversations and contact with participants, most of whom spoke no English, largely depended on the help of my research assistant, Sumonmarn Singha, who accompanied me during all the interviews. Even though I am not fluent in Thai, I had enough language skills to establish rapport with the participants, follow what was said during the interview, and pose follow-up questions. The interviews were audio-recorded with the consent of informants, while I also took notes, and later transcribed them in order to capture the entire content but also to enable the use of direct quotes. For this, I was assisted by Fitra Jehwoh, a native speaker with fluency in English. In my analysis of the interviews, I draw upon inductive

thematic analysis (Braun and Clarke 2022). The names of all participants have been changed to maintain their confidentiality. Ethical clearance for the study was obtained from Mahidol University Social Sciences Institutional Review Board (2018/234.0910) and the Central Ethical Review Board in Uppsala (2018/161), and research permit was granted by the National Research Council of Thailand (0002/7436).

Bangkok-bound: Commuting and relocating for surrogacy

Returning to Vanida whose story opened this article. For her first surrogacy pregnancy in 2014, she still resided in her small hometown in Isan and traveled the five hours to Bangkok for meetings, checkups, treatments and eventually the delivery. The constant traveling back and forth was both time-consuming and tiring as well as financially draining due to expenses for petrol and train or bus tickets. For her second surrogacy pregnancy in 2018, Vanida decided to move to Bangkok:

> 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] (. . .) when I wanted to do surrogacy for the second time, I decided to move to Bangkok.

With nearly all clinics and agencies being located in the capital, entering into a surrogacy arrangement was Bangkok-bound and Vanida had to commute long distances or temporarily relocate in order to act as a surrogate mother. This also meant living away from her own family for either days, weeks, or months. Several of the other women told similar stories, as the majority of them came from Isan, the Northeast region of Thailand that comprises a third of the population and by many perceived as the country's poorest and impoverished region. One of these women was Boonsri who in 2013 had acted as a surrogate mother for a single man from China. Boonsri was 37 years old living with her two children and husband on a tamarind farm, 400 kilometers north of Bangkok. To visit her I traveled for almost ten hours on the night bus, a ride she often took in preparation for, and during, her surrogacy pregnancy. She told me:

> 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 like me, who never travels alone. I even went to the hospital for the delivery alone.

Travelling between their homes and the different appointments in Bangkok or relocating for the entire process of surrogacy, from hormone treatment to delivery before returning to the village, many of my informants qualify as what Christina Weis (2021a) calls "commuting" and "migrating" surrogates. 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, checkups, meetings and delivery (2021a: 84). Such travels between their homes and the agencies and clinics in Bangkok were seen as a requirement for the Thai surrogate mothers. The commuting or relocating to Bangkok was required of them in order to make themselves "bioavailable" (Cohen 2005), that is to become available to gestate and later deliver a child (and eventually get their financial compensation) through interventions such as hormone treatments, implantations and checkups.

While strenuous, these different arrangements of relocating or commuting are not unique to surrogate mothers, indeed they are part of a long history of rural-urban migration among Thai women who leave the countryside in Isan often for service and care work in Bangkok and the tourism sector (Mills 1999; Sunanta and Angeles 2013). 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 traveled 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 neighbors in a village in Isan but who both traveled to Bangkok for work in the care sector, both before and after acting as surrogate mothers.

If Bangkok-bound mobility has been, and still is, crucial in the process of becoming bioavailable as well as in the enabling of the Thai surrogacy market, transnational mobility and in particular, crossing (multiple) national borders in order to provide reproductive labor is increasing as an effect of shifting surrogacy models and circumventions of Thai regulations.

Crossing national borders

The women who were surrogate mothers prior to 2015 had the whole surrogacy process carried out in Thailand, while for the women acting as surrogate mothers in 2015 and afterward, the conditions had drastically changed due to the ban. Instead of having the embryo transfers carried out in Bangkok, the agencies were now taking the surrogate mothers to neighboring countries, such as Laos and Cambodia. This was the case for Vanida's second surrogacy pregnancy in 2018 in which she gestated a child for a straight couple from China. After having had her hormonal treatments and medical checkups in Bangkok, she was flown to Phnom Penh in Cambodia for embryo transfer. As Vanida put it: "Since surrogacy is illegal in Thailand, the police will not let this kind of case slip away freely. That's why we have the implantation in Phnom Penh." In total Vanida traveled three times to Phnom Penh, always accompanied by a caretaker working for the surrogacy agency, and twice together with other Thai women who also hoped to return to Thailand with a successful surrogacy pregnancy. The first time, the pregnancy ended with a dilation and curettage due to a late miscarriage. After waiting for three months, Vanida traveled to Phnom Penh for a second attempt but due to her uterus lining not being thick enough the doctor refused to implant any embryos and Vanida had to return home. While the agency covered the costs for travel, she did not receive any financial compensation for her time and labor. In 2017, just over a year before our interview, she traveled to Phnom Penh a third time, passed the health check at the clinic, went to a hotel overnight 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 after having traveled to a city in China for delivery (discussed below). As such, the surrogate mothers' bodies become available resources through traveling, illustrating how bioavailability, besides being ontological and sociotechnical processes (Nahman and Weis 2023), also hinges on mobility and flexibility.

While Vanida had her transfers done in Cambodia, the surrogate mothers Achara, Lamai, and Pimchan all had their transfers carried out in Vientiane, Laos, at an IVF clinic headed by a renowned Thai fertility specialist. By moving the business to Laos, a country with, as yet, no regulations on commercial surrogacy, this practitioner could continue to operate surrogacy pregnancies, despite accusations and a damaged reputation in Thailand (see Whittaker 2019:174). These travels for embryo transfer in both Cambodia and Laos illustrate well how such repronubs (Whittaker et al. 2022) emerge through the segmented and hybrid surrogacy arrangements as a response to the bans on international surrogacy in reprohubs as Thailand. After the embryo transfers, the women returned to Thailand for the remainder of the pregnancy, with regular checkups and meetings in Bangkok. Some weeks prior to delivery, the agency brokerage arranged for the surrogate mothers to travel to the intended parent's countries, in these cases China or Vietnam.

Before the ban on commercial surrogacy in Thailand, intended parents seeking surrogacy arrangements in the country would primarily come from Australia, US and countries in Europe, illustrating the often-depicted direction from global North to South. However, the global North-to-South movement is not sufficient to explain the reproflows of surrogacy (see Saravanan 2018). Half of the surrogacy pregnancies in this study were commissioned by intended parents from Australia, Israel, England and Canada, while half were commissioned by intended parents from China, Vietnam or Taiwan, illustrating the growing surrogacy trade within Asia, forming complex reproductive global assemblages. With the relaxation of the one-child policy in China in 2015 in combination with a growing middle-class and an aging population, the demand from Chinese intended parents has

increased rapidly (see Weis 2021b; Whittaker 2019). While commercial surrogacy is banned in China, the legislation is inconclusive. Medical practitioners are prohibited from performing any form of surrogacy procedure, however this is not applicable to intended parents, surrogate mothers or intermediate agencies, creating a gray area and causing an underground market to expand. Many Chinese intended parents choose surrogacy services in, for example, Thailand, since it offers a coherent chain, while they request delivery in China to avoid applying for recognition of foreign court rulings, citizenship conferral and so on (Wu 2022:94).

While waiting for the C-section, the mandatory mode of delivery in most surrogacy pregnancies in Asia and Mexico (see Pande 2010; Whittaker 2019), the women would stay in condos sharing rooms with other surrogate mothers, all arranged by the agency and paid for by the intended parents. Vanida shared rooms with three surrogate mothers from other agencies, all Thai women. While the photos she had shown me of the clinics in Cambodia, resembling "a hotel lobby or shopping mall" with its big, white and modern furnished reception counter and waiting area, the photos of the condo depicted a dark room, with four pregnant Thai surrogate mothers sitting together in a sofa in a small living room. 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 surrogate mothers 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 traveled to cities in different parts of China to birth babies for Chinese couples and met other surrogate mothers there. Lamai, 34, who gestated a child for a Chinese couple in 2018, went to a city in Southwest China and stayed in a condo that she shared with six Chinese surrogate mothers. She was the only Thai surrogate mother.

> I went [to China] twenty days before the delivery, on 14 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.

Lamai told me how she had experienced the travel to China as traumatic, feeling isolated and lonely, despite a cramped condo, as she could not communicate with the other surrogate mothers. She had also felt abandoned by the agency, not getting support for the delivery or follow-up treatment.

Legal risks of transnational surrogacy

Looking at the conditions under which the surrogate mothers travel and reports in the media, crossing the border in order to act as a surrogate mother was not without legal risks. In May 2017, six Thai women and one man were detained at the Thai-Lao border when returning from a clinic in Vientiane 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; Wilson 2017). In February 2020, Thai police arrested five Thai surrogate mothers, as well as Chinese and Thai persons involved in a transnational commercial surrogacy ring, during ten different raids in Thailand (Ngamkham 2020). When Vanida's transfer took place in Phnom Penh in 2017, the ban on surrogacy in Cambodia was not yet in effect, and some clinics still performed surrogacy procedures. However, awaiting the adoption of the new law, dozens of surrogate mothers were charged under human trafficking laws in Cambodia. 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). These events clearly illustrates how there are risks of detention and harassment by authorities, as well as layers of vulnerability faced by the surrogate mothers, especially when crossing borders. However, the women I talked to did

not bring up these risks as something that made them hesitant, but rather considered them as part of the conditions for making themselves available for surrogacy and earn the relatively "large sum of quick money."

Although transnational travel for surrogate mothers is a relatively new requirement, even before the ban on commercial surrogacy in Thailand, surrogacy arrangements would often require women to travel abroad in order to circumvent other reproductive regulations. Waen, 43, originates from Isan 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 was not yet 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 traveled to India for reasons related to surrogacy. After the second pregnancy, Waen started to act as a low-level agent, recruiting women to surrogacy, 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 fetuses in a multiple pregnancy, due to abortion being stigmatized and highly restricted in Thailand. This illustrates how the women, in order to make themselves bioavailable for surrogacy, need to comply with travels (often secreted and stigmatized) to circumvent various reproductive regulations, not only those concerning surrogacy. This is to be compared to other forms of reproductive mobility, such as those women being forced to travel to access abortion services not available in their home country (see Murray and Khan 2020).

(In)voluntary immobility

> 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.
>
> (Vanida, 39 years, two-time surrogate mother)

As discussed previously, high degrees of mobility and flexibility required by the 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 sometimes 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 Daisy Deomampo's descriptions of her interviewees' experiences of surrogacy housings in Mumbai (2013; 2016), the surrogate mothers in my study who had gone abroad for delivery shared stories of isolation, restrictions and feelings of loneliness. Vanida, whose travel to China was expedited due to pregnancy complications, came to spend two months awaiting delivery in an agency-provided condominium (or condo), a privately owned apartment. She stayed with three other Thai surrogate mothers and a Chinese woman who prepared food and looked after them. During her stay, she was not allowed to go outside the condo by herself at all. Given the ambiguous legal status of commercial surrogacy in China, the agency did not want to attract police attention or generate suspicion, so for 60 days Vanida stayed inside with the other surrogate mothers, leaving the condo only for medical checkups and then always accompanied by a caretaker. She told me:

> 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 surrogate mothers who would visit the doctor at the same time. After I returned to Thailand, my friend texted me via WeChat that yesterday the police came for a search, but they couldn't arrest anyone because the caretaker took the surrogate mothers 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 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 condo 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, expressing 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.

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.

Like Vanida, Lamai 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, and not being able to understand Chinese language heightened her isolation even more. Vanida and Lamai spent their days in suspense, with few distractions, only waiting for time to pass so that they could deliver the child and go home. They told me they had been homesick, being separated from their family in 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, when she 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 cell phone 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.

In their research on commercial surrogacy in India, both Daisy Deomampo (2013) and Amrita Pande (2010) discuss the issue of separating the surrogates from their own families by displacing them in surrogacy hostels or maternity homes during the pregnancy period, and Deomampo uses the notion of "spatial imprisonment" to describe their experiences (2013: 519). Partly similar to the Indian surrogates, Vanida and Lamai were expected to live separately from their families in unfamiliar locations, even countries. However, they were not only subjected to spatial imprisonment, but also temporal imprisonment, constrained to the passing of time that they had no influence on, placed in idleness waiting for their scheduled C-sections. These experiences of how moments of substantial movement and mobility were suddenly disrupted by periods of immobility, suspense and spatial constraint reveal "how different bodies are differently [valued] in transnational surrogacy" (Deomampo 2013: 525) with surrogate mothers' bodies sometimes required to move and, at other moments, required to stay still.

The women who had acted as surrogate mothers before the ban, and hence had not traveled abroad, told other stories of restricted movement. In contrast to the surrogate mothers traveling 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 traveling immediately after the implantation of the embryo, with some agencies providing accommodation 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 was offered accommodation in Bangkok for a week after her first two embryo transfers, 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 jeopardized 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 checkups 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 make themselves bioavailable, and some women even ignoring, or resisting, restrictions.

Concluding discussion

The personal trajectories of Thai former surrogate mothers contribute to our understanding of the global surrogacy market's conditions and development. Exploring im/mobility in the women's accounts allows for a broader discussion of the labor conditions, the power relations, and the interdependency between different actors, and scales, in the surrogacy arrangement.

Based on the accounts of the women in this study, I suggest that bioavailability (Cohen 2005) and the understanding of how certain people's reproductive bodies are made ready for the global reproductive market in different ways should be understood as connected to im/mobility. It is through being mobile and immobilized, at different moments in the surrogacy trajectory, that the women are becoming bioavailable – making their bodies available for hormone injections, embryo transfer, medical checkups and delivery when needed, but also *where* needed. Following this, I argue that we need to expand our understanding of the bodily, intimate and physical labor surrogate mothers perform when gestating and birthing a child by also acknowledging aspects of im/mobility and flexibility required of them. Similar to surrogate mothers in Russia (Weis 2021a) and Mexico (Schurr 2019), the Thai surrogate mothers (who often originate from the countryside) need to travel, relocate and sometimes even cross national borders in order to make themselves available for the various procedures included, while some procedures require them to stay still. As such, in their strife for social upward mobility, the women become both actors of and are subjected to various reproductive im/mobilities.

The surrogate mothers' im/mobilities are to a great extent effects of the flexible global surrogacy market and its requirements. The movements of the women, both within the country and across borders, well illustrate the elasticity and flexibility of the global "reproweb" of surrogacy (König 2023)

and what Whittaker (2019) describes as "hybrid" surrogacy arrangements, where different actors 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, despite the change in national legislation. 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 characterized by rapid movements, secrecy, anonymity, law evasion and instabilities. The women are required to be mobile and flexible reproductive bodies "on call," while the organization of the arrangement in combination with the illegal status of surrogacy outsources the risk of travels and border crossings to the surrogate mothers (Whittaker 2019:133). Furthermore, this ability to relocate would often end up placing the surrogate mothers in states of spatial and temporal confinement when having to stay put, hiding in cramped condos in a foreign country with no way to contact family or friends. These restrictions 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, who meanwhile are separated from their own children and family.

An analysis of these women's personal stories and trajectories also shows how different forms of mobility – ranging from domestic to international – should be read as taking shape within, and as a product of, the specific national and cultural context. In Thailand, there is a long tradition of women migrating, commuting and relocating from the countryside to the capital (or abroad) in order to earn money in the commodified care sector or health or sex tourism (Sunanta and Angeles 2013). As such, the mobility involved in acting as a surrogate mother by engaging in intimate labor was not fundamentally different from how many other Thai women are expected to move and relocate for work. While the global surrogacy market depend on these women's mobility and flexibility, in turn the long national tradition of gendered labor migration in Thailand facilitates the global surrogacy market. Thus, the experiences of surrogate mothers' mobilities illustrate how global processes are interlinked with local and national traditions and trends, not least when it comes to gendered labor (see Pande 2021b; Rudrappa 2015; Vertommen et al. 2022).

Furthermore, the im/mobilities at play in transnational commercial surrogacy and the national and international travels required by the women are more than just movements in space and time. These im/mobilities entail interdependencies marked by entangled power relations. The trajectories of the women in this study show that surrogacy requires im/mobility (of various degrees) for all involved, but that it takes place under very different conditions. Even though intended parents and surrogate mothers in some ways are interdependent upon the im/mobility of the other, there are clear differences between these experiences of im/mobility (see Deomampo 2013; Schurr 2019). They do not only have different capacities to move due to different positions in terms of gender, class, race, ethnicity and nationality, they also "experience mobile practices and moments of immobility very differently according to their particular position in the global bioeconomy" (Schurr 2019:107–8). The surrogate mothers I talked to undertook a lot of traveling during the surrogacy arrangement, both of 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 reproflows they are part of. Their mobility is in many ways imposed by various (inter) national legislations while also being managed, monitored, and even sometimes constrained by the diverse driving forces and desires of clinics, agencies and intended parents.

To summarize, in this article I have demonstrated examples of reproflows beyond previously documented trends. This within a setting where surrogacy has moved to a black market and across borders, and where the requirement for surrogate mothers' flexibility and adaptation has increased. I have shown how the surrogate mothers im/mobility in the global fertility chain is a requirement in order to make themselves bioavailable for the bodily and intimate labor of surrogacy, but also how this im/mobility is coproduced by the constantly changing global assisted reproductive industry, national governance and the cultural specific context for gendered labor. Additionally, these experiences of geographical im/mobility also emphasize the inherent inequality due to disparities in power and

resources among those involved (see Sheller 2020). At the time of writing, Thailand is preparing to lift the ban on transnational surrogacy and allow foreign couples to seek surrogacy services in the country, partly motivated by enhancing the country's medical tourism industry and to "prevent human trafficking" (Thepgumpanat and Wongcha-Um 2024) which further illustrates the fluctuating legislations of commercial surrogacy. The question remains how this will affect the hybrid surrogacy market in Thailand and the conditions for future surrogate mothers. Further research is needed to explore how changing national legislation and the closing, opening and movement of surrogacy locations affects the conditions for those acting as surrogate mothers, as well as the women's awareness and view on this, not least in times of crisis (such as global pandemics and war, see König 2023; König and Jacobson 2023). Moreover, there is a need to look into the logistics and details around payments, paperwork, and practical arrangements within these fragmented processes and how that relates to im/mobility of various actors.

Notes

1. I use the term "surrogate mother" for women engaged in gestational surrogacy as my wish is to stay close to the participants' narratives and to the specific cultural context of surrogacy. In Thailand, the commonly used term for surrogacy is *um bun* (carrying merit) and for the woman gestating the child *mae um bun* (mother carrying merit). All of the participants referred to themselves as *mae um* (carrying mother).
2. Research on commercial surrogacy in Thailand is growing, exploring the practice and jurisdictions for surrogacy in Thailand as well as surrogate mothers' and intended parents' experiences (Attawet et al. 2022; Nilsson 2022; Stasi 2017; Whittaker 2014:2019).
3. This article builds on the material and analysis of my doctoral dissertation (Nilsson 2022), especially Chapter 5.

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