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Author(s): Andrea Whittaker

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MERIT AND MONEY:

THE SITUATED ETHICS OF TRANSNATIONAL COMMERCIAL SURROGACY IN THAILAND

ANDREA WHITTAKER

Abstract

Specific studies of the “situated ethics” of international surrogacy that address the structural conditions and local moral economies that sustain the trade are needed. In this essay, I describe the intimate industry of surrogacy in Thailand, exploring the local moral economy in which surrogacy is described as a form of Buddhist merit making and an opportunity to provide for one’s own children. This offers a further example of how other ethical values beyond the strictly economic are negotiated in commercial surrogacy relationships. Situated ethics allow us to locate and understand the tensions, competing logics, and contradictions within ethical practices.

1. Introduction

Transnational surrogacy involves the movement of people, gametes, embryos, and surrogates across international borders. It is now possible to obtain ova from Ukraine and sperm from Denmark, and have the resulting embryos transferred to a Thai surrogate for gestation. This new trend in reproductive

travel highlights the increasingly globalized, disaggregated, and commodified nature of reproduction. The demand for transnational surrogacy derives from the differential legal status of surrogacy across jurisdictions. Commercial surrogacy is banned in most European countries, Australia, China, Taiwan, Japan, Mexico, Turkey, and some U.S. states. Other countries, such as Brazil, Israel, and the United Kingdom, have partial bans ([International Federation of Fertility Societies 2010](#)). This drives the demand for surrogacy in countries where it is legal or unregulated. People traveling for assisted reproductive services are described by some as “reproductive exiles” ([Matorras 2005](#); [Inhorn and Pasquale 2009](#)), forced to travel in order to obtain services. This term signals the political and legal barriers affecting their access, but this depiction is criticized by others for understating the relatively privileged position of such travelers ([Pennings 2005](#); [Whittaker and Speier 2010](#)). Others describe travel for surrogacy as a form of “circumvention travel,” where a privileged few move to avoid legal restrictions in their home countries and fulfill their procreative desires ([Bergmann 2011](#); [Cohen 2011, 2012](#)). In crossing borders, transnational surrogacy often entails crossing multiple social boundaries, as women from lower- and middle-income countries and of different ethnicity, socioeconomic status, language, and religion act as surrogates for people from higher-income countries. Such exchanges involve complex differential power relations and exemplify further the stratification of reproduction.

The advent of international gestational surrogacy provoked various responses, questioning the ethics and means of regulation ([van Niekerk and van Zyl 1995](#); [Parks 2010](#); [Donchin 2010](#); [Gupta 2006](#); [Humbyrd 2009](#)). The debates centered around issues of the commodification of women’s bodies and exploitation in surrogacy arrangements versus notions of reproductive freedom ([Berkhout 2008](#)). Eight ethical concerns have been identified associated with the transnational surrogacy trade ([Deonandan et al. 2012](#)): the challenges of informed consent given that most commercial surrogates are poor and, in some cases, illiterate; the manipulation of custodian rights under law to favor the surrogacy trade; questions over the quality and conditions of surrogate care; the limits of medical care for surrogates postdelivery; the question of appropriate remuneration for surrogates within a context of global disparities; the common practice of multiple embryo transfers and selective reduction; the lack of a medical advocate for surrogates given the financial conflict of interest for clinics; and the issue of free choice within conditions of economic coercion. Ultimately, the ethical questions revolve around the issues of autonomy and

exploitation—whether there can be a justification for exposing a surrogate to the social, psychological, and medical risks of surrogacy, and how an ethical transaction can take place given the vested interests of clinicians and commissioning parents (*ibid.*, 3).

Critiquing the universalizing and abstract tendencies of bioethics, [Bailey \(2011\)](#) warns against writing Occidental accounts of women's experiences of surrogacy and suggests that feminists engage in forms of discursive colonialism when we project Western moral values onto the lives of women in other settings. She argues for a reproductive justice approach that questions the specific social economic and political structural conditions in which such surrogacy operates. She recognizes that normative approaches to ethics have been unable to engage the lived worlds of diversely constituted and situated social groups, particularly those that are marginalized. Situated ethics emphasize the primacy of context and situation in thinking through ethical problems—an examination of their culturally specific meanings as part of lived, contested, and negotiated relations. [Ong \(2010\)](#) proposes an anthropology of situated ethics that considers the “emergent assemblage of diverse logics as the space and tension within which moral reasoning takes place, and is woven into overlapping contexts of technology and sociality” (13). She suggests that below “schematized descriptions of expropriation and alienation,” it is necessary to locate ethical practices, tracking the intersections between “competing logics of politics, technology and culture” (*ibid.*). Consistent with Bailey's call for a reproductive justice approach to the question of surrogacy, specific studies are needed of the different contexts in which international surrogacy occurs that address both the structural conditions and local moral economies that sustain this trade.

To date, the trade in international surrogacy in India has been a focal point of anthropological studies due to the size of the market and the obvious economic disparities in that country ([Bailey 2011](#); [Pande 2010a, 2010b](#); [Pande 2011](#); [Vora 2009a, 2009b, 2010](#); [Rudrappa 2010](#)). In India, the women preferred by clinics for surrogacy tend to be very poor and illiterate with clear economic motives for undertaking surrogacy ([Pande 2010b](#); [Vora 2008](#)). Surrogates often stay in surrogacy hostels for the term of the pregnancy, a practice that involves the spatial disciplining of Indian surrogates' bodies ([Deomampo 2013](#)).

Some feminists question whether women in extreme poverty in countries such as India are able to make fully informed free choices to be commercial surrogates when they have few other economic opportunities or alternative means of employment. They argue that the trade exploits both impoverished women

and their clients (Donchin 2010). Although clinics often portray surrogacy as a life-changing economic opportunity for surrogates, even a form of development aid, the long-term economic benefits for surrogates and their families are questionable (Pande 2009).

In her work with Indian surrogates, Pande (2009, 2010b, 2011) conducted interviews in Anand from 2006 to 2008 with forty-two Indian surrogates working in transnational surrogacy. She considers surrogacy a new form of gendered, exploitative, and stigmatized labor. She uses the term *labor* rather than *work* to evoke both the economic relations and the process of childbirth involved:

Labour becomes the capacity to produce and reproduce in order to earn an income.... [B]y identifying commercial surrogacy as labour, susceptible to exploitation like other forms of labour, and by simultaneously recognizing the women as critical agents, we can deconstruct the image of the victim that is inevitably evoked whenever bodies of third-world women are in focus. (2010b, 972)

One aspect of Pande's ethnography of analytical interest for this paper is her account of the ideological and discursive socialization of surrogates that enables and facilitates the industry. She argues that the "perfect surrogate—cheap, docile, selfless and nurturing" (2010b, 970) is produced through discursive practices that position and regulate women, as well as through disciplining through physical enclosures such as surrogacy hostels. This process produces a perfect mother worker—a virtuous mother as well as good worker. The Indian surrogates in her study were usually women living well below the poverty line who were encouraged by the clinics to view surrogacy as "God's gift to them" (2011, 621), a precious opportunity for financial gain for poverty-stricken women to support their families. Some informants framed it through Hindu values of "tapasya, the practice of physical and spiritual austerity and discipline to achieve a particular aim" (2011, 621). Likewise, Vora (2010) notes that Indian surrogates in her study used religious language to express their feeling that they were performing a divine act in giving a child to an infertile couple. She notes,

The turn to the divine within these narratives can offer an alternative explanation of the meaning of surrogacy in a frame that is not limited to the medical discourse of the body and biogenetic parenthood For the reader and scholar who does not originate from within the communities where the

women working as surrogates reside, this mode of understanding and relating surrogacy could suggest a way to approach the significance of this act in terms beyond those of labor and economics. (4)

A range of anthropological studies of assisted reproduction explore the ways in which religious rationalities and local moralities affect the practices and understandings of these technologies (Bharadwaj 2006; Inhorn 2003; Roberts 2006). In this paper, I begin to explicate the local moral economy within Thailand as a comparative example of situated ethics of international surrogacy. Rather than describe surrogacy as a form of “dirty” work/labor (Pande 2010a, 298) or as “clinical labor” (Vora 2010, 5; Waldby 2011, 1; Waldby and Cooper 2014), I draw upon the work of Boris and Parreñas (2010, 9) on the “intimate industry,” a form of industry embedded within particular gendered ideologies. I discuss how the surrogacy trade proliferates through the tension between ethical values—Thai cultural notions of surrogacy as a form of Buddhist merit making and opportunity to provide for one’s own children, as well as a commercial transaction. The practice of commercial transnational surrogacy flourishes within the intersections of these logics, despite official sanctions against it in Thailand.

2. Methods

In this paper, I draw upon secondary research conducted for a larger anthropological project examining transnational surrogacy between Australia and Thailand and my experience over several periods of long-term fieldwork studying various dimensions of reproductive health in Thailand since 1991. I also draw broadly upon research conducted over eight months in Thailand in 2007–2008 on the use of assisted reproductive technologies in two public and three private clinics offering assisted reproductive services. As part of that project, I also collected secondary data from such other sources as media reports; Internet chat rooms and websites on assisted reproduction in Thailand on which women claimed to be seeking to act as surrogates; website advertisements for surrogacy; Thai-language books; newspaper reports describing surrogacy arrangements; and two interviews that a Thai research assistant and I conducted in Thai with Thai women using surrogates, which usually occurred within the clinics while the women waited for their appointments. In addition, from 2007 to 2013, I downloaded information from English-language websites

discussing surrogacy in Thailand, including the brokerage sites described ahead. In doing so, I did not directly participate in these sites, choosing instead to observe the public texts and narratives posted to them, consistent with my aim of discerning the social construction and discourse framing infertility and surrogacy (Wetherell 2001). As such, the stories posted to these sites are treated as forms of social action for public consumption and not necessarily spontaneous narratives. By examining the content of these postings, it is possible to identify ideas, concerns, categories, and discursive practices and determine how they construct versions of the issue. At no point did I intrude into private closed forum sites or pose as a woman seeking infertility advice (see discussion in Garcia et al. 2009).

3. Assisted reproduction in Thailand as an intimate industry

There has not been a study of transnational surrogacy in Thailand, due both to its ambiguous legal status and to the secrecy associated with it. Thailand has become another destination for couples seeking surrogates, especially couples from the region including Australia, due to its relative lack of regulation of assisted reproduction, sophisticated medical and tourism infrastructures, and expertise in assisted reproduction. Thailand has had advanced assisted reproduction expertise since the birth of the first IVF baby at Chulalongkorn Hospital in 1987. There is a long history of foreign patients seeking IVF services in Thailand. As early as 1987, an anonymous *Daily News* report stated that Chulalongkorn Hospital was “trying to attract foreign patients from our neighbourhood to get the treatment in Thailand” (1987, 1), where it would cost them less. Presently, the most well-known destinations for foreign reproductive travelers in Thailand are concentrated in Bangkok and include the infertility clinic at Bumrungrad Hospital, where it is reported that approximately 60 percent of patients are foreigners; Synphaet clinic at Ram Hospital; Jetanin Clinic for Assisted Reproduction; Samitivej Hospital; and smaller private clinics, such as Superior ART. The trade in reproductive travelers is concentrated in this handful of private clinics. A range of brokerage firms specializing in surrogacy also advertise their services on the Internet (see ahead).

Surrogacy carries a special status as a form of labor that intersects intimacy and commerce and crosses the porous boundaries between paid and unpaid work by women and between production and social reproduction (Boris

and Parreñas 2010, 9). Such intimate labor is “work that involves embodied and affective interactions in the service of social reproduction” (ibid., 7), such as care and domestic work, sex work, or surrogacy. Intimate labor comprises a range of activities, entailing bodily or emotional closeness or familiarity, or close observation and knowledge of personal, private information, including forms of service and caring labor. It is productive labor involving the exchange of money and subject to market forces, ideological views on gender, ethnicity, race, and sexuality, and other structural constraints (ibid., 7). As Boris and Parreñas further note (9–10), various forms of intimate labor remain a primary source of livelihood for women and are increasingly commodified in late capitalism. Assisted reproduction may be considered an intimate industry, involving exchange and intervention into private information and intimate bodily processes, and affective labor that is strongly gendered and structured by economic inequalities. As with other forms of intimate labor, tensions exist between notions of care and a rhetoric of helping others and commodification.

The advent of a surrogacy trade in Thailand continues a history of industries founded upon the bodies of women (Bell 1992). Throughout the 1990s, Thai export-led development was based on the subordination of women and the exploitation of a cheap, available, single, young female workforce, particularly in the export-oriented industries such as textiles, garments, footwear, and electronics (Bell 1992, 69). Similarly, the tourism industry and its associated sex industry were founded upon the bodies and service of women. Labor migration, particularly in the domestic service industries, and marriage migration have involved young women’s intimate labors as a source of remittances for the Thai economy (Huang et al. 2012; Yeates 2012). Such industries are built upon particular gendered ideologies of the nature of women’s work and roles and, in the case of surrogacy, the mobilization of young women’s bodies as bioavailable sources of intimate labor. Surrogacy involves displacement and trade in both fertility and emotional surplus value. As will be described ahead, the intimate industry of reproductive travel and surrogacy in Thailand draws upon existing Thai discourses of merit and obligations between parents and children and women as nurturing mothers.

a. The regulatory context of surrogacy in Thailand

Until recently in Thailand, there have been no laws regulating surrogacy, despite the fact that the first surrogacy service was reported in 1994 at Chulalongkorn Hospital (Kamkham 1994). Reports of the imminent development of

new draft legislation on assisted reproductive technologies focus upon the need to regulate surrogacy (*Matichon Weekly* 2001). As a result, surrogacy remains legally ambiguous, and any contracts are unlikely to have any legal force. Under Section 1546 of the Thai Civil and Commercial Code, the woman who gives birth to a child is regarded as the legal mother of that child. When a child is born to an unwed woman, she alone is recognized as having legal rights over that child (*Sandhikshetrin* 2008). Under the same code, the father of a child who is not married to the mother at the time of birth has no parental rights over that child even if recorded on the birth certificate or able to prove his biological parentage. Thus, intending parents have to adopt a child born through surrogacy. Surrogates too face an ambiguous position as to their rights, conditions, forms of payment, and protection. *The Medical Council of Thailand* (2001) introduced professional guidelines in 1997 and 2001 for assisted reproductive technologies, including surrogacy (Announcements 1/2540; 21/2544). These banned commercial transactions, limited surrogacy to married couples, and stated that the surrogate must be a biological relative of the married couple. However, these guidelines have no legislative force, and all clinics and hospitals were granted discretion with regard to surrogacy arrangements. It is clear that a variety of surrogacy arrangements are being undertaken and various forms of compensation exchanged.

Draft legislation contained in the Assisted Reproductive Technologies Bill number 167/2553 was approved by the Thai Cabinet in May 2010, but has not been ratified into law (*Thailand, Council of State* 2010). With regard to surrogacy, the new draft Assisted Reproductive Technologies Bill sets a number of conditions. Under the proposed legislation, a surrogate mother must not be a parent or child of either of the commissioning parents, must have already given birth to a child, and, if married, her husband must consent to the surrogacy. The bill prohibits the surrogate from also being an egg donor in the surrogacy. Commercial surrogacy is not permitted (section 23), although this is not fully defined; rather, the terms of the surrogacy, compensation for the costs and expenses of the surrogate mother, and the conditions of the surrogacy are to be determined by the Medical Council with the approval of a new body within the Thai Family and Juvenile Court, the Child Protection Committee (section 24). In addition, the bill will have consequences for the “medical facilitation” companies that currently operate for foreign couples in Thailand, as section 25 of the bill makes it an offense to act as an intermediary or broker for surrogacy arrangements or to accept financial or other benefits for the engagement or

management of surrogacy. Section 26 prohibits advertisements seeking women wishing to act as surrogates, whether for commercial purposes or otherwise.

Significantly, for commissioning parents, section 27 of the draft surrogacy law removes the ambiguity over the parentage of a child born of surrogacy arrangements. It provides that a child born through means permitted under the Assisted Reproductive Technologies Bill will be deemed to be the legitimate child of the commissioning parents, not the surrogate or other person who provided genetic material. This fundamentally changes the uterocentric legal definition of motherhood from the birthing mother to privilege those who have commissioned the birth, reversing longstanding Thai cultural and legal traditions that defined motherhood through gestation and birth.

It is not clear what level of compensation will be paid to surrogates under the new laws. The rights and protections for a surrogate are not clearly defined in this legislation. It remains to be seen how these laws will be enforced and what effects they will have on surrogacy in Thailand.

b. Selling transnational surrogacy in Thailand

As a result of the self-regulatory laissez-faire approach to surrogacy in Thai law to date, there has been a proliferation of companies offering to broker surrogacy services in Thailand. For example, [Asian Surrogates \(n.d.\)](#), a company based in Singapore, contracts with surrogates from countries throughout the region for clients from Canada, the United States, France, Belgium, Germany, and Denmark. Another Thai company, [IVF Miracle Baby \(n.d.\)](#), offers surrogacy and other services and targets the Western, Japanese, Chinese, and Taiwanese markets. Other companies include [Thailand Fertility \(n.d.\)](#), [All Surrogacy IVF \(n.d.\)](#), [Global Health Travel \(n.d.\)](#), [Thailand Surrogacy \(n.d.\)](#), and [Bangkok Surrogacy \(n.d.\)](#), a California-based company specializing in facilitating “ethical surrogacy” for gay couples and linked to Become Parents, an Indian company based in Mumbai. [New Life Thailand \(n.d.\)](#) is associated with a company based in Ukraine and operates a global network across clinics in Georgia, Ukraine, Armenia, Israel, Estonia, and India.

Advertisements on these sites demonstrate a high level of objectification, distancing, and commodification of women’s reproductive capacities. The website of New Life Thailand, for example, describes how simple it can be to arrange on the Internet for an egg donor and surrogacy from Thailand, casting it as just like any other online shopping transaction:

Contact us by email or phone and let us know what you require: For egg donor IVF please describe any details regarding your infertility history (if you have one), age/s and time frame. For surrogacy we require your nationality/s to ensure we can assist you. A password to the donor database will be sent, if required, for you to review the photos of donors available. Full price lists are also sent with a breakdown of costs payable at each step of the process.

A range of package deals are offered, including a “total surrogacy package” for 26,500 USD; a “surrogacy with egg donor package” for 31,600 USD; the “two surrogate egg donor program for one confirmed pregnancy” for 36,300 USD; and “two confirmed pregnancies” for 53,500 USD. A range of incidental costs are included that clearly price body parts and potential physical damage to the donors or surrogates. For example, a twin pregnancy costs an additional 1,000 USD to be paid to the surrogate mother; embryo reduction costs 700 USD; the loss of a uterus requires additional compensation to the surrogate mother of 2,000 USD; while an ectopic pregnancy costs an extra 2,000 USD (1,500 USD for surgery and 500 USD to compensate the surrogate mother). There is no indication of how these compensation amounts are calculated, and they would hardly be commensurate with the pain and loss of earnings such physical trauma would entail for a surrogate. Such descriptions are revealing: the surrogate is not described as a person but as a set of reproductive organs and capacities, each with a set monetary value. Emphasis is placed upon efficient production, such that

to avoid a cancelled cycle, we prepare more surrogates than required for each cycle and the IVF specialist will select which surrogate is ideal to receive your embryos. You will receive all details on your surrogate as soon as transfer is complete. ([New Life Thailand n.d.](#))

Throughout this description of the surrogacy procedure, surrogates are described as mere laboratory material, with more than one surrogate prepared for a cycle as a backup measure to ensure transfer can take place. Such redundancy removes some of the uncertainty associated with reproductive cycles, making the process efficient for the clients at the cost of unnecessarily treating an otherwise healthy woman.

4. Accounts of Thai surrogates

Websites such as surrogatefinder.com (n.d.) provide an opportunity to view additional public accounts, presentations, and marketing of Thai surrogates. The site describes itself as a “matchmaking membership site” that links potential surrogates and egg and sperm donors from around the world with intending parents, but it is not clear from where the site originates. Fully paid members (for ninety-nine pounds sterling) have access to the full contact details of those listed on the site. The site purports to contain texts from women describing their reasons for wanting to be a surrogate. Such accounts are written for public consumption, and there is no guarantee as to their origins. Like similar marketing elsewhere, these accounts fit certain tropes to appeal to a foreign audience. However, these caveats aside, what makes them worthy of analysis is that, regardless of their authorship, they attribute the motivations of Thai surrogates in particular ways that resonate with Thai cultural values. Although the website carries a disclaimer stating that surrogacy on the site is not commercial but altruistic, most Thai women are very clear in their interest in financial compensation.

The following entry on surrogatefinder.com from Sukanya of Chiang Mai, or Katie as she calls herself in English, carries details of her racial background, age, health, and marital status, together with a short statement on “The Reasons I Want to Be a Surrogate Mother”:

My reasons are two. First, I'd like to pay off both the loans for my university studies and for my motorbike. I'd like to send some money to my family who live in the province to fix our house and to help my mom who gave me life. Second, my Buddha teach about is good karma to help someone have life. I would be very happy if I can help someone want to have the baby dream come true. I am lucky I am strong body and have a good heart. If I can carry baby for someone want a lot, I can make many people happy tooWhen we go to temple, many monks tell us this good idea because is wonderful if we can help to give someone life. I am happy, healthy and strong. I want to share my good luck about this.

The entries for other Thai surrogates on the site give less detail about the women. Most are purported to be single mothers. All have passports and indicate their readiness to travel. Certain tropes run through their accounts. For example, they are open about the financial exchange involved, but this is said to

be bound up with a moral economy according to their position as mothers or daughters. For example, Thanchanok is said to be thirty-four, from Ubol Ratchathani, and the mother of one child, who is four years old. She has already been a surrogate and is willing to undertake surrogacy again because “I want to complete every family that can’t have baby to help them to have their baby and keep money for my child.” Supaporn, described as a twenty-four-year-old single mother from Pattaya, states her motivations bluntly and clearly: “I need money,” and “I am willing to have your baby as I need to provide a better life for my own child.”

These public representations of motivations for undertaking surrogacy may be manufactured for a foreign public audience, but are striking for their reliance upon Thai cultural understandings of motherhood, religious concepts of merit and obligation, and a pragmatic approach toward payment. In the following sections, I detail some of these local understandings.

a. Carrying the merit

Thai Buddhist ethics are not opposed to surrogacy. While religion does not define people’s actions in any country, Buddhist thought is highly influential in Thailand, where 98 percent of the population professes to be practicing Theravada Buddhism. Generally speaking, acts are defined in Theravada Buddhism as either “bun” (meritorious) or “bap” (unmeritorious), both of which have karmic consequences for the self and others. Most ordinary people interpret this as the balancing between good deeds and bad that will affect one’s karmic status. The Buddhist notion of pregnancy as a meritorious act by women that allows the rebirth of another life provides a moral framing for the surrogacy relationship (Whittaker 2001).

Although surrogacy arrangements, for the most part, remain secret in Thailand, there has been a gradual change apparent in social attitudes toward surrogacy, as evident through the language used to describe it. When the term first appeared in newspapers, the language used was formal and descriptive: “*tham hay mi luk day doi kanjang khon uen tangkhan*” (having a child through the use of another person to carry the pregnancy) (Matichon Weekly 1987) and “*kan fak tua on nai khan khong ying thii mai chai marada*” (the process of inserting an embryo into the uterus of a woman who is not the mother) (Thai Rath 1987). Such terms are dispassionate descriptions of third-party involvement in reproduction, and the term *rapjang* implies the use of hired labor and a commercial relationship. Surrogacy hit the headlines in 1988 with the much

publicized case of Mayura, a famous actress who was said to be considering using her sister as a surrogate. The public reaction at the time was so outraged that she later denied such plans (*Daily News* 1988). By 2000, the term “*kanrap-jangumthong*” was used for commercial surrogacy, but also the term *umbun* (*Thai Post* 2000) was introduced for surrogacy following its use in a popular television series. By 2004, *umbun* was used for all forms of surrogacy (*Khao Sod* 2004) and marked the gradual public acceptance of the practice. Greater public understanding and familiarity with all forms of assisted reproduction, as well as more frequent reporting of the issue by the media in the light of debates over proposed legislative changes, may have contributed to this shift. Unlike the other terms, *umbun* literally means “carrying the merit”: *um* is a term used when referring to carrying around children, and the merit referred to is the Buddhist one women receive when pregnant and in giving birth. This term carries overwhelmingly positive meanings, positioning surrogacy as a selfless, meritorious act creating bonds of obligation and goodwill. Although secrecy remains associated with surrogacy, the use of this term marks attempts to locate surrogacy within positive Buddhist ethical practices.

The text from Katie may be understood within this cultural discourse. According to her, even the monks at her temple are said to approve of the positive karmic consequences of her surrogacy as it would allow the rebirth of another life. Gestation and birth are considered markers of a woman’s adult status, and Buddhist ideology lauds the pains and sacrifices of pregnancy and birth as meritorious (*Whittaker* 2001). Such understandings of motherhood and its relation to the sacrifices of pregnancy are reinforced by most methods of assisted reproduction in which women undertake extraordinary efforts and suffering to become pregnant.

Further, through references to helping her family, the text is describing *bunkhun* relationships. The Thai value of *bunkhun* can be roughly defined as the feelings and practices surrounding a debt of gratitude, the commonly understood filial obligations of children to support and nurture their parents in exchange for their life and care. For men, ordination as monks, which guarantees the accumulation of merit for their parents, repays their debt. However, the indebtedness for daughters is interpreted in exchange and monetary terms (*Muecke* 1984, 1992). This includes expectations for them to provide material support through cash, consumer goods, paying for the education of younger siblings, or building a home for their parents. Even commercial sex work may be consistent with these ideals of a woman as a dutiful daughter whose work

and sacrifice enhance the well-being of her family (Muecke 1992). According to the posting by Katie, surrogacy is the means to achieve these filial ends.

These concepts are evident in interviews with women who are using surrogates and in Thai texts describing the practice. For example, the account of surrogacy within the Thai-language educational book *Yak pen mae khae khad jai: Mommy's Story* (Threechana and Pimonsing 2004), aimed at Thai patients and the general public, celebrates the Buddhist ideology of women as nurturing altruists in the following account from a surrogate:

I have received a lot of good things in return for this good deed. I always get what I wish for. Perhaps this is because of this good thing that I have done. I believe that being a surrogate mum is a good deed. That's why it's called "um bun" [carrying merit/good deeds]. (203)

Such accounts may be fictions in so much as they elide any conflicts, equivocation, or stress in the relationship; nevertheless, they exemplify the framing of surrogacy within Buddhist discourses of merit making. Similarly, in an interview with Ying (a pseudonym), a woman undergoing assisted reproductive treatment with an unrelated surrogate, she stated, "[the surrogate] said that if she could help she would make merit [through this act] to give life to a person is something which grants a lot of merit. So she is happy to help" (interview by author, October 29, 2007).

b. Money and nurturing mothers

Popular Buddhism celebrates an image of women as nurturers (Keyes 1984; Kirsch 1985). This is both taught through religious texts describing the sacrifices of pregnancy and birth and reinforced through everyday socialization and media imagery that stress a gendered ideal of the essential nurturing nature of women. As Muecke (1984) and others have argued, with modernization and industrialization, the forms of female nurturing have changed from having large families toward providing education and wealth for their families. In evoking their need to provide for their existing children, these accounts of surrogates present them as good mothers/nurturers undertaking further forms of care.

The open discussion of money on surrogatefinder.com should not be read as simply mercenary. Exchanges of money have a long association with intimate relationships in Thailand (Muecke 1984, 1992). Moral economies in Thailand involve a generalized reciprocity often calculated in terms of material and

financial support. For example, the bride price (*sinsod*) exchanged from a groom to the bride's parents is described colloquially in northeast Thailand as the *kha nom*, or literally the "price of a mother's milk," and is regarded as recognition of the nurturing and care given by parents toward their daughters and a mark of respect to the family. Throughout Thailand, money is a source of merit making through gifts for building temples and other donations. In short, monetary exchanges are not necessarily seen in the same cultural terms as the Western reader may view them and do not necessarily make the act less meritorious. As my Thai informant Ying stated of her surrogate, "What she is doing this for? I know she is doing it for the money as a first priority" (interview by author, October 2007).

Within this discourse, money enables women to fulfill their roles as good mothers to their existing children or as dutiful daughters supporting their parents in their old age. Nearly all Thai surrogates on surrogatefinder.com purport to need to support their existing children, another trope that may be simply part of an expected sales pitch. In comparison with the opportunities for young, unskilled Thai women within the local labor market or within other intimate industries, such as the Thai sex industry, marriage migration, and domestic work, commercial surrogacy (and ova donation) are lucrative options. Whether considered technically as commercial or compensated, the financial amounts involved for surrogacy are very high in the context of local economies and provide a persuasive incentive. In a society where the official minimum daily wage in Bangkok is three hundred baht per day (ten U.S. dollars), compensation for surrogacy—which, according to Ying, was approximately 300,000 THB (10,000 USD)—represents an attractive sum of money.

In the depictions of surrogates as nurturing mothers and dutiful daughters undertaking meritorious acts to help others, these accounts draw upon traditional Thai morality to diminish the moral stigma attached to intimate labor (Pande 2010a). The evocation of these values may also be read as a means of affirming the social status and dignity of women involved within an occupation that is not yet fully socially accepted by Thai society.

5. Conclusions

In this paper, I have discussed the growth of a surrogacy industry in Thailand and described the ethical discourses evident on websites and literature purporting to give firsthand accounts from Thai surrogates. Empirical work in

a number of settings shows there are other ethical values beyond the strictly economic that are negotiated in commercial surrogacy relationships. Situated ethics allow us to locate and understand the tensions, competing logics, and contradictions within ethical practices (Ong 2010, 13). In the case of Thailand, surrogacy is described as a selfless act of Buddhist merit, creating bonds of obligation and goodwill, which allows surrogates to fulfill their filial duties as daughters and mothers. Such local moral economies help sustain the trade. Local ethics of surrogacy as meritorious and ideals of dutiful motherhood combined with economic need form part of the assemblage sustaining the practice of commercial surrogacy in Thailand.

At one level, such accounts may be read as yet another example of how capitalized economic relations involving human bodies are often masked in other forms (Scheper Hughes and Wacquant 2002). For example, metaphors of surrogates as angels and children as gifts are commonly evoked in clinical advertising and the rhetoric of intended parents in the United States to soften the pecuniary image of commercial surrogacy (Ragoné 2005). I suggest that it is local values of making Buddhist merit and ideals of dutiful motherhood that are invoked in Thailand. Further ethnographic work with surrogates is necessary and ongoing. A key principle of reproductive justice is to bring the people made most vulnerable by issues and technologies to the center of debate (Luna and Luker 2013, 344). In this case, we need to foreground the experiences of women who act as transnational surrogates, for whom the lived experience of surrogacy may fall far short of these ideals. Carrying merit may be simply a new metaphor for the subordination and exploitation of women by other women and men.

This research in Thailand provides a further example of how the advent of new technologies has transformed and redefined various forms of intimate labor in care, domestic work, and reproduction (Boris and Parreñas 2010). I suggest that it may be useful to characterize transnational surrogacy as an intimate industry in common with other such industries as the transnational marriage market, sex work, and domestic labor that trade in affective value as well as biovalue. Like all such industries, those participating are subject to various forms of exploitation based on race, class (caste), and wealth.

New draft legislation governing assisted reproductive technologies and surrogacy will soon be introduced in Thailand. The delays in regulating medically assisted reproductive technologies are partly due to a failure of legislators to keep up with the rapidly changing technologies, but there has also been little

incentive to regulate such a highly profitable intimate industry. The growth of this industry has forced Thai society to consider whether and in what forms surrogacy is to be accepted and what the appropriate ethical framework will be. Once the legislation is finally debated in parliament and ratified, it remains to be seen what changes will ensue and what effects this will have on surrogacy in Thailand.

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