JOURNAL OF THE MEDICAL WOMEN'S ASSOCIATION OF NIGERIA

Established in 2004 April 2026 Volume 11: No 1

Original Article

Access this article online

Quick Response Code:

Website: www.jmwan.org.ng

https://doi.org/10.71526/jmwan.v11i1.109

The Surrogacy Conundrum: Separating ethno-religious and sociocultural Convention from Medical Progress in the Fight for Reproductive Justice: a research commentary

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Abstract

This commentary explores the complex terrain of surrogacy in African contexts, particularly Nigeria, balancing its potential for reproductive choice with profound ethical, cultural, and health concerns. It highlights the distinction between traditional and gestational surrogacy and reflects on how social pressures, religious beliefs, and cultural notions—such as blood lineage and spiritual parentage—shape resistance in communities like the Yoruba, Igbo, and Ashanti. The article uses African data and case studies to challenge the idea that surrogacy is always exploitative or medically dangerous. It shows that maternal morbidity and neonatal outcomes in well-supported clinical settings are comparable to or better than expected, and many surrogates report having control over their own lives, being financially independent, and having strong family ties. The commentary vividly hints at the risk of illicit "baby factories" where surrogacy lacks legal foundation and advocates for regulated frameworks—a hybrid model combining judicial oversight, binding contracts, independent counselling, and fair compensation. Innovative solutions are proposed, including engaging traditional birth attendants as cultural mediators, amplifying surrogate voices to humanize the practice, and leveraging AI to improve assisted reproductive outcomes. Ultimately, the argument urges culturally sensitive policy design to destigmatize and ethically integrate surrogacy, a social gynecology concept, into reproductive justice in African societies.

Keywords: surrogacy, Africa, maternal mortality, maternal healthcare, social gynaecology, reproductive justice

Cite as: Ashinze M, Ashinze P, Akande E, Taiwo TL, Owoicho A, Akingbola T, et al. The Surrogacy Conundrum: Separating ethno-religious and sociocultural Convention from Medical Progress in the Fight for Reproductive Justice: a research commentary. J Med Womens Assoc Niger. 2026;11(1). doi: 10.71526/jmwan.v11i1.109.

Print ISSN: 3043-4742 Online ISSN: 3043-4750

Background

Surrogacy describes an arrangement where a woman agrees to carry and deliver a child for another person or couple (the intended parents), relinquishing all parental rights to the child post-birth as stipulated in a pre-pregnancy agreement; the woman fulfilling this role is the surrogate mother.[1] This practice is broadly categorized into two types: traditional/partial surrogacy and gestational surrogacy.

In partial surrogacy, the surrogate is impregnated via artificial insemination or sexual intercourse using sperm from the intended father or a donor. In gestational surrogacy, an embryo—created from the gametes of the intended parents or donors—is transferred to the surrogate who carries the pregnancy to term.[2] These agreements can be altruistic, typically involving relatives or friends, or commercial, involving binding legal contracts facilitated by fertility clinics or private organizations .[1]

Intending parents pursue surrogacy for diverse reasons, primarily centered around an inability to conceive or carry a pregnancy. This includes hormonal or anatomical abnormalities, pregnancy-associated health risks, previous failures of assisted reproduction, barriers to adoption, incompatible genetic conditions between partners, and a mother's unwillingness to undergo pregnancy risks. Surrogacy thus offers a pathway to genetically related children for such individuals, as well as for same-sex couples and single individuals seeking parenthood.

Despite these benefits, significant ethical concerns exist. These include the potential exploitation of economically disadvantaged women who may feel compelled to become surrogates due to financial need, the commodification of women's bodies and pregnancy, perceived deviations from the natural order undermining the sanctity of childbirth, and psychological implications for children regarding their biological origins and identity.[3] Crucially, questions arise about whether surrogates can provide truly free and informed consent given financial incentives and whether they retain autonomy over their bodies and health decisions during pregnancy, especially in contexts lacking comprehensive legal protections. In some African societies, these vulnerabilities, combined with the lure of financial gain and exploitation, have fueled the rise of illicit "baby factories". Here, young women are coerced into pregnancy and selling their infants for minimal sums. Consequently, surrogacy can acquire a negative connotation, with intended mothers sometimes feigning pregnancy or being deceived into purchasing a baby from such sources to avoid social stigma.[4]

Roots of Resistance: *Culture, Ancestry, and Religion*

Disagreement with surrogacy often persists at a cultural level despite scientific and legal comprehension, driven by its strong emotional resonance.[5] While Western science emphasizes genes as determinants of personality, the Yoruba tradition places life essence within the blood, prioritizing the spiritual dimensions of birth and development alongside physical attributes.[5] Igbo culture permits a woman unable to bear children, or lacking a male child, to "marry" another woman who bears children on her behalf.[6] In Akan culture (including Ashanti), lineage (Abusua) is traced through the Mogya (blood) inherited solely from the mother, while the Ntoro (spirit/soul) comes from the father. Culturally, a child's existence necessitates both Mogya and Ntoro.[7]

Religious Prohibitions

Views on surrogacy among Protestant denominations vary significantly due to

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Protestantism's theological diversity. Some denominations align with Roman Catholic doctrine, emphasizing the sanctity of natural marriage and procreation, while others endorse surrogacy as a means to alleviate suffering.[8] Conversely, surrogate motherhood—where a woman acts as an incubator for payment or otherwise—is vehemently rejected and condemned by most contemporary Muslim scholars, despite the absence of an absolute prohibition or permission under Shari'ah.[9]

Imperialist Paranoia

A study posits that Western medicine is intrinsically linked to modern Western culture, rendering it foreign to many African traditions; these cultural differences generate friction.[10] The compounded stigma arising from both religious and cultural expectations fosters a hostile environment for open discussion or support of surrogacy. This pushes the practice underground, denying individuals the right to pursue medically sound, morally guided reproductive choices without fear of condemnation.[11] In essence, social resistance and stigmatization surrounding surrogacy in Africa are profoundly shaped not only by cultural influences but also by deeply held religious belief systems.

Maternal Mortality: Distorting the Evidence

Maternal mortality remains a critical global challenge. Africa bears the highest burden, with a lifetime risk of 1 in 16, starkly contrasting with the lowest rates in the Western world (1:2800). The global ratio stands at approximately 400 maternal deaths per 100,000 live births.[12]

Surrogacy pregnancies are associated with significantly higher maternal morbidity compared to general pregnancies. The weighted relative risk for severe maternal morbidity is more than three times higher in surrogacy than in women conceiving naturally and 86% higher than in those conceiving via in vitro fertilization.[13]

This discrepancy in maternal morbidity between surrogacy and general pregnancies is exacerbated in Africa, particularly Nigeria, due to systemic gaps and the significant ethical and cultural challenges surrounding surrogacy. Consequently, the stigma often forces commissioning parents to pretend to be pregnant, while surrogate mothers carry the pregnancy clandestinely. This secrecy frequently prevents the surrogate from accessing essential antenatal and postnatal care.

Fetal Outcomes: Science vs. Superstition

Fetal outcomes differ between Assisted Reproductive Techniques (ART) and spontaneously conceived pregnancies, as well as between surrogacy and IVF pregnancies. ART pregnancies are associated with greater adverse perinatal outcomes compared to spontaneously achieved pregnancies.[12] The risk of perinatal mortality increases with the number of births; singleton births carry a lower risk than twins or triplets.[12]

Common fetal outcomes compared between surrogacy and IVF pregnancies include preterm birth (PTB), low birth weight (LBW), high birth weight (HBW), and congenital anomalies. A UK study utilizing anonymous data from the Human Fertilization and Embryology Authority (HFEA) found no significant difference in the risk of PTB and LBW between surrogacy and frozen embryo transfer cycles. However, gestational surrogacy was associated with a higher risk of HBW when compared with autologous fresh IVF cycles.[13]

Exploitation Narratives: Agency vs. Coercion

Surrogacy challenges traditional concepts of parenthood, enabling individuals and couples to achieve parenthood[14] and fulfil deep desires for family, emotional fulfilment, and cultural continuity.[15] For women in developing countries like Nigeria, the financial compensation can be transformative,

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supporting access to housing, education, and improved living standards. This economic independence often leads to increased autonomy and empowerment.[16] In cultures that highly value motherhood, helping infertile couples may also be perceived as spiritually rewarding for surrogates.[15]

However, both altruistic and commercial surrogacy face significant ethical challenges.[17,18] Altruistic surrogacy carries risks of exploitation stemming from a lack of compensation, emotional pressure, or coercion.[19] Commercial surrogacy raises concerns about the commodification of children and potential manipulation by brokers, leading to issues such as underpayment and "gestational slavery".[14,19] In Nigeria, the rise of "baby factories", linked to global human trafficking networks, further compounds these concerns.[20,21]

Legal frameworks governing surrogacy are inconsistent globally: some countries ban it outright, others permit only altruistic forms, and few adopt more liberal approaches.[22] Countries like Nigeria lack clear regulations and guidelines.[23] Recognizing surrogacy as legitimate labor warranting fair compensation is crucial to prevent exploitation.[19] Effective regulation is essential to safeguard the rights and well-being of all parties involved.

Ethical Counterarguments and Progressive Inflections

Ethical counterarguments against surrogacy often emphasize the potential for exploitation and the commodification of women's bodies and children. The Ubuntu philosophy,

emphasizing communal solidarity where personhood is affirmed through shared humanity, contrasts with commodified arrangements. Critics argue that surrogacy undermines kinship structures and commodifies reproduction, violating dignity-centered values inherent in both Ubuntu and religious traditions. For instance, many Islamic scholars strictly oppose surrogacy, equating third-party reproduction with adultery and highlighting its disruption of lineage and inheritance laws.[24]

However, progressive legal models offer pathways for ethical integration. South Africa's Children's Act provides a reconciliatory framework. It mandates a genetic link to the commissioning parents and requires judicial oversight, thereby aligning cultural values with legal safeguards to prevent exploitation and uphold the child's welfare.[25] This hybrid framework represents a progressive legal approach that respects both tradition and individual reproductive agency. Rather than erasing cultural ethics, it integrates them into contemporary legal practice, demonstrating how surrogacy can be ethically regulated within culturally diverse societies.

Myth-Busting: Evidence-Based Rebuttals

Surrogacy myths often stem from stigma, fear, or poor data. Table 1 illustrates some robust evidence from studies, including African, to provide evidence-based argument to debunk common misconceptions.

Method

Analysis

African data challenges distorted perceptions. The Nigerian clinic outcomes show negligible maternal mortality. Surrogacy signs point to service quality, not the practice, as the variable. Neonatal case studies underline that preterm risks are managed successfully with clinical support. In some communities, surrogacy is perceived as an act of support, not exploitation, deeply rooted in trust and kinship. When guided by fair rules and laws instead of outright bans, it can empower the women involved.

What truly matters for a child's wellbeing isn't biology or genetics, but being nurtured in a caring stable home, and a gift of community.

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Table 1: Some surrogacy myths and evidence-

Myth	Evidence-Based Rebuttal	Reference
Surrogacy is inherently dangerous to mothers	Nigerian fertility clinic data (2015–2021): among 58 gestational carriers, only one had severe hemorrhage; no maternal deaths. Risks related to clinic practices, not surrogacy itself.	26
Surrogacy leads to poor neonatal outcomes	A Nigerian neonatal unit case involving preterm triplets born through surrogacy ended in healthy discharges. The main challenges weren't medical, but legal and logistical, like paperwork and custody arrangements to mention a few.	14
Surrogates are always exploited	Surrogates are often portrayed as passive victims, yet many make informed, voluntary decisions, challenging the notion of exploitation. In many Nigerian communities, especially among the Igbo, surrogacy often happens quietly within families, not out of coercion, but as a heartfelt act of support, showing both personal choice and deeply-rooted family solidarity.	22, 8
Non-genetic motherhood (surrogacy) disrupts child wellbeing	Long-term studies from the UK show that by the age of 10, children born through donor or non-genetic surrogacy are emotionally well-adjusted and thriving, just like their peers.	27,29
Surrogacy is anti-cultural and anti- religion.	Surrogacy in itself does not oppose culture or religion. In fact, many traditions and belief systems (e.g. Buddhism, Islam.) can accommodate surrogacy when framed within values like compassion, kinship, and social responsibility.	30,31

based arguments to debunk them

Print ISSN: 3043-4742 Online ISSN: 3043-4750

Looking closely at local experiences shows that many fears around surrogacy come from stigma, not science. By challenging these myths with real-life stories, experiences and evidence, we can shape policies that respect culture while promoting fairness and dignity in reproductive care.

Legal Blueprints: Global Lessons for Africa

The apparent failure of countries like France, Germany, and pretty much all of Europe in stifling surrogacy as well as the altruistic regime and commercialization approach of many western countries makes the need for a new perspective on the recurring challenge of surrogacy more pressing.[32]

While the regulations guiding surrogacy remain a conglomeration of different views and approaches, there is a need for a harmonized framework which allows for a balanced use of existing models, avoiding its pitfalls and harnessing its benefits. African policymakers could take a cue from the challenged models charting a middle path that addresses the fables, furies and fugues, thus arriving at a hybrid African framework that works well.[33] This approach would reject the extremes of total prohibition, which has failed, and the imbalanced altruistic view, as well as the laissez-faire commercialization style, and cleave to a balanced combination that embeds altruistic principles and a regulated oversight. A National Surrogacy Board could be established to regulate surrogacy arrangements by setting standards while ensuring that a judicial ratification of the same is in place in order to enforce its principles.[33,34]

Technology as an Equalizer

Artificial Intelligence (AI) is revolutionizing Assisted Reproductive Technologies (ART) by enhancing embryo selection, optimizing and personalizing treatment protocols, and improving overall success rates. AI has access to large datasets and uses this data to improve efficacy and reduce subjectivity.[35]

AI tools like DeepEmbryo, icONE, iDAScore, and ERICA have played roles in increasing clinical pregnancy prediction accuracy by 75% (single-center), implantation accuracy by 92%, and clinical pregnancy rate by 77.3% (multicenter).

AI aids personalized treatment by using patient-specific variables for drug selection and dosing. This has been proven to improve ovarian stimulation and reduce treatment cycles.[36,37] This also reduced medication costs.[38] AI vitrification, which entails the rapid freezing and storage of embryos, plays a crucial role in modern surrogacy by offering greater flexibility for intended parents and surrogates and also by enhancing the chances of successful pregnancies.

Traditional Birth Attendants: *Where do they fall?*

Traditional birth attendants can serve as cultural bridges. In regions like Nigeria and Ghana, where TBAs hold community trust, training them as surrogacy advocates could quell misconceptions and promote safe maternal practices. The Ondo State "Agbebiye" pilot (2014–2016) in Nigeria, supported by state and international partners, incorporated TBAs into the formal health system, increasing facility births from approximately 33,000 to over 53,000 and reducing TBA-related maternal deaths to just 2.7% of facility deaths.[39] Leveraging this model, TBAs can help reinterpret surrogacy within cultures, allay stigma, and support informed choices, increasing acceptance and reducing emotional and social turmoil linked to surrogacy.

Centering Surrogate Voices

Ghanaian surrogates describe surrogacy not as desperation but as empowerment. One account reveals women earning ~GHC 15 000 (≈US$3 190) per pregnancy. This is about three years of local income which they use to support their families and start small ventures.[40] Such earnings, when staggered across pregnancy

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milestones, give surrogates agency and dignity. These voices have humanized the practice.

To protect this agency, strong safeguards are crucial. South Africa's Children's Act (Chapter 19) mandates court-approved agreements and confirmation by a high court and prohibits commercial surrogacy, coupled with mandated psychosocial evaluation of all parties, including existing children.[41] Independent legal counsel and mandatory counselling ensure informed consent and emotional support. Embedding these procedural shields, written contracts, mandatory counselling, and independent legal representation prior to, during, and after pregnancy is crucial. Amplifying real surrogate narratives alongside these robust safeguards reframes surrogates as empowered agents of reproductive justice and not mere instruments.

Media's Role in Destigmatisation

Surrogacy has enabled many who are unable to conceive to have children of their own.[42] Despite its benefits, surrogacy remains controversial in some societies. In India, for example, surrogates have faced stigma and social condemnation due to misconceptions linking the practice to extramarital affairs.[43]

Social media now plays a key role in shaping public opinion. By sharing personal stories and positive experiences, it can help reduce stigma and normalize surrogacy.

Celebrity advocacy will also go a long way to destigmatize surrogacy. Celebrity endorsements on social media significantly influence public opinion on surrogacy by sharing personal experiences, reducing stigma, and fostering empathy. Their wide reach and real-time engagement will help challenge societal norms, promote acceptance, and create supportive communities around surrogacy.[44]

Challenges: Navigating Real-World Barriers

Surrogacy in Nigeria became popular in recent years; however, it is still being limited by Nigeria's rural healthcare.

Religious beliefs are either neutral or against this practice. Religious Africans believe children should come from God and be born like the Hebrews of old, thus stigmatizing women that use surrogates. Similarly, poverty in Nigeria enables cheating surrogates out of compensation, as they have no means to seek legal redress. The lack of regulations favors the party with more finances and resources, as they can silence the aggrieved surrogate, as seen in baby factories and illicit fertility clinics.[30] All these prevent the acceptance of surrogacy as an option for reproduction.

In this light, NGOs with the support of tribal chiefs can help with education to alleviate stigma regarding surrogacy and increase trust. With the help of reproductive clinics, we can educate and provide points of referral and protection for both families needing surrogates and the surrogates themselves.

Implementation Framework: From Policy to Practice

Due to its ethical and legal considerations, it is important to talk about the policy surrounding the implementation of surrogacy, and this would be by a tiered approach.[45] Firstly, policy should be put in place to regulate laws guiding surrogacy, as a lack of this, especially in low- and middle-income countries, would undermine the dignity and rights of women.[46] In addition, surrogacy is considered safe when implemented with the view of providing adequate psychological, medical and social support to women who are gestational carriers even though there is no evidence to suggest adverse psychological outcomes.[47] Collaborative efforts should be made to educate health workers on creating an adequate referral network to ensure infertile women get the expert surrogacy service.[48] Additionally, there should be engagement with the traditional birth attendants and creation of awareness drives for people on the importance of surrogacy in low- and middle-income countries. Lastly, to adequately account for the achievement made in the implementation of

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surrogacy in Nigeria, the national outcome registry is to be the central database for proper documentation.[22]

Conclusion

Surrogacy, often agreed upon as a source of solace for infertile couples, remains clouded by stigma rooted in cultural misconceptions, reproductive risks and legal challenges. However, surrogates should not be seen as objects of exploitation but as life warriors who reflect extraordinary compassion and resilience. To progress from marginalization to admiration, public discourse must be grounded in evidence-based narratives and equity-focused policies that safeguard surrogate autonomy and well-being. When supported by science and justice, surrogacy becomes not a moral dilemma but a legitimate and empowering path to parenthood, marking a progressive step toward reproductive justice in diverse global settings.

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