



## Chapter-5

### ART and Motherhood: Towards Maternal Choices

#### Beyond Biological Destiny

The biologicalization of motherhood is one of the key ideological assumptions of patriarchal society which restricts motherhood to biological ties and “positions the birth mother as the “real” and authentic mother.” (Reilly, 2016, p. 14). Over the years, feminists have challenged the procreative role as women’s biological destiny, and have also identified this as a primary reason for the relegation of women in the domestic sphere, leading to the gender specific division of labour (Beauvoir, 1952; Firestone, 1972; Irigaray, 1985; Rich, 1986). Following a similar line of argument, Assisted Reproductive Technologies (ART) have been criticised for reducing women to their organs (Morgan, 1993; Sistare, 1994) thereby glorifying those who “can” and condemning those who “cannot” (Dworkin, 1983), most importantly conditioning women’s choices while compromising their health (Bartholet, 1999; Corea, 1986; Sherwin, 1992; Spallone & Steinberg, 1987). However, ART has been praised by others who believe that these offer women freedom from the tyranny of their reproductive biology to pause the biological clock as they time their children according to their career needs, and most importantly to expand reproductive choice not only of women in heterosexual marriages, but others who wish to form nonnormative family such as single mothers, gay or lesbian couples, and others (Firestone, 1972; Andrews, 1988). Thus, the advent of ART has encouraged the growth of nonnormative family structures, but it has also given rise to debates with respect to bioethical ambiguity.

With rising infertility and growth of unconventional familial setups, Assisted Reproductive Technologies (ART) such as In-vitro fertilisation (IVF), egg donation, surrogacy became indispensable (Krishnaraj, 2010). ART and surrogacy practices have enabled us to separate three different aspects of the biological experience of motherhood- the genetic mother, the gestational mother, and the social mother (Spallone, 1989; Snowdon, 1994). However, the division of labour in mothering practice has been prevalent in India- where the new-born child is nurtured by someone other than the birth mother. This process is also called co-mothering; it gradually went out of practice in India following the advent of nuclear families. With the rearrangement of the familial setup and with the advent of ART, there has been a shift in mothering practice through the dissociation of motherhood from the biological act of reproducing. This, in turn, has helped mothers to perform empowered mothering through coping with social stigma and emotional upheaval while becoming a non-biological mother.

This chapter examines the representation of ART-enabled mothering on-screen to understand its reception and performance in the Indian socio-cultural context. The chapter also probes how traditional family setup and gender roles are being restructured following the advent of ART. The purpose of this chapter is not to look at this phenomenon from a unidimensional perspective of “agent and victim, rich and poor...” and others; however it acknowledges the power relationship that arises when “some categories of people are empowered to nurture and reproduce, while others are disempowered” (Ginsburg & Rapp, 1995, p. 3). Through a thematic analysis of *Filhaal* (Gulzar, 2002), *I am Asifa* (Onir, 2010), *Good Newwz* (Mehta, 2019), and *Mimi* (Utekar, 2021) this chapter highlights how the biological experience of motherhood is being re-interpreted by mothers, and how they navigate the stigma associated with infertility and non-biological mothering. These films, through their representation of women

acquiring motherhood via surrogacy, help us formulate an understanding of mothers who choose surrogacy, under what circumstances they choose it, why they choose it over adoption; secondly, what kind of complications arise on account of the surrogacy; how they overcome the societal stigma against infertility and non-biological mothering and finally, how they navigate the societal construction of surrogacy and the desire to adhere to the biological paradigm. In other words, how they resolve the question of the genetic mother, gestational mother, and social mother. At what point in her relationship with the child does the mother cease to reduce motherhood to mere biological definition, and what instrumentalises these changes. Studies have not significantly examined the representation of surrogacy in Hindi cinema and the present chapter addresses this gap in literature and probes how the representation of surrogacy and other ART based reproductive technology are being re-interpreted by mothers, and how they navigate the stigma associated with non-biological mothering.

### **Infertility, Social Stigma, and ART**

Infertility is defined as the inability to conceive after twelve months of unprotected intercourse. It does not have any symptoms, “except the absence of a desired outcome” (Greil et al., 2010, 14). Infertility is not just a biological issue, but also a social problem, one that may have major consequences on the marital life of an individual (Sandelowski et al., 1990). It affects men and women alike, however, in India, women are more at risk to bear the social and emotional consequences of infertility. In the medical discourse, infertility is a symptom of a disease or a cause or consequence of another disease. Unlike other diseases, this can neither be defined clearly, nor can it be absolutely cured. Again, it may remain undetected throughout their lives, if the person does not try for a baby. However, the consequence of infertility may not be manifested in only the person’s body with infertility, but may also go on to include his/her partner.

Thus, requiring “mandate treatment by proxy” (Sandelowski et al., 1990, 199). When a woman is infertile, it demands interventions in her body, however, if her partner is infertile, it would also require interventions in her body in the form of artificial insemination or some other means. Most importantly, irrespective of the infertility, it is a childless woman who is blamed, stigmatised, and has to go through anxiety, trauma, social ostracisation (Inhorn & Balen, 2002, 7). These women engage in self-blame and perceive their *bodies* as defective; very often on account of their inability to achieve motherhood, they treat their entire *selves* as damaged, and they cease to consider themselves as truly women (Sandelowski, 1995). It is to escape from this kind of self-perception and overcome the burden of infertility that a section of women in India, especially from the upper class, upper caste household, seek ART-enabled motherhood.

The World Health Organisation (WHO) along with the International Committee for Monitoring Assisted Reproductive Technology (ICMART) have defined ART as-

All treatment or procedures that include the *in vitro* handling of both human oocytes and sperm, or embryos, for the purpose of establishing a pregnancy. This includes, but is not limited to, *in vitro* fertilization and embryo transfer, gamete intrafallopian transfer, zygote intrafallopian transfer, tubal embryo transfer, gamete and embryo cryo preservation, oocyte and embryo donation, and gestational surrogacy. ART does not include assisted insemination (artificial insemination) using sperm from either a woman’s partner or a sperm donor. (Zegers-Hochschild, 2006)

The American Center for Disease Control (CDC) also defines ART as “any fertility-related treatments in which eggs or embryos are manipulated”. Procedures where only sperm are manipulated, such as intrauterine inseminations, are not considered under this definition. However, the SAMA team’s definition of ART “encompasses various procedures ranging from the relatively simple Intrauterine Insemination (IUI) to variants of in-vitro fertilisation and embryo transfer (IVF-ET) ...” (SAMA, 2006). The

SAMA group is a Resource Group for Women and Health, based in India. It has been working closely with the Ministry of Health & Family Welfare, the Indian Council of Medical Research (ICMR) and National Human Rights Commission (NHRC) on several issues including women's health. For this thesis and to reduce ambiguity, the definition of SAMA which includes IUI as a means of ART is being adopted. The social construction of infertility along with the new reproductive technologies expand their hold over women's power over their bodies. Thus, "technological reproduction has made medicalised access to the female body acceptable, and medicalised abuse-that a woman will endure anything to become pregnant-standard treatment" (Raymond, 1998, n.p.). This ambiguity gets further complicated, when it raises the issue of surrogacy.

Surrogacy is defined as-

an important method of assisted reproductive technology wherein a woman carries pregnancy for another couple. Number of couples around the world require surrogacy for various reasons. Although this arrangement seems to be beneficial for all parties concerned, there are complex social, ethical, moral, and legal issues associated with it"

Patel et al., 2018, p. 212

The surrogate mother substitutes the intended mother to become pregnant and give birth to a child. It has made motherhood possible for "women without uterus, with uterine anomalies preventing pregnancies, with serious medical problems, or with other contradictions for pregnancy, to achieve motherhood through the use of embryo created by themselves or donor and transferred to the uterus of gestational carrier" (Patel et al., 2018, para 1). There are two types of surrogacies- traditional and gestational. In traditional surrogacy, which is also known as genetic/partial/straight surrogacy, the surrogate mother is artificially inseminated with the intended father's sperm. So in this, the surrogate mother is genetically associated with the baby. In gestational surrogacy, also known as host/full surrogacy, the embryo of the intended parents or from a donated

oocyte or sperm is placed in the uterus of the surrogate. Here, the surrogate is not genetically connected to the child, thereby causing no ambiguity with respect to parental rights. If the surrogate is financially compensated for the surrogacy, it is called commercial surrogacy; when she receives no payment apart from the reimbursement of her medical expenditure, then she is called an altruistic surrogate. Post 2002, following the legalisation of commercial surrogacy, India has become a lucrative place for transnational surrogacy and has become a major contributor to the IVF industry.

### **ART and Surrogacy: The Real and the Reel**

The first scientifically documented IVF baby, Louise Brown was born in July, 1978 in England. Although Subhas Mukherjee in Kolkata claimed to have performed the first IVF in India, in October, 1978, it was not scientifically documented and he remained unrecognised for his achievements. The first scientifically documented IVF child in India was Harsha, and was born in 1986, in a government research programme of the National Institute for Research in Reproduction. However, in India, IVF has a unique history, given the country has been more concerned with birth control and family planning to combat population explosion. So, introducing IVF, the ICMR bulletin states-

...due to high infant and child mortality, several women who have undergone tubal sterilisation do seek tubal recanalization... IVF/ET requires comparatively less intervention than tubal recanalization. If a couple is convinced that pregnancy could be achieved with certainty by the IVF/ET technique, in the event of their losing the existing children, they might readily accept tubal sterilisation as a method of family planning. Thus, in vitro fertilisation could be of great relevance to our national family welfare programme. (ICMR, 2005, n.p.)

Thus, introducing IVF would enable the state to absolve itself of the “onus of childlessness induced on account of high child mortality coupled with sterilisation. In

public hospitals, IVF served as a safety net to compensate for the pitfalls of sterilisation programmes” (Patel, 2013, p. 71). However, because of its high cost, it is discouraged in public hospitals as a form of fertility treatment. But it has been made readily available in private clinics, thereby making it affordable to the rich and inaccessible to the poor; thus, it has been a form of elitist treatment. At the same time, India developed itself as a preferred place for reproductive tourism; its worth is estimated to be more than a half billion US dollars annually, and increasing every year (Deonandan et al., 2012). Reproductive tourism can be defined as- “the travelling by candidate service recipients from one institution, jurisdiction or country where treatment is not available to another institution, jurisdiction or country where they can obtain the kind of medically assisted reproduction they desire” (Pennings, 2002, 337). Also known as fertility tourism, procreative tourism, reproductive tourism, reproductive travel, cross-border reproductive care (CBRC), fertility holidays, and in vitro fertilisation (IVF) tourism (Inhorn et al., 2012; Smith et al., 2010; Speier, 2015, 2016). The Indian market has been able to offer “high quality health care, western-trained doctors and low medical costs” proving itself to be a lucrative choice for reproductive tourism, Other factors which determine the choice of destination for fertility tourism includes- “availability of donor eggs; surrogacy regulations and surrogacy bans; cost and affordability factors; legislative changes, local restrictions etc.... safety, information cost, donor information, exploitation of both donors and patients and quality control issues” (as cited in Strickland & Ratten, 2023). In India, until recently, the market was also unregulated by any Laws governing surrogacy and reproductive technologies (Rimm, 2009). Private clinics and commercial agencies screened, matched, and regulated agreements with their own arrangements and criteria, without any form of state intervention.

Against popular beliefs, these medical tourists are not always non-Indians, in fact, there is great demand among Indians and Non-Resident Indians for such surrogacy and IVF treatment (Pande, 2010). Mostly, people from countries where there are strict restrictions on ARTs such as Germany, Sweden, or countries which have high costs involved, prefer countries like India, Singapore, Thailand, Ukraine and other former countries of the Soviet Union, and European countries like Spain, Crete, and Cyprus. Because of the lucrative holiday packages being offered by these low-income countries, they have gradually become popular among reproductive tourists (Gupta, 2012 b). Thus, ARTs within the purview of reproductive tourism have enabled not only infertile couples, but also single men and women, and gay and lesbian couples across the globe to become “biological” parents. With this arises the question of ethics and the social and cultural implication of surrogacy and fertility tourism which requires nuanced understanding. To claim the surrogate industry and its mother-workers as helpless women “who are “selling” their bodies as part of the global-transnational networks of technology, medical services, and trade in organs” (SAMA, 2010, 2012) would be biased. Similarly, calling these women as altruists who are birthing “the child as an ultimate gift” denying any desire for remuneration is also biased. After 2015, the Indian government has banned transnational surrogacy; it is no longer available to unmarried couples and single people, gay or straight- it is only available for infertile Indian heterosexual married couple. For this chapter, we look at surrogates and surrogate agents as women who engage in this occupation as a means of survival, which help them improve their condition of living. The legal, ethical, and moral dilemma in performing surrogacy and employing surrogates has been discussed in the later sections.

In India, the Surrogacy (Regulation) Bill, 2019 was passed by both the houses of the Parliament, and prohibits commercial surrogacy in all its forms. Altruistic Surrogacy has been permitted, and it involves no monetary compensation to the surrogate mother apart from the necessary medical expenses and insurance coverage during the pregnancy. This Bill has also defined the eligibility criteria of couples intending to become parents. They should possess a 'certificate of essentiality' which certifies firstly, the proven infertility of one or both the members of the intending couple, secondly, an order of parentage and custody of the surrogate child passed by a Magistrate's court, and finally, an insurance coverage for a period of sixteen months covering postpartum delivery complications for the surrogate. They would also have to furnish a 'certificate of eligibility' verified by appropriate authorities, confirming that the intending couple is- firstly, Indian citizen, and married for at least five years, secondly, the wife should be between 23-50 years old and the husband should be between 26-55 years old, thirdly, they should not have any surviving child (biological, adopted, or surrogate), however, this would not include a child who has a disability or chronic illness of any form. For the surrogate, the guidelines indicate that the surrogate has to be a close relative of the intending couple, who is also a married woman, and has a child of her own. Most importantly, she has to be within 25-35 years old, and would be a surrogate only once in her lifetime, she should also be medically and psychologically fit for the surrogacy. The surrogate is also permitted to provide her gametes for surrogacy. The bill also outlines the working of the National and State Surrogacy boards, about the parentage and abortion of the surrogate baby, and registration of surrogacy clinics.

Popular culture across the globe has been able to capture this changing terrain of gender, sexuality, and motherhood. Through various cultural mediums such as films, TV series,

newspaper articles, celebrity talk shows, and celebrity interviews and their public persona, the discourse on ARTs and surrogacy is communicated to a larger audience and this in turn builds a public perception. For instance, the 2014 study of three contemporary Hollywood films *Baby Mama* (McCullers, 2008), *The Switch* (Gordon, 2010), and *The Back-Up Plan* (Poul, 2010) reveals how through the (re)deployment of conventional cinematic tropes, these films augment the traditional heteronormativity and gender roles with the radical possibilities of ARTs. The study analyses how these films both challenge and reinforce the “socially foundational status of the male-female couple” (Maher, 2014, p. 853). Le Vay’s book on *Surrogacy and the Reproduction of Normative Family on TV* (2019) offers a more nuanced understanding of how in the modern capitalist world book, popular culture, and technology has been working in synchronisation to mould the ideologies of motherhood and family. The study also brings in the different forms of fetishisation of the maternal through the stereotype of “yummy mummy” which has been pitted against the “chav mums”. The study also brings in the representation of the maternal in pornographic films besides its discussion on the intervention of technology in the maternal body. The technological intervention is interpreted as a form of masculine domination which is linked to patriarchy and industrial capitalism. A similar discussion on reality television and its representation of “yummy mummies” embodying the material and physical ideals of dedicated motherhood can be seen elsewhere (Le Vays, 2019, p. 35). However, this commentary, besides criticising the hegemonic representation of intensive mothering on screen, highlights how such shows would rather provide a much needed “opportunities for informing audiences about infertility and its treatments, and potentially doing the same about other taboo topics” (p. 873). This commentary also emphasises that the discussion of celebrity couples about their reproductive complications are not only popular, but

also helped in destigmatising such issues in public discourse (Edge, 2014). Studies conducted on public opinions and on surrogacy and associated stigma also highlight the dichotomy of good mother and bad mother which dominates public perception (Abrams, 2015).

It is also important to highlight that although the issues of ART and Transnational Gestational Surrogacy are global issues and are discussed and debated across cultures, the rhetoric of such narratives differs from place to place. A study on public discourses in US popular culture in between 2002 to 2012 reveals how in the US the transnational gestational surrogacy is a form of “global sisterhood” which highlights the intended mother’s struggle with infertility, a US surrogates’ role as a selfless patriot, and “sensationalises the conditions of surrogacy in India, positioning it as a solution to, rather than a symptom of, profound social and economic injustice under systems of global capital” (Fixmer-Oraiz, 2013, p. 127). Similar studies on infertility and ART have been conducted in Israel and Japan which examines how popular TV shows become a means of reinstating the hegemonic ideas of matrimony and motherhood. The Israeli television contents “derived by deeply rooted cultural-religious beliefs, the ideological stance applied in the series de-legitimises female infertility and non-biological motherhood achieved through surrogacy.” (Shalev & Lemish, 2013, p. 321). In the Japanese context, the fictions and dramas have been more accepting of ART and the birth of the child resolves any form of conflict arising in the family. However, it is noted that these dilemmas are explored and resolved in a monocultural and mono-ethnic Japanese world. This implies that it is important to maintain the ethnic and racial purity even as one adopts technological means to achieve motherhood (Mackie, 2014).

The studies in the Indian context have been by far limited and require further attention. Despite ART-enabled motherhood being an emergent and an important social and

cultural phenomenon, there is a distinct scholarly silence over it. Mendes' (2018) comparative study of Onir's *I am Afia* and Arpita Kumar's *Sita* brings out how these narratives of commercial surrogacy can be positioned in the context of neoliberalism which, amidst the changing social scenario, has enabled the possibility of disrupting the traditional social contracts in the global as well as local scenarios. However, the study is more concerned with the project of film making, and the significance of these films being made as crowd funded projects; it has not explored the bioethical debates concerning surrogacy and ART in India and in the global market.

### **The Choice to Mother a Surrogate Child**

In a patriarchal society such as India, the supremacy of the male is symbolised as being the seed giver, and the woman as the field. The produce belongs to the man who owns the field. This extends a man's rights over the woman's productive capacities and labour power, in addition to his control over her sexuality and reproduction. The actual extent and value of a woman's productive contribution in this scheme is irrelevant (Krishnaraj, 2010, p. 33)

As social reproducers, women are expected to bring forth new human beings, nurture them to adulthood, and reproduce the social formation through rearing practices (Krishnaraj, 2010). It is on fulfilment of these reproductive goals that women achieve the glorification associated with motherhood. The reproductive domain ensured the reproduction of labour power not merely through procreation, but also through ensuring social reproduction by maintaining the existing social relations - "The low social and philosophical value given to reproduction and to birth is not ontological, not immanent, but socio-historical, and the sturdiest plank in the platform of male supremacy." (O'Brien, 1981, p. 75). Hence, reproduction was the underbelly of production, ensuring its long-term social existence and formed the basis of dominance of the male productive sphere over the female reproductive sphere. The socio-cultural discussions of the maternal body and maternal experience, further condition women towards a bias towards biological reproduction, and "this bias infiltrate the language and experience

of adoptive mothers, birth mothers, surrogate mothers, and other maternal figures in a child's life" (Brakman & Scholz, 2006, p. 55). Such conditioning occurs when the biological paradigm is justified with the argument that "one's own is not the own of one but of two, the desire to have a child of one's own is a *couple's* desire to embody, out of the conjugal union of their separate bodies, a child who is flesh out of their separate flesh made one..." (Kass, 2002, p. 96). This, in turn, ensures that women continue in their role as biological reproducers even at the cost of their health and sometimes career advancement. While the option for adoption is still available and was actively availed by most infertile parents until 2000, it is because of social stigma that it is no longer preferred by most parents (Twine, 2011; Rotabi & Bromfield, 2012). Because of the stigma surrounding adoption and "the societal bias that pressured adults to produce new children at all costs, using their own or others' genetic material, and pushed them away from the children already born who were in need of homes" (Bartholet, 1999, p. ix). According to Bartholet the reason adoption is not offered as a choice is because-

It may be too threatening. It means, among other things, that women can give away their children, or lose their capacity for pregnancy and still function as full human beings.... It means that biology *is not* destiny. It raises questions about the goal of self-perpetuation and the value of promoting our own racial, cultural, and national groups. It forces us to think about the appropriate definition of family and community. (1999, p. 165)

The biologic paradigm also puts forth the argument for "maternal instinct" which states "that parental affection or attachment is influenced by experience, and this experience is not confined to socialisation experience, but includes in large measure, bodily experiences that are the same cross-culturally; i.e., all women have special bodily experiences that are likely to enhance those feelings, attitudes, and fantasies which induce people generally to care for their infants." (Whitbeck, 1984, p. 191). These bodily experiences which are universalised to all women include "pregnancy, labour,

childbirth, nursing, and postpartum recovery”, and these help in developing the maternal instinct (Whitbeck, 1984, p. 186). In the case of adoption, mostly the adoptive families are socially constructed as “temporary, freakish, second-best families, in contrast to the authentic and normal biologically-related family” (Cassidy, 2002). Thus, to develop a sense of ownness, society mandates the need for a biological connection. This claim of biological connection also very often grows in the child, when adult adoptees are often seen searching for their biological parents to form their self-identity by looking for their roots. However, self-identity and subjectivity develop, and are not dependent on genetic makeup, so such reflections on biological roots give away the patriarchal conditioning and the social realities of the rearing family. This becomes further complicated when one starts discussing transnational commercial surrogacy, which brings questions of class, race, and other power hierarchies also fuelling debates on ethics because it disrupts the dichotomy of public/private, production/ reproduction. Surrogacy in the global south like India has often been considered as a “survival strategy and a temporary occupation for some poor rural women, where women are recruited systematically by fertility clinics and matched with clients from India and abroad”; it is “gendered, exploitative, and stigmatised labour” (Pande, 2010, p. 971). Both Pande and Deomampo over their extensive research in Anand, Gujarat and Mumbai, Maharashtra have brought to light the dire state of surrogates, who are being manufactured in surrogate hostels and fertility clinics and are trained to become the perfect surrogate who is “cheap, docile, selfless, and nurturing” (Pande, 2010, p. 970; Deomampo 2013). This can be contrasted with research conducted in the global north, where surrogates have emphasised their acts to altruism and “the child as an ultimate gift” denying any desire for remuneration (Ragone, 1999; Raymond, 1990). These surrogates try to construct the image of a ‘pure’ versus ‘wicked’ surrogacy, thereby

claiming their act to be one of maternal love while “the wicked one prostitutes her maternity” (Cannell, 1990, p. 683). While the global north decidedly positions itself against the commercialisation of surrogacy; in the global south the commercial motive of the surrogates is not concealed, yet they attempt to put forward the image of the perfect surrogate, who has to be a good mother while being a good worker (Pande, 2011). Thus, in the production of these surrogates, there is an interplay of hierarchy both at the transnational level as well as local and community levels (Deomampo, 2013).

This debate around ART magnifies the concerns regarding reproduction, motherhood, and the patriarchal power structures of our culture. But it is undeniable that these technological advancements have also helped to break away from existing notions of the normative family and have provided the means to construct alternative family structures. A lot has been discussed about the fault lines in commercial surrogacy as well as surrogacy in general, yet not much has been done. It is important to examine the representation of ART-enabled motherhood and surrogacy in popular culture to note the role it has played in shaping public imagination. Studies about the representation of ART and surrogacy in popular culture are rare and are often plunged in multiple ethical and medico-legal debates, nevertheless they are important to understand the cultural standpoint.

### ***Filhaal... (2002)***

*Filhaal* is the story of two contrasting women, who happen to be best friends- Rewa and Sia. It is the first film to be made on this issue just about the time surrogacy was commercialised in India. It is also the only film among these four to be written and directed by a woman (Meghna Gulzar) which makes both Rewa and Sia to have such a strong voice and opinion. It is apparent from their college days that Sia wants to get

married and settle into domesticity, while Rewa wants to establish herself as a photographer. Both are modern women, living in metropolitan cities like Delhi and Mumbai and driven by their modern outlook towards life and the free choices they make. On the one hand, Rewa repeatedly turns down Sahil's (her boyfriend) offer for marriage, because she wants to fulfil her career goals. She feels marriage and motherhood would be an obstacle for her career. On the other hand, Sia single-mindedly desires to be a mother immediately after her marriage. She is extremely disappointed by her miscarriage and the doctor's advice to not go ahead with any future pregnancy. She even conceals one of her pregnancies and is ready to risk her health to become a mother. It is on seeing her disappointment and depression that Rewa proposes the idea of becoming a gestational surrogate to Rewa's child. The decision to go ahead with surrogacy is entirely made by Rewa and Sia, and Dhruv is informed about it. Through in-vitro fertilisation, Sia's egg and Dhruv's sperm is placed in Rewa's womb and Rewa lends her womb for their baby to gestate.

Conflict arises when Sia sees Rewa receiving all the care and attention for carrying the child in her womb. It infuriates her seeing Dhruv and the family members glorifying Rewa for making such a sacrifice. Also, Sia wants to control Rewa's lifestyle and she becomes protective of her. She decides her diet, brings her food and medicine timely, and insists that Rewa should stop working and travelling frequently for the sake of the baby. Sia assumes a maternal position and assumes control of Rewa's life. However, this upsets Rewa because it intrudes with her career and personal life. This attempt to control the surrogate's life is common among most commissioning parents. Rewa, being a friend and a woman with agency, is able to overcome the surveillance and control. It is because of this, surrogate hostels became popular among commissioning parents because the hostel authorities would bear responsibility of the surrogates'

health, hygiene, and diet. Rewa's normal life is also jeopardised when Sahil, who was her close friend and had been pursuing her for marriage for years, breaks off their relationship. He feels betrayed that while Rewa previously felt their marriage would negatively impact her career, but she readily compromises it for her friend. Rewa, too, gradually develops a maternal instinct for the baby growing in her womb. Also, she grows confident about her ability to balance her career while being a mother.

Sia realises her desire to be a mother is also because of the maternal instinct one develops while having the bodily experience of being and becoming pregnant; these "special bodily experiences that are likely to enhance those feelings, attitudes, and fantasies which induce people generally to care for their infants." (Whitbeck, 1984, p. 191). Thus, she feels a sense of being left out. Although she has an innate maternal instinct for the child in Rewa's womb, she feels that she is missing out on the love and respect that a mother-to-be is showered with in the family. To be glorified as a mother is an incentive which most women are conditioned to aspire for in India. It especially hurts Sia seeing Dhruv getting closer to Rewa as the pregnancy nears. She construes that Dhruv may be developing a romantic inclination for Rewa, even while Dhruv wishes to care for his baby and the mother who is carrying it. What started off as a sisterly bond between two friends who would co-mother the child, soon turns into a conflict of motherhood. Although Rewa never claims her right to the child, seeing Rewa's growing closeness, Sia abandons her and says that she has nothing to do with the child, and Rewa may abort it. Sia feels that she is being penalised for having failed in her reproductive role as a woman.

Sia leaves, saying she has nothing to do with the baby in Rewa's womb, making Rewa feel betrayed. Rewa risks her life, her career, and her lover to help Sia. Sia also feels betrayed being denied the love and care that is commonly showered on pregnant

mothers. Ironically, Sahil and Dhruv too feel upset seeing the two women making all the decisions by themselves with them hardly having any say. Rewa is admitted to the hospital when she has premature labour. Dhruv urges Sia to come back and she reluctantly rushes to the hospital. During the delivery when Sia is asked to make a choice between the mother and the baby, she chooses her friend. When Rewa is about to lose her life, it is then that Sia realises all that is at stake. Also, her readiness to sacrifice her baby for saving Rewa also emphasises her ability to go beyond her maternal role, and amend her relationship with her friend. Miraculously, both the mother and the baby could be saved. Rewa soon after relinquishes the baby, and assures Sia that she had been a momentary mother (“*filhaal ki maa*”), and the real mother of the baby is Sia. Thus, Rewa proves herself to be the “perfect surrogate”, who in spite of her growing maternal instinct is ready to give away the baby to her friend; for whom the baby was originally intended. Rewa is more than happy to get back her pre-pregnancy life with Sahil and expects no monetary compensation or anything else in return.

### ***I Am Afia (2009)***

In *I am*, a single woman Afia is trying to start over after separating with her husband, who cheated on her. She is seen retrospectively how even during her loveless marriage she desperately desired to be a mother. But, her husband Manav was never ready. On seeing him with his heavily pregnant second wife, Afia is moved to go ahead with her plan of becoming a single mother through sperm donation. Afia is a working woman who lives in the metropolitan city of Kolkata. She is more progressive than her colleague Megha, who feels repulsed at the idea of becoming a mother through sperm donation. She also visits the doctor by herself and makes the arrangements and decisions single-handedly. However, Afia too experiences a predicament with respect

to the biological paradigm. It is easy for her to decide on becoming a single mother, however, there are two very important things to note. Firstly, she chooses to become a mother through surrogacy than adoption, which would have been more convenient for her. Secondly, her insistence to personally meet and know the sperm donor, although her doctor informs her that personal details about the donors are confidential and divulging them is against the privacy policy of the clinic. She is also assured that the doctors have conducted necessary background checks about the donor and his health history. But Afia remains adamant on her request to meet the donor, and she does meet the donor to have a brief conversation with him.

For Afia too, it is important to have a biological connection with the child. Much like Sia, it is important for her to experience “pregnancy, labour, childbirth, nursing, and postpartum recovery” (Whitbeck, 1984, p. 186). The cultural conditioning of women, even as modern and independent as Afia and Sia, continues to make them believe that to experience maternity it is important to go through the rite of passage of pregnancy, labour and postpartum. It has been culturally established that to become a mother, making a genetic contribution is not important alone, but also to carry the child and feel it within oneself. Further, representation of such mothers, who feel incomplete without experiencing biological motherhood not only subscribe but also contribute to this cultural conception of the biological paradigm. For Afia the challenge is to let go of her urge to know the biological father of the baby.

Suraj, the sperm donor is a professional donor, who has been doing it regularly to make some extra money alongside his college education. For professional surrogates or donors, it is important to “disaggregate herself from her uterus” or his sperm (Neuhaus, 1988, p. 8). Afia cannot accept the fact that Suraj would donate his sperm without any attachment towards the child, so she informs him, that he is allowed to meet the child,

if he ever wishes to. Meanwhile, she is also not ready to find herself a partner with whom she could have a baby, sometimes in the future. The doctor even offers her to find a donor of her choice, but when she approaches her friend to let her husband donate his sperm, the friend is repulsed by the idea. Because of her recent separation with her husband, she is also not ready for any emotional attachment with a man. At the same time, she is also not ready to have the baby of a man whom she does not know. This fluidity even within the biological paradigm is what makes one assert that “‘biological’ relationships are socially constructed” (Menon, 2012, p. 49). Here, she feels discomfort at the possibility of raising a child of a man she does not know (through IVF or adoption) but her friend cannot concede to allowing her husband to donate his sperm for Afia. Once Afia goes through the process of insemination, she realises how technologically driven the process is, and how it lacks any form of human attachment. This empowers her to no longer contact Suraj, or feel any form of connection with him. Afia is successfully able to disaggregate Suraj the man, from the sperms that he donates for her, and through which she is inseminated. To Afia’s disbelief, the technological intervention had capitalised the maternal instinct while leaving out the emotional aspect of it.

### ***Good Newwz (2019)***

*Good Newwz* is a more recent film, and as such is a film made for commercial success, targeted at a mainstream audience. There are two couples- Varun Batra and Deepti Batra, and Honey Batra and Monika Batra. Although both the couples are rich and settled in posh localities of Mumbai and Chandigarh, they have very different lifestyles. Varun is a senior official at a showroom of Volkswagen and Deepti is a career-oriented celebrity journalist, who has consciously delayed her pregnancy to focus on her career. Honey and Monika are nouveau riche and seem to be running a family business. Monika

has been trying for pregnancy for years and has suffered multiple miscarriages. Deepti has been delaying her pregnancy for years and is now planning a baby in her late thirties. Although she has a very supportive set of close family and friends, it becomes difficult for her to attend family functions without being asked by distant relatives about her plans of becoming a mother. Overlooking her other achievements, they emphasise the need for her to become a mother. This intrusion and family pressure negatively impacts her relationship with Varun. For them the baby making process becomes more of a task that needs to be completed within a stipulated time frame, than an act of love. Their paths cross with the other Batras when both the couples visit a fertility clinic to undergo IVF and their sperm gets exchanged on account of sharing the same surname.

Both the couples visit the fertility clinic as their last ray of hope. Honey and Monika even distribute sweets and diapers because they treat the fertility clinic as a temple- a place for prayers and wish fulfilment. The doctors through medicine and technology make the miracle happen. However, instead of any miracle, the clinic commits an error and they exchange the sperm of the two men while performing the IVF. From thereon, problems arise between the couples. The women decide to go ahead with their respective pregnancies as they did not want to risk it on account of their advanced age and their desperation to have a child. Also, for these women, they consider the baby in their womb to be their own, since they are both the genetic as well as the gestational mother. Honey and Varun feel their genetic material has been exchanged, which according to the biological paradigm is their only contribution in the pregnancy process. Both become aloof about their wife, because for them it was clearly not their baby. To make things worse, Honey even decides to start living in the same apartment as Varun and Deepti and starts keeping a close watch on Deepti. In an attempt to protect his biological child, he becomes obsessed with Deepti and starts neglecting his beloved

wife. He truly starts believing that Deepti is the mother of his child. To prevent further intrusion into their privacy, Deepti and Varun decide to make Honey and Monika sign a contract which would prevent them from claiming Deepti's child as theirs or invade their privacy. Honey too draws a contract which outlines Deepti's duties towards the child and is like a motherhood manual. The contract outlines whatever he expects Deepti to do to become a good mother and give birth to a healthy child for him. The contracts that each of these couples draw are similar to the surrogacy contract drafted in case of commercial surrogacy which outlines how the surrogate is expected to forego her rights of the child, and the parental rights belong to the commissioning parents. Also, the surrogates are expected to adhere to a strict lifestyle, diet, medicine, and hormones to ensure the birth of a healthy baby.

The film, while reducing itself to a comedy of error, also brings forth the complicity of the biological paradigm. In the patriarchal setup where the father possesses the parental right on the child, what consequence does it bear when there is an unintentional medical error which alters the genetic makeup of the baby. It is also noteworthy that this error is caused due to their shared surname which indicates that both belong to the same caste and they also are from the same class. Even when they share the same class and caste, it becomes extremely difficult for the men to accept that their wives are carrying a child which may not be genetically linked to them. It is no longer important, that until recently it was difficult for them to conceive a child, what now matters to them is the genetic makeup of the child. These men argue much like others that "genetic/biological representation of themselves in a child is satisfying to a couple and important by way of preserving their combined lineage. ... it is central to the child because of the issue of self-identity" (Kass, 2002 as cited in Brakman and Scholz, 2006, p 60).

Varun and Honey in *Good Newwz* however find themselves drawn to their babies after their birth. Especially, when Monika almost ends up losing her baby due to premature delivery that the two couples come together in union to pray for the baby. It is then that the two fathers are able to rise above their biological conundrum and realise how important the babies are for them. What is also important is that while both the couples are desperately waiting to become parents, they never look at adoption as an option. Monika risks her life multiple times to experience the joy of experiencing biological motherhood. Deepti too decides to go ahead with the pregnancy only because the doctor tells her, at her age she has very less chance of conceiving. She fears if she aborts this time, she may not be able to conceive after this. Thus, this fear of not getting to experience biological motherhood still perturb mothers like Monika and Deepti, who are otherwise modern and independent.

### ***Mimi (2021)***

*Mimi* starts off with John and Summer searching for a suitable surrogate for conceiving their baby. They encounter Mimi, who is an aspiring actress and a local dancer, trying to make money to move to Mumbai and make a career in acting. The disparity in their class and education is very apparent from the onset. Mimi, initially reluctant, decides to go ahead because of the large sum of money they are ready to pay. This money, she hopes, would help her to fulfil her dreams of finally becoming an actress and making a mark in Bollywood. She lies to her parents about going away for a film shooting; she even gives them a share of the money she receives from John and Summer. Mimi also assures them that the film will pay her more money and help her build a career in the industry. She starts living with her friend Shama, and diligently follows a routine to ensure the delivery of a healthy baby. The strict discipline that she follows draws parallel to life in the surrogate hostel. Complications arise when the desperate parents

abandon Mimi and the baby on finding out that the baby may have Down Syndrome. While John and Summer are desperate to have a child, they are not ready to care for a disabled child. They had been travelling across India for a year in search of the “perfect surrogate” who would give birth to their perfectly healthy child. They are not ready to jeopardise their lives by accepting a child with a disability. In fact, they disliked the cheap surrogates available at a surrogate hostel in Delhi because they felt those surrogates were malnourished and their baby would be produced like some kind of a cheap labour-manufactured product. So, instead they took up the project of finding a young surrogate with a healthy and fit body to carry their child in her womb. They were ready to pay handsomely if she would deliver a healthy baby. Mimi, inexperienced in the trade, and in need of money, had not expected to be abandoned midway, nor had Bhanu, who also happens to be a surrogate agent for the first time. Their obsession with the healthy baby, and the perfect surrogate brings to attention the debate around the perfect mother-worker and runs parallel to the good/bad mother discourse (Pande, 2010).

Mimi is left all alone; at an advanced stage of pregnancy, it is also not possible for her to abort the baby. She realises that she will have to bring up the baby by herself. At this pivotal point, she is faced with several questions- to begin with, what would she tell her parents on returning home, who would father the child, and most importantly, what would happen to her dream of becoming a Bollywood star. Mimi ends up lying that Bhanu is her husband. It is difficult for the family to accept that a daughter who had left home to act in films, comes back home pregnant with a much older and unmatched husband. But eventually they do accept Mimi, her child, and the father of the child. Mimi develops the “maternal instinct” only after giving birth. Although she has been carrying the child in her womb, she takes care of the child and herself to assure that she

does not lose the money from surrogacy. The baby had been a means to fulfil her dream of becoming a star. She kept dreaming of her life post pregnancy when she would successfully launch herself in Bollywood. Even after Summer and John abandon the child, she mourns the possible loss of her career in Bollywood, and the dishonour she brought to herself and her family. It is much later that she consciously starts thinking and caring for the baby. Mimi is a strong independent woman who is not the helpless victim that is stereotypical of surrogacy narratives. And, she also continues dancing even after giving birth.

As the African proverb says “it takes a village to raise a child”- Mimi’s parents, Bhanu and his family, and Shama come together to help her raise the child. She and her friend Shama co-mothers the child. Bhanu and his wife are also childless and this child earns their love and affection in no time. Although Shama offers to adopt the child, so that Mimi can pursue her career in Bollywood, Mimi decides to stay back and continue with her career as a local dancer while mothering her child. It is from here that we note Mimi’s maternal instinct on display. Shama-Mimi reminds us of Rewa-Sia who are ready to go lengths for their friend’s happiness, which may be as difficult as raising/birthing a child. Their world is turned upside down when John and Summer come back and claim the child. They produce the surrogacy contract which reinstates their right over the child and tries to emotionally manipulate Mimi and her family to give up the child. Very blatantly they state that because of their material affluence they are more eligible and efficient to look after the child. In this context it would be of use to recollect the Case of Baby M who was born in the US. In her case, while the court found the contracts for surrogacy illegal and invalid, it still decided to award the custody of the child to the commissioning parents keeping in mind the best interests of the child. Of which it was remarked- “Mary Beth Whitehead is to be discredited and declared an

unfit mother because the world of which she is part is unfit for Mr. Stern's baby, or at least not nearly so fit as the world of the Sterns." (Neuhaus, 1988, p. 9). Thus, speaking of the global surrogacy industry it can be said that it has indeed aided this form of stratified reproduction, where - "some categories of people are empowered to nurture and reproduce, while others are disempowered" (Ginsburg & Rapp, 1995. p. 3). Mimi decides to give away the baby, even when her family and friends promise to support her in every possible way, if a legal battle ensues. When she sees her child naturally enjoying the company of John and Summer, she feels that he is biologically destined to be their child, and considering his best interests, she prepares to let him go. Mimi, over here, commits the ultimate act of sacrifice of giving away her child, to fulfil his needs and happiness. For Mimi, this would be her way of being a good mother, much like Mrs. Whitehead Mimi, "is unable to separate out her own needs from the needs of the baby." (Neuhaus, 1988, p.10). However, as a form of poetic justice, Mimi is able to retain her child as Summer and John adopt another child and leave for America. Even when Mimi is a modern and independent woman, who has her family and friends by her side, she does not dare to go against John and Summer, fearing the negative aspects of institutional justice. She is aware of the class inequality, and is also aware of her inability to pursue the long drawn legal battle, which would also jeopardise the mental health of the child. So, in the best of interests, she feels it is better to let go than to hold on to the child.

### **From Maternal Paradox to Empowered Mothering**

In *Filhaal*, we find a woman becoming a surrogate mother when her friend comes to know of her inability to bear a child and breaks down before her. In *I am Afia* we find a single woman, following her divorce, is trying to conceive a child. *Good Newwz* is about two couples who go through IVF, however, the sperms get exchanged resulting

in complications. *Mimi* is about transnational commercial surrogacy and how a girl from rural Rajasthan gets entangled in the power nexus of the trade. Rewa becomes an altruistic surrogate for Sia and Dhruv. Currently, in India only such a form of surrogacy is permitted. Rewa's decision to become a surrogate was truly an act of altruism because she only wanted to rescue her friend from depression. She herself never desires a child and her relationship with Sia is that of an equal, and is not dominated by any power relations. Rather, she looks after Sia with a kind of motherly love. From their college days she cares for Sia and continues to do so even after Sia's marriage when Sia goes through a miscarriage. Rewa's decision to become a surrogate is on account of her motherly love for Sia, which allows her to selflessly sacrifice her love and career, to fulfil Sia's desire for a child. For Rewa, the surrogacy is an act of love, done to salvage Sia's physical and mental wellbeing. The baby in her womb becomes an extension of Sia, which she nurtures with the same maternal love, as she did for Sia. Therefore, Rewa does not develop any separate maternal instinct for the baby in her womb. She continues her life, as she would otherwise, with occasional regret and longing for her pre-pregnancy life. Yet, when complications arise, we see both Rewa and Sia becoming insecure over the child. While Sia believes it is her child that Rewa is carrying and she needs to supervise her care, Rewa believes that it is she who is carrying the child and therefore, understands its needs better. However, Rewa's claim is not for the parental right, she is well aware that she would have to forgo the baby as soon as it is born. Her claim rises when she is not able to separate her needs from the needs of the child. Unlike Sia, she believes she does not need to change her lifestyle needlessly to cater to the needs of the baby in her womb. Sia, however, believes in intensive mothering to ensure a healthy baby through- over-care, over-protection, over-emotional investment, and over-expectation of themselves and others (Mohammadi et al., 2014). Sia's

overprotectiveness is a means to make up for the inability to carry the baby in her womb, as she aspires to become the 'super mother'. Sia begins her journey as a mother with the socially constructed assumption of being a bad mother, because she is unable to carry the child in her womb. Even when her baby is genetically related to her, but towards the end of Rewa's pregnancy she feels detached and blames herself for not being able to be the mother. Sia's desire for the child and her ability to absolve herself by putting to risk her life makes her eligible to be mother of the child according to patriarchal norms. However, her desire for the child at a point becomes a selfish pursuit. She forgets how much Rewa had put to stake so that she could have the baby. She is also overwhelmed thinking of the burden she may have to carry of not being able to be a good mother, because she is not the biological mother. The social construction of being a good mother necessitates biologicalisation of motherhood. Rewa's growing fondness and her maternal love for the baby makes Sia even more insecure, and poses a threat to her maternity. Rewa's growing attachment with the baby also reinstates the patriarchal notion that one becomes a mother through the biological experience of it. However, both Sia overcomes the social construction of motherhood and evolves into an empowered mother. Sia realises that it is not important who gives birth to the child, in fact birthing a child becomes a momentary act as compared to the lifelong act of mothering a child. She soon adopts herself into her new role as a mother, but also takes a cue from Rewa, who did not practise intensive mothering, Rewa continues her professional commitment during the whole term of her pregnancy. Sia also recognises Rewa's selfless act in becoming the surrogate which helped them bridge their gap and co-exist harmoniously as if not co-mothers but as friends. Rewa too recognises that her intense maternal love for Sia had somehow jeopardised her normal life. She also

remembers, it is not for her to decide the future of the child, and it would best be left to Sia and Dhruv to take care of their child.

Asifa does not find a co-mother and she also makes peace with the fact that she will also not have a co-parent. Asifa was previously told by her ex-husband that a baby may change their life completely. So, as much as it is easy for her to decide on having a baby, it is not as easy to do it alone. Also, to do it she has no need to be emotionally involved with the biological father of the baby. Asifa overcomes the emotional need to co-parent a child to become an empowered mother. She overcomes the socially implemented idea that being biologically related to the child, makes a man entitled to parental rights. Asifa's empowerment comes in overcoming the biological paradigm. However, we cannot say she has fully overcome the biological paradigm, given she chooses to go ahead with the artificial insemination process instead of adopting a child.

Deepti and Monika are shamed by their relatives for failing to bear a child. While Deepti chose her career over motherhood, Monika had to suffer multiple miscarriages to satisfy the familial demand of birthing a child. Their journeys are different but both have to make a similar choice when the sperms get exchanged during the IVF process. The choices they make may seem to be independent ones but they are also pre-conditioned by societal notions. Deepti goes against Varun's wish to abort the child, because she is told by the doctors that she has very less chances of being impregnated at such a mature age. She does not want to bear the burden of being childless and being shamed by her relatives for having failed in fulfilling her maternal role as a woman. Similarly, Monika ignores her husband's obsession with Deepti's child and goes ahead with her pregnancy, because she too does not want to bear the brunt of being childless. She interprets the accident to be God's will and chooses to respect it. However, it is to be noted that both the couples never speak about the accident to their respective families, for the fear of

being judged. Because, the biological paradigm prescribes that it is not enough that the woman has been impregnated, but it is also essential for the husband to be the biological father of the child, to assure that woman can attain the status of being a good mother. After overcoming their initial conflicts, the two couples achieve equilibrium when they decide to co-mother their children. All of them come together in their mutual crisis to resolve it and overcome it. A rare moment of empowerment is witnessed when Deepti and Monika decide to bond together over street foods where they discuss their fear, anxiety, and their struggles during and before the pregnancy. This builds a sense of trust and sisterhood, which allows them to accept their situation, and enables the reconciliation of their respective husbands. Also, the decision to co-mother helps them overcome their obsession with the biological paradigm, which necessitated that it is important to achieve biological motherhood to become socially approved good mothers.

Co-mothering is best portrayed in *Mimi* where Mimi co-mothers her child not only with her friend Shama but also her family as well as Bhanu's family. The child, who posed a crisis in her life when John and Summer abandoned her, soon became the pivot of her family. In an unusual turn of circumstance, Mimi's co-mothers are not just other women, but her own parents, and Bhanu and his wife as well. Bhanu's wife becomes so invested in the child that she feels glad that she has been childless, because she can now pour all her love for Mimi's child. Each of them shares a unique bond with Raj (the child) and interprets their relationship on their own terms. Neither Mimi nor the society determines the kind of bond that these people share. Their almost utopian family is again jeopardised when Summer comes back to claim the child. Initially they beg Mimi to return the child, because they are still childless, but gradually they start threatening her about taking legal recourse. Mimi recognises that in this power

relationship, she has little chance of winning. Summer with all their money and resources could easily prove that they are more suitable to care for the child and are therefore good mother to the child. Mimi's unusual familial setup without a husband and her profession as a dancer further disqualifies her from becoming the socially approved good mother. However, poetic justice prevails and it is John and Snow who decide on adopting a child instead of taking away Raj from Mimi. They acknowledge that adoption is no less a viable option as long as one loves the child. Summer empowers herself by choosing non-biological motherhood. She feels that if Mimi and her family could love a child who is not genetically connected to them, she also could do so.

Although in this chapter the four films have been strung together under the umbrella term ART-enabled motherhood, they have their individual issues and are also posited in certain social stigmas which cannot be overcome even within the ambits of reel life. Women choose ART-enabled motherhood to overcome the societal prejudice against infertility, even while doing so they continue to live in guilt and only with time are they able to adopt empowered mothering. Co-mothering becomes an important means through which these mothers practise empowered mothering. Mothers, when they share their maternal responsibilities as well as their sorrows and agonies of mothering with friends and family, they perform co-mothering. While co-mothering has been common in ancient India, it went out of practice. However, the re-emergence has enabled new-age mothers to perform mothering better for their child and themselves, as well. Future studies may pay attention to the on-screen representation of step-mothers as well as adopted mothers. Step-mothers have been traditionally represented as evil and vamp and considered as disruptors to a normative familial setup. Adopted mothers have remained mostly under-represented or aloof. Exploring the representation of non-biological mothering aids in emphasising the need to deconstruct the biological

paradigm which has been reinforced culturally and socially. This also brings to notice the changing patterns of family formation and the role mothers are expected to play in them.