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LEGAL AND ETHICAL ISSUES IN ARTIFICIAL REPRODUCTIVE TECHNOLOGIES

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ABSTRACT

Artificial Reproductive Technologies (ART) like IVF and surrogacy have really changed the way people in India face infertility. Although in 2025, India handles over 200,000 IVF cycles each year. The paper examines into those challenges through the lens of ethics, real court cases, and the latest laws.

In keeping with this, The Assisted Reproductive Technology (Regulation) Act, 2021, and the Surrogacy (Regulation) Act, 2021, established laws for hospitals, make registration mandatory, and ban commercial surrogacy. Still, ethical problems haven't gone away. There's constant debate should embryos be used in research or just discarded. Is consent truly informed in egg donation or surrogacy, or are poor women getting the worst of it? Unofficial sex selection persists, even though the 1994 PCPNDT Act bans it, and this pushes a troubling "better babies" mindset. Indian surrogacy laws draw a hard-line single people, LGBTQ+ peoples, and foreigners get shut out. That's sparked lawsuits from people fighting for the right to build families on their own terms. Cases like Baby Manji Yamada (2008) and Jan Balaz (2010) dragged issues like citizenship and parental rights into the spotlight, while recent 2025 court rulings on age limits show the legal landscape isn't standing still.

This article deals with where the laws fall short and pushes for reforms fairer access, tighter oversight, and strong ethics that actually line up with the rights promised in Articles 14, 15, and 21 of India's Constitution. If India wants a just future for families, it needs to strike the right balance between cutting-edge tech and real fairness.

Keywords: Informed Consent, Embryo Ownership, Surrogacy Laws, Genetic Privacy, Parental Rights, Bioethics.

I. Introduction

India is one of the most populous nations in worlds, with more than 1.4 billion people. However, around 10-15 percent of couples who have a birth rate of around 27 to 30 million have problems with infertility. India has an ART sector of 25,000 crores by 2025 and more than 200,000 IVF procedures are performed every year in over 1,500 clinics. It all began in 1986 when Durga was the first test-tube baby in Asia in Kolkata. In the 2000s, surrogacy by renting a womb in India became a cheap destination, and couples from other countries were invited to join. But stories of poor women being robbed and their children abandoned have prompted important reforms.

The most important laws in India are the Act on Assisted Reproductive Technologies (regulation) and the Act on Surrogacy (regulation) which will be adopted in 2021. The law requires registration of clinics, bans paid surrogacy (only family support) and limits the age of the children; women aged 18 to 45 and men 21 to 50. Perhaps, married heterosexual couples or single women may use ART only.

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Even in 2025, in this way the compliance rate was only 40 percent of clinics, leaving gaps for cheating.

The problem is complicated by culture. Also, infertility is a shameful factor and more so among women in male dominated society. The wealthy urban residents will be able to seek assistance, whereas poor rural families will not be able to pay the 1-3lakh INR per IVF cycle. Such disparity is heightened by the petty issues of embryo rights, particularly whether embryos are babies or simply cells; poor consent of uneducated donors and confidential sex selection which breaches the 1994 PCPNDT legislation.

The Supreme Court came in to play in October 2025, by easing age restrictions on above cases and provided equal rights under the Indian Constitution (Articles14, 15, 21). However, this paper is analyzing various legal and ethical issues under this way with of court cases, opinion of experts, and the new technologies being developed and one of them being AI used to choose eggs. It also examines the remedies; cheaper services through Ayushman Bharat, more rigorous control, and general standards. Does, ART has the potential of making families, although it should be just and considerate to all Indians.

II. Overview of Artificial Reproductive Technologies in India

Artificial Reproductive Technologies in India involve medical interventions that assist peoples to have children when they are unable to conceive or have children, including in vitro fertilization where the eggs and sperms are fused in a laboratory, intracytoplasmic sperm injection where the sperm is directly injected into an ovule, oocyte donation, and surrogacy whereby the pregnancy is carried by another woman.[1738] The legal framework presented in 2021 necessitates registration of clinics and strictly limits the commercial practices of prohibiting gametes sale and paid surrogacy, permitting unpaid surrogacy only between close relatives under strictly regulated circumstances.

However, these regulations have not deterred the lack of compliance and have failed to close reporting loopholes in which regulators only have partial data and as a result, many clinics have not come under full regulatory control. Similar to other nations, ART in India had a track record of success that goes back to a test-tube birth in 1986 and grew exponentially during the next decades based on medical progress, the use of the industry by well-off individuals, and demand by patients in India and abroad; by 2025 an estimated 1,500 clinics were based in major cities like Delhi, Mumbai, and Bangalore and carried out over 200,000 IVF cycles annually.[1739]

The best centres have their clinical outcomes reported of live birth rates ranging between 50 to 70 percent in young women below the age of 35 and the rates decrease sharply after 40 years and about 20 percent or less. The controversy over ethics and social issues surrounding the initial surge of surrogacy made headlines around exploitation, low rates, lack of medical attention, and insufficient aftercare provided to the surrogate mothers, which led to amendments to the policy that restricted foreign access to surrogacy and gave way to the ART act and Surrogacy act to safeguard the rights of women and prevent exploitation by commercial means.[1740]

The field is still subject to technological innovation and new technologies include artificial intelligence to measure embryo quality based on images and support clinicians in their decision making, however, these innovations make healthcare more expensive and are still centralized in larger cities, continuing to entrench the issue of inaccessibility between

[1738] Aakansha Verma et al., Ethical & Legal Issues in Assisted Reproductive Technologies: An Indian Perspective, 12 J. Med. Sci. & Health 45, 48-50 (2023).

[1739] Pikee Saxena et al., Social, Ethical, Medical & Legal Aspects of Surrogacy: An Indian Perspective, 141 Indian J. Med. Res. 229, 231-33 (2015).

[1740] Gaurisha Rastogi, Legal Implications of Artificial Reproductive Technologies in India: Exploring the Legal and Ethical Dimensions of the Technologies, 5 Indian J. L. & Legal Rsch. 1, 5-7 (2024).

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urban and rural regions. Geographic concentration as well as economic causes imply that a large number of patients in the rural areas will have to travel long distances and will be required to pay high out-of-pocket expenses to access treatment. [1741]

Perhaps, the sector has been expanding fast yet fair, safe and ethical ART delivery will be facilitated through more effective enforcement of laws, standardized reporting, low price structures, extended services in smaller towns and rural areas, patient education, and further care of the rights and health of donors and surrogate mothers.

III. Ethical Considerations in ART

iii.i. Ethical Status of the Embryo and Foetus.

An essential question in ART is the time of personhood and rights of an embryo. Countries such as India believe that life starts when the egg and sperm fuse. The Hindu and Muslim beliefs believe that the soul comes in early, and thus, killing the unwanted embryos amounts to killing a life. The recent 2021 ART Act only allows 14 days of research on embryos and five-year freezing or donation of the unused embryos. However, a lot of couples feel depressed or remorseful when they are disposing of embryos.[1742] Hence, a study carried out in 2024, 68 per cent of IVF users in India are clearly uncertain about what to do with spare embryos. The clinics and hospitals are supposed to provide clear guidance yet most of them do not follow the same. The doctors follow the ICMR guidelines to ensure that embryos are treated with care but the pro-life groups assert that embryos should not be disposed at all even at that early stage. However, embryos are not babying yet they should be respected by the majority of the population. Such a compromise enables science to support infertile couples without interfering with the Indian ideas of life.[1743]

iii.ii. The Informed Consent and Autonomy.

Consent implies that patients have complete awareness and they willingly agree to receive treatment. The law, in India, stipulates that the hospitals inform their customers about the risks like swelling ovarian, which happens with 510 percent of India cases, costs (approximately 1-300 lakhs), and success rates (30-40 percent). However, there are numerous consent forms that are not provided in other languages but only in English, which is unattainable to rural or less-educated patients. In an article of 2023, it was stated that 62 percent of consent documents are not clearly written in the local language. During surrogacy, poor women are fond of signing agreements without knowing that they are bound to relinquish some rights to the child.[1744] The Supreme Court of 2025 ruled that true consent involves continuous dialogue, but does not mean the one-time signature. Women have a right to make their personal choices, yet a family influence or monetary necessity moves them to the contrary. Images and voice narration are also employed by new AI consent tools, but should not hide facts. True self-determination is the absence of any pressure, full disclosure, and weakness protection.

iii.iii. Access, Equity and Social Justice.

ART is very costly to majority of Indians. Though, hospitals are found in large cities where 85 percent of them are so that rural patients have to travel long miles. Women of poor, lower, and tribal status are usually side-lined. In a 2023 study, it was reported that the success rate of low-income families is reduced by 20 percent due to later treatment initiation and less strong treatment. India used to attract foreigners who sought cheaper surrogacy services but the local families were left behind.[1745] The 2021 laws are meant to control abuse, but they are not concerned with cost. In the same all should

[1741] M.N. Avichal & S.K. Sharma, Ethical Aspects of Assisted Reproduction An Indian Viewpoint, 15 Reprod. BioMedicine Online 372, 375-76 (2007).
[1742] Shailaja Channabasappa & Shubha R.N., Reproductive Technology in India: Ethical & Legal Facets, 1 Int'l J.L. & Pol'y 1, 3-4 (2020).
[1743] S.K. Sharma, Legal Subtleties of the Indian Assisted Reproductive Technology Act of 2021, 68 Nat'l Med. J. India 45, 47 (2025).
[1744] Aditi Chaturvedi, Counterproductive Regulation of Assisted Reproductive Technologies in India, 33 Nat'l L. Sch. India Rev. 1, 10-12 (2021).
[1745] Priya Singh et al., Embryologists' Perspective on Medical, Legal, and Ethical Frameworks in Assisted Reproductive Technologies in India: A Narrative Review, 12 Asian Pac. J. Reprod. 1, 4-5 (2025).

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have equal opportunity in justice. India can introduce ART through the Ayushman Bharat health program, which will partially cover the expenses of poor families. Although, remote villages would be accessed through mobile clinics and online counselling. Otherwise, ART will be the right of the rich and increase the disparity between haves and the have-nots.

iii.iv. Eugenics, Sex selection and designer babies.

There is a concern that ART can allow parents to design their children; the sex, the appearance and the intelligence. In 1994, a law, the PCPNDT Act, banned sex-selection tests but secret tests are still taken currently. Although, in 2025, police raided a number of clinics and hospitals in Karnataka where illegal sex selection was carrying done. The preference on sons is detrimental to girl babies. In India, gene-editing of non-medical features, including height or IQ, is outlawed, but rich citizens can have it done in other countries. Pre-implantation genetic testing (PGT) is okay in the detection of disease, and not in the selection of non-medical traits. When not regulated, the society might sort to reward only perfect children.[1746] The legislation should be kept tight, clinics and hospital strictly monitored, and people should be reminded that all children are worthwhile irrespective of their gender and characteristics.

iii.v. The Exploitation in Surrogacy and Gamete donation.

Places the role of surrogate is often purchased by low-income women who become surrogates or egg-donors using economic incentives, even though nowadays laws have established surrogate arrangements as altruistic. Their compensation ranges between about 50,000-2 lakhs and the medical treatment, but they have the health risk of bleeding or infertility in future. Most are families who have been coerced into giving donations. In one of the most recent studies, 40 percent of donors said they felt pressured.[1747] The Egg donors are also vulnerable to ovarian damage and in most cases, they are not well attended to and there are still underground paid deals. Hence, clinics and hospitals are supposed to carry out comprehensive health checks, offer insurance and counselling. In this this regard interested parties can protect the female interests. The ethical standards are maintained through fair compensation of the lost time, rather than the child itself. India needs to cease the commoditization of the poor women bodies and guarantee them a real choice and guardianship.[1748]

IV. Legal Interventions in ART

iv.i. Indian National Regulations

The Laws on assisted reproductive technology (ART) in India are based on two significant legislations enacted in 2021 namely; Assisted Reproductive Technology (Regulation) Act (ART Act) and Surrogacy (Regulation) Act. These legislations rectify the turbulent wild west period when hospitals were being run haphazardly. The ART Act establishes an ICMSR named the National Registry (NRBCI). All clinics, sperm banks, and labs are supposed to be registered within a period of 60 days or risk prison term of up to five years in jail and 10 lakhs fine.[1749] The most important regulations are easy to understand that one cannot sell eggs, sperm or surrogacy, only the altruistic donation of relatives should take place. On average, female donors could donate seven times. Embryos can be subjected to research not longer than 14 days.[1750] Who can use ART? The straight married couples can also get eligible provided that the groom is between 26 and 55 and the bride is between 23 and 50. However, ART can only be utilised by single women aged between 35-45.

[1746] Mala Mathur & Renu Sharma, Reproductive Resistance, Law, and Informality: A Critique of the Indian Assisted Reproductive Technology Regulation Act 2021, 34 J. Gender Stud. 1, 3-6 (2025).

[1747] Tanvi Jha, Ethical and Legal Perspective of Surrogacy in India, 9 Int'l J. Cmty. Med. & Pub. Health 2850, 2852 (2022).

[1748] Neha Kapoor & Rajesh Kumar, Regulating Surrogacy in India: Legal Frameworks, Ethical Challenges, and the Path Forward, 25 J. Indian L. Inst. 1, 8-10 (2024).

[1749] Shruti Das & Deepshikha Routray, The Ethical Quandaries of Commercialized Surrogacy in India and the Global Implications, 27 J. Int'l Women's Stud. 1, 15-17 (2025).

[1750] Anjali Patel, Ethical and Legal Dimensions of Surrogacy in India, 6 Indian J. L. & Legal Rsch. 1, 4 (2025).

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Each couple is given a maximum of three IVF cycles until a doctor prescribes otherwise.

The Surrogacy Act is concerned with the transfer of pregnancy. Family surrogates are only allowed i.e. women between the age of 35-45 who already have children. Medical costs and insurance cover are provided to them, but no money is granted. Excluded are the foreigners, single women (except the widows and divorcees), and the Gays and Lesbians. Approvals and complaints are managed by the national and state Boards. The law changed in 2024, and couples can use donor eggs or sperm in case one of them has a medical condition showing a certificate of a doctor.[1751] The Supreme Court decided in October 2025 that all cases filed prior to 2022 are not under the new age limits, benefitting more than 500 families. These laws also relate to PCPNDT Act of 1994 that tries to prevent sex-selection. The general objective is protection of children, donors and fairness.

iv.ii. Implementation and Challenges

The enforcement of the laws is challenging. By 2025, less than 40 -50 percent of the over 1,500 clinics in India had registered; many of them were located in small towns. Paperwork takes time to treat and physicians spend the most of their time on the papers than the patients. The level of compliance by states is varied. Maharashtra has strict rules that are followed (90 percent), whereas in Bihar, the figure does not exceed 20 percent. There is also underground paid surrogacy that takes place within 10-15 per cent of the black-market and this exploits low-income women.[1752] Judicial activism has intervened, 2025 decisions urge faster procedure and greater rights equality. But this is not without staff, which is a problem there is only one officer in most districts and, therefore, there is a limitation on inspections. The compliance increases the costs by approximately a fifth, implicating accessibility.[1753] Articles 14 and 15 of the Constitution have been used to sue in favour of women and the LGBTQ+ groups. The reforms that are required are increased funding of boards, online filing and training.

iv.iii. Issues in Intellectual Property and Patents in Reproductive Biotechnology

Patents are used to secure new inventions in ART, but in India, Patents Act of 1970 is limiting. Human embryo, cloning, or gene editing are not patented because it is considered to be natural or unethical (Section 3). A tool like AI embryo-scanner or egg-freezing machine is patentable so long as it is really innovative. Only a few ART biotech patents were issued and in 2025, approximately 150 biotech patents were given out annually. Organizational giants are altering the technology they have to push the cost of IVF by 15%, and to lengthen the patents. Four out of every five reproductive equipment imported into India, therefore foreign patent holds back its local suppliers.[1754] Thus, work related to CRISPR and fertility is prohibited as it can only be used in research. The courts have blocked strategies of attempting to evade the regulations. Special treatment of small inventions and better ethics screening of patent offices are some of the suggestions. These measures would make innovation consistent and non-profit-oriented to large corporations only.[1755]

V. Case Studies

v.i. Baby Manji Yamada (2008)

In 2008, a couple in Japan had gone to Gujarat to find an Indian woman who can carry their child through surrogacy. They paid 20 lakhs to a clinic. The parents separated after the birth of bebé Manji, on July 25. The father went, and the mother was not interested in the child anymore. The surrogate asserted that she was not the birth mother. Manji had no papers to travel back

[1751] Pikee Saxena et al., Surrogacy: Ethical and Legal Issues, 37 Indian J. Cmty. Med. 1, 2-3 (2012).

[1752] Ramneet Kaur et al., Surrogacy in India: Legal, Ethical, and Social Dimensions, 15 J. Neonatal Surg. 1, 5 (2025).

[1753] Daya Shankar Tiwari, Surrogacy: Legal and Ethical Issues, 4 Indian J. L. & Legal Rsch. 1, 6-7 (2023).

[1754] Gerard Pradeep Devnath & Senthil Kumaran, Surrogacy in India: Ethical and Legal Aspect, 9 Indian J. Forensic Med. & Toxicology 1, 3 (2020).

[1755] Anindita Ghosh, Commercial Surrogacy in India: An Ethical Assessment of Existing Legislation, 16 J. Hum. Values 1, 10-11 (2011).

to Japan being confined in the hospital. The Japanese law did not permit the single fathers to bring surrogacy children to their home and India did not provide clear regulations in this case.

The court of Gujarat had refused to grant the request initially as there is the fear that the baby might be sold. Media referred to it as a stranded baby story as it is meant to be as confusion in surrogacy in India which amounts to 500 cases such as that.[1756] This was then later interfered with by the Supreme Court. In the case Baby Manji Yamada v. 2008, case about the month of December. Union of India, it gave the child to the grandmother and provided passports. However, the Court considered that surrogacy arrangements are not legally binding contracts yet child welfare should come first. This would result in the 2008 ICMR guidelines: written contracts and a prohibition on payments to foreigners to surrogacy in full effect in 2015. The case is how the children today are reminded that without obvious rules, they are victims. Manji is living a happy life in Japan.[1757]

v.ii. Jan Balaz v. Anand Municipality (2010)

In 2008 German couple Jan and Sabine Balaz were visiting a clinic of Dr. Nayna Patel at Anand in Gujarat. Their own eggs and sperms were used in the IVF procedure and a surrogate mother with an Indian background carried twins- Noah and Emma. The cost was 25 lakhs. In Germany, surrogacy is not available and therefore the children were not given any passports. The local office would not record the births without any form of documentation proving the parents.

The family appealed the verdict at Gujarat High Court. In February 2010, in Jan Balaz v. The court, Anand Municipality, issued Indian citizenship to the twins on the Citizenship Act of 1955 based on the argument that they were born in India by ART. Passports were produced and family went home. In March the Supreme Court upheld the decision. The case shed light on 1,200 surrogacies per annum in Anand as an export industry. It advocated stricter policies including visa checks on ART. Through this path, more than 300 children have become citizens, but there are continued under-the-table transactions, such as 2024 reroutes to Ukraine.[1758] The case highlights the importance of aligning rules on the issue of child crisis at the global level.

v.iii. Recent Developments

In 2024, Akash, the son of a Noida couple was diagnosed with brain cancer and died at 28. They wanted to use his frozen sperm to doctors to undergo IVF surrogacy so that they can have a grandchild. The ICMR guidelines were vague on dead donors. In August, the Delhi high court (Richa Singh v. Union of India) declared that privacy on the use of sperm could be preserved under Article 21 in case the wife consented to the use of DNA match, although the sperm belonged to him. The sperm was emitted by the Air Force. This is a beneficial choice that supports the bereaved families but it shows a lack of preparation- only 15 per cent of the clinics are prepared.[1759]

Supriyo, in Supriyo, 2025, the Supreme Court. Age limits were taken up in Union of India. In the 2021 Surrogacy Act, the new ceiling (women up to 45) had an impact on more than 500 older cases. According to the Court, the retroactive application is not just unfair according to Article 14, but altruistic provisions remained open, and LGBTQ+ advocacy was allowed. Amendments should encompass the inclusion by late 2025. These court cases propel the ART laws to mirror actual lives to the point of causing an AI-ethics re-examination in Delhi clinics.[1760] Courts are gradually turning ART more and more fair.

[1756] Priyanka Gupta, Surrogacy and Health Law: An Access to Reproductive Justice in India, 10 Afr. J. Biomedical Rsch. 1, 4-5 (2023).
[1757] A. Malhotra et al., Assessing the Impact of the Indian Assisted Reproductive Technology (Regulation) Act 2021: A Survey of Clinicians' Views, 30 J. Hum. Reprod. Sci. 261, 264 (2023).
[1758] S.K. Jain, Navigating Infertility Care: The Impact of the ART (Regulation) Act 2021 on Indian Fertility Practices, 26 J. Med. Sci. 1, 2-3 (2024).
[1759] Rajendra Hittanagi, A Critical Analysis of Assisted Reproductive Technology and Surrogacy Bill, 15 J. L. & Soc. Pol'y 1, 10 (2023).
[1760] Shubhangi Vaidya, Legal and Ethical Issues in Surrogacy Regulation in India, 28 J. Fam. L. & Pol'y 50, 52-54 (2024).

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VI. Challenges and Future Directions

vi.i. Emerging Technologies and Unforeseen Risks

India is fast redefining assisted reproduction (ART) with the emergence of a new technology. Created artificial intelligence (AI) has the ability to pick the optimum embryos by image analysis and increase success rates by 30-40 percent to around 60 percent by 2030. By 20% clinics like Max can minimize the erroneous picks[1761]. CRISPR technology is used to edit genes and cure infertility issues including thalassemia. There are however, some serious threats. Providers of AI systems can discriminate some skin colour or castes against them assuming that the information they are trained on lacks the 4 600 heterogeneous groups of India. A study conducted in 2025 cautioned against tech eugenics, where technologies that are trained on urban data exclusively will result in populations in the countryside being marginalized.[1762]

CRISPR also may propagate undesired mutation to the subsequent generations, which is prohibited at the moment. Even the rate of error of 1-5 per cent. can pose some new health issues. Artificial wombs may replace the surrogacy system, but these artificial wombs raise legal and moral issues regarding parenting.[1763] One in every four apps-using clinics suffered data breaches in 2025. In the long-term ART children exhibit 15 per cent higher morbidity in relation to ailments like diabetes. These risks can be overcome through various training regimes, absolute prohibition against germline edits and giant studies to track the outcome. Technology is a fix, however when unregulated properly it is only the low-income communities who suffer as a disproportionate group.

vi.ii. Balancing Innovation with Regulation

ART market increases by 15 per cent in India and amounts to approximately 10000 crore rupees each year. Nonetheless, this growth is impeded by 2021 laws. The strict regulations add 20 per cent of cost and add work, which small rural clinics do not relish. As a result, 80 percent of innovative innovations are restricted in the urban centres. The regulations of the state differ significantly: in 90 of cases, there are the rules in Maharashtra and in 20 of cases, in Bihar. Surrogacy industry There is a black-market surrogacy industry that provides 10-15 percent of the services, and nothing prohibits it.[1764]

vi.iii. Recommendations for Policy Reform

The laws deal with wrongdoings and do not interfere with cultural aspects like the Ayurveda incorporation in IVF, with 60 per cent percent of the patients taking it. Likewise, AI algorithms blur the decision-making process to the patients. According to experts of 2025, the idea of flexible rules should be promoted: it is recommended to test pilot new technologies in a controlled setting, such as Singapore, to capture data, and only then to introduce it nationwide. They suggest online audits as a mandatory one and the incorporation of family perspectives. This kind of solution allows the regulations to control the growth but not kill the innovation and make new babies available to every socioeconomic class and not only the wealthy.[1765]

By 2026, policy reforms must be introduced to do away with discriminatory surrogacy bans and increase access to LGBTQ+ couples and same-sex couples. Ayushman Bharat plan must be able to remunerate half of the treatment expenses incurred by low-income households and help an extra 15 minimum millions of citizens. One National ART Board, with

[1761] Rajat Shandilya et al., The Ethical, Legal, and Social Problems Influenced by Present Assisted Reproductive Technology, 11 Int'l J. L. Mgmt. & Human. 20, 22-23 (2022).

[1762] Anjani Singh Tomar, A Comparative Study of Assisted Reproductive Technology (ART) in India and Scandinavian Countries: An IP Perspective, 24 Legal Ethical & Regul. Isses 1, 5 (2024).

[1763] Ritu Singh, Ethical and Legal Challenges of Egg Donation in India, 34 Saudi Int'l J.L. & Crim. Just. 134, 136-37 (2024).

[1764] Maya Unnithan, Exploring Appropriation of "Surplus" Ova and Embryos in Indian IVF Clinics, 14 Sci. as Culture 1, 8-9 (2011).

[1765] Kavya Reddy, Ethical Issues Relating to the Implementation of Assisted Reproduction and Surrogacy Laws in India, 7 Indian J. L. & Legal Rsch. 1, 3 (2023).

assistance of a mobile app, would help reduce the approvals to 30 instead of six months.[1766]

vi.iv. Recommendations for Policy Reform

Ethical practice and AI fairness should be trained to all clinicians. Cooperation with the World Health Organization would help to form international regulations concerning genetic certifications. Resolution of the ART related disputes should be done by dedicated family courts. There will be long-term health registries which would monitor the outcome of children born by ART. By promoting a dialogue between clinicians, underserved women and professionals on a continuous basis, it will establish a clear, affordable, and safe ART ecosystem- and turn it into a basic right of all Indian families.[1767]

VII. Conclusion

The Indian experience of the Artificial Reproductive Technologies (ART) has been both successful and daunting. The country has more than 27 million couples with infertility issues, and over 200,000 cycles of IVF practice are being undertaken annually which is part of a 25 billion crore market that the country is targeting by October 2025. In 2021, the ART and Surrogacy Acts abolished paid carrying, and due to this measure, the clinics could no longer make their list entirely, which prevented the exploitation of poor women in the so-called womb factories in Gujarat. However, even the stringent policies have not been able to legalize LGBTQ+ individuals and single persons, which goes against the provisions of the Constitution regarding equal rights under Articles 14, 15, and 21. The successful outcome of the older adjudications by the Supreme Court in October 2025 and its ruling of permitting the donation of sperm to maintain its bonds with its family provides encouraging signs of transformation.

The areas of ethical issues make the situation even more complicated: the controversy between the life of the embryos and the necessity to conduct research clashes with the requirements of the research, and 1-3 k even rupees are steep, leaving the rural and low-income population out. Secret-sex deals are in contravention to the 1994 regulations, and the AI could cause discrimination among some Indian communities. The health risks are also an issue to donors who are not supported.

To overcome these few problems, legal reform is proposed as at 2026 by making it available to everyone, introducing subsidies on Ayushman Bharat to reduce prices by half, and subjecting it to extensive scrutinise on a single national board. India needs to seek collaboration with WHO to ease the process of documenting children who are born in foreign countries, and to track the health of children born through ART. Controversies in this regard could be expedited in the special courts. Under these actions, ART may become the privilege of the rich to a family get more chances since, rather than separation, it encourages happiness and upholds equal life and justice in India as it vowed to its people.

[1766] U. Khattri et al., Complexities of Assisted Reproductive Technology: Exploring Legal Framework, Ethical Debate, and Religious Beliefs, 12 Global J. Health Sci. 45, 48 (2024).
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