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Surrogacy and Indian Laws: Exploring Surrogacy and Reproductive Technologies and their Indian Legal Implications

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ABSTRACT

Surrogacy, a practice wherein a woman carries a pregnancy for another individual or couple, has gained prominence as a viable reproductive option worldwide.

The Surrogacy Regulation Act, 2020 would limit the choice of surrogacy for many. Surrogacy in India has had its own journey from India becoming popular as a surrogacy hub since 2002. For all those couples who would not have been able to bear children on their own, surrogacy is a crucial medical service. It's important to strike a balance between regulating surrogacy to prevent exploitation and ensuring that individuals or couples who genuinely need surrogacy as a reproductive option can access it without undue restrictions. If sensitive concerns related to surrogacy are adequately addressed by carefully crafted legislation that protect the rights of surrogate moms, intended parents, and children born through surrogacy, then surrogacy could be conducted in harmony.

As assisted reproductive technologies gain prominence in India, the need for surrogacy laws becomes pivotal. The evolving landscape of family-building options demands clear regulations to address ethical, social, and legal complexities. Establishing a comprehensive legal framework is essential to safeguard the interests of all stakeholders and foster responsible, transparent surrogacy practices.

In India, surrogacy has emerged as a significant industry due to its cost-effective nature and relatively lax regulations. This paper will explore the legal aspect of surrogacy in India, highlighting the complexities and challenges associated with this practice. Including the legal implications of surrogacy arrangements and issues related to parental rights, surrogacy contracts and welfare of the child.

Keywords: *Surrogacy Laws, Reproductive Tourism, Court Intervention, Rights of Surrogate Children.*

I. INTRODUCTION

Parenting is a cherished dream for many, but not everyone is blessed with it naturally. Surrogacy is a path that enables eager individuals to fulfill their desire for parenthood. However, India's

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surrogacy laws have been marred by discrimination, creating challenges for prospective parents. Surrogacy is a form of assisted reproduction in which a third party agrees to carry a child for a couple who will become the child's legal parents through a contractual agreement. India has been practicing surrogacy since 1978 and has gained a reputation as a hub for the fertility industry and "reproductive tourism." Despite its long history, there is still much work to be done to make surrogacy laws inclusive and supportive for all.

Surrogacy in India has a historical presence, notably marked by the birth of the first IVF child, Kanupriya, in 1978, which ignited hope for surrogacy as an alternative reproductive technique. However, the absence of clear regulations allowed the proliferation of uncontrolled surrogacy practices, particularly in low-cost fertility clinics, and made India a preferred destination for foreigners seeking surrogacy services. In 2015, activist and lawyer Jayshree Wad's case brought attention to the perils of the commercial surrogacy market, leading to the Indian government's decision to ban surrogacy for foreigners and the introduction of the 2016 Surrogacy (Regulation) Bill.²

With the rising prominence of assisted reproductive technologies in India, the call for surrogacy laws becomes increasingly imperative. The absence of clear regulations has given rise to ethical concerns, commercial exploitation, and legal ambiguities. Cases like "Baby Manji Yamada"³ underscore the urgent need for a comprehensive legal framework to safeguard the rights and well-being of all parties involved, including intended parents and surrogate mothers. Establishing robust surrogacy laws is crucial to navigating the complexities of assisted reproduction, fostering ethical practices, and ensuring transparency in a rapidly evolving landscape where individuals seek diverse paths to parenthood.

The 2016 bill, while a step towards regulation, had a significant flaw. It mandated couples to prove their infertility, which was defined as the inability to conceive five years after unprotected intercourse or due to specific medical conditions, leaving some scenarios unaddressed, such as recurrent miscarriages. Subsequently, in 2019, the Surrogacy (Regulation) Bill was presented, allowing altruistic surrogacy but prohibiting commercial surrogacy, thus marking a turning point in surrogacy regulations in India. This bill was enacted in 2021, signifying an effort to bring more clarity and control to the practice of surrogacy in the country.

² Surrogacy | <https://en.wikipedia.org/wiki/Surrogacy>

³ Baby Manji Yamada vs Union Of India & Anr WRIT PETITION (C) NO. 369 OF 2008

II. TYPES OF SURROGACIES

- **Partial or Conventional Surrogacy:** This variant engages in the artificial insemination of a surrogate mother using the intended father's sperm, employing techniques like intrauterine insemination (IUI), in-vitro fertilization (IVF), or home insemination. Notably, the surrogate mother provides her own eggs, forging a genetic link between the child and both the surrogate and the intended father.
- **Traditional Surrogacy with Donor Sperm:** In this mode, the surrogate mother is artificially inseminated with donor sperm, resulting in a genetic connection between the child, the sperm donor, and the surrogate mother.
- **Gestational or Complete Surrogacy:** When the intended mother faces medical constraints for pregnancy, this method comes into play. It entails crafting an embryo via IVF, incorporating the intended mother's egg and the intended father's sperm. Subsequently, the embryo is implanted in the surrogate mother for gestation. The child thus maintains a genetic link to the biological parents, while no genetic bond is formed with the surrogate.
- **Gestational Surrogacy with Egg Donation:** If the intended mother cannot contribute her eggs, the solution involves a donor egg, fertilized by the intended father's sperm, and implanted in the surrogate. In this case, the child shares a genetic connection with the intended father but not with the surrogate.
- **Gestational Surrogacy with Sperm Donation:** Should the intended father be unable to produce sperm, the surrogate carries an embryo generated from the intended mother's egg (if she is unable to sustain pregnancy herself) and donor sperm. Consequently, the child shares a genetic connection with the intended mother but not with the surrogate.
- **Gestational Surrogacy with Embryo Donation:** In scenarios where the intended parents lack sperm, eggs, or embryos, the surrogate carries a donated embryo. In this instance, the child lacks a genetic bond with either the intended parents or the surrogate.
- **Commercial Surrogacy:** Commercial surrogacy differs from altruistic surrogacy as it entails substantial financial compensation to the surrogate for her services and pregnancy-related expenses. It's often viewed as a business transaction where a fee is exchanged for gestational services, with the surrogate surrendering parental rights. Critics sometimes use emotive terms like "wombs for rent" to describe it. This practice is legal in several countries, such as India, due to advanced medical facilities, global

demand, and the accessibility of surrogates from economically disadvantaged backgrounds.

III. SURROGACY REGULATION ACT 2021

The Black Law Dictionary defines surrogacy as an agreement wherein a woman agrees to undergo artificial insemination with the semen of a man who is not her husband. On the other hand, the definition provided in the Assisted Reproductive Technology Bill describes surrogacy as an agreement in which a woman agrees to a pregnancy achieved through assisted reproductive technology, where neither the egg nor the sperm belongs to her or her husband, with the intention of carrying the pregnancy to term and subsequently handing over the child to the intended parents. Surrogacy is a valuable option for individuals who are unable to become parents due to medical or other reasons. Given the significance of this technology, there was a pressing need to regulate surrogacy-related activities in India. Up until 2021, surrogacy remained unregulated in the country. Cases such as "Baby Manji Yamada vs. Union of India & Anr"⁴ and "Jan Balaz vs. Anand Municipality"⁵ underscored the urgency of enacting legislation to oversee and govern surrogacy in India.

Balaz v. Anand Municipality [2009 SCC OnLine Guj 10446] is a landmark case in Indian surrogacy law. In 2008, a German national named Jan Balaz entered into a surrogacy agreement with an Indian woman to have a child. This child was born in Gujarat, India, and Jan Balaz obtained a birth certificate for the child. However, when he attempted to leave India with the child, he faced opposition from the authorities. Jan Balaz filed a petition in the Gujarat High Court, seeking permission to exit India with the child. Initially, the court denied his petition, citing concerns about the child's well-being and the legal aspects of commercial surrogacy in India. Nevertheless, the court eventually granted permission to Jan Balaz to depart with the child, subject to specific conditions. This case brought significant attention to the issue of commercial surrogacy in India and emphasized the necessity for clearer laws and regulations governing surrogacy agreements. It also underscored the importance of safeguarding the welfare and rights of children born through surrogacy arrangements.

The case of Baby Manji Yamada v. Union of India [(2008) 13 SCC 518] revolved around a surrogate child born to a Japanese couple through a surrogate mother in India. Subsequently, the couple divorced, and the mother declined to assume custody of the child. Unfortunately, the father faced visa issues that prevented him from entering India to collect the child. This case

⁴ Id.

⁵ Jan Balaz Vs Anand Municipality

brought to the forefront a series of questions concerning the legal standing and rights of surrogate children, as well as the responsibilities of surrogacy clinics and intended parents. In the end, the Supreme Court issued a directive for the Japanese consulate in India to issue travel documents for the child, allowing her to be taken to Japan. Furthermore, the court recommended that the Indian government establish regulations to govern surrogacy within the country.

IV. COMPREHENSIVE OVERVIEW OF INDIA'S 2022 SURROGACY LAW AND ITS IMPLICATIONS

Altruistic surrogacy is when a surrogate willingly carries a child for a couple out of love and empathy. When money is involved, it's seen as commercialization, which has caused concerns in India. In 2022, a new surrogacy law was introduced to address these issues. The key aspect of the law is that intending couples must now go through the court system to contract a surrogate. This court intervention is expected to prevent profiteering, exploitation, and racketeering in surrogacy arrangements. The law builds upon earlier guidelines from the Indian Council of Medical Research in 2005 and additional regulations from the government in 2010.

The eligibility criteria for **couples**:

- The couple must approach a government medical board, consisting of specialists.
- The couple should be between 25 and 50 years old and should not have had a child through any means.
- They must provide a clear medical and radiological report and may need a genetic anomaly clearance.
- They need an insurance policy for the surrogate mother's medical needs for 36 months.
- Once the board validates their submission, they receive an essentiality certificate that must be submitted to a first-class judicial magistrate for an order. This order serves as proof of birth for the child born through surrogacy and allows the couple to register the child.

As for **surrogate** eligibility:

- The surrogate must be between 25 and 35 years old, married with a child of her own.
- She should be a first-time surrogate and certified as mentally fit by a psychiatrist.
- The law also requires the couple and surrogate to have linked Aadhaar cards, making the individuals involved traceable, reducing the scope for malpractice.

To address commercialization, the law prohibits:

- The sale or purchase of human embryos and gametes.
- The sale or purchase of surrogate services.
- Offering payment, reward, benefit, fees, remuneration, or inducement to the surrogate, her dependents, or her representative.
- Export of embryos to foreign countries, except with permission, with violators facing fines and imprisonment.

Other aspects of the law include:

- Only heterosexual couples recognized by the Indian marriage act can employ surrogacy.
- Surrogates cannot terminate pregnancy without permission.
- The embryo must be genetically related to the couple.
- Divorcees or widows aged 35-45 can offer their eggs for surrogacy.
- Children born of surrogacy can claim the right to know their origins and the identity of the surrogate when they turn 18.

V. KEY PROVISIONS OF THE 2022 SURROGACY REGULATION RULES IN INDIA

The Act is a comprehensive legal document consisting of eight chapters and 54 sections that are specifically designed to regulate the practice of surrogacy in India. It was officially approved by the President on December 25, 2021.

Within the Act, Section 2 serves the important purpose of providing definitions for key terms and concepts:

- **Altruistic Surrogacy** (Section 2(b)): This term is defined to mean a surrogacy arrangement where the surrogate mother is only entitled to reimbursement for specific expenses, such as medical costs and insurance coverage. Any form of additional charges, fees, remuneration, or financial incentives beyond these prescribed expenses is strictly prohibited.
- **Commercial Surrogacy** (Section 2(g)): This definition pertains to surrogacy arrangements that involve the provision of monetary incentives, whether in the form of cash or other kinds of rewards. However, it's important to note that commercial surrogacy is not allowed under the Act.

- **Couple** (Section 2(h)): This definition clarifies that a "couple" refers to a legally married pair consisting of a man and a woman. It also sets specific age requirements, stating that the man must be at least 21 years old, and the woman must be at least 18 years old.
- **Intending Couple** (Section 2(r)): The term "intending couple" describes couples who wish to become parents through the process of surrogacy. The Act establishes age criteria for such couples, requiring the female to be between 23 and 50 years of age and the male to be between 26 and 55 years of age, as specified in Section 4(iii)(c)(I).
- **Intending Women** (Section 2(s)): This definition covers women who fall within the age range of 35 to 45 years and are either widows or divorced. These women intend to undergo surrogacy as a means of having a child.
- **Surrogacy** (Section 2(zd)): This definition encapsulates the essence of surrogacy as a medical procedure in which a woman carries a child in her womb and gives birth to the child on behalf of an intending couple. After the child's birth, the surrogate mother hands over the child to the intending couple. This definition clearly outlines the fundamental nature of surrogacy as regulated by the Act.

These definitions are crucial as they lay the groundwork for the various rules and regulations detailed in the Act, ensuring that surrogacy practices are conducted in accordance with the established legal framework. The Surrogacy Regulation Rules, 2022, were introduced by the central government to establish the essential criteria and regulations that apply to registered surrogacy clinics.

These clinics are obligated to meet specific staffing requirements, which include at least one gynecologist, anesthetist, embryologist, and counselor. They may also hire additional personnel from ART Level 2 clinics. The gynecologist leading the clinic must hold a post-graduate degree in gynecology and obstetrics and possess relevant experience in performing ART procedures.

To operate legally, surrogacy clinics must complete a registration process with the appropriate authority and pay the stipulated fees. Upon approval, they receive a certificate of registration, which must be prominently displayed within the clinic premises. In the event of application rejection, cancellation, or suspension, the applicant retains the right to appeal within a 30-day timeframe using the designated appeal form. Authorized entities are granted the authority to conduct surprise inspections of surrogacy clinics, evaluating their facilities, equipment, and records. However, it's important to note that these inspections should not pose any risk to stored gametes or embryos.

The surrogate mother's voluntary consent, as specified in the guidelines, is a mandatory requirement for the surrogacy procedure. The rules also set a limit on the number of surrogacy attempts, capping it at a maximum of three. Typically, the gynecologist is expected to implant only one embryo, but in exceptional cases, up to three embryos may be allowed.

Should the surrogate mother wish to terminate the pregnancy, the process must adhere to the guidelines outlined in the Medical Termination of Pregnancy Act, 1971. Furthermore, it is mandatory for the intending couple or woman to obtain health insurance that covers the surrogate mother's well-being for a duration of 36 months.

VI. A CRITICAL EXAMINATION OF SURROGACY LAWS IN INDIA, THE U.S.⁶

Surrogacy contracts are facilitated by the arbitration of rights, effectively obscuring underlying societal and class issues. Bioethicists express concerns about the inadequate compensation for surrogates, particularly in countries like India, which face high mortality rates. While there are legal frameworks in place to handle the challenges posed by surrogacy and to harness its potential benefits in India, there are inherent gaps in these laws.

Furthermore, the effective enforcement of these laws is lacking in the current landscape where surrogacy has emerged as a contentious issue, both in terms of regulation and potential violations of human rights on ethical grounds. Despite the gravity of these issues, the practice remains largely unregulated. In essence, existing laws do not comprehensively address the challenges at hand, and they are often deficient in addressing the core concerns.

It appears that the legal framework for surrogacy in India is inadequate, and attempts to enforce these laws are incomplete, allowing for the increasing misuse of surrogacy. Therefore, this study will conduct a thorough analysis of the legislative provisions governing surrogacy in India.

The study will also explore whether the legal mechanisms for surrogacy in India are keeping pace with the global developments in this field and other assisted reproductive technologies. Additionally, the study will scrutinize the roles of the Indian judiciary and legislature in responding to recent trends in surrogacy practice. The research methodology employed in this study will predominantly be based on legal analysis and interpretation.

In the United States, those involved in the surrogacy industry negotiate contracts under the influence of legal considerations, a practice commonly referred to as operating within the "shadow of the law." This is primarily because American courts are more accessible to

⁶ Sital Kalantry, *Regulating Markets for Gestational Care: Comparative Perspectives on Surrogacy in the United States and India*, <https://scholarship.law.cornell.edu/cgi/viewcontent.cgi?article=1482&context=cjllpp>

American surrogates compared to their Indian counterparts. American courts also tend to issue judgments more promptly than those in India. Conversely, India faces restrictions due to laws that prohibit contingent fees and other factors, leading to limited access to courts for the economically disadvantaged women who become surrogates. The extended timeframe for adjudication further diminishes the significance of court decisions in India. As a result, the influence of the common law is less pronounced in the Indian surrogacy industry compared to the United States.

Several other factors contribute to the varying levels of protection for surrogates in the United States and India. Notably, the legal framework, particularly in terms of tort law, may be less favorable to plaintiffs in India compared to similarly situated plaintiffs in the United States. High-profile cases in the United States have seen substantial punitive damages awarded to plaintiffs, a practice not commonly seen in Indian courts. However, even if Indian courts were to award higher tort damages, this would not significantly impact the behavior of Indian surrogacy industry actors, as they are aware that surrogates often struggle to access the legal system.

Additionally, the relative economic inequality between surrogates and intended parents in India, as well as in the United States, plays a role in shaping surrogate-protective norms. Notably, in the United States, poor women are often excluded from the gestational care market by industry actors, as many matching agencies refuse to consider applications from women below the federal poverty line. This exclusionary policy may itself be a response to concerns about the impact of the common law. Industry actors may worry that surrogacy contracts with poor women are more likely to be invalidated by courts on grounds of duress or unconscionability. Hence, the limited participation of poor women as surrogates in the United States can be attributed to the strong influence of the common law rules within the country.

The complex and multifaceted landscape of surrogacy is influenced by a myriad of legal, economic, and societal factors, and its practice varies significantly between different regions of the world. As we've explored, the United States and India serve as contrasting examples of how surrogacy is shaped by these factors. The "shadow of the law" looms large in the United States, where a well-established common law system, accessibility to courts, and a history of high tort awards have led to stringent contractual norms and regulations. In contrast, India's surrogacy industry operates with less legal oversight, often limiting access to justice for surrogates, which, in turn, has led to more lax contractual norms. Economic disparities further complicate the situation, with wealthier intended parents in the U.S. and less affluent surrogates in India.

To move forward, it is crucial for countries considering or regulating surrogacy to carefully balance the interests of all parties involved. This may involve creating a legal framework that protects the rights and well-being of surrogates, ensuring accessibility to justice, and addressing economic inequalities. International guidelines and cooperation among nations can also play a pivotal role in standardizing surrogacy practices while respecting cultural differences.

Moreover, ongoing dialogue, research, and public awareness are essential for navigating this evolving field. By learning from the experiences of countries like the United States and India, we can work towards a future where surrogacy practices prioritize ethical, legal, and human rights considerations for all involved, fostering a more equitable and compassionate approach to family-building through surrogacy.

VII. KEY AMENDMENTS TO INDIA'S SURROGACY RULES, INSURANCE FLEXIBILITY AND DONOR GAMETES BAN

The Rules underwent two significant amendments, the first of which was enacted on October 10, 2022, primarily modifying Rule 5(2) concerning insurance coverage for surrogacy. The revised rule now mandates that intending couples secure 36 months of insurance coverage and validate it through an affidavit. Previously, this affidavit needed to be sworn before a Metropolitan or a Judicial Magistrate of the First Class.

The 2022 Amendment introduced flexibility into this process by permitting the affidavit to be sworn before two additional categories of authorities: an Executive Magistrate or a Notary Public. This change aims to simplify the surrogacy application process and offer intending couples more options to fulfill the insurance coverage requirement, potentially expediting and streamlining the process.

The second amendment, announced in March 2023, brings a substantial change by prohibiting intending couples from using donor gametes in surrogacy. Previously, there was ambiguity in the rules as they suggested that surrogacy treatment could involve fertilization with donor oocyte and the husband's sperm, which led to interpretations that donor gametes were permitted.

However, the 2023 Amendment replaces this provision with a clear prohibition on the use of donor gametes, extending the ban to both couples and single women, including widows or divorcees. The amendment also explicitly states that surrogate mothers cannot provide their gametes. Consequently, intending parents with gamete-related medical issues who require donor gametes to conceive may encounter difficulties in pursuing surrogacy in India. The amendment narrows the pool of eligible individuals for surrogacy and introduces additional

restrictions based on factors such as age, marital status, and medical prerequisites.

VIII. SURROGACY PARENTING AGREEMENT

Surrogacy Parenting Agreement, as defined, is a contract typically between an infertile couple and a woman who agrees to carry an embryo to term in her uterus. This agreement, particularly between the intended parent(s) and the surrogate mother, outlines two main provisions: (1) the surrogate mother's commitment to bear a child for the intended parent(s), and (2) her agreement to relinquish any and all parental rights to the child. If the surrogate mother is married, her husband is usually required to consent to the terms of the surrogacy contract. The agreement typically stipulates that the woman will yield any parental rights she may possess upon the child's birth.

A surrogacy agreement is a legally binding document that clarifies the roles and responsibilities of the surrogate mother and the intended parent(s) in the surrogacy process. The agreement should encompass all aspects of their relationship, including matters related to the child. This encompasses the financial arrangement for compensating the surrogate mother. During the contract phase of the surrogacy agreement, the specifics of the compensation that the intended parents will provide to the surrogate are finalized. The agreement also delineates the legal obligations and liabilities agreed upon by both parties.⁷

The surrogate and the intended parent(s) are required to sign the surrogacy agreement after a comprehensive understanding of its contents. The primary parties involved in the surrogacy agreement are:

- The commissioning/genetic parents (intended parents)
- The surrogate/carrier mother

The Indian Surrogacy Law Centre recommends that not only the intended parents and the surrogate mother but also the spouse of the surrogate mother should sign the agreement, thus acknowledging their consent and understanding of the surrogacy arrangement.

Additionally, the intended parents may appoint a designated individual, as mentioned in the agreement, who will assume custody of the child in case of uncertainty or complications regarding the intended parents' ability to take custody of the child.

IX. ISSUES RELATED TO COMMERCIALIZATION AND EXPLOITATION OF SURROGATES AND CHILDREN

⁷ Surrogate Motherhood Ethical or Commercial, <https://wcd.nic.in/sites/default/files/final%20report.pdf>

One of the most significant criticisms against surrogate motherhood revolves around the alleged exploitation of women. The issue of exploiting women is a primary reason for the ongoing criticism of surrogacy. Determining whether surrogacy agreements are inherently unfair and whether exploitation justifies banning these arrangements remains a challenging task.

While surrogacy may appear to provide a much-needed financial opportunity for impoverished surrogate mothers and fulfill the dreams of infertile couples, the reality is often harsher. Inadequate legislation paves the way for exploitation of both surrogate mothers and commissioning parents, with intermediaries and commercial agencies profiting in the process.

The lack of clarity within the system and the ever-changing regulations governing surrogacy in India lead to potential legal entanglements. Cross-border infertile couples often grapple with language barriers and legal battles to secure their child's parentage, nationality, and citizenship. In some instances, children born through surrogacy are denied citizenship in the commissioning parents' country, resulting in prolonged legal disputes. Some children, not biologically related to the commissioning parents, are even disowned, consigned to life in orphanages.

The situation for surrogate mothers is equally troubling and unethical. Illiterate, impoverished women from rural backgrounds are often coerced into surrogacy arrangements by their husbands or agents, driven by the promise of easy money. These women frequently lack control over their own bodies and lives. In India, there are no regulations for mental screening or legal counseling, a requirement in the United States.

Commercial agencies enroll these surrogates, placing them in hostels for the duration of pregnancy under the pretext of providing antenatal care. This seclusion is meant to shield them from societal disgrace. Throughout pregnancy, these women are consumed with concerns for their families and children. They are permitted to leave only for antenatal visits and can meet their families solely on Sundays. In the unfortunate event of pregnancy complications, their compensation becomes uncertain, and there are no provisions for insurance or post-pregnancy psychological and medical support.

Laws against the sale of babies or children serve to protect the vulnerable and uphold a society in which children are not commodities for exchange. These laws underscore the commitment to fostering a society in which individuals in dire financial straits are not tempted to trade a child, even when confronted with lucrative offers from more affluent individuals. While all parties involved in such transactions may appear satisfied, societal interests argue against this practice. It may or may not be in the best interest of the individual child to halt such exchanges. However, for the greater good of children and families, the state must work to instill a sense of

security.

X. CONCLUSION

Surrogacy in India is a multifaceted practice with both benefits and challenges. It has emerged as a lifeline for couples struggling with infertility and has bolstered India's reputation as a medical tourism hub. However, it has also given rise to ethical, legal, and social concerns that demand careful consideration. The foremost priority in addressing surrogacy in India should be the establishment and enforcement of robust regulations and guidelines. This is vital for ensuring the ethical and responsible conduct of surrogacy arrangements. Central to this is the protection of the rights and welfare of surrogate mothers, who often come from vulnerable backgrounds. Preventing their exploitation is paramount, as is the need for transparency and accountability in surrogacy practices to minimize potential risks and unethical behavior. Public awareness and education are essential to reduce the stigma associated with surrogacy, foster empathy, and promote understanding. It is crucial to view surrogacy not as a commercial transaction but as a means of helping individuals and couples build families.

Collaboration between the government, healthcare professionals, and advocacy groups is imperative for establishing a comprehensive legal framework that safeguards the interests of all parties, particularly the child born through surrogacy. This should include defining citizenship and parental rights clearly, addressing issues related to abandonment or parental disputes, and ensuring that surrogacy contracts are legally binding and enforceable.

In conclusion, surrogacy in India, while offering hope to many, must be carefully managed to ensure fairness, protection, and ethical considerations for all stakeholders. The creation of a well-regulated surrogacy industry that respects the rights and dignity of everyone involved is crucial for fostering a positive and ethical surrogacy environment in India. Balancing the needs of intended parents, surrogate mothers, and the children born through surrogacy is an ongoing challenge that requires continuous dialogue and adaptation of legal and ethical frameworks.
