Merit Making, Money and Motherhood

Women’s Experiences of Commercial Surrogacy in Thailand

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Master Thesis in Gender Studies
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Abstract  
This thesis explores transnational commercial surrogacy in the context of Thailand, with the specific purpose to examine Thai women’s motives and experiences of being a surrogate mother. The study is based on two months of fieldwork in Bangkok between June and August 2014 during which interviews were conducted with eleven former, current or future surrogate mothers. The analysis take a postcolonial feminist approach, and draw upon theory of motherhood, intimate labor and stratified reproduction.  

The study shows how the women’s account of why they want to become a surrogate mother is influenced by contemporary cultural and moral values regarding motherhood and womanhood. By being a surrogate mother they live up to the ideal role of the nurturing mother and the dutiful daughter. Furthermore, the women’s experiences of the pregnancy and their position in the arrangement is characterized by worry, uncertainty, and mistrust. This is partly due to how their rights and opinions are deemed less significant than those of the intended parents. The women are also severely limited in their say over various aspects of the pregnancy. Even though the surrogate mothers have made conscious decisions without being persuaded by family or friends, the study shows that they are still in an exposed position within an arrangement that is characterized by uneven power relations. This is further shown by locating the surrogate mothers’ stories and experiences in relation to other stakeholders and within the larger context of commercial surrogacy in Thailand, as well as on a global level.  

Keywords: transnational commercial surrogacy, Thailand, motherhood, intimate labor, stratified reproduction
ทำบุญ เงินตรา และความเป็นมารดา: ประสบการณ์ของผู้หญิง descr. การทำบุญในประเทศไทย

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บทคัดย่อ

งานวิจัยนี้ได้สำรวจการอุบัติธรรมการทำบุญในประเทศไทย มีวัตถุประสงค์หลักเพื่อศึกษาประสบการณ์ของผู้หญิงไทยและแรงจูงใจต่อการทำบุญ ขณะที่มีการปรึกษา และการทำบุญในประเทศไทย โดยศึกษาจากการเดินทางที่ได้รับความสุขสุขเพื่อศึกษา สถานที่ที่มีการทำบุญในประเทศไทย และการทำงานในสังคม รวมระยะเวลาสองเดือน ระหว่างเดือนมิถุนายนถึงเดือนสิงหาคม ปี 2557 และได้ทำการสัมภาษณ์ผู้หญิงจำนวน 11 ราย ได้แก่ อีลี ผู้หญิงที่ทำบุญประจำ ผู้หญิงที่ทำงานในบริบทของการทำบุญในอนาคต โดยทำการวิเคราะห์จากการทำบุญของผู้หญิงและผลการวิจัยที่ได้จากสังคม และผู้หญิงที่มีการดูแลสิทธิการมีชีวิตอยู่ในสังคม

ผลการศึกษาสรุปได้ว่ามีเหตุที่ผู้หญิงต้องการทำบุญ มีอิทธิพลมาจากวัฒนธรรมร่วมสมัยและคุณค่าการพัฒนา การเป็นมารดา และการทำบุญได้รับความสุขสุขเพื่อการมีชีวิตอยู่ในสังคม ผู้หญิงที่มีชีวิตอยู่ในสังคมและมีกำลังพันธุ์ในสังคม การประโยชน์จากการมีชีวิตอยู่ในสังคม ผู้หญิงที่มีชีวิตอยู่ในสังคม และมีกำลังพันธุ์ในสังคม ผู้หญิงที่มีชีวิตอยู่ในสังคม

การการทำบุญไม่ได้มาจากความต้องการที่จะทำบุญ แต่เป็นการที่มีส่วนร่วมในการทำบุญ ผู้หญิงเหล่านี้ได้รับการสนับสนุนและมีส่วนร่วมในการทำบุญ โดยทำให้ผู้หญิงมีกำลังพันธุ์ในสังคม และมีกำลังพันธุ์ในสังคม ผู้หญิงที่มีชีวิตอยู่ในสังคม

คำสำคัญ: การทำบุญ, สถานที่ทำบุญ, ความยุติธรรม, การทำบุญ, การทำบุญ, กระแสการคัดลอก, การทำบุญ, กระแสการคัดลอก, ความยุติธรรม, การทำบุญ, การทำบุญ, กระแสการคัดลอก, การทำบุญ, กระแสการคัดลอก, ความยุติธรรม, การทำบุญ, การทำบุญ, กระแสการคัดลอก, การทำบุญ, กระแสการคัดลอก
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I. Introduction

People want to become a surrogate for many different reasons. But for me, I can help people who want to have a child, and also I get paid. I have a burden too. I will spend the money I get on the debt and other things, like building house.

- Maladee

I first meet Maladee in the early days of July outside a high-rise building in the business area of Bangkok. It is a Saturday morning and I have made appointments with surrogate mothers for interviews. During the interview Maladee shares her experiences of surrogacy with me. She is a widow in her late thirties, with two grown up sons who both live and work in the south. Maladee originates from a province in Isan, the North-East part of Thailand. At the time of interview she is four months pregnant for an Australian gay couple. Being a surrogate she now has time to travel back home every now and then, to look after her ageing parents, the farm and the house. After the interview we make company on the sky train-ride home and say good-bye, not knowing that news headlines on surrogacy will make us meet again just a few weeks later.

Today, would-be parents from around the world travel great distances and pay considerable amounts of money in order to have children through different ARTs (Assisted Reproductive Technologies), one of which is surrogacy. At the same time, women from all over Thailand have travelled to the capital Bangkok in order to become surrogate mothers and gestate a child for commissioning parents in return for money. For many decades commercial surrogacy has challenged our notions of reproduction, motherhood and family constellations, and it has been the focus for many feminist scholars in different disciplines (e.g. Ragoné 1994; Markens 2010; Teman 2010; Pande 2014a; Vora 2013; Deomampo 2013a; Whittaker 2014). The arrangement has been defended on the basis of reproductive rights, self-determination, and choice, but also at the same time questioned for being exploitative and devaluing pregnancy and motherhood by objectifying (poor) women’s reproductive capacity and exploiting their bodies.

In recent years surrogacy has become a notably different phenomenon due to the ways it has moved beyond geographic boundaries, and as the use of surrogacy is emerging especially in Asian countries like India, Thailand, Nepal and Cambodia, another dimension is added. With

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1 In line with Natalie Fixmer-Oraiz, I will predominately use the term “surrogate mother”, instead of just
commissioning parents mainly from the global North and surrogate mothers mainly from the global South\(^2\) the meanings of a “globalization” of reproduction adds another dimension of power dynamics and inherently hierarchal relations among the different stakeholders.

This globalization of surrogacy has attracted even more scholars discussing the ethics and politics of the arrangement. However, a further complication in the debate is added as the “Third World” surrogate is often portrayed as either an exploited victim or an empowered actor in a win-win agreement. This dichotomous, and often stereotypical portray of the surrogate mothers leave little room for a more nuanced understanding, and as noted by sociologist Amrita Pande, “much of the debating takes place in abstraction and is rarely based on the actual experiences of surrogates” (Pande 2014b: 51). Thus, ethnographic accounts of surrogates’ experiences in different contexts are needed in order to understand both the structural as well as the individual conditions that push and pulls women to entering surrogate agreements. Just within the past five years, much work has been done on surrogacy in India, but a need of studies on surrogate mothers’ experiences in other settings are needed as we must be attentive to the cultural context and avoid generalizing.

With this thesis I address this need by analysing the experiences of surrogate mothers in Thailand. The thesis explores the case of Thai women’s motives and experiences of surrogacy, and is based on interviews with eleven surrogate mothers at various stages of their commission. I therefore wish to focus on the experiences, motives and aspirations of these women, and explore how this can be understood at both a local and a global level. It is important to explore and reflect upon how the surrogacy market in Thailand is experienced by women enrolled in commercial surrogacy programs. Not least since they are the ones who are most directly and materially affected by the surrogacy arrangement.

**Aims and Questions**

The overall purpose of this study is to contribute to knowledge about transnational commercial surrogacy. More specifically, it aims to illuminate women’s subjective experiences of surrogacy

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\(^2\) When using the terms “the global North” and “the global South” I wish to, in line with Mohanty, make a metaphorical rather than geographical distinction between the affluent, privileged North with a pathway of transnational capital, and the economically and politically marginalized South (Mohanty 2003: 505). I am aware that this terminology is problematic as it rests on binaries and does not adequately represents the complexity of actually existing global relations. For further discussion on the terms, see Mohanty (2003: 505) and Acker (2004: 21).
through the ethnographic study of Thai women working as surrogate mothers in Bangkok, Thailand. This is accomplished by addressing the following questions:

How do the surrogate mothers describe their experiences of surrogacy?

How can these experiences be understood from the perspectives of the surrogate mother’s position as formed in relation to others stakeholders, e.g. intended parents, the agency, and family?

How can we understand these surrogate mothers’ narratives, motives and experiences in relation to other studies on surrogacy and discourses on gender, globalization and reproduction?

**Background to Transnational Commercial Surrogacy**

Surrogacy is an arrangement in which a woman gets pregnant, gestates, and delivers a baby with the pronounced purpose to relinquish the baby to commissioning parents. The reasons for people using surrogacy vary, but possible motives are medical difficulties becoming pregnant or gestating a child, and single men or gay couples longing for children. This solution for childlessness is by no means a new phenomenon. In the Bible we can read about how Rachel, who is infertile, gives her slave Bilhah to Jacob as a concubine to serve as a surrogate (Twine 2011: 13). However, since then the character of the arrangement has developed as the technology of IVF (In Vitro Fertilization) has made it possible to use an egg, either from commissioning mother or donor, fertilizing it with sperm, either from commissioning father or donor, and then planting it in the surrogate mother’s uterus. In this way the surrogate mother is genetically unrelated to the child. This is also known as *gestational* surrogacy.³ According to previous studies, the separation of egg and womb made the connection between surrogate and baby less powerful and more women were willing serve as surrogate mother if the child they gestated was not genetically related to them (Pande 2009b: 143; Nayak 2014).

This study focuses upon transnational *commercial⁴* surrogacy. In this arrangement the most common form of surrogacy is gestational, and all the cases that I studied fall under this category. The commercial character of the arrangement means that the commissioning

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³ This stands in contrast to *traditional surrogacy* where the surrogate mother also contributes with the genetic material – the ovum, and thus has a genetic tie to the child she is carrying.

⁴ This stands in contrast to *altruistic surrogacy* where the surrogate mother offers to gestate a child for someone else without receiving any sort of monetary gain in return.
parent(s) pay the surrogate mother for carrying and deliver the baby. Often the arrangements are made through an agency or a clinic (Twine 2011). By transnational I here refer to the agreements relating to or involving several nations and going beyond national boundaries or interests. For example, the intended parents may come from Australia, the surrogate mother from Thailand and the donated egg from a South African donor.

As commercial surrogacy is illegal in many countries in the world, people seeking surrogacy services have to do so in countries where it is legal or unregulated. Another factor in the demand for transnational surrogacy derives from the search for cheaper arrangements, as it may be comparatively more expensive in some countries than others. These factors have for example contributed to India becoming one of the top global destinations for surrogacy, and now we see agencies and clinics developing in countries like Thailand, Nepal, Cambodia and Mexico, that is countries that all have a liberal establishment policy enabling various kinds of transnational investment. This “booming” industry of transnational commercial surrogacy has provoked various concerns and ethical questions. As most intended parents come from the global North, and most surrogate mothers are from the global South, anxieties have been raised with regard to power and inequality and how intersections of gender, race, class and nation places some in more vulnerable positions than others. Political as well as academic debates centre on issues of women’s right to self-determination and people’s reproductive freedom versus notions of exploitation of poor women and commodification of children as well as women’s bodies and reproductive capacity (Nilsson 2013).

The Situation of Surrogacy in Thailand
In the area of “medical tourism,” businesses in Thailand are expanding. One area in this section is “reproductive tourism” which refers to transnational consumption of ART such as surrogacy, IVF, egg donation, sex selection etc. At the time when the empirical material was collected for this study (June-Aug 2014), there were several factors working in favour of Thailand as a destination for commercial surrogacy. First of all, the market was unregulated, meaning there were no laws governing surrogacy arrangements. Commercial surrogacy is primarily managed by private agencies and/or clinics that monitor the arrangements and regulate contracts according to their own standards. Thailand is also known for its sophisticated medical and hospital services and expertise in ART at comparatively affordable prices when

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5 See Deomampo (2013a: 533n1) for a discussion on the term.
compared to the U.S. and Europe. The country’s tourism infrastructure is also well developed, which makes it a “safe” and attractive destination. In addition, since India in 2013 prohibited unmarried couples, same-sex couples and singles from access to surrogacy contracts; Thailand became a popular destination especially for gay couples and single men.

In Thailand, a woman who gives birth to a child is regarded as the legal custodian of that child. In surrogacy arrangements, this precludes the possibility of an egg donor having any parenting rights. Under section 1546 of the Thai Civil and Commercial Code the father of a child, who is not married to the birth mother at the time of birth has no parental rights, even if he is recorded in the birth certificate and/or can prove that he is the biological father with DNA testing. These provisions require the surrogate mother to resign her legal rights over the child in favour of the intended parents, who must adopt the child (Whittaker 2014: 107; Thailand Civil and Commercial Code 2008: 21). The result is that agencies and clinics offering surrogacy services will require the surrogate mother to be unmarried in order to reduce the likelihood that the husband might claim rights over the child when it is born.

Until recently, there were no laws regulating surrogacy in Thailand, and this was also the case during my fieldwork. Surrogacy was neither permitted nor prohibited by law and the practice of third-party reproduction was “regulated” only by guidelines issued by the Medical Council of Thailand. A need for ART legislation was widely recognised when in February 2010 the police arrested a Taiwanese brokering agency called “Baby 101” locating in Bangkok. They were keeping 15 Vietnamese women locked up as they were trafficked to deliver babies to foreign clients for monetary payment (BBC News 2011). An ART Bill, which includes a prohibition of commercial surrogacy, was approved by the Thai Cabinet in June 2010, but was left unratified by the National Assembly. As such, commercial surrogacy remained legally ambiguous, which made it possible for commercialization of third-party reproduction to continue.

In August 2014, just a couple of weeks after I had finished my interviews with surrogate mothers, further controversy concerning commercial surrogacy in Thailand erupted which received widespread attention. The case of baby Gammy, a boy born with Downs Syndrome and a congenital heart condition, put Thailand’s surrogacy industry in the spotlight. Surrogate mother Pattharamon Janbua, 21 years old, gave birth to twins for an Australian couple, with the husband being the biological father of the twins. Janbua claims the commissioning parents abandoned Gammy but took his healthy twin sister Pipah back home to Australia. Gammy now stays with Janbua and her children. It subsequently emerged that Gammy’s biological father
had convictions for paedophilia offences and is under investigation by Australian authorities regarding the wellbeing and safety of Pipah (Halpin, Yongcharoenchai & Thongnoi 2014). Shortly afterwards it was discovered that a 24-year old Japanese businessman, Mitsutoki Shigeta, had fathered at least 15 babies through different surrogacy agencies and clinics in Thailand (Thongnoi & Halpin 2014). In reaction to the controversy the Thai government, at the time being the military junta, responded with a crackdown on surrogacy, and effectively banned the surrender of all babies born through surrogacy, since the babies were not allowed to leave the country. In August 2014 it was announced that legislation would be introduced in order to regulate surrogacy. The draft law to make commercial surrogacy in Thailand illegal was passed in February 2015. Under the new law, only married Thai couples or couples with one Thai partner who have been married at least three years can seek altruistic surrogacy, and commercial surrogacy is completely banned. Anyone caught hiring a surrogate faces up to 10 years in prison (BBC News 2015).

**Previous Research**

Research on surrogacy spans many areas of issues as well as several disciplines, such as medicine, law, philosophy, anthropology, and feminist studies. Most of the research has been concerned with the commercial type of agreement. Ever since the case of Baby M in the U.S. in 1980, where genetic surrogate mother Mary Beth Whitehead refused to hand over custody of the baby to the commissioning parents, most scholarship on commercial surrogacy has focused on the ethical and legal debates, and the body of research tends to address the global North, and the U.S. in particular. Scholars from different disciplines have also discussed issues of commodification, the contractual nature of the arrangement, and notions of motherhood in surrogacy (Rothman 2000), and feminist, gendered and racial dimensions of surrogacy (Markens 2007). Still, the exploration of the human experiences of the individuals involved in the process was for a long time limited and little research discussed the experiences of the surrogate mother. A noteworthy exception is anthropologist Helena Ragoné whose study *Surrogate Motherhood: Conceptions in the Heart* (1994) is based upon in-depth interviews with surrogate mothers, intended parents and program directors, and analyses surrogacy arrangements in the light of American notions of kinship.

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6 For further reading on the Baby M case, see e.g. Tania Modleski (1991) *Feminism Without Women: Culture and Criticism in a Postfeminist Age*. New York: Routledge.
However, in recent years anthropological, feminist and social studies have come to place emphasis upon women’s stories and their subjective experiences to balance the objectifying and generalised picture of surrogacy usually found in research and media reports. In her study on surrogacy in Israel, *Birthing a Mother* (2010), Elly Teman takes as a particular focus the relationship that develops between the surrogate mother and the commissioning mother with an emphasis on “gift giving” and the navigation of the gestational period. Teman also argues that Western notions of motherhood and family have impact upon scientific research, and that this leads to a widespread anxiety around surrogacy where the surrogates agreement to relinquish the baby sets her out as a threatening underside to the notion of a “good mother.”

As surrogacy has become a global affair and the reproductive markets in the Asian countries are burgeoning, greater attention has been given the role of gender, race, class and globalization. More recently, surrogacy practice as well as research on surrogacy has been analysed within the framework of “reproductive justice” (Bailey 2011; Donchin 2010; Fixmer-Oraiz 2013). In line with Teman, Alison Bailey (2011) questions feminist scholars’ uncritical application of Western moral values on Indian surrogate mothers, and points to the risk of engaging in discursive colonialism. At the same time however, she warns against a “weak moral absenteeism” which may result from undertheorizing the structural conditions for surrogate mothers. A reproductive justice approach would “avoid the pitfalls of discursive colonialization, on the one hand, and moral absenteeism on the other, through a dual emphasis on reproductive oppressions, as well as an accounting of specificity, nuance, and negotiating in women’s lives” (Fixmer-Oraiz 2013: 134).

There is also a growing body of ethnographic research on transnational commercial surrogacy in the global South, with the majority of the research focusing on India, known as the “main hub” for commercial surrogacy. Amrita Pande, a major scholar of Indian commercial surrogacy has examined different aspects of the surrogacy arrangement in her research in Anand, Gujarat (Pande 2009a; 2009b; 2010a; 2010b; 2014a; 2014b). According to Pande, surrogacy in India is to be seen as a form of stigmatised “sexualised care work”, or rather as a “dirty work.” Getting pregnant for money in India, as in many other cultures, is associated with immoral commercialisation of motherhood. Combined with many Indians equating surrogacy with sex work this leads to surrogate mothers facing a high degree of social stigma (Pande 2010a). Further, Pande accounts for the surrogate mothers’ different strategies for countering their role as a “dirty worker.” The surrogates emphasize the moral difference between surrogacy and prostitution and highlight surrogacy as “a compulsion” rather than a work as a way to
downplay their choice in becoming a surrogate. These narratives of “being special” and downplaying choice are according to Pande to be considered as a form of discursive resistance performed by the surrogates (Pande 2010a, 2010b). Pande has also highlighted sociocultural implications of surrogate mothers living in surrogacy hostels. According to Pande, it is here, at the hostels and at the fertility clinics, that the perfect “mother-worker” is disciplined and produced. At the same time these hostels become powerful sites for resistance and networking for the Indian surrogates. The hostels are gendered spaces where the surrogates share company and residence and often cross borders of religion and caste, and here they develop a sense of collective identity and the ties with other surrogates serve as resources and networks for the future (Pande 2010a).

Cultural and medical anthropologist Daisy Deomampo has interviewed commissioning parents, surrogate mothers and clinic staff in her study on commercial surrogacy in Mumbai in order to examine how different social groups relate to and experience the space, place, mobility, and power relations embedded in surrogacy (Deomampo 2013a). Deomampo has also highlighted the intrafamily dynamics and in what ways the women’s relationships to their husbands, children, extended family and neighbours change during their process of surrogacy. Building on Foucault’s argument that power is everywhere, Deomampo, just as Pande, sheds light upon how the surrogates express agency and resistance, albeit in a context of limited opportunities (Deomampo 2013b).

Anindita Majumdar, doctoral student doing research on kinship and surrogacy in India, emphasizes the notion of risk in relation to commercial surrogacy. Majumdar highlights how risk in combination with mistrust comes to be represented in relationships between surrogates and clients trying to nurture an “alien” or “disembodied” pregnancy - “alien for the surrogate due to her status as a non-claimant, and alien to the couple because it is housed in the body of another” (2014b: 201). The clients are to fear the loss of the pregnancy and distrust the surrogate mother. An important factor to negotiate this distrust is through the culture of medical surveillance where the surrogate is monitored and disciplined during the pregnancy.

Clearly, there is a growing body of research on surrogacy in India, while research on surrogacy in other Asian countries is lacking. According to anthropologist Andrea Whittaker

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7 For further discussion on risk in relation to commercial surrogacy, see also Kalindi Vora (2013)
this lack of research may be due “both to its ambiguous legal status and to the secrecy associated with it” (Whittaker 2014: 105). To date, there are to my knowledge only two articles published on surrogacy in Thailand despite the country’s reputation as an attractive surrogacy destination. In one of the articles, “Merit and Money: The Situated Ethics of Transnational Commercial Surrogacy in Thailand” (2014), Whittaker argues that it is important to acknowledge the major role local moralities come to play in surrogacy business in Thailand. By discussing ethical discourses evident on websites and referring to literature that purports to give first-hand account from Thai surrogates, Whittaker notes that surrogacy is often described as more than just a commercial transaction. It is often referred to as a selfless act of Buddhist merit making and at the same time an opportunity to provide for one’s own children and family (Whittaker 2014: 104).

The second article on surrogacy in Thailand is “Becoming a Surrogate Online: ‘Message Board’ Surrogacy in Thailand” (2013) by Yuri Hibino and Yosuke Shimazono. Here they study Thai women involved in “message board surrogacy” and have interviewed women posting online ads offering their services as a surrogate mother and looking for surrogacy contracts. Hibino and Shimazono found that the women were motivated to become surrogates by economic concerns when entering into surrogacy, but also by social and cultural aspects. The cultural norm determining a woman’s social role as wife, mother and daughter had a significant effect on their decisions to become a surrogate. Especially they were motivated by a desire to help their parents and to make merit (tam bun) (Hibino & Shimazono 68-69:2013).

In contrast to Hibino, Shimazono and Whittaker, who primarily focus on prospective surrogate mothers in Thailand and their expectations and motivations, my study, while also including these narratives of motivation, goes further by including the experiences of Thai surrogate mothers already enrolled in commercial surrogacy through an agency.
Theoretical Framework

In this section I will give a background to the theoretical approaches used in order to analyse and discuss the surrogate mothers’ narratives. I will take as a point of departure a postcolonial feminist lens of analysis, which involves paying attention to global power relations and highlighting the intersecting dimensions of race, class, and gender, but also to acknowledge cultural specific conditions. Further, a contextualizing of motherhood in Thailand helps explain how surrogacy motherhood is to be understood, and at the same time it helps explaining how the notion of an ideal motherhood may push the women into becoming surrogates. I will also discuss the surrogate mothers’ experiences in the light of stratified reproduction and intimate labor, two vital concepts that highlights the ambivalent character of the arrangement and how the different stakeholders have different expectations as well as says in the agreement.

Theorizing Women and Surrogacy: a Postcolonial Feminist Approach

Postcolonial feminism is most well known for the challenges and the critique it poses to the homogenizing tendencies of Western feminism, and one of the primary postcolonial criticisms directed toward Western feminism is the simplified and uniform depiction of women from the non-Western part of the world, as victims, passive agents and oppressed (Mohanty 1988). When applying Western feminist theories on the lives of women in the global South there is a risk of ignoring the sense of difference pertaining to race, class, nationality, and circumstances that exist between women, and especially between women in different settings (Chandra T. Mohanty, Gayatri Spivak, Trinh T. Minh-ha, Aihwa Ong, Amrita Basu, bell hooks, Maria Mies among many others). At the same time, postcolonial feminism opposes how Western feminism, when differing women in the global North from women in the global South, portray the latter as a singular monolithic subject that is ignorant, poor, uneducated, domesticated, oppressed and in need of aid. These tendencies of universalizing and victimising postcolonial women ignore not only their potential agency but also the differences among women in the South. In her influential article “Under Western Eyes” (1988) Mohanty argues that, just as many men reduce women to the Other, so do white women construct women in the global South as the Other to herself.

When discussing commercial surrogacy in the context of the global South, it is important to acknowledge the disparities that exist between the women gestating the child and the
commissioning women (and men), as there are differences in race, class, circumstances and sometimes gender that need to be taken into account and could have affect on the arrangement. Nevertheless, it is important to avoid a homogenising of the surrogate mothers as merely victims as there is a risk of reproducing the stereotypical image of them as being driven by poverty and deprivation, this in contrast to the (implicit) self-representation of Western women as educated, modern, as having control over their own bodies and sexualities, and the freedom to make their own decisions (Mohanty 1988: 65). Hence, if the issues concerning surrogate mothers in the global South are examined within the specific social setting and relations in which they occur, it opens up a possibility of a more complex and nuanced picture to emerge. I wish to go beyond the common perceptions that portray surrogate mothers in the global South as either celebrating their right of self-determination over their own bodies or as exploited victims in need of help, this by acknowledging the experiences and perspectives of the surrogate mothers.

In addition, it is also crucial not to cluster surrogate mothers from e.g. India and Thailand on the basis that they both are considered to be “Third World women”, and as such assume that they are living under the same conditions, are motivated by the same factors and experience surrogacy in the same way. One major problem that postcolonial feminist critique highlights is that analysis of traditionally feminist problems, such as the view on reproductive labor, is severely inadequate if it ignores cultural and socioeconomic context. One way of avoiding this universalizing is by acknowledging the local moral values and the specific cultural context, and at the same time address the structural conditions that sustain the commercial surrogacy arrangement in Thailand (see Whittaker 2014).

Theorizing Motherhood and Pregnancy

A central theme underlying this study is that of perceptions and ideals of motherhood, a practice and a topic that have been theorised by postcolonial feminists as well as other feminist critics (de Beauvoir 1949; Rich 1976; Chodorow 1978; Kristeva 1985; Ruddick 1989; DiQuinzio 1999; Rothman 2000; O'Reilly 2006). The practice and institution of motherhood and mothering has been, and still is, an intractable issue for feminist theory. Feminists still struggle against the oppressive biological reductivism regarding women as, per definition, mothers. At the same time many feminists are working for a reclaiming of the specific gendered experience of mothering and revaluing the often taken-for-granted roles of mothers (see Chodorow 1978).
In the recent thirty years ART has opened up new venues of feminist discourse on motherhood. Commercial gestational surrogacy arrangements allow for new ways of constructing motherhood, e.g. a child born out of surrogacy can have three different mothers - a biological (egg donor), a gestational (surrogate mother), and a social (commissioning mother). What has caused much controversy is how the different roles are valued differently, and some feminist theorists, such as Barbara Katz Rothman, argue that the biological and the social factors are valued higher than the gestational act. According to Rothman surrogacy discounts pregnancy as a relationship and ignores the special connection between gestating mother and child but also ignores the period of pregnancy as an extended period of nurturing - “[b]iological motherhood is not a service, not a commodity, but a relationship” (Rothman 2000: 167).

This emphasis on the relation between mother and child as sacred is something that other feminist theorists questions, as they want to avoid to get caught up in arguments on “maternal instinct” or “natural” motherhood. Often it is these notions of a “special bond” between the gestating mother and the baby that implies that a surrogate mother is not a “normal” woman, as a “normal” woman would not voluntarily become pregnant with the premeditated intention of relinquishing the baby for money (Teman 2008). Rothman, in response, argues that the institution of motherhood is far from a natural state today, and valuing the act and the role of the pregnancy does not presupposes that a woman is obliged to a lifelong commitment of mothering – “being pregnant does not necessarily mean a woman is going to mother, to raise the child that might be born of that pregnancy “ (Rothman 2000: 169). These controversies on motherhood and the role of the gestating mother are factors that surround the phenomenon of surrogacy with anxiety.

In line with a postcolonial feminist approach I argue that it is crucial to look to the cultural specific context when discussing notions of motherhood, and analysing the experience of motherhood that is specific to women demands consideration of women’s differences (DiQuinzio 1999). As we cannot talk about Woman as a universal position, we can neither talk about Motherhood as a universal experience or practice. Women from different cultural backgrounds have different perceptions and experiences of motherhood, and as Shari Thurer notes “the good mother is reinvented as each society defines her anew, in its own terms, according to its own mythology” (Thurer 1994: xv). In addition, the fact that women mother in a variety of societies is not as significant as the value attached to mothering in these societies. The distinction between the act of mothering and the status attached to it is very important and needs to be made and analysed contextually (Mohanty 1988: 75).
In agreement with Thurer, Mohanty and also medical anthropologist Pranee Liamputtong (2007), who have studied childbearing and motherhood in Thailand, I contend that notions of mothering need to take into account ethnicity, culture and class if we are to understand how motherhood comes to play a role in surrogate mothers’ experiences. According to Liamputtong, but also anthropologists Mary Beth Mills (1999) and Marjorie Muecke (1984), who both have studied notions of motherhood and modernity in Thailand, motherhood becomes an important identity of women’s life as their role as mothers and nurturers of children reward them a high status, prestige and respect (Liamputtong 2007: 6, Muecke 1984, Mills 1999). A mother is expected to be self-less in her nurturance and sacrifices for her children, and in return she obtains respect, material support, and religious merit for bringing new life into the matrilineal line of the family (Mills 1999: 102, Liamputtong 2007: 6-7). As women mark their status through childbearing and maternity, Whittaker notes that female fertility becomes “an important source of female cultural power and prestige” (Whittaker 2000: 70). In consequence of the valuation of motherhood and childbirth, infertility is seen as stigmatized in Thai society. This cultural notion of motherhood and maternity makes pregnancies and birth such a precious events in the lives of Thai women (Liamputtong 2007: 7).

**Theorizing Stratified Reproduction and Intimate Labor**

The term *stratified reproduction* is originally coined by sociologist Shellee Colen in her study on the experiences of West Indian childcare workers in New York and their white U.S.-born employers (Colen 1986). By stratified reproduction, Colen refer to how reproductive tasks are “differently experienced, valued, and rewarded according to inequalities of access to material and social resources in particular historical and cultural contexts” (Colen 1995: 78). The physical and social reproductive labor that women perform is often structured by economic, political, and social forces and distinguished unequally based on hierarchies of class, race, ethnicity, gender, and the global economy. As such, certain categories of people in a society are encouraged or coerced to reproduce and parent, while others are disempowered (Ginsburg & Rapp 1995). At the same time, those disempowered may enable the privileged people’s reproductive future and parenting by being a nanny, domestic servant, or surrogate mother.

In the context of transnational commercial surrogacy, the concept has also been activated to argue that this stratification of reproduction is striking. Indian women who never have had access to sophisticate maternal care during their previous pregnancies, as surrogate mothers for
international clients access high level, medical surveillance and cutting edge technology. As such, the fertility of lower-class women gets temporarily re-valued when they become reproducers for clients, often white upper middle-class Westerners who are more privileged (Pande 2014a, 2014b). The stratified aspect of reproduction in surrogacy is also illustrated in how the right to demand abortion and fetal reduction is given to the commissioning parents while the surrogate mother is required to conform to all decisions made about her body. This shows how “the bodies of lower-class women in India are not as precious as the babies of their upper class, and often international, clients” (Pande 2014b: 56).

Commercial surrogacy is not only debated for its intersections of class, gender, and race but also for the character of the arrangement as it is seen to commodify motherhood. In order to understand this commodification of motherhood the concept intimate labor becomes vital, not least because it bridges personal, private, emotional experiences with the notion of work, labor and commerce. When discussing intimate labor I draw upon the theory of Eileen Boris and Rhacel Salazar Parreñas as discussed in their edited volume Intimate Labor: Cultures, Technologies, and the Politics of Care (2010). Intimate labor is to be understood as interplay between emotions and commerce, between money and intimacy, and between the private and the public. It is defined by Boris and Parreñas as a category of work that “involves embodied and affective interactions in the service of social reproduction” (Boris & Parreñas 2010: 7). A key aspect to understand intimate labor is attentiveness and the tending and meeting of intimate needs. Those needs could be of a reproductive character, for instance taking care of someone’s children (nannies), bearing children for others (surrogacy mothering), or the provision of children through adoption (Boris & Parreñas 2010). The needs could also be bodily, such as provision of a manicure, giving of a sponge bath to an elderly patient, or the giving of an orgasm via sex (though by Boris and Parreñas categorized as a reproductive need) (Boris & Parreñas 2010: 4). Other examples of intimate labor are bar hostessing, escort service, and egg and sperm donors, to name a few.

Clearly, intimate labor encompasses a wide range of activities and they all represent services assumed to be a non-market activity and the unpaid responsibility of women, but is now often seen as a work that should be done by non-white women from lower classes for a low economic value (Boris & Parreñas 2010: 2). As Boris and Parreñas further note, this heightened commodification of intimacy is a striking feature of global capitalism and demonstrate that the meanings and experiences of intimate labor are always contextualized and shaped by relations of race, class, gender, and sexuality (Boris & Parreñas 2010: 1).
Methodological Framework

The study is based upon two months of fieldwork conducted in Bangkok, Thailand between June and August 2014. As the purpose of this study is to explore how women working as surrogate mothers are experiencing and reflecting upon their role as a surrogate, the main method used to explore the research questions was semi-structured interviews. The research has included interviews with eleven surrogate mothers – either in the process of entering the arrangement, during pregnancy or post-delivery. Additionally I conducted unstructured, less formal interviews with two coordinators at the agency, a researcher in gender and sexuality at Mahidol University who has been active in the debate on surrogacy in Thailand, and a Swedish man who recently had twins through surrogacy in Bangkok. I found these additional interviews to be an enriching and helpful complement in order to create a broader understanding of surrogacy in Thailand, but since the purpose of the study is to examine surrogate mothers’ experiences, the main focus for the analysis is the interviews with the surrogates.

By listening to their own stories I place the individual as the unit of analysis and the storytelling will help me to understand how the women in question make sense of their own experiences. According to the anthropologist Sarah Lamb the “telling of stories is one of the practices by which people reflect, exercise agency, contest interpretations of things and make meaning” (Lamb 2001:28). With this study I would like to show that we, as Lamb stresses, can learn about a social phenomenon by examining the subjective experiences of particular individuals.

The Selection Process

As a first step to get in touch with Thai women who have experience of being surrogate mothers, I searched for different clinics and agencies on the Internet that offered surrogacy service in Thailand. As I wished to interview women enrolled in transnational surrogacy, I was looking for clinics or agencies that were addressing intended parents outside Thailand, i.e. had an English-speaking website. I located five different clinics to which I sent an inquiry explaining my research and its purpose, being prepared that it would be difficult to gain access. Just within a few days I got a positive response from the agency Chatna Centre (a pseudonym for the agency discussed in this study) in Bangkok. One of their coordinators was very helpful and welcomed the presence of a student researcher for conducting interviews with “their” surrogate mothers (provided that the surrogates gave their approval of course). During the following six months I
kept in contact with the coordinator and sent her an introduction letter (see Appendix III and IV) to hand out in order to attract potential informants. She then assured me that there would be informants ready for me when I arrived in Bangkok in June or July. Even if it in this retrospective narrative appear as a rather smooth process, there was also some negotiation with the agency along the way in order to gain access to informants, and I have also had some discussions and reflections on potential bias and ethical considerations (see below for a more detailed discussion).

The Interviews
My initial plan, which I had explained to the agency when arriving in Bangkok, was to conduct one interview at a time, with a couple of days in between in order to digest, reflect and improve for the next interview. Fully aware of the fact that things might not turn out as planned, I got an e-mail one day telling me that they had arranged for five surrogate mothers to come and meet me for interview the following day. When these interviews were done, they told me they had made appointments with another six women for the following day. Since many of the women had to travel a great distance in order to meet me, rescheduling was not an option. Hence, it turned out that within two days I conducted eleven interviews. This was of course not ideal, but I still think it worked out well given the circumstances.

My initial plan was to either interview the women at their homes or at a café, but I was told by the agency that some surrogates had expressed that they were not comfortable with having a student researcher visiting their home. Instead the interviews took place in an office room at the Chatna Centre during a weekend. The reasons for conducting the interviews at the agency were twofold; when having done a test interview at a café I realized the character of the questions and the theme could have made the informants uncomfortable in such an environment. Also, as the agency had scheduled all the women the same day it was more convenient to be at the agency were they both were familiar with the setting and could chat with each other while waiting for their turn. And in comparison with a noisy café, it was quiet as we were there during the weekend when the office was closed. The women were interviewed one by one for about 40 minutes to an hour each, depending on the informant.

When it comes to the language I am somewhat conversant in basic Thai, though my knowledge of the language cannot at all compare with that of a native speaker. For this I was assisted with female interpreters to accompany me during the interviews in order to conduct the interview in Thai. An available interpreter was hard to find since I was informed about the
interview arrangements with very short notice, as mentioned before. The first day one of the coordinators at the agency was interpreting, and the second day an acquaintance of her helped me out. Each surrogate mother was interviewed once, except for one woman with whom I did an additional interview about six weeks later. All of the interviews were tape-recorded with the approval from the informants, and I explained to them that they could terminate the interview at any time and gave them instructions on how to turn off the device in case they did not feel comfortable with being recorded.

I used a semi-structured method for the interviews, which implies that they were neither in the form of an open everyday conversation, nor a closed questionnaire. Instead I designed an interview guide that focused on certain themes and contained potential questions in case of a somewhat quiet informant (see Appendix II). Following the advice of the anthropologist Russell Bernard, this interview method gives me as an interviewer greater control over what questions the informants will talk about, compared to an unstructured format. At the same time, the guide opens up for being attentive of the informant and what she wishes to talk about and focus on. Furthermore, the interview guide makes it easier to compare the data collected in the different interviews (Bernard 2006: 204f). I argue that this form of interview is particularly suitable in a context where the aim is to analyse people’s lived experiences. It is also, as Bernard suggests, a preferred method when you are only given one opportunity to interview the person in question, which was my case (Bernard 2006: 212).

The themes I wanted to discuss with the surrogate mothers was their demographic and socio-economic background, how they came in contact with surrogacy, what motivated them, their relation to the intended parents, their experience of the pregnancy, and how they reflected upon the delivery, which was either approaching or recent. Not only did these themes provide guidance for me during the interview, it also provided a way to pose questions in a variety of ways and return to topics which awakened an interest in me and make sure that I covered all the questions I wanted answered.

After completion of the interviews I transcribed the recordings verbatim in English. Since I wanted to be able to quote the women word by word and maintain the meaning of the women’s voices as accurately as possible, I realized I needed to translate what was said in Thai as well. For

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9 For reflections on the impact of interpreter, see “Ethical considerations” below.
10 This after the cases of baby Gammy and the Japanese man were known and surrogacy was on the headline. This interview lasted for about two hours and afterwards we continued talking over dinner. A Thai researcher accompanied me as interpreter.
this task I hired three female former university students, fluent in both Thai and English, to assist me. The interviews were divided between them and they translated three to four each. I sent them the audio files via email and informed them on the subject, the purpose of the study and they granted consent on confidentiality. I had beforehand numbered the interviews and the recordings revealed no name of the informant. After some weeks I got the manuscripts of the entire interviews, and not only what had been shared between the interpreter and me. The translation retains, verbatim, what the women said, with some syntactical corrections. For this the assistants were paid 500 THB\(^{11}\) per interview.

When the interviews were completed and the fieldwork was done it was time to interpret the data I had collected and to “make sense” out of what was just uncovered. The first step after having transcribed the interviews and gotten the complete transcriptions from the women assisting me, was to carefully read through it all several times in order to become familiar with the material and then detect themes. When finding the themes I was looking for interesting patterns, consistent phrases, expressions, or ideas that were common among the informants (Hammersley & Atkinson 1995: 210; Turner 2010). Through my repeated readings of the material, three themes emerged from the data: 1) how Thai local moral values impact on the women’s decision to become a surrogate (the nurturing mother, dutiful daughter and merit making); 2) how notions of risk and fear characterize the pregnancy experience; 3) and how the surrogates relation to the intended parents express uncertainty and gestures of care. After having detected the themes there was a gradual shift from a concern with describing and making sense of them, towards developing and testing explanations or theories (Hammersley & Atkinson 1995: 207). After having decided upon themes, as well as suitable theories that could help me understand the surrogates’ experiences, I carefully re-read the manuscripts once more and could detect more quotes that illustrated and confirmed my chosen themes and theories.

**Ethical Considerations**

Ethical and moral responsibility is essential in any research, but when it comes to cross-cultural research it is even more important, as the researcher may deal with individuals who are marginalised and vulnerable in different ways (Liamputtong 2007: 31). In addition we have an unequal power relation between the researcher and the informants that has to be acknowledged, especially as concerns the production of knowledge in textual form.

\(^{11}\) 500 THB was at the time of study equivalent to 15 USD or 125 SEK.
As anthropologists Paul Hammersley and Martyn Atkinson’s states, “sometimes the difficulty of getting access to informants determines who will and will not be interviewed” (Hammersley & Atkinson 1995: 134). When it comes to the selection process of my informants I am aware of my dependency on the agency Chatna Centre. Even though I had the chance to wish for certain informants (such as the length of their pregnancy), they were still the ones in power to choose which women I could get in contact with. Both Daisy Deomampo (2013) and Marcia Inhorn (2004) have noted that fieldwork in infertility clinics and agencies depends heavily on the goodwill of their gatekeepers, and it may be necessary to negotiate with them in order to get in contact with the people one wants to interview. Thus the risk of bias and adjusted answers because of the agency’s possible interests is something I had to cope with and reflect upon during my work. At the same time I am fully aware that the agency also wants to protect “their” surrogate’s privacy and feels a responsibility towards them.

When it comes to the interpreters, they are a significant part of the research process whose role must be taken into account. The interpreter for the first interviews was at the time working as a coordinator at the agency, and I am aware that this might have affected the information given to me and the informants’ answers in some way. Due to various reasons she could not accompany me the second day and had to call in a stand-in at a very short notice. This interpreter turned out to have limited knowledge about surrogacy, which proved to be positive in the conversation with the surrogates, as she was careful to understand everything accurately before translating for me.

Another aspect I have had to take into consideration is the monetary compensation to the surrogate mothers for being interviewed. A couple of months prior to the fieldwork the agency suddenly proposed that I should pay the surrogate mothers 1,000 THB\(^{12}\) each for the interview. According to the agency the surrogate mothers saw no incentive to come and talk to me if they were not paid. As Liamputtong argues, payment for participating in a research project is a controversial issue. At the same time, the money each woman got for the interview can be seen as an effective way to access potential participants, and as Liamputtong emphasizes: “compensation or monetary incentives are essential in securing hard-to-reach populations” (Liamputtong 2007: 77). Nevertheless, one must take into consideration the argument that monetary incentives may encourage respondents to provide more favourable answers to

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\(^{12}\) 1,000 THB was at the time of study equivalent to 30 USD or 250 SEK. For the additional interview I made with one of the women I paid her 2,000 THB as she was in her home province, an eight hours bus ride from Bangkok, and I needed to talk to her with short notice since I was going back home the following days.
subjective questions. But since I was interested in their experiences, and as I was emphasising that there were no right or wrong answers, I was not implying that I was looking for certain answers. Further, the payment to the surrogate mothers can also be seen as a way of acknowledging their contribution and as a symbol of my respect for their participation. Some feminist researchers also argue that “money given to research participants should be perceived as the compensation for being research partners in the project”, and as a compensation for any costs the informants might have incurred (Liampittong 2007: 77).

**Positioning and Reflexivity**

As mentioned above, the choice of informants and the interview setting are important factors for the outcome of the analysis. However, interviews and fieldwork are always concerned with relationships, as they are not a one-way process. Research is incomplete if it does not reflect upon the active role of the researcher in the research process. For sure, I did not arrive at the agency with an empty head, an open mind and a tape recorder ready to collect narratives for an objective analysis. As geographer Kim England notes, “we do not conduct fieldwork on the unmediated world of the researched, but on the world between ourselves and the researched.” (1994: 86). I came to the field with assumptions, perceptions and pre-understandings framed by the Western feminist discourse on commercial surrogacy, although my aim was to come to the interviews open for different experiences and views. I did not want my questions to appear too confrontational, as I wanted reflective answers, not defensive ones. Though often, I found myself frustrated and not satisfied with the answers, but I then had to remind myself that my purpose was to hear their experiences in their own words, not to impose my own assumptions. As it was necessary for me to go through the agency in order to talk to the surrogate mothers, I am also aware that the informants may interpret this as me having a positive attitude towards surrogacy and working in line with the agency. In order to avoid this I emphasized their role as knowledge bearer, and that there were no right or wrong answers, just me wanting to get insight into their experiences and meaning of surrogacy. Also here, the asymmetrical relationship between the informants and me as a researcher became even more pronounced. The research I am doing may conflict with the ambitions of the agency, but at the same time they have found my study to be important and they did several times emphasize how important the wellbeing of the surrogates was for them.

Also, I have to acknowledge that I have an ethnicity, which I bring to bear in the context
of the interview. In relation to the informants I am a *farang*, a foreigner, and the informants may attach assumptions to this, which could have an impact on their attitude and the answers they gave me. Speaking with a non-Thai, the women may have felt freer of cultural and linguistic conventions, and more prepared to state their own opinions and disagree with accepted. However, in my position as a *farang*, I may have learned things that Thai interviewers may not have been told or detected. By introducing myself through a personal narrative describing my family situation, my children and my role as a mother I hoped to, besides implicating that I have experience of pregnancy and motherhood, encourage them to feel more at ease telling me about themselves. Having (limited) access to the Thai language as well as experience of and knowledge about Thai culture and geography, was probably also a factor in gaining some trust of the women. This was also a strategy from my side to try to bridge the gap between us as I emphasized some things we had in common.

However, recognizing or being sensitive to power relations does not remove them. As England notes, reflexivity alone cannot dissolve the tensions in the inherent hierarchal relationship. What it *can* do is “make us more aware of asymmetrical or exploitative relationships, but it cannot remove them” (England 1994: 86). For example, I have reflected upon how I am in a position of textual appropriation when analysing the interviews and choosing what quotes to highlight. And I did question my role as a researcher, asking what I as a foreigner, Westerner, could bring to this subject through interviews that a Thai researcher could not do better (see Alcoff 1991). The most important thing that researchers need to question is the relevance of their research to the groups researched and its likely outcomes. Research can only be justified if the outcome will benefit the informants rather than damaging them (Burton 2003: 32).

As one of the ethical considerations in conducting research is the well being of the participants, researchers have to be sure not to cause harm to those who agree to take part in the study. This principle of *primum non nocere* (above all do no harm) also applies to how the researcher presents the findings. It is important not to present them so that the reader may identify individuals, and I have made the effort beforehand to ensure that the research participants have a clear understanding about their engagement in the research. The informed consent was obtained in Thai with the clear indication that the women could refuse to answer any question and terminate the interview at any time (see Appendix IV), and I made a special effort to inform the interpreter not to rush this process.
Delimitations

As the purpose of this study is to explore the surrogate mothers’ experience of transnational commercial surrogacy, it is consequently the surrogate mothers’ narratives that are put in focus. This means that I have chosen to exclude the perspective of the intended parents’ experience of surrogacy, as well as the personnel at the agency. The only time I have included other perspectives or information has been in order to contextualise the experience of the surrogate mothers’ narratives.

Thesis Outline

The thesis is organized in six parts. In this first section I have given a background to the study and the phenomenon of commercial surrogacy, as well as an account of the theoretical and methodological framework. Section two sets out to present the context of the fieldwork by first presenting the business at Chatna Centre, and then by giving an account of the informants of the study, their background and how they came in contact with surrogacy. In section three I examine how the motives for becoming a surrogate can be understood in the context of local moral values and how surrogacy is described as way to live up to the ideal notions of a nurturing mother and a dutiful daughter but also as a way to make merit. Section four takes as its subject matter the experience of the surrogacy pregnancy that is enhanced by fear and worry due to the risky state of the pregnancy, but also due to the fact that the women are caring “other people’s” children. In this section I also discuss presumptive scenarios during the pregnancy and how these are to be understood in the light of stratified reproduction. This is followed by section five that focuses on the ambivalent relation between the surrogate mother and the intended parents, a relation that is best described in terms of uncertainty, risk and mistrust and where gestures of care becomes an important proof of commitment. Finally, in the conclusion I summarize the findings of the study, as well as provide some recommendations for future studies. This conclusion is followed by a shorter summary in Thai.
2. Setting the Stage

In this section I will give a brief overview to the context of the fieldwork, some basic information about the agency in question and a general interviewee profile of the surrogate mothers with whom I spoke. With this, I hope to give you as a reader an understanding of the background, the conditions, the demography of the surrogates and the setting in this specific study.

The Chatna Centre

The Chatna Centre, located in the city centre of Bangkok, is an ART agency that offers IVF treatments, surrogacy programs, egg donation, gender selection through PGD (Pre-implantation Genetic Diagnosis), and sperm washing for HIV-positive men having children through surrogacy. At the time of my study the centre had been operating in Bangkok for three years. Each month they would have about 20-40 surrogate mothers who were medically accepted and available for a client. The average month they would start 10-30 programs, with about 60% of the surrogates achieving pregnancy. At the time of my study they had about 60 currently pregnant surrogates, and during the month of June 2014, six babies were born through surrogacy at Chatna Centre. The centre has a wide range of international clients from countries such as Australia, Spain, the United Kingdom, Sweden, Indonesia and Japan, and the majority of the clients are either single men or gay couples.

The surrogate mothers are recruited to the agency by “word to mouth,” e.g. where former surrogates suggest women in their surrounding to become a surrogate. In order to become a surrogate a woman has to be unmarried.13 According to Thai law if a woman is married her husband is registered as the father in the birth certificate. This could interfere the process of intended parents adopting the child, but with the surrogate being unmarried the intended parent providing sperm is now registered in the birth certificate. Before, there were no guidelines requiring the surrogate having previous experience of pregnancy, but the coordinator stated that, as “the general public opinion is critical against this” the agency now requires a surrogate to have had at least one child of her own. If the woman fills the qualifications to this and states her interest, the surrogate coordinator will inform her on the process and she will undergo a medical check-up with ultra sound and blood tests. If the doctor considers her

13 Unlike in India, where a surrogate mother is required to be married (Pande 2010a: 974)
healthy she will undergo a process that includes hormone treatment, finding a client, a potential meeting with the clients (and sometimes the egg donor) at the agency, and then a first embryo transfer will take place (a surrogate can undergo up to three transfers). After the implantation she is asked to go home and rest, and after ten days she will have a blood check to confirm the pregnancy. As soon as there is a heartbeat visible in the ultrasound, the intended parents start to pay her the monthly fee of 13,000 THB. In the first three months of pregnancy the women go for check-ups at the clinic once a week. After that they go once a month until they are seventh month pregnant, then they go every other week for check-ups. The delivery is scheduled and by caesarean section. Besides the monthly 13,000 THB during the pregnancy, the surrogates are to be paid another 260,000 THB. This sum is divided in two, a sum after the birth and the rest after all the paperwork is settled and the woman has relinquished legal parenthood. The total compensation is at least 390,000 THB.\footnote{390,000 THB equals approximately 12,000 USD or 104,000 SEK at the time of study. This sum could also be higher if they have to undergo more than one embryo transfer, or/and in the case of multiple pregnancies.}

**The Surrogate Mothers**

The eleven women I interviewed were working as surrogate mothers for Chatna Centre. Eight of them were pregnant at the time of the interviews. Only a couple of weeks prior to the interviews, two of the women had given birth to babies, one of them to twins. One woman was in the process of becoming a surrogate. All the women are Buddhists, just like nearly 95% of the Thai population. The ages of the women range between 23 and 39 years. All of the women have previously given birth and have children of their own, with the exception of one childless woman who does not have any experiences of pregnancy from before. None of the surrogates are married, as this is a requirement from the agency since a registered marriage would automatically make the husband the father of the child. Two of the women had a live-in partner (informally married), two were widows, and the rest of them divorced and/or single. Out of eleven surrogates seven originate from Isan, the North-Eastern region of Thailand (see Appendix I). Isan is known to be a rural area from which a lot of women migrate to the capital Bangkok or the tourist South in order to make money. Some of these surrogates still live in Isan, while some had moved to the Bangkok area. The ones who did not originate from Isan came from neighbouring provinces to Bangkok. In contrast to surrogacy in India where it is common for surrogates to stay at a surrogacy hostel while pregnant, the surrogates at Chatna Centre live...
in their own homes and travel to the agency and the clinic for doctor appointments or meetings either by bus, taxi or commuter train, depending on the distance.

Prior to being surrogates, the majority of the women worked with selling food or kitchen equipment, either inside or outside their home. Many of the surrogates live with their parents or have their children live with their parents while they live in Bangkok making money, an arrangement that is quite common in Thailand.

When it comes to their educational background, four of the interviewees have completed primary school/grade 6 (Prathom 6), two of the women have completed junior high school/grade 9 (Mattayom 3) and five of them have completed high school/grade 12 (Mattayom 6). Maladee, who is 39 years old, is now studying a non-formal education (Kor Sor Nor) in order to complete grade 9. The average monthly income prior to entering the surrogacy program was between 6.000-9.000 THB making the daily wage approximately 250-400 THB. This could be seen in relation to the minimum daily wage in Thailand that since January 2013 is set to 300 THB, and the average monthly wage was in 2013 estimated to 13.000 THB (International Labour Organization 2014: 2). Hence, before becoming a surrogate the women earned below average. For most of the women the total compensation for surrogacy was, at the time of signing the contract, equivalent to approximately four years’ wages.

All of the surrogates in this study had, via the agency, been hired by intended parents from overseas. Six of them were hired by intended parents from Australia and the rest by clients from England, Malaysia, or Indonesia. In four of the cases the commissioning parents were a heterosexual couple, in two cases they were a gay couple and in three cases single men. Notably, one of the surrogates did not know who her intended parents were or where they came from.

**Entering into Surrogacy**

The words about surrogacy are continuously spread from one person to another.

- Jaruwan

The first questions I asked the surrogate mothers were how they initially came in contact with surrogacy and how they ended up at Chatna Centre. Most of the women had heard about surrogacy from a friend who had been a surrogate herself or who had heard about it from others.

\[15\] 6.000-9.000 THB equals at the time of study approximately 180-280 USD or 1.200-2.000 SEK.
who had that experience. Chantara explains that a friend told her about it and then she decided to do it - “my friend said that there is a type of work which is surrogacy and told about the compensation. Then she asked how interested I was.”

Some of the women never expressed any hesitation, while some of them acted with cautious curiosity. Maladee learned about surrogacy from a friend of hers who had already entered the program. The friend told Maladee about it and advised her to join. At that time Maladee was working as a caregiver in people’s homes: "I had work, routine work, but it seemed like doing nothing. It was a strange thing too [surrogacy], so I wanted to try." Jaruwan, 28 years old and eight months pregnant at the time of interview, heard about surrogacy from a younger woman working as a waitress who told Jaruwan about it.

At the beginning I was afraid that she might lie to me. I thought it was not real. I had never heard of it. I am from a rural area, but they are city people. That’s why I was afraid. But after she took me here, and I dared the risk to take the ride to come here, I realized that the company does exist.

Jaruwan’s statement signals that the phenomenon of commercial surrogacy is something new for her, something previously unknown. She was initially sceptic about the arrangement and afraid that they would lie and cheat her, but she took the risk and realized that there actually existed an agency offering surrogacy service and that the woman had been telling the truth. Most of them had actually never heard about commercial surrogacy before. Onwara was also cautious before entering the doors at Chatna Centre for the first time. At first she didn’t “want to believe there was such a thing as surrogacy”, because she had never heard about it before – “in up country, we don’t know much”. But after thinking about it for almost a year she decided to quit her job at a nursery and give it a try. She says: “I was thinking if it is a good thing or not? How will it affect me? My friend said there wouldn’t be any negative effects, just do it. So I decided to do it.” What becomes clear when listening to Maladee, Jaruwan and Onwara is that the technology of IVF, how one can become pregnant without having sex with a man, is new for many of them and which causes some scepticism about the arrangement. When telling me about this unawareness they explain it with them being uneducated “country people”, this in contrast to the enlightened “city people” in Bangkok and the south. This lack of knowledge and understanding about the technological process involved in surrogacy contributes to the women’s scepticism.
Cautious or not, all of the women imply that they walked into the agency more or less of their own choice. This is interesting in comparison with e.g. Amrita Pande’s study on Indian surrogates who often were persuaded or coerced to become surrogates by their family members (Pande 2014a: 57). The women’s narratives of how they came in contact with surrogacy and Chatna Centre shows that the agency did not need to recruit surrogates themselves; instead the word is spread from woman to woman. However, the name of a certain woman, Pi Pook, (the “Pi” states that she is a senior person) reappeared in a couple of interviews. Isaree told me that a woman called Pi Pook, whom she buys food and spices from, introduced her to surrogacy and convinced her to try it out since she wanted to help Isaree get money for her child's education. Jaruwan also mentions this name, saying that she heard about surrogacy from a younger woman working as a waitress who knew Pi Pook. According to Jaruwan she is, or was, a nanny at the Chatna Centre. When I asked the coordinators at the centre about this Pi Pook no one recognized the name, and it may just be that she had something to do with the agency before and now her words about this business are spread. Either way, it becomes clear that Chatna Centre do not need to recruit surrogates actively, women will show up anyhow. This also became very clear one Saturday afternoon in the beginning of July when I was conducting interviews at the agency. Despite the agency being closed for the weekend, at least three women showed up and expressed their interest in becoming surrogates. When I asked them how they found out about the agency they said that friends had told them about it and that they wanted to try.
3. Nurturing Mothers & Dutiful Daughters:  

*Negotiating Local Moral Values of Womanhood*

I will spend a part of it on my son. I’m the only one who takes care of him. I will keep it for his education, because I have to raise him by myself. Another part is for my parents.  

-Siriporn

In this section, I will explore the impact that local moral values and the need of money have on the women’s decision to become a surrogate. When listening to the women’s stories I partially recognize surrogacy as a mean to live up to the roles of the nurturing mother and the dutiful daughter, ideals of womanhood with a strong presence in the Thai society. The majority of the women I spoke to described surrogacy as *tam bun*, a form of Buddhist merit making, as well as an opportunity to provide for their children as well as parents. The women’s stories illustrate the complex network of Buddhist notions, cultural beliefs and gender roles that shapes both the motives behind surrogacy, but also the experience of being a surrogate mother.

**Fulfilling the Role of a Nurturing Mother**

When asked about why they decided to become surrogates the majority of the women were upfront about their financial needs and the fact that they became a surrogate to supplement their income. This is something that many of the women expressed already when explaining how they came in contact with surrogacy, that they were advised by other women to become a surrogate since they were known to be in need of money. Chantara, who is 29 years old and a single mother to her 4-year-old daughter, gave birth to twins for a commissioning couple from Australia just weeks prior to the interview. She explains her motives for becoming a surrogate mother: “I thought: I don’t have a boyfriend, I am a single woman taking care of a child and from where can I find a large sum of money? So I decided to do this”. Natee, 29 years old and pregnant with twins for a single man from Indonesia, has two children of her own. After divorcing the children’s father, Natee’s son now lives with his paternal grandparents and the daughter lives with Natee and her mother. When explaining her motivations to become a surrogate she tells me: “I think only about my mother and daughter. I want my daughter to complete higher studies and I want to have savings for her. I don’t think about myself a lot, I worry about my daughter.” Namtan, 29 years old and mother of a 2-year-old, not yet pregnant
but waiting for a “case,” explains that she wants to become a surrogate mother as she “wants to do everything for her child.” What these narratives illustrate is how the women stress the need of their children. They highlight their worry about their financial situation as a single mother, their worry about their children’s future and education, and their will to sacrifice everything for their children in order to provide for them. In other words they emphasize their role and position as a mother when explaining their decision to become a surrogate.

In order to make sense of this emphasis on being a mother a contextualisation of motherhood in Thailand is in place. Motherhood is traditionally highly valued in the Thai society and having children is a great source of status among women, it even supercedes the status of royal rank. Through pregnancy, childbirth and mothering, a woman marks her position within the Buddhist moral order. She ensures merit through the actions of her children, such as providing household labor force, sons who make merit for parents by being ordained as Buddhist monk, and daughters that help out with domestic chores. These contributions of the children become evidence of a woman’s accumulated merit and “harmony with the spirit world,” and traditionally having many children was “a woman’s wealth and her greatest resource” (Muecke 1984: 462, Whittaker 2001). Due to a new economic order and modernization, childbearing became expensive and “the best survival strategy for both economic and moral ends was to have fewer children” so that they can get adequate education and be provided for (Muecke 1984: 467).

Still, motherhood and reproduction remain a primary source of female power and prestige among Thai women (Whittaker 2001: 74). However, with modernization, industrialization and fewer children the pressures of an ideal motherhood today is of a different kind, and the image of what makes a nurturing mother have changed. Whereas, the nurturing mother’s primary commitment used to be to secure her children’s existence, today it is more about providing education, wealth and securing the children’s material needs. Nevertheless, a mother still undertakes the main responsibility for her children, managing the household economy, and making ends meet, especially when the man in the household cannot do so (Keyes 1984: 229; Muecke 1984: 464).

A majority of the women I spoke to are single mothers struggling to provide for their children of various ages and underlined that the monetary reward is a major factor in their decision to become a surrogate. For example, Putsaya, a 39-year-old widow and mother of two teenagers, explains that she will use the majority of the money to pay for her children’s education. Jaruwan will also use the money to pay her son’s education and emphasizes: “I want
him to go furthest in education.” By becoming a surrogate mother and earning money the women can offer their children an education and live up to one ideal image of womanhood in Thailand, namely the nurturing mother who provides for her children.

**Merit Making through Pregnancy**

Besides being motivated by financial needs in order to provide for their children, the women also motivated their decision to become a surrogate with a wish to help people who cannot have a child on their own. When talking about helping infertile couples, several of the women emphasized the act of merit making, *tam bun*. Natee, for example, told me: “I feel good. I feel like I am doing a merit (*tam bun*),” and Jaruwan, 8 months pregnant for a heterosexual couple from Australia, gave me her view on being a surrogate: “I’m earning merit (*dai bun*). That’s how I think. I want to help people who cannot have kids. [...] I want to see success, and I want to show the intended parents that I can make it for them.” In the same sense, Isaree stated that: “I satisfy people’s need and I get merit (*dai bun*).”

The concept of *tam bun* is an essential part of the Theravada Buddhist culture and is a belief that is highly influential in Thailand. The term refers to acts such as donating food to monks and money to temples, but generally speaking it can be summarised as a sort of “beneficial karma” where acts are defined as either *bun* (meritorious/good) or *baap* (unmeritorious/bad), both of which have karmic consequences for oneself as well as others (Whittaker 2014:111). When you make merit (*tam bun*) you accumulate good karma, which will “ensure the alleviation of suffering in this or the next life” (Hibino & Shimazono 2013: 64). By helping people who cannot have kids they are both making merit (*tam bun*) and earning merit (*dai bun*), which illustrates how the act of surrogacy is understood as an act of beneficial karma. This reference to merit making in relation to surrogacy is also noted by Whittaker (2014) as well as Hibino and Shimazono (2012); the latter also point out the compassion the surrogates feel for the intended parents. This is something that I also noted, even if the women I talked to never expressed “a feeling of pity” for the intended parents, as in Hibino and Shimazono’s study (Hibino & Shimazono 2012: 65). For example Chantara, who gave birth to twins for a couple from Australia, concludes: “I felt good that I made the wish of people that were having difficulties to have a child come true.” This expression of compassion can be related to the fact that infertility and childlessness are seen as stigmatizing in the Thai society (Liamputtong 2007), which is a consequence of how having children are seen as a status marker. As Maladee puts it:
I feel happy that they have something like this to give opportunity for people [...]. Some people want to have children but can’t, some have a child but don’t want, some want to be surrogate. Mostly, those who come to be surrogates have small amount of income, when they can do this many feel happy to be part of this. I feel good about this.

The fact that this act, helping infertile people having a child, is being enacted through pregnancy and childbirth enhances its meriting dimension, as childbirth in itself is seen as an act of merit. According to Muecke: “Bearing a child improves a woman’s karma [...] by providing a winyan (life principal) with a body and home for its reincarnation as a human being” (Muecke 1984: 462), and “Buddhist ideology lauds the pains and sacrifices of pregnancy and birth as meritorious” (Whittaker 2014:111). As a matter of fact, the Thai term for surrogacy used in everyday language is um bun, which literally means “carrying merit.” The act of surrogacy also expresses the notion of woman as a nurturer not only of her own children, but also for someone else’s future child. In this way the surrogate may be seen as a self-sacrificing mother who wishes to please both her children as well as the childless client, and through pregnancy she is engaging in a valued activity. As Jyotsna A. Gupta notes in her discussion on Indian surrogacy: “In surrogacy, [women] can combine this idea of benefit to others while at the same time fulfilling their ‘natural’ function in life – bearing children” (Gupta 2006: 32-33).

Tam bun, or merit making, is also strongly associated with the idea that meritorious or good deeds (bun) counterbalance demerits accumulated through “sinful” and “bad” deeds (bàap), and in the long run ensure the easing of suffering in this or the next life (Hibino & Shimazono 2013: 64). This becomes very clear when listening to Putsaya’s story. Putsaya is a 39-year-old rice farmer, mother of two teenagers, and widow since a few years back. She explains that the main reason for being a surrogate, besides providing financial assistance to her children’s education as noted above, is to make merit in order to “delete the past” as she had an abortion at the age of 22. At that time she and her husband already had two children, the youngest only one year old, and so they “were not in a good financial situation to support another child.”

In Thailand abortion, besides being illegal, is perceived as un-Buddhist, and therefore un-Thai. As noted by Whittaker, who has done studies on the perception of abortion in Thailand, “abortion interferes with the karmic cycle of births and deaths by not allowing the rebirth of a being. In so doing, Buddhism teaches that a woman will inevitably suffer karmic retribution for her actions” (Whittaker 2001: 74). As the ideal womanhood in Thai society is characterized by
being a “good mother” a woman who finds herself pregnant is expected to be self-sacrificing, accepting and to fulfil her nature as a woman; that is to gestate, give birth and then nurture the child. In contrast, a woman who decides to terminate a pregnancy is by many regarded as selfish and thus not a “real” woman. She is considered to destroy life and committing “a serious Buddhist sin/demerit” (Whittaker 2001: 112). The fact that an abortion is believed to carry negative karmic consequences makes many women who have undergone abortions engage in merit making in order to counterbalance this bad and “sinful” act. Putsaya explains that she wanted to become a surrogate to wash the sins (*laang bàap*) and do merit (*tam bun*). Besides the fact that she is a single mother and needs the money to help her children complete their education, counterbalancing the “bad deed” (*bàap*) of abortion also motivated her. Thus she wished to earn merit as a sort of compensation for the abortion she had had 17 years ago, and since a Thai woman improves her status and karma most of all by being a nurturing mother, becoming a surrogate was seen by Putsaya as a good act of merit making and compensation.

As being a surrogate mother involves both merit making and a mean to get money for ones own children, the surrogate mothers can be viewed as making merit in two ways. Partly through motherhood (being pregnant and nurturing and giving birth to a new life), but also by living up to the role of a “good” mother, as the sum of money that follows with this act of merit is enabling their nurturance and providing for their own children. They are thus fulfilling the role of the nurturing mother in a double sense, and in this way surrogacy becomes a means to make money and merit at the same time, while living up to local moral values of what constitutes a good mother and woman.

**Bun Khun and the Lifelong Obligation of Daughters**

Apart from emphasizing merit making and monetary incentives in making the decision to become surrogate mothers, most of the women also emphasized the care for their parents, and especially their mothers. Chantara states: “My mother wants a car. So I will go buy a car for my mother. And also open a massage shop for my mother. [...] The leftover from after using on the car and shop is for my daughter.” Here, the needs of Chantara’s mother are prioritized, and the money that remains is for her daughter. Just like Chantara, Jaruwan will use the money to start up a small business for her mother: “I want my mother to spend the money to build a small shop. [...] I want to sell dry foodstuff, snacks etc. I will make it small, not a big one.” Following the same line, Natee, eight months pregnant at the time of interview, explained that she decided to become a surrogate because of her “family’s status.” Natee says she will use the
compensation to pay for the house where she, her daughter and her mother live. She will also pay her mother’s debt, and use the rest for her children’s education. She is concerned about her mother: “I don’t want her to do housekeeping. She has to because she is in debt with the owner.” Her mother took a loan to build their house in a province in Isan, and now, instead of getting a salary, her employer subtract from her debt. Therefore, Natee has to financially take care of her mother and daughter, and as noted above, she worries a lot about them.

By highlighting their intentions to help their mothers, the women also describe another dimension of merit making, namely the bun khun relationship (even if the women never used this term themselves). Bun khun can roughly be defined as “the feelings and practices surrounding a debt of gratitude” (Whittaker 2014: 112). Bun khun in a kinship system, especially between parents and children, is a close personal relationship and a lifelong obligation. As parents bestow meriting acts upon children by loving, caring and providing for them, the children in return owe their parents not only life-long gratitude, obedience and respect but also material support such as labor and income (Mills 1999: 76). How one bestows these meriting acts differs between son and daughter. The son often repays his debt by being a Buddhist monk for some time, which guarantees the accumulation of merit for his parents. Daughters however, are expected to take responsibility for their parents by e.g. providing them with cash, buying them a TV, refrigerator or motorcycle, paying their younger sibling’s education, paying debts or building a home for their parents (Whittaker 2014: 112, Mills 1999, Muecke 1984). According to Liamputtong bun khun in the Thai context often refers to gratitude toward the love and kindness of especially one’s mother for her efforts of giving birth and nurturing, and “the status markers of mothers can also be clearly seen within the concept of bun khun” (Liamputtong 2007: 116). This confirms the valuation of motherhood, as mentioned above.

This concept of bun khun in narratives of becoming a surrogate is something that also Whittaker notes when analysing Thai surrogates’ accounts at a website. She states that by stressing the bun khun and tam bun, the women “exemplify the framing of surrogacy within Buddhist discourses of merit making” (Whittaker 2014: 112). This relation of bun khun is also evident in the narratives of Chantara, Jaruwan and Natee above. Likewise, Maladee illustrates this responsibility for parents when explaining what motivated her becoming a surrogate. She starts by explaining that there are a lot of reasons why women become surrogate, but in her case she had a friend who was a surrogate and could stay at home taking care of her parents while working part time.
Finding a part time job as well as joining here [the agency], it made her [the friend] have more income. She had more free time, so she could take care of her parents more properly. [...] Before joining this I rarely went back to Surin [her home province]. After joining this I can go back home more often. Because at home no one is taking care of my parents.

What Maladee is giving an account of here is the aspect of _bun khun_ that is consistent not only with the woman as a dutiful daughter, but also as a nurturing woman. She takes care of her ageing parents, not only with money but also by travelling to see them. This can also be seen as illustrating the effect of modernization, industrialization and changes in gender roles in Thailand. Traditionally, the youngest daughter would stay at home caring for the parents, but as women have migrated to larger cities in search of employment they are separated from the home and their parents. These trends have emerged in Thai society and have had effect on migrating women’s traditional roles as it aggravates their efforts to live up to the role as the dutiful daughter. Thus, money comes to play an important part for women in their _bun khun_ relationship towards their parents. This increasing role of monetary remittances from Thai woman to their parents is something that both Muecke and Mills have stressed in their studies on Thai women, gender roles and labor migration. Migration in search of employment or income has tended to separate a woman from the house of her parents and this has had affects on her ability to show _bun khun_. As such, money or consumer goods become a means to fulfil the role of the dutiful daughter (Mills 1999, Muecke 1984). Thus, besides being a strategy to provide for one’s children, and making merit, surrogacy also becomes a strategy for fulfilling a daughter’s obligation. Especially as it both enables the women to provide money to their parents, building a home or paying their debts, but also offer them more time to travel to see their parents as many of the women quit their work when becoming a surrogate.

Even though the need for money and the wish to make merit was emphasized by the majority of the women, there is one informant that stands out as an exception at many levels. Solada, 37 years old, is the one with the highest income prior to entering surrogacy and is notably the only one of the surrogates that has no children of her own. At the time of interview she had recently delivered a baby boy to a single man from Australia. Just like the others, she heard about surrogacy from friends, but her main motive was not financial needs or merit making, but rather curiosity. She explains that the very experience of being pregnant was something that interested her: “I wanted to know how it would be. How did they do, something like that”. When talking to Solada she did not mention the financial compensation at all and so I
asked her towards the end of the interview what she would do with all the money. She said that she would maybe use it to start up a small business such as a grocery shop. At the same time when being asked about her thoughts for the future she said that she would probably still work as an administrator, once again expressing that the main motive was not the money. So the need of money was not as crucial or incentive for her as it was for the other women I talked to. In general however, economic gain was clearly a major factor behind the women’s decision to become a surrogate.

What I have shown in this chapter is how the women’s accounts of what motivates them to become a surrogate mother draws upon traditional Thai morality and ideal roles for women. Just as the Indian surrogate mothers in Pande’s study, the Thai surrogate mothers also give relational rather than individual rationales for taking part in surrogacy (Pande 2014a: 136). However, in contrast to the Indian surrogates in Pande’s study, who often are coerced or urged by husbands and family to enter surrogacy, the women I talked to are not persuaded by their family, but their decision is their own. As such, when listening to the women it becomes clear why one must look to the cultural specific context in order to understand a global phenomenon, as local moral values and religious beliefs affect the motives, the practices and the understanding of this phenomenon. The local context makes surrogacy meaningful in a specific way as their motivations for undertaking surrogacy rely heavily upon Thai cultural understandings of motherhood, merit making and filial obligation. The money enables women to fulfil their roles as nurturing mothers to their existing children but also as dutiful daughters supporting their parents (Whittaker 2014: 114). Therefore, the need of money must also be seen as part of the local context as the financial need is, besides being caused by socioeconomic structures, also are driven by a wish or even duty to tam bun and bun khun (make merit). These performances of merit making enables the women to live up to both the good mother and the good daughter, and in some cases also demerit what is seen as “sinful” acts earlier in life. As such, one could say that the surrogates in this study draw upon divinity and gift giving in the same way as Indian surrogates in other studies, but even if the rhetoric of divinity and gift giving may be similar, it is still grounded in different cultural contexts as “fertility and motherhood are irrevocably linked with cultural notions about womanhood” (Gupta & Richters 2008:246).

However, what must be taken into consideration is the fact that the women may emphasize both local moral values and motherhood in order to legitimize their involvement in
an industry somewhat surrounded by anxiety, controversy and moral stigma. This is something that also Pande notes in her study. As surrogacy in India is seen as a stigmatized “dirty work,” accentuating the gift giving and the financial need for ones children may be a way for the Indian surrogates to reduce the moral stigma attached to intimate labor (Pande 2014a). Even if surrogacy may not be considered a “dirty work” in Thailand and is not associated with sex work to the same degree as in India, it is still “an occupation that is not yet fully socially accepted by Thai society” (Whittaker 2014: 114). From the interviews to judge it is clear that surrogacy is relatively unknown in Thailand and in the interviews the need of assuring that the woman did not “have sex with anyone.” As the arrangement is unknown the risk for stigmatization and formation of myths is greater. Nevertheless, the women still express their financial need and the payment for being a surrogate seems to be an important factor. As Siriporn, four months pregnant with twins for a heterosexual couple in Australia, states: “Partially, it will increase my income. Partially, it will complete other people’s family.”
4. The Pregnancy Experience:  
*Fear, Responsibility and Restraint*

It is like having a second child.  
Like having a second child that is not my child.  
- Onwara

As stated in the previous section, being a surrogate may enable a woman to live up to the role as nurturing mother for the children she already has. At the same time surrogacy as a phenomenon may serve to both re-conceptualize the notion of motherhood as well as parenthood, and question or even contradict expectations of ideal motherhood. According to some critics, the anxiety surrounding surrogacy is based on its subversive nature as “giving birth to a child for the purpose of relinquishment and in exchange for money defies mainstream assumptions that identify pregnancy with the birthmother’s commitment to the project of subsequent lifelong social mothering” and as such challenges the ideal motherhood (Teman 2008: 1105). Grounded in this notion of motherhood as a lifelong commitment, a popular narrative of the surrogate mother is a woman who regrets her decision and refuses to relinquish the child, such as the famous case of Baby M (mentioned on p.10) (Teman 2008: 1104). What this narrative implies is that motherhood is essential, maternal love is something pure, and thus no “normal” woman could relinquish a child without regretting it and trying to rectify her “mistake.” In addition, as surrogacy is seen by many as a commodification of motherhood where “suddenly, the ‘mother’ is part of a contractual agreement to gestate and give away a child for compensations” (Majumdar 2014a: 284), the notion of exploitation in connection to commodification may also cause anxiety.

Clearly, common concerns when discussing surrogacy are related to the surrogate mother’s relationship with the child. How does a surrogate mother experience the pregnancy? How does she experience her relation to the child and her role in this process? And how does she reflect upon the relinquishing of the baby? In this section I will examine how the surrogate mothers talk about the gestational period, how they express fear, worry and responsibility, and how they balance an emotional attachment with awareness about the approaching birth.
This Pregnancy and That Pregnancy

When I asked the surrogate mothers about their feelings towards the child, or children, they are gestating, all stated that they feel like this is their own child: “Yes, it feels like this is my own child” (Maladee), “I carry him, so he is my baby” (Onwara), “I feel like I am carrying my own children. I want the babies to come out strong and healthy” (Natee). They all claim a sense of “ownership” or relationship based on the fact that they are gestating and nurturing the child for nine months. But this gestational period as a surrogate mother is, not surprisingly, markedly different from a “normal” pregnancy due to the nature of the pregnancy and the relationships involved. Since all women except one had previous experiences of pregnancy, childbirth and becoming a mother, I asked them if they found this pregnancy different from their previous ones. Natee, who is eight months pregnant with twins for a single man in Indonesia and with two children of her own, compares her experiences as a surrogate mother to her previous pregnancy:

I didn’t take care as much as I am taking care while pregnant with other people’s children. Like I am worried about everything. Scared that the children won’t be strong, won’t be healthy... something like that. Like... I used to do hard work; now I don’t do that at all. But when I was pregnant with my own children I could do. Like when I sold things, I could carry some things. But now if it is a little heavy I don’t lift at all.

Noteworthy is that Natee’s emphasis shifts from “taking care” to focusing predominantly on the fear and worry she experiences during this pregnancy. She is “scared” and “worried about everything”, and fear and worry is something that many of the other surrogates expressed as well. As noted by Jaruwan, also eight months pregnant with one child for an Australian couple:

After finishing implanting the eggs, I have to be careful when walking and doing other activities. I have to take care of myself, as it is easy to lose the embryo. It is different from normal pregnancy. I used to ride motorcycle, but now I have to refrain from it. I used to work very hard, but now I cannot do it. [...] I was working at a department store. I was a staff responsible for arranging goods in the store. I had to arrange products and lift heavy stuff. After I became a surrogate mother, I quit the job, because I cannot lift heavy stuff anymore, otherwise I will lose the child. [...] I’m afraid too. I have to be aware, because it’s their baby. I need to be careful when I do things, when I eat. I am careful about everything. I cannot drink coffee. I can’t drink Pepsi too often. I am afraid.

16 For a discussion on this, see Majumdar 2014b.
Just like Natee, Jaruwan also emphasizes that she is “afraid” and has to be careful not to “lose the child.” She has to discipline herself by refraining from certain activities or eating habits. Together with this worry about the child being vulnerable and being in danger come a caution and a discipline, which is expressed by many of the surrogates. This demand for caution and fear of losing the baby that the above quotes express was not as substantial when the women were expecting their own children. As the women compare their experience of being pregnant as a surrogate mother to their previous pregnancies, they underscore a fear and worry, enhanced, as Pande has observed, by the artificial character of the pregnancy, the check-ups, and the “hyper-medicalization” with the mandatory caesarean section as “a final manifestation” (Pande 2014: 58). Jaruwan expresses that “I feel different, because when I conceive someone else’s baby, I am more careful of how I live, how I eat and how I touch or hit things. This is because the IVF baby is not strong. In contrast, it was difficult to lose the embryo when conceiving my own child.” Additionally, Siriporn, four months pregnant with twins for an Australian heterosexual couple, notes that:

I have to be a bit more careful, because I am aware that this baby is not as strong as the one who is born naturally. I have to pay more attention. Anyway, it just feels like conceiving my own baby... I’m happy. [...] It’s like having a new life sharing a part of me... It creates some feelings, but they are not as strong as the feeling for a baby that I would raise up by myself. It’s not that strong.

What these quotes illustrate is how the notion of the pregnancy is characterized by a dichotomy of “strong” versus “vulnerable,” of “normal” versus “abnormal.” The baby is not as strong as one born “naturally”, and her feelings towards this baby are not as strong as for a baby she would raise herself. The way both Jaruwan and Siriporn talk about the pregnancy and the baby is somewhat surrounded by hushed feelings, it being a vulnerable pregnancy. This is in line with how sociologist Deborah Lupton outlines how today an increasing emphasis is placed upon pregnant women, as “preborn organisms are considered as particularly fragile and open to harm” (Lupton 2012: 2). As many representations of infants or foetuses portray them as precious, pure, vulnerable and at risk, this puts a great responsibility on the pregnant woman and mother to be.

17 Lupton is not concerned with surrogacy, but discusses risk and pregnancy in general terms.
The difference between the surrogate mother’s own pregnancy and the surrogacy pregnancy is described as being caused by how the baby has been “produced”. This pregnancy is an IVF where the surrogate has been impregnated by an already fertilized embryo, and immediately after the embryo implantation the women are asked by the agency to go home and rest for a week in order to maximize the chances for a confirmed pregnancy. As such, the women come to view the foetus as more vulnerable, “not as strong,” and the risk for miscarriage is also statistically greater due to the artificial nature of the pregnancy. Given that a “normal” pregnancy is “increasingly conceptualized as a ‘risky state’ and the pregnant body is exposed as a site of risk governance” (Mykitiuk & Scott 2011: 312), a pregnancy that is seen as “unnatural” then may put even greater responsibility on the pregnant woman protecting the health of the developing foetus. The surrogacy pregnancy may be understood as “precious” and “vulnerable” in various ways (Majumdar 2014b: 204). First, because it is an artificial pregnancy and is perceived to involve higher risks, as mentioned above, secondly it is also precious for the intended parents who have invested a lot of time and hope. This also goes for the surrogate mother, who also is awaiting a big sum of money as compensation or “reward.” Last but not least, the pregnancy is precious for the agency as the payment from intended parents after a completed and successful pregnancy is what constitutes their business. Given that medical surveillance and self-surveillance are established concepts in the contemporary discourse on pregnancy and the pregnant body, a “precious” and “vulnerable” pregnancy thus requires extra caution and surveillance (Lupton 1999).

In her study on surrogate mothers in India, Pande notes that this sudden professional care and urge for caution becomes an opportunity for the women to take much better care of themselves and allows them to “enjoy the luxury of being ‘pampered’” (Pande 2014b: 58). They would get better care for their surrogacy pregnancies than they did for their previous ones, and the fact that they were staying at a surrogacy hostel while pregnant, where the meals were catered, they did not have to do house work or look after their children, made them feel spoiled. In contrast, the Thai surrogate mothers are free to live where they please as long as they come to their regular appointments at the clinic. And in relation to the arrangement in India where the surrogate dormitories have a regulative and disciplinary function, the Thai surrogates may be seen as freer (Pande 2010a: 975). Nevertheless, the surrogates in this study seem to interpret the caution called for the surrogacy pregnancy as fearful and worrying, not as an opportunity of “being pampered”. This may be because of the fact that in India the clinic and the personnel at the hostel also have responsibility, as they are the ones who are monitoring and “disciplining”
the surrogates, while in Thailand where the surrogates are not as closely monitored the women themselves must do this work, not the clinic or agency. Thus, a lot of responsibility is put on the women as individuals and they are expected to be knowledgeable and competent to manage the risky pregnancy (Mykitiuk & Scott 2011: 319). Instead of having the surrogates housed in a hostel, and closely monitored, they are free to take care of themselves. Still, there are limits to this freedom. They are restricted not to have sex and not to drive or ride motorcycle during the pregnancy in order to protect the pregnancy and avoid accidents. Motorcycles are a common form of transport in Thailand, and thus the prohibition on riding motorcycles restricts the women’s mobility in their everyday life. What is called the process of “risk-responsibilization” here works to create risk-conscious women (Mykitiuk & Scott 2011: 319).

Clearly, the women found the surrogacy pregnancy marked by fear and worry and in this aspect different from their previous ones. But what about Solada then, the surrogate who had no children of her own? She had given birth to a child for a single man just weeks prior to the interview, and obviously, she could not answer the comparative question of how surrogacy pregnancy is experienced to previous ones. However, the emphasis on fear and worry is not as substantial as when talking to the other women. When I asked Solada if the pregnancy and delivery was as she had expected it to be she answered: “Yes, it was not hard. Just listen to the doctor [...] I didn’t have to take care much, just eat good food, healthy food, like milk.” Then as I asked her if she, in retrospect, thinks that it should be a requirement for the surrogate to have previous experiences of pregnancy, she declared: “No, they just need to be strong, take care of themselves and take advices from the doctor seriously [...] Listen to the doctor step by step, strictly.” According to her, no previous experience of pregnancy is needed to become a surrogate mother. However, when talking to the agency about this they stated that they have changed the requirements due to “a critical general opinion” and now a woman is required to have had at least one child of her own before being a surrogate. This may be understood as an acknowledgement of pregnancy as a state surrounded by strong feelings and attachment, grounded in notions of pregnancy as the beginning of a lifelong commitment.

**Nurturing Other People’s Children**

Another aspect that these pregnancy narratives highlight is how the demand for caution and worry for the “vulnerable” child also has to do with the women carrying other people’s children. Despite the fact that Natee initially spoke of the twins as “hers”, she later states that she is pregnant with “other people’s children” and thus “takes more care” during this pregnancy. The
relation to the child is ambivalent, it is hers but at the same time someone else’s. One of the surrogates, Onwara, was even sent nutrition supplement from the intended father who resided in England. She states:

I carry him, so he is my baby. I do everything like he is my own child. But I try to nurture more than my own child also. I eat brand [nutrition supplements] and I eat things that ... that the doctor recommends.

Onwara tries to nurture this baby more than she did her own child, and in the same sense Jaruwan has to “be aware because it’s their baby”. These narratives reveal how the women are more keen to nurture and care because of the child belonging to “other people.” This can be understood in terms of stratified reproduction, the concept introduced by Shellee Colen in 1995 when studying West Indian migrant women working as childcare workers for U.S.-born white employers in New York. Colen defines stratified reproduction as follows: “some categories of people are empowered to nurture and reproduce, while others are disempowered” (Ginsburg & Rapp 1995: 3). In Colen’s study she exposes how the West Indian nannies are undocumented migrants and therefore extra vulnerable, and in addition they are away from their own children for lengthy amounts of time. These power differentials between professional white women and the migrant women who take care of their children in their homes illustrate how gender, class, and race have impact on the transnational process of reproduction trough economy, labor markets, and childcare (Ginsburg & Rapp 1995: 77).

In the case of Thai surrogacy, the surrogate mother is gestating and giving birth to a child, often for an upper middle class, white, Western couple that are the ones who can afford the service. As we have seen, she does this partly in order to make money to provide for her own children. The sociologist France Winddance Twine has analysed gestational surrogacy mainly in an Indian context by using this concept of stratified reproduction in her work Outsourcing the Womb (2011). She argues that “gestational surrogacy is embedded in a transnational capitalist market that is structured by racial, ethnic, and class inequalities and by competing nation-state regulatory regimes” (Twine 2011: 3). Although Twine’s claim is based in an Indian context, this stratification is indeed striking for surrogacy in Thailand as well. And not only does Natee, Jaruwan and Onwara explain that they worry and take more care now, but they are also offered sophisticated medical care and monitoring that was not available for them during their own pregnancies. As Pande highlights in her study on surrogacy in India: “the same women who
never had access to sterile clinics and C-sections, access it only as bodies that are facilitating other women’s [and men’s] access to cutting-edge reproductive technologies” (Pande 2014: 56).

This stratification becomes even more prominent in talk about who has the right to decide on how many eggs to implant into the surrogate mother. The surrogates were usually implanted with more than one egg in one transfer. When talking to Maladee, five months pregnant with a child for an Australian gay couple, I asked her how the process of embryo transfer was.

ELINA: Were you asked how many eggs to implant?
MALADEE: They didn’t ask.
ELINA: You found it out later?
MALADEE: Yes. When I became pregnant and went for a blood check, the nurse read the information in the record to the doctor, describing how many eggs were injected and how many of them were successful.

In Maladee’s case two eggs were implanted and one became a confirmed pregnancy. Notably, the nurse read the information “to the doctor,” and in this way Maladee, too, got the information. She also reported that it was up to the intended parents to decide on how many eggs to implant. I asked what would happen if the surrogate mother got pregnant with twins or even triplets. Who gets to decide what to do? Maladee answers:

It depends on the intended parents. There are some women who want to remove them. [...] A young woman, whom I met recently, is conceiving triplets, and she will not remove them. She wants to remove them, but the intended parents don’t let her do it. [...] The operation will be done in India, not in Thailand. It depends on them if they want to remove one or two or three foetuses.

This was also confirmed by the intended parents coordinator with whom I spoke. She told me about cases where the doctor had implanted four fertilised eggs in order to maximise the chances, and in some of the cases the women were pregnant with triplets or even quadruplets. It was then up to the intended parents to decide what to do. If they wanted to abort any foetuses the surrogates were flown to Georgia or India, since abortion is illegal in Thailand. As I mentioned in the previous section, abortion is in Buddhism seen as tam bàap (bad deed), and the practice of abortion is regarded as a sin. I was told that even the surrogate coordinator who
accompanied the women to India and Georgia felt guilty about the trip and had to lie to family and friends about the reason for travelling. This suggests that it is not an unproblematic experience for the woman having the abortion.

When the women are pressured or required to undergo abortion despite their religious belief or the risk for stigma, a structural situation is created that once again illustrates the notions of stratified reproduction. Just like the surrogates in Pande’s study, "even the right to demand abortion and fetal reduction is given to the clients and the surrogate is mandated to comply with all decisions made about her body" (Pande 2014: 52). It is then ironic that Putsaya decided to become a surrogate mother in order to “wash the sins” for an earlier abortion, not knowing she could end up doing another one if pregnant with more babies than the intended parents wished for.

Not only did the woman sign over the right to decide whether or not to abort a baby when becoming a surrogate mother, she is not granted a choice about multiple embryo implantations, a practice that could lead to a multiple pregnancy, which in turn is known to be more risky than a single pregnancy. There are also other health risks associated with pregnancy including those inherent in all pregnancies, such as preeclampsia, gestational diabetes, and the risks linked to the mandatory caesarean delivery. Also the hormones injected by surrogates – hormones that organize the female reproductive system to synchronize it with the clinic’s schedule for IVF and embryo implantation – carry risks (Vora 2013: 103). In this way, “pregnancy and childbirth in the surrogacy arrangement becomes a risky venture” (Majumdar 2014b: 206). To once again draw upon the theory of stratified reproduction, the capacity to control one’s reproductive abilities is clearly unequally distributed and is stratified along gender, racial and ethnic, and economic class lines. Due to an unregulated market agencies and clinics often indulge in “illegal health practices on women who have visibly less rights in the arrangement” (Majumdar 2014b: 205).

For sure, newer reproductive technologies such as IVF and surrogacy create opportunities for social change as single men and gay couples can have biological children, as well as for childless heterosexual couples. And many of the intended parents at Chatna Centre are either single men or gay couples who thanks to ART and surrogates can become fathers. Also, they offer the service of sperm-wash so that HIV-positive men can become fathers. This special technique is a procedure of ART that minimizes the risk of HIV transmission to the woman who carries the baby and eventually to the unborn child in the womb. Yet, the risk for HIV transmission does not vanish, it decreases, and thus there are no guarantees that the surrogate
mother will not be infected with HIV. This enhances how the opportunities for some people having children are on behalf of certain women’s health, and that more responsibility on the surrogate mothers, but with fewer rights.

As noted above, the surrogate mothers are expected to place the babies’ health and wellbeing above their own needs and by worrying, disciplining themselves and listening to the recommendations of doctors and intended parents they are living up to the ideal female “reproductive citizen” and the subject position of the “good mother” at the same time (Lupton 2012: 2). Similar to the women in Pande’s study on Indian surrogate mothers, the Thai women are constructing a good surrogate mother that is assigned huge responsibility and thus become anything but a “mere vessel”. In spite of the surrogate mothers important role and responsibility, it becomes clear that the their rights and say in this agreement is given less significance than that of the intended parents. Just as Hochschild notes in the case of Indian surrogate, the Thai surrogates as well have “no say about whether or not to abort an ‘extra foetus’ or have a caesarean section”, and in order to get paid, they had to agree to terms that severely limited their say over various aspects of their pregnancies (Hochschild 2012: 99). To quote Twine: “Although contemporary gestational surrogates ‘voluntarily’ enter into these commercial contracts and willingly sell their ‘reproductive’ labor, their agency occurs within a context of a stratified system of reproduction” (Twine 2011: 15). As such, the argument defending surrogacy on the basis of women’s right to self-determination over their reproductive decisions becomes contradictive as when “voluntarily” making this reproductive decision they are at the same time being confined on these same rights.

The Birth and The Relinquishing of the Baby

After having talked to the women about both their motivation for surrogacy, their experiences of pregnancy and their feelings towards the child they are gestating, I then came to the point where it was time to talk about the approaching, or recent, delivery and relinquishing of the baby. Natee, who is pregnant with twins, tells me she wishes to meet the twins when they are born, “I want to see like, ‘oh, so these are the babies I carried’. I want to see their faces.” But she says it is up to the intended parents to decide. Chantara who gave birth to twins has never seen the babies except for the pictures that the intended parents sent the agency. “I did not get to hold the babies. When I went to the recovery room, I think they [intended parents] wanted to recover too. About seeing, I only heard the babies cry and saw a glimpse of them when they were born.” Solada, who gave birth to a baby for a single man, said that after she woke up from
the anesthesia and the delivery the father had already taken the baby and she felt a bit startled and sad, like there was something missing of her life.

Talking to the surrogate mothers about the delivery, whether it was approaching or already over, the women express that they feel a bit sad, but that they “can accept the truth” and have to “control” or “restraint” their feelings. In the same way the surrogates in Pande’s study are instructed to remain emotionally detached from the baby, and in order to ensure that the surrogate mother will not change her mind or get attached to the baby, separation between the surrogate and the baby immediately after delivery is recommended (Pande 2014a: 178).

Onwara, who in a couple of months will give birth to a baby for a single man in England, states: “I already made up my mind. They say that doing this you have to make up your mind, don’t think anything while delivering.” Another surrogate, Maladee, who will give birth in about four months, tells me:

When the time comes I have to be ready and restrain my feelings [...] I am worried when I have to give the baby away. I worry that during the first few days after giving birth I will miss the baby, and might not be able to sleep so I have to be ready for it. [...] As I heard from a friend, she also had experience that she cried. But for me I’ll try to hold myself and prepare for it.

These narratives of restraining feeling, controlling themselves and discipline are in line with how they experience the period of gestation. But at the same time the controlling and disciplining aspects of the pregnancy is a proof of their commitment and nurturance. As such these narratives express a duality as the surrogate mother during pregnancy is supposed to be nurturing, cherishing, and cautious, but then when the delivery is over she is expected to turn into an alienated worker who happily will deliver the promised “product” immediately after birth (Pande 2010: 976). In addition they have no legal right to see or say good-bye to the baby, but this is up to the intended parents to decide. This only strengthens the stratified character of the arrangement as their expressed wish to see the baby was dependent upon the intended parents opinion and decision.

When I prepared myself for the interviews I was a bit nervous about how the women would react to questions about the pregnancy and the delivery. The surrogate mothers’ narratives points towards an emphasis on risk, worry, and fear. But not so much a fear of not being capable of relinquishing the child, rather a fear of doing wrong, causing a miscarriage or harming the child in some way. Yes, the baby felt like theirs but it was not, and they could not
take care of it anyway so the best thing was to hand it over. And yes, it would probably feel
difficult to separate from the child, but they tried to prepare as best they could, what else could
they do? These responses puzzled me somewhat in the beginning, and I must admit that I found
myself a bit surprised over their pragmatic assertions.

Anthropologist Elly Teman (2008) has argued that Western assumptions about
pregnancy, motherhood and family have a great impact upon the research conducted on
surrogacy. The researcher’s notion of motherhood often assumes a deep connection between
mother and child, ignoring cultural specific variations, and as such Teman criticises researchers
“cultural difficulty in digesting that surrogates are ‘normal’ women without unique pathologies
and that women’s ‘natural’ instinct to bond is, rather, culturally constructed” (Teman 2008:
1110).

I agree with Teman that there are many reasons to question how a researcher’s own
assumptions imposes on the view on surrogacy and that it is important to acknowledge that I as
a researcher very well may be influenced by a Western notion of motherhood and pregnancy
that is characterized by “cultural assumptions that ‘normal’ women do not voluntarily become
pregnant with the premeditated intention of relinquishing the child for money, together with
the assumption that ‘normal’ women ‘naturally’ bond with the children they bear” (Teman
2008: 1105). I also agree with Teman that we should not take the woman’s emotional
attachment with the child for granted as something essential for all women, but acknowledge
women’s differences. However, I do not agree that these assumptions about the “naturalness”
and “normalness” of motherhood and childbearing are specific for a Western notion of
motherhood. As we have seen, the notion of motherhood in Thai society also upholds
mainstream gendered assumptions on “maternal instinct” and motherhood as a lifelong
commitment. Furthermore, I am not wholly comfortable with the implications Teman’s
approach has, as it risks reducing notions of motherhood and experiences as cultural specific in
a way that portrays a non-Western culture as more pragmatic, and foremost stands in contrast
to Western notions. This ignores the universal experiences of pregnancy that acknowledges the
specific for (some) women. As Adrienne Rich (1976) notes in her classic work Of Woman Born:
“Pregnancy and birth do herald enormous changes in the life of any mother. Even a woman who
gives up her child for adoption at birth has undergone irreversible physiological and psychic
changes in the process of carrying it to term and bearing it” (Rich 1976: 167).
As my puzzled reaction has settled I must acknowledge that the women did feel attachment, they did express strong feelings for the child and they did show concerns about relinquishing the child. Clearly, they are attached to the baby, have developed feelings but need to be “pragmatic” due to the risk and uncertainty that characterized the pregnancy experience (which I will discuss more in the next section). To quote Majumdar “nurturing the surrogacy pregnancy requires maintaining a fine balance between attachment and detachment” (Majumdar 2014b: 218).
5. Risks and Gestures of Care:  
*The Relation Between Surrogate Mothers and Intended Parents*

We check if they take care of us,  
if they show concern about us.  
- Jaruwan

In this section I will discuss how the relationship between the surrogate mother and the intended parents of the child is experienced from the perspective of the surrogate. Besides expressing a wish to be a “good” surrogate mother, the women also expressed expectations on the intended parents. In addition the relation is characterised by risk, uncertainty and vulnerability, which have to be understood in the light of the intimate character of the arrangement, the unregulated surrogacy market at the time, and the position of the surrogate in relation to her client(s). Given that commercial surrogacy can be perceived as a form of intimate labor I argue that the expectations on intended parents’ gestures of care may serve as a proof for their commitment in the arrangement.

**Being a “Good” Surrogate Mother**

When talking to the surrogate mothers it becomes clear that the relation to the intended parents is partly characterized by a wish to be a “good” surrogate for them, to fulfil their dreams and to do it in the best way possible. This could mean completing the pregnancy, avoiding miscarriage, and providing them with a healthy baby, as discussed in the previous section. Another way of being a “good” surrogate is by becoming pregnant after as few embryo implantations as possible. Each surrogate is able to go through a maximum of three embryo implantations, and for each attempt she is paid 6,000 THB\(^{18}\) by the intended parents. It is not unusual that it takes more than one embryo implantation before a successful pregnancy can be confirmed. Natee, 8 months pregnant with twins, tells me that her client, a single man from Indonesia, previously had paid a surrogate for three implantations without any success. But then he changed the surrogate to Natee, and the implantation was successful after one try. “I was happy that I was successful for him,” Natee says. Putsaya, ten weeks pregnant, also became pregnant at the first transfer. She has never met her clients and does not know where they are from, but she tells me that she was very happy for the successful implantation and thought

\(^{18}\) 6,000 THB was at time of study equivalent to 185 USD or 1,600 SEK.
about how they must be happy too as they must really want a child. “It’s like I made their wish come true,” she says. Putsaya also tells me about a scenario at the clinic that illustrates the pressure/importance of becoming pregnant at the first transfer.

I witnessed something at the clinic. A couple tried to implant many, many times and it was not successful. I couldn’t understand the language they spoke in but the translator said that the parents complained about not finding a good surrogate for them. So from that I felt like maybe the parents would want me... Something like that.

Hence Putsaya thinks she is a good surrogate mother as she became pregnant easily without having to cause the clients any problem. In addition, the quote above implies that the intended parents also value the surrogate depending on whether the implantation succeeds or not, blaming unsuccessful implantations on the surrogate and complaining that she was not “good” enough. According to one of the coordinators, this reaction was not uncommon among the clients. Especially if it was a gay couple or a single man she claimed they would “have difficulties understanding how a woman’s body works.” So when things go wrong, if the pregnancy is not successful or if a miscarriage occurs, they “want someone to blame, they don’t understand that this is a natural process that they have to respect,” the coordinator explains. Given that the intended parents are in a position to decide whether or not to change surrogate mother if an embryo implantation is unsuccessful, it is important for the surrogate mothers to become pregnant easily so that they wont risk to be replaced and thus miss their chance of being a surrogate. The fact that there are many women waiting to become a surrogate and a steady stream of women visits the Chatna Centre reporting their interest, in combination with the intended parents having a greater power and more influence in the agreement may “reiterate the transient role and disposability of the women” (Pande 2010:977). Thus, viewing the importance of becoming pregnant easily as a skill, pleasing the intended parents and being a “good” surrogate may be a way to resist or downplay their disposability.

For Jaruwan, eight months pregnant for a heterosexual couple from Australia, the first embryo implantation did not work, but she became pregnant after the second transfer.

I am happy that they have been waiting to see my success. It didn’t work in the first attempt. When the second attempt worked, they were very happy and burst into tears. [...] The first time was not successful, but they waited. They gave me a second chance and spent their money on me again. When the second attempt was successful, they hugged me, and they cried.
The statement above illustrates that Jaruwan is grateful for her clients believing in her, waiting to see “her” success. And by being a successful surrogate, she satisfies her clients and they share a joy of the successful implantation – the clients are happy for a future child, and Jaruwan is happy that they “gave her a second chance.” This quote by Jaruwan also illustrates another dimension of the importance of succeeding with the embryo transfers - the promise of money that a confirmed pregnancy entails for the women. This is also implied by Maladee, who tells me how “the women who find themselves finally pregnant are happy, because they know that they will receive a big sum of money, while those who fail to conceive a baby are upset.”

Notably is that the women cannot do anything to maximize their chances of becoming pregnant, and cannot be held responsible if the pregnancy is unsuccessful. But as this is also a contractual arrangement where the intended parents pay money, they expect to get something in return for their money. In the case of commercial surrogacy money intersects with emotional investment and a bodily capacity you cannot control, which adds to the ambivalent character of the arrangement. In addition, the choices for the clients are greater than those of the surrogate mother. But even if the women indicated that a “good” surrogate exists, they also expressed expectations on their clients.

**The Importance of a Caring Client**

In her study on Indian surrogates Kalindi Vora (2013) notes how the surrogate mothers often desired a long-term connection to intended parents that could benefit them in some way. This led the clinic staff to discourage communication between surrogates and intended parents in order to protect the parents from being pressured by the surrogates (Vora 2013: 102). The image of the surrogate mother as untrustworthy or even “needy” is partly based on the common presumption that the surrogate will regret her decision and refuse to relinquish the child after delivery. In addition, also a fear that her class position in relation to the intended parents would lead to her asking for more money or other compensation (Majumdar 2014b: 202).

Even if the surrogate mothers with whom I spoke to wish to have contact with the intended parents, they are, in contrast to the surrogates in Vora’s study, pragmatic about future relationships. The linguistic distance means that many of them are unable to communicate with their clients, and they also recognize that a continued contact and a future relation is up to the intended parents to decide. Usually the surrogate and the intended parents will meet in connection with the embryo transfer and in the time of the relinquishing of the baby and the
signing of papers. During the pregnancy the intended parents are allowed to take part of the surrogates’ reports from the regular doctor’s appointments, and in this way they can follow the pregnancy. Some also have contact with each other via Skype, but some do not meet at all. In the end, the contact during pregnancy is also up to the intended parents.

When they do decide to have contact, the relationship is monitored by the agency and its staff. This was said to be in the best interest for both parts. Since typically, the surrogate mother does not speak English and the intended parents do not speak Thai, they depend on staff at the agency to interpret their conversation. One of the coordinators also told me that another reason for this is that some clients tend to become somewhat “controlling” over the surrogate. This was most common in the cases with heterosexual commissioning couples, as the intended mother often wants to be more involved in the process. She wants to experience the pregnancy herself, but cannot, and so instead she demands to be provided with as much information as possible. Thus, managing the contact between the surrogate and the client was also a way for the agency to “protect the surrogate mothers”, rather than protecting the intended parents, as was in contrast the case in studies on Indian surrogacy (Vora 2013; Pande 2010a). Chatna Centre encouraged contact between the surrogate and the clients, and if the clients were able to come and meet the surrogates from time to time, the coordinators found it helpful for both parties involved.

Even though this monitored contact with its inherent linguistic barriers left little opportunity for bonding, some of the surrogates still expressed the intended parents’ relation to them as characterized by attention and gratitude. Jaruwan, eight months pregnant for a heterosexual couple from Australia, was particularly outspoken about her relationship with the intended parents, and told about how her clients were engaged in the pregnancy and cared about her as a surrogate mother.

I come to the office every month to chat with them. We can see each other’s faces. They are happy, and they ask me questions. They want to fly here to wait for the delivery […] but I have to wait for a doctor’s appointment tomorrow and see when the doctor expects the delivery. For the intended parents, their hearts flew here already.

Jaruwan interprets the couple’s eagerness, their questions and interest in her as commitment. She continues: “Since I started to try to get pregnant they have never abandoned me. They always keep in touch with me. They will ask me how I am, if I live well, how the food is. They
will ask if I want anything.” One could tell that Jaruwan is grateful and proud over her clients. I ask her if she wishes to keep in contact with them after giving birth or not:

It depends on them. If they want to keep in touch, I want to keep in touch with them too. I’m not good at the Internet, or languages. I have little education. It’s difficult when I want to contact them. [...] But they said that they would like me to be a part of their family, including their parents. That’s what they said. [...] I said yes, but I didn’t tell them that I don’t know how to contact them via the Internet. They said when the baby grows up; they will bring him or her to visit Thailand.

Jaruwan expresses a wish to keep in contact with her clients, but also a worry about how to communicate. This worry for how to communicate because of the language barrier is something that many of the surrogates expressed. Some of the other surrogates are a bit jealous of Jaruwan, asking her why her clients contact her when theirs are silent. She observes:

Their clients just come when it’s time to give birth, not keeping in touch like mine. [...] In some cases, as I asked my friends, the clients would disappear and come again when the delivery date arrives, but my clients contact me every month.

Clearly, keeping in contact during pregnancy is desirable from the surrogate’s perspective, rather than only showing up when it is time for giving birth. This desire of the clients making efforts to meet the surrogates, chat with them and give them attention may be understood in the light of the intimate character of the surrogacy arrangement. Other scholars have highlighted how the relation between the surrogate mother and intended parents is perceived as ambivalent with unequal expectations, due to the intersection of intimacy and commerce. In line with Whittaker (2014), Majumdar (2014b) and Vora (2013), I consider commercial surrogacy as form of intimate labor, which draws upon the work of Boris and Parreñas (2010) who define intimate labor as “work that involves embodied and affective interactions in the service of social reproduction” (Boris & Parreñas 2010: 7).

Despite comprising technology and a geographical distance, two factors often considered being the antithesis of intimacy, surrogacy involves intimate bodily or emotional processes and relations, especially between the surrogate mother and the intended parents. Besides the obvious intimate character of the arrangement – a woman gestating and giving birth to a child for someone else – the implantation of the genetic parts of the intended parents’ body (sperm and/or egg) into the surrogate mother’s womb also adds an intimate dimension (Teman 2010).
Another intimate bodily aspect is the medical information and the ultra sound images of the child that the intended parents are given regular during the pregnancy. Also, as the surrogate mother is paid money for the gestation and birth of a child, surrogacy may be seen as a trade in fertility and as such crosses “the porous boundaries between the paid and the unpaid labor of women” (Boris & Parreñas 2010: 8). Whittaker describes commercial surrogacy in Thailand as a highly profitable “intimate industry” where emotions and money come to interplay. The burgeoning of surrogacy in Thailand can be seen as an extension of other intimate industries in the country that also are founded upon the bodies and services of women – such as bar hostessing, sex work, marriage migration, massage and manicure service. These are categories of work that all involve women’s intimate labor as “a source of remittances for the Thai economy” (Whittaker 2014: 106)

By defining commercial surrogacy as a form of labor that intersects intimacy and money we can understand the surrogate mothers desire for gestures of care as a way to handle the tension that arises between emotional investment and a commercial transaction. Through these gestures, such as keeping in contact, meeting the surrogate, asking her how she is doing etc., the intended parents acknowledge the surrogate to be more than just a “womb for rent,” more than a disposable worker, and in addition that the agreement has other dimensions than just of an economic transaction. The intended parents’ commitment, contact, and gratitude may be seen as “a way to insist on the transcendental nature of her gift” (Vora 2013: 103), and a way to acknowledge her emotional and physical effort.

Chantara, who gave birth to twins for a heterosexual couple from Australia, had no contact with her clients during pregnancy. She said that she met them only twice; the first time at the time of the embryo transfer and the second time for the delivery. I ask her how it felt to meet them, and she answers:

I felt happy. I didn’t expect them to come. I was very surprised. I got good feelings about them. In my case the delivery was supposed to be at 6 am, they came at 5.30 am. At first I felt bad that they didn’t care, because in other’s people’s cases, they have constant contact with their client. [...] When I was pregnant they were silent. Like my other friends that are surrogate, the customer will Skype with them or meet them.

Since Chantara’s clients had been silent during the pregnancy she did not expect them to show up for the delivery, or at least not to meet her before. The fact that they did show up, half an hour before the planned caesarean section, gave her “good feelings about them.” It was proof
that they cared about her and/or the baby. This attention to and desire for gestures of care may be seen as what Vora calls “a risk-management scheme” (Vora 2013: 104). It may imply a proof of commitment from the intended parents, a sign that the child will be taken care of and also that the clients acknowledge and appreciate the surrogate mother’s work as well as her physical and emotional investment and labor. Several of the surrogate mothers express a worry that the intended parents will not fulfil their part of the contract. Hence, they may be inclined to perceive the intended parent’s actions as gratitude and as proof that they are caring people in order to feel “safe.”

From the quotes above it is obvious that a client who keeps in touch is desirable, and as the women compared with each other how the clients treat “their” surrogates. They would compare how well the clients take care of them as surrogates, and how they show concern for them. Having a good client who cares is a proof of appreciation and an acknowledgement of the surrogate. The importance of a good client is also something that Hibino and Shimazono (2013) note in their study on Thai women posting on surrogacy online. Even if these surrogates were in a position to decide who would become their clients, as they had posted online and could choose from different potential intended parents, they also noted that they expected special treatment and protection from the intended parents (Hibino & Shimazono 2013: 66).

However, the significance of a good relation with one’s client can also be understood in the light of merit making, as discussed in the section Nurturing Mothers and Dutiful Daughters. The act of pregnancy and childbirth in Thai and Buddhist culture is understood as “part of a mother’s sacrifice for her children, which creates a strong reciprocal obligation of children to their mothers” (Whittaker 2001: 74). Bearing a child improves a woman’s merit, partly by “providing a winyan (life principal) with a body and home for its reincarnation as a human being”, but also through the bun khun relationship where the children are expected to show their gratitude towards their mother through life and after her death (Muecke 1984: 462). But as the bun khun relation between mother and child is not enacted in the case of surrogacy, and the child probably will not be able to acknowledge the woman who gestated him/her in the future, perhaps the surrogate mothers expect that their investment, sacrifice and help for the intended parents would be reciprocated not only by monetary payment but also by special treatment/ an interest in them and care for them.

In any event, it becomes clear that intended parents staying in touch with the surrogate mother reduces the her fear of abandonment or of breach of contract. Even if merit making
may play a part in this desire for gestures of care, the surrogate mothers’ worries circle more around economic and social possibilities, which I will develop further on in this section.

**Men as Clients**

The majority of the clients at Chatna Centre are gay couples or single men. The coordinators told me that the surrogates were all asked if they would have any problems with being a surrogate for single or gay men before signing up, and that it was important that the woman’s family supported her in this decision. This proved to not be the case every time. Maladee, whose clients is a gay couple from Australia, told me that she did not have any problems with her clients being a gay and that she would have approved of it if she had been asked beforehand, but she only found out the first day they met. Thus, the agency had not checked with her on beforehand.

I asked the surrogate mothers what they thought about gay couples, but also single men, having babies through surrogacy, as this can be seen as controversial in some contexts and is not allowed in e.g. India. Many of them initially stated that “it is normal” and “nothing special” but later on in the interview expressed that they were a bit worried. When asking Maladee about single men she first asked me why they did not want to have a wife, as “they should have a partner first. Raising children alone is difficult.” Putsaya, 10 weeks pregnant, does not know who her clients are but expresses a worry about gay couples having a baby: “What will happen? Like how? Will they love the baby? If they take the baby and they then divorce, what will happen to the baby? I worry.” Her thoughts imply that for her, a woman is missing in the picture, and that a single man is not capable of taking care of a child. Maladee further states: “I am afraid that the way they raise the children and the bond between them and the children would not be the same as what heterosexual parents could give.”

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19 In the case of transnational surrogacy, the relation between surrogate mothers and intended parents are often rhetorically constructed as a form of “global sisterhood”. This notion emphasizes the intended mother’s struggle with infertility and the surrogate mothers altruism, but also the intended mothers “investment” in the surrogate mother in form of payment that may bring and end to her poverty (Fixmer-Oraiz 2013:127). Pande (2009; 2010) notes how many of the Indian surrogate mothers in her study thought of the intended mother as their sisters, and other scholars such as Markens (2012) and Teman (2010) also note this gendered rhetoric about sisterly instincts. In the case of the Thai surrogates I met, the rhetoric of “global sisterhood” is absent. This can partly be explained by the fact that the majority of the clients are gay couples or single men, which is another major difference from studies of surrogate mothers in India.
Even if Thailand is known to be a country that promotes itself as LGBT-friendly, and where both surrogacy agencies as well as the tourism authority target the LGBT market, there are still prejudices about homosexuality as something morally wrong. The moral values of Buddhism are an important factor that contributes to Thai society’s understanding and perception of sexual orientation. Many believe that gay people suffer from “bad karma” as punishment for committing immoral sins, such as adultery or marriage transgression, in their past lives. Another commonly held belief is that homosexual individuals are unable to control their sexual impulses and tendencies, and are “hypersexual” (United Nations Development Programme 2014: 30). These prejudices were articulated when Maladee expressed her concerns with gay clients: “For gay couples, if they have a son, it’s fine, but if they have a daughter, how will they raise her? I am afraid that they might sexually abuse her.” When Maladee states that two men would not be able to raise a female child, she, just like Putsaya, implies that a woman is missing in the picture. Furthermore, she is concerned that a girl would be more sexually vulnerable having gay parents than a boy would be. This worry implies that homosexuality is connected to paedophilia and “hypersexuality”, rather than being a sexual orientation where men desires men instead of women. As such, the surrogate mothers’ responses signal both the official stance and the prejudice opinions marked by Buddhist beliefs.

Apparently, the sexual orientation and the civic or marital status of the intended parents have an impact on how the surrogate mothers perceive them and whether or not they are “ideal” clients. According to many of the women having a single man or a gay couple as clients meant more risk, uncertainty and worry. Though, I want to underline that I am not implying that single men or gay couples are less suitable to be parents through surrogacy than women or heterosexual couples. Rather, I wish to highlight that it is problematic that the agency gives the impression that the surrogate has agreed to the intended parents and their marital status, while in my study Maladee states that she has not.

Risky Business
As indicated above, the surrogate mothers I spoke to also expressed worry and fear of what would happen after the birth and whether or not the intended parents would take responsibility. They were unsure if the parents would love the baby, worried that they might abandon it or not even show up for the delivery, and concerned about the child’s future and wellbeing. The women also expressed worries related to their unsecure financial future. If the intended parents would not fulfil their part of the agreement and would not show up for the
birth, it is not sure that the surrogate would get paid as the contract imposes no legal rights or obligations upon the parties due to the unregulated market. In addition they worried that they would have to take care of the baby themselves, further aggravating their financial situation.

These worries and fear of abandonment that the women express stands in stark contrast to the common portrayal of surrogate mothers changing their mind after birth resisting to relinquish the baby, e.g. as the case of Baby M (Teman 2008). Rather than being worried about changing their mind and fearing not to be able to relinquish the baby, the Thai surrogates with whom I spoke emphasize a worry that the intended parents might change their mind. Given the fact that in Thailand the birth mother is seen as the legal custodian, the surrogate mother will have to resign custody to the intended parents after birth. This of course presupposes that the intended parents will carry out the agreement, but if they do not the surrogate is left as legal guardian of the child. This is a fact that leaves the surrogate mother, as well as their family, in a position of uncertainty. Putsaya’s son asked her what would happen if the intended parents does not come to get the child, if she will have to take care of the baby, and how she could do that with no money to support it. This worry is also well expressed by Jaruwan:

My friends are afraid that the babies would not be taken home. They are afraid that they would have to raise the children by themselves. That’s what they are afraid of. They are afraid that with a condition like ours, they will not be able to foster the children, because some of them are like me, who do not have a partner. We raise the children alone. If the intended parents do not bring the children back, we surrogates are afraid we cannot take care of them.

In response, I somewhat naively retorted: “But it should not happen. You have signed the contract; they have signed the contract, right?” and Jaruwan replied: “Yes. But the Thais do not think so,” thereby suggested that there is a mistrust towards the clients or/and the agency from the perspective of the surrogate mothers.

This notion of risk and mistrust has also been acknowledged in the relation between Indian surrogates and their clients, and is according to Majumdar caused by “the uncomfortably intimate relationship within the surrogacy arrangement” (Majumdar 2014b: 200). As mentioned earlier, commercial surrogacy becomes an ambiguous agreement as it involves a contractual economic transaction combined with emotional and physical investment, and with an outcome that will have major affects on both parts future. Much is at stake and the both parts are depending on each other to fulfil the agreement and thus the gestational period up until all the papers are signed is for both the surrogate mother and the intended parents a time
of “wait-and-see” (Majumdar 2014b). This risk in combination with uncertainty may create distrust towards the other part - the surrogate mothers distrust the intended parents, and the intended parents distrust the surrogate mother, and they both “fear a collapse of the contractual “gift” arrangement” (Majumdar 2014b: 201). In her quote above, Jaruwan illustrates this “fear of collapse” and express how the surrogates, and Thai people in general, are sceptical about the arrangement.

Studies on surrogacy in India have showed how the agency or the clinic have strategies for securing that the surrogate will carry out the agreement, for example the reward in the form of money comes at the end “to ensure the stability of the arrangement” (Majumdar 2014b: 210). In the same sense, the intended parents at Chatna Centre also space their payment to the surrogate mothers. According to one of the coordinators this is in order to give the intended parents a sense of security, as many of them express worries about the surrogate mothers’ commitment. The spaced payment might reassure the intended parents, but in return this solution leaves the surrogate mother with uncertainty. Besides the monthly wage the clients invest in her, she has no guarantees that they will show up at time for delivery. As such, she fears not to get paid and that she will be left with the custody of the child. In addition to these risks, the surrogate is also exposed to physiological harm due to the hormones, the medical procedure and the potential risks of caesarean section (Vora 2013: 105; Nayak 2014).

This anxiety from the perspective of the surrogates is not unfounded and my own trusting attitude toward contracts, as mentioned above, was proven to be naïve. Because what happened only a couple of weeks after this interview with Jaruwan is today well known news. 21-year-old surrogate mother Janbua Pattharamon, who gave birth to twins for a heterosexual Australian couple, spoke out in the media. One of the twins, Gammy, who has Down’s syndrome and a congenital heart condition, was according to Janbua abandoned by the Australian parents who took Gammy’s twin sister Pipah, but left him in Thailand (Halpin, Yongcharoenchai & Thongnoi 2014). Now, Janbua cares for Gammy and her previous two children with the assistance of her mother. Just a week after the Gammy case became news, another scandal occurred. The 24-year old businessman Mitsutoki Shigeta from Japan is suspected to have had at least 15 babies through surrogacy in Thailand (Thongnoi & Halpin 2014). These two scandals received widespread attention and caused a heated debate that resulted in a military crackdown on surrogacy in Thailand, all clinics and agencies offering surrogacy service closed down and the doctor who had assisted Shigeta was persecuted. In a
brief period of time, commercial surrogacy in Thailand went from an unregulated flourishing business to being completely prohibited.

A couple of weeks after the scandals erupted I met one of the surrogates, Maladee, for one last interview. I was interested in how she looked upon the recent events, the news and her feelings about it. Maladee told me that she was very afraid - afraid of not getting paid, afraid of being investigated by police, and afraid that the intended parents would not come to get the child. She states:

I am afraid, because the issues have been widely reported, and it’s in the news everyday. The intended parents might be afraid of being investigated if they come to Thailand. I am afraid if they don’t come, I will not receive the money, and I will have to raise the baby for free [...] I might take care of the baby, because I don’t know to whom I should give the baby. I don’t want to send it to an orphanage.

In response to this I asked her if she would be able to take care of the baby by herself, and she replied: “I will have to. I don’t know what to do with it [...] I love it like my own child.” Maladee express how the scandals have intensified her worries being abandoned by her clients and left with the child, which would put her in an acute ambivalent position as she both loves the child as her own, but is not in a financial position to take care of it. She states: “I am afraid if they don’t come, I will not receive the money, and I will have to raise the baby for free.” Further, she explains to me that ever since the news erupted, the agency has not contacted her and the surrogate coordinator had turned off her phone and quit the job. She did not know when her next doctor’s appointment was, or where she was supposed to go since Chatna Centre had ended their cooperation with the clinic they usually went to. In addition, Maladee had heard of other surrogates being directed to public hospitals for check-ups and were asked to pay 7,000 THB20 from their own pocket without any forewarning from the agency.21 Maladee continues:

I started to feel discouraged after the drama occurred. At the beginning I thought it was good, because there was no drama. Former surrogate mothers also seem to have good life and money. After the drama occurred, we have been running around to find a new doctor. Some of us can find one, but some of us cannot.

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20 7,000 THB was at the time of study equivalent to 1,800 SEK or 200 USD.
21 However, the agency did repay the money to the surrogates who were able to pay for the check-up, and after that they started to transfer the fee for the doctor’s appointments in advance to the surrogates account.
Clearly, the case of baby Gammy shows that the surrogate mothers worry and fear of being betrayed by the intended parents is justified, as Janbua’s clients abandoned Gammy. To put him at an orphanage was not in question for Janbua who thought of him as her own child, something that also Maladee expressed. At the same time, the surrogates are from the beginning in a strained financial situation, and the reason Janbua can take care of Gammy is because of an Australian online fundraising campaign (Halpin, Yongcharoenchai & Thongnoi 2014). The case of Shigeta also justifies the surrogate mothers’ worry for the child’s wellbeing and future as they do not know much about whom their clients are, or under what conditions the child will grow up.

Even though I am aware that these two cases, fortunately, are not common and that most intended parents take their responsibility towards both the child and the surrogate mother, what they illustrate is how vulnerable the surrogate mothers are in this global market. Even though the relation between surrogate and client is characterised by notions of shared risk and uncertainty and both being dependent on each other, this is on uneven terms. The intended parents are the ones to decide the amount of contact they will have with the surrogate, thus the surrogate may not be able to get to know the would-be parents of the child she is gestating. The payment is also planned in order to make them feel more secure, leaving the surrogate in an uncertain position. The lack of information about the clients and the spaced payment being added to the health risks accentuates the surrogates’ vulnerable position (Nayak 2014:9).

Clearly, there is a hierarchal relationship between the surrogate mother and the intended parents where the surrogate mother is highly vulnerable in physical, social and financial terms. As Vora states: “In exchange for the promise of their fee and the possible future it represents, surrogates undertake uncertainty and unknown risks in terms of their social status, their health and wellness through pregnancy and thereafter, and even the risk that they will not receive the full fee promised to them” (Vora 2013: 103). This also shows how notions of stratified reproduction also become stratified security where the intended parents are secured by the spaced payment, while this solution rather creates uncertainty for the surrogates. In the light of this the surrogate mother’s rely on the intended parents gestures of care and their attention towards her plays an important role in order for the surrogate to feel more secure about the clients commitment.
Conclusion

27 Dec 2014, Luleå, Sweden

03.08 AM. My phone beeps. 3 new messages. All of them from Maladee. We have not been in touch since the last interview in August. Now, she has sent me three photos. The first one shows her standing in what seems to be a fancier hospital room. She is dressed in a pair of shorts and a soccer t-shirt, smiling and holding her hands under her heavily pregnant belly. The second image shows a newborn baby lying in a plastic hospital crib in front of what seems to be a reception. The third image is a passport photo of the same baby that has been captured with a cell phone. I reply and ask her how she is, where she is now. I also send her a couple of photos from the snowy landscape outside my window. She replies that she is good, that she is in Bangkok and that she "miss the baby very much." Under the first photo she has written something, but since it is in Thai letters I cannot read it. When I then, the day after, visit the local Thai restaurant to have dinner I take the opportunity to ask the waitress what the text says. Yim pua luhm tok. I smile to forget it all.

In many ways Maladee's messages illustrate the intimate character of the commercial surrogacy arrangement where dimensions of love, emotion, and physical as well as emotional investment intersects with economic and contractual commerce. In line with others scholars, I argue that commercial surrogacy is to be considered as a form of intimate labor with different global actors. As such, I wish to place this thesis’ conclusion in between an example that is stated by Maladee’s personal experience and the hierarchal relation among different stakeholders in the global market of transnational commercial surrogacy.

The purpose of this thesis has been to discuss women’s experiences of commercial surrogacy in Thailand. Since the women I have interviewed all have their different motives, experiences and circumstances, there is no clear-cut portray of a typical Thai surrogate mother, her motives and her perspective on surrogacy. However, culled from my interviews with the women I have detected three dimensions being prominent in their narratives. First, how the ideals of the nurturing mother and dutiful daughter in combination with Thai moral values become crucial in their motivations for becoming a surrogate mother. Secondly, how the surrogacy pregnancy is characterized by fear and worry for the child, which is to be understood due to the artificial character of the pregnancy as well as the in the light of stratified
reproduction where reproductive labor is structured along hierarchal lines. Last, the majority of the surrogates desire a relation to the intended parents characterized by gestures of care, which may be understood as proof of commitment due to the surrogates’ exposed position.

The explanation of surrogacy as a mean to provide for ones own children and family is a key issue in the women’s narratives. The majority of the women were upfront about their pressing financial needs that arose from being a single mother taking care of children, but also due to an income below average, belonging to a lower social stratum and in addition having debts to pay off. Through surrogacy the women will earn enough money to offer their children an education and secure the material needs, and by this live up to an ideal image of womanhood in Thai society, namely the nurturing self-less mother taking the main responsibility for her children. Though, this thesis shows that their motives cannot only be understood in economic concerns, but must in addition be seen in the light of a cultural, historical and religious context as many of them also mentioned merit making, *tam bun*, as a major motivation for surrogacy. By highlighting their wish to help other people form a family they frame surrogacy as a meritorious Buddhist act of goodwill and sacrifice. Furthermore, merit making is also invoked in order to counterbalance previous immoral or bad deeds, e.g. an abortion, which in Buddhist beliefs is considered a sin. In relation to merit making the women also expressed their concern for their parents and their wish to help them financially but also to have more spare time to go visit and care for them. This filial duty may be understood as a “repayment”, in Thai known as *bun khun*, where daughters are expected to take a bigger responsibility in caring for ageing parents, providing them with consumer goods etc. By becoming a surrogate the women hoped that they by paying debts, buying a car, or building a house for their parents could uphold their filial obligations as a dutiful daughter.

As such, in the light of the local context the women make surrogacy meaningful in specific ways as their reasons for undertaking surrogacy rely heavily upon Thai cultural notions of motherhood, merit making and filial obligation. I would argue that their role as a mother and a daughter has significant impact upon their decision to become a surrogate mother. At one level, these accounts may illustrate how women early on are taught to be self-sacrificing; to please others and to put other’s needs above their own. As a surrogate they can then combine the role of a caretaking, devoted, and self-less mother looking to provide for her children and family while at the same time engage in a valued activity – gestating children – and thus living up to the ideal role of the nurturing woman (see Gupta 2006: 32-33).
The surrogacy pregnancy was characterized by fear and worry, and in this aspect different from their previous pregnancies. A great responsibility was put on the women as individuals and they are expected to manage the risky pregnancy, which due to the IVF procedure is perceived as more vulnerable. Also, another aspect that the pregnancy narratives highlight is how this demand for caution is connected to them gestating children for “other people”. They express that they are keen to nurture this pregnancy more than their previous pregnancies, which I argue is an expression of stratified reproduction. In the case of Thai commercial surrogacy, the surrogate mother, in order to make money to provide for her own children and family, is gestating and giving birth to a child, often for upper middle class, white, Western people that are the ones who can afford the service. Besides, or rather due to, the hierarchal relation between surrogate mother and intended parents based on gender, race, nationality and class, the clients are also in a favourable position to decide on how many eggs to implant into the surrogates uterus and whether or not to abort any foetuses in the case of a multiple pregnancy. They may also require the surrogate to undergo abortion, despite religious beliefs or the risk of social stigma due to how abortion is perceived as a sin in the Buddhist belief. In addition, the surrogate has no legal rights see or say good-bye to the baby after birth, as this is also up to the intended parents to decide. Clearly, the surrogates are severely limited in their say over various aspects and it is clear that the surrogate mothers rights and opinions in this agreement are given less significance than that of the intended parents.

Furthermore, culled from the interviews it becomes clear that the surrogate mothers relation to the intended parents is partly characterized by a wish to be a “good” surrogate by completing the pregnancy, avoid miscarriage, or becoming pregnant with as few embryo implantations as possible. On the other hand, the women also expressed a desire for the intended parents to make efforts to keep in contact with them and express gratitude. This desire may be understood in the light of the intimate and thus ambivalent character of the arrangement where commerce intersects with physical and emotional effort. Through gestures of care the intended parents acknowledge the surrogate and recognize the fact that the arrangement has other dimensions than just that of an economic transaction. These gestures of care also become important due to the exposed position that the surrogate is in. There is a lot at stake, besides the health risks associated with a pregnancy and a caesarean section, as they were afraid that the intended parents would not show up, that they would not get paid and that they would be left alone with a child they did not have the economy to take care of. As such, risk in combination with mistrust comes to be represented in the surrogate mothers relationship.
towards the intended parents. Additionally, the way the payment to the surrogate from the intended parents is spaced is in order to make the intended parents feel more secure about the surrogate fulfilling her role in the agreement. In consequence, the surrogate has no guarantee that the intended parents will fulfil their part of the contract. Besides illustrating one dimension of stratified reproduction, this solution for payment may also be seen as a form of stratified security.

In this thesis, I have shown that many of the experiences of Thai surrogate mothers in my study are similar to those of surrogate mothers in other studies, e.g. in India, but also that there are many aspects that set them apart from their Indian counterparts. This illustrates the importance of being attentive to local subjectivities, micro politics, and cultural specific context, as well as the experiences of vulnerability, motives and socio-economic context they have in common.

In June 2014, when I started the fieldwork for this thesis, commercial surrogacy was a rather unknown phenomenon in Thailand even though the business was burgeoning and an increasing number of Thai women visited the Chatna Centre to show their interest becoming a surrogate mother. A few weeks after my interviews surrogacy in Thailand was on everyone’s lips due to the case of baby Gammy and the Japanese businessman. In the period of a couple of weeks surrogacy went from unregulated unknown business, to receiving widespread attention and being the focus for a military crackdown. During this time the surrogate mothers’ worry increased and they were left unprotected as the agency went underground and no one received their phone calls, as such these incidents legitimized and accentuated the fear and uncertainty that the women had expressed concerning their future.

As stated in the introduction to this thesis my aim has been to give a nuanced picture of surrogate mothers, and I hope I have mediated the women’s positions as versatile. I conclude that they are brave actors making conscious decisions without family persuading them, even if these decisions are partly influenced by contemporary cultural ideals regarding motherhood and womanhood. At the same time the surrogacy scandals have showed exactly how vulnerable the surrogate mothers are in this global market. If I was to have come to Thailand just a month later I would probably have faced a surrogacy industry in chaos, and an agency whose first priority would not be to provide me with informants. Given the drama, it is not even sure that any women would want to be interviewed, as many of them were afraid of being investigated. Thus, I am grateful for arriving in the last minute being able to conduct my interviews and take part of these women’s stories, and even if the news of Gammy and Shigeta are miserable, they
still made us attentive to the unsecure and exposed position of the surrogates, and at the same time proved my, and probably many others, trusting attitude towards contracts and intended parents good intentions to be somewhat naïve.

This study contributes a closer understanding of the motivation behind Thai women’s enrolment in the business, but also how the uneven power dynamics and hierarchal relations are working in favour of the intended parents and leaving the surrogate mother in an exposed, subordinated position with a limited level of control. Looking ahead, there are many perceivable ways forward in this area of research and I argue that further ethnographic work on transnational commercial surrogacy is necessary, especially as the business is moving to countries where the market is yet unregulated and the situation for surrogate mothers unsecure. I hope that research on transnational commercial surrogacy to a greater extent will acknowledge the experiences of surrogate mothers and it would be interesting to do a follow up on surrogates and research the impact their surrogacy experience have had in their life from a retrospective perspective.
References


Map of Thailand

(From http://nakartemira.com/karta/img/tailanda-ostrovami.jpg)
Interview guide

This guide was primarily to get the interviews started. Numerous questions were successively formulated and incorporated during the interview and cannot be listed in full here.

Background information
- Name? Age? Come from? Family structure?
- Work now/prior to surrogacy? Income prior to surrogacy?
- Education? Religion?

- Do you have children? If so, how old are they?
- Is this your first time as a surrogate? How long have you been doing this?
- How did you decide to become a surrogate?

- Tell me about your procedure and experiences so far...
- What do you know about the intended parent/s? Have you met them?
- How do you explain to others what you do?
- How does your family feel about you being a surrogate?

- Why do you want to be a surrogate? Is there more than one reason?
- Do you think you receive the help and support that you need?
- How did you end up at the clinic, how was the process?
- What are your thoughts and feelings about the delivery and relinquish of the baby?
- Are there some good/enjoyable things about being a surrogate? If yes, what?
- Are there some difficult/challenging things about being a surrogate? If yes, what?
- Do you have thoughts doing it again? Why/why not?
- Anything else you want to add, talk more about or ask me?

Before the interview started, I introduced myself and explained the purpose of the study. I explained that their participation in the interview is voluntary and that all of the information will be handled with confidentiality (for e.g. names and age will be feigned) and that their answers only will be used in my research purpose. Also, I asked them whether they agreed that I recorded the interview on the audio recorder. If not, I was prepared to take notes (preferable) during, or after the interview. I also instructed them how to turn the recorder (which was placed in between us, visible and in reach for them) and on, in case they during the interview felt uncomfortable with being recorded.
Oral and written information to interview participants

To whom it may concern

My name is Elina Nilsson and I am a student at Uppsala University, Sweden. I have been granted a scholarship from SIDA (Swedish International Development Cooperation Agency) to conduct a field study in Thailand. The study is part of my Master degree in the Master Programme of Gender Studies. My research topic is about women’s experiences of surrogacy. I have earlier written a Bachelor thesis on surrogacy analysing the surrogacy debate in Sweden.

The purpose of this study is to learn about surrogates’ own experiences of having a baby for someone else. My hope is that the study, based on the results from my findings, can raise awareness concerning surrogates’ situation. I am therefore interested in listening to your stories, thoughts and experiences of being a surrogate, and would truly appreciate if you would allow me to interview you.

Interviews will take about one hour, or longer if you would prefer. If you approve, I will use an audio recorder for the interviews, and a (female) translator will be accompany me. Our conversations will only be used in my thesis, nowhere else. Your participation is voluntary and you can withdraw at any time. All information will be handled with confidentiality (for example, your real name will not be used in the thesis). You will be compensated 1,000 THB for your time and transportation expenses.

If you have any questions or thoughts you are more than welcome to contact me.

My email address is:

elina.nilsson@gmail.com (Thai and English)

You can also contact my supervisor Helena Wahlström Henriksson

helena.henriksson@gender.uu.se (English only)

We are truly grateful for your participation since your thoughts are important to us!

Elina Nilsson
Uppsala University, Sweden
คุณต้องการมีส่วนร่วมในการศึกษาเกี่ยวกับการตั้งครรภ์แทนกัน (การอุ้มบุญ) หรือไม่

สวัสดีค่ะ ดิฉันชื่อเอลิน่า นิลสัน เป็นนักศึกษาจากมหาวิทยาลัยอูบซอล่า ประเทศสวีเดน ดิฉันได้รับทุนการศึกษาจาก SIDA (องค์กรพัฒนาความร่วมมือระหว่างประเทศของสวีเดน) ในการทำการศึกษาและสำรวจภาคสนามในประเทศไทย ซึ่งการศึกษานี้เป็นส่วนหนึ่งของการศึกษาในระดับปริญญาโท สาขาวิชาเพศศึกษา หัวจ้างงานวิจัยของดิฉันเกี่ยวกับประสบการณ์ของผู้หญิงในการตั้งครรภ์แทนกัน (การอุ้มบุญ) ก่อนหน้านี้ขณะศึกษาในระดับปริญญาตรี ดิฉันทรงยินดีที่จะมีประสบการณ์การตั้งครรภ์แทนกัน

สวัสดีค่ะ ดิฉันชื่อเอลิน่า นิลสัน เป็นนักศึกษาจากมหาวิทยาลัยอูบซอล่า ประเทศสวีเดน ดิฉันได้รับทุนการศึกษาจาก SIDA (องค์กรพัฒนาความร่วมมือระหว่างประเทศของสวีเดน) ในการทำการศึกษาและสำรวจภาคสนามในประเทศไทย ซึ่งการศึกษานี้เป็นส่วนหนึ่งของการศึกษาในระดับปริญญาโท สาขาวิชาเพศศึกษา หัวจ้างงานวิจัยของดิฉันเกี่ยวกับประสบการณ์ของผู้หญิงในการตั้งครรภ์แทนกัน (การอุ้มบุญ) ก่อนหน้านี้ขณะศึกษาในระดับปริญญาตรี ดิฉันทรงยินดีที่จะมีประสบการณ์การตั้งครรภ์แทนกัน

วัตถุประสงค์ของการศึกษานี้ คือ เรียนรู้ถึงประสบการณ์ของผู้หญิงในการมีบุตรแทนผู้อื่น ดังนั้นดิฉันจึงต้องการ การสัมภาษันผู้หญิงในประเทศไทย ผู้ที่มีประสบการณ์ในการตั้งครรภ์แทนผู้อื่น เพื่อทำความเข้าใจถึงเหตุผลต่าง ๆ ยอมรับคุณ เช่น แรงบันดาลใจ ประสบการณ์ และสถานการณ์ต่าง ๆ ซึ่งทำให้คุณตัดสินใจทำการตั้งครรภ์แทนผู้อื่น ดิฉันหวังเป็นอย่างยิ่งว่าผลของการศึกษานี้จะทำให้เกิดการกระตุ้น และระดมความถึงการพิจารณาเกี่ยวกับการตั้งครรภ์แทนผู้อื่นในปัจจุบัน

ดังนั้น ดิฉันมีความสนใจที่จะรับฟังเรื่องราว รวมถึงประสบการณ์ในการตั้งครรภ์แทนผู้อื่นของคุณ และดิฉันรู้สึก ช่วยขึ้นใจ เป็นอย่างสูง หากคุณจะกล่าวให้เกียจ์ดิฉันเพื่อเข้าสัมภาษณ์ โดยจะใช้เวลาประมาณ 1 ชั่วโมง หรือ

ยาวนานกว่านั้นตามความสะดวกใจของคุณ ถ้าคุณเห็นถึงว่าคุณได้รับค่าตอบแทนที่คุ้มค่า ดิฉันยินดีที่จะสอบถามคุณถึงการเปลี่ยนแปลงของการทำงานของคุณ

การมีส่วนร่วมของคุณเป็นไปโดยความสมัครใจ และคุณสามารถพิจารณาข้อมูลของคุณได้ ตลอดเวลา ซึ่งมีผลทั้งหมดนี้ (เช่นชื่อของคุณ) จะถูกเก็บเป็นความลับและจะไม่ถูกเปิดเผยในวิทยานิพนธ์นี้ และดิฉันยินดีจะช่วยคุณยืนยันข้อมูลที่คุณให้มา รวมทั้งค่ายานพาหนะที่ใช้ในการเดินทางมาสัมภาษณ์ค่ะ
ซึ่งการนี้ ดิฉันจะอยู่ที่กรุงเทพตั้งแต่เดือนมิถุนายน ถึงเดือนสิงหาคม พ.ศ. 2557 หากคุณมีคำถามใดๆ ดิฉันเต็มใจเป็นอย่างยิ่งในการตอบคำถามดังกล่าว กรุณาติดต่อดิฉันที่

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