Method

This chapter describes in detail research design used for the study. It involves a description of the research approach chosen and its fit with the research questions, the research setting and the role of the researcher, sampling techniques, methods of generating and handling of the data, methods of data analysis and ensuring quality, and ethical considerations during research.

Research Genre

The social sciences discipline has perfected several approaches to doing research over the years. Contemporary social scientists avail a variety of clearly defined distinctive research approaches to choose from, although with an increased responsibility to justify suitability of the chosen approach to the research questions. This section explicates reasons for selecting ethnographic approach within the qualitative tradition for this study.

Qualitative research tradition has come to an age, gaining popularity in diverse disciplines. Creswell (2007) and Maxwell (2005) note distinct strengths of the qualitative research as its inductive and emergent nature, direct contact with the participants embedded in their natural settings, multiple forms of making data that unravel emic perspectives, and exploration of the factors and interconnections among them to aid holistic understanding of the issue under study. These features are of immense value when a specific group of people is of interest to the study and to explore issues concerning gender, culture, and marginalised populations. Qualitative research aids study of the phenomena that are relatively underexplored wherein identification and measurement of the operating variables is difficult using structured, standardised tools in quantitative research. It is increasingly utilised to address practical issues associated with peoples' lives that are often engulfed with emotions

(Creswell, 2007). A qualitative research approach deemed best suited to meet the goal of understanding experiences of surrogate mothers for the following reasons:

- Though ethical dilemmas associated with the practice of surrogacy have evoked attention of media, feminist groups and legal scholars, limited empirical data is available on the issue in the Indian context. Inductive nature of qualitative enquiry was thus beneficial for the study.

- A context specific approach was essential to capture women's subjective interpretations/ 'meaning making' associated with behaviours they engaged in.

- Process oriented nature of the qualitative research facilitated the study of the issues linked with the exercise of psychological agency by the surrogate mothers.

Narrative research, phenomenology, grounded theory, ethnography, and case study are the five distinct approaches to doing qualitative research (Creswell, 2007) of which, the ethnographic approach was adopted for this study.

Ethnographic Approach

Ethnography is a naturalistic approach to a social inquiry involving the study of social phenomena in a naturally occurring group. It aims at developing a holistic understanding of the group being studied. The focus is on identifying a set pattern of values, beliefs, behaviours, and language among its members and meanings group members attach to it (Creswell, 2007). In order to achieve this goal, ethnography requires immersion of researcher in the field for an extended period and thus is a personalised exercise often referred as 'participation' or 'field work'. Gobo (2008) highlighted that though terms ethnography, fieldwork, and participation are used interchangeably, ethnography needs to be understood as a methodology with a distinctive philosophical base and fieldwork and participation constitute the

researcher roles that facilitate the collection of data using varied methods.

Ethnographer typically relies on the use of several methods to make sense of everyday

realities of the group which often include field observations and interviews.

Ethnographic research is especially suited to investigate less understood phenomena

or behaviours as well as to attain an 'emic' perspective on the issues of interest.

Though historically this meant the use of ethnography to study small, traditional and

culturally isolated societies, the scope of contemporary ethnography has expanded to

study 'communities of interest' (Angrosino, 2007). This means that ethnographic

approach is no longer restricted to the study of an enduring group within a physical

setting. It can as well be used to study people who have experienced a common

phenomenon of interest and such people may or may not interact regularly. An

ethnographic approach was ideal to meet aims of this study as:

- The practice of surrogacy using biotechnology is rising in India and awareness about psycho-social experiences of surrogate mothers is fairly limited. The novelty of research phenomenon was addressed using ethnographic approach equipped to investigate groups apart from the mainstream and less studied social issues and behaviours.

- Participation in surrogacy required surrogate mothers to live in the geographical boundaries of the ART clinic/ surrogate hostels for a year or more as they went through the surrogacy regimen. While surrogate mothers were separated from their families for the period of surrogacy, shared living with fellow surrogate mothers and close contact with medical professionals, albeit temporary in nature, created a community with its own distinct ideologies, shared beliefs, practices, and language. Thus, the ethnographic approach was used to capture the essence of this 'community of interest'.

- Application of ethnographic approach ensured generation of data from the perspectives of insiders which was deemed valuable to develop insights into policy formation.

Ethnography as a research approach has been adopted by several disciplines over the years and thus varied understandings of the term are currently prevalent (Gobo, 2008). Irrespective of such variations, Angrosino (2007) identified core features of the ethnography as:

- interest in understanding a specific social setting and the everyday lives of its members, often achieved through close observations of routine behaviours and elaborate interactions with members

- careful attention paid to the process of seeking entry in the setting, building trust, and taking up a 'role' in the field

In line with the views expressed by Gobo (2008) and Angrosino (2007), the term 'ethnography' is conceived as a 'methodology' and not merely a 'method' for this study. Based on this specific understanding of the ethnographic approach, detailed descriptions of the research setting, the process of gaining access, and the participant role adopted by the researcher are in order.

The setting/ field. Sites for the ethnographic study are selected such that the issue ethnographer intends to study is most likely to be seen in a reasonably clear fashion (Creswell, 2007). This study, aimed at unravelling the experiences of surrogate mothers, was therefore situated in Gujarat widely recognised as the 'surrogacy hub' in India (Chang, 2009). Seven clinics in Gujarat which claimed on their website to offer surrogacy services were identified through desktop research as probable sites for the study. With support from the Women's Studies Research Centre at the M.S. University of Baroda, each of these clinics was telephonically contacted to

tap the willingness of medical practitioners for a preliminary interview about surrogacy practice at their clinic. An ART clinic situated in Anand and three ART clinics in Ahmedabad accepted the request and a medical practitioner providing surrogacy services (M.D., Gynaecologist, Obstetrician & IVF specialists) at each of these four clinics were interviewed in person using a semi-structured interview guide (See Appendix B). These preliminary interviews revealed that the clinics differed on the nature of surrogacy cases they undertook as domestic and/or transnational. The surrogacy programmes at all these clinics primarily involved as surrogate mothers women unknown to the commissioning parents with few exceptions. At the clinic based in Anand, institutionalisation during surrogacy was mandatory for the surrogate mothers while clinics based in Ahmedabad reported that alternative stay arrangements for the surrogate mothers during surrogacy were facilitated upon request either from the surrogate mother or commissioning parents.

Permission to research sensitive issues can be especially challenging to seek, but contrary to my apprehensions, request to study experiences of surrogate mothers was well received by the medical practitioners. When briefed about this study, medical practitioners expressed willingness to provide access to the surrogate mothers however anticipated challenges. One of the clinics based in Ahmedabad reported conducting less than 10 surrogacies in a year. A medical practitioner from another Ahmedabad based clinic offered conditional access stating that all the interviews with the surrogate mothers could be conducted in the presence of a medical practitioner. The third clinic in Ahmedabad expressed willingness to support the study but stated that recruiting surrogate mothers could be especially difficult as the clinic did not provide living facility to the surrogate mothers unless requested. The practitioner anticipated that in the context of the stigma associated with surrogacy women were

less likely to cooperate when approached for an interview in the community setting; however, women could be interviewed when they visited the clinic for health check-ups.

The clinic in Anand was purposively selected for the study based on the high number of the surrogacy cases it handled, both domestic and transnational (Times of India, 2015). Interview with the medical practitioner at the Anand based clinic revealed that the clinic had handled a maximum number of domestic as well as transnational surrogacy services since its inception compared to rest of the three ART clinics in Ahmedabad. The clinic institutionalised surrogate mothers during surrogacy and thus could provide direct access to a 'hidden population' which would have been otherwise difficult to approach due to the stigma associated with surrogacy. Medical practitioner expressed willingness to provide access to the surrogate mothers when briefed about this study during the preliminary interview. A formal request seeking cooperation for the study along with a brief concept note was then sent to the clinic officially and was reciprocated.

Entering the field and gaining access. In ethnographic research, gaining access to the field is not a one-time exercise; instead, access is negotiated and renegotiated at multiple levels of the research project (Gobo, 2008). For this study, gaining access to the field was a cyclic process at two levels, that of the settings and the individuals (Figure 7). Official permission from the infertility specialist to conduct research was the stepping stone for my fieldwork. Personnel from infertility clinic directed me to the 'surrogate house' located at about 3 km distance from the clinic in a residential housing colony and comprised two adjoined duplex flats with multiple rooms.
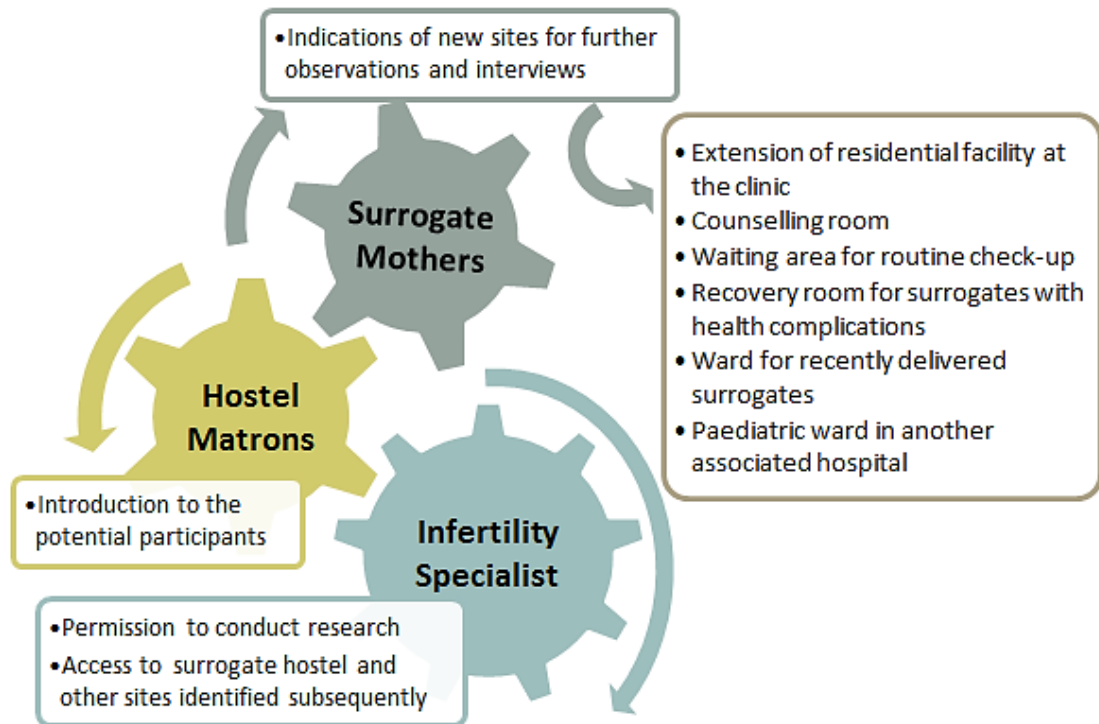
Figure 7. **Process of gaining access.**

Each surrogate hostel had in-charge matron to care for the surrogate mothers. It was important to build rapport with the hostel matrons and brief them about research as they were the 'gate keepers' at the surrogate hostels. Their assistance was crucial for my portrayal as a trustworthy researcher in the context of the stigma associated with surrogacy and further to aid data collection process. I approached matron for each of the hostels individually and showed them permission letter to conduct research provided by the ART clinic. I briefly explained them aims of the study and my intention to observe routine life at the surrogate hostel for about 10-12 months and to interview them and the surrogate mothers. Response from both the matrons was varied, accommodative and restrained respectively, which had specific implications for the study. At one of the hostels, matron was cooperative and took initiative to introduce me with the surrogate mothers. She informed the surrogate mothers that I had acquired necessary permission from the clinic for conducting interviews with them and urged them to participate in the study.

The matron introduced me to an experienced surrogate mother who was in her last trimester of second surrogacy for the pilot interview. It is important to acknowledge here that without the involvement of the matron the surrogate mother could have possibly denied participation in the pilot interview. In order to prevent such pressure, even if positive, for participation in the study I spent an initial month in befriending the surrogate mothers. The second pilot interview was conducted only when surrogate mothers got accustomed to my presence at the hostel and one of them approached me asking when I would finally begin to interview them. As my relationship with the women I studied deepened, women I interviewed assumed greater responsibility to identify and even convince suitable participants for the study so as to cover the broadest range surrogacy experiences possible. I often discussed my sampling challenges with them, for example searching for negative cases and women with extreme experiences, which would have been impossible for me to identify without their support. The women I interviewed gradually replaced the matron as 'key informants' as the study progressed. Special efforts to ensure the free will of the surrogate mothers to participate in research were made for all the subsequent interviews by repetitively stressing to the surrogate mothers that participation in research was voluntary. Restrained outlook of the matron from second hostel made recruitment of surrogate mothers challenging task. The matron expressed dissatisfaction about the frequent presence of researchers and media representatives at the hostels and refused to introduce me with the surrogates. Overt non-cooperation of the matron slowed down rapport building with the women and consequently fewer surrogate mothers from the second hostel participated in the research.

Initial observational and interview data and casual conversations with the surrogate mothers provided clues for new relevant sites for further data collection as

listed in Figure 7. Access to newly identified sites was renegotiated with the infertility specialists, though entry was often facilitated by the informal friendly network I had established with the clinic staff, hostel matrons, and the surrogate mothers during regular fieldwork. Detailed descriptions of the formation of such informal networks as a result of the participant role I adopted in the field is described next which is also termed as gaining 'social access' by Gobo (2008).

The participant role. Participant observation is the hallmark of ethnographic research methods and often requires the researcher to take up a participant role in the field. Contrary to popular understanding of participant observation as a 'method' of data collection, Angrosino (2007) clarifies that, "Participant observation is not in itself a 'method' of research - it is the behavioural context out of which an ethnographer uses defined techniques to collect data (p. 17)". The 'behavioural context' Angrosino refers to is also commonly known as 'the participant role'. The researcher is considered as an 'instrument' of the ethnography and is immersed in the realities of people she studies by becoming a participant. Angrosino (2007) further distinguishes the participant role in ethnography on a continuum of participation as one of the four types described in Figure 8. At one end of the continuum is the role of researcher as a 'complete observer', detached from the subjects with a neutral attitude and making covert observations. At the other extreme of the continuum lies 'complete participant' role where the researcher is fully absorbed in the community she studies and may not be known as a researcher. For this study, I adopted the role 'Participant-as-Observer', wherein, I was completely immersed in the field to observe daily routines of surrogate mothers and was known to them as conducting research with prior permission and their consent. My relationship with the women I studied was dual as much a friend as a researcher.
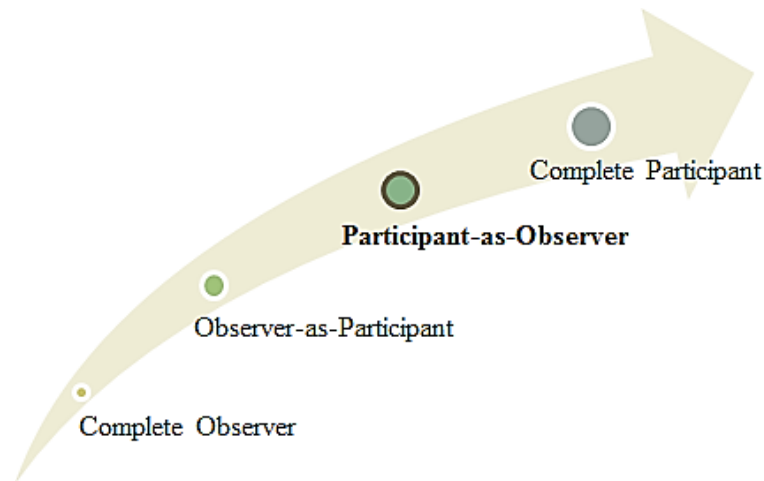
Figure 8. **Continuum of participant role in ethnographic research.**

Participant role in ethnographic research needs to be carefully planned. Researcher engaging in an intensive participant role often requires to blend in with the 'community of interest' by adopting culture specific rules of conduct and at times modifying personal appearance to meet the cultural norms. Personal attributes like gender and marital status can at times work to the advantage of the researcher through deliberate planning (Dubey, 2001).

Surrogacy being a stigmatised form of work in India was largely a secretive endeavour for women. In this context, winning the trust of the women was crucial for their participation in the study. I carefully managed my identity as a married woman wearing cultural symbols of 'mangal sutra', 'bindi', and traditional clothing. It was especially crucial to establish an identity of a married woman for being considered a mature member of the society with whom one could talk about intimate issues associated with family, marriage, sexuality and reproduction. My personal characteristics including my age, gender, and marital status helped me to establish friendly ties with the women I studied and win their trust.

In the initial months of my fieldwork, I introduced self and my research interests to the surrogate mothers at the surrogate house using a consent form

(Appendix C) in small groups and to anyone else who expressed interest in my presence. I spent time getting to know the setting, identifying boundaries for my free movement especially at the clinic, identifying key-contact persons, befriending surrogate mothers and matrons at the houses as well as receptionists, nurses and doctors at the infertility clinic. This involved engaging in casual talks with several people, asking them questions pertinent to plan my fieldwork, participating in the daily routines of the surrogate mothers like cleaning vegetables for cooking and eating lunch with them regularly, participating in their leisure activities, and a lot of self-disclosure. Women I interacted with were often curious to know my personal life and asked me several questions about my marriage and family. Consequently, my interactions with the women involved a great deal of self-disclosure wherein I shared with them my marrying by choice outside my caste, living away from my spouse for pursuing studies and meeting him only fortnightly and delaying child-bearing. The women drew parallels between their transgression of social norms by the way of participation in surrogacy and mine through a long distance marriage and delayed motherhood. They also found similarity in their separation from their spouse for surrogacy and mine for studies. This common thread helped us relate with each other. As we grew increasingly familiar, young surrogate mothers occasionally teased me asking intimate questions about my sexuality and a couple of them shared their experiences of intimate relationship, sexual stifling they experienced during institutionalisation for surrogacy and worries over the infidelity of their spouse. One of the women offered to become a surrogate mother for me should I need to opt for surrogacy. Children of some older women I interacted with were pursuing a college education and shared that their children too were involved in field based assignments and projects as a part of their studies. These women were happy to help me in my

research and identified suitable women for interviews so as to capture a diverse range of women's experiences.

As research progressed in the following months, I also served as a link between the surrogate house and the external world for the surrogate mothers. Women often mentioned missing their families, home cooked food, and experienced restriction over mobility. I then acted as a messenger for them to pass on messages to their friends residing at the clinic, answer their questions about their friend's delivery/ well-being to my best knowledge, accompanied them to the clinic for their regular checkups, and allowed them to use my personal phone at rare occasions when required. I occasionally cooked for them food they craved to eat and did external chores for them like buying things from nearby stores when they could not venture out themselves. At the later stages of my fieldwork, when I discovered a recovery room for the surrogate mothers suffering health complications as a new site for data collection, my participant role also involved providing emotional support and comforting the surrogate mothers experiencing especially difficult circumstances like health complications and miscarriages. Thus, establishing a 'participant-as-observer' role was a continuous process - both planned and spontaneous - that established my credibility not only as a researcher but also a trustworthy person which greatly aided and shaped the research process.

Sampling

A dilemma in designing qualitative research is to determine the extent of pre-structure a researcher may accord to the methods and Maxwell (2005) advocates pre-structuring, especially for the novices. Miles and Huberman (1994) acknowledge that regardless of the extent of pre-structure, design decisions are almost always revised in qualitative research.

Sampling parameters. Sampling decisions become a crucial aspect of the research design early on and can be described as delimiting the sampling parameters in terms of settings, actors, events, and processes that form the focus of the study (Figure 9) based on the conceptual framework and the research questions. The choice of settings, people, and events was largely based on the observations and interactions made during fieldwork.

Settings
- ART Clinic
- Surrogate Hostels
- Pediatric Ward
- Recovery Room

People
- Medical Practitioners
- Surrogate Mothers
- Agents
- Hostel Matrons
- Nannies

Events
- Counselling
- Pregnancy Report
- Ultrasounds
- Foetal Reduction
- Miscarriages
- Baby Shower
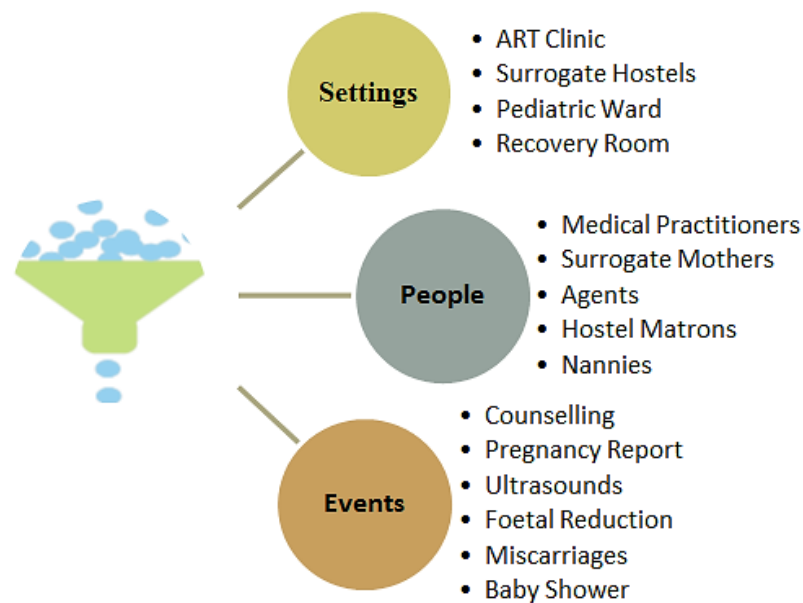
Figure 9. **Sampling parameters.**

I began fieldwork at the surrogate hostels and the ART clinic. A pediatric ward in an associated hospital nearby and a recovery room for the surrogate mothers experiencing health issues as sites for data collection were discovered later through my interactions with the surrogate mothers. Interviews with the surrogate mothers experiencing health issues and former surrogate mother who provided nanny services at the time of fieldwork were carried out at the later stages in the fieldwork. Observations for three of the events listed including intake counselling sessions with prospective surrogate mothers, ultrasound examinations during surrogate pregnancy and foetal reduction were pre-planned and five episodes were observed and recorded for each of these events. Opportunistic observations were made for the events like

sharing of the pregnancy test report with the surrogate mother, unfortunate incidences of miscarriages and the baby shower in the seventh month of pregnancy.

Sampling strategies. Hammersley and Atkinson (cited in Creswell, 2007) suggested that sampling decisions should be informed by an understanding of the 'chronological time in the social life of the group', demographic representation of the group being studied and circumstances that may lead to variation in behavioural patterns of its members. Chronological stages of surrogacy were therefore considered for sampling.

Table 2.

Stages of Surrogacy and Corresponding Contexts

Surrogacy Stages	Corresponding Contexts
Pre-pregnancy	First contact with the clinic, counselling, intake, first contact with commissioning parents, hormonal synchronisation, embryo transfer, pregnancy confirmation, failure to conceive
Trimester 1	Institutionalisation, restrictions over movement, medication, ultrasound examinations, foetal-reduction
Trimester 2	Adjustment at the hostel, medical check-ups, ultrasounds, miscarriages, experiences with commissioning parents
Trimester 3	Prolonged separation from family, health complications, child birth, expectations from commissioning parents
Post-birth	Relinquishment, reintegration with family, utilisation of income

The process of surrogacy could last for a few months to at least a year or more and the experiences of women were likely to differ based on the stages of surrogacy and corresponding contexts as specified in Table 1. Stratified purposive sampling was used as a primary rubric for data collection to cover women at different stages of

surrogacy along with a combination of other techniques including maximum variation, snowball, negative case, and opportunistic sampling.

Ethical considerations also shaped sampling decisions; it was difficult to interview women who had recently delivered and were in their phase of recovery often after a caesarean section surgery. Instead, interviewing women who were repeating surrogacy was a viable option that allowed exploration of the post-delivery experiences of the surrogate mothers. The inclusion of women repeating surrogacy gave scope to understand the impact of surrogacy on the socioeconomic and familial life of the surrogate mothers. Table 3 displays the emerged sampling distribution.

Table 3.

Emerged Sampling Distribution

Surrogate Mothers	First Timers	Repeaters	Total
Pre-conception	6	2	8
Trimester 1	7	4	11
Trimester 2	5[a]	2	7
Trimester 3	5	4	9
Post Delivery	3	3[b]	6
Totals	**26**	**15**	**41**

[a] Series of opportunistic interviews recorded as notes over four weeks for a woman
[b] A woman working as a nanny, last surrogacy completed two years prior to the interview

Methods of Generating and Handling Data

Triangulation of qualitative and quantitative data collection methods as well as primary and secondary data was specifically planned to understand the experiences of surrogate mothers from multiple vantage points.

Data collection methods. Data collection and record keeping strategies used are listed in Table 4.

Table 4.

Data Collection and Recording Methods

Data Collection Method	Methods of Record Keeping
1. In-depth Interviews	
A. ART practitioners	• Digital audio recording with prior consent
B. Surrogate Mothers	• Digital audio recording (n= 40) running notes (n = 1)
2. Background Information Survey	
A. Surrogate mothers	• Questionnaire
3. Observations	
A. Routine life at surrogacy hostels	• Field notes
B. Specific events	• Digital audio recording of
i. Counselling and intake	interactions with prior
ii. First contact with commissioning parents	permission where possible or
iii. Confirmation of pregnancy	• Field notes
iv. Foetal-reduction	
v. Ultrasound examinations	
C. Follow up of interviewed cases	• Field notes
4. Secondary Data	
i. Government of India open data base on the ART/Surrogacy visas issued	• Collection of archives
ii. Documentary Films/TV series episodes	
iii. News in print media	

Two medical practitioners at the clinic were interviewed using a structured questionnaire (Appendix B) in the preparatory phase of the study and later through casual interactions. A brief structured survey questionnaire was used to capture background details of the women (Appendix D). Qualitative data were generated using participant observations, planned observations of the specific event episodes,

semi-structured in-depth interviews with the surrogate mothers (Appendix E), casual conversations with surrogacy agents and hostel matrons, and brief opportunistic interactions with the family members of the surrogate mothers and a commissioning mother. In addition, archived materials like documentary films, TV series episodes, and newspaper publications were used as secondary data for analysis. Essentially, varied methods of data collection were used in parallel rather than in a sequential manner. The convergences and divergences produced by different sets of data were used to deepen the analysis.

   The procedure. Official permission to conduct research was received from the ART clinic in May 2012. The fieldwork lasted for ten months during June 2012 to March 2013. Every month on an average 15 – 20 days were spent in the field. A typical field day lasted for roughly five to seven hours and required approximately three hours of additional travelling from Vadodara to Anand and back. The geographical distance between various field sites, the clinic, the surrogacy hostels and the pediatric ward in an associated hospital – at times posed navigation challenges. Analysis began early during fieldwork and balance of emic and etic perspectives was central to the analytic process. It involved regularly maintaining detailed reflective and analytical filed notes, repeated listening of recorded interviews, and reading and re-reading interview transcripts and the field notes. This regular reflective process guided crucial research decisions of sampling and continuous tightening of the research focus.

   Figure 10 displays details of the fieldwork and synergetic processes of the data collection and the analysis. The period of fieldwork can be roughly organised into three overlapping phases of preparation, exploration and synthesis followed by closure. The demarcation in the figure is only for the representational purposes. The

first three months of the fieldwork could roughly be viewed as a preparatory phase of this study wherein primary goal was getting accustomed to the field and determining the research focus.
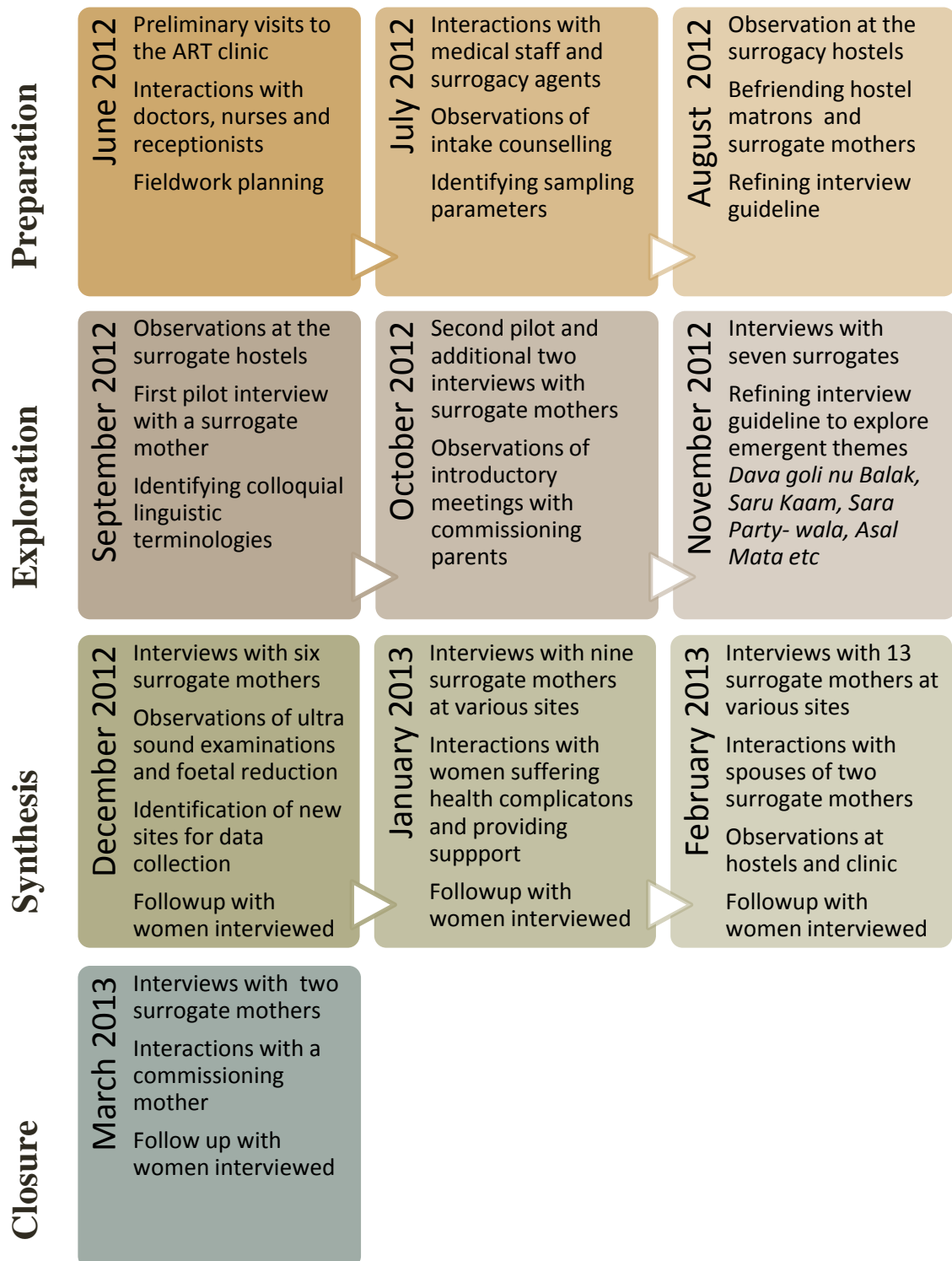
Preparation	**June 2012**	Preliminary visits to the ART clinic Interactions with doctors, nurses and receptionists Fieldwork planning	**July 2012**	Interactions with medical staff and surrogacy agents Observations of intake counselling Identifying sampling parameters	**August 2012**	Observation at the surrogacy hostels Befriending hostel matrons and surrogate mothers Refining interview guideline
Exploration	**September 2012**	Observations at the surrogate hostels First pilot interview with a surrogate mother Identifying colloquial linguistic terminologies	**October 2012**	Second pilot and additional two interviews with surrogate mothers Observations of introductory meetings with commissioning parents	**November 2012**	Interviews with seven surrogates Refining interview guideline to explore emergent themes *Dava goli nu Balak, Saru Kaam, Sara Party- wala, Asal Mata etc*
Synthesis	**December 2012**	Interviews with six surrogate mothers Observations of ultra sound examinations and foetal reduction Identification of new sites for data collection Followup with women interviewed	**January 2013**	Interviews with nine surrogate mothers at various sites Interactions with women suffering health complicatons and providing suppport Followup with women interviewed	**February 2013**	Interviews with 13 surrogate mothers at various sites Interactions with spouses of two surrogate mothers Observations at hostels and clinic Followup with women interviewed
Closure	**March 2013**	Interviews with two surrogate mothers Interactions with a commissioning mother Follow up with women interviewed				

Figure 10. **Fieldwork details.**

The following three months could be viewed as an exploratory phase wherein pilot interviews were conducted with two surrogate mothers. These initial interviews helped to gain insights into the terminologies women used and helped me modify my interview guide. Other than these usual benefits, pilot interviews also worked as a demonstration of what it is like to participate in research for the other surrogate mothers observing on going pilot interviews. The idea of an interview as a free flowing conversation in some respects similar to the casual talks I had with women seemed comforting to them and paved my way for further interviewing.

Informed consent form (Appendix C) was first explained in small groups to orient women to the research and once again individually prior to the interview. The consent form detailed out the purpose of the study, what participation in the study involved, rights of the women during participation, and protection and usage of the data gathered. Women understood the meaning of research consent and related it to the consent they signed with medical practitioners for participation in the surrogacy. They, in particular, were interested in knowing how I planned to use the audio recordings, whether I will be sharing it with other people, was I planning to write anything about them in newspapers and would I reveal their real names. I took considerable time explaining to them how I planned to manage and use the information they shared with me, showed them dummy transcripts with pseudo names and assured them that the data will be kept confidential.

Interviews would often stem from informal interactions/general talk I had with the women, where women asked me, "Who do you plan to interview today?" or even came up with suggestions about whom I should interview and why. In addition, a few women also approached me upfront requesting me to interview them. I asked women about their preference for the interview setting – whether they would like to step out

of their shared rooms in the open space or would prefer lying in bed while they engaged in intense conversation with me, whether they would like other surrogate mothers to move out of the shared room or preferred interacting with me in the presence of their fellow surrogate room-mates. The setting was decided based on the preferences of women. Most of the interviews were conducted in the quiet afternoons when surrogate mothers had a post lunch siesta. This offered considerable privacy during interviews despite shared rooms. More often than not, women were fairly cooperative and chose to vacate the room during on-going interviews. In a couple of cases, women preferred giving interviews in the presence of their close fellow surrogate friend.

I began interviews by collecting background information about the surrogate mothers using structured questionnaire and later used the interview guideline to conduct in-depth interviews. On an average, in-depth interviews with the surrogate mothers lasted for one to one and half hour. Interviews were conducted either in Gujarati or Hindi as per the preference of the participants. My proficiency in Gujarati greatly aided the interviewing process as for most of the women it was the preferred language. Interviews were transcribed and changes in the tone of voice, force of the statements made, moments of silence/pauses and laughter were noted in the transcripts. Initial data gathered was used for identification of the emergent themes and patterns, to arrive at preliminary findings and for continuous refinement of the research focus. As suggested by Creswell (2007) the interview guideline was continuously revised based on the early analysis. Some exemplars of the newer themes incorporated in the interview guideline for further exploration included – 'Dava Goli Nu Balak' (a child conceived through medication), 'Saru Kaam'

(good/moral work) 'Sara Partywala' (good commissioning parents), and 'Asal Mata' (real mother).

In the last few months of the fieldwork, the emergent themes were further explored through additional interviews and observations aimed at covering the broadest possible range of women's surrogacy experience and a search for negative evidence. This phase was marked by continuous synthesis of ideas and emergent findings aimed at closure. These efforts could be viewed as synthesising phase of the fieldwork. Meanwhile, many of the women I interacted with in the course of fieldwork had completed their surrogacy or were near completion. The last month of the field work focused on the formal closure of the data collection and gradual withdrawal from the field. I began sharing with the women that I had gathered a substantial amount of information required and would not be visiting surrogate hostels or the clinic after a month or so. The hostel matron and the medical practitioners too were informed about the completion of data collection and were thanked for their cooperation.

Methods of data analysis. Thematic analysis was used to identify recurring themes or patterns in the narratives of women. It facilitated rich descriptions and interpretations explaining how different components of the data fit together. The analysis aimed to provide an accurate and rich thematic description of the entire data set to the reader (Braun & Clarke, 2006). This approach to data analysis was crucial as surrogacy in the Indian context is a particularly under researched area. Figure 11 illustrates the six steps of thematic analysis explained by Braun and Clarke (2006) which were used for analysis.
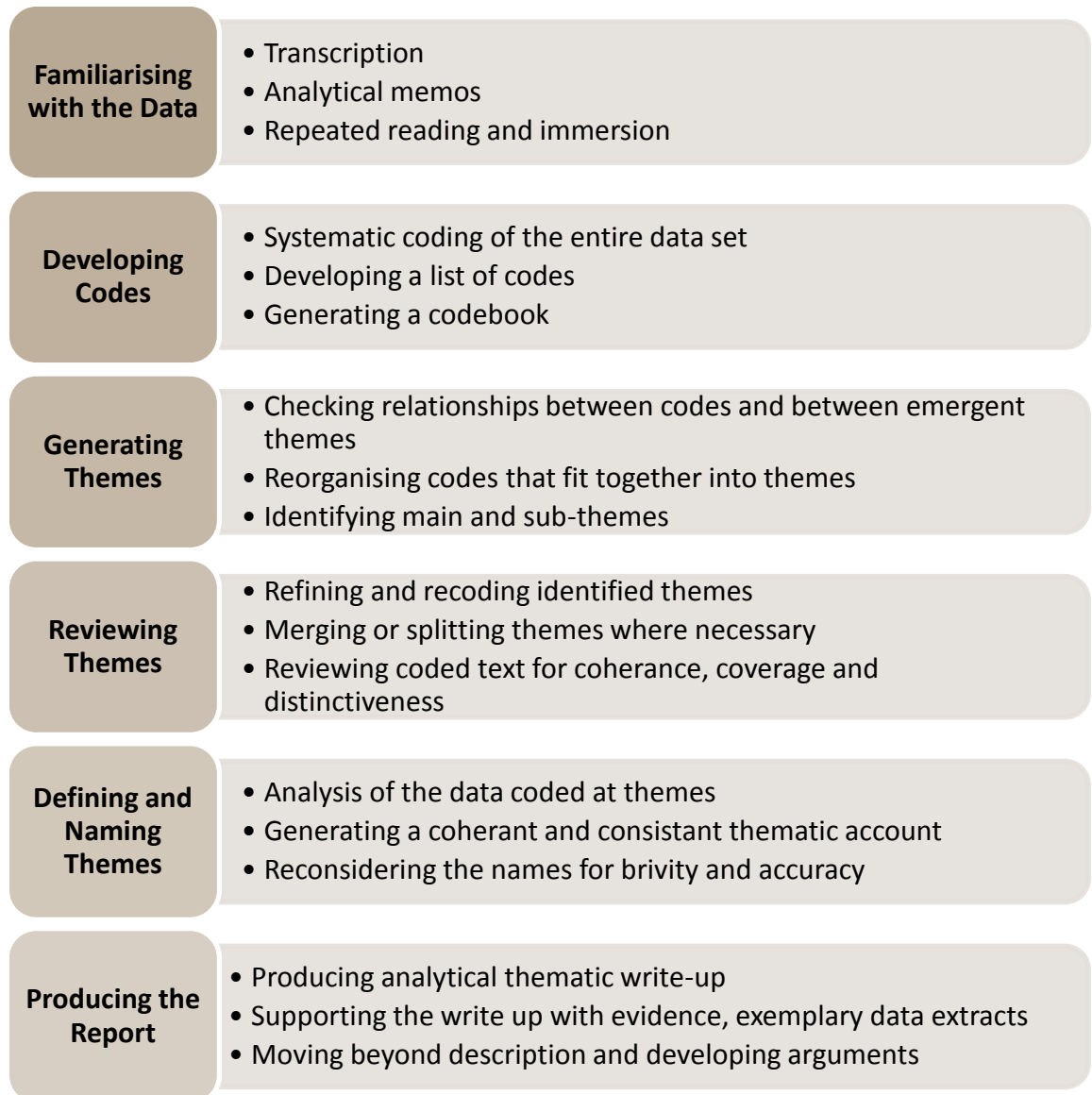
Familiarising with the Data	• Transcription • Analytical memos • Repeated reading and immersion
Developing Codes	• Systematic coding of the entire data set • Developing a list of codes • Generating a codebook
Generating Themes	• Checking relationships between codes and between emergent themes • Reorganising codes that fit together into themes • Identifying main and sub-themes
Reviewing Themes	• Refining and recoding identified themes • Merging or splitting themes where necessary • Reviewing coded text for coherance, coverage and distinctiveness
Defining and Naming Themes	• Analysis of the data coded at themes • Generating a coherant and consistant thematic account • Reconsidering the names for brivity and accuracy
Producing the Report	• Producing analytical thematic write-up • Supporting the write up with evidence, exemplary data extracts • Moving beyond description and developing arguments

Figure 11. **Steps used in thematic analysis.**

Data reduction as an analytical measure begins early in the life of a qualitative research project which typically produces large amounts of data (Richards, 2009). Initial data reduction involved decisions of what would not be recorded and/or transcribed and later exclusion of the irrelevant data during coding and reporting. Jottings of the people met, events and interactions observed during every field visit were recorded and expanded the same day during short breaks in field activities. Gradually, as analysis progressed only relevant field notes were digitized and analysed. Detailed and through transcription was done for all the interviews recorded,

however, interruptions and resulting irrelevant conversations during interviews were not transcribed. Further data reduction involved the use of various coding strategies.

The analysis was primarily inductive 'data-driven' in nature and progressed from a descriptive to interpretive analysis to produce socio-culturally situated meanings. Transcription of the data was an interpretative process accompanied by the writing of analytical memos. Merging of data collection and analysis greatly aided in refining research focus to explore new unanticipated key concepts. The transcribed interviews were read repeatedly and initial codes were developed using a combination of coding strategies. Topical coding and a start list of codes based on the conceptual framework of the study and the research questions was an especially useful tool for the data management and organization of the large chunks of data. Open coding and in-vivo coding were used for inductive analysis. Analytical coding helped in the process of abstraction and linking emergent ideas. A detailed code book (Appendix F) clearly defining inclusion and exclusion a criterion was developed early during the fieldwork and code definitions were continuously upgraded throughout the study.

The writing was an important strategy used for analysis. Analytical memos were written to synthesise first order themes and aimed to unravel a broad range of participant voices, to study the data from multiple perspectives and to critically analyse own interpretations. The collection of first order themes was examined to identify how they related to each other. This was achieved by using the strategies of the declaration, frequency, omission, similarity, co-occurrence, corroboration, sequence, and apriori hypothesizing as described by LeCompte and Schensul (2012). Figure 12 demonstrates one exemplar of such structure wherein predominant themes 'Dava Goli nu Balak', extensive care', and 'morality of work' co-occurred in the narratives of women. Prevalence of the themes was counted at the level of the data

item. The refined themes were then checked for linkages with each other to formulate

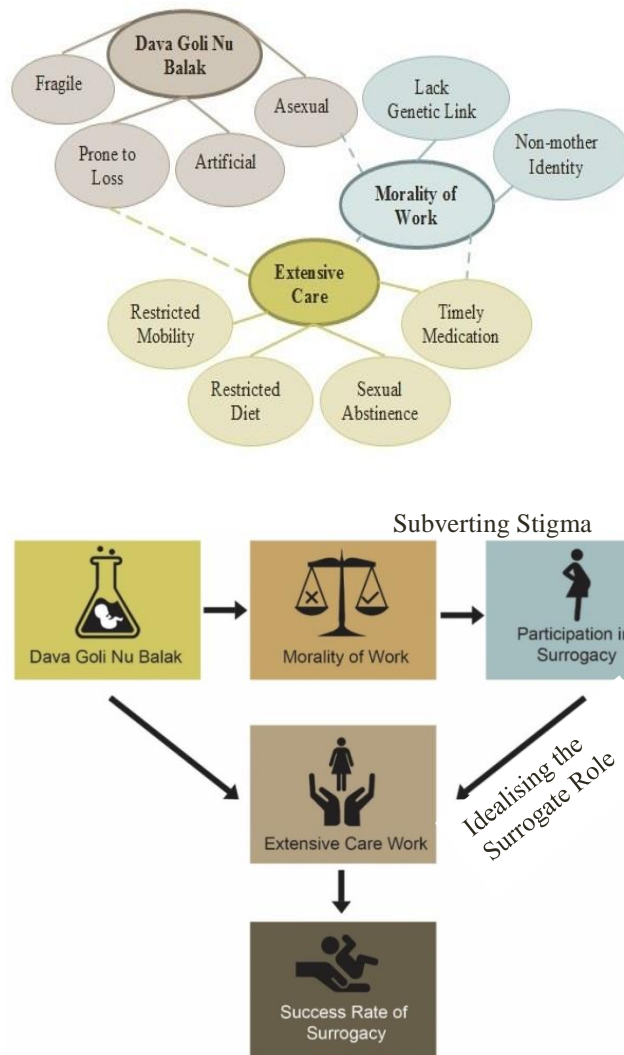a structure, a final thematic map, and these linkages were explained.

Figure 12. **Development of a thematic map.**

  Kristen and D'Enbeau (2013) emphasised the need to move beyond the first

order coding to achieve 'synthesis' and recommend putting themes in conversation

with theory, returning to extended exemplars and vignettes for analysis, and

integrating themes with contexts and macro-level ideological discourse and political

context. These strategies were used in the analysis of data obtained for this study. For

example, data pertaining to the 'psychological agency' of the surrogate mothers were

studied in light of the theoretical understandings of the agency from a cultural

psychology perspective to generate a custom complex of the agency of Indian women

in the context of surrogacy. The narratives were explored in the macro-context of academic discourse on colonization of women through ART and political-legal context of ART and surrogacy regulation nationally and internationally.

Methods of Ensuring Quality

Credibility. Prolonged engagement with the field and persistent observation helped gain an intimate familiarity with the setting. Richards and Morse (2013) highlighted the importance of synchronising data collection and analysis so as to facilitate progress from data acquisition to data verification and from synthesis to theorising. These goals were achieved through systematic synchronisation of the fieldwork and analysis as described in the earlier sections of this chapter. Inductive analysis, exploring experiences of the participants in sufficient details and triangulation of data sources – interviews, observations of critical events/episodes, participant observations, and field notes – helped to establish the credibility of interpretations. Constant validity checks were done by switching back and forth between emic and etic perspectives. This was done by searching for consistencies and inconsistencies in the data, actively searching for and sampling negative cases and continuous refining of the emerging patterns. Results were empirically grounded, explicated logical linkages between the data gathered and claims made, and mainly present perspectives of the participants which were enhanced based on researcher interpretations.

Dependability. The authenticity of conclusions drawn from the analysis of open ended interview data largely depends on the quality and rigour of the coding procedures used. The validity of the interpretations was strengthened by establishing inter coder reliability at two levels and served different purposes. Initially, three interviews were coded by two researchers independently to allow maximum variation

in the coding. Differences in the coding patterns were resolved through discussions and a preliminary code book was generated which was continually revised during the research process. At the later stages of fieldwork, one of the interviews was again recoded separately by the two researchers using the refined code book; coding differences were discussed and resolved. The texts collated under each of the codes were verified for fitness with the code definitions and were re-coded if necessary. Codes were also tested for coverage across the data set.

Originality and usability. The findings of the study make significant contributions to one of the least yet socially relevant issues of contemporary times. The findings have significant implications for public policy regulating the use of surrogacy services in India.

Ethical Management of Fieldwork Research

Field work essentially involves intense engagement with the participants and inadvertently results in circumstances that can be potentially harmful to the participants (Angrosino, 2007). Ethical management of research, therefore, can be considered an important criterion for determining the quality of such research.

Approval of the internal ethics committee. The proposal for this study was approved by the internal ethics committee at the department and an independent multidisciplinary team including a social worker, psychologists and a social scientist reviewed the proposed research and interview guidelines to ensure beneficence and non-maleficence. The study was justified for its potential to advance knowledge about the experiences of surrogate mothers and to address surrogacy policy concerns in the Indian context. It was anticipated that sharing intimate experiences during interviews could be unsettling. My extensive training in person centred humanistic counselling and rational emotive behaviour therapy had equipped me to handle such instances and

helped me maintain high standards of interview protocol. I was especially sensitive towards participant's need for catharsis allowing them to express themselves about aspects that were not significant to the research goals. Keen attention to needs of the participants also helped me judge whether to and how much to probe about sensitive issues during interviews. On the other hand, listening to difficult life experiences of the women was an overwhelming experience for me. Planning research also involved careful prior thought to what aspects of participant's lives could be left out of the research process. As women usually maintain secrecy about their participation in surrogacy, it was consciously decided not to gather any photographic evidence or videos during fieldwork. Similarly, other than the name of the participants, no other information or documentary evidence revealing the identity of women was gathered as data. Regular debriefing with a peer researcher was used as a strategy to manage emotions.

Autonomy and fully informed consent. The purpose of research, what did participation entail, potential risks of participation and women's right to deny participation, and rights during participation were explained t the women using a detailed informed consent form in Gujarati. Women were initially briefed in groups and once again individually prior to the interviews. Some surrogate mothers expressed anxiety for research participation in the context of stigma and most ascertained that research process will not involve any photography and video recording.

Women I interviewed often helped me to identify few other women with extreme experiences. At times women with extreme experiences chose not to participate in the study. At such times women's right to refuse participation in the study was respected and their brief 'stories' narrated by key-informants were separately noted down for analysis with their verbal consent. It was also especially

difficult to interview women in the pre-pregnancy period. Most women experienced intense anxiety during the waiting period between embryo transfer and the pregnancy confirmation report. Women believed that speaking about the unconfirmed pregnancy would constitute misfortune (*'apashakun'*) and will result in failure to conceive. Women's beliefs and their right to refuse participation in the study was respected.

In one of the cases, a surrogate mother was keen on sharing her experiences but the commissioning mother disapproved of her participation in the study. Experiences of this surrogate mother were noted over a series of brief conversations as field notes in absence of the commissioning mother and the interactions were not audio recorded.

A neutral researcher identity. The growing levels of comfort and acceptance as a usual member at the setting also posed some challenges that required me to manage the 'researcher' identity in my interactions with multiple stakeholders including surrogate mothers, house matrons, nurses, doctors and a few commissioning parents. There were instances wherein medical practitioners asked for emerging findings of the study and women's satisfactions and dissatisfactions with the surrogacy programme. Such requests were tackled by politely denying specific information and sharing generic insights only when necessary.

Interviews were conducted in as much privacy possible, though a lot of sensitive information was shared outside of the interview context in the form of impromptu conversations. In a couple of instances, these conversations were overheard by others – once by a nursing staff and once by a commissioning mother – resulting in their apprehension about research records. At both the times, surrogate mothers acted naïve and pretended that there was some miscommunication and I chose to protect surrogate mothers by playing along.

When individual surrogate mothers or their groups had differences of opinion about mundane issues of daily living at the hostels maintaining a neutral stance was important so as to not jeopardise my relationship with any of them. This involved refraining from demonstrating special affinity towards specific surrogate mothers while they resolved any differences of opinion. Fieldwork also demanded drawing subtle boundaries to distinguish permissible and non-permissible aspects for my relationship with surrogate mothers. For example, politely denying rare requests of monetary support, reiterating my lack of a medical training when surrogate mothers asked for a medical advice, and limiting access to my field notes to the daughter of a curious surrogate mother protect the privacy of the surrogate mothers I interviewed.

At the outset, I shared with the women that I was spending time in the field primarily for the purpose of research and would withdraw my participation from the field on completion of the research project. During the last few months of the fieldwork, I began gradual closure telling women that I would soon stop visiting the field but they could reach me over the phone if they chose to.