FEMALE AUTONOMY AND GENDER JUSTICE WITH REGARD TO SURROGACY IN INDIA

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ABSTRACT

The right of a woman or girl to make autonomous decisions about her body and reproductive functions is at the core of her fundamental rights to equality, privacy and bodily integrity. There is a need to pay more attention to gender development so that women lead more productive life goals and do not sell their bodies for 'sex' or 'breeding'. The Union Cabinet has approved the Surrogacy (Regulation) Bill, 2016, according to which, commercial surrogacy is strictly prohibited and foreigners cannot access surrogacy in India, but altruistic surrogacy is allowed only to surrogate married couples in need given with the help of close relatives in the form of mothers, Surrogate mothers would have more rights over their children and would be offered legal aid. Similar policies exist in Thailand, Israel and Denmark. Supporting the bill, External Affairs Minister Sushma Swaraj said it would protect women from exploitation, especially by the large-scale medical tourism industry.

Keywords: Surrogacy, Female Autonomy, Gender Justice, India, and so on.

INTRODUCTION

The United Nations Working Group on Discrimination against Women and Girls has expressed concern over the serious challenges to the universality of women's rights in the global community. These challenges stem from economic crises, austerity measures, as well as cultural and religious conservatism. The HRC 2017 resolution on the elimination of discrimination against women acknowledges the backlash against women's right to equality. It is in this context of growing radicalization and backlash against women's human rights that the current discussion on termination of pregnancy is taking place internationally. This is why the expert group decided to clarify its position regarding termination of pregnancy in a position paper published in 2017.

The Working Group reminds readers of the human rights of women, including the highest attainable standards of health including equality, dignity, autonomy, information, bodily integrity, respect for private life, sexual and reproductive health, and freedom from torture without discrimination Are included and cruel, inhuman and degrading treatment. A woman or girl's right to make autonomous decisions about her body and reproductive functions is at the core of her fundamental rights to equality, privacy and bodily integrity.

Reproductive health equity includes non-discriminatory access to affordable, quality contraception, including emergency contraception. The decision to continue or terminate a pregnancy can shape a woman's entire future personal life as well as family life. The judgment has significant implications for the enjoyment of other human rights by women. So the decision is basically and primarily the decision of the woman. Accordingly, and following the good

practice of many countries, the Working Group has called for allowing women to terminate pregnancy upon request during the first trimester.

Definition of Female Autonomy:

Women, like men, are members of the many hierarchical groups that constitute society. They are members of regional groups with associated socio-economic levels of development and laws, of cultural and religious groups with associated kinship systems and accepted norms of behaviour, and of households and marital units each with its own distinctive characteristics. And women are also individuals with their own distinct characteristics. The degree of autonomy desired and exercised by women depends not only on their own characteristics, but is also influenced by the characteristics, practices, and norms of each specific group of which they are members. It is this intersection of multiple levels of influence on women's participation in society and their autonomy that needs to be drawn out for the specific case of Egyptian women. Specifically, we need to explain cross-sectional variation in the autonomy of currently married Egyptian women, as defined by indices of customary autonomy, atypical autonomy, and actual autonomy. EDHS allow us to incorporate into our discussion the simultaneous membership of women at the household level the marital unit level, and the individual level. We also know their religious affiliation and their regional membership based on the location of the house they belong to. We are able to examine two sources of influence on women's autonomy: modernization and economic influences on the one hand, and culture-specific influences embedded in the kinship system to which women are subject, on the other. These influences are believed to affect each woman directly through her own characteristics, as well as indirectly through the characteristics of the household of which she is a member and the characteristics of her husband, who is her husband. Is the second member of the marital unit? Following the above, we divide our discussion into two parts. First, we develop hypotheses related to modernization and economic explanations of female autonomy, and then we develop hypotheses that take into account cultural influences.

Modernizing Approach to Women's Autonomy:

The modernization theory of development argues that in the process of modernization, traditional barriers to mobility and self-expression break down, giving way to new ways of thinking and doing (Kuznetz, 1966; Inkels and Smith, 1974). The traditional emphasis on maximizing group welfare has been replaced by a new emphasis on self-determination and the achievement of individual-level goals (Moore, 1979). Urbanization, the spread of education, and increased exposure to the mass media created and facilitated the need for innovative behavior that emphasizes autonomy in thought and action (Lerner, 1958; Moore, 1979).

Since the modernization theory of development does not differentiate between genders, the underlying assumption seems to be that innovative behavior and moves toward individual-level autonomy are not gender specific. The erosion of traditional norms should give both women and men the freedom to take control of their own destinies and behave autonomously to maximize their well-being. Thus the modernization process is considered as a process which generates the need and potential for total autonomy and self-determination. The processes of industrialization and urbanization, the spread of literacy and communication, as well as

widespread media exposure have been identified as vehicles of modernization. The economic development of the area in which the household is located and the socioeconomic status of the household are likely to mediate the extent to which individual members have access to modern education and thought. These arguments imply that women's autonomy is an innovative response to the processes of modernization and economic development, as well as its result.

Surrogacy, Autonomy and Equality:

Surrogacy has become a relatively common practice around the world, increasing the number of couples and individuals turning to surrogacy to have children. The vast majority resort to gestational surrogacy, in which the woman serving as the surrogate gives birth to a child to whom she is not genetically related. Instead, donor eggs or eggs from the intended mother are used in an in vitro fertilization (IVF) process. The sperm usually comes from the intended father, although in some cases donor sperm may be used. For some different-sex couples, gestational surrogacy offers the opportunity to have a child genetically related to both the intended mother and father. A woman who has viable eggs but cannot conceive can create embryos with her own eggs and her partner's sperm -- and then transfer the embryos to a woman serving as a surrogate. Even when different-sex couples use donor eggs, surrogacy usually provides an opportunity to have a child genetically related to the intended father.

Surrogacy also paves the way for same-sex couples and single people to become parents. When same-sex male couples have children through surrogacy, they usually use the sperm of one of the men. Some couples create multiple embryos, some from one man's sperm and some from the others, so that each has one genetic child. Some couples mix their sperms so that they do not know which man the child is genetically related to. Such procedures highlight some of the stresses that surrogacy, as it is practiced today, presents. Surrogacy provides an opportunity to have a genetic child. However, it regularly involves donor gametes. This practice seems to be reinforcing and destabilizing the primacy of genetic ties.

Laws that prohibit or regulate surrogacy present a variety of constitutional questions. Do courts enforcing contracts for surrogacy violate women's rights, or do women have the freedom or equal rights to engage in surrogacy? Are women's interests protected by banning surrogacy, or allowing and carefully regulating the practice? (Is there a single answer to that question, or can it varies over time, or by class, or by culture?) What are the autonomy and privacy interests of those who wish to have children through surrogacy? Does a government that allows surrogacy have a constitutional obligation to provide equal access – so that unmarried people and same-sex couples as well as married couples can have children through surrogacy? When people travel across borders to enter into a surrogacy arrangement, whose law determines the status of the parties involved?

Surrogacy is similar to and different from other forms of assisted reproduction. This typically involves another woman carrying a child for nine months. For this reason, it has raised more controversy than the practices of gamete donation and IVF. The fact that a woman knowingly gives birth to a child she does not intend to nurture creates unease, as it fundamentally violates the role expectations of pregnant women, who are supposed to be mothers are understood as duties. That a woman may choose to bear another's child for money raises particular concerns, including important human rights questions. Is reproductive labor a commodity that a woman can sell like most other forms of labor — or is it similar to sex, which most people still believe

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should not be consumersed? Is the compensation for surrogacy for the surrogate's services or rather for the child, and if so, does the transaction amount to child-selling? (For some, restricting advertisements for, or compensation for, surrogacy and allowing only altruistic surrogacy mitigates concerns about the presence of women profiting from care work and the legality of financial transactions involving parents or children.)

Others see women as capable of making their own personal and economic choices under appropriate background conditions, and see surrogacy as potentially empowering, as it enables women to enter into altruistic and remunerative relationships that can enrich the lives of them and their families. Others may want to give women some degree of control over the compromises they make in the struggle to support themselves and their families. Why women should be banned from serving as surrogates even for those who consider surrogacy degrading, yet why should they be allowed to engage in a variety of degrading, low-paid work? Needed? With proper regulation, should women be given the option to serve as surrogates?

These questions raise competing views about the status and autonomy of women and thus present concerns of constitutional dimension. Should we allow women to decide whether and when to have a child, including whether or not to enter into a surrogacy agreement, as we can with regard to contraception and abortion? Is the decision to enter into such agreements, against traditional role expectations for women, an expression of a woman's privacy, role autonomy and equality? Or, does surrogacy degrade women by taking advantage of their poverty and treating them as "reproductive vessels"? Has the woman's consent to serve as a surrogate, in all cases, been given without prior notice and under coercion? or whether the prohibition of surrogacy is an expression of paternalism that redefines traditional ideas about women's roles and decision-making abilities, reinforces women's subordination symbolically and practically, and their emancipation in other contexts puts in danger?

Can the woman who acts as a surrogate really appreciate the experience of surrendering a child, so that her consent to the arrangement is informed and voluntary? How can a woman acting as a surrogate not form an attachment to a child who is the parent's by nature? Are these concerns mitigated by the practice of gestational surrogacy, in which the surrogate's egg is not involved, unlike traditional (or "genetic") surrogacy? Is a child born to a gestational surrogate not "her child" because there is no genetic relation? Can surrogacy agreements be regulated in ways that take these concerns into account – or do they count as reasons, on balance, to ban the practice? When evaluating the case for and against various forms of surrogacy, note how many underlying societal decisions are based on norms and assumptions that are in flux. How are social judgments about people's reasons for joining systems developing and why? Consider this dynamic from another vantage point. Can jurisdictions with young children in need of adoption ban the practice of surrogacy? Or should these jurisdictions still allow the practice because they respect the wish of the potential parents to have a child genetically related to their own or their partner's?

What types of families does surrogacy make possible? In what ways does surrogacy reproduce the "natural family", and in what ways does surrogacy disturb the "natural family"? Does this practice confirm the importance of male lineage, or does it present new, redemptive opportunities for "the families we choose"? Or can it do both? Will the practice of surrogacy continue even after it is banned – with women laboring and raising families outside the shadow

of the law – and if so, what impact will this have on the question of regulation? Where children's do interests point? Does surrogacy harm children? Do they suffer psychological harm, and if so, why? Because, their existence arose out of a commercial transaction? Because, they are separated from their "birth mother"? Is it right to ban this practice in the interest of children? If prospective parents choose to have children through surrogacy in other jurisdictions to avoid such restrictions, how should the interests of the resulting child be weighed? Does the child now have independent interests in citizenship, family recognition and parent-child relationships that outweigh the government's interest in restricting surrogacy? Concerns about autonomy, equality, child welfare, objectification and coercion will influence how surrogacy is structured and regulated, and thus shape the social connotations of the practice.

Courts, legislatures and human rights tribunals have faced these concerns in disputes over surrogacy. Judges have considered whether a ban on surrogacy protects or undermines constitutional and human rights; whether the methods of regulation adopted by governments comply with constitutional requirements and human rights principles; and how the practice of surrogacy across borders affects state sovereignty, constitutional principles and human rights norms. In legislative enactments and judicial decisions, we see that jurisdictions around the world have responded to surrogacy in different ways. Some people consider this practice as a crime. Criminalization may include punishing third-party brokers, punishing those hiring surrogates to produce children, or punishing women who act as surrogates. What are the practical implications of banning this practice? How do people who want to have children respond to such restrictions?

Other jurisdictions prohibit surrogacy as a civil but not a criminal matter, thus refusing to recognize such arrangements in their family law systems or to recognize surrogacy contracts as enforceable. In some of these jurisdictions, if all parties comply with the arrangement, they may be able to achieve their goal by allowing the birth mother to waive her rights and allow the intended parents to adopt the child. But if the woman acting as a surrogate changes her mind, the law may provide no recourse to the potential parents.

Many countries have backed away from such restrictive approaches. Today, many jurisdictions, including a growing number of states in the United States, allow and regulate surrogacy (namely, gestational surrogacy). They provide clear guidance on who can enter a surrogacy arrangement, what should be included in the arrangement, and what determines parents to be in a compliant surrogacy arrangement. The regulation varies along the following dimensions, raising questions of autonomy and equality for women acting as surrogates and individuals who wish to have children through surrogacy: whether surrogacy can be compensated or only altruistic; The role of genetics – including accepted forms of surrogacy (must the surrogate be genetically unrelated to the child?), as well as the requirements imposed on the prospective parents (should either of the intended parents have genetic material should contribute?);

- Status-based norms that govern who can have children through surrogacy for example, whether the practice is limited to married same-sex couples or includes same-sex couples and single people are also included;
- The right of the woman serving as a surrogate to make health-related decisions, including the right to terminate a pregnancy;

- Determination of intended parentage through surrogacy whether the woman serving as the surrogate is the legal mother or whether the intended parents are legal parents by operation of law; and
- To what extent the state is willing to subsidize this procedure or related IVF procedures.

Forms of regulation are relevant to the consideration of whether and how surrogacy promotes or undermines autonomy, privacy and equality. While many countries have acted to either explicitly ban or explicitly allow and regulate surrogacy, many other countries have done little. They maintain neither criminal or civil prohibition, nor any permissive system of regulation. Surrogacy is flourishing as an industry in some of these countries. Many people living in countries where surrogacy is banned or severely restricted avoid the law. People wishing to have children tend to hire surrogates in more permissive jurisdictions – either where the practice is heavily regulated or not regulated at all.

The movement across borders for surrogacy (what some call fertility tourism) has raised important questions of law and policy. How should courts and legislatures grant citizenship and familial status to persons who enter into surrogacy relationships outside the country to avoid domestic law? Does the child's citizenship go with the woman who acted as a surrogate or with the intended parents? Who are the legal parents - the woman who gave birth or the intended parents? Which jurisdiction's law matters in making such a determination - the jurisdiction where the child was born or the jurisdiction where the intended parents return with the child? To what extent should the state take into account the ability or inability of citizens to access surrogacy in other countries? Recognizing and denying these parent-child relationships presents multi-pronged constitutional questions. They also clearly spell out the rights and interests of children born through surrogacy. And they raise important questions of sovereignty for jurisdictions that continue to prohibit the practice.

We begin with a perspective on surrogacy across borders, and we return to these questions at the end of the chapter. The intervening sections focus on the changing social meaning and legal status of surrogacy and the forms of regulation developed to address this practice – regulation that reflects constitutional guarantees and human rights.

Surrogacy and Gender Justice:

The Union Cabinet has approved the Surrogacy (Regulation) Bill, 2016, according to which, commercial surrogacy is strictly prohibited and foreigners cannot access surrogacy in India, but altruistic surrogacy is allowed only to surrogate married couples in need given with the help of close relatives in the form of mothers. Surrogate mothers will have more rights over their child and will be offered legal aid. Similar policies exist in Thailand, Israel and Denmark. Supporting the bill, External Affairs Minister Sushma Swaraj said it would protect women from exploitation, especially by the large-scale medical tourism industry.

Surrogate mothers in India are particularly vulnerable to unfair contracts because of their relatively disadvantaged socio-economic status. They are detained in dormitories, violated good medical practices, and imposed extreme methods of separation from children born without a fair share of benefits or protection from insurance or the law, many of which are basic. There are violations of human rights commodification of children also occurs because bulk payments are made only after the child is handed over, without additional payment in the event of an

abortion; some pay based on the child's weight, and children with disabilities are treated like defective products and abandoned in orphanages or even on the street.

It took years for the government to respond effectively but it has finally taken a commendable stand with the understanding that this entire industry is based on structural inequalities, exploitation and commodification of women and children. Recently, a Swedish journalist wrote, "India and Thailand do not want their female citizens to become the baby factories of the world. Now is the time for Europe to take responsibility. We need to show solidarity and shut down this industry for as long as possible." (Akis Ekman K 2016). Later that year, Sweden completely banned surrogacy. Most countries in Europe ban all surrogacy agreements, including Austria, Bulgaria, France, Germany, Italy, Norway, Portugal, Switzerland, Spain and Sweden. For example, Germany has banned the practice because a surrogate mother is considered a birth mother. However, there are some unclear aspects of the partial ban on surrogacy in India and Thailand; the glorification of altruistic surrogacy paves the way for exploitation and the current selective ban discriminates against certain groups of people in society.

Charitable Surrogacy Glorifies the Family and Reinforces Inequalities:

Altruistic surrogacy also involves money transfers and past experience from other countries such as the UK shows that the process involves large sums of money transferred in the name of medical bills which can be exploitative for prospective parents and surrogate mothers. Altruistic surrogacy can exploit women who may be dependent on other family members. Surrogacy between family members does not make this practice any less exploitative than commercial surrogacy. Altruistic surrogacy within families, "romanticizes the family as the most important locus of security" (Raymond 1993: 54). It is well known around the world that most forms of abuse occur within close families and friends. It is known that women in India put the needs and preferences of others before their own, which was evident among surrogate mothers in India who were willing to sacrifice their lives for the sake of the family (Saravanan 2013). With altruistic surrogacy, women in the extended family may be exploited to meet the reproductive needs of their affluent relatives, while women who refuse may face ostracism. Feminists criticize altruistic surrogacy as a 'pity trap' in which infertility is portrayed as a dire need and the surrogate mother is presented as a benevolent-loving woman who helps singlechildless couples gives the gift of love. An ethical celebration of women's philanthropic role is framed in the language of 'selflessness' (Raymond 1993).

Problems with Selective Restriction:

India bans surrogacy for certain groups (homosexuals, single parents, and live-in couples). This does not solve any problem, as only affluent people from various sections of the society could afford surrogacy in any case. This policy is decidedly patriarchal and anti-gay and basically discriminates against certain sections of the society. Similar laws have been imposed on other reproductive technologies as well. For example, Germany restricts sperm donation to unmarried and same-sex couples. There are other issues that need to be considered. In case of restriction, it is also seen that affluent citizens move to other countries to avail surrogacy. Extra-territoriality laws have been implemented in some countries, which impose stricter rules on citizens who are not allowed to travel to source countries for fertility treatment.

The law of the source country decides the citizenship of children born through surrogacy outside their jurisdiction and of the parents of persons who have traveled abroad to produce these children. Countries that do not have clear extra-territorial laws have been criticized for protecting their own citizens while allowing vulnerable citizens of other countries to be exploited.

Surrogacy: The Solution to Poverty and Infertility:

Liberals see surrogacy as a solution to poverty and infertility. However it is important to understand who is defined as 'infertile' and whose infertility issues are being addressed through surrogacy. Technologies such as surrogacy provide a wide range of reproductive options only to the affluent, at the cost of the health, freedom, and lives of a few others (mostly less affluent women), while placing substantial control and power in the hands of intermediate agencies. Socio-economically disadvantaged people in the society whether they are married, single, infertile, same-sex couples or transgender cannot produce children through surrogacy in any way, be it India or any other country in the world. 'Reproductive justice' aims to reduce inequalities and not use someone's vulnerability as a solution to infertility.

From a neoliberal perspective, the use of technology to realize the 'reproductive goals' of intended parents is considered a 'constitutional right' and hence state intervention is seen as an interference, some calling it 'state'. They have even gone to the extent of saying 'policing' private life of people. This individualistic, outcome-based approach ignores the social impact of surrogacy and the structural injustice, racial and colonial elements of this industry. Israeli academic and feminist Carmel Shelev explains, "The issue in the 1970s was about reproductive freedom, women's choice to become mothers, when, if and how often, access to contraception, abortion and safe delivery". These were private decisions; hence state interference was resisted. Having the right to be a parent is a positive right. But in recent times it is becoming an extreme version of a consumer right, which is being enjoyed by the rich. It rapidly turns from 'want' to 'want', from 'need' to 'right' and 'entitlement'. In the documentary film Future Baby on assisted reproductive technologies, Shalev asks, "Can mothers- The right to become a father means 'by any means'?" Sushma Swaraj recently said, "The process which started as a necessity has become a kind of hobby. There are examples that have their own children, yet, they have resorted to surrogate child".

Neoliberals also argue that the state should not have the right to interfere with a woman's choice and agency to participate in surrogacy. This 'livelihood argument' follows a "capitalist free-market approach" and believes that the surrogacy market can provide an efficient mechanism for poverty reduction. This approach follows the Kantian perspective that individuals can be 'means to ends'. The surrogate mother's desperate choice between poverty and surrogacy cannot be viewed solely from the perspective of her agency. A surrogacy contract cannot be defined as a free choice for those in dire economic need. Surrogate mothers are subject to all forms of exploitation, isolation, neglect and violation of bodily integrity. Any activity that violates the dignity or integrity of a person and involves economic exploitation cannot be considered a constitutional 'right'.

Furthermore, Dworkin (1983) states that it is "the state [that] created the social, economic and political conditions in which the sale of some sexual (prostitution) or reproductive (surrogacy)

potential becomes necessary for people's survival". This situation deprives people from many other possibilities ranging from education to jobs and equal rights before the law. Therefore, more attention should be paid to providing all these basic rights and human rights to women so that they do not have to sell their bodies in the first place (Dworkin 1983: 182). "But, it is the sale of her sex or the state's intrusion into her sex-class-specific capacity to incite to protect her will, her rights, her individual self" (Dworkin 1983: 182). The protest should be directed towards enhancing the essential needs of the people in transitional economies like India and not towards encouraging women to go for surrogacy.

Reproductive Justice:

The 'reproductive justice' framework involves recognizing the history of reproductive oppression in all communities and aims to transform structural power inequalities by identifying and addressing the multiple oppressions of race, class, gender, sexuality, ability, age and immigration status. It is observed that those seeking surrogacy arrangement face social stigma, psychological problems, and physical stress of infertility treatment and violation of bodily integrity. However, another woman (surrogate mother) may also face similar problems by opting for surrogacy; Social stigma, psychological challenges and violation of her bodily integrity as well as put the surrogate mother's health, freedom, independence and even life at risk. Any form of personal liberty that seriously affects the health and liberty of another is not in line with the reproductive justice framework.

CONCLUSION

One view is that surrogacy, like prostitution, has been around for millions of years, so it should be allowed. Secondly, if banned, like prostitution, surrogacy will also go underground and black market will flourish with increased exploitation. Both these arguments perpetuate the idea of normalizing violations of bodily integrity for paid sex (prostitution) and reproduction (surrogacy). Both of these practices involve the systematic and structural exploitation of women's bodies and have been linked to trafficking in women and children. There are many such practices like prostitution, devadasi, nata-paratha and child marriage which violate the bodily integrity of women and have been a norm in our society but are not in line with the human rights or reproductive justice framework. Legalization has given rise to black marketing which supports both the 'sex' and 'breeding' industries.

Examples of this can be found in the prostitution (trafficking, rape, kidnapping) and surrogacy markets (sale of 'extra' babies, sale of illegal passports, birth certificates, violation of medical practices, illegal sale of genetic material). An example of comparison to controlling black markets would be the example of India's ban on sex determination and sex-selective abortion. More than two decades after the Pre-Conception and Pre-Natal Diagnostic Technology (PNDT) Bill was passed; its effectiveness can be seen in a recent analysis using a treatment-effect framework. The possible absence of legislation would have resulted in at least 106,000 fewer girls in India (Nandi and Deolalikar 2013). However, there is a lack of social reform along with the PNDT Act to change the mindset and reduce gender bias.

The major challenge facing India for surrogacy will be further development of legislation and effective implementation. There is a need to pay more attention to gender development so that

women lead more productive life goals and do not sell their bodies for 'sex' or 'breeding'. There is also a need for poverty alleviation and reduction in inequalities so that women are not forced to compromise their dignity to bring their families out of poverty.

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