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Subalternising the Surrogate: Reading Health and Precarity in the Indian Commercial Surrogacy Arrangement

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Abstract:
This paper seeks to study one of the least researched aspects of surrogacy, the health hazards and precarity that threaten the lives of the surrogate women. The paper reads surrogacy through the lens of Subalternity to argue that surrogate mothers, their subjectivities, must come under the wing of contemporary Subaltern Studies, as an extension of Postcolonial Feminism. This paper specifically delineates the systematic subalternisation, marginalization and suppression of the voices of the surrogate women through this medical arrangement which becomes exploitative and precarious. Questions of the woman's body, her agency and autonomy and how her body is controlled by the 'medical elite' and its agents. It refers to Foucault's concept of the construction of discursive knowledge, hegemony by the powerful elite. This is to study how the surrogate's lack of basic knowledge of her own body and of the medical interventions in her body are used as political tools to systematically silence and subalternise the surrogate women. The paper seeks to bring surrogacy under subaltern studies and postcolonial feminism to understand the subjectivities of these women who are mechanised in the surrogacy arrangement. The paper questions medical ethics, medical abuse and medical violence/exploitation in the name of glorifying motherhood. It also questions the lack of authentic voices of former commercial surrogates and the adequacy of the laws governing the now legal altruistic surrogacy arrangement. The overarching issue that the paper attempts to discuss is that of reproductive health and justice, in the context of commercial surrogacy in India before its ban.
Keywords: Commercial Surrogacy, Health, Precarity, Subaltern, Agency.

Introduction

Surrogacy remains a highly debated and complex topic till today. It has traversed winding paths of boom and ban, never-ending regulations, law amendments, critiques and continuously changing forms of practice. Surrogacy [Transnational Commercial Surrogacy (TCS) or Commercial Gestational Surrogacy (CGS)] has had a historiography of its own; it qualifies as a separate paradigm of study; it affiliates to broader paradigms like Neo-Eugenics, Biopolitics, and Body discourses, also intersecting with other paradigms like Postcolonialism, Orientalism, and Feminist Criticism etc. Subaltern Studies, though gestating in the womb of postcolonial studies, has grown up to be an individual field with a plurality of avenues. Some research has been done that deal with ideas of health- precarity, postcolonial/re-orientalist perspectives in the context of surrogacy; but, a study that uses the specific framework of Subaltern Studies to analyse the commercial surrogacy in India that was so dominant before it was banned. This paper seeks to study how commercial surrogacy and surrogate women in India were

systematically subalternised, evidently marginalised, from the point of view of health-precarity. The paper extends the ideas of the subaltern / subalternity to read few available narratives, articles and reports (published between 2012 and 2022) of health hazards (even death) caused due to surrogacy, the position of the surrogate women. In this context, the paper argues that there has been a systematic relegation of these surrogate women to a subaltern position in terms of health and precarity, through hegemonic devices. This process denies the knowledge of one's own body and any form of agency or autonomy, even about voicing their concerns about their own health. The paper also draws from Gayatri Chakraborty Spivak's essay "Can the Subaltern Speak?" to find an answer to this question within the set premise. "As an artificial biomedical intervention, there is not much research on the nature of the pregnancy and its health impact on the surrogate" (Majumdar, 2019, 46). This substantiates the need for more investigation but accessing authentic narratives or records is a big challenge since things have mostly been under the carpet. Also, the medical exploitation in surrogacy leading to health hazards and death of the surrogate mother, specifically through knowledge manipulation, have not been analysed through the lens of subaltern studies framework, so far as my review has found. The paper conducts the analyses from the angles of medical anthropology and medical sociology, questions medical ethics and tries to establish the idea of 'medical subalternity' in the context of surrogacy.

1. Relevant Theoretical Frameworks

1.1 Surrogacy

Speaking of surrogacy, it may be made clear at the outset that this paper deals with the commercial surrogacy arrangement in India as it was before multiple regulations were passed, before the whole commercial system went from being regulated to being finally banned, in accordance with the Anti-Surrogacy Bill. This is known as Transnational Commercial Surrogacy which entailed a pregnancy contract for the surrogate mother who was hired for carrying and delivering the baby to the commissioning couple and the surrogate mother would strictly refrain from having any claims on the baby. The surrogate mother carries and gives birth to a baby, in return for money, who belongs to another couple known as the 'Intending Parents' (IP) or 'Commissioning Parents'. The IPs give a large amount of money to the women who act as surrogate mothers, who in turn are appointed by surrogacy clinics who have middlemen for this work. There are various operational layers, all of which work for their own commercial benefits. They all unite in their aspiration for material benefits, often at the cost of the surrogate mother's life. This is in line with the basic model of Subaltern Studies which propounds the subordination and marginalization of a group (Subaltern) by a privileged group, the elite. The surrogate herself often becomes party to this operative system since a significant aspect of surrogacy is that many poor women have found the arrangement beneficial for them as it promises to pull them and their families out of extreme poverty and lurch, allows the women to realize their material dreams and meet basic needs like paying for their children's education. Surrogacy has been highly debated due to such contradictory positions; it has been highly stigmatized and equated with prostitution, highly criticised for its exploitative means and ends but glorified by the practitioners on grounds that the arrangement helps many childless couples to find happiness through a surrogate who 'rents her womb'.

A great amount of defining work and sociological study has been done on the surrogacy arrangement in India while the industry was booming in the early years of the millennium. As the paper attempts to establish the subalternisation of these surrogate mothers, specifically within a medical arrangement, it terms the group exploiting the surrogate as the 'medical elite'. The paper also seeks to define this process as 'medical subalternity' since the central argument is founded upon the study of subordination and exploitation by driving the surrogate's health into precarity, to gain capitalist output. The study also comes broadly under the framework of Medical Humanities, Medical Anthropology and Medical Sociology since it questions medical

ethics, deals with women's reproductive health and justice issues and attempts to prove the medical marginalisation through the exploitative medical interventions. This is made possible by the surrogate women's lack of basic knowledge of these interventions in their body, which is a result of them having no agency over their own bodies.

1.2 The Subaltern

The term 'Subaltern', as is popularly known, means 'of a lower rank' or a lower order; it is originally a military term and one of the first to use it was the Italian Marxist Antonio Gramsci. "The term 'subaltern' refers to those sections of society whose voices, actions and presence have been overlooked by mainstream documentation of official histories", the subalterns are the marginalised indigenous people and the subaltern 'utterances' do not contribute to mainstream discourses (Talapatra, 2024, p. 2). Gramsci, in his *Selections from the Prison Notebooks* (1971) defined the subaltern classes as a section of the civil society who cannot assert their existence unless they attain power (Talapatra, 2024, p. 2). It may be said that this lack of power, agency, the oppression by hegemonic and ideological domination, is what amounts to the subjugation and marginalised position which may be termed as 'subalternisation'. The subaltern 'utterances' that Talapatra talks about are sometimes not at all existent, that is, the subaltern may not have a 'voice' or the voice is suppressed and not heard, which concurs with the idea that Spivak has propagated in her famous essay "Can the Subaltern Speak?". Spivak's idea has been interpreted to mean that, in the first place, the subaltern cannot speak; even if it may try to voice itself, it cannot be heard. Also, Subaltern Studies highlight the danger of the 'Subaltern' being 'spoken for' by the oppressor/coloniser/elite; this is seen in Said's conceptualisation of the Orient as a cultural construct and this is how the colonised native is subalternised by being denied their own voice and being spoken for (Talapatra, 2024, p. 3). This is where Subaltern Studies grows out of postcolonial studies as a more individual field, striving to claim/reclaim the 'original', 'authentic', even if subjective and fragmented, voice of the subaltern subject. Foucault's conceptualisation of the intertwined relationship between knowledge and power is also significant to the understanding of subalternity and subalternisation. The proposed study of the subalternisation of surrogacy comes within the purview of Subaltern theories and Postcolonial Feminism as surrogacy has very well been analysed in terms of neo-colonialism, re-orientalism which are all extensions of postcolonialism and since it involves the poor, wretched Third World women, belonging to marginalised classes, objectified and subject to exploitation, it clearly comes under postcolonial feminism.

Postcolonial Feminism emerged as a plural concept aimed at addressing the needs of women across cartographic demarcations and the subaltern researcher must dig out the subjectivities and utterances of the woman who is the 'gendered subaltern' (Talapatra, 2024, 56).

The anxiety surrounding commercial surrogacy increases multifold when surrogacy involves women in the global south (Pande, 2014, p. 20). Pande's statement echoes of the multiple intertwined issues of surrogacy in a Third World nation like India of that time, despite the fact that the focus of the surrogacy industry has shifted to the global north. India's booming surrogacy industry has been rooted in the poverty, cheap and easily available reproductive labour of mostly rural, uneducated women who are either coerced by their families (especially husbands). The lack of education is a foundational phenomenon, but that many of these women have hardly known the importance of self-worth and how it is related to her knowledge of her own body are aspects of modern womanhood that these women remain ignorant to. It is this 'gendered subaltern' position that acts as a foundation on which the medical subalternisation happens to the surrogate, but the medical subaltern is another subjectivity that needs to be dealt in a more focussed manner, considering the more intricately intertwined subjectivities of each surrogate and not treated as a homogeneous herd. This is also because each body, each medical history and condition is different and require different treatment and the familial conditions

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also need to be taken into consideration.

2. Medical Socio-anthropology

These surrogate women did not have any say in their own participation in the surrogacy arrangement (Majumdar, 2024), this proves their absolute subjugation, commodification and objectification of the body, specifically the reproductive system. Commissioning couples and the surrogate's husband take decisions regarding her body and the medical procedures involved, without her knowledge and express consent. As the the Sama (2012) study suggests, most surrogates interviewed knew very little about the procedures they would be undergoing or had already undergone, but could clearly articulate who the pregnancy belonged to, genetically (Majumdar, 2019, 48) It may be argued that this is a way of subjugating the surrogate women to a subaltern position whereby they are 'systematically silenced' and hence it becomes evident that the subaltern cannot speak nor will be given an ear by the elite, here the medical elite and its agents which includes the surrogate's husband.

The embryo transfer involves many invasive procedures, multiple risks to the surrogate which are often not discussed; a large part of the process is shrouded in secrecy, scanty information regarding the medical interventions. Majumdar refers to Sama's research which reports that the surrogates were hardly informed about the common tests like urine or blood tests, ultrasound etc. (Majumdar, 2019, 47) The surrogates were given medication to suppress the post delivery pain and lactation which caused side effects like dizziness, nausea, post delivery care was minimal (Majumdar, 2019, 52). McCarthy refers to Jayashree Wad's argument that the "unknowing exploitation" meted out to the surrogates is an infringement of fundamental rights given by the Indian Constitution (McCarthy, 2016).

3. Reading Health-Precarity of Surrogates in Select Articles and Reports

3.1. One of the reports published in *Al Jazeera* in 2014 talks about the need to cut out the middlemen in getting surrogate mothers and refers to the case of a surrogate named Anandhi who worked as a cook, stayed away from her own children for long hours, then became a surrogate to fulfil her dream of setting up her own shop; the middleman promised her a huge amount for her reproductive labour/services but even after delivering a healthy baby, she landed up receiving a lot less of the promised amount. The report states that the "biggest odds in getting them [surrogates] a better deal, however, lie in the ignorance and desperation shared by the likes of Anandhi. Renting out the womb is a desperate way to get out of their hopelessness – but often the women get cheated and wound up in more despair (Rahman, 2014). The most significant point to be underscored here is how the 'ignorance' of these gullible women is manipulated to make them enter the labour force. Such cases of shock and despair (of shattered dreams, feeling cheated and also giving up the baby nurtured in the womb for long) can lead to deeply negative effects on the mental health of the surrogate woman or longer periods of depression leading, in turn, to other illnesses. These middlemen can be considered agents of the 'medical elite' who systematically marginalize and oppress the women.

3.2. A study published in the *Indian Journal of Public Health*, conducted by Anu et. al (2013) states that large number of embryo transfer (to increase the chances of pregnancy) increases health risks for the baby and the mother; it also states the vital health risks involved in surrogacy:

> Pregnancy, birth and the post-partum period includes complications such as pre-eclampsia and eclampsia, urinary tract infections, stress incontinence, hemorrhoids, gestational diabetes, life-threatening hemorrhage and pulmonary embolism. Multiple pregnancy increases the likelihood of requiring an operative delivery. A surrogate host of advanced maternal age has increased risk of perinatal mortality, perinatal death, intrauterine fetal death, neonatal death.
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> The surrogates went through a lot of physical and mental predicament, unknowingly

faced life threat or the threat of permanent physiological damage; the selected reports/articles mention the physical/mental meted out to the surrogates that may be read as 'medical trauma', as it may be termed, and defined as an extreme distress caused by specific medical processes which push boundaries to meet greedy ends; this involves exploitative use of medical power/knowledge, bartering of 'medical ethics' for business, and the exploitation of the poverty, desperation and ignorance of the surrogate women. K. Blaine's article titled "The Dangerous Effects of Surrogacy" reviews Sheela Saravanan's groundbreaking study in the book called *A Feminist View of Transnational Surrogacy Biomarkets in India* highlights "the unjust surrogacy arrangements" and the "near-death situations of the surrogate mothers", even. The approach of the medical practitioners, as perceived by Saravanan, marginalizes and almost de-humanizes the surrogates.

Blaine (2018) underlines the most critical medical negligence/exploitation that emerges from Sarvanan's research:

> Even though surrogate mothers are given constant medical attention, the medical care actually violates good medical practice. They were overfed (because bigger babies were more desirable), unable to exercise, and kept on bed rest for the first trimester. An unsafe and illegal number of embryos were implanted into the womb, leading to selective abortions and compulsory cesarean sections.

Blaine (2018) records and quotes Saravanan that these surrogate mothers did not have health records pertaining to their time as surrogates, because all clinical records were registered under a pseudonym or in the name of the intended mother "without any mention of the role of the surrogate mother" (Speaking of the medical practitioners, they have been reported to seem completely ignorant of the maternal-fetal bond that develops while the surrogate mother is carrying the baby, the bonding between the surrogate mother and the child was dismissed as a "false idea", but the surrogates did not feel this way as they themselves expressed to Saravanan (Blaine, 2018). This is a way of demeaning and vilifying the maternal emotions of the surrogate and forcefully suppressing them which may even be a cause of trauma. These emotions cannot be dismissed so casually, rather need medical treatment and counselling. This approach of the medical practitioner which does not allow any space for the individual thoughts and feelings of the surrogate is a form of medical denial and marginalization.

This can be interpreted as a form of medical violence and ensues, to a great extent, from the 'elitist' mentality of the medical personnel and this is specifically medical elitism because the subordinate position of the surrogate woman in terms of social class is not a personal issue for the medical practitioners but the collective mindset within this medical system.

3.3. A Times of India article of 2012 reports the most horrific end met by a surrogate mother, that is, the death of a thirty year-old woman named Premila Vaghela who "died due to unexplained complications". She was acting as a surrogate to a US based couple, who delivered a premature baby since she suddenly began having convulsions and was rushed for a caesarean section, later shifted to a hospital which claimed that she had a cardiac arrest and succumbed to it. ("Surrogate Mother Dies of Complications", 2019). The same case has been analysed in an article by Kishwar Desai, a celebrated name in reading and writing surrogacy. She observes that the surrogates are risking their lives and need protection; they usually agree to assume all medical, financial and psychological risks – releasing the genetic parents, their lawyers, the doctors and all other professionals from all liabilities (Desai, 2012). This is enough evidence of constructing 'subalterns' with precarious lives.

3.4. The pain of relinquishing the baby after delivery, not being allowed to see the baby even once, the sudden feeling of not being needed anymore- all of these are evident factors that cause negative mental health impacts.; "Chances of post-partum depression of surrogates are more with the child that grew in mother's womb" (Anu et. al, 2018). This calls into question the post-partum care received by the surrogates which in most researches, by the anthropologists,

sociologists and journalists, is said to have been very poor; some have received even worse treatment like monetary deception, poor or no medication in cases of excessive blood loss or other health hazards where the surrogate was forced to pay for her post-delivery treatment and care on her own (Majumdar, 2019), mental health issues like depression due to relinquishing the baby or post-partum depression in general was not even considered a health problem, and since the surrogate went through a process of de-humanization, as evident from studies, her individual psychological needs were not important to the elite especially after her 'job' was done. Sheela Suryanarayan's article gives few snippets of the pain and suffering of the surrogates who themselves said that they were treated like machines and not allowed to see the face of the baby, even if they desperately cried while some of them acted as nannies to the child they birthed but later were made to distance themselves forcefully (Suryanarayan, 2022). That the surrogate has a life beyond surrogacy, she may have children who need a mother with good mental health for their own development and for the well being of the family has been absolutely disregarded. These have repercussions in the society at large, atleast at the immediate social level, since the reproductive health and general health of a percentage of women is disregarded in the process, diminishes quality of life. The factors like class, gender, even caste possibly fuel this mindset that completely denies to value the subjective and individual needs of these women as women and as 'new mothers'.

But a more shocking report highlights the terrible despair of some surrogates whose husbands encouraged them to become surrogate mothers, go through the physical and mental ordeals only to "augment family income", but these husbands and their children distanced themselves from her after she was back from her surrogacy journey. Since Gujarat was the main hub of surrogacy at that time, these reports primarily emerge from surrogates of that location as per a research conducted by The Centre for Social Research, an NGO. They found this "disturbing trend" that the women were abandoned by the husbands, after which they had to fend for themselves (Verma, 2012). This is clearly exploitation for money and an irrational, thoughtless treatment of the woman probably based on conservative ideas of shame or a feeling of disgust wrought out by social or familial pressure. The report describes the wretchedness of the women as "nightmares", the horrors of a pitiable payment and broken homes", they are also not paid the promised amount since they are "illiterate" and lose track of payments (Verma, 2012). This may again be seen as an instance of manipulating the lack of education and basic knowledge, the naivety and oppression based on it.

In fact, another report by *Times of India* states how a forty-two year old surrogate died due to complications, it says that the investigation revealed the woman already had ailments like tuberculosis and depression , she used to take anti-depressants and she had hid all of these information from the agency by which she was hired (Jha, 2019). This must also been seen as a reckless approach (of the whole system, all agencies involved but primarily of the recruiting agency) with regard to the health of the surrogate woman in a rush to recruit more surrogates.

Adequate medical check-ups, medical profiling of every surrogate by good quality and all-round medical investigation, proper knowledge of their medical histories are few of the basic requirements in such a serious engagement like surrogacy. But it can be argued that prioritizing the surrogate's individual health, solely for the sake of ensuring her wellbeing as a woman/human, rather than for obtaining a healthy baby product through her, has hardly existed. It is due to the relegation of the woman to a position of the gendered subaltern, the class/caste subaltern that she ultimately becomes a medical subaltern where she is denied her fundamental right to good health; while she offers her hard labour, precarious service through the bio-asset of reproduction, she is denied the fundamental reproductive justice.

4. Constructing the 'Subaltern' through Hegemonic Knowledge Creation

The surrogate is never informed that the pregnancy may not happen in the first attempt and that

IVF is not a foolproof technology (Majumdar, 2024, 49) that the surrogate goes through multiple cycles of ETs with repeated hormonal cycles, and this can prove extremely dangerous. A significant trigger of mental health degeneration in the surrogate could be that of blame for loss of the baby. Majumdar rightly observes that the surrogate's participation in the surrogacy arrangement, "puts her not only in an unequal position vis-a-vis the technology, but also puts the onus of a faulty technology on her" as she is blamed for a miscarriage by stating that she has not taken enough care after the embryo transfer process but this miscarriage is a regular part of the IVF story otherwise (49). This is another subtle way of subalternising and oppressing by construction of a certain kind of 'knowledge'; the blame here may not be seen simply as a casual and impulsive act, but it is a well-thought political move on part of the powerful medical elite to escape responsibility, accountability, payment of a promised sum to the surrogate and other such things. This is also a clear example of hegemony. The blame is a form of knowledge construction that the medical elite, the people in power in this medical arrangement, construct by harnessing the surrogate's naivety, lack of knowledge, her subordinate position that does not allow her to question or know her body or what is actually happening with her body, more specifically, she is one who has no agency. She neither has power nor knowledge that a miscarriage is an equal possibility in such a pregnancy and that the loss is not only on part of the intending parents or the medical practitioners but it may lead to her own health hazards, an emotional vacuum and even monetary loss; her investment so far is completely negated in this process. Here too, Majumdar's study and analysis of the surrogate's condition can be read as 'medical subalternisation' when analysed through the lens of subalternity is essentially a medical arrangement. Majumdar states that such blame is also placed on infertile women who undergo IVF and this places the emotional and physical health of the surrogate in a precarious position (49). The disparate positions of power and subordination respectively leave no space for the surrogate to voice herself or even question and expect a just treatment; it stands in line with what Spivak is considered to mean, that even if a subaltern may be able to speak, he or she will not be heard.

Also, the popularised discourse of bringing happiness and life to somebody's home by giving birth for them can be read as a 'Hegemonic Discourse' that has been fed into the minds of the surrogates and is part of their training and commodification / mechanisation process that makes them into passively accepting, unquestioning subalterns. The idea of "*kisi ke ghar khushi lana*" (bringing happiness to somebody's home) is part of the traditional glorification of motherhood. These ideas create a kind of illusion in the minds of these poor, uneducated surrogates, who are already conditioned by strictly traditional and conservative social discourse, gendered discourses. Media programmes of the time, interviews of surrogate mothers (curated and may not be entirely authentic) taken by some news portals like IBN Khabar and others, available on YouTube, have glorified this idea of being able to bring happiness to others' lives which seems more like a propaganda executed through these women.

Majumdar refers to Pande who studied that "the Indian commercial surrogate is taught to believe in her good fortune that she has been chosen for surrogacy which will bring material comfort to her and her family; a divine and god-like stature was attributed to surrogacy as they were made to worship the God of surrogacy or the surro-*dev* (Majumdar, 2019, 66) and the religious/spiritual sentiments of the surrogates were harnessed to win their unquestioning dedication. This is a gimmick that the poor irrational minds have consumed without questioning their individual health issues. This is also a form of false knowledge or discursive knowledge construction, propagating hegemonic discourse for the commercial benefit of one party at the cost of the basic right to health and life of many.

It may be argued that these poor, vulnerable surrogate mothers may be identified, categorised as the 'subaltern', the way Ranajit Guha and other Subaltern theorists have

conceptualised the subaltern in the Indian context. What the surrogates are doing is called 'reproductive labour', whether out of their own wish, or severe pressure from their husbands and families etc. Traditionally and historiographically, the concept of the 'Subaltern' would apply to the labouring people, the 'working class' that would be the poor, marginalised subordinate to a privileged, 'superior', ruling class. Since surrogacy is also a form of labour, reproductive labour, as vociferously argued by Amrita Pande (Pande, 2014), it qualifies as a subject of Subaltern Studies from the above mentioned traditional/historiographical context. Many of them are extremely poor women, who do not have alternatives and have been forced to act as a surrogate mother. I argue that these surrogate women, who are made to provide reproductive labour, should become the subject of contemporary Subaltern Studies from the medical anthropology/sociology perspectives.

It may be said that there is a conscious subalternisation, apart from the fact that they are subalterns and their subaltern identity is made up of various parameters like extreme poverty, their marginalised position, caste, class, religion, etc. While the Intending Parents came to choose the surrogate, these poor women were made to stand in lines and be chosen as objects from a shop, Some IPs sought 'fair' skinned girls with good bodies, or girls from an upper caste etc. (Pande, 2014). Hence, there is double-marginalization or even triple marginalisation of these women in terms of race, caste, class, religion and in terms of gender, as Spivak has already propounded. This marginalization or even oppression, muffling of voices happens at the hands of white skinned first world intending parents, NRIs, some rich elite class people from India and the medical facilitators- representing both post-colonialism and neo-colonisation of women's bodies. The three aspects of power, knowledge and agency are intertwined in very complex ways.

I am also attempting to analyse this aspect of surrogacy from Spivak's conceptualisation of the gendered subaltern as stated in her essay "Can the Subaltern Speak?" The answer is mostly in the negative. Years of oppression and subjugation in the domestic space may have muffled their voices in general and infused passivity; they have never known or made to learn about the existence and importance of a woman's own voice, independent thinking and agency. Their body is the reproductive mechanism and the husband "controls the rights to the surrogate's body" (Majumdar, 2019, 59) and body signifies the mind as well, that is, the ability of independent rationalisation that allows agency.

There is a lack of authentic voices, that of the surrogate women who have been victims of surrogacy-born health hazards or the voices of family members of the deceased surrogates whose deaths are directly related to the surrogacy health hazards. Voices in the form of narratives or official/journalistic records are evidently scanty and not easily accessible. Post the ban, many such voices may have been lost forever and can never be retrieved. Spivak's essay has been understood to mean that even if the subaltern may speak, the subaltern will not be heard. The case of the surrogates, in the context of voicing their precarity in terms of health, is a case of subalternisation as there is no option for them to be heard. Issues pertaining to prenatal post natal care of the surrogate mother, ensuring their lives in some form or atleast paying them properly even in case of miscarriage, need to be seriously considered.

The elite lacks the will to listen to the surrogates and their health-precarity issues- else it will be contradictory to the medical elite's commercial interests and cause hindrance in meeting the demands of the surrogacy market. The apparatus controlling the surrogates, who have been commodified in every way, relegated to a subaltern position, will not allow them to voice the negative/darker side of this medical arrangement which can destroy many lives at once. Few of the surrogate voices are available in the public forum (like documentaries, old interviews by news channels etc.) which mostly say the institution-gratifying narratives, glorify

motherhood and surrogacy, the medical practitioners are hailed as Divine. It may be noted that (health-precarity issues of the surrogates are placed completely under the cover as if they do not exist, the entire medical process is very smooth and a blessing to the planet. These are narratives/discourses sanctioned by the elites which is popularised through the naive surrogates. But it may be argued here that there can be or has been another elite group, the one consisting of the prolific scholars, researchers, anthropologists, journalists and sociologists who have atleast documented or spoken for some surrogates. This aligns closely to what Spivak says about 'ethical responsibility' of a group to represent and lend voice to the subaltern. Of course, at some point of time there have been very few who have spoken to some researchers or journalists in private when assured of maintaining secrecy of their identities this is what results in the 'fragmented voices', only partial representation is there and these could be seen as a silver lining in terms of resistance and voice. The subjectivities in the voices of those surrogates are now difficult to retrieve, but those must still be discussed and add to the feminist discourses, motherhood discourses of the contemporary times.

The paper would like to argue in favour of making stronger and stricter laws by the government since altruistic surrogacy demands deeper concern in this regard. Legalising Altruistic Surrogacy may encourage many parties to engage in private surrogacy arrangements where there are further chances of serious exploitation. Kishwar Desai refers to Anindita Majumdar and says, "There are many grey areas - and she [Anindita Majumdar] fears that even the draft legislation, when it is passed, will favour the medical community over the rights of the surrogate" (Desai, 2012). Now that commercial surrogacy is banned in India, this fear looms large in altruistic arrangements where corrupt medical groups may carry on with exploitation and medical abuse. The State and top medical authorities but be alert and more specific, practical laws need to be framed in this regard so that further marginalization and exploitation of the surrogate women, in the altruistic arrangement, may be avoided and eliminated from the roots. Women's basic education relating to their own physiological processes, their bodies, health and hygiene must be propagated at every level of the rural and remote areas. They must be gradually freed from the traditional/conservative familial discourses that make them the gendered subaltern. They must be made aware of the significance of individual voice and agency irrespective of a woman's subjective position, geographical location and discursive rooting.

Conclusion

This paper has studied aspects of commercial surrogacy and women's marginalization through a reading of select articles and reports. These articles report of cases from the time before the ban of commercial surrogacy. Analysing surrogacy through the lens of subaltern studies framework needs to be expanded and it shall also form an extension of postcolonial feminism. The paper has specifically focussed on the aspect of health and precarity in the context of surrogacy and analysed the multiple mental and physical health hazards, including the loss of life, which the surrogates underwent in the process. Through an analytical study of the findings of prolific researchers, of the select articles and reports (published between 2012 and 2022), the paper has established that there has been a systematic relegation of these surrogate women to the position of a subaltern. This has been termed as 'medical subalternisation' of surrogates since it occurs strictly within a medical arrangement that exploits the women in medical terms. It has questioned issues of medical ethics and found that there has been an abuse of the medical advancements like IVF, multiple embryo transfer etc. These women's bodies have been controlled by their husbands and medical agencies (medical elite) that have denied any voice or agency to the surrogates. The paper has strongly argued how the women's lack of basic knowledge about the medical interventions in their bodies has become a well though-out political tool for their subalternisation and systematic silencing. They have been kept in the

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dark, fed with false discourses or by discursively constructed knowledge (referring to Foucault) by those in power and controlling the medical processes (in fact, the whole contract). The paper can conclude that the serious health risks involved in commercial surrogacy is still a less researched area, but it argues that similar marginalization/ subalternisation and exploitation may occur in the contemporary altruistic arrangement that has been legalised. It has argued in favour of formation of stricter laws and the necessity to train women at every level of the society to realize their agency and autonomous voice, especially with regard to their own body, health and motherhood/mothering choices. This is a significant necessity in order to ensure reproductive right and justice of women in every form that can effect social change for the better. In fact, if these areas are regulated with great care, at the micro levels, a more practical and a non-exploitative point may be attained in the surrogacy arrangement that can benefit all its participants.

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