



Interview with Sharmila Rudrappa, Ph.D.

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¹ Sharmila Rudrappa is a sociologist studying the commodification of women's bodies, infertility and human reproduction, and techno-pastoral management. Dr. Rudrappa has authored or co-edited three books, published 17 peer-reviewed articles, and authored numerous book chapters, essays, and book reviews. Dr. Rudrappa has received sizeable grants and fellowships and presented at conferences around the world. Visit <https://soc.uic.edu/profiles/rudrappa-sharmila/> to learn more about Dr. Rudrappa's fascinating work.

INTERVIEW WITH SHARMILA RUDRAPPA, PH.D.

In the fall of 2023, the Department of Sociology at the University of Kansas invited Dr. Rudrappa to present her research at the annual Clark Lecture. Her presentation titled “Landscapes of Infertility: The Afterlives of Colonialism in India” described how the worlds of plants, animals, insects, and diseases weave in and out of narratives of human reproduction guided by the question: What must be carefully nurtured and what must be exterminated in order to render life possible? Dr. Rudrappa seeks to answer this question by examining the human and non-human aspects of coffee plantations in southern India and how *techno-pastoral imaginaries*- the human aspiration for orderly, hierarchical landscapes where land, beasts, and nature are managed through technical expertise to generate profits- create both life and death. In this interview, we discuss how the ideas in this talk parallel her previous research about the commodification of women’s bodies on the global market. We also discuss how Dr. Rudrappa integrated her background in conservation biology into an interdisciplinary focus in the sociologies of labor and reproduction, and gained insight about how to structure publications as a graduate student to enhance one’s CV for the job market.

JB: Jennifer Babitzke

SR: Sharmila Rudrappa

JB: A part of your research has focused on the sociological view of human reproduction, specifically how Indian women's bodies are commodified within industries ranging from surrogacy to cutting hair, the selling of women's hair in global markets. What inspired you to focus on these specific areas of study?

SR: Its very interesting because when we think about women and labor markets, really, we think about paid care work. But what we’re increasingly seeing, at least from the global South and certainly among working class women, is that there's fewer returns on labor. That is, wages have stagnated or dropped. And so people are finding it harder and harder to make ends meet. Work is more precarious and episodic. It's very difficult to even maintain a lower middle class standard of life, so people are looking for other ways by which they can put food on the table. Women are turning toward surrogacy, where women are literally harvesting their bodies to get a big chunk of money, to provide economic stability for themselves and their families. This was interesting to me, and this is why I always call myself a sociologist of labor, because at some level, it is an extension of what is already happening in women's lives. Whether surrogacy is a labor of love, or a labor of simply trying to get money, you can't think about it outside of the kinds of personal labor histories of that individual. And once we start thinking about personal labor histories, we also need to think about how those personal labor histories are anchored in political economy.

JB: You were trained originally in conservation biology. So how has your research interest shifted over the years, specifically if you consider what you studied in grad school versus what you are interested in now?

SR: My master's was in conservation biology and I was a teaching assistant in a class called Women and the Bodies in Health and Disease. And the reason the instructor for that class, Dr. Nancy Worcester chose me as a teaching assistant was that I was a conservation biologist. She wanted science-minded people who were interested in feminism and women's health and such. In my training I was tracking elephants, looking at what plants were growing and botany and such. And when I interviewed for the job, I was kicking and screaming, saying, "I don't want to do this. I'm tired of biology!" But it was really life-changing for me. I brought these kinds of training that I had in biology to thinking about we imagine health and women and women's bodies. It's not as if there's an easy translation and a link between the two, but I think my training in biology and in women's health really helped me come to the point that I am today in terms of how I'm thinking about surrogacy. The "Women in their Bodies in Health and Disease" class in UW Madison helped. But in my current work, I turned to my training as a conservation biologist-- I was really interested in the ecologies and thinking about the different parts and parcels that go into making something possible or not possible. What grows here? What are the kinds of conditions that make such growth possible? What are the sorts of socialities that come together in order for something to happen? So I think that, for me, was a very critical process by which helped me approach my research.

JB: Yes, I mean, it doesn't seem like on the surface it would be connected, but if you think about women and giving creating life and giving forth of life. I mean, that's intimately tied to the land and the plants and giving life in that way too.

SR: Yes, So I think these were really very helpful. And then now with one strand of my work is really pulling in my training as an ecologist into thinking about the land. Much of our work on infertility, as reproductive sociologists, focus on the singularities of the human body. Can we also think about the kinds of infertilities we see around us because of the sorts of lives we pursue? Landscapes of infertility is a very critical concept, for me, because I come from the coffee growing areas of South India where massive amounts of death is unleashed on the world around you in order to grow that coffee plant.

JB: What kinds of death needs to be unleashed to do that?

SR: For example, there's a mealybug that makes the coffee plant less healthy, but also mealybugs can bring in bacteria and viruses that affect the coffee plant. But there is this ant species that has a mutual relationship with the mealybugs. These ants nurture those mealybugs because of the sap that the bugs secrete. Which the ants feed on. Optimizing coffee health is directed at not just those mealy bugs, but also destroying those ants that nurture those mealy bugs. It is multispecies death.

JB: It is about destroying an entire ecosystem to grow coffee plants.

SR: Exactly. As gorgeous and beautiful as these coffee plantations are, and as much as I long for them and there's so much nostalgia, there's an incredible amount of destruction unleashed in order to make that kind of reproduction of coffee plantations possible. Moreover, such plantations survive under particular kinds of social processes, namely inheritances within patriarchal nuclear families and extended families. Landscapes of infertility, the cultivation of coffee, human fertility, and patriarchal lineage are linked. Moreover, like on landscapes, human infertility is socially mediated—we determine who is allowed to have a child and who is not allowed to have a child. Why, for example, are we so disparaging of queer parents?

JB: And that's intimately tied to colonialism and the colonial way of doing things.

SR: Exactly.

JB: Since you have come from so many different places intellectually, have you ever been met with resistance or constraint within your advisors, your supervisors, even within your program?

SR: I think some sociologists can find it very difficult to grapple with my work. Most of my engagements are with anthropologists and women and gender studies. There's a particular kind of sociological method that we're trained in, so it's a little bit more difficult for sociology, especially American sociology, to grapple with my work. I tend to get invited more in various parts of Europe for guest lectures, and in the US, I'm more in conversation with medical anthropologists.

JB: I think your work, as interdisciplinary as it is, helps us find creative ways to get outside of our narrow way of thinking.

SR: Yes and also it took me a long time to get here. In order to be interdisciplinary, you also need the training in the disciplines. I love our discipline of sociology and I keep thinking, wow, I wouldn't want to be anything but a sociologist.

JB: Do you have any, I don't know, advice for grad students if they want to pursue a more interdisciplinary focus, how they can survive and do it successfully?

SR: As a grad student, I really focused on honing my skills in the discipline that I was getting my degree in. So I would really say, focus on being a sociologist. It is like any other discipline, it has its problems. But I always say, as a sociologist, you can study just about anything because there's that human dimension to it. And a structural question that you bring into it. Simply focus on mastering your discipline. And then as you gain more professional standing, you can be a little bit more exploratory.

JB: In terms of your current work, where do you see this moving towards? Are you working on a book?

SR: Yeah, so there's three projects that I'm working on. The work that I presented on regarding famine in South India is a long-term project, because I simply don't even know what kinds of archives there are, and it's far more exploratory. I might also have to look into folklore on famine, an archive that we tend not to use in sociology. This is much more of a long-term project. But the more immediate projects are the one on uterine transplantation and the one on egg donors in Eastern Europe, and Central Asia.

JB: And this is coming out of your 2015 book, "Discounted Life: The Price of Global Surrogacy in India" which analyzed how garment workers in India engaged in surrogacy as a form of labor. In 2016, the Indian government banned surrogacy thereby eliminating this as a legitimate form of economic labor.

SR: Correct. Because India and Thailand banned commercial surrogacy, surrogacy moved first to Nepal, and then there was Kenya. Nepal has now banned surrogacy. The Republic of Georgia had emerged as a site for surrogacy, especially with the ongoing war in Ukraine. The former Soviet state provided a really good educational infrastructure, so there are incredibly skilled medical personnel there. But in order for these spaces to become sites for surrogacy, you also need a large segment of the population that is economically precarious where you might be making enough today, but you don't know what's going to happen tomorrow. So industries like commercial surrogacy are premised on of economic precarity for women, for families.

But I really didn't want to do any more on surrogacy because it can be pretty depressing. But by now I do know a lot of people, agents who've taken clients to India, who are now taking them to Tbilisi. I feel like at this point in time, gosh, the book came out in 2015, eight years down the road, I know so much about this, I feel like an investigative journalist, that I'm ready now to move back into it, but I don't know. It was pretty depressing work.

JB: But this time you're going to be focusing on the doctors, right? Medical professionals.

SR: For the uterine transplantation project, yes. For the surrogacy, I'm not interested in surrogate mothers anymore, but I'm really interested in egg donors because there's a lot of racial matching that's going on globally. For example, they're bringing in Azerbaijani women in the Republic of Georgia to become egg donors for Iranians. Kazakh women for the Koreans and the Chinese. It's really fascinating.

JB: Because your work focuses so much on Indian, Asian, and European contexts, how do you believe your findings apply or have meaning for audiences in the Global North?

SR: These are processes that are being unleashed on the world around us, and I think it's just important to understand and read what is going on in the Global South. It is important to hear these stories about medical technologies and how they emerge in order to have a critical sensibility about the world in which we live. How do medical procedures get standardized? Right now, with uterine transplantation, the doctors are very ethical, they really care about their patients, but what one doctor may be doing in one country is very different from what someone is doing in another country. Right now, these doctors are in conversation trying to think about what is the best clinical practice. I'm curious about how these processes are getting standardized, and how medical professionals want to do right by their patients.

JB: But how do you do that across national contexts and different bureaucratic things?

SR: The different cultural contexts are really fascinating. For example, in Sweden, if uterine recipient has a BMI of more than, I think, 28, they don't accept that. Because it's much more difficult to do the surgeries, but also it's very difficult to figure out, say, the amount of immunosuppressants to use. In the US, they accept women up to 40 BMI. You can already start seeing these differences, right? So how are they going to standardize this? What are best practices going to look like? Here are these doctors or scientists, but at some level there's also an art to it.

JB: You have been a prolific writer, both, I think, in grad school and outside of grad school in your career. Do you have any advice for students or new career professionals to really develop a solid publication practice?

SR: I was told when I became an assistant professor, to try publish one article per semester as a qualitative sociologist. It could be a book chapter or a peer-reviewed journal, but it was important to focus on getting one article per semester. Think about it this way, as a graduate student, you're already writing one term paper per semester, maybe 2, right? So while you're writing and working on your book (as an assistant professor) or dissertation (as a graduate student), can parts of that be pulled out to writing an article? Or, you might be developing a new project, so that can that be worked into an article.

Some people have the practice of writing every single day. That may not work for everyone. It doesn't work for me. Instead, I might go into a coffee shop and spend the entire night writing because I'm a little bit obsessive compulsive that way. I'm not able to just do half an hour of writing and get up and leave.

JB: Right. Especially if you get in the flow and then it's like, I have this idea, I want to get it out on paper.

SR: Yes, people have different rhythms to their work, so it's important to understand your rhythm and work with that rhythm rather than against it. As a graduate student, see if you can get an article out of your master's thesis. Write your master's thesis as if it's going to be an article, because that can help you just convert it much more easily. For the dissertation, all of

your data isn't necessarily going to go into that dissertation. You've probably got a ton more data. Can that data be used into writing an article? I would also recommend that you attend the ASA or the regional sociological meetings. Attend these conferences, send your paper out. Even if it's a term paper that you've gotten really good feedback on, send it and see what happens to it. Because that's the way you put yourself in the world out there. Another piece of advice that I was given as a student, if there's one author that you're citing very heavily in a paper and you are heavily influenced by their work, send that paper to the authors that you're citing heavily. They may write back to you, they may not. But that's how you network. Networking is intellectually connecting with people.

Suggested Citation (ASA):

Rudrappa, Sharmila. 2026. "Interview with Sharmila Rudrappa, Ph.D." *Social Thought and Research* 38. <https://doi.org/10.17161/star.v38i.25815>