have implications for service-delivery, providing or impeding access to services or outcomes (including to their children).

For Knight's participants, being addicted and pregnant highlighted the collision of complicated life circumstances which played out in women's pregnancies. Faced with competing demands and choices, priorities were displaced for the women who were, for the most part, too busy managing (or trying to manage) the present, leaving them unable to foresee future outcomes. Knight shows how women's capacity to follow pregnancy-related health guidelines was limited by structural factors such as general health literacy, money, limited or no food storage or preparation facilities (including food insecurity) and exposure to disease (including sexually transmitted infections).

Through focusing on temporalities and considering the different dimensions of time encountered by women, Knight extends the sociological and anthropological gaze to questions of agency and control. Participants in her study claimed agency and control over their lives, demonstrated through both words and actions, yet this contrasts starkly with medical and scientific discourses of addiction. For the latter, addict time is seen as taking people away from relationships and services, thereby being perceived as an important barrier for public health, yet it also reflects women's engagement with, or resistance to, moralities when making decisions about their bodily management and their pregnancies.

Whilst this discussion could be dismissed as an articulation of the cycle of poverty and its effects, doing so would ignore the gritty reality of the everyday lives of these women. Reducing the discussion to a (relatively) well-established public health issue misses the key contribution that Knight makes here: that sometimes, the strategies put in place to help people out of poverty are equally as constraining as the structural factors at play. In fact, some outcomes that are considered undesirable at a policy level (for example, incarceration, or sex work itself) are seen as promoting a set of circumstances that enable or empower women to realise their own desires, needs or goals, no matter how those outcomes might seem to people not living with similar levels of precarity.

addicted.pregnant.poor is, at its core, about how poor people deal with contested bodily and experiential terrains – biological, psychological, medical, and social – and how insecurity across multiple levels plays out in those dealings. By attending to the decisions made, and the role of personal agency in such decisions, Knight provides finely nuanced insights into the nature of everyday violence that characterises the lives of poor women.

Juxtaposing public health and epidemiological data against first-hand ethnography, the methodological contribution of *addicted.pregnant.poor* should also be recognised. Knight worked for 15 years as a public health service provider and advocate for these women. Her ethnography, therefore, extends beyond her four years of doctoral fieldwork and adds an additional layer to the insights contained therein. By describing the complex and conflicting emotions, as well as the immersion of her ethnographic life into her home life, she ignites a valuable conversation among ethnographers.

Furthermore, she attends to the potential for anthropological and sociological work to do harm in the process of witnessing suffering, which gives rise to new ethical dilemmas which are beyond the scope of institutional review processes. Knight argues for the need to situate ethical dilemmas in the 'mess' of actual fieldwork, discussing the challenges she (as an ethnographer) encountered in making sound decisions in the field, and later during dissemination. These are essential and ongoing conversations for all ethnographic and qualitative researchers to engage in – the IRB process is itself not without limits, both in terms of scope and capacity to consider all of the contingencies that might arise in 'the field'.

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Deomampo, D. *Transnational Reproduction: Race, Kinship, and Commercial Surrogacy in India*. New York: New York University Press. 2016. 286pp. £68 (hbk), £23 (pbk) ISBN 978–1479828388

The scholarship on surrogacy in India is by now robust, so do we need another book on surrogacy? Perhaps we do, namely because the primary contribution of Deomampo's ethnography lies in its potential to shape the Surrogacy Regulation Bill, introduced in the Parliament in November 2016, which bans 'commercial surrogacy' but allows 'altruistic surrogacy' in India. Deomampo locates her ethnography in a transnational setting where donors, surrogates, doctors, commissioning parents and agents are spread in racially, economically and

nationally stratified settings. While most commissioning parents are from the Global North, including a substantial proportion from countries like Israel which disallow adoption by gay couples or surrogacy for them, all surrogates are from India, and the egg donors are primarily from South Africa, with a few from India and other countries.

This book, set in a suburb outside Mumbai, draws from over a year of fieldwork in 2010 and comprises seven chapters excluding the introduction and conclusion. The introduction and the second chapter outline the theoretical and conceptual architecture of the book while the other chapters detail the findings of this study.

Chapter two, 'PUBLIC HEALTH AND ASSISTED REPRODUCTION' is important, as it highlights the state's complicity in allowing the proliferation of the private sector, particularly in technologically intensive procedures like surrogacy, whilst largely neglecting the primary health needs of most of its population. Chapters three and four, 'MAKING KINSHIP AND OTHERING WOMEN' and 'EGG DONATION AND EXOTIC BEAUTY', respectively, are ethnographically rich, focusing on the oppositional narratives that commissioning parents construct of *rescuing* Third-World women, whilst also viewing them as shrewd entrepreneurs. Commissioning parents view surrogates as noble, through the trope of a universal motherhood whilst simultaneously othering them through the prisms of immutable cultural differences and surrogacy as fundamentally a mutually beneficial economic arrangement that is, in which surrogates have no biological ties to the babies they gestate and deliver.

These chapters and several others reveal the enduring grip of race as a biological construct in the imaginaries, discourses and actions of all stakeholders. We learn that commissioning parents have varied motivations for choosing an Indian or a White egg donor. Those who choose an Indian donor are driven by 'authenticity' or 'exotic beauty', a choice that physicians seldom support because it conflicts with their views on what constitutes an appropriate (White) family. The majority, who choose a White donor, want children who resemble them physically, a choice strongly approved by doctors because of the continued conflation of race with physiognomy.

Through the actions of various actors, we witness the stratified market for egg donation, where darker skin colour and an absence of education distinguish surrogates from both Indian and White egg donors. As Deomampo argues: 'Ultimately as doctors and parents organize and negotiate the process of transnational egg donation, the social constructs of race, skin colour and nationality become even more biologized within transnational relations of power' (p. 121).

This continuing equivalence of race with physical appearance continues in the chapter, 'THE MAKING OF CITIZENS AND PARENTS', where DNA testing and the physical verification of a child's physical appearance (to establish race) are typically demanded by consular officials to establish a child's parentage and citizenship, driven by an arbitrary set of laws that are principally meant to police racial boundaries.

Chapters five and six, 'PHYSICIAN RACISM AND THE COMMODIFICATION OF INTIMACY' and 'MEDICALIZED BIRTH AND THE CONSTRUCTION OF RISK', respectively, deconstruct the role of doctors in mediating the relationship between surrogates and commissioning parents. If there are any villains in this book, the reader will find them here. Doctors in India, as elsewhere, are from social classes that are often opposite to that of their working-class patients. However, not all doctors are the same, as Deomampo described one who displays some humanity, but another who is devoid of empathy. The latter set of doctors portray surrogates as simultaneously lacking intelligence but also conniving with the help of their husbands for enhancing compensation, especially for difficult pregnancies, multiparous births or caesareans. This is also a perception that some of the commissioning parents themselves hold of surrogates.

As Deomampo argues in the last chapter, women do exercise considerable agency in choosing to become a surrogate, sometimes achieving greater influence within their households through their roles as providers. However, their lack of power in negotiating surrogacy contracts greatly constrains their ability to address embedded structural inequities inherent in their locations as working-class women in the Global South, even if they 'rise' to become agents who recruit other surrogates. Neither victims nor heroes, the surrogates do what they can with the only assets they possess.

The greatest contribution of this book is that it highlights the impacts of an absent enforceable law on the health and wellbeing of surrogates, raising key concerns which the impending Surrogacy Regulation Bill, still waiting to be enacted into a law in the Indian Parliament, must take seriously. In their quest to ensure the viability of foetus(es) over the health of the surrogates, medical personnel over-medicalise births, perform routine caesareans and continuously and oppressively

discipline pregnant bodies and transfer multiple embryos so that commissioning parents get more bang for their buck. Other measures include forcing surrogates into independent housing, thereby separating them from their own children, and docking the surrogates' pay if the foetus does not gain weight. Since the Bill bans commercial surrogacy, concerns around non-standardised payments are now irrelevant. However, unease over over-medicalized pregnancies remain since the Bill makes no explicit reference to the health of surrogates. The Bill permits surrogacy only for married, heterosexual Indian citizens and the surrogate is required to be a 'close relative' of the intending parents, though there is no formal definition of who is a close relative as either a legal or social category. The Bill requires intending parents to 'prove' infertility through a 'certificate of essentiality', whilst making exceptions for those with children with disabilities. It also mandates that surrogates must have been married at some point in their lives with at least one surviving child, and permits surrogacy only once in her lifetime.

Whilst much of this book is interesting and well-written, there are a few rough edges. For example, stratified reproduction, while conceptually important, is belaboured in the introduction. The historical overview on Public Health in India is weak in parts and does not mention the important National Rural Health Mission. Further, Deomampo argues that Assisted Reproductive Technologies (ART) were initially supported by those seeking to reverse tubal ligation. However, this is inadequately substantiated because tubal ligation is mostly adopted by poor women in India who cannot afford ART, much like the surrogates in this study.

In some chapters, the ethnography seems light on thick description with shorter vignettes and longer abstract detours, perhaps due to its transnational setting or privileging theoretical sophistication over rich narratives, *de rigueur* in much of anthropology, or both. Nevertheless, this well-researched and engaging book will be of interest to students and scholars of anthropology, sociology, science studies, feminist studies and public health.

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