Oñati Socio-Legal Series (ISSN: 2079-5971)
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Surrogacy and Disability: An Overview of the Legal, Regulatory, and Ethical Issues

Oñati Socio-Legal Series Volume 15, Issue 6 (2025), 2318-2351: Gender in Customary and Indigenous Law and Proceedings
Doi Link: https://doi.org/10.35295/osls.iisl.2383
Received 28 May 2025, Accepted 8 September 2025, First-Online Published 24 October 2025, Version of Record Published 1 December 2025

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Abstract

This article examines the intersection of surrogacy and disability rights, highlighting its significance in sociolegal studies due to implications for reproductive justice and human rights. The commodification of surrogacy, particularly in the context of ableism, raises ethical and legal concerns for marginalized populations, including persons with disabilities. Despite existing literature, gaps remain regarding the impact of surrogacy on children with disabilities and the legal framework governing these practices. This article conducts a scoping literature review to analyze these issues, revealing a lack of comprehensive legal protection for surrogate mothers and children with disabilities. The findings emphasize the need for clearer legal frameworks and international consensus to safeguard the rights of all parties involved. Ultimately, the article advocates for a more inclusive approach to surrogacy that prioritizes the rights and dignity of persons with disabilities, contributing to the discourse of human rights and social justice in reproductive technologies.

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Key words

Assisted reproductive technology; surrogacy; disability; human rights law

Resumen

Este artículo examina la maternidad (o gestación) subrogada y su relación con la discapacidad. Este es un tema relevante para los estudios sociojurídicos debido a sus implicaciones en la justicia social y los derechos sexuales y reproductivos. En este escrito, se aborda cómo la mercantilización de la maternidad subrogada, en un contexto social que discrimina a las personas con discapacidad, se asocia con prácticas contrarias a los derechos humanos, como por ejemplo el abandono de niños y niñas que nacen con discapacidad. A pesar de la literatura existente sobre maternidad subrogada, no se ha explorado adecuadamente el impacto de estas prácticas en la garantía de los derechos de las personas con discapacidad. Este es un hallazgo del presente artículo, en el cual, con base en una revisión panorámica de literatura, se analizan perspectivas asociadas a la maternidad subrogada, los vacíos legales existentes y se discuten algunas iniciativas mundiales para la creación de normas internacionales que protejan la dignidad de todos los actores involucrados.

Palabras clave

Reproducción asistida; maternidad subrogada; gestación subrogada; discapacidad; derechos humanos

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1. Introduction

In the national bestseller novel *The Farm* (2019), Ramos writes: "Ms. Yu addresses Jane. 'Of course, we make the salary more attractive than the alternatives—nannying, eldercare, even baby-nursing jobs. Our clients want their Hosts to be treated well. But I don't know that money alone is sufficient motivation for this job. You need to have the temperament. And the calling.' 'I do,' says Jane, thinking of Amalia and all the things she would be able to do for her and protect her from, if only she could get this job. 'I do have the calling.'" (Ramos 2019).

The Farm is about surrogacy. Surrogacy refers to the practice in which a woman carries and gives birth to a child for another individual or couple. It is a globally divisive issue, as it raises not only legal questions but also significant social, cultural, and ethical considerations for many individuals, all of which lie at the core of the concept of surrogacy. In *The Farm*, Ramos addresses surrogacy as "the new frontier of colonialism and the savagery of the American dream" (Nayeri 2019): wealthy fetuses occupying the bodies of immigrant women who, in exchange for a life-changing fee upon delivery, will make significant trade-offs. In the same vein, some scholars have referred to surrogacy as a "business of exploitation" in their works (Butler 2006, Ahmed 2010, Hodson *et al.* 2019, Armstrong 2021). Other authors, however, view carrying a child for someone else as the ultimate selfless act (Arvidsson *et al.* 2015, Kneebone *et al.* 2022). Despite the growing popularity of surrogacy, there is no unified or global perspective on the issue. Additionally, no official or precise figures are available regarding surrogacy.

Bora (2024) states that the North American region represents the largest contributor to the surrogacy market and is projected to experience a compound annual growth rate (CAGR) of 6.3% over the forecast period. Europe is anticipated to undergo substantial growth, with a CAGR of 6.1% during the same period (Bora 2024). The Asia-Pacific region is expected to exhibit a notable CAGR of 5.2%, while the LAMEA region is forecast to see moderate growth, with a CAGR of 6.2% during the forecast period (Bora 2024). Overall, transnational surrogacy arrangements are an option for intended parents whose national healthcare systems do not permit surrogacy.[1]

This article lies at the heart of one of the most salient discourses on transnational surrogacy: the rights of newborn children with disabilities. Sharma (2022) argues that an increasing number of disability rights violations are occurring globally in the context of transnational surrogacy. Documented cases exist worldwide in which commissioning parents (also known as "intended parents"), in their pursuit of having a child, exploit impoverished women and refuse to accept a child with disabilities (Jacobson and Rozée 2022, Sharma 2022, Gunnarsson-Payne and Handelsman-Nielsen 2023). According to some experts, this is primarily due to the labeling and stereotypes associated with disability (Caballero-Pérez 2022, Horsey 2024, Van Toorn and Soldatić 2024). There is a significant lack of understanding regarding disability as a form of diversity (Sharma

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[1] As defined in the Verona Principles: "Surrogacy arrangement" means an agreement: (i) between a prospective surrogate mother and (an) intending parent(s); (ii) made before a child is conceived; and (iii) which provides that, following the child´s birth, the parties plan for the intending parent(s) to be the child's legal parent(s), and for the surrogate mother to surrender the child into their care (International Social Service – ISS – 2021, 7).

2022). Therefore, an inclusive perspective grounded in disability rights must inform and shape ongoing discussions surrounding laws and policies related to surrogacy.

This article explores the emergence of surrogacy as a subject of scholarly debate regarding disability between 2014 and 2024. It specifically focuses on the concept of "commercial surrogacy," which denotes a framework wherein profit-driven entities, including agencies, are engaged in the surrogacy process. These agencies generate profit by arranging, negotiating, facilitating, and/or managing surrogacy agreements (Horsey 2024). By means of a literature review, the present article comprises a non-exhaustive discussion on three key issues relevant to the ongoing research "Emerging Challenges in International Legislation: Protecting the Rights of Persons with Disabilities" led by the authors: approaches to surrogacy, intersection between surrogacy and disability rights, and existing and possible regulatory future of surrogacy. Moreover, this article draws on Bourdieu's ideas about power and social relationships to better understand how disability is seen and treated within surrogacy arrangements. These theoretical tools help reveal how deeply rooted social biases—especially ableism—can shape decisions about whose bodies are used and which lives are welcomed. Rather than portraying surrogates or intended parents as heroes or villains, this lens allows us to explore how people make complex, often difficult choices within systems that already carry unequal values and expectations.

The objective of this article is to provide a framework for determining whether there is room for improvement within the international disability rights community, national legislators, and policymakers based on the main findings. It is important to note that the questions raised in this article are relevant to promoting change within States Parties to the UN Convention on the Rights of Persons with Disabilities, as well as in other countries. The resulting overview of the existing literature on surrogacy and human rights violations of persons with disabilities offers insights into areas where knowledge gaps exist, thus highlighting where the present work can make a contribution.

This article is divided into four sections. Following this introduction, Section Two outlines the research method used to conduct the literature review. Section Three presents the review of findings, addressing each key topic relevant to this work and discussing trends and knowledge gaps. Lastly, Section Four provides the conclusion to the literature review.

2. Scoping literature review

This article employs a scoping review protocol to systematically analyze literature on surrogacy practices in the context of disability. The scoping review methodology is particularly effective for examining broad topics, as it enables a comprehensive evaluation of the literature, helping to identify key concepts, theories, evidence, and research gaps (Caballero-Pérez 2023). This review draws on both empirical and conceptual research, including published, unpublished, and grey literature. Searches were conducted in Scopus, PubMed, EBSCO All, Web of Science, and Google Scholar for peer-reviewed articles published between January 2014 and January 2025, complemented by selected influential works published earlier. Grey literature was also consulted to enhance coverage. Search terms combined surrogacy and disability-related concepts (e.g., *surrogacy arrangement*, *commercial surrogacy*, *disabled child*, *child's best* *interest*). In total, 1,124 records were identified, 203 full articles reviewed, and 135 included in this scoping review.

3 Exploring the evidence: key findings from the scoping review on surrogacy and disability

3.1. Exploring global approaches to surrogacy

Surrogacy is a complex and contentious issue with significant legal, ethical, social, and scientific implications (Roberts 1999, Panitch 2013, Rodríguez-Jaume *et al.* 2024). It is the practice whereby a woman agrees to conceive and bear a child for commissioning individual or couple. Despite ongoing opposition, the popularity of commercial surrogacy has grown substantially in recent years (National Perinatal Epidemiology and Statistical Unit – NPESU – 2025). Commercial surrogacy entails contractual arrangements in which a woman receives compensation for her services, beyond reimbursement for medical expenses (Smietana *et al.* 2021). Smietana *et al.* (2021) argue that commercial surrogacy represents a multi-million dollar industry across various countries, raising bioethical concerns related to the creation of designer babies and the potential exploitation of women. Additionally, counterarguments suggest that such markets may serve to expand the reproductive rights of all parties involved (Hibino 2020, Armstrong 2021, Horsey 2024).

In contrast to commercial surrogacy, altruistic surrogacy involves a woman voluntarily carrying a pregnancy to term without receiving any financial compensation (Montrone *et al.* 2020). Altruistic surrogacy typically occurs within close family or friend networks (Igareda 2019, Montrone *et al.* 2020). In contrast, commercial surrogacy has become a rapidly expanding industry, with professionals and agencies assisting individuals or couples in navigating the process (Berthonnet and Clos 2024). These agencies coordinate all necessary arrangements, including finding a suitable surrogate, managing legal and medical requirements, and ensuring that the surrogate meets the specific needs of the intended parents. This model allows for a more structured and personalized approach to surrogacy, albeit at a significantly higher cost (González 2019).

Scientific publications describe two main types of surrogacy: traditional and gestational (Capella 2015, Carone *et al.* 2017, Lee 2022). The primary distinction between these two types lies in whether the surrogate, the woman carrying the baby, is biologically related to the child. In traditional surrogacy, the surrogate provides her own eggs, meaning she is genetically related to the baby. As a result, the surrogate must relinquish her parental rights (Carone *et al.* 2017). In contrast, in gestational surrogacy, the woman carrying the baby is not genetically related to the child. Gestational surrogacy is a form of assisted reproduction in which intended parents collaborate with a surrogate to carry the embryo to term (Ellenbogen *et al.* 2021, Trimmings *et al.* 2024). Assisted reproductive technology (ART), also referred to as in vitro fertilization (IVF), encompasses a series of procedures that involve the in vitro (outside the body) manipulation of human oocytes (eggs), sperm, or embryos to facilitate pregnancy (NPESU 2025). The embryo is created through IVF using eggs from either a donor or the woman commissioning the surrogacy, the intended mother. This embryo is then transferred into the surrogate's uterus. Gestational surrogacy is the most common type, as it is generally simpler from a legal perspective, as discussed in Sub-section 3.3. of this article.

Several authors coincide in identifying two primary factors driving the surrogacy market: infertility and LGBTQ+ rights (Carone *et al.* 2017, Bulletti *et al.* 2023, Horsey 2024). Firstly, according to the World Health Organization (WHO) (2023), between 60 and 80 million couples worldwide experience infertility annually, affecting approximately 17.5% of the adult population, roughly one in six individuals (WHO 2023). The WHO (2023) emphasizes that "infertility does not discriminate." Between 1990 and 2021, lifetime prevalence was 17.8% in high-income countries and 16.5% in low- and middle-income countries (WHO 2023). These statistics indicate minimal variation in infertility prevalence across regions. Notably, the rates are comparable in high-, middle-, and low-income countries, underscoring the pressing need to expand access to affordable, high-quality fertility care for those in need.

The affordability of ART treatments is a pressing issue for most national healthcare systems due to the astronomical costs associated with them, particularly commercial surrogacy. A recent study examining the practices of the 10 leading surrogacy agencies in the United States indicates that the average cost of commercial surrogacy can reach up to $250,000 (Berthonnet and Clos 2024). This cost encompasses medical expenses, legal fees, maternity clothing, loss of earnings, time off work, and agency fees (Berthonnet and Clos 2024). Notably, ART, and surrogacy in particular, can be prohibitively expensive. However, surrogacy enables most individuals and couples facing fertility challenges to achieve parenthood.

Secondly, regarding the LGBTQ+ community, scholars argue that inequality exists in the enjoyment of sexual and reproductive rights between heterosexual and same-sex couples (Greenfeld and Seli 2011, Golombok *et al.* 2017, Green *et al.* 2019, Jacobson and Rozée 2022). Overall, heterosexual individuals face fewer barriers in addressing fertility issues through surrogacy and other ART advancements compared to same-sex couples, particularly same-sex male couples (López and Aparisi 2012, Norton *et al.* 2013, Jacobson and Rozée 2022, Horsey 2024). Gay men who pursue ART to achieve parenthood face moral, social, and legal barriers that limit their effective enjoyment of sexual and reproductive rights (Norton *et al.* 2013).

Same-sex couples encounter several significant obstacles in the surrogacy process, such as a lack of geographically accessible and gay-friendly surrogacy agencies (Green 2019). These couples also experience discrimination in housing and at work, and may face rejection from their families of origin (Greenfeld and Seli 2011). Additionally, there is a lack of legal recognition, as same-sex couples may not be legally recognized as families, which can affect their parental rights (Horsey 2024). Furthermore, gay men often face higher ART costs, as they cannot provide eggs and must seek a donor, which adds to the financial burden (Berthonnet and Clos 2024). Notably, an underexplored aspect of the existing literature pertains to the relatively limited research on gay men who become fathers through ART, as compared to those who pursue parenthood through adoption or fostering (Norton *et al.* 2013). While adoption and fostering remain prominent avenues for same-sex male couples to become parents, surrogacy presents an alternative, enabling these couples to achieve parenthood through the implantation of embryos created using autologous sperm and donor oocytes (Frati *et al.* 2021). This method of assisted reproduction is increasingly regarded as a significant human rights advancement for the LGBTQ+ community, as it provides same-sex male couples with greater opportunities for biological parenthood (Bergman *et al.* 2010, Blake *et al.* 2017, Carone *et al.* 2017). Studies have highlighted that the availability of surrogacy as an option for same-sex male couples reflects broader shifts in societal and legal recognition of diverse family structures, despite persistent challenges such as legal barriers, high costs, and limited access to supportive services (López and Aparisi 2012, Norton *et al.* 2013). Thus, surrogacy not only facilitates parenthood for same-sex male couples but also underscores the evolving nature of reproductive rights and family formation within the LGBTQ+ community.

From a sociolegal perspective, scholars describe surrogacy as introducing a new form of labor, often referred to as "clinical labor," which parallels other emerging forms of work, such as that performed by gamete donors, organ donors, or participants in medical trials (Førde 2017, Smietana *et al.* 2021, Armstrong 2021). According to Smietana *et al.* (2021), this type of labor involves individuals undergoing in-vivo extractive processes, where the biological functions of surrogate mothers—specifically oogenesis[2] and gestation—are managed for the benefit of the clients. The authors also suggest that relationships between reproductive workers and commissioning parents often emerge within unequal contexts of stratified reproduction, where reproductive laborers enter surrogacy markets under the pressures of local (re-)productive economies. At the same time, surrogates navigate their involvement through their own ethical reasoning, which they negotiate in socially acceptable and locally situated ways (Smietana *et al.* 2021). Accordingly, the authors place the decision-making process regarding commercial surrogacy not only on the shoulders of the commissioning parties but also on those of the surrogate. This means that in some existing literature, surrogates are seen as active actors, which reflects an approach to surrogacy discourse that emphasizes feminine power (Fixmer-Oraiz 2013, Deomampo 2013, Pande 2015, Førde 2017, Africawala and Kapadia 2019). Notably, there are opponents to the view of surrogacy as empowering, as explained further below in this section.

For present purposes, it is worth noting that the notion of surrogacy as empowering represents a new discourse surrounding surrogates: women playing an agentic role in the surrogacy process. These discursive practices frame surrogates not as victims of poverty mitigating financial constraints through commercial surrogacy, but as active agents who work to remediate stigma and resist subordination during surrogacy (Africawala and Kapadia 2019). Such a narrative can be analyzed through Pierre Bourdieu's theory of social fields, which provides a valuable framework for understanding how reproductive workers, such as surrogates, and intended parents navigate the surrogacy market (Hilgers and Mangez 2015).

Bourdieu conceptualizes social life as a set of interconnected fields—domains of activity where individuals and groups compete for resources and power (Bourdieu 1979, 1985, 1980/2007). Fields are spaces of production, circulation, appropriation, and exchange of goods, services, knowledge, or status, each governed by its own "logic of practice" (Bourdieu 1985, Swartz 2019). Within these fields, actors occupy positions in struggles to accumulate and monopolize power through various forms of capital. Bourdieu (1986) identifies three key forms: economic capital (financial resources), social capital

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[2] Oogenesis is the process through which the ovary produces a female gamete, commonly referred to as an ovum or oocyte (Gilbert 2000).

(obligations and connections), and cultural capital, which may be embodied (skills and knowledge), objectified (cultural goods), or institutionalized (credentials). These capitals structure interactions and strategies within the field (Swartz 2019).

The surrogacy market can be understood as a distinct field where actors—such as surrogates and commissioning parents—deploy different forms of capital. Economic capital is evident in financial transactions; social capital in relations with agencies, doctors, or peers; and cultural capital in legal knowledge, medical expertise, and cultural norms about motherhood and family. Surrogates also operate under broader pressures, including local economies and power imbalances. Bourdieu's concept of habitus further clarifies how surrogates navigate this field. Habitus refers to internalized dispositions shaped by socialization and social position (Bourdieu 1979/1996, Edgerton and Roberts 2014). It influences what individuals perceive as possible, guiding decisions and actions. For surrogates, habitus frames surrogacy either as a financial opportunity or as an altruistic act, depending on their socio-economic background.

Contrary to portrayals of surrogates as passive, several studies emphasize their agency. Africawala and Kapadia (2019) interviewed 41 surrogates in Gujarat, showing that 85% actively chose to participate, although this also exposed them to exploitation. Similarly, Førde (2017), Fixmer-Oraiz (2013), Deomampo (2013), and Pande (2015) argue that surrogacy is generally a conscious choice rather than the result of coercion, challenging depictions of poor women in the Global South as powerless victims.

Other scholars, however, highlight persistent exploitation. Kneebone *et al.* (2022), Musavi *et al.* (2020), Payne *et al.* (2020), and Teman (2008) argue that poverty, patriarchal family structures, and social hierarchies can coerce women into surrogacy. Vora (2009) describes surrogacy as a form of neocolonial exploitation in a globalized context, while Holmstrom-Smith (2021) situates it within white supremacy and imperialism, claiming that commercial surrogacy "reinscribes a white, patriarchal, heteronormative, neo-eugenicist, unjust notion of family" (p. 446). Unnithan (2010) similarly notes that surrogates often face severe educational and economic disadvantages compared to clients, heightening their vulnerability. The Centre for Social Research (Kumari 2012) also reports that surrogates may lack full understanding of the health and social consequences of participation. These critiques reflect socialist-feminist perspectives rooted in debates of the 1980s and 1990s around gender, race, and exploitation (Holmstrom-Smith 2021).

Moreover, research shows that surrogacy sparked significant concern within feminist discourse, where it was framed as a matter of human rights and economic justice (Ziehl 1993). In the early 1980s, several feminists, including scholars, writers, and activists wrote articles opposing the legalization of commercial surrogacy. In the United States, it is well documented that feminists submitted an amici curiae brief in *In Re Baby M*,[3] further opposing surrogacy. As noted by Roberts (1999), feminists in the 1990s, including

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[3] *In re Baby M* (1988) was the earliest reported traditional surrogacy dispute in the United States and significantly influenced restrictions on both altruistic and commercial surrogacy (Crockin *et al.* 2020). In this landmark case, the New Jersey Supreme Court ruled that surrogacy contracts violated public policy because they conflicted with laws prohibiting payment for adoptions, requiring proof of parental unfitness before terminating rights, and allowing revocation of custody surrender and adoption consent. The Court reinstated the surrogate's parental rights and invalidated the adoption central to the agreement.

Gena Corea and Barbara Katz Rothman, criticized surrogacy for economically exploiting women and subjecting them to various forms of patriarchal control. Some critics also argue that both commercial and altruistic forms of surrogacy involve exploitation, the denial of the birth mother's rights, and a significant reduction in her autonomy (Ballantyne 2014, Stuvøy 2018, Sinanaj 2021). Furthermore, they condemn commercial surrogacy for resembling the practice of baby selling and for perpetuating the exploitation of women.

In her studies, Szygendowska (2021) offers a critical analysis of surrogacy, focusing on the institution's content, objectives, and modalities while engaging with the current theoretical discourse within the feminist movement. The author argues that the evolution of surrogacy—its forms, functions, and limitations—has been shaped by a context of patriarchal domination and the expansion of capitalism. Surrogacy has commodified women's reproductive rights, instrumentalizing their bodies and undermining respect for the exercise of their individual rights. Furthermore, some scholars contend that the notion of freedom in surrogacy contracts is an illusory form of liberty that predominantly benefits the ruling class (Holmstrom-Smith 2021, Sinanaj 2021, Narayan *et al.* 2023, Marinelli *et al.* 2024). As Holmstrom-Smith (2021) argues, this political framework calls for social policies that limit commodification and promote reproductive justice and freedom for all, not just the affluent. Additionally, some scholars highlight the proliferation of surrogacy in the Global South, where it primarily serves clients from the Global North, prompting calls for a reassessment of the practice.

For present purposes, it is noteworthy that inequality remains a significant issue in global surrogacy, with particularly pronounced disparities affecting certain populations, including individuals with disabilities, as discussed in the following section.

3.2. The intersection of surrogacy and disability rights: challenges and opportunities

Current research shows that scholarship on the intersection of surrogacy and disability rights is limited, leaving a critical gap in human rights and disability studies. This article examines how surrogacy became a global disability policy issue between 2014 and 2024.

A review of the available literature suggests that, in the few studies addressing the impact of surrogacy on people with disabilities, surrogacy is often framed as the "production of children"—a perspective that is, at times, linked to eugenic thinking (Shakespeare 1998, Pande 2015, Swankar 2021, Sharma 2022, Gunnarsson and Handelsman-Nielsen 2023, Horsey 2024). By "eugenics," authors refer to a flawed theory historically linked to various forms of discrimination, racism, ableism, and colonialism (National Human Genome Research Institute – NIH – 2025). It involves the selection of desired heritable characteristics with the aim of improving future generations, typically in reference to humans. As outlined by Wilson (2024), the term "eugenics" was coined in 1883 by British explorer and natural scientist Francis Galton. Influenced by Charles Darwin's theory of natural selection, Galton proposed a system in which "the more suitable races or strains of blood" would have a better chance of prevailing over the less suitable (Wilson 2024). Eugenics, therefore, is a scientifically flawed theory suggesting that humans can be improved through the selective breeding of populations.

Beginning in the late 1800s, global leaders and intellectuals promoted eugenic policies rooted in racist, ableist, and xenophobic beliefs. In the UK, Winston Churchill advocated for compulsory sterilization, while in the US, Theodore Roosevelt argued that only the “right type” of citizens should reproduce (Rutherford 2024, p. 1256). Eugenicists sought to “improve” humanity through sterilization, segregation, and exclusion of those deemed unfit. This legacy persists today, as seen in cases where commissioning parents reject disabled babies (Sharma 2022).

This article argues that eugenicist ideology persists, resurfacing in contemporary reproductive arrangements such as surrogacy. Studies have documented cases where commissioning parents rejected children with disabilities, reinforcing ableism and treating children as commodified outcomes (Torres-Díaz 2021, Carrio Sampedro 2021, Jóhannsdóttir *et al.* 2022). According to Król (2024), what has received far less attention, however, is how ableist assumptions may be embedded directly within surrogacy contracts. Although few jurisdictions regulate the abandonment of children with disabilities born through surrogacy, some countries, particularly those that permit commercial surrogacy, allow for highly detailed contractual arrangements (Berthonnet and Clos 2024, Margalit 2014). These often delineate the respective rights and obligations of surrogate mothers and intended parents. In the United States, for example, contracts may include clauses that anticipate the possibility of fetal disability (Margalit 2014). In certain cases, as argued by Cohen (2013), such clauses may require the surrogate to undergo an abortion at the request of the commissioning parents. If she refuses, she may be penalized financially, or the intendent parents may withdraw their legal and financial responsibility for the child. Such provisions raise serious legal and ethical concerns. They can infringe on the surrogate’s bodily autonomy, personal dignity, and freedom, particularly when she lacks access to independent legal advice before signing the agreement (Aznar and Tudela 2019).

Comparative legal studies have noted that these practices – observable in countries like the United States and the United Kingdom – reflect what some have called contractual eugenics, wherein the birth of a disabled child is implicitly treated as a breach of contract (Horsey and Neofytou 2015, Farnós Amorós 2019). As argued by Farnós Amorós (2020), in addition to termination clauses, many surrogacy contracts impose strict conditions on the surrogate’s lifestyle during pregnancy, including restrictions on diet, physical activity, smoking, and alcohol consumption. Although often justified as protective measures, these stipulations may compromise the surrogate’s autonomy and privacy, especially if enforced coercively or punitively. To mitigate these risks, it is essential that all surrogates receive independent legal representation throughout the contractual process. Furthermore, some scholars have proposed exploring the potential of liability insurance as a means of protecting surrogates in cases where children are abandoned due to disability (Patel *et al.* 2018, Bashmakova *et al.* 2023, Martínez-López and Munuera-Gómez 2024). This type of insurance –already used to cover hospital expenses and income loss due to complicated pregnancies- could help provide economic stability to surrogates who choose to raise such children. In this way, as argued by Bashmakova *et al.* (2023), insurance could function as a compensatory mechanism, enhancing fairness and protection in reproductive arrangements. These concerns underscore the urgent need for critical legal and ethical scrutiny of surrogacy contracts, particularly in relation to disability.

Building on this argument, this article contends that eugenics is not merely a relic of the past; rather, it continues to operate through the language and structure of certain legal frameworks. In doing so, it reinforces the social rejection of disabled children and places undue responsibility on surrogates for outcomes beyond their control. As will be demonstrated through the cases discussed below, eugenics remains a persistent historical thread linking surrogacy arrangements to violations of disability rights.

3.2.1. Denial of rights and dignity of children with disabilities

Studies on eugenics and disability demonstrates that perceived and ascribed disabilities—both physical and cognitive—were fundamental characteristics in eugenic theories, forming the basis for institutionalization and sterilization practices justified on eugenic grounds throughout the first 75 years of the 20th century (Shakespeare 1998, Hayward 2014, Wilson and St. Pierre 2016). A dignity-based approach serves to analyze how surrogacy practices could potentially be based on eugenic grounds and how commercial surrogacy could present disability rights abuse for children.

Respect for inherent dignity, individual autonomy—including the freedom to make one's own choices—and the independence of people is one of the general principles of the UN Convention on the Rights of Persons with Disabilities (CRPD) [Article 3(a) CRPD]. Contemporary legal theory associates human dignity with Kant's moral philosophy (Pele 2016). According to Pele (2016), Kant's conception of dignity is relational: "[I]t refers to a particular self-imposed pattern of morality that aims to elevate individuals from their original human nature, so they can/must realize their full moral/spiritual potentials" (Pele 2016, 502). Other scholars contend that, within Kant's philosophy, dignity is viewed as a distinctive characteristic of human nature (Oliver 2011, Sola 2023). It is understood both as a virtue and as an aspect of morality. This interpretation suggests that Kant conceptualized dignity as a notion intrinsically linked to self-esteem and honor.

Similarly, the contemporary model of human dignity seeks to construct an ideal of worthiness for all individuals, grounding their value in certain distinctive traits embedded in human nature (Scarpa 2019, Zdravkova 2019). This model has both axiological and legal implications (Pele 2016). First, it defines human dignity as the inherent and absolute worthiness of all human beings. Second, it situates itself within a legal-political framework, serving as a cornerstone of human rights and a guiding principle of the rule of law. The contemporary notion of human dignity is deeply connected to the essential attributes of human nature, which are considered distinctive and inseparable from what it means to be human (Nussbaum 2000).

For present purposes, it is understood that both Kant's approach to human dignity and the contemporary model of human dignity serve as the foundation for human rights in recent legal constructions. In fact, the human being as the subject of rights is at the core of most international human rights treaties. For example, the CRPD, as mentioned above, the UN Convention on the Rights of the Child (Preamble, Articles 10, 22 and 28) and the UN Convention on the Elimination of All Forms of Discrimination against Women (Preamble, Articles 1 and 5). Notably, human dignity is a fundamental value within international human rights law, constituting a legally protected right.

Consequently, international law prohibits the commodification of human beings (Sweileh 2018, Martinho *et al.* 2020).

The concept of non-commodification establishes a limit to an individual's contractual autonomy (Nussbaum 2000). Therefore, certain arrangements should not be made at the expense of fundamental human rights and human dignity. Nevertheless, surrogacy arrangements that perpetuate gender, social, and disability inequalities persist (Shakespeare 1998, Hayward 2014, Rothler 2017, Sharma 2022, Horsey 2024). This is because surrogacy arrangements commodify the reproductive capacities of women and neglect the rights and dignity of babies born with disabilities. In fact, research indicates that surrogacy arrangements facilitate gene editing and increase control over people's bodies (Ishii 2017, Tobin and Cashmore 2020, Virdi 2024). As a result, commissioning parents can use the surrogacy market to reduce the number of babies born with disabilities.

The concept of eradicating disability is fundamentally rooted in ableism. Ableism encompasses the discrimination and social prejudice directed toward individuals with disabilities, arising from the belief that typical abilities are inherently superior (Oliver 2013). This form of bias is entrenched in institutional policies and practices that systematically marginalize individuals with disabilities or rest on assumptions that are inherently ableist (Caballero-Pérez 2023, Wang *et al.* 2024, Mannor and Needham 2024).

Research indicates that ableism manifests in both micro and macro contexts. For instance, Kattari (2020) illustrates how individuals with disabilities experience interpersonal ableism within national healthcare systems, encountering microaggressions such as being overlooked in conversations or judged based on their disability (e.g., presumed incompetence). Nario-Redmon (2019) identifies environmental and procedural barriers as a clear manifestation of ableism. These barriers hinder persons with disabilities' access to education, healthcare, and public participation. Furthermore, ableism is grounded in the assumption that individuals with disabilities require "fixing" and is defined by the reduction of individuals to their disability (Oliver 2014, Wang 2024). Ultimately, ableism serves to dehumanize entire groups by categorizing them as "inferior," while simultaneously reinforcing harmful stereotypes, misconceptions, and oversimplified generalizations about persons with disabilities.

The evidence regarding the exploitative nature of commercial surrogacy and its potential to present human rights abuse for surrogate mothers and babies born with disabilities is not abundant. However, the existing relevant literature is shocking and serves to reflect on this issue. Wilson and St. Pierre (2016) argue that an eliminative structure underpins eugenic logic, a logic that continues to inform contemporary practices surrounding surrogacy and its intersection with disability. In her research, Sharma (2022) has documented cases globally in which commissioning parents refused to accept a child upon learning of the child's disability. Parks and Murphy (2018) argued that, globally, some commissioning parents have effectively abandoned the children they commission, particularly those with disabilities. According to the authors, in such instances, commercial surrogates may find themselves unexpectedly assuming maternal responsibilities for children they had intended to relinquish. These situations raise both legal questions regarding the enforceability of surrogacy contracts and ethical concerns for commercial gestational surrogates. Parks and Murphy (2018) contend that, if gestational surrogates are to be regarded as "mere vessels," they should not be expected to bear the responsibility for children abandoned by commissioning parents, including the limited responsibility of placing them for adoption or surrendering them to the state. However, abandoning a child—especially a disabled child—constitutes a violation of international human rights law (Caballero-Pérez 2020).

Under Article 23(3) of the CRPD, States Parties must ensure that children with disabilities enjoy equal rights to family life by providing early and comprehensive support to prevent abandonment, neglect, or segregation. The CRPD also guarantees that children shall not be separated from their parents against their will, except when judicially determined to be in the child's best interests, and Article 23(4) specifies that separation cannot be based on disability. If immediate family care is not possible, States must provide alternatives within the extended family or community.

Article 23(2) further recognizes the equal right of persons with disabilities to form families, including through adoption (Fiala-Butora 2018, Landsdown 2022). Yet this right is often undermined by prejudices questioning their sexuality or parenting abilities (Caballero Pérez and Guzmán Rincón 2021), sometimes even resulting in the removal of children from biological parents. Legal barriers such as strict health or income requirements function as indirect discrimination (Rodríguez-Guitián 2025). Although the CRPD stresses the role of "support" in enabling parenthood, this is rarely operationalized in national laws (Rodríguez-Guitián 2025). Moreover, the principle of the child's best interests, while essential, can be distorted by ableist assumptions. A more inclusive interpretation of Article 23 is needed—one that protects children while affirming the dignity and equality of parents with disabilities.

Evidence of abandonment by commissioning parents further illustrates these risks (Neofytou 2023, The Moscow Times 2023). Perry (2014) reported a case in which a British surrogate raised a twin with congenital myotonic dystrophy after the commissioning mother rejected the child. Similarly, Murdoch and Miller (2014) documented the widely known "Baby Gammy" case in Thailand, where a surrogate raised a child with Down syndrome after the Australian commissioning parents allegedly abandoned him.

Baby Gammy was born in 2014 with Down syndrome through a commercial surrogacy arrangement between an Australian couple and a Thai surrogate (Brandão and Garrido 2022). Upon learning of the diagnosis, the couple took only his wealthy twin sister and left Baby Gammy behind with the surrogate mother, who ultimately chose to raise him. Cases like this highlight the profound ambiguity of surrogacy contracts, especially when a child is born with a disability (Attawet *et al.* 2024). Such situation raises serious concerns under Article 23 of the CRPD –which emphasizes the right to family life- and Article 3 of the Convention on the Rights of the Child (CRC), which prioritizes the child's best interests. A central ethical dilemma arises: Can a contract ever legitimately allow a child to be rejected based on disability? Should commissioning parents be permitted to abandon a child whose condition does not meet their expectations?

While this case unfolded in a country with limited regulatory safeguards, it also prompts a broader question: Do robust legal frameworks in countries where surrogacy is permitted effectively prevent similar human rights concerns? The scarce existing literature on surrogacy and disability also indicates that commercial surrogacy in countries where it is legal, for example the United States, is highly professionalized (Shakespeare 1998, Hayward 2014, Rothler 2017, Sharma 2022, Horsey 2024). In such countries, surrogacy is supported by doctors' and psychologists' reports, pre-birth scrutiny of arrangements, and ongoing counseling and support. However, experts concur in arguing that even in highly regulated contexts, commercial surrogacy may also infringe upon human rights, including women's and disability rights (Frati *et al.* 2021, Gunnarsson-Payne and Handelsman-Nielsen 2023, Narayan *et al.* 2023).

Some authors indicate that in cases where surrogacy contracts are violated and commissioning parents abandon children with disabilities, the underlying narrative is often eugenic. For example, Sharma (2022) asserts that commissioning parents came to view the disabled child as a "faulty product." This reinforces the above-mentioned idea that surrogacy is structured within the binary framework of the eugenic model, where certain traits are valued over others, often based on notions of genetic "perfection." This framework is influenced by modern ideals that prioritize efficiency, control, and the commodification of human reproduction, often marginalizing persons with disabilities or other perceived differences (Sharma 2022).

As highlighted earlier in this article, several critics reflect on the global surrogacy industry, raising concerns about its exploitative nature and involvement in unethical practices. These concerns are not merely theoretical but are grounded in real-world instances where the rights and well-being of vulnerable individuals are compromised (Neofytou 2023, Horsey 2024). Such practices include the abandonment of children with disabilities, the trafficking of women and babies, and coercion exerted by agencies on both surrogates and commissioning parents. UNICEF (2022) asserts that children born via surrogacy are vulnerable to various human rights violations, including the impact of discriminatory decisions made by adults based on the child's disability and/or gender. Moreover, the industry's failure to respect bodily autonomy or ensure informed consent further exacerbates these ethical issues. According to Horsey (2024), the use of "sham" procedures and the prevalent practice of multiple embryo transfers also contribute to a broader critique of how surrogacy, as it is currently operationalized, can perpetuate harm rather than protect the rights of all parties involved. This complex web of issues calls for deeper reflection on the ethical implications and the need for more stringent oversight.

Lastly, it is worth noting that despite the well-documented cases of disability rights violations, limited research has explored the legal avenues or opportunities for regulation under international human rights law to prevent, mitigate, and provide access to justice for victims. This gap in literature is significant, given that serious disability and human rights violations are occurring at the core of the global commercial surrogacy market. The limited literature available on this subject indicates that there is a lack of consensus or reconciliation among the legal, normative, and ethical positions of different countries on surrogacy (Scherpe *et al.* 2019, Igareda González 2020b, Park-Morton 2023). This encompasses varying approaches to legal parenthood, accompanied by a multitude of public policy considerations. This issue is further explored in the following section of this article.

3.3. The future of surrogacy: current regulations and emerging possibilities

Research on commercial surrogacy agreements shows that surrogates are legally obligated by contracts to relinquish any rights over the child they carry (Crockin *et al.* 2020, Marinelli *et al.* 2024). These surrogacy contracts are enforceable in jurisdictions where the practice is permitted. Given this, it is important to briefly examine the regulatory framework governing commercial surrogacy worldwide. Although it is not the main focus of this article, efforts have been made to provide a clear picture of the legal framework surrounding commercial surrogacy globally, based on the relevant literature consulted for this work. Studies indicate that the complexities of surrogacy are reflected in the diverse legislative frameworks across the world (Crockin *et al.* 2020, Brandão and Garrido 2022, Marinelli *et al.* 2024). This diversity can be illustrated by classifying countries into four major categories: those where surrogacy is fully legal; those that prohibit surrogacy; those with partial-surrogacy ban acts; and those where surrogacy remains unregulated.

Firstly, the United States, Ukraine, Israel, Georgia, Kazakhstan, and Belarus are among the countries where commercial surrogacy is legal (Bashiri *et al.* 2024, Marinelli *et al.* 2024). In the United States, the process is highly regulated, including background checks and psychological evaluations of surrogates. Laws vary by state, with some more permissive than others (Tsai *et al.* 2020, Martínez-López and Munuera-Gómez 2024). State courts define parental rights, and surrogacy contracts detail the rights and obligations of all parties (Tsai *et al.* 2020, Herweck *et al.* 2024). Some employers, such as Netflix, Meta, Walmart, and Starbucks, even cover surrogacy costs (Hatch Fertility 2025). Ukraine also has permissive laws, including for foreigners, though the war has disrupted the industry and endangered surrogates, children, and commissioning parents (Marinelli *et al.* 2022, Tanderup *et al.* 2023). In Russia, commercial surrogacy remains legal for foreigners, though a legislative ban is under debate (Marinelli *et al.* 2022, Reuters 2022, Siegl 2023).

Secondly, surrogacy is prohibited in many countries, especially Muslim-majority states, where Sharia law emphasizes biological parenthood and lineage (Alimashariyanto *et al.* 2022, Ebrahimi and Ghodrati 2023, Ghodrati 2023). Most of Europe also bans surrogacy in all forms (González 2019, Lemmens 2024), including Spain (Igareda González 2020a), France (Courduriès 2018), and Germany (Klinkhammer 2019). Italy recently passed the world’s strictest ban, amending Law No. 40/2004 to classify surrogacy as a “universal crime,” with penalties of up to two years in prison and fines of €1 million (Lima 2024, Marinelli *et al.* 2024, Mantha-Hollands 2024). Courts have already nullified previous parental recognitions, and in cases of same-sex couples, Italian law only recognizes the biological parent, disregarding foreign-issued birth certificates (Danna 2018, De Michele and Paternoster 2024, Cecatiello 2025). Critics argue the law also targets the LGBTQ+ community.

Thirdly, some countries allow only altruistic surrogacy, such as Canada, the UK, and Portugal, although with strict restrictions (Lozanski 2015, Simone and Thiele 2021, Horsey *et al.* 2022, Do Ceu-Patrão-Neves 2022, Horsey 2024, Conde *et al.* 2024). India, once a global hub for commercial surrogacy, banned it in 2015, now permitting only altruistic surrogacy for married heterosexual couples with medical infertility (Mitra and Schicktanz 2016, Munjal-Shankar 2016, Narayan *et al.* 2023, Thapar-Björkert *et al.* 2023).

Lastly, several countries lack specific surrogacy laws, including China, Kenya, Nigeria, the Philippines, North Cyprus, Ireland, the Netherlands, Belgium, and the Czech Republic (Ding 2015, Pashkov and Lyfar 2018, Liamzon *et al.* 2021, Zhao 2023, O'Keeffe 2024, Horsey 2024). In these cases, contracts are often unenforceable, leaving surrogates vulnerable, particularly regarding compensation or enforcement of obligations (Ding 2015, Zhao 2023). Most Latin American countries also lack regulation, including Argentina, Guatemala, Bolivia, Chile, Colombia, Ecuador, Paraguay, Peru, and Venezuela (Torres *et al.* 2019, Espejo-Yaksic *et al.* 2023, Park-Morton 2024). Brazil and Uruguay are exceptions, with limited regulation of altruistic surrogacy, though commercial arrangements remain unregulated (Espejo-Yaksic *et al.* 2023).

In sum, surrogacy laws vary widely across regions, reflecting divergent cultural, religious, and political views. These disparities create significant risks, especially in transnational arrangements, and underscore the urgent need for international harmonization to protect stakeholders. Particular attention must be given to children with disabilities, who face heightened risks of abandonment and neglect. The next section examines current initiatives toward a global legal framework.

3.3.1. Is it likely to approve an international legal framework?

As shown in this article, there is no international regulation of surrogacy arrangements. This highlights a legislative gap, leaving states and other key stakeholders without comprehensive guidance on how to address the challenges faced by surrogates and children born through surrogacy, including those with disabilities (Bashiri *et al.* 2024). As described by Park-Morton (2023), efforts to find a relevant compromise between the positions of different countries have taken place within the framework of the Hague Conference on Private International Law. However, unfortunately, there has been no concrete legal achievement to date.

The Hague Conference on Private International Law is an intergovernmental organization dedicated to harmonizing the rules of private international law (HCCH 2024). The goal of the Hague Conference is to provide internationally agreed-upon solutions to legal challenges that arise when individuals and businesses interact across borders. In 1996, the Hague Conference approved the Convention on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in respect of Parental Responsibility and Measures for the Protection of Children (HCCH 1996). The Convention is a legally binding instrument that provides uniform rules for States Parties to determine the law applicable to parental responsibility, which includes "parental authority, or any analogous relationship of authority determining the rights, powers and responsibilities of parents, guardians or other legal representatives in relation to the person or the property of the child." [Article 1(2)]

The Convention also establishes rules to determine, among others, the State whose authorities have jurisdiction to take measures directed to the protection of the person or property of the child [Article 1(1)(a)]. Despite this, the Convention does not contain specific provisions regulating transnational surrogacy arrangements. In 2015, the Hague Conference established the Expert Group on Parentage/Surrogacy (EG on Parentage/Surrogacy), a group of experts focused on the issues of parentage and surrogacy. Since its creation, according to the HCCH (2022), the EG on

Parentage/Surrogacy has been working to assess the feasibility of two potential binding legal instruments on legal parentage: one addressing legal parentage in general (a Convention), and another specifically addressing legal parentage established through international surrogacy arrangements (a Protocol) (HCCH 2022). According to the Chair of the EG on Parentage/Surrogacy, Ms Joëlle Schickel-Küng, "The EG worked with the understanding that the aim of any new instrument would be to provide greater predictability, certainty, and continuity of legal parentage in international situations for all persons concerned, taking into account their human rights" (HCCH 2022).

In its 2023 annual report, the Hague Conference recommended that further efforts be made to reach an agreement on how states should recognize parentage established through surrogacy internationally (HCCH 2023). However, despite these efforts, no significant progress or developments have been made by the Hague Conference in advancing an international legal instrument on legal parentage established as a result of international surrogacy arrangements. However, there are some important initiatives aimed at protecting the rights of children born through surrogacy. One such initiative is the Principles for the Protection of the Rights of the Child born through surrogacy (“Verona Principles”) (ISS 2021). Although a soft law instrument, the Verona Principles were drafted by independent experts based on relevant international human rights treaties, particularly the UN Convention on the Rights of the Child (CRC). These principles aim to identify the most pressing issues related to surrogacy and propose procedural and safeguard measures to protect the rights of children born through surrogacy (ISS 2021).

The Verona Principles serve as a guide for appropriate legislative responses to the challenges associated with the protection of children’s rights in the context of surrogacy. One of the key contributions of these principles is their focus on non-discrimination, particularly concerning children born with disabilities. For example, Principle 3.1(f) asserts the right of the child to be free from discrimination based on disability. Furthermore, Principle 3.2(e) specifies that the right to non-discrimination applies regardless of the child’s health or disability status. These principles must be interpreted in alignment with other fundamental rights, such as the best interests of the child and human dignity, as provided by Articles 3.1 and 16 of the CRC, respectively.

Additionally, Principle 3.3 of the Verona Principles emphasizes that parents or legal guardians of a child born through surrogacy must prioritize the child’s best interests and refrain from discriminating against the child for reasons such as sex, health status, genetic characteristics, or disability. Principle 4.2(c) highlights the child’s right to health and calls on states permitting surrogacy to ensure regulatory standards that protect the child’s rights at birth, including provisions for healthcare when a child is born with additional medical needs or a disability. Although the Verona Principles are non-binding, they urge states to adopt and implement measures that allow children born through surrogacy, including those with disabilities, to fully exercise their human rights without discrimination, as outlined in Article 2 of the CRC.

Compliance with the CRC, as well as other relevant international human rights treaties such as the CRPD, is essential to ensuring equal protection against discrimination on the grounds of disability in the context of surrogacy. As highlighted in this research, leaving surrogacy unregulated, as is the case in many countries, presents significant risks of human rights violations for all parties involved, particularly surrogates and children. While international principles such as those from the Hague Conference and the Verona Initiative offer a foundation, the feasibility of a binding global legal framework remains doubtful. Deep-seated disagreements about the moral legitimacy of surrogacy, coupled with disparities in reproductive economies between Global North and South, pose significant obstacles. Thus, any future legal harmonization must grapple with these asymmetries, perhaps favouring regional models or transnational ethical standards over a one-size-fits-all treaty.

In light of these limitations at the international level, it becomes even more critical to ensure that national legal systems take concrete steps to uphold international human rights standards. Legal compliance with international human rights treaties requires that both domestic laws and policies align with international standards. Key provisions from international human rights treaties, such as the CRPD, should inform the interpretation and application of national laws and policies. Consequently, any new domestic laws governing surrogacy must be in accordance with the CRPD, among other human rights treaties.

UNICEF (2022) has emphasized that, regardless of individual state positions on surrogacy, all states have a duty to protect the human rights of children born through surrogacy without discrimination. This duty includes establishing appropriate legal and regulatory frameworks at the national level to safeguard and promote the rights of these children, with the best interests of the child being the paramount consideration in all decision-making processes. Nevertheless, the international community, particularly at the UN level, has yet to propose a new international human rights treaty specifically addressing the most problematic areas related to the protection of the rights of children born through surrogacy. This is a critical issue, as children born with disabilities face heightened risks of discrimination or abandonment, as this article has shown.

To address these challenges, it is vital that the international community, mainly the UN General Assembly, ensure, through legally binding and specific instruments, that states where surrogacy is practiced adopt measures to prevent exploitative and discriminatory practices rooted in stigma and prejudice against disability. Such measures would be crucial in protecting the rights of children with disabilities in the context of surrogacy.

4. Conclusions

This article provided an overview of significant gaps in the literature regarding the intersection of surrogacy and disability rights. It highlighted that while surrogacy practices, particularly in commercial contexts, have become more prevalent, there remains a lack of comprehensive research on the implications for persons with disabilities. A critical area where knowledge is lacking concerns the rights and dignity of children with disabilities born through surrogacy arrangements. The article also emphasized the urgent need for more inclusive policies that address the unique challenges faced by persons with disabilities in the context of reproductive rights. This gap in understanding the intersection of surrogacy and disability rights underscores the necessity for research that specifically addresses the implications of surrogacy practices on the dignity and rights of children with disabilities, especially in light of the harmful legacy of eugenics.

Global approaches to surrogacy vary widely, influenced by cultural, legal, and economic factors. This article stressed that legal clarity is essential in surrogacy matters; in its absence, surrogate mothers face significant risks, including exploitation. While some countries have established strong legal frameworks to protect the rights of all parties involved, others operate in a legal vacuum that fails to protect reproductive rights adequately. This disparity highlights the need for a more unified international approach that complements existing human rights treaties and prioritizes inclusivity and the protection of rights, particularly in the context of ableism.

The intersection of surrogacy and disability presents both challenges and opportunities. A major challenge is the potential for discrimination against children with disabilities. This challenge is exacerbated by societal biases and the historical legacy of ableism, which has led to harmful practices such as involuntary sterilization of marginalized groups. Moreover, the commodification of surrogacy can entrench inequalities and undermine the rights of persons with disabilities. Nevertheless, opportunities for advocacy and legal reform also exist. The growing discourse on reproductive justice and disability rights can drive legislative and policy changes, promoting a more equitable international framework for surrogacy that respects the rights of all individuals. The lack of international consensus on surrogacy calls for global attention to address key concerns, including the child's best interests. This article explained that by addressing these challenges and leveraging opportunities for policy and legal reform, key stakeholders can work toward establishing a universal standard of care in surrogacy that honors the dignity and rights of persons with disabilities.

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