



DISCIPLINING THE WOMB: ANATOMOPOLITICS AND SURROGACY IN KISWAR DESAI'S THE ORIGINS OF LOVE

Claris Annie John¹, Dr Ritu Shepherd²

¹Research Scholar, Nehru Arts and Science College, Thirumalayampalayam, Coimbatore,

²Associate Professor, Nehru Arts and Science College, Thirumalayampalayam, Coimbatore

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ABSTRACT

Kishwar Desai's Origins of Love provides a critical lens to analyze India's commercial surrogacy industry through Michel Foucault's twin concepts of anatomo-politics – the disciplined optimization of individual bodies – and biopower – the systemic regulation of populations. This paper argues that assisted reproductive technologies (ARTs) reconfigure motherhood into a biopolitical enterprise, where surrogate bodies are subjected to medicalized discipline while the industry perpetuates neoliberal hierarchies of reproductive labor. Anatomopolitical control manifests in the surveillance and manipulation of surrogate mothers' bodies. Clinics enforce strict regimens: hormonal treatments, mandatory cesarean sections, and confinement in "surrogacy hostels" to ensure contractual compliance. These practices exemplify Foucault's "docile bodies," where impoverished women's biological functions are mechanized for maximum efficiency, reducing pregnancy to a transactional process. Simultaneously, biopower operates at a macro level, with the state and medical industry normalizing surrogacy as an economic commodity. Policies incentivize medical tourism, positioning India as a global womb for affluent Western clients, while caste and class disparities ensure a steady supply of dispossessed women. This neo-colonial dynamic reinforces racialized and gendered exploitation, framing surrogacy as both biomedical innovation and economic "empowerment." The commodification of life extends to children, whose "market value" is dictated by biopolitical hierarchies. Desai's narrative highlights the abandonment of disabled infants, reflecting a eugenic logic that deems certain lives unworthy of investment. Meanwhile, neoliberal rhetoric obscures exploitation by celebrating surrogacy as consumer choice, despite its reliance on patriarchal structures that prioritize reproductive output over bodily autonomy. By interrogating these intersections, the paper reveals how ARTs operationalize biopower to legitimize the extraction of biological labour. The surrogacy industry epitomizes a posthumanist paradigm where life itself becomes a resource, disciplined through anatomopolitical precision and managed through biopolitical frameworks. Ultimately, Desai's work challenges the ethical neutrality of ARTs, exposing their role in perpetuating systemic violence under the guise of progress and choice.

KEYWORDS: Bioethics; Anatomopolitics; Posthumanism; Surrogacy; Surrogate motherhood.

INTRODUCTION

Assisted reproductive technologies (ART) have transformed the landscape of human reproduction, reaching unprecedented heights in recent years. While ARTs—such as in vitro fertilization (IVF), intrafallopian transfer, frozen embryo transfer, and intracytoplasmic sperm injection—are designed to assist those struggling with infertility, their proliferation signals deeper biopolitical currents within contemporary society. According to the CDC, ART encompasses all fertility treatments involving the manipulation of eggs or embryos, typically through surgical extraction, laboratory fertilization, and subsequent implantation.

Through the framework of anatomopolitics, ART clinics exercise discipline over individual bodies, particularly women's, by subjecting them to rigorous medical regimens, hormonal therapies, and invasive procedures. The female body is rendered a site of technological intervention and optimization, its reproductive capacities closely monitored and regulated to maximize the chances of conception. This medicalization of reproduction exemplifies Foucault's notion of the "docile body"—one that is trained, managed, and rendered productive through scientific expertise.

At the population level, biopower is enacted as the state, medical industry, and social institutions normalize and promote ART as both a solution to infertility and a marker of modernity. The booming fertility industry reflects not only advances in medical technology but also the pressures of neoliberal society: delayed marriages, career ambitions, and unhealthy lifestyles are biopolitically constructed as problems to be solved through biomedical intervention. Social and cultural imperatives further reinforce this regime; women are subjected to intense scrutiny and stigma if they fail to conceive within a socially sanctioned timeframe. As Jasodhara Bagchi observes, motherhood remains an essential signifier of womanhood in modern Indian society, thus intensifying the biopolitical imperative for women to reproduce. In this context, ART clinics profit from and perpetuate a cycle in which women's bodies are both disciplined through anatomopolitical means and governed by biopower, reinforcing gendered norms and commodifying reproduction under the guise of choice and empowerment.

Surrogacy, as a posthumanist reproductive practice, exemplifies the exercise of anatomopolitics—the targeted regulation and discipline of individual bodies for specific social and economic ends. In both traditional and gestational



surrogacy, the surrogate mother's body is subjected to medical and contractual discipline: her reproductive functions are managed through hormonal regimens, artificial insemination, or embryo implantation, and her daily life is often regulated by the requirements of fertility clinics and legal agreements. This process transforms the surrogate's body into a site of technological intervention, where bodily autonomy is subordinated to the demands of medical protocols and market contracts.

The anatomopolitical logic becomes especially apparent in the commodification and stratification of motherhood. Poor and vulnerable women are disproportionately recruited as surrogates, their bodies valued primarily for their reproductive capacity, while wealthier women are able to outsource the physical burdens of pregnancy. This creates a reproductive hierarchy, where the bodies of marginalized women are disciplined, monitored, and optimized for the benefit of others. The surrogate's experience is shaped by invasive surveillance, strict adherence to medical schedules, and contractual obligations—hallmarks of anatomopolitical control. While surrogacy offers hope to those unable to conceive, it also raises significant bioethical concerns rooted in the anatomopolitical manipulation of women's bodies: the potential for exploitation, the reduction of motherhood to a transactional service, and the reinforcement of social inequalities through the elective disciplining of certain women's reproductive labour.

In recent decades, the surrogacy industry has flourished in countries such as India, Malaysia, and Thailand, catalyzing a surge in medical tourism from Western nations to the East. India, in particular, emerged as a global hub for commercial surrogacy, with over 25,000 babies born through IVF and surrogacy in 2011 alone—about half for international clients. The significantly lower costs—up to five times less than in the US—made India an especially attractive destination for Western couples seeking reproductive services.

This transnational flow of reproductive labour exemplifies what scholars such as Ana Cristina Mendes and Lisa Lau identify as a new form of imperialism and cultural colonization, where the commodification of reproductive labour perpetuates global inequalities and the subalternization of vulnerable women. The industry's rapid growth was facilitated by lax regulations and a large pool of economically disadvantaged women willing to become surrogates, often for clients from wealthier nations. As a result, surrogacy became embedded in a global marketplace that stratifies motherhood along economic and geographic lines, reinforcing existing hierarchies and creating new forms of exploitation.

Despite the hope surrogacy offers to infertile couples, the commodification of reproductive labor and the risks of exploitative practices have led to a crisis of inequality. The concentration of surrogacy opportunities among poorer women, often for the benefit of affluent foreign clients, has raised significant bioethical concerns and prompted regulatory reforms, including India's recent move to ban commercial surrogacy and restrict the practice to altruistic arrangements .

Surrogacy emerges as a deeply sensitive and contested practice due to the involvement of multiple subjects with divergent interests and vulnerabilities. The first subject is the childless couple, such as Ben and Kate from London in Kishwar Desai's *Origins of Love*, who turn to surrogacy after unsuccessful IVF attempts, seeking to fulfill their desire for a biologically related child. Drawn by India's reputation for reliable surrogates and affordable procedures, they represent the hopeful beneficiaries of global reproductive tourism.

The second subject is the surrogate mother, exemplified by characters like Preeti and Sonia, who engage in surrogacy primarily as a means of economic survival. These women endure the physical and emotional burdens of pregnancy, only to relinquish the child they have carried for nine months. The novel highlights how, for some, surrogacy is a calculated choice, while for others, such as Sonia—who is coerced by her cousin Rohit—the decision is shaped by familial pressure and economic desperation.

However, the ethical landscape becomes even more complex with the introduction of a third set of actors: doctors, brokers, ART clinics, and intermediaries like Dr. Subash Panday, his wife Rita, business partner Ashok Ganguly, and broker Sharma. These figures commercialize the process, transforming surrogacy into a lucrative industry and commodifying women's reproductive labor.

The narrative's central conflict unfolds with the abandonment of baby Amelia, born through IVF and surrogacy at the Madonna and Child Clinic. After her British parents die in an accident and she is discovered to be HIV positive—despite no history of AIDS in her biological lineage—Simran Singh, the protagonist, investigates the case. Her inquiry exposes troubling realities about stem cell therapy, medical malpractice, and the complex bioethical dilemmas at the intersection of commerce, technology, and vulnerable lives.

Anatomopolitical Concerns in Origins of Love

Kishwar Desai's *Origins of Love* exposes the intricate nexus underpinning the multibillion-dollar surrogacy industry. Through nuanced storytelling, Desai reveals the exploitation faced by surrogate mothers and the darker realities of commercial surrogacy. The novel offers a candid depiction of surrogacy as a highly profitable enterprise, exemplified by the Madonna Child Hospital's aggressive marketing tactics. This is illustrated when Sharma, a character responsible for crafting the hospital's advertisements, reads one such promotional message to Ben, a prospective client. This scene underscores how the industry commodifies women's reproductive labor, framing surrogacy as a business transaction while masking the underlying exploitation and ethical concerns. The advertisement depicts

Don't Worry Be Happy
Just Come to Collect Your Baby
Use our Courier Cryogenic Service
At 100 per cent No Risk

Only Send Us Your Sperm
And You Will Learn
That We Can Get You Egg Donor



Any Way You Want Her
Big, Small, Slim, Tall Its Your Call
We Also Find the Surrogate
At Very Good Rate
Soon She Will Be Pregnant With Baby
You and Wife Can Take Rest
NewLife – Cheap and Best (Desai 343)

From an anatomopolitical perspective, surrogacy represents not simply a medical or social solution to infertility, but a profound instance of the governance and commodification of women's bodies. What was once hailed as a liberating boon for women—offering them the possibility to experience motherhood and escape the stigma of childlessness—has, in the capitalist era, become a mechanism through which female bodies are regulated, fragmented, and objectified for profit.

In this system, the child ceases to be a natural outcome of intimate human relations and instead becomes a product—what Desai aptly terms “made-to-order babies.” Fertility clinics function as sites of biopolitical control, where reproduction is industrialized, and babies are “manufactured” with the same precision as goods in a factory. The body of the surrogate is rendered a site of production, her reproductive capacity extracted and managed according to the demands of the market.

The role of the biological father is minimized to a mere biological contribution—his sperm delivered to the clinic, after which the process is appropriated and orchestrated by medical institutions. This transfer of agency from individuals to clinics amplifies the power of these institutions, which now mediate, monitor, and monetize the most intimate aspects of human life.

Clinics, in their pursuit of profit, further exert anatomopolitical control by offering a selection of surrogates to intended parents, as if choosing from a catalogue of bodies. The advertisement referenced by Sharma and Desai's novel exemplifies this: surrogates are categorized and displayed—big, small, slim, tall—reducing women to their physical attributes and reproductive potential. The body of the surrogate is thus commodified, her personhood subsumed under the logic of the market, and her anatomy subjected to the desires and choices of others.

In this anatomopolitical regime, surrogacy is no longer a purely altruistic or empowering act. Instead, it becomes a site where power is exercised over women's bodies, transforming them into vessels for the production of life, governed by the imperatives of capital and the authority of medical institutions.

Manali Karmakar, in her essay, portrays this system as “neoliberal consumerism” in which “the parents are unconsciously turned into consumers of bioengineered babies and the surrogates are conceived as collateral and dispensable entities that are exploited by the fertility industries for producing babies that are delivered to the wealthy white clientele” (Karmakar 325).

The abandonment of children born through surrogacy exposes the darker undercurrents of biopower operating within the global fertility industry. When children are rejected—whether due to disabilities, medical conditions, or shifting intentions of

the commissioning parents—their bodies become sites of exclusion, disposable when they no longer fit the desired specifications of the market.

In Kiswar Desai's *Origins of Love*, the birth and subsequent abandonment of Baby Amelia—an HIV-positive child—further illustrates the anatomopolitical regime at work. Amelia's body is not only marked by illness but also by her lack of social belonging, as both her intended parents and the surrogate mother disown her. The tragedy is compounded by the revelation that neither intended parent was HIV-positive, exposing systemic failures and ethical breaches within the transnational surrogacy apparatus.

Simran Singh's investigation into Amelia's origins uncovers a web of inhumanity and corruption, where clinics and doctors prioritize profit over ethical responsibility. The anatomopolitical gaze here is evident: fertility hospitals like mybaby.com in the UK and Madonna and Child Hospital in India collaborate to source embryos and surrogates, treating bodies as interchangeable parts in a global reproductive supply chain. The bodies of low-paid surrogates from the East are harnessed for the reproductive desires of wealthy clients from the West, perpetuating inequalities and reinforcing the commodification of women's reproductive labor.

Doctors like Dr. Ganguly, driven by profit, neglect crucial medical protocols such as proper embryo testing, resulting in the birth of children with preventable conditions. This negligence underscores the power medical institutions wield over both surrogate and child, deciding which bodies are cared for and which are neglected or abandoned.

Ultimately, the anatomopolitical perspective reveals how surrogacy, when governed by market forces and transnational interests, transforms vulnerable bodies—of surrogates and children alike—into objects of control, regulation, and, when deemed unfit, abandonment.

The novel also highlights the abuse of power and the dark realities of forced surrogacy. Another character, Sonia, is compelled by her cousin Rohit to act as a surrogate for Renu Madam and Vineet Bhai. Renu and Vineet, both prominent politicians in the town, are portrayed as corrupt and manipulative. They exploit Sonia's surrogacy as a political strategy, aiming to gain favor with Dalit voters in the upcoming election by publicly demonstrating that they have chosen a Dalit woman as their surrogate, despite being from an upper-caste background. In reality, Sonia is a victim, coerced into surrogacy against her will, with no say in the events that unfold. The writer presents the resentment of Sonia by projecting her feelings as:

She felt like an animal with no feelings...she was also worried that no contract had been signed. More and more realisation was drawing on her that they were all using her. The hospital doctors, Renu Madam, Vineet Bhai and Rohit. Everyone was getting something out of it, but her. (Desai 294)

In the surrogacy industry, business owners deliberately seek out women from the lower socioeconomic strata to serve as surrogates. There exists a well-organized network that targets women who are desperately in need of money, making them



easy prey who are unlikely to resist or question the authority of these businessmen, who effectively become their employers. In the novel, Desai introduces Preeti, Radhika, Reena, and Sonia as surrogate mothers. These women, driven by financial hardship and lacking education, are routinely exploited by fertility clinics. They are administered repeated hormone treatments to stimulate the production of healthy donor eggs and are often pressured to carry multiple embryos. Doctors sometimes insist on performing caesarean sections, even when the women have previously had normal deliveries. For these doctors-turned-businessmen, the baby's well-being takes precedence over the surrogate's health.

Once the surrogate delivers the baby to the hospital, her contractual relationship with the institution ends—until she is needed again. Hospitals pay little attention to the surrogate's emotional and psychological well-being, such as postpartum depression, restlessness, or anxiety, despite being fully aware of these issues. Surrogates are treated as nothing more than contractual laborers, and once their pregnancy concludes, they are considered dispensable. Surrogate motherhood, as depicted in the novel, also creates a divide among women, as only those from certain social backgrounds are subjected to such pregnancies.

In the novel, the author criticizes the mindset of certain women who are physically capable of having children but choose surrogacy instead, primarily due to concerns about their careers or maintaining their figures. Desai refers to this as “The celebrity syndrome” (Desai 110). The protagonist, Simran Singh, recounts her observation to Dr. Anita at her clinic, saying, “I saw a rich wannabe mom who perhaps could have got pregnant normally but chose a surrogate in order to preserve her figure or career” (Desai 110). Surrogacy is no longer limited to helpless or infertile couples; even fertile women are opting out of traditional motherhood. For the wealthy and elite, surrogacy has become something of a trend, with many Indian celebrities such as Karan Johar, Amir Khan, Shahrukh Khan, Shilpa Shetty, Priyanka Chopra, Tushar Kapoor, and Ekta Kapoor recently choosing surrogacy to become parents.

CONCLUSION

Kishwar Desai's *Origins of Love* offers a powerful critique of the commercial surrogacy industry through the lens of anatomopolitics, exposing the ways in which women's bodies are disciplined, commodified, and regulated within a globalized marketplace. The novel vividly illustrates how surrogacy—once seen as a beacon of hope for childless couples—has become entangled in a web of capitalist interests, medical authority, and social hierarchies. The anatomopolitical regime at play transforms surrogates into “docile bodies,” their reproductive capacities optimized and controlled for the benefit of others, while their autonomy and well-being are systematically marginalized.

Desai's narrative brings to light the complex intersections of gender, class, caste, and global inequality that underpin the surrogacy industry. The exploitation of economically vulnerable women, the abandonment of children who do not meet market expectations, and the prioritization of profit over

ethical responsibility are stark reminders of the dangers inherent in the commodification of reproduction. The novel's portrayal of forced surrogacy, medical malpractice, and the emotional toll on surrogate mothers challenges the celebratory rhetoric that often surrounds assisted reproductive technologies.

By framing surrogacy as both a biomedical innovation and a site of social contestation, *Origins of Love* compels us to confront the ethical, legal, and social dilemmas that arise when life itself becomes a resource to be managed and exchanged. The anatomopolitical perspective reveals that the promise of empowerment and choice offered by the industry often masks deeper patterns of exploitation and control. As India and other countries grapple with the regulation of surrogacy, Desai's work serves as a crucial reminder that true progress lies not in the unchecked expansion of reproductive markets, but in safeguarding the dignity, rights, and agency of all those involved—especially the most vulnerable.

In conclusion, the novel and its anatomopolitical analysis underscore the urgent need for robust ethical frameworks, transparent regulation, and social awareness to ensure that surrogacy does not perpetuate new forms of inequality, but instead upholds the values of justice, care, and respect for human life.

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