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## To cite this version:

Jyotsna Agnihotri Gupta. Towards Transnational Feminisms. European Journal of Women's Studies, 2006, 13 (1), pp.23-38. 10.1177/1350506806060004 . hal-00571267

**HAL Id: hal-00571267**

**https://hal.science/hal-00571267v1**

Submitted on 1 Mar 2011

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# Towards Transnational Feminisms

## Some Reflections and Concerns in Relation to the Globalization of Reproductive Technologies

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ABSTRACT This article discusses the emergence of the concept of 'transnational feminisms' as a differentiated notion from 'global sisterhood' within feminist postcolonial criticism. This is done in order to examine its usefulness for interrogating the globalization of reproductive technologies and women's right to self-determination over their own bodies by using these technologies. In particular, women's use of technologies for assisted conception, and the local and global transactions in reproductive body parts form a testing ground for transnational feminisms. Does the construction of individual reproductive rights still leave some ground for women's collective struggles? It is proposed that, if at all, transnational solidarity on this issue is possible, it will have to be built on the concept of universal ethical norms regarding human dignity.

KEY WORDS bio-ethics ◆ gender ◆ globalization ◆ global capitalism ◆ global sisterhood ◆ new reproductive technologies ◆ self-determination ◆ transnational feminisms

### TRANSNATIONAL FEMINISMS: A NEW CONCEPT

In the early 1980s, I was a student pursuing the 'women and development' (sub) specialization within the masters programme in development studies, at the Institute of Social Studies in The Hague. This programme was one of the pioneers in the field of women's studies in the Netherlands, under the stewardship of Maria Mies and Kumari Jayawardena. We were a group of international students drawn from all continents. For our

*European Journal of Women's Studies* Copyright © 2006 SAGE Publications (London, Thousand Oaks and New Delhi), 1350-5068 Vol. 13(1): 23–38; http://ejw.sagepub.com DOI: 10.1177/1350506806060004

first International Women's Day celebration on 8 March 1982, we made a poster with the slogan 'Divided in Culture, United in Struggle' and launched a newsletter called *Insisterhood*. During the course, we had become aware of the differences in our social positioning due to our diversity not only in terms of culture, but also race, class, religion, sexual orientation, etc. And yet we felt the bond of sisterhood in terms of the shared discrimination, subordination and oppression that either we had experienced personally as women or had learnt of through our work, as well as the need for feminist scholarship and political organizing to fight against it. Were we being too naive then in discounting our differences? And were we too optimistic regarding forging solidarity, speaking from our own privileged positions within our own societies, or could we actually see the commonalities beyond the differences?

Now, we are more than 20 years further. Over the years, in our postmodern, 'posthuman', and perhaps for some, even 'postfeminism' (Braithwaite, 2002) times, the idea of 'universal truths' has been replaced by 'diversity'. The category 'woman' has been deconstructed to take cognizance of the differences among women. Also, the idea of our individual 'situatedness' within intersections has gained ground, and there is a multiplicity of world's feminisms. At the same time, the concept 'transnational feminisms' has been introduced to mark the shift from 'global sisterhood' (Morgan, 1984), which according to some bears the bias of ethnocentrism. 'Transnational feminisms' is a fairly new concept to emerge in western academia. So, what does this term encompass? What does it have to offer feminists at the beginning of the 21st century? Is it just a new buzzword, or does it have an added value over the old concept of 'global sisterhood' used during the second wave of the women's movement mainly by first world, white, middle-class feminists, a term that allegedly glossed over the differences between women? Is the concept 'transnational feminisms' adequate to describe women's organizing across the globe from their different social positioning and interests? Is transnational solidarity possible and on what grounds will it be built under the conditions of transnational capitalism in this era of globalization? In particular, women's use of technologies for assisted conception and the local and global transactions in reproductive body parts form a testing ground for transnational feminisms.

As a point of departure for reflecting on these questions, I make use of the insights of Breny Mendoza (2002) and Chandra Talpade Mohanty (2003a). According to Mendoza, the concept 'transnational feminisms' builds on feminist postcolonial criticism within western academia, and seems to imply a shared context of exploitation and domination across North and South. Used in the plural, it 'points to the multiplicity of the world's feminisms and to the increasing tendency of national feminisms to politicize women's issues beyond the borders of the nation state, for

instance, in United Nations (UN) women's world conferences, or on the Internet. The term points simultaneously to the position feminists worldwide have taken against the processes of globalization of the economy, the demise of the nation state and the development of a global mass culture, as well as to the nascent global women's studies research into the ways in which globalization affects women around the globe' (Mendoza, 2002: 296). 'But foremost', Mendoza continues, 'it takes its meaning from Third and First World feminist theorizations on race, class and sexuality, and feminist postcolonial studies that make us aware of the artificiality of the idea of nation and its patriarchal nature' (Mendoza, 2002: 296). It envisages the desirability and possibility of a political solidarity of feminists across the globe transcending race, class, sexuality and national boundaries, based on the concrete experiences of transnational organizing of women.

While 'global sisterhood' starts out from the commonalities between women, 'transnational feminisms' departs from the differences between women. Mendoza (2002: 310), however, puts the finger on the problem in saying that although committed to intersectional analysis and transversal politics as well as dedicated to praxis rooted in postcolonial critiques of racism, ethnocentrism, sexism and heteronormativity and committed to the subversion of multiple oppressions, transnational feminist debates still reveal important gaps between the intentions – in terms of its theory and tactics – and outcomes of transnational feminist mobilizations. Many of these gaps derive from an undertheorization or an inadequate treatment of political economic issues within feminist postcolonial criticism and their entrapment in cultural debates. I share this concern of Mendoza and find the insights developed by Mohanty (1986, 2003a, 2003b) useful to approach these concerns.

Mohanty (1986) argued that 'cross-cultural feminist work must be attentive to the micropolitics of context, subjectivity, and struggle, as well as to the macropolitics of global economic and political systems and processes'. Inspired by Maria Mies's and Vandana Shiva's writings, she places feminist solidarity firmly within a broad framework of anti-capitalist struggles. UN conferences – such as the International Conference on Population and Development in Cairo (including its NGO counterpart) and the World Conferences on Women – as well as the campaigns around WTO negotiations, such as the popularly known 'Battle of Seattle', have acted as important catalysts for global solidarity, and not only among feminists. For instance, events such as the regional Social Forums, and the World Social Forum last held in Mumbai in January 2004, were manifestations of global solidarity of men and women, on myriad issues, and in particular against the neoliberal development model now also embraced by many developing countries. These transnational forms of politicization and social movements, invoking the idea of a global citizenship, have also been referred to as 'globalization from below'.

Global feminist solidarity and alliances for future campaigns may not be difficult on issues such as violence against women, the global trafficking in women and children, gender justice in terms of equal opportunities for education and employment, health, food and shelter, security and environmental concerns. However, other issues including translocation and outsourcing of jobs and services to the global South, or religious fundamentalist prescriptions regarding dress codes, may pitch women on different sides of the fence and could form a testing-ground for feminist solidarity. One such issue I focus on here to problematize the question of transnational feminisms is that of the right to self-determination of women over their own bodies. While most feminists would posit that this is a non-negotiable right, the development and globalization of new reproductive technologies for (1) sex-determination or genetic testing of the embryo/foetus, (2) conception through artificial reproduction technologies (without heterosexual intercourse) such as in vitro fertilization (IVF) and (3) the transactions in reproductive body parts – such as eggs, sperm, embryos and the renting of the uterus (surrogacy), pose complex and unforeseen challenges and dilemmas for feminist solidarity worldwide.

## WOMEN'S RIGHT TO SELF-DETERMINATION OVER THEIR OWN BODIES – A TESTING-GROUND FOR TRANSNATIONAL FEMINISMS

In 1989, I embarked upon a study of new reproductive technologies (NRTs) in three areas – contraception, assisted conception and screening of the embryo/foetus for genetic purposes and for sex selection – looking at their effects on the health and autonomy of women within an international comparative perspective. My research focused in particular on India and the Netherlands, two societies in which I lived and followed the application of NRTs. Many a colleague and layperson in the Netherlands told me they did not see the point of 'comparing apples and pears' (a typical Dutch expression). To me, however, the point of comparison was quite clear, namely the global processes and forces and ideologies (factors and actors) that operate openly and invisibly behind the technologies to influence women's choices and lives, within their different local situatedness. This became even clearer to me in my follow-up research on transactions in reproductive body parts.

I became aware that the goals of the second wave of the feminist movement, such as access to free and safe abortion, had united many, though not all, women's rights activists in different parts of the world, as pointed out by Angela Davis (1981) among others. At the International Conference on Population and Development in Cairo in 1994, I witnessed

how the women's health and rights activists formed a broad front against the unholy alliance of the Holy See and Islamic fundamentalist regimes which attempted to restrict women's right to abortion. They demanded provisions to ensure reproductive health and rights for individuals the world over. Also, they exposed and strongly condemned target-oriented, coercive population control programmes in India and Bangladesh and China's one-child population policy, which violated the principle of women's self-determination. The trend towards the use of (coercive) sterilization and provider-dependent, long-acting hormonal methods in state family planning programmes, without provision of adequate information and medical back-up services, was questioned on grounds of adverse effects on women's health and autonomy.

However, both nationally and transnationally, feminist solidarity showed cracks when it came to the question of sex-selective abortion. Faced with the contrary demands of the state for population control that forces them to have no more than one or two children on the one hand, and patriarchal ideologies of son-preference on the other, women in India started taking advantage of the liberal abortion laws of the country and resorting to sex-determination tests and abortion of female foetuses in their desire to have one or more male children. Also, with the birth of sons they wished to secure their status within the family and financial security in the present and future. This practice became so widespread that some feminists and other concerned citizens united under the Forum Against Sex-Determination and Sex-Preselection Techniques and successfully fought for national legislation banning the tests in 1994. They did so primarily on grounds of (1) discrimination against and devaluation of the female sex; (2) unnecessary medicalization of healthy women; (3) the objectification of women as son-producing machines; and (4) skewed male–female sex ratios. Also, they exposed the commercial interests of service providers who had turned it into a highly lucrative business. Feminists in India were divided on whether legislation adopted to ban the practice was an effective measure or counterproductive, as it punishes the woman who goes for these tests (Kishwar, 1993). Some used ethical arguments to justify the practice, arguing that female foeticide is better than female infanticide (Macklin, 1999), and upheld women's right to choose to abort the female foetus, as a key freedom, for to deprive them of the same would be a violation of feminist moral principles (Zilberberg, 2004).

In Europe too, women increasingly undergo prenatal diagnostic tests routinely. They do this, in contrast with India, to ensure the health of the foetus, by preventing the birth of a handicapped child, which is usually burdensome for women, who are the main carers. This, too, remains a controversial subject as, with the availability of various technologies for pre-conceptional and prenatal diagnosis, pregnancies become increasingly medicalized and more and more women fall under the (self)

disciplinary regimes as theorized by Foucault. Feminists have expressed this anxiety by asking whether the 'right' to choose is not gradually turning into a 'duty' to choose and that there is a foreclosure of certain choices, for instance, to choose to continue a pregnancy even if the foetus is affected. Some fear the 'state eugenics' practised in several European countries and the US in the earlier half of the 20th century being set forth now as 'private eugenics'.

Also, women demand reproductive health services to meet the needs of infertile women/couples. Some radical feminists and lesbians in the West see in the technologies for assisted conception an opportunity to secure the right to these services not only for heterosexual couples but also for single women and lesbian couples. Some feminists, however, find these technologies as re-essentializing women by reinforcing the ideology of motherhood and exploitation of their reproductive potential, while health advocates warn of the adverse effects of fertility drugs.[1]

It is clear from the above that NRTs have brought 'new freedoms' in the form of opportunities for some women – for instance, to prevent unwanted pregnancy and births through contraception and abortion; to some extent, the prevention of birth of undesired children (the 'wrong' sex, 'unhealthy') through prenatal diagnosis technologies; and the possibility of motherhood for infertile women/couples and single and lesbian women through artificial insemination or IVF. Concomitantly, they have also brought 'new dependencies', on technologies and on service providers. Also, often these technologies come at a heavy price, not only financially, but also in terms of adverse effects on women's physical and mental health (Gupta, 2000). While for some women use of these technologies has meant a shift from being 'objects' and 'victims' to 'knowing subjects' and 'agents' of control over their own bodies, for others they have brought more outside control and expropriation.

Considering the divisions between women who profit from NRTs and those who are exploited by them, feminists are divided in their response to NRTs, making it difficult to formulate effective common feminist strategies of resistance to the medicalization of women's bodies and the adverse effects of certain technologies (such as long-acting hormonal contraceptives, prenatal diagnosis technologies and fertility drugs[2]) on the health of women and their offspring. Apparently, not all women have the same interests and moral values regarding NRTs, even as there are differences in their socioeconomic and cultural circumstances. Corresponding with differences among women, the increasingly global hegemony of enterprise culture, the rise of fundamentalism, increasing disparities characterizing various forms of domestic and international inequalities, a woman's right to choose can be seen to be in crisis (Himmelweit, 1988). This crisis is perhaps nowhere sharper than in relation to the transactions in reproductive body parts and reproductive

services made possible through the globalization of NRTs on the one hand and information and communication technologies (including the Internet) on the other.

## LOCAL AND GLOBAL TRANSACTIONS IN REPRODUCTIVE BODY PARTS AND REPRODUCTIVE SERVICES

In order to understand the global transactions in reproductive body parts and reproductive services, some distinctive features of globalization in general are highlighted here. Globalization is a process that is changing the nature of human interaction across a wide range of spheres (economic, political, sociocultural, etc.). Most prominent is the erosion of boundaries of time, space and knowledge hitherto separating individuals and societies; however, increasingly other types of boundaries that have defined human experience, temporal (e.g. instantaneous communication) and cognitive (e.g. cultural beliefs, academic disciplines) are being changed. It is marked in particular by transnational capital and trade liberalization. Neoliberal economic policies facilitate the globalization of technologies (through the import of high-tech equipment) and ideas (through the global electronic media, including satellite television), also made possible by faster modes of transport of goods, persons (through aviation) and knowledge (through the Internet).

The global development of capitalism is nothing new, but what characterizes its most recent phase is the 'cultural convergence' of cultures and lifestyles around the world in the societies it impacts. Although, the market is the primary motor of globalization, its implications are not limited to the commercial arena alone. In the field of biological reproduction, globalization – understood as the rapid growth of global capitalism – has brought in its wake an extension of consumer culture creating 'new regimes of consumption'. Not only have women's whole bodies been thrown onto the world market (Truong, 2001; Wichterich, 2000) for trafficking, the human body and its parts (organs, tissues, cells) have been turned into commodities that are exchanged and traded (Kimbrell, 1993; Scheper-Hughes, 2000; Sharp, 2000). Initially confined to solid organs such as kidneys, livers and hearts, with the development and expanded use of IVF technology, the last decade of the 20th century saw this extended to reproductive body parts, such as sperm, ova and embryos, which have become discrete entities – commodities that can be donated or traded, by individuals themselves as well as infertility specialists, IVF brokers, etc., for profit. There is an unregulated trade in body parts and fertility tourism within and across countries; in particular, increasing access to the Internet has contributed immensely to the trade's further proliferation. Several centres all over the world, mainly in the US and

Europe, but also in India, are profiting from the 'fertility business', including the commercial transactions in reproductive body parts.

Globalization involves an interaction between economic and cultural factors whereby changes in production and consumption factors can be seen as producing new shared identities. High-tech reproductive technologies are available in many developing countries, too. Not only Indian infertile couples but those from neighbouring South Asian countries as well as the Middle East throng Indian infertility clinics where they can avail themselves of the latest technologies for assisted reproduction including IVF and intra cytoplasmic sperm injection. The last decade saw the number of service providers in this field increase dramatically, proliferating beyond the metropolitan cities.[3] In 1999, a popular Indian weekly carried the story of an Indian woman in a village in Gujarat who acted as a surrogate for a German couple.[4] In January 2003, an Indian grandmother in a small town in Gujarat acted as a surrogate and gave birth to twins for her own London-based daughter and son-in-law.[5] Earlier, similar cases of grandmothers acting as surrogates and giving birth to their own grandchildren were reported from South Africa and the US.

With the help of reproductive scientists and gynaecologists, women now assert their rights to their eggs and embryos and sperm of their (living or even deceased) partners. With the aid of information technology they trade in their own eggs and embryos and those of other women on the Internet. In the US, female university students use the Internet to sell their eggs and surrogacy services to pay their way through university. Karla Momberger (2000: 1–2; 32), a graduate student at Columbia law school, relates her story: 'I began my feminist/activist career trying to escape the confines of my body, and that now I take refuge in the solid reality of me-ness that my body brings. . . . I donated ova to pay for law school. That's what I did. I am the mythical $50,000 woman. My finishing law school and becoming a lawyer depended, quite literally, on my body and how much it is worth.'

Also, specialized agencies mediate between infertile women and potential 'egg donors' (primarily college girls recruited through advertisements on college noticeboards and the Internet) to choose from, with photos and complete profiles regarding IQ and other characteristics. However, attempts to set up commercial surrogacy bureaus have been largely unsuccessful in most Western European countries, including the UK, due to restrictive legislation, where also the sale of human gametes is banned by law.

In India, on the other hand, egg donors are usually younger sisters, cousins and sisters-in-law, although according to the guidelines issued by the Indian Council of Medical Research in December 2004, this is to be banned, which is likely to increase trade in eggs and embryos. Some clinics also run egg-sharing programmes where anonymous egg donors

receive some compensation for their treatment costs from the couple they have donated to. In the Netherlands, where commercial egg donation and surrogacy are banned, IVF clinics at hospitals run egg-sharing programmes. Egg donors are generally friends and acquaintances. However, more recently it has come to light that Dutch infertile women are travelling to Spain for eggs donated by university students.[6] Since July 2003, Baby Donors, an Amsterdam-based company, claiming to be the first in Europe, has been advertising its services on its website, operationalized in September 2003. It offers to act as an intermediary for the sale of tailor-made, personalized sperm insemination and egg donor packages through the Internet.[7] It seeks entrepreneurs from around the world for franchising or joint venture partners at a licence fee of €5000. Taking advantage of loopholes in national legislation, such enterprises are able to operate in a particular country and take their business to another when their practices are outlawed in one.[8] While selling solid organs[9] is illegal in many countries, this is not always the case with egg selling, or surrogacy, whether for commercial or altruistic motives. The Internet as marketplace makes legislation even more difficult, if not impossible. Women operate on this marketplace both as buyers and sellers.

## CAN THERE BE COMMON GENDER INTERESTS?

While the forces of globalization have repositioned women in new systems of inequality, among themselves as well as vis-a-vis men, can there be common gender interests? Mohanty (2003b: 7) spells out the requirements for transnational feminism in our times. It must, she argues, be based on a 'politics of solidarity' – one that comprises 'mutuality, accountability, and the recognition of common interests as the basis for relationships among diverse communities'. Can the need of infertile women for donor eggs or surrogacy services and the financial need of women that drives them to offer the same, thus creating a relationship of mutual dependency, be a basis for mutual solidarity? Should we view these cases as examples of women's agency, self-determination and solidarity, of 'global sisterhood' between the fertile/infertile, first world/third world, rich/poor and support them? If only things were that simple!

Women who 'donate' their eggs to non-related recipients may profess acting out of altruistic motives, such as 'giving the gift of life' to infertile women. However, they do it for a fee – €600 are paid to Spanish students who are egg donors and US$6000–10,000 to students in the US; therefore, to call it 'donation' is a misnomer. Thanks to women willing to sell their eggs or rent their wombs as surrogates, helping infertile women has become a thriving global business. A whole range of professionals – such

as infertility specialists, psychologists, lawyers, middlemen – also profit from it.

The transfer of reproductive materials is, at several levels, a market transaction. While not all individual practitioners may be motivated by profit, entities and actors operate within a market that spans many sectors of production including biomedical engineering firms, multinational pharmaceutical companies, research institutes and hospitals. IVF is a big 'money-spinner', being the basis for a wide range of research products, genetic and hormonal, that contribute to the growing multinational drug and genetic industries (Steinberg, 1997). Women undergoing IVF provide the raw material in the form of embryos for research in stem cells and human cloning; not to forget that it is they who are hyperovulated to obtain multiple eggs used for 'donation' to infertile couples as well as for research. The process of surplus production (normally only one egg matures during a woman's monthly cycle, whereas through hyperstimulation as many as 30 eggs can be matured) and its linkages to (global) capital as well as to asymmetrical gender, class and other power systems remain underexposed. This is particularly so with egg selling and surrogacy. Within global capitalism women's cheap labour is not only used to produce for the world market, but also to 'reproduce' for the world market.

Some feminists see surrogacy as valorizing women's 'labour' as otherwise it is done 'for free'. Lori Andrews (quoted in Mies, 1988) and some others argue for a liberalization of almost all laws that stand in the way of full-fledged commercialization of reproduction. They do this on the basis of women's right to self-determination over their own bodies, and as long as women do it knowingly and voluntarily. Mies, however, sees this position as an ideological legitimization for the new reproduction industry, a new 'growth industry' for the production of children, which in its greed for maximization of profit has to do away with the integrity of the individual. Within this 'supermarket of reproductive alternatives', a whole person is reduced to saleable and disposable parts. In the ensuing market relationships, women are objects of use and children are created as products. The right to choose is reduced to a right to consume. Neoliberal ideologies play a significant role in constructing choice in terms of individualism and consumerism.

It is debatable whether women are choosing freely to become surrogates, or that their will is socially and economically constructed. It is clear from the profiles of women who act as surrogates and those who are the commissioning parties that the two are not equals. Women do not have the same opportunities as men for making money. Usually women with a low education, low or no income (e.g. students), or in low-paying, low-status jobs, choose to become surrogates. From infancy women are socialized to be self-sacrificing, please others, and put others' needs above their

own, and made to believe that childbearing is the most valued activity they can engage in. In surrogacy, they can combine this idea of benefit to others while at the same time fulfilling their 'natural' function in life – bearing children. Surrogate motherhood 'is a curious *ad hoc* compromise of biological and social connection which conforms to no principle whatsoever, but merely serves the interests of whoever possesses the economic and social power to turn generative capacities, technological innovations and economic advantages to their own personal use' (Dworkin, 1983, quoted in Williams, 1986: 22). Surrogacy is exploitative, alienated labour, exploiting women as 'breeder women' (Corea, 1985). Women are being encouraged to treat their bodies and body parts as commodities for consumption, thus extending the market relationships. Many women, who, like Momberger, are brought up to be subservient to others, have come to see themselves as having the right to do as they wish with their bodies. To them the possibility of selling their eggs or renting their wombs seems like an act of empowerment.

## DILEMMAS AROUND CHOICE AND SELF-DETERMINATION

From the credo 'our bodies, our selves' popularized by the Boston Health Book Collective in the 1970s there has been a shift to 'my body, my body parts' since the 1980s. 'Choice' and 'self-determination' were key concepts during the second feminist wave. Now, these terms are also used indiscriminately by service providers to justify women's right to sell their eggs and embryos or rent their uterus, just as they are used as a justification to provide sex-determination tests followed by abortion of the 'unwanted' female foetus in the name of 'family balancing'. While the contraceptive pill is said to have ushered in the first sexual revolution, assisted reproduction technologies have been responsible for the second sexual revolution. But problems with the tenet 'a woman's right to control her body' soon arise. If a woman can use the pill to postpone pregnancy, why should it be a problem if she wants her embryos frozen to be implanted in her at a time more convenient to her? So, how far does the right of self-determination regarding one's body go? May the capacity to reproduce be turned into earning money by selling or renting one's body parts?

The 'Baby M'[10] case brought out the dilemmas inherent in the language of control that made it difficult to come out with 'the' feminist response. Women's use of assisted reproduction technologies can be considered as a means of escaping the constraints of the 'given'. Some feminists see this as a part of the pro-choice extension of the right to self-determination over their own bodies; they believe women can use these technologies to their own advantage, and to break the traditional heterosexual patriarchal structure of the family, for instance by lesbian women using donor

insemination to fulfil their desire for a child. They accuse feminists who oppose technological reproduction of portraying women as helpless victims incapable of making decisions in their own interest, and of undermining women's rights. The enormous stigma related to infertility compels women themselves to use the latest technologies (including donor ova or surrogacy) as part of strategies in their own interest, as ethnographies on infertility demonstrate (Becker, 2000; Inhorn and van Balen, 2002). Similarly, there are women who sell their ova or surrogacy services voluntarily. Depending on the kind of surrogacy used, some even profess non-monetary motivations, such as experiencing the pleasures of pregnancy for themselves and the fulfilled desire for a child for the commissioning couple (Ragoné, 1994). These women apparently do not see themselves as 'objects' and 'victims' or even 'cultural dopes', but as acting as 'knowing subjects' and exerting their 'agency', to borrow metaphors from Kathy Davis's (1995) work on women undergoing cosmetic surgery.

## ETHICAL UNIVERSALS AND TRANSNATIONAL FEMINISMS

Transnational feminist analyses and practices require an acknowledgement of the fact that one's privileges in the world-system are always linked to another woman's oppression or exploitation. This implies that the perpetual inequalities between women produced by their location in the world-system in themselves foreclose the possibility of solidarity (Grewal and Kaplan, 1994). Transnational feminist practices require comparative work rather than the relativistic thinking of 'differences' undertaken by proponents of 'global feminism'; that is, to compare multiple, overlapping and discrete oppressions rather than to construct a theory of hegemonic oppression under a unified category of gender. Amrita Basu (1995), too, has shown the importance of attending to 'local feminisms' instead, even if the cost of doing so means abandoning hopes for a 'master theory' of gender or a unified feminist agenda. Mohanty (2003b: 250) is more optimistic, and believes that 'global capitalism' both destroys the possibilities [for a transnational feminist practice] and also offers up new ones'. She suggests the thorough embeddedness of the local and the particular within the global and the universal, and envisions a feminism without borders to address the injustices of global capitalism.

The challenges posed by new socioeconomic and political developments in a globalized world constantly require new responses and new strategies at a practical level; at an analytical level, they require re-examining old concepts and theoretical paradigms and developing new ones. Mohanty (2003a: 518) suggests that a 'comparative feminist studies' or 'feminist solidarity' model is the most useful and productive pedagogical

strategy for feminist cross-cultural work. 'It is through this model that we can put into practice the idea of "common difference" as the basis for deeper solidarity across differences and unequal power relations.'

It is apparent that there is an urgent need for a redefined feminist engagement with reproductive politics encompassing the issue of repercussions of the trade in artificial reproduction technologies for the health and integrity of individual women and men and their offspring. While multi-sited ethnographic research at the local level is absolutely necessary, it is worthwhile to analyse the data also in a cross-cultural comparative perspective. Whether as producers (of consumer goods as well as ova), or as consumers, women are co-implicated in the capitalist global economy that needs women and yet marginalizes women's labour both as producers and reproducers in search of profit. Due to globalization, the implementation of transnational ethics and legislation, so that procedures and practices banned in one country may not be available in another, becomes imperative, though it may prove difficult. Perhaps transnational solidarity on this issue could also be based on the concept of bioethics – that some things are integral to a human being and should not be for sale – whether it is solid organs taken from impoverished individuals, or ova, embryos, semen, cells and genes – and to prevent the excesses of the market.

Acknowledging local and contextual knowledges, and realities in diverse cultures as essential should not prevent us from thinking transnationally. A shared common goal of commitment to enhancing women's health and well-being across the globe requires a moral framework that values individuals as ends in themselves and not as tools. By dehumanizing their body and treating it as a machine, thereby reducing human reproduction to a mere production process, as in surrogacy, women's capacity for moral self-development is undermined (Tao, 2004). We need to call upon universal moral values, ethical universals, global ethics, terms used within (feminist) bioethics discourses (Dickenson, 2004; Donchin, 2004), which encompass individual rights claims but go beyond the narrow focus of individualism and autonomy for the protection of women's self-respect and human dignity. I see this as an ongoing challenge not only for reproductive rights activists and feminist scholars, but also for transnational feminisms.

## NOTES

The research on the transaction in body parts for this article was conducted within a research project, 'Body Parts, Property and Gender', funded by a grant from the Netherlands Foundation for the Advancement of Tropical Research (NWO-WOTRO), project number WB 52–871 during my affiliation as postdoctoral researcher at Leiden University Medical Centre. I am extremely grateful to Professor Dr Annemiek Richters, Leiden University Medical Centre, Department

of Culture, Health and Illness, for comments and suggestions on earlier drafts of this article and to Professor Dr Indu Agnihotri, Centre for Women's Development Studies, New Delhi, for her input. I also thank the anonymous reviewers for their sharp comments and suggestions.

This article is a revised version of my presentation at the conference 'Passing on Feminism' held to commemorate the 10th anniversary of the *European Journal of Women's Studies*, Belle van Zuylen Institute, Amsterdam, 23 January 2004.

1. See Thompson (2002) for an excellent historical overview of feminist debates on infertility.
2. The adverse effects of fertility drugs include hyperstimulation of ovaries and tubes, which can even be fatal, as well as long-term risks such as cancer of the reproductive organs and multiple births. The latter can be risky for the mother and a cause of morbidity in the children born.
3. In 1990, there were just about a dozen centres; in January 2003, the Indian Society for Assisted Reproduction listed 186 members.
4. Anosh Malekar, 'Carrying for her Kids', *The Week*, 30 May 1999, Cochin, India.
5. *Nation Feature*, 18 February 2004.
6. Mariël Croon, 'Vrouw voor donor eicel naar Spanje', *NRC Handelsblad*, 25 July 2004.
7. www.babydonors.com (accessed November 2003).
8. *De Volkskrant*, 25 September 2003.
9. By 'solid organ' is meant those internal organs including the heart, liver, kidneys and lungs that have an anatomical boundary in contrast to blood, bone marrow and so on.
10. This refers to Baby Melissa, born to a surrogate mother who refused to hand over the child to the commissioning couple, but was ultimately forced to do so, on the basis of the contract she had signed earlier.

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