



**Money-made Parents: Accounting for parenthood in transnational surrogacy**

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## Money-made parents: Accounting for parenthood in transnational surrogacy

In the last decade, transnational surrogacy has attracted world-wide attention for making babies and pregnancies exchangeable with money. Involuntarily childless couples and individuals travel abroad and pay to have the desired child and to become parents. Acknowledging the importance of asking into the consequences of this monetization of reproduction, the author takes issue with universalistic assumptions about money and markets, and their presumed universal effects on social relations. Instead, it is argued that we need to explore how money works (Zelizer, 1994, 2011), and, by extension, how transnational surrogacy works out and becomes viable to people as a way to become parents. Putting together insights from economic sociology, and the ART and parenting culture literature, the author employs the notion of *accounting* to grasp how people make sense of the money involved in making them parents. Based on a study involving 21 interviews with Norwegian gay and straight couples and single men and women seeking surrogacy abroad, the author explores how money is accounted for in three cases, set in three different countries; India, the U.S., and Canada. The analysis shows how money is accounted for in particular ways to confirm parenthood. These ways differ depending on the local context and transnational relations; ultimately making differentiated monetized parenthood. This is of significance when we try to conceptualize contemporary parenthood and how money seemingly sustains parenthood in ever more radical ways.

Keywords: money; transnational surrogacy; parenthood; accounting; monetization.

### Introduction

Transnational surrogacy has in recent years attracted attention for how it connects babies, pregnancies, and parenthood to money and market (e.g. Kroløkke & Pant, 2012; Pande, 2014; Rudrappa, 2015; Vora, 2015). While a welcome opportunity for those who desire a child of their own, the cross-border, monetized reproductive arrangement challenges conventional ideas of what ‘makes parents’ (cf. Thompson, 2005), and of what can and cannot be bought for money and traded in the market (cf. Phillips, 2013;

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3 Sandel, 2012; Satz, 2010). Hence, transnational surrogacy has emerged as a cause for  
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5 concern; seen to exemplify broader tendencies such as commodification,  
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7 commercialization, and marketization (e.g. Hochschild, 2011; Kroløkke, Foss, &  
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9 Sandoval, 2010; Whittaker & Speier, 2010), in addition to outsourcing and exploitation  
10  
11 (e.g. Twine, 2015; Vora, 2015).  
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14 These concerns direct attention towards important questions regarding  
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16 contemporary economic and social life, and provide a strong mandate to examine  
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18 transnational surrogacy and the question of what it means that money is introduced in  
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20 the making of babies and parents. This paper is an attempt to contribute to such an  
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22 examination. Here, I explore the specific ways money is arranged – handled and made  
23  
24 sense of – as people, desiring to become parents, turn to transnational surrogacy as the  
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26 way to achieve it.  
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30 By exploring the specific arrangements of money, I take issue with assumptions  
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32 regarding money and markets and their presumed universal effects on social relations.  
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34 Parallel to how the literature on assisted reproductive technologies (ARTs) has insisted  
35  
36 on exploring the localization of globally-existing biotechnologies (e.g. Inhorn, 2003;  
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38 Jasanoff, 2011; Melhuus, 2012), I explore the localisation and differentiation of money.  
39  
40 Drawing on the work of Viviana Zelizer (1994, 2011), I argue that we need to explore  
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42 how people make sense of the money involved in their pathway to parenthood, and, by  
43  
44 extension, how transnational surrogacy becomes viable to them as a way to become  
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46 parents.  
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50 In the paper, I explore how money is handled and made sense of in three  
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52 different cases; all involving Norwegian desiring-to-be parents, but set in three different  
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54 countries – Canada, India, and the U.S., each with particular organizations of  
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56 surrogacy<sup>1</sup>. Thus, emphasizing the need to pay attention to the specific arrangements of  
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3 money in different local contexts and in different transnational relations, my method is  
4  
5 comparative in kind. My data includes a combination of interviews with Norwegian  
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7 desiring-to-be parents and price lists, contracts, and payment schedules from surrogacy  
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9 agencies or clinics whose services my interviewees have used. These visual displays of  
10  
11 money (cf. Guyer, 2009) are part of how the Norwegian couples and singles make sense  
12  
13 of the money, while also indicative of specific ways of arranging the money in different  
14  
15 local contexts. Accordingly, what I do here is breaking down the costs of parenthood in  
16  
17 different transnational surrogacy arrangements.  
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21 In doing this, I join the on-going conversation on the specific institutionalized  
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23 arrangements of surrogacy (e.g. Bharadwaj, 2012; Jacobson, 2016; Pande, 2014;  
24  
25 Ragoné, 1994; Rudrappa, 2015; Whittaker, 2009). Into the conversation, I bring also  
26  
27 perspectives from the field of parenting culture studies (cf. Faircloth & Gürtin, 2017;  
28  
29 Lee, Bristow, Faircloth, & Macvarish, 2014), emphasizing the cultural scripts on  
30  
31 parenting, as a way to explore the logics that emerge as people account (in a double  
32  
33 sense) for the money involved in making them parents. Here, I respond to the call from  
34  
35 Charlotte Faircloth and Zeynep Gürtin (2017) to bridge the distinction between  
36  
37 scholarship focused on, respectively, the bearing and the rearing of children, and  
38  
39 contribute to a processual and more holistic understanding of how parents come to be  
40  
41 parents.  
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46 In what follows, I first position my own endeavour within the broader literature  
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48 on surrogacy and parenthood. Thereafter, I outline the theoretical framework of the  
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50 paper, where I put the ART literature and parenting culture studies in conversation with  
51  
52 economic sociology and anthropology. Moving on to the empirical study, I present the  
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54 research and situate transnational surrogacy as a way for Norwegians to become  
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56 parents. The succeeding analysis consists of three subsections, each presenting one case.  
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3 The point I make in each part about, respectively, *timing, paying for the right thing*, and  
4 *domestication of money*, is not necessarily at stake only in one case or one place. It is,  
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6 however, present to different degrees in different cases and places, which indicates that  
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8 the different regimes and different transnational relations give different arrangements of  
9  
10 money and parenthood. I close off with a discussion of the idea of parenthood as an  
11  
12 outcome of a differentiated process, and the significance of the specific ways such  
13  
14 processes are tailored to make transnational surrogacy a viable pathway to parenthood.  
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### 20 **Surrogacy and monetized parenthood**

21 Turning to the question of parenthood in transnational surrogacy, I am drawing attention  
22  
23 to a longstanding issue in the surrogacy and ART literature. While ARTs in general  
24  
25 have challenged understandings of how children are conceived and parents are ‘made’  
26  
27 (cf. Thompson, 2005), surrogacy<sup>2</sup> has been referred to as a reproductive arrangement  
28  
29 where “nothing guarantees one’s status as the parent: not eggs, sperm, womb, or breast  
30  
31 milk” (Pande, 2014, p. 143). The involvement of others – the so called ‘third parties’  
32  
33 (Blyth & Landau, 2004), ‘reproductive assisters’ (Faircloth & Gurtin, 2015), or, more  
34  
35 specifically, surrogate mothers<sup>3</sup> and donors<sup>4</sup> – has made the question of parenthood  
36  
37 particularly salient in the case of surrogacy; causing doubt about who the parents are,  
38  
39 how to define them, and whether they are parents at all.  
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44 The transnational version of surrogacy has added dimensions to this, as the  
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46 desire of parenthood is pursued across borders (Deomampo, 2015; Kroløkke, 2012;  
47  
48 Kroløkke & Madsen, 2014) and often on top of structural domination, global inequality  
49  
50 and profound social distance (Arvidsson, Johnsdotter, & Essen, 2015; Førde, 2017;  
51  
52 Rudrappa, 2015; Vora, 2015); bringing topicality to Shellee Colen’s (1990) concept of  
53  
54 ‘stratified reproduction’ (see e.g. Pande, 2014).  
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3 Commercial surrogacy introduces additional layers to the ‘problem’ of  
4  
5 parenthood and surrogacy; raising questions and concerns over commodification (e.g.  
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7 Kroløkke et al., 2010; Phillips, 2013; Radin, 1996; Whittaker & Speier, 2010) and  
8  
9 marketization of reproductive bodies and intimate life (e.g. Hochschild, 2012;  
10  
11 Rudrappa, 2015; Satz, 2010). Pregnancy has become something one can commission for  
12  
13 money, and, as emphasized by Amrita Pande (2014), has become labour in a double  
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15 sense; at once the process of childbirth *and* an activity done (by women) to earn an  
16  
17 income, even if often unrecognized as such (see also Jacobson, 2016). This labour is  
18  
19 arguably outsourced labour (Rudrappa, 2010; Twine, 2015; Vora, 2015); from one  
20  
21 country and part of the world to another – and from those with the money to pay to  
22  
23 those who are willing to gestate and carry the child to term in return for money.  
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27 The economic activity implied in reproductive methods such as transnational  
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29 surrogacy has made scholars discuss the conflation of reproduction and consumption  
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31 (e.g. Lewin, 2013; Mamo, 2013); pointing to how ‘individuals, frequently from the  
32  
33 West, take up a flexible consumer position [...] to fulfil their dreams of parenthood’  
34  
35 (Kroløkke, Myong, Adrian, & Tjørnhøj-Thomsen, 2016, p. 7). The discussion recalls  
36  
37 Marilyn Strathern’s (1992) early predicaments in the wake of ARTs that parenthood  
38  
39 was becoming more as if a matter of (consumer) choice.  
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43 However, as feminist economists such as Nancy Folbre (2008) have argued, all  
44  
45 parents spend time and money on their children; costs that are often, in many contexts,  
46  
47 underestimated<sup>5</sup>. Scholars on parenting culture have pointed to an intensification of this  
48  
49 expenditure of time, energy and money within the last few decades; the result of an  
50  
51 ideology of intensive mothering (Hays, 1996) or intensive parenting (Faircloth, 2014).  
52  
53 Thus, one could argue that consumption and expenditure of money are already part of  
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55 how ‘normal’ parenthood in the Western world is established and substantiated.  
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3 Commercial surrogacy seems nonetheless to exaggerate the issue of money in  
4 the making of parents. First, money – as an asset – is required for people to *become*  
5 parents, not only to *do* parenting. Second, in surrogacy, the desiring-to-be parents  
6 commission the making of the baby, and pay someone to gestate and give birth to the  
7 child for them. The commissioning distinguishes surrogacy from adoption, which  
8 patently also brings money, affluence, and babies together (see e.g. Yngvesson, 2002),  
9 while the gestation and birth distinguish surrogacy from other types of assisted  
10 reproduction, and arguably contribute in making the monetized exchange more apparent  
11 (Spar, 2006, p. 70f). This exchange involves not only the desiring-to-be parents, but  
12 involves also non-parents; those who are ‘birthing mothers’ (or parents), as Elly Teman  
13 (2010) has conceptualized it, but not themselves becoming parents from the act of  
14 birthing. A pertinent question, I contend, is how money is handled and made sense of in  
15 an exchange and arrangement that is meant to make some people (the only) parents and  
16 others not.  
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### 35 **Making sense of money and parenthood**

36 Economic sociologist Viviana Zelizer has referred to surrogacy as a ‘risky exchange’;  
37 often seen to be going ‘beyond the boundary of decency’ (Zelizer, 2011, p. 288).  
38 Confronted with such exchanges, Zelizer emphasizes the importance of exploring how  
39 they actually work – and work out for its participants. In her broader work, Zelizer has  
40 demonstrated the shortcomings of universalistic assumptions about money and  
41 economic life, and instead emphasized the multiple and differentiated ways people  
42 relate to and handle money. Posing the concrete interweaving of social and monetary  
43 relations as her analytical question (cf. Fourcade, 2012, p. 1057), Zelizer explores how  
44 money is arranged by the participants through ‘earmarking’ money, making it into  
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3 *monies* (Zelizer, 1994), and through ‘relational work’ that seeks to create ‘good  
4  
5 matches’ between meaningful relations, transactions, and money (Zelizer, 2011).  
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7         Zelizer’s attention to ‘relational work’ and ‘good matches’ has affinities with  
8  
9 ART scholar Charis Thompson’s (2005) widely disseminated idea of ‘ontological  
10  
11 choreography’, where things of different ontological order – such as intentions, sperm,  
12  
13 ova, and, also, money – are strategically choreographed in the fertility clinic to confirm  
14  
15 parenthood and ‘make parents’. The idea that parenthood is something made rather than  
16  
17 given finds, moreover, an equivalent in the emphasis within the parenting culture  
18  
19 literature on ‘parenting’ as a cultural accomplishment and product (e.g. Faircloth,  
20  
21 Hoffman, & Layne, 2013). Putting these literatures together provides a way to examine  
22  
23 the specific ways money is arranged to confirm and disambiguate parenthood.  
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26  
27         The literature on parenting culture emphasizes the importance put on reflexivity  
28  
29 among parents. Parents are required to account for and ensure that their parenting is  
30  
31 ‘good enough’; that is, in accordance with cultural scripts providing rules on how to  
32  
33 parent (Faircloth & Grtin, 2017, p. 5)<sup>6</sup>. In the context of ARTs, requirements to  
34  
35 account for one’s parenting ‘extends backwards’ (Faircloth & Grtin, 2017, p. 8), as  
36  
37 people are expected to account for their parental commitment even before becoming  
38  
39 parents. Additionally, in the case of the desiring-to-be parents in transnational  
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41 surrogacy, accounting could be seen as having a double meaning; referring to their  
42  
43 parental claim and to the money involved in their pathway to parenthood.  
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47         While Zelizer’s idea of relational work mainly captures how such accounting is  
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49 done at an interactional level, her work could also be seen as pointing towards an  
50  
51 institutional order as people are ‘working through institutions (and sometimes against  
52  
53 them)’ (Fourcade, 2012, p. 1060) to maintain meaningful relations. Within the  
54  
55 surrogacy and ART literature, attention has been devoted to the institutional  
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3 arrangements that enable the marketization of egg, sperm, and pregnancy (e.g.  
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5 Almeling, 2011; Rudrappa, 2015)  
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7 In transnational surrogacy, the institutional is at stake on several levels: desiring-  
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9 to-be parents relate to state regulations on parenthood, citizenships, and markets  
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11 (Deomampo, 2015); they interact with agencies and clinics (Rudrappa & Collins, 2015),  
12  
13 and they relate to – and count – money as they are presented to them in price lists,  
14  
15 invoices, and contracts. Drawing on a paper by economic anthropologist Jane Guyer  
16  
17 (2009) on the composition of price – and on how price is produced, presented, revealed  
18  
19 and concealed – I will in the analysis pay attention to the material arrangements of  
20  
21 money as it becomes visible in price lists and contracts. This, I contend, enables  
22  
23 exploration of particular institutionalized arrangements of money and how these come  
24  
25 to influence how money is seen and, by extension, understood by those whose  
26  
27 parenthood is at stake and in the making.  
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### 32 33 **The research**

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35 In this paper, the people whose parenthood I am interested in are Norwegian  
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37 involuntarily childless couples and individuals, who have travelled abroad to have a  
38  
39 surrogate mother carry and give birth to their children. I have conducted 21 interviews  
40  
41 with these couples and individuals, by now all parents. 11 of these interviews were with  
42  
43 gay men; most of them being in a couple at the time of seeking out surrogacy, apart  
44  
45 from one single man. Ten interviews were conducted with straight men and women. Of  
46  
47 these, one was a single woman. Of the total 21 interviews, ten were conducted with  
48  
49 couples, while 11 were with individuals. Most of my interviewees had travelled or were  
50  
51 to travel to the U.S.; three couples and one single man had travelled to India<sup>7</sup>; while  
52  
53 three couples had travelled to Canada.<sup>8</sup>  
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57 The costs of transnational surrogacy are significant for who these desiring-to-be  
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3 parents are in terms of age, occupation, and class background. My interviewees were  
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5 between the ages of 28 and 50, and had generally high levels of education and an annual  
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7 income above or at average level in Norway, which in 2016 was about \$62,200 US  
8  
9 dollars. All the interviews were done between February 2013 and December 2014. I  
10  
11 carried out the interviews quoted here in Norwegian and translated the quotations into  
12  
13 English; all names and other identifying details have been changed.  
14  
15

### 16 17 18 **Situating transnational surrogacy in Norway and beyond**

19 Transnational surrogacy ‘arrived’ in Norway around 2010 following the travels taken by  
20  
21 Norwegian involuntarily childless couples and individuals to have someone else, in a  
22  
23 different country and part of the world, gestate and give birth to their children  
24  
25 (Andersen, 2013; Stuvøy, 2016). This reproductive travelling caused criticism of ‘baby  
26  
27 shopping’ and ‘human trafficking’, and a commentator in Norway’s largest newspaper  
28  
29 wrote: ‘*People sit in front of their computers and shop new lives. Latest fashion: Your*  
30  
31 *own biological child. Before 1 million [NOK], now only 30,000 [NOK].*’ (Moen, 2010).  
32  
33 Accentuating the numbers at stake – even if not being correct numbers: 30,000 should  
34  
35 most likely have been 300,000 – the commentator drew attention to money’s  
36  
37 involvement in these reproductive travels taken in a quest for parenthood.  
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42 While surrogacy is controversial and not legal in Norway<sup>9</sup>, travelling abroad for  
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44 surrogacy is not illegal for Norwegian citizens. Norwegian authorities grant citizenship  
45  
46 to the children – born by a surrogate mother abroad – through the Norwegian genetic  
47  
48 father<sup>10</sup>; making it feasible to travel abroad to countries where surrogacy is legal and  
49  
50 accessible to foreigners.<sup>11</sup> The most frequented destinations for surrogacy among  
51  
52 Norwegians have been the U.S. and India. While the surrogacy traffic from Norway to  
53  
54 India was central in bringing surrogacy on the agenda in Norway, this traffic effectively  
55  
56 stopped in 2013 when the Indian authorities introduced new visa requirements for  
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3 foreigners using surrogacy in the country.<sup>12</sup> Today, the U.S. seems to be the most  
4  
5 popular destination for surrogacy among Norwegians (Dommerud & Tjernshaugen,  
6  
7 2017). Canada is another destination present in my material, although less frequented.  
8  
9 Norwegians are also known to be travelling to some other countries, such as Georgia  
10  
11 and Ukraine.  
12

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14       Citizenship for the child is of significance for transnational surrogacy to work  
15  
16 out for the desiring-to-be parents (cf. Deomampo, 2015). The failure to establish  
17  
18 citizenship for children born to a Norwegian single woman by an Indian surrogate  
19  
20 mother was in fact what brought surrogacy to the public's attention in Norway (see  
21  
22 Kroløkke, 2012). In both India and Norway, citizenship follows from the parents;  
23  
24 meaning that parenthood needs to be established for the child to attain citizenship. This  
25  
26 is different in the U.S. and Canada, where the child acquires citizenship by virtue of  
27  
28 being born there.  
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31  
32       In the U.S.<sup>13</sup> and India, surrogacy has been organized as a commercial  
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34 arrangement, where the surrogate mother is paid an agreed-upon amount. In Canada,  
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36 surrogacy is non-commercial or altruistic. Any payment apart from expenses to the  
37  
38 surrogate mother is not allowed (Health Canada, 2013). Among my interviewees, the  
39  
40 costs of surrogacy have varied between around \$35,000 and \$400,000 US dollars;  
41  
42 depending on country of destination and the number of children, pregnancies, and  
43  
44 attempts. While the U.S. is the more expensive destination for surrogacy, India has been  
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46 among the cheaper. My interviewees travelling to the U.S. spent about \$120,000 US  
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48 dollars on surrogacy, while those travelling to India spent about \$35-40,000 US dollars.  
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50 Canada is, in terms of price, between the two; the couples I have interviewed have spent  
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52 about \$75,000 US dollars. Thus, it is clear that for my Norwegian interviewees, money  
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3 has been involved in all their endeavours to become parents, regardless of whether  
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5 surrogacy is organized as commercial or non-commercial.  
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### 8 9 **Becoming (Norwegian) parents**

10 The question that guides me throughout the analysis is how money is accounted for:  
11  
12 how money is arranged, handled and made sense of to confirm the parenthood of the  
13  
14 Norwegian desiring-to-be parents, and, by extension, make transnational surrogacy  
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16 work out for them. I have chosen to feature three cases with Norwegians travelling to,  
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18 respectively, India, the U.S., and Canada. These cases are chosen for how they each  
19  
20 illustrate a particular feature of how money is arranged. Neither case exhausts the ways  
21  
22 of monetization of parenthood in each setting, but illustrates instead different ways this  
23  
24 takes place. The cases do not distinguish themselves in prominent ways from the others  
25  
26 among my interviewees that have travelled to the same country. My aim here is to  
27  
28 portray the logics at stake, as these become attainable through the parents' narratives  
29  
30 and the material representations of the money.  
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### 36 37 ***Timing is everything: Øyvind and Morten in India***

38 I start with the arrangement of money in Øyvind and Morten's story of becoming  
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40 parents through surrogacy in India. In their story, the timing of the money emerged as  
41  
42 significant to how their parenthood was established and affirmed.  
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45 Øyvind and Morten are married fathers of two children, who were born a few  
46  
47 months apart by two different Indian surrogate mothers. In our interview, Øyvind and  
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49 Morten told me about their very first payment: made with a VISA card on their first trip  
50  
51 to India. The payment was for the freezing of their sperm. The two had travelled to  
52  
53 India to check out the clinic they had been recommended. After agreeing between them  
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55 that the clinic seemed to satisfy their expectations, Øyvind and Morten decided to get  
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3 the process started. The freezing of the sperm and the money to pay for it, marked to  
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5 Øyvind and Morten that they were in the process of becoming fathers.  
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8 The two men then went back to Norway, from where they transferred the rest of  
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10 the money in stages throughout the process. In the price list from their clinic in New  
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12 Delhi, the costs of surrogacy were listed in stages: 'Stage One', 'Stage two' and 'Stage  
13  
14 three', consisting of a total of six instalments. Noteworthy, in this price list, the baby is  
15  
16 not listed as an item. This absence supports the idea of surrogacy as not about  
17  
18 purchasing babies. In Øyvind and Morten's understanding, the children were not the  
19  
20 result of a purchase – and as genetic fathers, they had not purchased the children. They  
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22 were, as Morten put it, '*just as much a dad as any other dads*'.  
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25  
26 Discussing the issue of motherhood, Øyvind and Morten referred to the two  
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28 surrogate mothers, the egg donor, and the female doctor as four women, who all  
29  
30 contributed to the process with different services. The split motherhood ensured, in  
31  
32 Øyvind and Morten's experience, that none of these women could claim to be the  
33  
34 mother of the children. Thus, Øyvind and Morten strategically choreographed (cf.  
35  
36 Thompson, 2005) the different items necessary in the baby-making process in  
37  
38 accordance to a culturally familiar script of the significance of the gene in the Western  
39  
40 world (see e.g. Nelkin & Lindee, 2004). Accentuating their sperm above other items and  
41  
42 other potential parents, Øyvind and Morten confirmed themselves to be *the* parents.  
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46 In this process, the order of things, including money and invoices, was of  
47  
48 significance. Showing me their correspondence with the clinic in Delhi, Øyvind and  
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50 Morten credited the clinic for keeping things apart. They explained to me how they first  
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52 got notified by one division of the clinic that a heartbeat, and pregnancy, was  
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54 confirmed, and then shortly after got an e-mail from the economy division; notifying  
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3 them that as heartbeat was confirmed, a first instalment to the surrogate mother was  
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5 now due.  
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7 It seems significant that the money from Øyvind and Morten to the surrogate  
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9 mother are due at confirmation of heartbeat. To listen for a heartbeat is a common way  
10  
11 among medical personnel – not only in the surrogacy clinic, but more generally – to  
12  
13 confirm life underway. As such, the centrality of the heartbeat is not necessarily that  
14  
15 astounding. Yet, it attracts my attention for the way it explicitly connected money and  
16  
17 body, and used one – the body – to set the other – the money – in motion.  
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19 Correspondingly, the money stops if the heartbeat stops: In the case of pregnancy loss,  
20  
21 the money from Øyvind and Morten to the surrogate mother would continue for one  
22  
23 month and then cease. Other costs would cease immediately, apart from professional  
24  
25 costs for post-natal care of surrogate mother.  
26  
27  
28

29 The heartbeat – although located within the body of the surrogate mother –  
30  
31 seems thus to point towards the baby in the making (see Rudrappa, 2015, p. 126ff).  
32  
33 Linking the money closely to the future baby, one could read this as an illustration of  
34  
35 how the money is arranged to draw the baby closer to Øyvind and Morten – and  
36  
37 confirm the surrogacy process as *their* process of becoming fathers.  
38  
39

40 The arrangement of the money contributed, moreover, in making the surrogate  
41  
42 mothers and egg donors ‘prosthetic’ (Thompson, 2005, p. 145). The money moved from  
43  
44 Øyvind and Morten to the clinic, who then paid the surrogate mothers and the egg donor  
45  
46 for their ‘services’, as Øyvind and Morten referred to it. The two only dealt with the  
47  
48 clinic and never met the egg donor; reflecting the institutional set-up commonly  
49  
50 prescribed by Indian surrogacy clinics (Førde, 2017, p. 162; Rudrappa, 2015, p. 136).  
51  
52 Øyvind and Morten only met each of their surrogate mothers once during the whole  
53  
54 process; on both occasions at the Norwegian embassy in New Delhi, as a requirement  
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3 from Norwegian authorities to issue passports to children born through surrogacy. The  
4  
5 lack of contact with the surrogate mothers and egg donor kept these women at a  
6  
7 distance to the process (see Rudrappa, 2015, 2016), as it was experienced by Øyvind  
8  
9 and Morten, who emerged as the only *parents* involved.  
10

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12  
13 ***Paying for the right thing: Monika in the U.S.***  
14

15 Timing is also important for those among my interviewees travelling to the U.S.  
16  
17 However, as the case of Monika indicates, parenthood is established by paying not only  
18  
19 at a particular time, but also by paying for the *right* thing. This points, for one, towards  
20  
21 the importance of keeping things apart within the concrete arrangement, but was also a  
22  
23 way to set her own way of doing surrogacy apart from that of others, and in particular  
24  
25 the way it was done in India.  
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28         Monika was a married mother of one and expecting twins carried by an American  
29  
30 surrogate mother at the time of our interview, where her husband was not present.  
31  
32 Monika told me that she and her husband had, at one point, joked about going to the  
33  
34 U.S. to '*buy a baby*'. This was before they seriously considered surrogacy, and while  
35  
36 the thought of it was still very new and somewhat strange to them. By the time of our  
37  
38 interview, Monika was insisting to me that the baby was not at all what they were  
39  
40 paying for.  
41  
42

43         '[My husband] quickly understood that what we were buying was a medical  
44  
45 service. That's what the money went to. [...] And then I understood that it's not the  
46  
47 child we're paying for. We're paying for the medical [parts], and, also, that they  
48  
49 [the agency] are organizing everything for us. Documents; contracts; they find the  
50  
51 surrogate mother; the matching. [...] We're paying for the process. Not one krone  
52  
53 is changing hands for the baby. Not one krone.'<sup>14</sup>  
54  
55

56 Monika emphasized it was medical services and the *process* they were paying for, and  
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3 not the baby. The idea that what is bought and paid for are services – and a whole  
4 bundle of them – can be re-found in the price lists and invoices distributed by the  
5 different American surrogacy agencies used by the Norwegian desiring-to-be parents.  
6  
7 One American agency presented the different costs over three full pages. Another  
8  
9 American agency, the one used by Monika and her husband, operated with eight main  
10 headlines in their price list, and in total more than 40 items were listed as what  
11 composed the costs of the surrogacy arrangement. As visual arrangements of the  
12 money, the detailed breakdown of costs suggests that the desiring-to-be parents pay for  
13 a bundle of services – and also that they pay a bundle of different people, all playing  
14 some part in the surrogacy process. The surrogate mother, then, was not the only one  
15 contributing, but rather one out of many. Thus, this arrangement diminished the  
16 importance of the role played by any one contributor.  
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30 Again, it is notable that at no point do the price list mention the baby. The baby is,  
31 as Monika emphasized, not what is bought and paid for. This is also explicitly stated in  
32 the contract; a central document to ensure that the right thing is paid for. I am citing  
33 here a California sample contract, used by Monica's agency; an agency popular among  
34 my Norwegian interviewees. The contract says: *'It is expressly understood that this*  
35 *Agreement in no way constitutes payment for a child or relinquishment of a child, or*  
36 *payment for consent to adoption.'* The money involved in the surrogacy arrangement is  
37 thus not to be understood as a sum that represents a price for a baby, where the baby is  
38 an object for sale, or as payments to people for them to relinquish their child. Rather,  
39 these payments should be understood as *'reimbursements'* to the one carrying the child  
40 for the, by the contract, already designated *'intended parents'*. The contract defines not  
41 only parenthood, but also the money transferred to and from the signing parties. This  
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3 particular earmarking (Zelizer, 1994) of the money marks a distinction made between  
4  
5 the money to the surrogate mother and the money going to others.<sup>15</sup>  
6

7         Notably, the reimbursement to the surrogate mother is for pain and suffering,  
8  
9 and not for services. The American surrogate mother is neither selling the baby nor  
10  
11 doing a job, making her labour disappear from view (see e.g. Jacobson, 2016). Instead,  
12  
13 the surrogate mother is positioned as someone to whom the Norwegian parents relate on  
14  
15 a personal level; making the exchange less about money and market. To Monika, this  
16  
17 also distinguished her own surrogacy journey from one undertaken in India, which at  
18  
19 the time was much debated in Norway. Emphasizing that India was never an alternative  
20  
21 destination for her, in part for the lack of contact to the surrogate mother, Monika  
22  
23 reflexively set apart her way of doing transnational surrogacy from the Indian  
24  
25 arrangement. Doing this, Monika seemed to account as much for her moral upper hand  
26  
27 as for the money.  
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31         The personal relationship was something stressed and facilitated for by the  
32  
33 American surrogacy agencies. Referring to the relationship as '*the backbone of*  
34  
35 *surrogacy*', a director of one of the American surrogacy agencies told me that they  
36  
37 made sure that their clients should not have to talk money with their surrogate mother,  
38  
39 and said: '*We take the money out of the equation*'. Money, then, was something the  
40  
41 desiring-to-be parents should not have to account for as part of their relation to the  
42  
43 surrogate mother. This was part of what made the surrogacy arrangement work out for  
44  
45 Monika and her husband; confirming not only that money was paid correctly and for the  
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47 right things, but also that money was not defining their relation to the woman birthing  
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49 their child.  
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3 ***Bringing the money closer to home: Line and Ole in Canada***  
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5 I met Line and Ole at their home in Norway, with the twins – born by a Canadian  
6 surrogate mother – running around, already a few years old and talking by the time of  
7 our interview. Characteristic of Line and Ole’s narrative about the money involved in  
8 making them parents was what I refer to as a *domestication* of the money. The money  
9 appeared as if comparable to money at home; making the process appear similar to a  
10 reproductive process in Norway – and their parenthood similar to that of other  
11 Norwegians, in particular those in need of assistance.  
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20 In their account of the money, Line and Ole emphasized that the money spent on  
21 surrogacy was mainly money spent on medical services. As such, their understanding of  
22 the money resembled Monika’s description above. Nonetheless, the point I would like  
23 to make here is that the emphasis on medical services is not only about paying for the  
24 right thing, but also about making the money less about a market, and more about  
25 health. Health is, for Norwegians, something that is paid collectively through taxes and  
26 accessed through the welfare state. Fertility services, more specifically, are subsidized  
27 by the state, with smaller user fees.  
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38 In that regard, the existence of a public health system in Canada was among the  
39 characteristics emphasized by the couples who travelled there for surrogacy, including  
40 Line and Ole. Line and Ole referred to ‘*structural and cultural similarities*’ between  
41 Norway and Canada as part of what made Canada their preferred destination, referring  
42 explicitly to the two countries’ health systems. Money in Canada, as they saw it, had  
43 more to do with money spent on state-subsidized welfare services than it had to do with  
44 a full-blown commercial market.  
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53 This was also reflected in the understanding of the more moderate costs of  
54 surrogacy in Canada. Overall in my material, the differences in costs are often referred  
55 to as a reason why my interviewees preferred one country over another. In the case of  
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3 Canada, the relative lower costs compared to the U.S. was a reason to go there for the  
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5 parents I interviewed. While this was a question of what they could afford, it was also  
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7 posed as a question of the degree of commercialization and marketization of surrogacy  
8  
9 in the two countries. This was epitomized in the question of payment to the surrogate  
10  
11 mother. To the extent surrogacy has been discussed as something that could or ought to  
12  
13 be legal in Norway, it has almost without exception been altruistic surrogacy that has  
14  
15 been the case. To Ole and Line, Canada was their preferred pick due precisely to the  
16  
17 altruistic way of organizing surrogacy. Instead of money, Line and Ole gave gifts to the  
18  
19 surrogate mother and her children, and wrote a letter expressing their gratitude.  
20  
21

22  
23 Explicating to me how they made the choice of Canada, they referred to India as  
24  
25 a contrast; as how they would not like to do surrogacy. In their understanding,  
26  
27 surrogacy in India seemed more as a transaction in a market, where pregnancy was done  
28  
29 for money, rather than the 'help' they received from their Canadian surrogate mother.  
30  
31 However, in our interview, Line and Ole conceded to having changed their mind  
32  
33 somewhat with regard to the money to the surrogate mother, having become more  
34  
35 'liberal' on this point, as Ole referred to it. While it was important to them at the time  
36  
37 when they chose Canada, by the time of our interview Line and Ole thought it would be  
38  
39 unproblematic to pay the surrogate mother.<sup>16</sup>  
40  
41

42  
43 Not paying the surrogate mother for what she did for them, Line and Ole  
44  
45 described the surrogate mothers as someone 'babysitting' their children for nine  
46  
47 months. Thus, as in the case of Øyvind and Morten, the surrogate mother appeared as  
48  
49 someone providing a type of service. Babysitting invokes an idea of odd jobs done for  
50  
51 instance by a neighbour's older child, in return for some pocket money. Childcare is,  
52  
53 however, also paid labour in contemporary Norway, though widely associated with the  
54  
55 public sector and the welfare state. Conceiving of what the surrogate mother did as  
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3 babysitting could be understood as a way of bringing them, as parents, closer to the  
4  
5 'normal' Norwegian parent, who leaves his or her children in day care facilities, which  
6  
7 are welfare services rather than services in a market.  
8

9  
10 Finally, Ole stressed that another large budget item was the travelling to and  
11  
12 from Canada. While medical expenses would have been covered by the state if  
13  
14 surrogacy could be done in Norway, travel expenses would have been altogether  
15  
16 unnecessary. The money spent, then, was the price to pay to go abroad. This makes their  
17  
18 parenthood comparable to the parenthood of other Norwegians; the only difference  
19  
20 being that they had to travel abroad to become parents.  
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### 23 24 **Conclusion: Parenthood as (differentiated) outcome**

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26 Put together, these cases point to how money is accounted for – arranged, handled and  
27  
28 made sense of – differently in different local contexts and different transnational  
29  
30 arrangements. It illustrates that money is differentiated and locally situated, doing  
31  
32 different things depending on where and between whom it is introduced, even if also  
33  
34 global in character and travelling across borders. Additionally, it indicates that different  
35  
36 transnational arrangements make different kinds of monetized parenthood. The 'good  
37  
38 matches' (cf. Zelizer, 2011), affirming and establishing parenthood, differ depending on  
39  
40 where people travel for transnational surrogacy.  
41  
42

43  
44 Yet, while money is differentiated in these transnational surrogacy arrangements  
45  
46 involving Norwegian desiring-to-be parents, there are also similarities in how money  
47  
48 and parenthood come together. One striking similarity is how transnational surrogacy  
49  
50 seemed to work out for all my interviewees, regardless of where they travelled. All of  
51  
52 them are now living in Norway with the children born to them by a surrogate mother in  
53  
54 either India, the U.S., or Canada. As such, the money worked to similar outcomes, even  
55  
56 if they were handled and made sense of differently.  
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3 This points towards a shared idea among my interviewees of parenthood as the  
4 result of a *process*. By paying for the process rather than the end result – the baby – they  
5 become parents. The process is what makes it possible to transfer motherhood from the  
6 woman conventionally thought to be the mother – the one giving birth – to another  
7 person. This makes my Norwegian interviewees, as the ones commissioning the process  
8 and intending to parent, *the* parents. The idea of parenthood as the result of a process  
9 coincides with Thompson's (2005) description of the making of parents in the American  
10 fertility clinic. It also recalls Strathern's idea that with surrogacy we are moving away  
11 from the 'real' towards that which works and has effect: 'The mother is simply she who  
12 has been made effective' (Strathern, 1998, p. 202). Strathern adds, however, that the  
13 *effective* parent 'may have to sustain that judgement by continuing to give evidence to  
14 the capacity to parent' (Ibid.); echoing the insights from parenting culture studies that  
15 parenting requires continuous reflection on whether one is a good (enough) parent  
16 (Faircloth & Grtin, 2017, p. 5).  
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34 Notably, several of my interviewees would vehemently argue that their process  
35 is nothing alike the process of others – and in particular, nothing alike the process of  
36 surrogacy in India. While my foregoing analysis does show there are differences  
37 between the processes, distinction (cf. Bourdieu, 1984) should also be considered as  
38 part of this differentiation of the processes in different countries. As Petersen et.al. has  
39 argued with regard to the surrogacy debate in Norway, 'stances for or against surrogacy  
40 are reworked through the distinction between ethical and unethical uses of surrogacy'  
41 (Petersen, Krolkke, & Myong, 2017, p. 105). This points towards how the work done  
42 to find good matches and make good parents implies also the construction of bad  
43 matches and perhaps even bad parents.  
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3 In her review of Zelizer's work, economic sociologist Marion Fourcade (2012)  
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5 points to Zelizer's silence about 'bad matches'. Fourcade asks into 'the "institutional  
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7 order" that keeps people in line behind the "interaction order"' (Fourcade, 2012, p.  
8  
9 1059), and comments that the work people do to make things work out is 'a powerful  
10  
11 reminder that individuals differentiate because they (and their personal relations) are  
12  
13 themselves differentiated socially' (Fourcade, 2012, p. 1059). In transnational  
14  
15 surrogacy, this is the case on multiple levels. Different surrogacy journeys and  
16  
17 destinations for surrogacy are distinguished from one another; and the reproductive  
18  
19 assistance provided is priced differently depending on who performs it and where it is  
20  
21 performed. The distinction made between parents and non-parents is, moreover, made  
22  
23 possible within an institutional order where stratification is blatantly present.  
24  
25 Understanding how 'good matches' are made provides, nonetheless, knowledge about  
26  
27 the logics – and ways of accounting – that make it possible for people to enter into a  
28  
29 stratified and monetized reproductive terrain, and leave as parents.  
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### 38 Ethical approval

39  
40 The research project has been notified to and ethically reviewed by the Data Protection  
41  
42 Official for Research, sorting under the Norwegian Centre for Research Data (NSD).  
43  
44 NSD is responsible for ensuring that research abides to the Norwegian Personal Data  
45  
46 Act and Health Register Act.  
47  
48  
49

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58  
59  
60

1  
2  
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4  
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8  
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10  
11

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15  
16 No potential conflict of interest was reported by the author.  
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28 <sup>1</sup> In India, surrogacy has since August 2016 not been legal for foreigners, after the Indian  
29 government presented a new draft law banning commercial surrogacy and prohibiting  
30 surrogacy for foreign nationals.  
31

32 <sup>2</sup> Surrogacy can be defined as a reproductive arrangement where a woman gestates and gives  
33 birth to a child on behalf of someone else, who are to parent the child. A distinction can be  
34 made here between *traditional* and *gestational* surrogacy. In the case of the former, the  
35 woman gestating and giving birth also contributes with the eggs used to conceive the child,  
36 making the child her genetic offspring. In gestational surrogacy, in contrast, the child is  
37 conceived with eggs from either the desiring-to-be mother or a so called egg donor (see note  
38 4). My interviewees have all used gestational surrogacy, either using their own eggs or  
39 purchasing eggs from a donor.  
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44 <sup>3</sup> I write surrogate ~~mother~~ here to note the ambivalence concerning this woman and her  
45 reproductive contribution, and the problem of finding descriptive and politically responsible  
46 concepts in a conflicted terrain. Inspired by Derrida's (2016, orig. 1974) elaboration on the  
47 heideggerian idea of *sous rature*, I cross out 'mother' since the term 'surrogate mother' is  
48 inaccurate and potentially problematic for the gendered ideas it conveys about the  
49 reproductive labour performed (see e.g. Pande, 2014). Yet, as the term 'surrogate' – or other  
50 common alternatives such as 'gestational carrier' – is no more accurate or politically  
51 responsible, the word 'mother' seems to be necessary and remains therefore legible. For an  
52 insightful discussion of the terms used to denote the woman gestating and birthing the  
53 children in surrogacy arrangements, see Bharadwaj (2012). Throughout the paper, I will  
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5 write 'surrogate mother', which is the most established term in Norwegian. As I see it,  
6 'surrogate mother' also does more work to sustain ambiguity in a paper on how parenthood  
7 is made in transnational surrogacy.  
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9  
10 <sup>4</sup> The terms donor and donation reflect a language of the gift, illustrating how the market in eggs  
11 and sperm is discursively formatted (see Almeling, 2011; Gupta, 2006).  
12

13 <sup>5</sup> Folbre writes predominantly about the American context, which on the issue of public  
14 spending on child care is quite distinct from the Norwegian welfare state context. See e.g.  
15 Ellingsæter and Pedersen (2013).  
16

17 <sup>6</sup> Faircloth and Görtin (2017) emphasize that the cultural script requiring intensive parenting is  
18 intimately associated with the middle-class in a Euro-American context. They argue,  
19 nonetheless, that this script is increasingly something people world over relate to and take  
20 into account in their own parenting.  
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23 <sup>7</sup> The traffic of Norwegian desiring-to-be parents to India stopped around the time I started  
24 doing interviews, making recruitment harder.  
25

26 <sup>8</sup> While a low number of interviewees, it might nonetheless be an overrepresentation compared  
27 to the other two destinations present in my material. The Norwegian embassy in Canada  
28 have registered only six children born through surrogacy in Canada in the period between  
29 2008 and November 2016. Although not everyone registers with the embassy, this indicates  
30 that the numbers are low.  
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34 <sup>9</sup> Importantly, surrogacy is not explicitly illegal in Norway. Instead, so called gestational  
35 surrogacy is illegal by implication due to a ban on egg donation, dictating that eggs removed  
36 from a woman must be returned to the same woman (The Biotechnology Act, 2003, §2-15).  
37 Moreover, contracts on surrogate motherhood are declared void (The Children's Act, 1981).  
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40 <sup>10</sup> Motherhood is defined in Norwegian law as the woman giving birth. In the context of  
41 surrogacy, this means the surrogate mother is always the mother. Norwegian authorities do  
42 however acknowledge the desiring-to-be fathers' parenthood. Fatherhood is recognized  
43 based on declaration if the surrogate mother is unmarried, or declaration and DNA test in the  
44 cases where the surrogate mother is married.  
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48 <sup>11</sup> This distinguishes Norway from other European countries, such as France, Switzerland, Italy  
49 and Germany, where the authorities have been unwilling to recognize the parenthood of  
50 those travelling abroad for surrogacy.  
51

52 <sup>12</sup> According to the Norwegian embassy in New Delhi, the numbers had been steadily going up  
53 since the embassy registered their first two cases in 2008, reaching a record high 34 babies  
54 born to Norwegians by Indian surrogate mothers in 2012. The numbers dropped to 19 in  
55 2013, only 1 in 2014, and 0 in 2015.  
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- <sup>13</sup> Surrogacy law is defined at state level. Not all American states allow surrogacy. California has been a main destination for surrogacy among Norwegians, but also other states on the East coast have become popular in recent years for their relative proximity in terms of geographical distance to Norway.
- <sup>14</sup> Krone (NOK) is the currency in Norway. There are about 8 kroner in \$ 1 US dollar.
- <sup>15</sup> The particular earmarking of the money made visible in the contract could be interpreted as intimately linked to the legacy of slavery in the U.S. (e.g. Thompson, 2005, p. 145).
- <sup>16</sup> One of the couples I interviewed did in fact pay their Canadian surrogate mother – in cash – upon the birth of their child; describing it as a type of return-gift from them to her.

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