



Surrogacy in Contemporary India : Issues and Challenges

Dwarika Prasad*

Faculty of Law, Meerut College, Meerut, CCS University, Meerut, U.P. (India)
Email Id : dpmcm72@gmail.com

Abstract

In India, surrogacy is purely a contractual bond between the parties and proper care has to be taken while drafting any such agreement so that it won't violate laws or ethics. Keeping this view in consideration the draft Assisted Reproductive Technology (Regulation) Bill proposes to establish National Board, State Board and National Registry of Assisted Reproductive Technology (ART) in India for accreditation and supervision of ART Banks, ensuring that the services provided by these are ethical and that the medical, social, and legal rights of all those concerned including surrogate mother are protected with maximum benefit to all the stakeholders within a recognized framework of ethics and good medical practice.

Key Words: Fertilisation, Stakeholders, In-vitro fertilisation, Reproductive, surrogate etc.

PAPER/ARTICLE INFO

RECEIVED ON: 16/07/2016

ACCEPTED ON: 25/08/2016

Reference to this paper should be made as follows:

Dwarika Prasad (2016),
"Surrogacy in Contemporary India : Issues and Challenges", *Int. J. of Trade and Commerce-IIARTC*, Vol. 5, No. 2, pp. 319-328

1. INTRODUCTION

On examining the thousands of years old records of Indian Vedic literature and based on the discoveries of today's science dealing with molecules, genes and DNA it appears that the motherhood is an instinct driven physiological phenomena¹⁻³. Instinct of motherhood is the most powerful desire that exists in all the living creatures that include all animals and humans. According to ancient Indian philosophy the biological purpose of life is to propagate one's own traits (genes) and all living creatures are here on a transition phase to pass their own traits (genes) to the next generation⁴. Propagation is the ultimate purpose of any species, therefore, birth of an offspring is always dependent on the factors that lead to high chances of survival of the offsprings. For example, birds migrate thousands of miles to find out suitable place where environment can support the high chances of survival of their offsprings. In the Canadian Inuit Community the seasonality was reported till 1970⁵. Infertility is generally known as a social stigma in India. It is hypothesized that the agony and trauma of infertility is best felt and described by the infertile couples themselves. Though, infertility does not claim the life of an individual but it inflicts devastating influence on life of an individual for not fulfilling the biological role of parenthood for no fault of his or her own. It is also known that in general, Indian society has got a very stable family structure, strong desire for children and particularly for son to carry forth the lineage or vansh. With the enormous advances in the field of medicine, the infertility can now be treated using the new medical technologies collectively called as Assisted Reproductive Technology (ART) such as in vitro fertilization (IVF) or intracytoplasmic sperm injection (ICSI), etc. The birth of the world's first child Louise Brown on July 25, 1978, through the technique of in vitro fertilization was a path-breaking step in control of infertility; and is considered as one of the most important medical advancements of the last century⁶. In October 1978, Dr. Subhash Mukherjee, Kolkata (India) announced the birth of country's first test tube baby⁷. He with his team used the cryopreserved embryo. There are different types of infertility⁸ and in some cases it would be physically or medically impossible/ undesirable to carry a baby to term and hence, to fulfil the desire of such infertile couple to have a child, the surrogacy comes as an important option.

1.1 WHAT IS SURROGACY? The word "surrogate" is derived from Latin. In Latin "Surrogatus" means a substitute i.e. a person appointed to act in the place of another⁹. As per the Black's Law Dictionary surrogacy means the process of carrying and delivering a child for another person¹⁰. The New Encyclopedia Britannica defines surrogacy as a practice in which a woman bears a child for a couple unable to produce children in the usual way¹¹. According to Warnock Report (1984) HF&E, surrogacy is the practice whereby one woman carries a child for another with the intention that the child should be handed over after birth¹². According to the Assisted Reproductive Technology (Regulation) Bill and Rules -2013 -- "Surrogacy", means an arrangement in which a woman agrees to a pregnancy, achieved through assisted reproductive technology, in which neither of the gametes belong to her or her husband, with the intention to carry it and hand over the child to the person or persons for whom she is acting as a surrogate. implant, repeated miscarriages or any other disability of such kind. In such cases, the alternative is either to go for adoption or Assisted Reproductive Technology (ART). In simple terms, a surrogate mother is one who agrees to carry a pregnancy to term for a couple or individual, in case it is not possible for

them / her to do so themselves / herself. Some women are unable to conceive and carry a child for various reasons such as, the failure of the embryo to successfully or bear for the full term and deliver the child. The surrogate voluntarily rents out her womb to carry the child for other woman with an intention of the helping the childless couple with a specific understanding to hand over the child after delivery¹³.

1.2 TYPES OF SURROGACY¹⁴ : The arrangement of surrogacy can be differentiated on two basis:

1. **Genetic and Gestational surrogacy** : Surrogacy can be defined on the basis of whether the surrogate 's ovum (egg) has been used in developing the embryo and thus whether her genetic material will be transferred to the child.
 - a. **Genetic Surrogacy or Traditional Surrogacy**: Is an arrangement when the surrogate provides the egg and carries the pregnancy. This is done through the process of Artificial Insemination (AI) or Intra Uterine Insemination (IUI). These procedures entails transferring semen /sperm (whether commissioning parent's or donor's) into the surrogate's reproductive system and the process of fertilization happens within her body. Since the genetic material (egg) of the surrogate is being transferred, this kind of surrogacy is termed as Genetic Surrogacy.
 - b. **Gestational Surrogacy**: When the surrogate conceives through Embryo Transfer (ET), following the procedure of in vitro fertilization (IVF).The fertilization of the ovum happens outside the body and the fertilised embryo is transferred to the uterus of surrogate. The embryo might be a result of the fertilized gametes (egg or sperm) of the commissioning parents, or gametes (either sperm or egg or in some cases both) obtained from the donors. Since the surrogate carries the pregnancy but does not provide the genetic material (i.e. her egg /ova), such an arrangement is known as Gestational Surrogacy. The nature of the surrogacy arrangement has changed over time with advancements in the realm of reproductive technologies. With the more recent IVF -ET technology, and thus the possibility of gestational surrogacy, many permutations and combinations are now possible which involve the participation of multiple individual in the arrangement.

1.3 Altruistic and Commercial Surrogacy: Another way of identifying different types of surrogacy is on the basis of the motive behind entering into the surrogacy arrangement and the nature of the payment made to the surrogate.

- a. **Commercial Surrogacy**: It is the form of surrogacy in which the surrogate enters the arrangement primarily for financial reasons. In such instances, the surrogate is paid to carry a pregnancy to term.
- b. **Altruistic Surrogacy**: The surrogate receives no financial reward for her pregnancy and the relinquishment of the child. However, in such instances usually all expenses related to the pregnancy and birth are borne by the intended parents; these might include medical expenses, maternity clothing and other related expenses. In altruistic surrogacy, it is mostly a member of the same family, or someone known to the couple who acts as the surrogate.

With no financial incentives, these arrangement often carry moralistic connotations, the surrogate 's contribution seen as a 'noble' deed for the 'greater good' or giving the 'greatest good' or giving the 'greatest gift' of a child to an infertile couple.

2. HISTORY OF SURROGACY

Surrogate motherhood is not a new concept in India. In ancient time it was practiced in somewhat a rudimentary form. In Primitive society certain kinds of sons, like (i) kshetraja or the son begotten on wife by another, (ii) Gudaja or the son born by the wife through secret intercourse with another, (iii) Nishada or the son by a shudra woman, (iv) Psava or the son by a concubine, who were recognised as lawfully belonging to a Hindu, actually conveyed the idea of surrogacy; and the other kinds of sons are like (i) kritrima or the sons made and (ii) krita or the son bought, who were also recognised as lawfully belonging to a hindu, conveyed the then existing concept of surrogate motherhood¹⁵.

Having another woman bear the child for a couple to raise, usually with male half of the couple as the genetic father, is referred to in antiquity. Babylonian law and custom allowed this practice. Infertile woman could use the practice to avoid a divorce, which would otherwise be inevitable. Many developments in medicine, social customs, and legal proceedings worldwide paved the way for modern surrogacy. In 1930 in U.S., pharmaceutical companies Schering -Kahlbaum and Parke -Davis started the mass production of estrogen. In 1944 Harward Medical School Professor John Rock broke ground by becoming the first person to fertilize human ova outside the uterus. In 1953 researchers successfully performed the first cryopreservation of sperm. In 1971 the first commercial sperm bank opened in New York, which spurred the growth of this type of business into a highly profitable venture. In 1978 Louise Brown, the first test -tube baby, was born in ENGLAND. She was the product of the first successful IVF procedure. In 1980 Mishigan lawyer Noel Keane wrote the first surrogacy contract. He continued his work with surrogacy through infertility center, through which he created the contract leading to the BABY. M. case, till then the development regarding surrogacy is going on in various countries.

3. CASES ON SURROGACY

William Stern and his wife, Elizabeth Stern, entered into a surrogacy agreement with Marry Beth Whitehead, whom they found through a newspaper advertisement. In re Baby M was a custody case that became the first American court ruling on the validity of surrogacy. According to the agreement Mary Beth would be inseminated with William's sperm, bring the pregnancy to term, and relinquish her parental rights in favour of William's wife, Elizabeth. After the birth, however, Mary Beth decided to keep the child. The New Jersey court ruled out that the surrogacy contract was invalid according to public policy, recognised Mary Beth as the child's legal mother, and ordered the Family court to determine whether Whitehead, as mother, or Stern as father, should have legal custody of the infant, using the conventional 'best interest of the child' analysis. Stern was awarded custody, with Whitehead having visitation rights.

The case of Johnson vs. Calvert was the first contested gestational surrogacy case and, as a consequence, received worldwide public attention. Anna Johnson was hired by Mark and Crispina Calvert to be a gestational surrogate for their child. The embryo implanted in Anna was created via in vitro fertilization (IVF) using the egg and sperm of the Calverts. The surrogacy contract provided that Anna would be paid \$ 10,000 plus associated medical expenses for giving birth and relinquishing "all parental rights" to the baby in favour of the Calverts. The California Supreme Court faced the difficult task of identifying the legal mother of a child who has both a birth mother and a genetic mother. The court concluded that because the Uniform Parentage Act

recognised both giving birth and genetic consanguinity as means of establishing the mother and child relationship, and when one woman is not both the birth mother and the genetic mother, the mother who “intended to bring about the birth of a child that she intended to as her own” is the natural mother.

The only reported judgement of the Supreme Court in surrogacy matters in *Baby Manji Yamada* (2008) took due notice that in the case of “commercial surrogacy”, an intended parent may be a single male, when it had the occasion to consider the petition of a Japanese grandmother wanting issuance of a travel document for her Japanese divorced son’s daughter. In another matter decided by the Gujarat High Court in **Jan Balaz (2009)** the matter in appeal is still in the Supreme Court and the decision of the High Court holding, that babies born in to gestational surrogates are Indian citizens entitled to Indian passports, has been stayed by the Supreme Court. However, twin German children born to German couple were permitted to leave India upon directions of the apex court to Central Adoption Resource Agency(CARA) to permit adoption of the children as a special case for them to leave India. The main issue of nationality and citizenship arising thereto, being of grave importance, is still undecided.

4. ISSUES AND CHALLENGES REGARDING SURROGACY IN INDIA

Various issues have been raised with regard to surrogacy in India. Some of them are as follows --

- (a) Social Issues :** (i) Whether surrogacy should be allowed in the country ? (ii) Whether commercial surrogacy should be allowed in the country ? (iii) Whether relatives / friends should be allowed to act as a surrogate mother ? (iv) Whether the identity of the donor should be known to the infertile couple ? (v) Whether relatives /friends should be allowed for gamete donation ? ¹⁶ (vi) To what extent should society be concerned about exploitation, commodification, and /or coercion when women are paid to be pregnant and deliver babies, especially in cases where there are large wealth and power differentials between intended parents and surrogates ? (vii) To what extent is it right for society to permit women to make contracts regarding the use of her body ? (viii) Is contracting for surrogacy more like contracting for employment /labour, or more like contracting for prostitution or more like contracting for slavery ? (ix) Which, if any, of these kinds of contracts should be enforceable ? (x)What does motherhood mean ? (xi) What is the relationship between genetic motherhood, gestational motherhood, and social motherhood ? (xii) Is it possible to socially or legally conceive of multiple modes of motherhood and/or the recognition of multiple mothers ? (xiii) Should a child born via surrogacy have to know the identity of all/any of the people involved in that child’s conception and delivery ? etc.
- (b) Legal Issues :** (i) To what extent is it a woman’s human right to make contracts regarding her body? (ii) To what extent the State be able to force a woman to carry out “specific performance” of her contract if that requires her to give birth to an embryo she would like to abort, or to abort an embryo she would like to carry to term ? (iii) Are surrogacy agreements enforceable, void or prohibited ? Does it make a difference whether the surrogate mother is paid (commercial) or simply reimbursed for expenses ? (iv)Is there an alternative to post birth adoption for the recognition of the intended parents as the legal parents, either before or after the birth ? (v) What about the citizenship of the child ? (vi) What will be the standard format of surrogacy contract ? Will it be a contract or simply an arrangement for surrogacy ? (vii)

Who makes the contract and monitor that it is not breached ? (viii) Can the surrogate be forced to go for sex selection and preimplantation genetic diagnosis ? etc. However, the major issue is the non availability of any law on the subject. What is available is just the guidelines that have many loopholes.

- (c) **Economic Issues:** (i) What kind of payment schedule is followed in surrogacy arrangement ? (ii) What kind of payment does the surrogacy agent ask for arranging a surrogacy pregnancy ? Does the agent take a share of the surrogate's remuneration ? (iii) Is there any insurance provided for the surrogate ? (iv) What about the compensation in case of death of the surrogate either during pregnancy or during delivery ? etc.¹⁷
- (d) **Health Related Issues :** (i) What are the health risks for women going / have gone through surrogacy ? (ii) Is there any emphasis on counselling and mental health of surrogates ? etc.¹⁸

5. STATUS OF THE LAW IN THE MAKING IN INDIA

After the birth of the first scientifically well documented test tube baby in 1986 in India¹⁹, there was mushrooming of IVF clinics in the country. The services offered by some of these IVF clinics were questionable. The reason for this was a lack of ART guideline as well as legislation on ART in the country, no accreditation, supervisory and regulatory body and no control of government. Therefore, the Indian Council of Medical Research(ICMR) developed draft National guidelines for accreditation, Supervision & Regulation of ART clinics in India in 2002²⁰. Based on the opinion, comments and suggestions received from the various stakeholders including National Commission for Women and National Human Right Commission, the National guidelines were finalized and after the approval of the Drafting Committee the revised document was submitted to the Ministry of Health & Family Welfare, Govt. of India. The Ministry examined these guidelines and after slight modifications published the National Guidelines for Accreditation, Supervision & Regulation of ART clinics in India as National Guidelines of Govt. of India in 2005²¹.

On obtaining the feedback from different States of the country it was noticed that these National Guidelines were not being followed properly in the country. Therefore, the Indian Council of Medical Research developed draft Assisted Reproductive Technology (Regulation) Bill in 2008 with the help of a Drafting Committee of ICMR. The draft Bill 2008 was again subjected to extensive public debate not only throughout the country but globally by placing the draft Bill on the websites of the Ministry of Health & Family Welfare, Govt. of India and of the ICMR. Based on the comments received from the various stakeholders including the comments from the other countries and as per the recommendations of the drafting committee, the draft Assisted Reproductive Technology (Regulation) Bill was revised and finalized. This Bill²² was sent to the Ministry of Health & Welfare, and has now been by the Ministry of Law & Justice as Assisted Reproductive Technology Bill, 2013. The Assisted Reproductive Technology Bill, 2014 has now become a part of the Cabinet Note²³. The Assisted Reproductive Technology Bill, 2014 is the proposed legislation aims at proper regulation and supervision of Assisted Reproductive Technology (ART) clinics and banks in the country and for the prevention of misuse of this technology, including surrogacy and for the safe and ethical practice of ART services. The comments and suggestions are also invited from the general public and stakeholders. Through this bill the Govt. of India says it does not support the commercial surrogacy and will make such

exploitation of women punishable under the law and limit the scope of surrogacy to Indian married infertile couples only, not to foreigners. These provisions now creates some hue and cry among stakeholders. Some issues arising from this situation are as follows - it is disastrous, not just because it will spell an end to the multi- crore industry, but because we are talking about the human lives which are at stake. Embryonic human lives, being gestated in the safe wombs of alternate mothers, could be in jeopardy if commercial surrogacy is suddenly and abruptly made illegal. What will then happen to the women who hired out their wombs ? What if they are left holding babies they never wanted because the rules changed ? What will happen to the hopes of the thousands of commissioning parents, who have paid lakhs of rupees on infertile package ? What will happen if they cannot take their babies out of the country and India does not recognise the children. The consequence of such official action however creates chaos. A number of surrogates in various stage of their pregnancy were left in limbo, etc²⁴. While all these questions are in pendency, the Union Cabinet has taken the first step towards regulation by approving the Surrogacy (Regulation) Bill, 2016, on 24th August 2016, banning commercial surrogacy in India. The proposed law, in line with the practice in several other countries, says that commercial surrogacy will be prohibited. However, in order that "altruistic surrogacy" is available for the benefit of infertile couples who are presumably desperate for a child that is genetically theirs, the bill allows the Indian couples, who must have been married for five years without a child, to take a help of surrogates, but without any payment. Only close relatives can be 'surrogate mothers' and once in a lifetime. Yet the bill bars foreigners, homo-sexual couples, unmarried couples single people live in partners and gay couples from commissioning surrogacy. Only a close married blood relatives, who must have herself borne a child and is not an NRI or a foreigner can be a surrogate mother. Indian couples with biological or adopted children have also barred. According to this bill an insurance coverage of reasonable and adequate amount shall be ensured in favour of the surrogate mother. The bill says that the National and State surrogacy Board shall be the policy makers and the Appropriate authority will be the implementation body for the matters to come. No person, organisation, surrogacy clinic, laboratory or clinical establishment of any kind shall undertake commercial surrogacy, abandon the child, exploit the surrogate mother, sell human embryo or import embryo for the purpose of surrogacy. Violation to the said provisions shall be an offence punishable with imprisonment for a term which shall not be less than ten years and with fine which may extend to ten lakh rupees. The bill provides one transitional provision also that is 'subject to the provisions of this Act, there shall be provided a gestation period of ten months from the date of coming into force of this act to protect the wellbeing of already existing surrogate mothers.

6. CONTEMPORARY ISSUES RELATED WITH THE NEW BILL

Now there is a little doubting that any reasonable government ought to concern itself at some level with the ethics of procreation especially given the power equations at play in a contract for surrogacy. Since the version of this new bill is not in public domain, some serious concerns about the restrictions to be imposed on prospective parents and commercial surrogate mothers raises heads. There are two basic arguments against such a ban First that people, both foreigners and Indians, have a fundamental right to procreate and to choose whichever method they desire to achieve this objective Second a classically libertarian one - that women have a fundamental right

to contract and a fundamental right to personal liberty, which together permit them to use their bodies as they please. So far as the first argument is concerned this affirmative argument in favour of a right to use assisted reproductive technology, though, as the Harvard Law School, professor Martha A. Field has explained, fails, for the reason that surrogacy involves using another person's body, albeit with their ostensible consent. "a personal right to do something", Field wrote, " does't necessarily carry over to a right to enlist the assistance of another " That surrogacy has't been previously regulated also does not give a person a specific constitutional right to procreate. After all every practice tolerated by the state doesn't emanate out of a pre-existing natural or positive right. What's more in any event, given that an infertile couple could take recourse to adopting a child, a ban on commercial surrogacy doesn't necessarily affect one's right to raise a family. As far as the second argument is concerned though can't be readily dismissed, but the philosophical basis for such an argument may not quite be carved in stone. From the 1980's onwards many feminist scholars -Andrea Dworkin the most prominent among them - have warned against the commodification of surrogacy in an inherently unequal world. For her, surrogacy is like prostitution, because the surrogates has no choice. The questions, that concern the validity of a commercial surrogacy agreement, she wrote, are not indifferent from those concerning prostitution. When the state has, constructed the social, economic, and political situation in which sale of some sexual or reproductive capacity is necessary to the survival of women. Dworkin wrote, to believe that such women are exercising their free will in choosing to sell the use of their womb in a commercial transaction is simply amoral²⁴.

7. CONCLUSION AND SUGGESTIONS

In India, surrogacy is purely a contractual bond between the parties and proper care has to be taken while drafting any such agreement so that it won't violate laws or ethics²⁶. Keeping this view in consideration the draft Assisted Reproductive Technology (Regulation)Bill proposes to establish National Board, State Board and National Registry of Assisted Reproductive Technology (ART)in India for accreditation and supervision of ART Banks, ensuring that the services provided by these are ethical and that the medical, social, and legal rights of all those concerned including surrogate mother are protected with maximum benefit to all the stakeholders within a recognized framework of ethics and good medical practice²⁷.

However, there is an urgent need of national and international debate on inter-country surrogacy issues with an integrated and interdisciplinary outlook. The way forward lies not in sophistry so that if we don't have the will to fight poverty or the demand for commercial surrogacy, we simply change its definition and legalise it. The solution is to increase citizen's awareness and participation in civic issues, so that we don't give up on the idea of a better India, and a fairer, more compassionate world especially for those who're compelled to put even their wombs up for sale²⁸. On the contrary, commercial surrogacy perhaps not in short run but in long run might prevent the social hierarchies wherein the poor are made to service the rich by default, or wherein girls who are considered 'lacking in talent or beauty or intellect' are pushed into becoming professional surrogate because there is nothing wrong with it.

REFERENCES

- [1]. Hrdy SB. (2000). *Mother Nature :maternal instinct and how they shape the human species*. Texas, USA : Ballantine Books.



- [2]. Szabo L. (2008). *Research link maternal instincts, Tots Smile*, Virginia, USA Today, July 7.
- [3]. Tierney H. (2002). Maternal instinct. In: *Women's studies encyclopedia*, New York : greenwood Press.
- [4]. Gupta PD, Lino A. (2010). *Mothering a cause : practical knowledge of reproduction and motherhood*. Bikaner : Capricorn Publishing House.
- [5]. Condon RG (1991). *Birth seasonality, photoperiod, and social change in the Central Canadian Arctic*. *Hum Ecol*; 19; 287-321.
- [6]. Steptoe PC, Edwards RG. (1978). *Birth after the re-implantation of a human embryo*. *Lancet*; 12:366
- [7]. Mukherjee S, Mukherjee S, Bhattachaya SK. (1978). *The feasibility of long -term cryogenic freezing of viable human embryos - a brief pilot study report*. *Indian J Cryog*; 3:80 8.
- [8]. Singh BK, Sharma RS, Mathur A. (2006). *Infertility-causes, prevalence and current scenario*. *Embryotalk*; 1: 100-5
- [9]. Surrogacy in Latin (2016). Available from : <http://www.latin-dictionary.org/surrogatus>, accessed on March 2.
- [10]. Oliphant RE. (2007). *Surrogacy in Black law dictionary, family law*, New York: Aspen Publishers;; P.349
- [11]. Surrogacy in New Encyclopedia, Britanica Available from : <http://www.britanica.com/EBchecked/topic/575390/surrogate-motherhood>
- [12]. Warnock DM. (1984). *Report of the committee of inquiry into human fertilisation and embryology*, London: Command of Her Majesty: p.42
- [13]. Sahoo AS. (2015). "Legality of commercialisation of surrogacy in India and social implications"; *GJRA, vol.4, issue-7*.
- [14]. Sarojini N., Anandita Majumdar et. Al. : Sama-Resource Group for woman and Health ;<http://samawomenhealth.wordpress.com/www.samawomenshealth.org>.
- [15]. Sahoo AS. (2015). " Legality of commercialisation of surrogacy in India and social implications"; *GJRA, vol.4, issue-7*.
- [16]. Sharma RS. (2014). " *Social, Ethical, Medical, & Legal aspects of surrogacy: An Indian scenario*"; *IJMR, 140 (suppl.)*, pp.13-16
- [17]. Sarojini N., Anandita Majumdar et Al.: Sama-Resource Group for woman and Health ;<http://samawomenhealth.wordpress.com/www.samawomenshealth.org>.
- [18]. Sarojini N., Anandita Majumdar et Al.: Sama-Resource Group for woman and Health ;<http://samawomenhealth.wordpress.com/www.samawomenshealth.org>.
- [19]. Anand kumar TC, Hinduja I. Joshi S, Kelkar MD, Gaitonde S, Puri CP, et al. (1986). *In-vitro fertilization and embryo transfer in India* *ICMR Bull*; 16:41-3
- [20]. Sharma RS, Bhargava PM, Chandhiok N, Saxena NC. (2002). *Draft National guidelines for accreditation, supervision & regulation of ART clinics in India*. New Delhi: ICMR.
- [21]. Sharma RS, Bhargava PM, Chandhiok N, Saxena NC. (2005). *Draft National guidelines for accreditation, supervision & regulation of ART clinics in India*. New Delhi: ICMR- Ministry of Health & Family Welfare, Govt. of India.
- [22]. Sharma RS, Bhargava PM. (2010). *Draft The Assisted Reproductive Technologies (Regulation) Bill*. New Delhi : ICMR -Ministry of Health & Family Welfare, Govt. of India.

- [23]. Sharma RS. (2014). "*Social, Ethical, Medical, & Legal aspects of surrogacy: An Indian scenario*"; IJMR, 140 (suppl.), pp. 13-16
- [24]. Suhrith Parthsarthy (2016). *Republic of unreason*, THE HINDU.
- [25]. Aravanudan Gita (2015). *Regulate, don't eliminate*, THE HINDU.
- [26]. Sahoo AS (2015). "*Legality of commercialisation of surrogacy in India and social implications*"; GJRA, vol.4, issue-7.
- [27]. Sharma RS. (2014). "*Social, Ethical, Medical, & Legal aspects of surrogacy: An Indian scenario*"; IJMR, 140 (suppl.), pp.13-16
- [28]. Patel Nandita. (2015). "*Offer them real, not faux, choices* ; HINDUSTAN TIMES, New Delhi.