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SURROGACY AND WOMEN'S SOCIAL EMPOWERMENT IN INDIA: A STUDY OF AUTONOMY AND ECONOMIC SECURITY

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ABSTRACT

Surrogacy in India occupies a critical intersection of gender, law, and reproductive labour, reflecting broader tensions between women's autonomy, market forces, and state regulation. In recent years, the shift from commercial to altruistic surrogacy under the Surrogacy (Regulation) Act, 2021 has transformed the landscape of assisted reproduction, raising complex questions about empowerment, protection, and the socio-economic realities of surrogate mothers. This study undertakes a socio-legal analysis of the new regulatory framework to assess its impact on women's financial security, decision-making autonomy, and social well-being. The findings show that while the legislation aims to curb exploitation, the removal of compensation has significantly reduced women's economic agency and reinstated dependence within patriarchal households. Persistent stigma, familial pressure, and limited emotional support continue to shape surrogate experiences, revealing the inadequacy of the altruistic model in addressing cultural and structural inequalities. Legally, weak enforcement and the persistence of unregistered clinics undermine regulatory intent and encourage informal surrogacy pathways. Comparative insights from Israel, the United States, and other jurisdictions demonstrate that effective governance requires robust welfare mechanisms and transparent oversight. The study concludes that India's current model falls short of promoting women's empowerment and calls for a more welfare-oriented, rights-based regulatory approach.

KEYWORDS: Surrogacy, Women's Autonomy, Socio-Legal Analysis, Reproductive Rights, India.

1. INTRODUCTION

Surrogacy has evolved into a complex legal, ethical, and socio-economic institution, transforming from earlier, less regulated practices. Traditionally, surrogacy involved either the surrogate's own egg in traditional surrogacy or the use of an IVF-created embryo in gestational surrogacy (Ha, 2012; Sadler, 2021). India emerged as a major global centre for reproductive services in the early 2000s owing to its affordability, medical expertise, and the participation of economically disadvantaged women who viewed surrogacy as a viable livelihood option (Pande, 2014). These developments made India a commercial hub for surrogacy until major regulatory changes were introduced. The increasing demand for assisted reproductive technologies (ART) also reflects broader demographic patterns. The World Health Organization estimates that one in six individuals globally experiences infertility (World Health Organization, 2023). Similarly, an NFHS-5 based analysis reports a national primary infertility rate of 18.7 per 1,000 married women, with significantly higher rates in Goa (49.4), Lakshadweep (47.3), and Chhattisgarh (31.6) (Agiwal et al., 2023). These trends indicate that ART and surrogacy have become critical avenues for individuals and couples seeking parenthood.

A parallel transformation occurred in India's legal landscape. While surrogacy was legalised in 2002, concerns regarding exploitation, clinic malpractices, and cross-border legal complications prompted stricter oversight. Jurisdictions worldwide differ sharply between commercial and altruistic models, complicating citizenship, parental rights, and welfare considerations (Marinelli et al., 2024). India responded by moving from a commercial framework to an altruistic-only model through the Surrogacy (Regulation) Act, 2021 (PRS Legislative Research, 2019). Yet scholars argue that the legislation remains overly restrictive and insufficiently responsive to women's socio-economic realities (Rajpal, 2022). Before this shift, commercial surrogacy in India constituted a substantial economic sector. By 2012, an estimated 25,000 babies were born annually through surrogacy, nearly half to international intending parents, generating over USD 400 million and involving close to 3,000 clinics (Center for Reproductive Rights, 2022). The abrupt transition to altruistic surrogacy, therefore, represents not only a legal change but also a significant socio-economic restructuring.

Despite considerable scholarship on surrogacy ethics, exploitation narratives, and regulatory debates, there remains a clear research gap concerning the socio-legal implications of India's

transition from commercial to altruistic surrogacy. Existing literature has rarely assessed how the prohibition of compensation affects women's financial autonomy, decision-making power, and susceptibility to familial pressure (Eksambi, 2023). Given India's deeply patriarchal social structure, the altruistic model predicated on familial obligation may unintentionally increase coercion and undermine women's agency.

Recent studies highlight that eliminating compensation can exacerbate the economic vulnerability of women who formerly relied on surrogacy income for essential needs, including debt repayment, housing, and children's education (Borah and Nath, n.d.). Simultaneously, unpaid reproductive labour within families remains undervalued and poorly protected, intensifying gendered inequalities. Concerns also persist over the absence of comprehensive welfare mechanisms, including counselling, insurance continuity, and long-term health monitoring for surrogate mothers (Taylor, 2011). These factors collectively demonstrate the urgent need to evaluate whether the altruistic model genuinely protects women or reinforces systemic disadvantage. This study therefore, undertakes a socio-legal analysis of India's surrogacy laws to determine how the regulatory shift influences women's autonomy, reproductive labour, and economic security. The objectives of this study are:

1. To examine the legal framework governing surrogacy in India with particular focus on the Surrogacy (Regulation) Act, 2021 and the Assisted Reproductive Technology (ART) Act, 2021.
2. To analyse the socio-economic implications of commercial and altruistic surrogacy on women's financial and social security in India.

2. LITERATURE REVIEW

Surrogacy research has grown considerably over the past two decades across legal, feminist, medical ethics, anthropological, and policy disciplines. Collectively, this body of work shows that surrogacy operates at the intersection of gender, economy, law, and culture. Early legal studies highlight persistent regulatory fragmentation, where the absence of cohesive laws leads to ambiguity over parental rights, medical responsibility, and enforceability of surrogacy agreements. Ha (2012) demonstrates this in the South Korean context, where ethical decision-making is left to hospitals in the absence of national laws. Similar global inconsistencies are documented by Brandão and Garrido (2022), who note wide disparities in access, legal protection, and recognition of parental rights across countries. In India, the low

medical costs, lax regulations, and favourable outcomes enabled commercial surrogacy to flourish before the shift to altruistic arrangements.

Ethnographic and sociological research in India provides crucial insights into surrogate mothers lived realities. Aravamudan (2014) describes how poverty and gendered vulnerabilities drive women into surrogacy, while Pande (2014) frames surrogacy as reproductive labour embedded in global economic hierarchies where clinics exert disproportionate control. Saravanan (2018) characterises India's surrogacy sector as a commercial "biomarket," masking structural exploitation despite narratives of empowerment. These works collectively show that surrogacy frequently unfolds in contexts lacking autonomy, long-term stability, and ethical safeguards.

Legal and policy analyses emphasise how regulation shapes these socio-economic dynamics. The Surrogacy (Regulation) Bill (2019) and the Surrogacy (Regulation) Act (2021) formalized India's transition from commercial to altruistic surrogacy. Kaur (2021) argues that the Act restricts reproductive autonomy by excluding single persons, LGBTQ+ individuals, and foreigners, while restrictions may drive surrogacy underground. Bromfield and Rotabi (2014) similarly warn that prohibitive regimes tend to create informal markets. Financial vulnerability in ART is further highlighted by ICMR-NIRRCH data, indicating that nearly 90% of IVF-seeking couples incur catastrophic expenditure (TNN, 2025).

At the international level, surrogacy laws remain heterogeneous. Marinelli et al. (2024) note challenges relating to parentage, citizenship, and documentation in cross-border arrangements. Mexico's recent legal developments, the landmark Baby M case (1988), and Israel's culturally anchored regulatory system (Samama, 2015) underscore the global complexity of surrogacy governance (Matter of Baby M, 1988). Historical Indian data further indicate the magnitude of past commercial activity, with approximately 25,000 annual surrogate births and a market exceeding USD 400 million (Center for Reproductive Rights, 2022).

Despite this diverse literature, notable gaps persist. Existing studies focus heavily on ethics and regulation but seldom assess how the shift to altruistic surrogacy affects women's economic agency, empowerment, or long-term wellbeing. Ethnographies underline exploitation yet rarely examine post-ban socio-economic consequences. Recent socio-economic evidence from Gujarat shows that many surrogates remain in poverty even after surrogacy (Suryanarayanan, 2023), underscoring the

limitations of altruistic frameworks. Overall, the literature reveals structural inequalities, legal ambiguities, and gendered vulnerabilities that justify a deeper socio-legal analysis of whether India's current surrogacy regime promotes women's rights, autonomy, and socio-economic security.

3. METHODOLOGY

3.1. Research Design

The study adopts a qualitative socio-legal research design to examine surrogacy as both a legal construct and a socio-cultural practice. This approach moves beyond statutory interpretation to assess how laws intersect with gender norms, social expectations, and economic vulnerabilities. Descriptive statistical trends from secondary datasets such as infertility prevalence and financial aspects of ART are incorporated to strengthen the contextual analysis.

3.2. Doctrinal Method

Doctrinal research forms the primary method, involving systematic examination of statutes, case law, legislative debates, and scholarly commentary. The Surrogacy (Regulation) Act, 2021 and the ART Act, 2021 are analysed to identify gaps, inconsistencies, and policy implications affecting women's reproductive autonomy and socio-economic wellbeing.

3.3. Sources of Data

The study relies exclusively on secondary sources, including Indian laws, constitutional provisions, judicial decisions, government publications, and peer-reviewed literature offering feminist, anthropological, and socio-economic perspectives. Comparative legal materials from countries such as the United States, Israel, and Mexico position the Indian model within a broader regulatory context. Statistical information drawn from WHO estimates, NFHS-5 data, the ICMR-NIRRCH study on IVF expenditure, and socio-economic studies on surrogate mothers is used to contextualise the legal analysis.

3.4. Analytical Framework

The analytical framework is normative-interpretive, grounded in constitutional values of autonomy, dignity, equality, and reproductive rights. Gender justice and socio-economic analysis are employed to assess how legal restrictions influence women's empowerment. The study utilises thematic analysis to identify recurring patterns, content analysis to review policy and legislative materials, and comparative socio-legal analysis to evaluate regulatory approaches across jurisdictions. These tools support the integration of doctrinal interpretation with relevant statistical data.

3.5. Scope and Delimitations

The study evaluates legal and policy documents without primary fieldwork or interviews, as its objective is doctrinal and socio-legal assessment rather than empirical measurement of personal experiences. The focus is limited to India's regulatory environment, with selective international comparisons to highlight broader policy implications. Statistical data used in the analysis are drawn from publicly available sources and are incorporated to provide contextual background.

4. RESULTS

This socio-legal analysis shows that India's shift from commercial to altruistic surrogacy has significantly reduced women's financial autonomy, intensified social vulnerability, and exposed persistent weaknesses in regulatory implementation. Despite the intention to prevent

exploitation, the new framework has produced unintended economic and gendered disadvantages. A comparative perspective further highlights how India's model lacks both welfare depth and regulatory clarity seen in other countries. The findings are presented below.

4.1. Economic Impact of the Shift from Commercial to Altruistic Surrogacy

The removal of compensation under the altruistic model has sharply reduced the economic benefits previously available to surrogate mothers. Under commercial surrogacy, women earned INR 5–14 lakh, allowing them to repay debts, build savings, and support their families. The altruistic system offers only medical reimbursement, eliminating a major income source and reinforcing household financial dependence. Table 1 illustrates the decline in financial outcomes and bargaining power under the current model.

Table 1: Comparison of Women's Economic Outcomes under Commercial and Altruistic Surrogacy

Indicator	Commercial	Altruistic	Impact
Income Earned	INR 5–14 lakh	No compensation	Loss of livelihood
Saving Capacity	High	Low	Weak long-term security
Debt Reduction	Significant	Minimal	Continued poverty
Autonomy	Enhanced	Restricted	Reinforced dependence
Negotiation Power	Moderate	Very low	Higher coercion risk

Broader ART-related costs further shape the reproductive landscape. ICMR-NIIRCH (2025) reports IVF costs averaging ₹1.1 lakh (public) and ₹2.3 lakh (private), with ~90% of couples

experiencing catastrophic expenditure and only ~5% having insurance coverage. These financial pressures (Table 2 and Figure 1) explain why surrogacy continues informally despite legal restrictions.

Table 2: Economic Indicators Related to ART Costs

Indicator	Value
Average IVF cost (public)	₹1.1 lakh
Average IVF cost (private)	₹2.3 lakh
Catastrophic expenditure	~90%
Insurance coverage	~5%

Source: TNN. (2025, December 5)

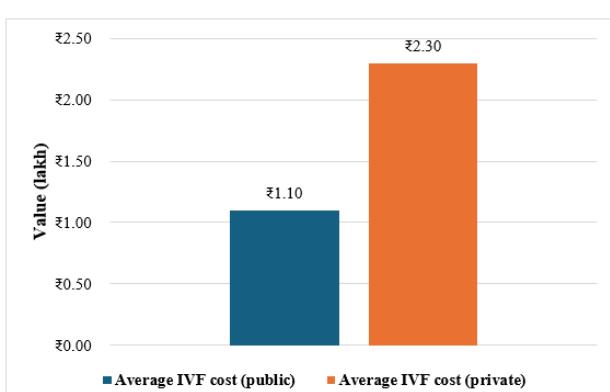


Figure 1: IVF Costs in India.

4.2. Social and Gendered Experiences of Surrogate Mothers

Surrogate mothers report persistent stigma, particularly in conservative and rural settings where surrogacy is viewed as morally questionable. The altruistic model's requirement of "close relative" involvement often deepens family pressure, reducing women's ability to provide informed and voluntary consent. Emotional support services remain scarce, leaving women vulnerable to anxiety, social isolation, and post-delivery distress. Table 3 summarizes these experiences.

Table 3: Social and Gender-Related Experiences of Surrogate Mothers

Dimension	Observation	Effect
Social Acceptance	Low	Stigma, isolation
Family Influence	High	Coercion, reduced choice
Emotional Health	Unaddressed	Stress, distress
Support Networks	Minimal	Weak reintegration
Decision-Making	Restricted	Family control

Source: Author's synthesis based on Pande (2009); Karandikar et al. (2014); Patel & Sundari (2020); and ethnographic research on surrogate mothers in India (e.g., Gujarat study)

Socio-economic data further indicate that most surrogates come from disadvantaged backgrounds: 24% from very poor households, 42% from poor households, and 38% with limited education.

Notably, 64% remain poor post-surrogacy, showing that altruistic surrogacy provides no lasting uplift. Table 4 presents this profile.

Table 4: Socio-Economic Profile of Surrogates

Indicator	Percentage
Very poor households	24%
Poor households	42%
Low education	38%
Remaining poor post-surrogacy	64%

Source: Suryanarayanan, S. (2023)

4.3. Legal and Policy Gaps in the Surrogacy Regulatory Framework

Although the Surrogacy (Regulation) Act, 2021 introduces safeguards, significant gaps persist.

Restrictive eligibility rules, slow clinic registration processes, lack of counselling, and absence of long-term welfare protections undermine implementation. Table 5 outlines these shortcomings.

Table 5: Legal and Policy Gaps in India's Surrogacy Regulation

Area	Intended Purpose	Gap	Implication
Eligibility	Prevent misuse	Excludes singles, LGBTQ+, foreigners	Push towards informal markets
Clinic Oversight	Standardisation	Weak monitoring	Unregistered clinics continue
Welfare	Prevent exploitation	No insurance or counselling	Women remain unprotected
Enforcement	Uniformity	Limited capacity	Patchy implementation
Parentage	Streamlining	Delays	Legal uncertainty

Source: Author's analysis based on the Surrogacy (Regulation) Act, 2021 and secondary literature (e.g., Chaudhary & Bishnoi, 2025).

State reports reveal that 381 IVF clinics in Telangana operate without registration, and illegal payments (₹10–20 lakh to brokers; ~₹2 lakh to

surrogates) continue. These enforcement failures are shown in Table 6.

Table 6: Enforcement Challenges in Surrogacy Regulation

Issue	Evidence
Unregistered clinics	381 in Telangana
Illegal payments	₹10–20 lakh via brokers; ~₹2 lakh to surrogates
Lack of welfare oversight	Reported across states

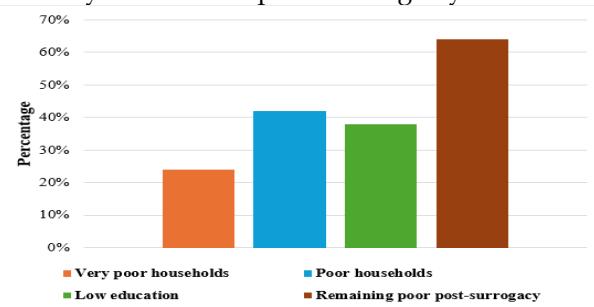
Source: TNN. (2025, August 16) and TNN. (2025, July 31).

These factors have collectively contributed to the informalization of surrogacy, with covert arrangements and unregulated clinics filling the regulatory vacuum.

4.4. Intersectional Inequalities Affecting Surrogate Mothers

Surrogacy disproportionately impacts women already facing structural disadvantages—poverty, low education, and gendered household hierarchies. Women with limited livelihood options are more susceptible to family influence, especially under the altruistic model where financial gain is absent. Rural women face stronger stigma and weaker support networks than their urban

counterparts. These overlapping inequalities amplify vulnerability and restrict reproductive agency.

**Figure 2: Socio-Economic Disadvantage Among Surrogate Mothers**

4.5. Comparative Insights from International Surrogacy Frameworks

International models show how India's altruistic-only regime lacks the protective depth seen elsewhere. Israel operates a regulated system with counselling, oversight, and controlled compensation, producing 400+ births annually with a 99.5%

approval rate (Figure 3). The United States uses a contractual commercial model with surrogate compensation of USD 35,000–60,000 and total costs of USD 100,000–150,000, supporting 2,000–4,000 births annually. Mexico provides fragmented, state-based regulation, while South Korea lacks a national surrogacy law. Table 7 summarizes differences.

Table 7: Comparative Surrogacy Models Across Selected Countries

Country	Legal Model	Access	Compensation	Births/year
India	Altruistic-only	Restricted	None	Pre-ban: ~25,000 births/year
Israel	State-regulated	Expanded	Regulated	>400 births/year
United States	Commercial	Broad	USD 35k–60k	2,000–4,000/year
Mexico	Fragmented	State-dependent	Semi-regulated	Growing tourism
South Korea	No statute	Informal	Undocumented	Grey zone

Source: Center for Reproductive Rights (2012); Samama (2015); Surrogacy laws by state; Marinelli et al. (2024); Ha (2012).

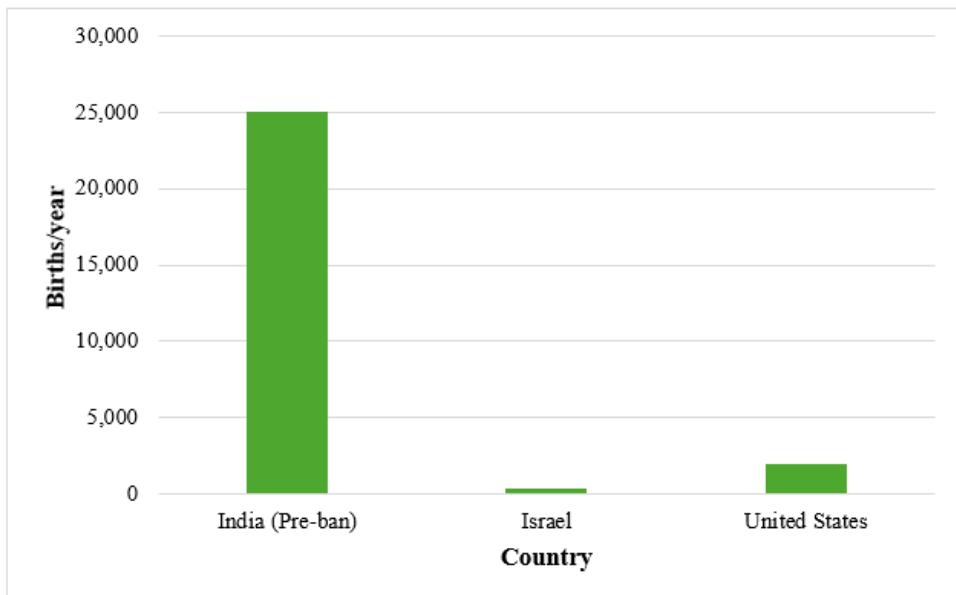


Figure 3: International Comparison of Annual Surrogacy Births

The transition to altruistic surrogacy has not eliminated exploitation but shifted it into less visible forms. Women face reduced economic autonomy, persistent stigma, and heightened familial control, while regulatory gaps allow informal networks and illegal payments to flourish. Compared internationally, India's model lacks both the welfare safeguards of regulated systems and the transparency of commercial ones. The findings underscore the need for a more balanced, rights-based and welfare-centred framework that genuinely protects surrogate mothers.

5. DISCUSSION AND CONCLUSIONS

The findings of this study underscore that India's shift from commercial to altruistic surrogacy has generated complex socio-legal consequences that intersect economic vulnerability, gendered power

relations, and institutional shortcomings. Rather than mitigating exploitation, the altruistic model when implemented without adequate welfare safeguards has reproduced and, in several respects, intensified pre-existing structural inequalities. This pattern aligns with global critiques that caution against prohibition-based models in contexts where enforcement mechanisms are weak and patriarchal norms remain deeply embedded. A central insight emerging from the results is the sharp decline in women's financial autonomy following the removal of compensation. Commercial surrogacy previously enabled women from economically disadvantaged backgrounds to accumulate savings, repay debts, secure housing, and support their children's education—outcomes that were not merely economic but represented meaningful pathways to social mobility. The altruistic model, however, eliminates

this financial lifeline and reinstates women's economic dependence within patriarchal family structures. This finding resonates strongly with the ethnographic research of Saravanan (2018), who demonstrate that reproductive labour, when uncompensated, is vulnerable to both familial appropriation and institutional oversight failures. Moreover, the broader economic landscape in which surrogacy operates marked by high ART costs, catastrophic expenditure, and limited insurance coverage exposes the contradictory nature of a system that demands altruism from surrogate mothers but imposes heavy financial burdens on intending parents. This contradiction undermines the policy logic behind the altruistic framework and raises questions about the economic coherence of the regulatory design.

The results further reveal that surrogacy continues to be socially stigmatized, despite shifts in reproductive technologies and legal frameworks. Women interviewed in earlier ethnographic works consistently describe facing moral judgment, gossip, and community ostracism. The present study corroborates these patterns through data showing persistent stigma, emotional distress, and absence of social support. Particularly notable is the intensified family pressure introduced by the requirement that surrogates must be "close relatives." While framed as a protective mechanism, this provision may amplify coercion by placing reproductive decision-making within family hierarchies marked by gendered power imbalances. Roy's (2021) argument that familial altruism often disguises obligation rather than genuine consent becomes even more relevant in this context. Thus, the social findings suggest that the altruistic model operates within cultural landscapes that have not evolved sufficiently to ensure informed and voluntary participation.

Legally, the study exposes substantial gaps between legislative intent and practical enforcement. The persistence of unregistered clinics, illegal payment networks, and inconsistent compliance mechanisms illustrates the limitations of India's regulatory infrastructure. Even the most sophisticated legal frameworks fail in the absence of adequate institutional capacity, bureaucratic coordination, and accountability structures. These findings are consistent with international experiences: South Korea, lacking a dedicated surrogacy law, relies heavily on hospital-level discretion, leading to inconsistent ethical oversight (Ha, 2012). Mexico demonstrates that fragmented regulation creates opportunities for both reproductive tourism and uneven protection (Marinelli et al., 2024). Israel's model provides a contrast that reinforces the core insight of this study –

effective altruistic surrogacy requires robust state supervision, structured welfare, and institutional continuity, none of which currently exist in India. Another critical contribution of this study lies in its intersectional analysis. The results indicate that surrogate mothers are disproportionately from low-income households, have limited education, and often remain in poverty even after participating in surrogacy. Their vulnerabilities are therefore layered, not singular. Economic need intersects with gendered expectations, reduced autonomy, limited mobility, and social stigma, creating a compounded disadvantage. Feminist theorists have long argued that legal interventions that do not account for intersectional realities fail to address the root causes of gendered inequality. The present findings support this critique and highlight the need to rethink surrogacy regulation through a gender-sensitive, welfare-oriented framework that acknowledges these structural realities.

Comparative insights further illuminate the structural deficiencies of India's current model. Countries such as Israel and certain U.S. states demonstrate that both altruistic and commercial systems can function ethically when supported by transparent procedures, psychological counselling, financial safeguards, and independent oversight committees. India's framework, by contrast, restricts compensation without offering surrogate mothers the institutional protections that make altruism viable in regulated systems. This reveals a fundamental asymmetry: the Indian model borrows the restrictive elements of altruistic frameworks but lacks the supportive measures that make them effective elsewhere. Overall, the expanded analysis suggests that the shift to altruistic surrogacy has neither eliminated exploitation nor advanced women's social empowerment. Instead, it has created a regulatory vacuum in which informalization expands, economic security diminishes, and gendered vulnerabilities deepen. These findings strongly indicate the need for a re-evaluation of India's surrogacy laws, moving toward a model that balances ethical concerns with robust welfare mechanisms, transparent governance, and women's reproductive autonomy. Such reforms are essential for ensuring that surrogacy, as a form of reproductive labour, aligns with principles of dignity, equity, and social justice.

5.1. Implications for Policy Makers

The evolving landscape of altruistic surrogacy in India calls for a comprehensive policy recalibration that aligns legislative intent with women lived realities, constitutional values, and international best practices. The existing framework, while motivated by concerns of exploitation, inadvertently restricts

women's economic agency and pushes reproductive labour into informal, unregulated spaces. Policymakers must therefore prioritise a welfare-based compensation structure that recognises surrogacy as legitimate reproductive labour and provides surrogate mothers with structured financial security, without reverting to the exploitative dynamics associated with unregulated commercial models. Strengthening institutional safeguards including independent counselling services, systematic psychological assessments, long-term health monitoring, and mandatory insurance coverage is essential to mitigate coercion, particularly within familial relationships where power asymmetries often remain concealed.

Effective regulation further requires robust enforcement capacity, encompassing digitalised clinic registries, periodic compliance audits, transparent reporting systems, and stringent penalties for unregistered fertility centres and illegal intermediaries. Expanding eligibility criteria to include single individuals, LGBTQ+ persons, and foreign nationals would reduce the incentive for underground arrangements and promote equality-driven access to reproductive technologies. Establishing Surrogate Welfare Cells at the state and district levels can institutionalise support through legal aid, counselling, grievance redressal, and structured monitoring of surrogate well-being. Standardised, legally enforceable surrogacy agreements should articulate clear rights, responsibilities, entitlements, and dispute-resolution procedures to enhance transparency and accountability. Moreover, integrating surrogate mothers into broader social welfare schemes, skill-development programs, and financial literacy initiatives can facilitate their long-term socio-economic empowerment. Collectively, these measures underscore the need for a rights-based, gender-sensitive, and welfare-centred regulatory paradigm capable of safeguarding reproductive autonomy while promoting equity and dignity in India's surrogacy ecosystem.

6. FUTURE SCOPE

Future research on surrogacy in India must move beyond doctrinal interpretation to engage systematically with the lived experiences, socio-economic trajectories, and structural constraints that shape surrogate motherhood under the altruistic regime. Empirical fieldwork involving surrogate mothers, intending parents, medical practitioners, and regulatory authorities is essential to illuminate nuanced dynamics of consent, negotiation, emotional labour, and familial influence—factors that remain

insufficiently captured within secondary literature. Longitudinal studies should trace the long-term implications of altruistic surrogacy on women's financial mobility, health outcomes, social reintegration, and overall empowerment, enabling a clearer assessment of whether the new regulatory framework ameliorates or exacerbates structural vulnerabilities over time.

Comparative international analyses also present a critical avenue for future inquiry. Examining the welfare safeguards, oversight mechanisms, and compensation structures operational in jurisdictions such as Israel, Canada, Ukraine, and select U.S. states can provide evidence-based insights into models that balance autonomy with protection, and altruism with enforceable welfare guarantees. Further research is required to scrutinize the implementation challenges of India's ART and Surrogacy Acts, focusing on clinic accreditation processes, enforcement capacity, bureaucratic bottlenecks, and the proliferation of informal networks that circumvent formal regulation.

Intersectional analyses exploring how caste, class, education, and rural–urban disparities intersect with reproductive labour will deepen understanding of which groups remain most vulnerable under the altruistic framework. Additionally, the evolving jurisprudence surrounding parentage, reproductive rights, and bodily autonomy warrants close monitoring to evaluate how courts interpret and shape the contours of surrogacy governance. Collectively, these research directions can contribute to the development of a more equitable, empirically grounded, and rights-affirming surrogacy policy landscape in India.

7. CONCLUSION:

The present study examined the socio-legal implications of India's transition from commercial to altruistic surrogacy, with particular focus on how this shift affects women's autonomy, economic security, and social empowerment. The findings demonstrate that although the Surrogacy (Regulation) Act, 2021 was enacted to prevent exploitation and unethical medical practices, its implementation has produced outcomes that diverge significantly from its stated objectives. By eliminating compensation, the altruistic model has reduced women's financial agency, re-established economic dependence within patriarchal family structures, and removed a critical pathway for upward mobility previously available under commercial surrogacy. Socially, the persistence of stigma, moral scrutiny, and familial pressure illustrates that the altruistic framework operates within cultural environments that do not ensure informed and voluntary participation. Legally, the

gaps in enforcement evident in unregistered clinics, illegal payment networks, and inconsistent oversight show that regulation without adequate institutional capacity fails to protect surrogate mothers. Comparative insights further reveal that jurisdictions with altruistic or commercial models achieve better outcomes when supported by robust welfare systems, counselling mechanisms, and transparent governance structures. Overall, the study concludes that India's current surrogacy regime does not fully safeguard women's rights or enhance their social

empowerment. Instead, it inadvertently reinforces existing inequalities and facilitates the informalisation of reproductive labour. A more balanced, welfare-oriented legal framework is necessary one that acknowledges reproductive labour as legitimate work, ensures informed consent, provides economic safeguards, and strengthens institutional oversight. Such an approach is essential for promoting dignity, autonomy, and long-term well-being for surrogate mothers in India.

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