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# Surveilled Wombs: A Study on Infertility, Technology and Politics of Reproduction in Select Indian Fiction

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#### **Abstract**

Infertility in India is not only a biomedical phenomenon; it is a deeply social, cultural, and gendered crisis that transforms the female body into a site of surveillance and intervention. The growth of assisted reproductive technologies (ARTs), such as in vitro fertilisation and surrogacy, has entrenched the female body into the space of technological manipulation, bureaucratic surveillance, and transnational reproductive economies. This paper examines the way in which three modern Indian novels, The Mess in Her Womb (2022) by Dr. Chhavi Gandhi Juneja, Padma (2022) by Mala Mahesh, and A House for Happy Mothers (2016) by Amulya Malladi, portray infertility and technology-assisted reproduction as the place where female subjectivity is both regulated and refashioned. The analysis uses the ideas of the medical gaze and biopower developed by Michel Foucault to show that clinics, contractual relations, and diagnostic procedures transform women into docile reproductive subjects, which makes them measurable and manageable. The analysis identifies three dimensions which are interlinking: the role played by the clinic in transferring the intimate desire into the measurable data; the negotiation of the female body using technological apparatuses that offer hope yet strengthening control; and the tension of lived embodiment and the institutional motherhood. Ultimately, these novels demonstrate how literature humanises ART by foregrounding ambivalence, pain, and resilience, urging a shift from viewing infertility as a technical failure to recognising it as a narrative of survival, desire, and dignity.

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#### Introduction

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The infertility issue in India cannot be narrowed down to a personal condition or a technical malfunction. It echoes in the cultural scripts, religious obligations, and family expectations that constitute female identity through the lens of reproduction. Lack of a child is commonly understood as a sign of incompleteness, and the woman is soon placed as the carrier of that deficiency. Uma Chakravarti has pointed out that women's fertility is tied not only to family but also to caste reproduction: "Women's sexuality and fertility are harnessed to reproduce not just families but caste itself" (Chakravarti 52). So, infertility is more than a personal grief; it is understood as a peril to the social order, disrupting expectations of continuity and honour. Assisted reproductive technologies, such as in vitro fertilisation and surrogacy, which have grown enormously in India over the past three decades, step into this terrain with the promise of a remedy.

However, together with hope, they bring about new disciplines and surveillance. The weight of cultural expectation previously carried by the body is now entangled in the biomedical regimes of surveillance, hormonal adjustment and contractuality - reducing wombs to a disciplinary and commodified location. Nivedita Menon highlights how motherhood in India is socially enforced: "Motherhood is not natural but enforced, embedded in social scripts that mark women's value through reproductive roles" (83). Amrita Pande, analysing Indian surrogacy, describes how "the womb becomes a workplace, monitored through contracts, diet charts, and medical schedules, where women's reproductive capacities are turned into labour" (112). These voices bring out the fact that ART is not only bound in the networks of global power, but also the cultural scripts of caste, kinship, and labour in India.

In the patriarchal Indian context, the burden of infertility falls mainly on the women rather than a shared human condition. According to Sharma et al. (2018), the conceptualisation of fertility among early ayurvedic texts including the Charaka and Sushruta Samhitas, was holistic rather than mechanistic and related to body, mind and environment. Infertility has been redefined as a biomedical condition with the rise of modern medicine, which exposes the female body to a heightened technological and institutional analysis. This shift in natural order to medical surveillance resembles how most Indian novels describe the bodies of women as regulated, inspected and owned in the name of reproductive success. Despite scientific evidence that male factors are the cause of almost half of all instances of infertility, society remains biased in favour of men at the expense of women, which is very clearly depicted in fiction as childlessness leads to shame and isolation. In addition, the commercialisation of ART brings up moral questions of access, exploitation, and commodification of motherhood. While the scientific discourse of ART focuses on the themes of innovativeness and advancement, the literary imagination reveals the deep human costs of living in a world in which the womb is at once empowered and monitored by technology.

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The medical gaze by Foucault explains the way in which the clinic divides the human body into manageable and visible components. When he writes, "The gaze that sees is a gaze that dominates" (*The Birth of the Clinic* 89). The womb becomes a place of numbers and images that is viewed and experimented in the infertility clinic. The woman is becoming more and more replaced by her medical file. In conjunction with this, biopower, as explained by Foucault, sheds light on how reproduction has been controlled not merely as a personal desire but as a biopolitical requirement. "Power would no longer be dealing simply with legal subjects...but with living beings, and the mastery it would be able to exercise over them would have to be applied at the level of life itself" (*History of Sexuality* 143). ART in India is an example of such a change that turns the individual desire into a matter of social governance.

In *The Birth of the Clinic*, Foucault notes that the contemporary medical gaze is not merely one that observes illnesses, but rather creates them as a subject of knowledge by saying: "The clinic is the place where the relation between seeing and saying is established" (107). In the infertility case, such gaze is not just a peek inside the womb, but what is considered a good pregnancy, a miscarriage, a normal or an abnormal womb. The same idea can be combined with the concept of biopower, proposed by Foucault, which is the control of populations by means of controlling their bodies, to understand why infertility can never be a personal issue but a subject of public policy, a kind of economic planning, and family honour. "Biopower's task is to take charge of life," he insists, "to make it proliferate, to optimise it" (*History of Sexuality* 137). ART technologies are an example of this optimisation of life, in which the reproduction is regimented, monitored and commercialised.

As interpreted by O'Callaghan (2022), the subject of infertility and assisted reproduction in Indian fiction can be interpreted in terms of the biopolitical gaze. O'Callaghan describes how the body is converted into an object of observation and control by medical authority and deprived of its subjectivity. In the case of assisted reproduction, this gaze makes the womb a space of surveillance which is to be measured, medicated, and assessed in terms of its productivity. Women in these novels tend to lose control of their own agency while doctors, technologies, and institutions get hold of reproduction, which echoes Foucault's concept of power as a subtle and internalised surveillance. Therefore, the medical gaze does not just pathologise infertility, but it imposes gendered standards of motherhood and body conformity in the name of medical treatment.

The application of Foucault's theory is helpful to understand the contemporary Indian novels that struggle with infertility and ART, namely *The Mess in Her Womb* by Dr. Chhavi Gandhi Juneja, *Padma* by Mala Mahesh and *A House for Happy Mothers* by Amulya Malladi. These novels dramatise the way of transforming the female body into the space of surveillance as well as selfhood, control and desire, fragmentation and endurance.

The Mess in Her Womb is a dramatisation of the dilemma of shame, stigma, and biomedical intervention. The womb belonging to the protagonist, Drishti, is turned into a place of endless medical reading. Her identity is divided by reports, charts and possibilities. The medical gaze of Foucault can be seen here because the womb is scanned and numbered, and

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the woman is even subordinated to the records of her body. The biopower manifests itself in the way her family and community project this surveillance, always insisting on outcomes and reports like the reproductive potential of her was a communal property. Meanwhile, the phenomenology proposed by Young underlines the inner alienation that she feels. The hormonal treatments alienate her to herself, and her body is doubled, her own and at the same time hostile, full of desire and betrayal. This complicated intersection is summed up by the title of the novel, which brings out the womb as medicalised and rather emotionalised, as both a problem and a source of hope.

Padma, by Mala Mahesh, presents another, but equally strong portrayal of infertility in the middle-class India. The physical experience of the protagonist Naina is traced not only by the clinical procedures but also by the complex financial and ethical transactions. Every therapeutic cycle is an investment of savings into the body, and every laboratory finding is an evaluation of her future in marriage. The medical gaze still splits her, giving her dietary limitations, sleep habits and social dynamics. In this case, biopower is not restricted to the clinic, but it is diffused in the domestic space, in which in-laws, relatives, and neighbours are involved in controlling her body and behaviour.

In her work, Amulya Malladi explores the same to a transnational level, in *A House for Happy Mothers*, the author tells the story of an Indian surrogate, named Asha, and the American couple who order the child to be born. The surrogacy clinic Happy Mothers in the novel serves as a Foucauldian institution, whereby the bodies of the women are controlled, accommodated, and regulated in the name of global biopower. Contracts, consent forms, and escrow accounts turn reproduction into labour, making wombs the locations of economic exchange. The body of Asha is degraded into a gestational machine, which is measured at regimental periods, but remember that this body is never simply a container. She feels the unborn's motions in her; she feels attachments and estrangements which are not subdued by contractual abstraction. The pregnant embodiment here is alienating and intimate at the same time: she is a worker and mother, host and self. The novel addresses the extreme imbalance of power, in which commissioning parents and clinics measure the success rates and surrogates bear the visceral expense of success.

According to Iris Marion Young, pregnancy and its anticipation are lived, embodied experiences. "I experience my body as myself and as other; as myself and not myself" (On Female Body Experience 46). When applied to ART, such ambivalence is even more acute: the body of the woman is perceived as close and foreign, filled with external manipulations and internal alienations. These views combined demonstrate that infertility and ART are at the junction of governance and subjectivity, power and embodiment, surveillance and hope. In modern narratives of infertility and assisted reproduction, the female body is both enabled and estranged by medical technology. This bodily fracturing is echoed in Indian fiction like The Mess in Her Womb, where the body of the protagonist, Drishti, is a place of medical intervention and social disapproval, and Padma reveals the silent agony and loss of agency that follow reproductive procedures. The A House for Happy Mothers is a continuation of this

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experience into the space of commercial surrogacy, where the womb itself is a commodified space negotiated between feeling and finances. In these texts, there comes out the promise of assisted reproduction, which is at once hopeful and promising, but also deeply ambiguous, as it takes away the feeling of embodied autonomy and emotional completeness of women under the scrutinising eyes of a medical system and a social system.

In these three texts, infertility and assisted reproductive technologies (ART) are always represented as the areas of female surveillance, fragmentation, and technologisation. Foucault explains institutional patterns of reproduction: medical practices, measurements of success, and the contractualisation of kinship. Against these structures, Young says that women perform ambiguous, doubled, and temporally protracted embodied experiences. The novels, therefore, indicate that medical technologies can be seen as offering solutions as well as creating gender, class, and power hierarchies. In ART, the body of a female is not only a biological organ but also a political, economic and cultural space. What makes these novels similar is that they demand the insistence of the ambivalence of assisted reproduction; they do not want to romanticise ART as the salvation of all that is pure, but also not to want to make it the exploitation of all that is pure. Rather, they describe a range of experiences, hope, humiliation, resilience, and alienation, which are represented by women whose bodies collectively form the spaces of desire and control. Foucault facilitates the realisation of how ART bodies are disciplined to be docile and controlled by metrics, surveillance, whereas Young allows seeing how women feel about this discipline as paradox, alienation, and, in some cases, resistance.

The importance of literature in this viewpoint lies in its refusal to flatten this complexity. Medical studies often diminish infertility to success rates and live births, but fiction on the other side foregrounds the ambivalence, pain, resilience, and ethical confusion. These novels emphasise that reproduction is not just a topic of medical results but also of meaning and story. The womb is not only seen as a site of surveillance but also as a site of narrative. Comparing the study of power by Foucault with the phenomenology of embodiment by Young, one can identify the structural disciplining of women, as well as the negotiations that women carry on, struggle with, and narrate. This duality is enhanced by the socio-cultural environment of India. The necessity to have heirs is amplified by the caste and class relations, where the availability of ART is mediated by the financial capability. Until recently, surrogacy was legal and commercialised, attracting women with poor economic backgrounds into reproductive labour to wealthy domestic and foreign counterparts, and was thus selling some wombs to fulfil the dreams of others. Nevertheless, within these asymmetries, literature foregrounds women's agency, however constrained. Asha demands her son's better education, Naina asserts her time of denial, and Drishti wants to call her defeats by name. These moves make it difficult to portray women as only victims of technology, but rather, they negotiate, remake, and at times transgress the technologies that discipline them.

The power of literature is that it allows one to make this complexity audible. The language of medicine tends to reduce infertility to success rates and turns women into percentages. But novels insist on telling the stories behind the statistics. They show how a

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woman's sense of self is reshaped by waiting rooms, how silence around miscarriage compounds grief, how cultural rituals of fertility coexist with the biomedical rituals of scans and injections. In these representations, infertility is not only technically an issue, but a human story, a story where there are moments of hope and despair, moments of intimacy and alienation.

To sum up, *The Mess in Her Womb*, *Padma*, and *A House for Happy Mothers* illustrate the irony of infertility in contemporary India. Female body is at once monitored, technologized, and controlled, yet lived, told and struggled. The medical gaze and biopower theories by Foucault, to the extent that they expose the objectification of women through reproductive technologies, and the phenomenology of pregnant embodiment by Young, to the extent that it sheds light on the objectification of women as estranged, doubled, and in suspended temporalities, help clarify the way women are changed by reproductive technologies. In combining these theoretical reflections and the literary descriptions we can realize that infertility is not a technical failure that can be resolved through wires and contracts but a very human struggle to find meaning. Literature makes this struggle more human by foregrounding the voices of women, reminding us that the womb, even when surveilled, remains a site of story, resilience, and ethical significance.

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