Journal of International Research & Multidisciplinary Innovation

REPRODUCTIVE AUTONOMY VERSUS STATE PATERNALISM:

The Surrogacy (Regulation) Act, 2021 — Constitutional Validity, Ethical Critique, and Reform Imperatives

Author: Srishti Rai

Affiliation: Mahatma Gandhi Kashi Vidyapeeth, Varanasi

Email: srishti@lynxlegal.in

Submitted to: Journal of International Research & Multidisciplinary Innovation (JIRMI)

Date: 16 January 2026

ABSTRACT

The Surrogacy (Regulation) Act, 2021 (SRA) represents a landmark, if contested, statutory intervention in India's previously unregulated surrogacy industry — once estimated to generate revenues exceeding USD 2 billion annually.1 While the Act's prohibition on commercial surrogacy and its institutional oversight framework are defensible regulatory responses to documented exploitation of economically vulnerable women, its eligibility architecture introduces significant constitutional tensions under Articles 14, 15, and 21 of the Constitution of India. This paper offers a doctrinal and normative analysis of the SRA, examining its key provisions against India's reproductive-rights jurisprudence — particularly Justice K.S. Puttaswamy (Retd.) v. Union of India (2017)2 — the empirical record of commercial surrogacy's social costs, and comparative frameworks in the United Kingdom, Canada, and Israel. The analysis argues that although the ban on commercial surrogacy is legally sound, the Act's restrictive eligibility criteria — confining access to married heterosexual couples and limited categories of widows and divorcees while categorically excluding LGBTQ+ individuals, single men, and unmarried persons — generate serious equality and liberty concerns. The paper further critiques the Act's 'altruistic surrogacy' model, contending that requiring unpaid

gestational labor within a kinship network obscures rather than eliminates exploitation. The paper concludes with targeted reform recommendations grounded in a rights-based, inclusive regulatory model.

Keywords: *Surrogacy (Regulation) Act 2021, reproductive autonomy, altruistic surrogacy, constitutional validity, Article 21, LGBTQ+ rights, assisted reproductive technology, state paternalism.*

I. INTRODUCTION

The regulation of surrogacy is, at its core, a contest between two legitimate but occasionally irreconcilable imperatives: the protection of vulnerable individuals from exploitation in an inherently asymmetric transaction, and the preservation of reproductive autonomy as an aspect of personal liberty that the state should be slow to curtail. When India enacted the Surrogacy (Regulation) Act, 2021 (SRA) — which received Presidential assent on 25 December 2021 and came into force on 25 January 2022 — it placed itself firmly on the interventionist end of this spectrum. The resulting legislation is simultaneously a necessary corrective to years of regulatory failure and a document whose most restrictive provisions sit in considerable tension with constitutional guarantees of equality and personal liberty.

Between 2002 and 2015, India emerged as the preeminent global destination for commercial surrogacy. The Confederation of Indian Industry estimated the industry's annual turnover at more than USD 2 billion, with over 3,000 registered fertility clinics operating across the country.1 Indian clinics typically charged commissioning couples between USD 10,000 and USD 28,000 for a complete surrogacy package — approximately one-third of the cost in the United Kingdom and one-fifth of the cost in the United States — making India the foremost destination for what scholars have variously termed 'fertility tourism.'3 By 2012, approximately 25,000 children had been born through surrogacy in India, roughly half to international commissioning parents.4

This commercial boom was, however, accompanied by well-documented harms. Surrogate mothers — drawn disproportionately from economically precarious backgrounds — frequently operated under conditions of informational asymmetry, with limited access to independent legal counsel, inadequate post-delivery care, and compensation bearing no rational relationship to the physical and psychological burdens of gestation.5 Landmark judicial decisions in Baby Manji Yamada v. Union of India (2008) and Jan Balaz v. Anand Municipality (2009) exposed the legal lacunae that left children, commissioning parents, and surrogates in conditions of acute legal uncertainty, particularly in cross-border arrangements.6 The Law Commission of India's 228th Report (2009) had specifically recommended the prohibition of commercial surrogacy and the legalization of regulated altruistic arrangements, yet legislative response was long delayed.7

The SRA, 2021 ultimately delivered a statutory regime — but one whose design choices reflect a paternalist vision of reproductive governance extending well beyond what the prevention of exploitation strictly requires. This paper examines these choices at three levels: first, as a matter of constitutional law, analyzing whether the Act's eligibility restrictions survive scrutiny under Part III of the Constitution; second, as a matter of regulatory philosophy, examining whether the 'altruistic surrogacy' model genuinely protects surrogate welfare; and third, as a matter of comparative jurisprudence, situating India's approach within international surrogacy regulation.

II. HISTORICAL AND LEGISLATIVE EVOLUTION

2.1 The Era of Unregulated Commercial Surrogacy (2002–2015)

The legal history of commercial gestational surrogacy in India effectively begins in 2002, when a court decision established a permissive environment marked by minimal explicit prohibition. The Indian Council of Medical Research (ICMR) issued non-binding guidelines in 2005 — the National Guidelines for Accreditation, Supervision and Regulation of ART Clinics in India — which permitted monetary compensation for surrogates and contained basic procedural requirements, but these lacked statutory force and were routinely disregarded.8

The structural conditions sustaining India's dominance in global surrogacy markets were well documented: comparatively lower medical costs, advanced fertility infrastructure, a large

supply of economically disadvantaged women willing to serve as surrogates, and a practical absence of effective legal oversight. Surrogates in India typically received compensation constituting approximately one-third of equivalent compensation in developed nations.9 Despite this, for women with limited alternative income sources, even discounted compensation represented a substantial economic event. The clinical and ethnographic literature records systemic ethical failures: surrogates frequently resided in clinic-operated 'surrogate homes' with their physical mobility restricted; they were subject to repeat embryo transfers carrying cumulative medical risk; and post-delivery care was inconsistently provided.10

2.2 Landmark Judicial Interventions

The Supreme Court's engagement with surrogacy began formally in Baby Manji Yamada v. Union of India, (2008) 13 SCC 518.6 The case arose from a Japanese couple's surrogacy arrangement in Gujarat. Following the couple's divorce before the birth of the child, the resulting legal vacuum — a child with neither Indian nor Japanese nationality who could not obtain travel documents — precipitated an emergency application before the Supreme Court. The Court directed the government to issue appropriate travel documentation and, significantly, acknowledged in passing that an intending parent could be a single man or a homosexual couple — a judicial recognition standing in sharp contrast to the eligibility framework eventually enacted by the SRA.11

In Jan Balaz v. Anand Municipality (2009), the Gujarat High Court confronted the citizenship status of twin children born to an Indian surrogate for a German commissioning father. Denied Indian citizenship by passport authorities and German citizenship under German law, the children were rendered stateless. The High Court conferred Indian citizenship on humanitarian grounds, underscoring the citizenship and parentage lacunae in the existing legal regime and generating political pressure for comprehensive legislation.12

2.3 The Road to the SRA, 2021

The Law Commission of India's 228th Report (2009) recommended the prohibition of commercial surrogacy and legalization of regulated altruistic arrangements — a foundational

policy document for subsequent legislative action.7 Between 2010 and 2021, the government produced multiple draft ART and surrogacy bills that each lapsed without enactment. In 2015, the government effectively banned commercial surrogacy by notification. The Surrogacy (Regulation) Bill, 2016 was introduced in the Lok Sabha on 21 November 2016; the Standing Committee on Health and Family Welfare submitted its report in August 2017 recommending significant modifications, including a more nuanced approach to compensation.13 After several failed iterations, the Act received Presidential assent on 25 December 2021.

III. STRUCTURAL ARCHITECTURE OF THE SRA, 2021

3.1 The Prohibition on Commercial Surrogacy

The definitional centerpiece of the SRA is the categorical distinction between 'altruistic surrogacy' and 'commercial surrogacy.' Under Section 2(1)(b), altruistic surrogacy is defined as an arrangement in which the surrogate mother receives no monetary consideration except medical expenses and insurance coverage related to the pregnancy. Section 2(1)(g) defines commercial surrogacy as any arrangement involving monetary benefit exceeding such basic medical and insurance expenses. Section 4(ii)(b) prohibits commercial surrogacy in absolute terms. Violations attract imprisonment of up to ten years and fines of up to INR 10 lakh under Section 38(1) — among the most stringent penalties in the Act, reflecting the legislature's view of commercial surrogacy as a form of exploitation per se rather than a practice capable of being adequately regulated.

3.2 Eligibility Framework

The SRA imposes a dual layer of eligibility criteria governing both intending parents and surrogate mothers. For intending couples, Section 2(1)(h) defines the eligible 'intending couple' as a 'legally married Indian man and woman,' expressly restricting access to heterosexual married couples, with age limits of 23–50 years for the female partner and 26–55 for the male partner. Section 2(1)(s) defines the 'intending woman' eligible as a single person — but exclusively a widow or divorcee between 35 and 45 years of age. Single women who have never married, single men, live-in partners, and same-sex couples are categorically excluded from the Act's ambit.

For surrogate mothers, Section 4(iii)(b) prescribes that the surrogate must be a 'close relative' of the intending couple, an 'ever-married' woman with at least one living child of her own, between 25 and 35 years of age, not having previously acted as a surrogate mother, and in possession of a certificate of medical and psychological fitness. The requirement that the surrogate be a 'close relative' effectively eliminates the commercial surrogacy market's primary supply structure and restricts the eligible surrogate pool to a narrow category of kinship relations.

3.3 Regulatory Institutions and Parentage Framework

The Act establishes a multi-tiered institutional framework. Section 17 creates the National Assisted Reproductive Technology and Surrogacy Board (NARTSB), chaired by the Union Minister of Health and Family Welfare. Section 26 mandates corresponding State Boards in each state and union territory. Section 15 establishes the National ART and Surrogacy Registry, to which all surrogacy clinics must register. A child born via surrogacy is deemed under Section 8 to be the biological child of the intending couple with full entitlement to all rights applicable to naturally born children. Section 7 prohibits the abandonment of a surrogate child under any circumstances, including where the child is born with genetic defects or a sex not preferred by the intending parents.

IV. CONSTITUTIONAL ANALYSIS: EQUALITY, LIBERTY, AND REPRODUCTIVE AUTONOMY

4.1 Reproductive Autonomy as a Fundamental Right

The constitutional challenge to the SRA's eligibility framework is grounded principally in the jurisprudential evolution of Article 21. The Supreme Court's nine-judge bench decision in Justice K.S. Puttaswamy (Retd.) v. Union of India, (2017) 10 SCC 1, is the lodestar for this analysis.2 The Court held unanimously that the right to privacy is a fundamental right inhering in Article 21, and explicitly identified reproductive autonomy — the right to make individual decisions about conception and procreation — as a protected component of this right. Justice D.Y. Chandrachud articulated 'decisional autonomy' as encompassing 'intimate personal choices,

including those governing reproduction,' placing such choices outside the legitimate sphere of state interference absent compelling justification.

The earlier decision in Suchita Srivastava v. Chandigarh Administration, (2009) 9 SCC 1, similarly recognized a woman's reproductive choices as an essential component of personal liberty under Article 21, holding that the state could not compel or prohibit reproductive decisions without meeting an exacting standard of justification.14 These precedents establish that access to assisted reproductive technologies, including surrogacy, occupies a domain of constitutional protection — not as an absolute right, but as one that the legislature may regulate only subject to the constraints of Articles 14 and 21.

4.2 Article 14 and the Equality Challenge

Article 14 of the Constitution guarantees equality before the law and prohibits arbitrary state action. It prohibits legislation drawing distinctions among classes of persons without an intelligible differentia bearing a rational nexus to the legislative object. The SRA's eligibility framework generates several classification problems requiring examination under this standard.

The most analytically vulnerable distinction is between never-married single women and widows or divorcees. The Act permits the latter but not the former to access surrogacy as intending mothers. Both categories share the characteristic of being single; both may face identical reproductive needs arising from medical infertility. Indian law — including the Hindu Adoption and Maintenance Act, 1956 and the Juvenile Justice (Care and Protection of Children) Act, 2015 — permits adoption by single unmarried women. The denial of surrogacy to never-married single women, while simultaneously permitting them to adopt, lacks any intelligible differentia and bears no rational nexus to the Act's stated objective of preventing exploitation.15

The exclusion of LGBTQ+ individuals presents a related but more complex constitutional question. The Supreme Court's decision in Navtej Singh Johar v. Union of India, (2018) 10 SCC 1 decriminalized consensual same-sex conduct and affirmed that LGBTQ+ persons are entitled to equal protection of law with inviolable rights of personhood, privacy, and dignity.16 The LGBTQ+ population of India has been conservatively estimated at approximately 104 million persons.17

The SRA's categorical refusal — deployed on the basis of a definition of 'intending couple' that explicitly requires a man and a woman — engages directly with these protections. The Lok Sabha's recorded position that the Act does not recognize same-sex family formation provides no legally sufficient justification for differential treatment under Article 14.

4.3 Pending Constitutional Adjudication

These constitutional tensions are presently before the Supreme Court in Arun Muthuvel v. Union of India (W.P. (C) /2022). The petitioner challenges multiple provisions of both the SRA and the Assisted Reproductive Technology (Regulation) Act, 2021 as discriminatory and violative of constitutional rights of privacy and reproductive autonomy. A Division Bench of Justices B.V. Nagarathna and Augustine George Masih has framed eleven issues for written submissions, including whether the prohibition of commercial surrogacy, the restriction of access to married couples within defined age brackets, and the limitation of single-woman eligibility to widows and divorcees are each constitutionally sustainable.18 The Ministry of Health and Family Welfare also constituted a Special Review Committee in April 2024 to examine problematic provisions and recommend revisions.

V. CRITIQUING THE ALTRUISTIC SURROGACY MODEL

5.1 The Altruism Construct and Its Regulatory Logic

The legislative preference for altruistic surrogacy rests on a straightforward intuition: that removing monetary incentives beyond basic medical costs eliminates the primary mechanism of exploitation — the use of economic vulnerability to induce reproductive labor a woman might not otherwise undertake. This logic is coherent as far as it goes. The exploitation documented in India's pre-2015 surrogacy industry was, however, substantially a product of the absence of effective regulation — transparent contracts, independent legal representation, adequate insurance, post-delivery care, and limits on repeat surrogacies — rather than an inherent feature of monetized gestational arrangements. Comparative regulatory frameworks in the United Kingdom and Canada have achieved meaningful surrogate protections within a compensatory (though not for-profit)

framework, suggesting that exploitation is a regulatory design problem rather than a structural inevitability of commercial surrogacy.19

5.2 Displaced Exploitation and the Close-Relative Problem

The Act's requirement that the surrogate be a 'close relative' of the intending couple profoundly alters the structure of the surrogate's relationship from one governed by commercial contract — however imperfect its protections — to one governed by family obligation. The dynamics of kinship duty, social pressure, and relational hierarchy enter the decision to serve as a surrogate. The Standing Committee's 2017 report specifically flagged that the close-relative requirement could result in coercion within families, where women might feel obligated by familial duty to undertake a pregnancy they would not freely choose.13 The altruistic model, in other words, does not eliminate power asymmetry; it relocates it from the marketplace to the family — rendering it simultaneously less visible and less legally actionable.

The economic dimension further complicates the altruistic model. For many surrogates during the commercial period, earnings of approximately INR 2.5–4.5 lakh per arrangement represented transformative economic events — enabling debt repayment, housing improvement, and children's education.20 The complete elimination of compensation, without alternative economic support mechanisms, means poor women from communities that previously accessed surrogacy income have simply lost that income — while middle-class women who can afford to serve as surrogates without compensation for their relatives are the Act's principal beneficiaries. The Rajya Sabha's Standing Committee had specifically recommended regulated compensation covering lost wages, medical screening costs, psychological counseling, dietary supplementation, and post-delivery care — a recommendation the government did not adopt.13

5.3 Underground Market Risk

A regulatory intervention that forecloses licit commercial surrogacy without eliminating demand does not simply eliminate the market; it drives it underground. Following India's progressive restrictions between 2013 and 2015, surrogacy markets expanded in Cambodia, Thailand, Nepal, and Mexico — jurisdictions with far weaker regulatory infrastructure — offering

surrogate women substantially less protection.21 The Act's prohibition may have reduced aggregate harm within India while displacing and potentially increasing harm elsewhere. Scholarly analogies to criminalization of sex work and unregulated abortion suggest that prohibitory interventions consistently intensify rather than eliminate harm by removing the partial protections that commercial and semi-formal arrangements provided.22

VI. COMPARATIVE REGULATORY PERSPECTIVES

6.1 The United Kingdom: Regulated Altruism

The United Kingdom's approach offers the closest comparator to India's model: both formally prohibit commercial surrogacy while permitting altruistic arrangements. Under the Surrogacy Arrangements Act 1985, commercial surrogacy agreements are unenforceable, though not criminally prohibited. Surrogates may receive reasonable expenses; a degree of informally tolerated compensation for lost earnings is acknowledged in practice. The Human Fertilisation and Embryology Act 2008 requires court-approved parental orders to transfer parental rights, ensuring judicial oversight of each arrangement. A Law Commission review completed in 2023 proposed a reformed pathway pre-authorizing surrogacy arrangements meeting defined ethical standards while maintaining surrogate protections.19 Critically, the UK system imposes no restrictions based on sexual orientation or marital status — same-sex couples and single persons may commission surrogacy on equal terms.

6.2 Canada and Israel: Toward Inclusive Models

Canada's Assisted Human Reproduction Act, 2004 prohibits commercial surrogacy for profit but permits reimbursement of surrogate expenses under Health Canada regulations, progressively expanded to cover lost employment income. This 'compensatory altruism' model has generated a stable, well-documented surrogacy market with comparatively low rates of documented exploitation, without imposing marital status or sexual orientation restrictions on commissioning parents.23

Israel's Embryo Carrying Agreements Law, 1996 represents a distinct model in which surrogacy arrangements require approval from a state appointments committee scrutinizing

consent, medical fitness, and ethical compliance; compensation is permitted but regulated. Until a 2022 amendment, the law restricted access to heterosexual married couples; the amendment extended eligibility to single women and, following litigation, to single men and same-sex male couples.24 Israel's trajectory — from a restrictive eligibility framework to a progressively inclusive one through legislative amendment and judicial pressure — offers India's reformers an instructive institutional model.

VII. THE 2023 AND 2024 AMENDMENTS: PARTIAL COURSE CORRECTIONS

Since the SRA's commencement, the central government has made several rule-level amendments that partially address identified problems without altering the Act's fundamental architecture. In March 2023, the Surrogacy (Regulation) Rules were amended to permit surrogacy using donor gametes in cases where either spouse holds a medical certificate of infertility — relaxing the original requirement that at least one intending parent contribute genetic material. This amendment was critical because the original rule had created an absurd outcome: a couple in which both partners were medically infertile — the precise population for whom surrogacy is most essential — could not legally access surrogacy under the Act.25

The Surrogacy (Regulation) Rules, 2024 further relaxed provisions, permitting married couples to use donor gametes upon certification from a District Medical Board and allowing single women — restricted to widows and divorcees — to opt for surrogacy under defined conditions.26 These amendments demonstrate governmental awareness of the Act's implementation problems but do not address its deeper structural deficits: the exclusion of never-married individuals, the LGBTQ+ exclusion, the close-relative restriction, or the absolute prohibition on compensatory payments.

VIII. REFORM RECOMMENDATIONS

The foregoing analysis suggests a reform agenda organized around five principal axes. First, the eligibility framework should be redesigned to extend access to all persons regardless of marital status, sexual orientation, or gender identity, bringing the Act into conformity with the

constitutional values articulated in Puttaswamy and Navtej Singh Johar. The definition of 'intending couple' and 'intending woman' should be replaced by a neutral category of 'intending person(s)' subject to age and medical-necessity criteria applicable uniformly.

Second, the close-relative requirement for surrogate mothers should be eliminated or substantially relaxed. Rather than assuming that kinship relationships provide natural protections against exploitation — when the empirical evidence suggests the opposite — the appropriate framework would permit any eligible woman to serve as a surrogate, subject to independent psychological assessment, independent legal representation, and the prohibition on prior commercial surrogacy experience.

Third, the altruistic model should be replaced with a regulated compensatory model. State-determined compensation ranges, indexed to the surrogate's foregone earnings, medical risk burden, and psychological costs, should replace the current binary of medical-expenses-only. Such compensation should be managed through state-administered escrow accounts to prevent exploitation by commissioning parents or extraction by intermediaries. This approach preserves the core policy objective — preventing the commodification of reproductive labor — while acknowledging the economic reality of the surrogate's contribution.

Fourth, the institutional framework should be strengthened to include mandatory independent legal counsel for surrogate mothers at state expense, pre-arrangement psychological evaluation by independent practitioners, standardized model surrogacy agreements published by the appropriate authority, and systematic post-delivery follow-up care as a condition of clinic registration.

Fifth, a dedicated adjudicatory mechanism — either a specialized Family Court division or a tribunal constituted under the Act — should be established to resolve parentage, contract, and welfare disputes arising from surrogacy arrangements in a manner that is faster, more accessible, and more attuned to the specialized considerations of reproductive medicine than ordinary civil litigation.

IX. CONCLUSION

The Surrogacy (Regulation) Act, 2021 represents an important and overdue legislative intervention in a domain that had, for over a decade, been characterized by regulatory failure and the consequent exploitation of economically vulnerable women. Its prohibition on commercial surrogacy and its establishment of an institutional registration and oversight framework are defensible and necessary elements of a responsible regulatory response. The protection of surrogate welfare — through insurance mandates, informed consent requirements, and the prohibition on forced abortion — reflects genuine advances over the pre-legislative regime.

At the same time, the Act's eligibility architecture imports a vision of family life that is normatively narrow, constitutionally suspect, and empirically unmoored from the Act's stated protective objectives. The restriction of access to married heterosexual Indian couples and specific classes of widows and divorcees, the categorical exclusion of LGBTQ+ individuals, single men, and unmarried women, and the requirement that surrogate mothers be 'close relatives' of the intending couple serve no demonstrable welfare-protective purpose while imposing severe reproductive-liberty costs on large segments of the population.

The Supreme Court's pending adjudication in Arun Muthuvel v. Union of India will provide an important opportunity to calibrate the constitutional limits of state authority over reproductive decision-making. Whatever the Court's ruling, the legislative task that remains is to design a regulatory framework that protects without paternalizing — that takes seriously both the dignity of surrogate women as economic and moral agents and the reproductive aspirations of the full diversity of Indian families. The comparative evidence from the United Kingdom, Canada, and Israel demonstrates that this balance is achievable through principled regulatory design; it is not achievable through the blunt instrument of categorical exclusion.

REFERENCES

1. Confederation of Indian Industry. Surrogacy in India. Cited in: Wikipedia. Surrogacy in India. https://en.wikipedia.org/wiki/Surrogacy_in_India. Updated January 2026. Accessed May 2026.

2. Justice K.S. Puttaswamy (Retd.) v. Union of India, (2017) 10 SCC 1. Supreme Court of India.

3. Legal Service India. Commercial Surrogacy. https://www.legalservicesindia.com/article/1188/Commercial-Surrogacy.html. Published 2018. Accessed May 2026.

4. Shetty P. India's unregulated surrogacy industry. Cited in: LSE Research Online. Commercial Surrogates in India: Victims of Globalisation. http://researchonline.lse.ac.uk/id/eprint/74966. Published 2012. Accessed May 2026.

5. Rudrappa S. Reproducing Dystopia: The Politics of Transnational Surrogacy in India, 2002–2015. LSE International Inequalities Institute Working Paper; 2017. Pande A. 'It may be her eggs but it's my blood': surrogates and everyday forms of kinship in India. Qual Sociol. 2009;32(4):379–397.

6. Baby Manji Yamada v. Union of India, (2008) 13 SCC 518. Supreme Court of India. Jan Balaz v. Anand Municipality (2009). Gujarat High Court.

7. Law Commission of India. Report No. 228: Need for Legislation to Regulate Assisted Reproductive Technology Clinics as well as Rights and Obligations of Parties to a Surrogacy. New Delhi: Ministry of Law and Justice, Government of India; 2009.

8. Indian Council of Medical Research. National Guidelines for Accreditation, Supervision and Regulation of ART Clinics in India. New Delhi: Ministry of Health and Family Welfare, Government of India; 2005.

9. Study IQ/Gupta S. Surrogacy Act: Key Provisions, Types, Surrogacy Regulations in India. https://www.studyiq.com/articles/surrogacy-act/. Published September 2024. Accessed May 2026.

10. Fiaschetti L, et al. Sociodemographic characteristics of 96 Indian surrogates: are they disadvantaged compared with the general population? PLoS ONE. 2019;14(3):e0213152. doi:10.1371/journal.pone.0213152.

11. Baby Manji Yamada v. Union of India, (2008) 13 SCC 518, para 11.

12. Jan Balaz v. Anand Municipality (2009). Gujarat High Court. https://www.casemine.com/judgement/in/56b48efa607dba348fff6a16. Accessed May 2026.

13. Standing Committee on Health and Family Welfare. 102nd Report on the Surrogacy (Regulation) Bill, 2016. New Delhi: Parliament of India; August 2017. https://prsindia.org/billtrack/prs-products/issues-for-consideration-3864. Accessed May 2026.

14. Suchita Srivastava v. Chandigarh Administration, (2009) 9 SCC 1. Supreme Court of India.

15. Bar and Bench. Exploring the legal landscape of surrogacy in India: rights, risks, regulations and challenges. https://www.barandbench.com/columns/legal-landscape-of-surrogacy-in-india-rights-risks-regulations-challenges. Published December 2024. Accessed May 2026.

16. Navtej Singh Johar v. Union of India, (2018) 10 SCC 1. Supreme Court of India.

17. Gopinath G. Cited in: PMC10994889. Assisted Reproductive Technology (Regulation) Act 2021: Critique and Contestations. PMC; 2022.

18. Verdictum. Arun Muthuvel v. Union of India: Centre suggests eleven issues for Supreme Court's consideration. https://www.verdictum.in/court-updates/supreme-court/arun-muthuvel-v-union-of-india-assisted-reproductive-technology-regulation-act-2021-surrogacy-regulation-act-2021-1533708. Published January 2025. Accessed May 2026.

19. UK Law Commission; Scottish Law Commission. Building Families Through Surrogacy: A New Law. Final Report. London: Law Commission; 2023.

20. Pande A. 'It may be her eggs but it's my blood.' Qual Sociol. 2009;32(4):379–397.

21. Gender Studies. The evolution of surrogacy in India: from fertility tourism to regulation. https://gender.study/gender-based-violence/evolution-surrogacy-india-fertility-tourism-regulation/. Published February 2026. Accessed May 2026.

22. Babbar M, Sivakami M. The Surrogacy (Regulation) Act, 2021: a critique. Asian Bioethics Rev. 2023. PMC9816354.

23. Assisted Human Reproduction Act, SC 2004, c 2 (Canada). Health Canada Regulations on reimbursable surrogate expenses.

24. International Bar Association. Surrogacy abroad: legal pathways for Indian couples. https://www.ibanet.org/surrogacy-abroad-legal-pathways-for-Indian-couples. Published August 2025. Accessed May 2026. Embryo Carrying Agreements Law, 1996 (Israel), as amended 2022.

25. Indian Express. Donor gametes are allowed: what the new rule on surrogacy says. Published February 2024.

26. JIER. Surrogacy in India: constitutional challenges, ethical dimensions. J Indian Ethics Rev. 2023. https://jier.org/index.php/journal/article/download/3445/2758/6157. Accessed May 2026.