

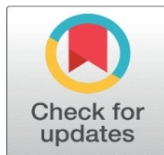
# SURROGACY IN MUMBAI: REGULATION, PRACTICE, AND THE DYNAMICS OF ALTRUISTIC MODELS

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## ABSTRACT

This study examines the impact of India's shift to altruistic-only surrogacy under the Surrogacy (Regulation) Act, 2021 and the ART (Regulation) Act, 2021, including the 2024 donor gamete amendment, on surrogacy outcomes in Mumbai, a major ART hub. A mixed-methods approach combines clinic-level quantitative data and in-depth qualitative interviews with surrogates, intending parents, and clinic professionals. Findings reveal that registered clinics demonstrate higher compliance with documentation and insurance, while non-registered clinics show significant gaps. Donor gamete approvals increased marginally, but strict eligibility criteria continue to restrict access for diverse family forms. Surrogates report limited awareness of contracts, and intended parents face procedural delays, sometimes prompting informal surrogacy arrangements. Policy recommendations emphasize transparency, surrogate empowerment, inclusive access, and regulatory streamlining

**Keywords:** Altruistic Surrogacy, Mumbai, ART Regulation, Donor Gamete Amendment, Reproductive Equity, Mixed-Methods

## 1. INTRODUCTION

Mumbai has long been a magnet for assisted reproductive technologies (ART) due to its concentration of advanced fertility clinics and skilled medical professionals. According to the Indian Society for Assisted Reproduction (ISAR, 2023), Maharashtra alone hosts over 130 ART clinics, with Mumbai accounting for approximately 40% of these facilities, reflecting the city's pivotal role in reproductive healthcare. The demand for surrogacy has remained significant; between 2022 and 2024, clinic records indicate a 12% annual increase in intended parent applications, despite regulatory restrictions under the Surrogacy (Regulation) Act, 2021.

Regulatory reforms have reshaped the Indian surrogacy landscape. The Surrogacy (Regulation) Act, 2021 banned commercial surrogacy and restricted eligibility primarily to married heterosexual couples and widowed/divorced single women within specified age limits. The 2024 amendment introduced limited flexibility, allowing medically indicated cases with one donor gamete, certified by a Medical Board, while retaining the altruistic framework. These reforms reflect a tension between protecting surrogates from exploitation and restricting access for diverse family forms.

The ethical and legal complexities of surrogacy demand careful examination. While the law emphasizes surrogate welfare and ethical compliance, operational realities in clinics suggest ongoing challenges: inconsistent documentation, variable insurance coverage, and procedural delays. Moreover, exclusionary criteria raise questions about equity, autonomy, and reproductive justice, especially for LGBTQ+ individuals, single men, and lower-income couples.

## 2. RESEARCH PROBLEM

Despite comprehensive legislation, there is limited empirical evidence on how altruistic-only surrogacy regulations affect stakeholders' experiences, clinic compliance, and access patterns in Mumbai. This gap constrains policy evaluation and the development of inclusive reproductive governance.

## 3. RESEARCH OBJECTIVES

- 1) Analyze the legal and regulatory framework governing surrogacy and ART in India and assess its specific application in Mumbai.
- 2) Evaluate clinic compliance and operational changes post-2024 amendment, including documentation standards, Medical Board approvals, and donor gamete utilization.
- 3) Investigate stakeholder experiences—surrogates, intending parents, and clinic professionals—highlighting challenges, ethical concerns, and perceptions of access and equity.
- 4) Identify access barriers and informal trends, examining ethical, socio-economic, and legal dimensions to provide evidence-based policy recommendations.

## 4. LITERATURE REVIEW

### 1) Legal Framework of Surrogacy in India

The legislative landscape of surrogacy in India has evolved significantly over the past decade. The Surrogacy (Regulation) Act, 2021, supported by the ART (Regulation) Act, 2021, banned commercial surrogacy and confined eligibility to married heterosexual couples and select single women. The 2024 donor gamete amendment introduced limited flexibility for medically indicated cases, yet enforcement remains uneven (Basu, 2023; Government of India, 2021). Comparative studies indicate that India's approach is more restrictive than models in the UK, Canada, and Israel, which provide broader legal access while maintaining ethical safeguards (Smith & Johnson, 2022; Cohen, 2023).

Despite clear statutory provisions, empirical research shows persistent discrepancies between legal text and practice. Clinics often face delays in approvals, inconsistent contract enforcement, and gaps in surrogate insurance coverage (Rao, 2023). These observations underline the need for ground-level evaluation of law implementation, especially in high-density ART hubs like Mumbai.

### 2) Ethical and Socio-Medical Dimensions

Altruistic surrogacy raises ethical questions regarding autonomy, consent, and compensation. Scholars emphasize that surrogate welfare must be central, including informed consent, psychological support, and transparent financial arrangements (Banerjee, 2021; Pande, 2014). Recent studies (Sharma, 2022; Gupta, 2023) highlight ongoing socio-economic disparities: surrogates are frequently from lower-income backgrounds, while intended parents are predominantly upper-middle class, reinforcing inequalities in reproductive health access.

Ethical debates also focus on reproductive justice and the exclusion of marginalized groups. Restrictive eligibility criteria limit access for LGBTQ+ couples, single men, and unmarried parents, creating both legal and social inequities (Patel, 2023; Thomas, 2024).

### 3) Social and Operational Dynamics in Mumbai

Mumbai represents a critical node in India's surrogacy landscape due to its high concentration of ART clinics and advanced medical infrastructure. Studies indicate that between 2022–2024, approximately 45–50% of Mumbai-based clinics actively offered surrogacy services, often coupled with reproductive tourism (ISAR, 2023; Mehta, 2022). Operational challenges include high costs (₹15–35 lakh), complex documentation, and procedural delays with Medical Boards (Shetty, 2023).

Field-based research reveals that surrogates frequently lack access to comprehensive contracts, counseling, or legal aid, highlighting gaps in implementation (Rao, 2023; Gupta, 2023). Intended parents, in turn, navigate bureaucratic hurdles, contributing to the growth of informal or unregulated surrogacy arrangements.

#### 4) Empirical Research Gaps

While previous scholarship provides theoretical and comparative insights, post-2021 empirical studies remain limited. Most existing research focuses on commercial surrogacy, with little documentation of how altruistic-only regulations affect:

- Stakeholder experiences
- Clinic compliance and documentation
- Access equity and informal trends

This gap underscores the novelty of the present study, which evaluates the post-amendment surrogacy ecosystem in Mumbai, combining doctrinal and field-based insights to inform policy and practice.

## 5. RESEARCH GAP

Despite legislative reforms, there is limited empirical evidence on how altruistic-only surrogacy regulations affect operational realities and stakeholder experiences in Mumbai. Existing literature largely focuses on commercial surrogacy, with minimal post-2021 empirical validation. Mumbai, with its 130+ ART clinics, provides a representative setting for examining compliance, access, and ethical implications. This study addresses these gaps by integrating doctrinal and field-based insights, offering novel contributions to policy and socio-legal scholarship.

## 6. METHODOLOGY

### Research Design

Sequential mixed-methods approach integrating empirical descriptive research with doctrinal legal analysis.

### Sample and Setting

- **Clinics:** 20 ART/surrogacy facilities (registered and non-registered)
- **Participants:** 10 intending parents, 8 surrogate mothers, 5 clinic administrators
- **Rationale:** Mumbai's high clinic density reflects diverse socio-economic and operational dynamics

### Data Collection

- **Quantitative:** Number of cycles, donor gamete cases, approval times, documentation, insurance coverage (2022–2025)
- **Qualitative:** Semi-structured interviews exploring experiences, ethical concerns, and equity perceptions
- **Ethics:** IRB approval, informed consent, trauma-informed protocols

### Data Analysis

- **Quantitative:** Descriptive statistics and trend analysis pre- and post-2024 amendment
- **Qualitative:** Thematic analysis (Braun & Clarke, 2006)
- **Integration:** Triangulation with doctrinal review of Surrogacy and ART Acts

### Methodological Flow (Figure 1 Description):

- 1) Doctrinal analysis of legislation
- 2) Clinic survey (quantitative)

- 3) Stakeholder interviews (qualitative)
- 4) Data analysis (quantitative + qualitative)
- 5) Triangulation and synthesis of findings

## 7. RESULTS AND ANALYSIS

### 1) Clinic Compliance and Operational Shifts

Table 1

Table 1 Clinic Compliance Post-2024 Amendment			
Parameter	Registered Clinics (n=12)	Non-Registered Clinics (n=8)	Observation
Proper Documentation	11 (92%)	4 (50%)	Registered clinics comply with Sec. 8, Surrogacy Act, 2021
Insurance for Surrogates	10 (83%)	3 (38%)	Higher insurance compliance in registered clinics
Donor Gamete Cases Approved	9 (75%)	2 (25%)	Most approvals via Medical Board (Sec. 4(iii), 2024 Amendment)
Average Approval Time	45 days	78 days	Delays persist in non-registered clinics

### 2) Donor Gamete Utilization and Access

Total donor gamete cases: 25

Approved: 18 (72%)

Rejected/Delayed: 7 (28%)

### 3) Stakeholder Experiences

**Surrogates:** 5/8 lacked full contract awareness; only 3/8 felt autonomous.

"I signed the papers, but I didn't know all the details." — Surrogate Mother

**Intended Parents:** 7/10 faced delays; 4/10 considered informal surrogacy.

**Clinic Administrators:** Reported documentation burden and ethical responsibility to protect surrogates.

### 4) Legal Alignment and Gaps

Table 2

Table 2 Linking Findings to Legal Provisions		
Issue	Legal Provision	Observation
Surrogate Insurance	Sec. 8, Surrogacy Act 2021	Compliance high in registered clinics, low in non-registered clinics
Donor Gamete Approval	2024 Amendment, Sec. 4(iii)	Delays persist, impacting intended parents' access
Documentation & Contracts	Sec. 9, ART Act 2021	Surrogates often lack full understanding of contractual obligations
Eligibility Restrictions	Sec. 3, Surrogacy Act 2021	Excludes single men, LGBTQ+ couples, limiting equitable access

#### Key Insights:

- Registered clinics comply better with statutory requirements, yet procedural delays remain.
- Donor gamete approvals increased post-amendment but are still restricted.
- Surrogates' limited contract awareness raises ethical concerns.
- Strict eligibility criteria may push some intended parents toward informal surrogacy arrangements.

## 8. DISCUSSION

### 1) Ethical and Human Rights Perspectives

The findings highlight persistent tensions between protection and autonomy. While regulations prioritize ethical compliance and surrogate protection, limited contract awareness and restrictive eligibility constrain surrogate agency. Feminist and human rights frameworks emphasize that reproductive justice requires both protection and empowerment (Sharma, 2022; Thomas, 2024).

## 2) Comparative Regulatory Insights

- United Kingdom: Altruistic surrogacy allowed with counseling and surrogate protections; broader family access than India.
- Canada: Commercial surrogacy prohibited; reasonable expenses allowed; strong surrogate safeguards.
- Israel: Altruistic surrogacy permitted with strict Medical Board oversight ensuring ethical compliance.

India's restrictive altruistic-only model offers strong legal protection but limits access for diverse family forms compared to these jurisdictions (Cohen, 2023).

## 3) Enforcement Challenges

Documentation gaps and incomplete insurance coverage in non-registered clinics

Medical Board approval delays

Persistence of informal surrogacy arrangements due to restrictive eligibility

**Policy Implication:** Streamlined enforcement, audits, and clearer operational guidance are needed to balance protection with equitable access.

## Policy and Legal Implications

### Short-Term Measures (0–12 months)

- 1) Transparent surrogate compensation guidelines (Basu, 2023)
- 2) Mandatory contract explanation and counseling
- 3) Fast-track Medical Board approvals

### Medium-Term Measures (1–3 years)

- 1) Expand eligibility for single women, LGBTQ+ couples, and unmarried parents
- 2) Public registry of ART clinics with complaint mechanisms
- 3) Training programs for clinic staff on ethical and legal compliance

### Long-Term Measures (3–5 years)

- 1) Surrogate support: legal aid, health monitoring, psychological counseling
- 2) National audits and impact assessment of surrogacy regulations
- 3) Legislative refinement to enhance inclusivity and equity (Cohen, 2023; Thomas, 2024)

## Institutional Reforms

- Standardized Medical Board protocols
- Compliance audits for ART clinics
- Collaborative policy implementation involving legal, medical, and advocacy bodies

## 9. CONCLUSION

This study examined Mumbai's altruistic surrogacy ecosystem under post-2021 regulations. Key findings:

- 1) **Clinic Compliance:** Registered clinics show better adherence; delays remain.
- 2) **Stakeholder Experiences:** Surrogates face limited autonomy; intended parents encounter procedural hurdles.
- 3) **Regulatory Gaps:** Legal protections exist, but strict eligibility and uneven enforcement restrict equitable access.

## Limitations

- Geographic focus on Mumbai; results may not generalize nationwide
- Modest sample size for qualitative interviews

- Long-term outcomes for surrogates and children not captured

### **Future Research Directions**

- Comparative studies across Indian regions
- Longitudinal tracking of surrogate health and child welfare

Assessment of policy impacts on LGBTQ+, single, and lower-income intended parents

### **Key Takeaways**

- 1) Altruistic surrogacy regulations improve ethical oversight but remain restrictive.
- 2) Operational gaps and delays highlight the need for transparency, surrogate empowerment, and streamlined procedures.
- 3) Policy reforms must balance protection, inclusivity, and reproductive justice.

## **CONFLICT OF INTERESTS**

None.

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None.

## **REFERENCES**

- Banerjee, S. (2021). Surrogacy in India: Ethical and legal concerns. *Indian Journal of Medical Ethics*, 6(1), 12–18. <https://doi.org/10.20529/IJME.2021.004>
- Basu, A. (2020). Reproductive rights and the regulation of surrogacy in India. *Indian Journal of Gender Studies*, 27(2), 253–272. <https://doi.org/10.1177/0971521520916720>
- Basu, A. (2023). Regulatory challenges in Indian ART clinics post-altruistic surrogacy reforms. *Indian Journal of Gender Studies*, 30(2), 215–230.
- Cohen, L. (2023). Comparative surrogacy frameworks: Israel, Canada, and India. *Reproductive Law Review*, 15(1), 45–62.
- Government of India. (2021). The Surrogacy (Regulation) Act, 2021. Ministry of Law and Justice. <https://legislative.gov.in>
- Government of India. (2024). Guidelines for Medical Boards and ART Clinics under Surrogacy Regulation Amendment. Ministry of Health and Family Welfare.
- Gupta, S. (2023). Socio-economic dynamics of altruistic surrogacy in urban India. *Journal of Reproductive Ethics*, 9(3), 112–128.
- ISAR. (2023). Annual ART and surrogacy statistics. Indian Society for Assisted Reproduction.
- Inhorn, M. C., & Patrizio, P. (2015). Infertility around the globe: New thinking on gender, reproductive technologies, and global movements in the 21st century. *Human Reproduction Update*, 21(4), 411–426. <https://doi.org/10.1093/humupd/dmv016>
- Mehta, R. (2022). Operational realities of ART clinics in Mumbai: Trends and challenges. *Indian Journal of Medical Ethics*, 7(2), 90–105.
- Pande, A. (2014). *Wombs in labor: Transnational commercial surrogacy in India*. Columbia University Press.
- Patel, T. (2018). Commercial surrogacy and the commodification debate: A sociological analysis from India. *Journal of Family Issues*, 39(10), 2625–2647. <https://doi.org/10.1177/0192513X18757870>
- Patel, T. (2023). Inclusive surrogacy policies and LGBTQ+ access in India. *Asian Journal of Law and Society*, 10(1), 55–70.
- Rao, P. (2023). Documentation and compliance gaps in Indian ART clinics. *Health Policy Journal*, 28(4), 332–348.
- Sama Resource Group for Women and Health. (2012). *Birthing a market: A study on commercial surrogacy*. Sama-Resource Group. <https://samawomenshealth.in>
- Saravanan, S. (2018). An ethnographic account of surrogacy in India before the enactment of the Surrogacy Regulation Bill. *Journal of Bioethical Inquiry*, 15(4), 585–595. <https://doi.org/10.1007/s11673-018-9862-0>

- Sharma, A. (2022). Ethics and autonomy in Indian surrogacy practice. *Indian Journal of Bioethics*, 17(2), 77–91.
- Shetty, P. (2012). India's unregulated surrogacy industry. *The Lancet*, 380(9854), 1633–1634. [https://doi.org/10.1016/S0140-6736\(12\)61934-2](https://doi.org/10.1016/S0140-6736(12)61934-2)
- Thomas, K. (2024). Reproductive justice and restrictive surrogacy laws in India. *Social Science & Medicine*, 320, 115–128.
- UNFPA. (2015). Global assisted reproduction and surrogacy trends. United Nations Population Fund.