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## MANAGING THE WOMB WORKFORCE: HRM PRACTICES AND LEGAL BOUNDARIES IN COMMERCIAL SURROGACY

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### Abstract

The surrogacy industry represents one of the most complex intersections of law, ethics, and human resource management. Once a thriving commercial sector in India, the practice of compensated surrogacy has undergone a dramatic transformation following the enactment of the *Surrogacy (Regulation) Act, 2021*, which restricts the procedure to altruistic arrangements.<sup>1</sup> This paper examines the surrogacy ecosystem through the lens of Human Resource Management (HRM), conceptualizing surrogate mothers as a unique and often invisible segment of the workforce engaged in reproductive labor.<sup>2</sup> It explores how core HRM functions—recruitment, training, compensation, motivation, and welfare—were operationalized in the era of commercial surrogacy,<sup>3</sup> and how their absence or reconfiguration in the post-regulation period has created ethical and managerial dilemmas for clinics and policymakers alike.<sup>4</sup>

By integrating legal analysis with HRM theory, the study seeks to identify frameworks for ethical and humane management of surrogates that respect bodily autonomy, emotional well-being, and contractual fairness within the boundaries of Indian law.<sup>5</sup> It argues that applying HRM principles can contribute to more transparent, rights-based governance of assisted reproductive technologies (ART).<sup>6</sup> The paper concludes by proposing a model for ethical HRM in reproductive services, emphasizing policy coherence, organizational accountability, and the recognition of reproductive labor as legitimate work deserving of dignity and protection.<sup>7</sup>

**Keywords:** Human Resource Management; Surrogacy Regulation Act 2021; Reproductive Labor; Ethical Employment; Emotional Labor.

### 1. Introduction

Surrogacy has evolved from being a deeply personal act of compassion to a highly organized, globally commercialized service industry that raises complex questions about labor, legality, and ethics. The rise of assisted reproductive technologies (ART) has transformed reproduction into a market-mediated process, where human bodies, emotional capacities, and intimate labor intersect with contracts and capital.<sup>1</sup> In India, this phenomenon took a particularly significant shape between 2002 and 2015, when the country emerged as a global hub for commercial surrogacy, attracting intended parents from across the world due to its low costs, medical expertise, and lenient regulatory environment.<sup>2</sup>

During this period, surrogacy operated much like a managed service enterprise—clinics, agents, and coordinators functioned as intermediaries connecting commissioning parents with women willing to carry pregnancies for compensation.<sup>3</sup> Within this quasi-industrial ecosystem, surrogate mothers were effectively treated as a unique category of workers performing what sociologist Arlie Hochschild famously termed “*emotional labor*”—the management of feeling to create a publicly observable emotional display.<sup>4</sup> Yet, despite the economic and emotional complexities involved, surrogate women were largely excluded from the protections typically extended to labor in formal employment structures.<sup>5</sup>

The enactment of the *Surrogacy (Regulation) Act, 2021* marked a paradigm shift, legally prohibiting commercial surrogacy and restricting it to altruistic arrangements where no monetary compensation, apart from medical expenses, may be provided.<sup>6</sup> While the legislative intent was to curb exploitation, this transition also dismantled an informal yet structured form of employment for thousands of women who had come to depend on surrogacy for livelihood.<sup>7</sup> As a result, India’s surrogacy landscape has shifted from one form of vulnerability—economic exploitation—to another—lack of recognition



and protection. This makes the intersection of *Human Resource Management (HRM)* and *Law* a critical lens for contemporary analysis.

Existing literature on surrogacy is predominantly legal, ethical, or sociological in orientation.<sup>8</sup> Very few studies examine surrogacy as a form of **reproductive work** that involves HRM functions such as recruitment, selection, motivation, performance management, welfare, and exit processes.<sup>9</sup> Applying HRM perspectives to surrogacy reveals how management practices were once instrumental in operationalizing the industry—through structured selection of surrogates, standardized contracts, emotional counseling, and incentive-based compensation.<sup>10</sup> Simultaneously, it exposes how these same mechanisms could perpetuate asymmetrical power relations and commodify women’s bodies when unchecked by legal safeguards.

The contemporary ban on commercial surrogacy thus opens a dual discourse: first, the **legal** debate over the boundaries of reproductive autonomy and state intervention; and second, the **managerial** challenge of how to ensure ethical governance in the absence of formal HR systems.<sup>11</sup> For institutions still engaged in fertility and ART services, HRM principles—when aligned with legal compliance—can offer a pathway toward humane, transparent, and rights-based management of reproductive labor.<sup>12</sup>

Accordingly, this paper seeks to examine how HRM principles can be ethically adapted to manage surrogacy practices within the Indian legal framework. It aims to identify the historical HRM mechanisms that structured commercial surrogacy, analyze the consequences of their dissolution post-regulation, and propose an integrative model for ethical HRM in reproductive services. Through this exploration, the study contributes to an underdeveloped but necessary dialogue—one that redefines “*managing people*” to include those whose labor occurs not in corporate spaces, but within the profoundly intimate domain of the human body.

## 2. Literature Review

The growing scholarship on surrogacy spans law, ethics, gender studies, and medical sociology — yet its management dimensions remain relatively unexplored. The existing body of work provides a foundation for understanding surrogacy as both a *reproductive* and *economic* transaction, highlighting gaps in governance, regulation, and humane management of surrogate mothers.

From a *human resource management* perspective, literature remains sparse. Scholars like Boxall and Purcell (2016) argue that modern HRM must adapt to new forms of contingent work — a framework that resonates strongly with the temporary, outcome-based nature of surrogacy contracts. Similarly, Raj (2021) notes that unconventional workplaces require an “ethical HRM lens” to ensure dignity and agency for participants engaged in atypical labor roles.

Legal literature, including work by Banerjee (2019) and Nadimpally & Venkatachalam (2016), critiques the inadequacy of regulatory systems in protecting surrogates’ rights, highlighting the need for institutional oversight and transparent contractual practices. The *Surrogacy (Regulation) Act, 2021* in India has restricted commercial surrogacy, framing it instead as altruistic. However, this shift has invited criticism for potentially driving the practice underground rather than ensuring ethical management (Patel, 2022).

## 3. Theoretical Framework

The management of surrogacy as a form of labor demands a multidimensional theoretical lens that blends economic rationality with humanistic ethics. Two key frameworks — *Human Capital Theory* and *Psychological Contract Theory* — offer complementary perspectives in understanding the surrogate’s role within a regulated, emotionally charged, and legally constrained labor environment.



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### 3.1 Human Capital Theory

First articulated by Gary Becker (1964), the Human Capital Theory posits that individuals invest in skills, education, and physical capacities to enhance their economic value. In the surrogacy context, the surrogate's body, health, and reproductive capacity become forms of *specialized human capital*. Clinics and intended parents, in turn, invest in this capital through medical supervision, nutrition, and counseling to ensure desired outcomes.

However, unlike traditional employment, the “investment” here is asymmetric — the surrogate's reproductive labor is temporally limited yet emotionally enduring. While the economic exchange is contractual, it is complicated by non-market elements such as maternal attachment, societal stigma, and moral judgment. Thus, the surrogacy market illustrates an extreme manifestation of human capital commodification, where labor is embodied and personal.

### 3.2 Psychological Contract Theory

Rooted in organizational behavior, the Psychological Contract Theory (Rousseau, 1995) explains the implicit expectations between employer and employee beyond formal contracts. Applying this lens to surrogacy reveals a dual-layered contract — one legal (governing rights and compensation) and another psychological (built on trust, empathy, and perceived fairness).

Surrogates often expect emotional support, respect, and humane treatment, while intended parents and clinics anticipate reliability, discretion, and compliance with medical protocols. Breaches in this unwritten contract — such as neglect of emotional well-being or lack of post-birth care — can result in psychological distress akin to workplace burnout or moral injury. Recognizing and managing these expectations is central to an ethical HRM approach within surrogacy practices.

### 3.3 Ethical HRM Perspective

To reconcile the economic and emotional dimensions, the *Ethical HRM* framework (Greenwood, 2013) becomes essential. It emphasizes fairness, dignity, and the moral treatment of all contributors to organizational outcomes. Translating this into surrogacy implies ensuring informed consent, equitable compensation, emotional counseling, and protection from exploitation — principles akin to corporate social responsibility in reproductive industries.

Integrating these theories provides a comprehensive foundation to analyze surrogacy not merely as a biomedical arrangement but as a complex *employment-like system* governed by human, emotional, and legal capital.

## 4. Legal Context: The Surrogacy (Regulation) Act, 2021

The *Surrogacy (Regulation) Act, 2021* marks a pivotal shift in India's reproductive policy landscape, transforming surrogacy from a commercial industry into a strictly altruistic practice. The Act prohibits all forms of paid surrogacy, allowing only *altruistic surrogacy* wherein no monetary compensation—apart from medical expenses and insurance—is permitted. This legislative move aims to curb exploitation, organ trafficking, and commodification of women's reproductive labor, but it also fundamentally alters the employment-like dynamics of the surrogacy ecosystem.

### Key provisions include:

- **Eligibility Criteria:** Only Indian heterosexual couples, married for at least five years, can commission a surrogate. The surrogate must be a married woman with a child of her own and aged between 25–35 years.
- **Regulatory Oversight:** Establishment of *National* and *State Surrogacy Boards* to monitor clinics, maintain records, and enforce compliance.
- **Prohibition of Commercial Agencies:** Clinics and intermediaries previously functioning as recruitment and management agents are barred from offering paid surrogacy services.



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- **Consent and Documentation:** Written informed consent, medical fitness certificates, and insurance coverage for 36 months post-delivery are mandatory.

From an HRM perspective, these provisions redefine the surrogate's role from a *contractual worker* to a *voluntary participant*, eliminating formal employment relationships and compensation frameworks. While this curtails commercialization, it also creates managerial dilemmas: absence of structured oversight for emotional care, lack of incentives, and possible emergence of unregulated underground arrangements. Hence, the Act, though protective in spirit, demands parallel development of *ethical HRM guidelines* within fertility clinics to balance legality with humane treatment.

## 5. HRM Practices in the Surrogacy Industry (Pre-2021)

Before the enforcement of the *Surrogacy (Regulation) Act, 2021*, India was regarded as the global hub of commercial surrogacy, generating an estimated USD 400 million annually (ICMR, 2018). Clinics and fertility centers operated in ways that resembled structured HR systems, even though they functioned outside formal labor law frameworks.

### Recruitment:

Surrogates were typically recruited through local agents or clinics targeting economically vulnerable women, often from rural or lower-middle-class backgrounds. Selection criteria included health, prior childbirth experience, and perceived compliance. The recruitment process mirrored employment screening but lacked transparency and standardized welfare checks (Pande, 2010).

### Training and Counseling:

Basic medical orientation, diet regulation, and behavioral expectations were shared during onboarding. However, psychological counseling was often minimal or transactional, leaving emotional preparedness largely unaddressed (Rudrappa, 2015).

### Compensation and Benefits:

Payments were milestone-based—covering implantation, pregnancy stages, and delivery—with amounts ranging between ₹3–10 lakh depending on clinic and client profile. Some clinics included accommodation, nutrition, and healthcare as part of the “employment package,” effectively treating surrogacy as a temporary job (Banerjee, 2019).

### Performance and Relationship Management:

Surrogates were monitored closely by medical teams; compliance with lifestyle norms (e.g., abstaining from certain foods, restricted movement) was treated as performance adherence. Emotional bonding with the child was discouraged, creating tension between human emotion and contractual duty.

### Exit and Aftercare:

Once delivery occurred, legal documentation transferred parentage, and surrogates were often disengaged abruptly. Few clinics offered post-birth psychological support or health follow-up, leading to cases of emotional trauma and identity dissonance (DasGupta, 2019).

In summary, the pre-2021 surrogacy ecosystem reflected informal yet recognizable HRM elements—recruitment, performance monitoring, and compensation—but without the ethical or legal safeguards that legitimate employment systems require.



## 6. HRM Challenges in the Post-2021 Surrogacy Landscape

The transition from commercial to strictly altruistic surrogacy under the Surrogacy (Regulation) Act, 2021 has fundamentally altered the management dynamics of reproductive labor in India. The dissolution of compensation-based arrangements and intermediary agencies has created significant HRM gaps for fertility clinics, surrogates, and commissioning parents.

### 6.1 Absence of Structured Recruitment and Screening

With commercial agencies prohibited, clinics lack standardized mechanisms to identify suitable surrogates. Recruitment now depends on voluntary family networks, which reduces the pool of eligible women and increases the risks of unregulated persuasion within families.<sup>1</sup> The absence of HRM-led screening further limits medical, psychological, and socio-economic evaluations previously handled by intermediaries.

### 6.2 Unmanaged Psychological Contracts

Altruistic surrogacy creates heightened emotional expectations between surrogates and commissioning couples. These expectations—care, respect, post-birth communication—remain undocumented and highly subjective, making psychological contract breaches more likely.<sup>2</sup> Without trained HR personnel, clinics struggle to mediate emotional boundaries, often resulting in stress, guilt, or relational conflict.

### 6.3 Lack of Motivation and Support Systems

Removal of financial incentives diminishes surrogate motivation and may undermine adherence to medical protocols.<sup>3</sup> Clinics must now rely solely on altruistic sentiment, which weakens commitment and complicates pregnancy management. Simultaneously, structured support systems—nutrition programs, accommodation facilities, counseling—have declined due to the absence of commercial budgets.

### 6.4 Increased Informalization and Underground Practices

Experts warn that strict prohibition of compensation could push surrogacy into informal markets where surrogates face unregulated exploitation.<sup>4</sup> Without HRM governance, these underground arrangements lack informed consent procedures, safety measures, and grievance redressal mechanisms.

### 6.5 Compliance Burdens on Clinics

Clinics bear heavier administrative responsibilities, including documentation, insurance, regulatory audits, and state board approvals.<sup>5</sup> However, these remain operational tasks rather than human-centered HRM processes. As a result, surrogate well-being becomes secondary to compliance, creating ethical tensions in service delivery.

### 6.6 Ethical and Operational Ambiguities

There is uncertainty around reimbursement limits, welfare provisions, and permissible surrogate support.<sup>6</sup> Clinics are hesitant to offer additional benefits for fear of violating “commercial intent” restrictions. This ambiguity undermines ethical HRM practices and leaves surrogates without adequate protection.

## 7. Proposed Ethical HRM Model for Fertility & ART Clinics

As India transitions to an altruistic surrogacy framework, fertility clinics must adopt an Ethical HRM model that prioritizes dignity, transparency, and legal compliance. Drawing from Ethical HRM principles (Greenwood),<sup>1</sup> psychological contract





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dynamics (Rousseau),<sup>2</sup> and reproductive labor scholarship (Pande; Rudrappa),<sup>3</sup> a structured model can ensure humane management of surrogate mothers while staying within statutory boundaries.

### 7.1 Ethical Recruitment and Screening

Even in altruistic arrangements, clinics should implement structured, non-coercive screening protocols. This includes medical fitness assessment, psychosocial evaluation, and enhanced informed consent procedures. Standardizing recruitment mitigates familial pressure and aligns with global ART best practices.<sup>4</sup>

### 7.2 Strengthening the Psychological Contract

Clinics must formally articulate non-financial expectations—emotional support, communication norms, medical responsibilities—through transparent pre-surrogacy counseling. This reduces misunderstandings and balances the implicit duties that typically govern reproductive labor.<sup>5</sup>

### 7.3 Welfare-Centered Support Systems

While monetary compensation is prohibited, the Act permits medical, nutritional, and insurance-related support. Clinics should operationalize this through structured welfare programs including:

- Regular psychological counseling,
- Nutritional and wellness monitoring,
- Access to independent legal advice.

Such measures reflect ethical HRM norms emphasizing dignity and well-being.<sup>6</sup>

### 7.4 Transparent Documentation and Compliance

Ethical HRM requires clarity in contracts, communication, and adherence to the Surrogacy (Regulation) Act, 2021. Clinics must maintain transparent records, obtain informed consent at every medical stage, and ensure 36-month insurance coverage as mandated.<sup>7</sup> Documentation should be written in accessible language to empower surrogates rather than merely fulfil compliance criteria.

### 7.5 Post-Birth Transition and Emotional Care

Surrogacy involves complex emotional labor, often intensified during relinquishment.<sup>8</sup> Clinics should provide structured post-birth counseling and health follow-ups for at least six months. This recognizes the emotional dimensions of reproductive work and addresses psychological contract completion.

### 7.6 Institutional Accountability and Grievance Redressal

Fertility clinics should establish internal grievance mechanisms where surrogates can report concerns without fear of reprisal. An internal ethics board—aligned with State Surrogacy Boards—can review disputes, uphold transparency, and ensure compliance with non-exploitative practices.<sup>9</sup>

This Ethical HRM model repositions surrogates not merely as participants in a legal process but as contributors deserving structured support, emotional care, and respectful management—bridging the gap between reproductive rights and institutional responsibility.



## 8. Discussion

The intersection of HRM and surrogacy reveals a complex landscape where reproductive labor, legal constraints, and ethical obligations converge. Historically, the commercial surrogacy ecosystem functioned as an informal employment structure, with clinics and intermediaries performing quasi-HRM functions such as recruitment, training, monitoring, and compensation.<sup>1</sup> While these practices offered economic opportunities, they also introduced power asymmetries, commodification of the body, and inadequate welfare protections.<sup>2</sup>

The Surrogacy (Regulation) Act, 2021 represents an attempt to dismantle these exploitative patterns; however, its shift to altruistic surrogacy has created new vulnerabilities. By eliminating compensation and formal management systems, the Act inadvertently removed many structured HRM mechanisms that previously supported surrogate welfare.<sup>3</sup> As a result, clinics now shoulder significant ethical responsibility without clear guidelines for emotional care, screening, or post-birth support. This creates a regulatory vacuum where reproductive labor continues, but without the organizational frameworks necessary to safeguard dignity and well-being.<sup>4</sup>

The theoretical frameworks explored—Human Capital Theory, Psychological Contract Theory, and Ethical HRM—highlight the need to treat surrogacy as more than a biomedical transaction. Surrogate mothers embody specialized human capital through their reproductive capacity, yet the absence of formal HR structures makes this investment precarious.<sup>5</sup> The psychological contract between surrogates, clinics, and intended parents is also fragile, particularly in altruistic settings where expectations remain implicit and emotionally charged.<sup>6</sup> Ethical HRM principles therefore become essential to prevent exploitation while ensuring respect, autonomy, and transparency.<sup>7</sup>

An emerging consensus across legal and feminist scholarship warns that overly restrictive regulation may push surrogacy underground, where exploitative conditions could worsen.<sup>8</sup> The ethical HRM model proposed in this paper offers a middle path—one that does not contradict the law but strengthens humane management practices within its constraints. Such a framework acknowledges reproductive labor as legitimate work deserving structured support, even in altruistic arrangements.

Overall, the discussion underscores the need for balanced governance: protective legislation aligned with ethical, rights-based HRM practices to ensure that surrogates are not marginalized within India's evolving ART ecosystem.

## 9. Conclusion and Policy Recommendations

Surrogacy in India sits at a sensitive intersection of reproductive rights, labor ethics, and legal regulation. The shift from commercial to altruistic surrogacy under the Surrogacy (Regulation) Act, 2021 was intended to eliminate exploitation, yet it has simultaneously dismantled informal HRM structures that once provided financial motivation, monitoring, and limited welfare support.<sup>1</sup> As a result, surrogates today operate in an emotionally intensive, legally constrained environment with minimal institutional guidance.<sup>2</sup>

This paper demonstrates that applying HRM frameworks—Human Capital Theory, Psychological Contract Theory, and Ethical HRM—can bridge the gap between legal compliance and humane reproductive labor management. While surrogacy is no longer categorized as employment, its embodied labor, emotional complexity, and organizational dependencies demand HRM-informed governance.<sup>3</sup> Ethical implementation of HRM principles within clinic operations can enhance transparency, ensure informed consent, and strengthen surrogate well-being without contravening statutory provisions.<sup>4</sup>



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## Policy Recommendations

### 1. Standardized Screening and Counseling Protocols

National and State Surrogacy Boards should mandate uniform psychosocial and medical screening processes, along with structured counseling sessions for surrogates and commissioning couples.<sup>5</sup>

### 2. Surrogate-Centered Documentation Practices

Legal and medical documents should be simplified, translated, and supplemented with verbal briefings to ensure true informed consent, especially for women from vulnerable socio-economic backgrounds.<sup>6</sup>

### 3. Mandatory Post-Birth Support Framework

Clinics should be required to provide a minimum of six months of post-birth medical and psychological care, recognizing the emotional labor involved in relinquishment.<sup>7</sup>

### 4. Transparent Welfare Provisioning

While compensation is prohibited, the law should clarify permissible welfare measures—nutrition, accommodation, counseling—to prevent under-support and reduce fear of violating “commercial intent.”<sup>8</sup>

In conclusion, surrogate mothers constitute a unique category of reproductive labor contributors whose role requires thoughtful, ethical, and legally grounded management. By integrating HRM principles with statutory mandates, India can evolve a compassionate, rights-based surrogacy ecosystem that safeguards the dignity, autonomy, and well-being of all participants.

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