

The practice of surrogacy involving Japanese nationals

Submitted by Japan Coalition Against Surrogacy Practices

This report documents the practice of surrogacy involving Japanese nationals, both domestically and abroad. The numbers after each section correspond to key questions from the UN call for input on its 2025 report on violence against women and girls.

1. Forms of Surrogacy and Factors Driving Its Demand

1.1. Women Who Have Served as Surrogate Mothers

Japan has no legal framework regulating surrogacy. As a result, while some Japanese nationals have pursued surrogacy arrangements abroad, domestic cases have also been documented. Based on media reports and information from agencies, women who have acted as surrogate mothers for Japanese clients—both overseas and within Japan—can be categorized as follows. [2], [8]

Outside Japan

- White women in the United States
- White women in Eastern European countries
- Women in South and Southeast Asia (e.g., India and Thailand; currently, no officially operating agencies exist)

Within Japan

- Young women with female relatives (e.g., sisters or in-laws) who lack a uterus
- Postmenopausal women who have daughters lacking a uterus
- Women burdened with debt and living in financial hardship

1.2. Racial Preference for White Surrogate Mothers

In 1991, the first surrogacy agency for Japanese clients was established in Tokyo as a *de facto* branch of the business initiated by Noel Keane, the American inventor of commercial surrogacy. Since then, Japanese clients have increasingly turned to American women as surrogate mothers.

By the early 2000s, multiple agencies had entered the Japanese surrogacy market, expanding the practice further. While these agencies facilitated surrogacy not only in the United States but also in countries such as India and Thailand, they consistently avoided public mention of surrogate mothers of color, instead spotlighting only those involving white surrogate mothers.

Agencies claim that white women become surrogate mothers out of what they describe as Christian altruism and in pursuit of their own happiness, thereby asserting that no exploitation or violence is involved. This altruistic mindset is portrayed as a uniquely modern value, one presumed to lie beyond the moral imagination of Japanese clients.

This rationale is broadly extended to white women as a whole. Even surrogate mothers from impoverished Eastern European countries—such as Russia and Ukraine—are positioned within the same framework: idealized as modern and altruistic white women “saving” pitiable Asians from the global periphery, namely the Japanese.¹ [6]

1.3. Underground Commercial Surrogacy for Foreign Clients

According to press coverage, a surrogacy market catering to wealthy Chinese clients has existed in Tokyo since 2012.² By the time it was reported in 2016, 74 cases had already resulted in births. The clients were reportedly connected to senior officials of the Chinese

Communist Party.

The surrogate mothers were women burdened with debt. **The arrangements were brokered through individuals affiliated with designated Japanese crime syndicates** and involved primarily Chinese women residing in Japan, though Japanese women were also among the surrogates.

The clients paid approximately 15 million yen (about 100,000 USD), while the surrogate mothers received only around 2 million yen (about 13,000 USD) in compensation. They received such low compensation precisely because their debt made them exploitable. [2]

Since surrogacy is prohibited in China, logistical and legal preparations are required before handing over the babies to Chinese clients. Because these arrangements take time, as of 2016—when the underground market was reported—**20 out of the 74 babies born had been placed in childcare facilities** in Japan.

Some of the children remained in childcare facilities for as long as one to two years. Even after being handed over to the commissioning parents in China, some were reportedly treated as “orphans,” with their Japanese nationality at birth concealed. [5]

1.4. Diversification of Surrogacy Clients

1.4.1. The Last Resort for Infertile Women

Initially, surrogacy was primarily positioned as the “last resort” for women who had lost their uterus due to congenital conditions or surgery, as a means to have a child of their own. [7] Happiness for the wife was thought to lie in bearing a child who carried her husband’s genes. [6]

1.4.2. The Entry of Men into the Surrogacy Market

Around the late 2000s, surrogacy use in Japan began to diversify, with cases involving single men and gay couples gradually coming to public attention.

The 2008 “Baby Manji” case in India was initiated by a Japanese man who entered into marriage for the purpose of pursuing a surrogacy arrangement without disclosing this intention to his wife. In this case, a Nepali egg donor, the surrogate mother, and the wife were all reduced to means of reproduction. The 2014 “baby factory” case in Thailand similarly centered on a single man who commissioned multiple surrogacies.

Around the same time, gay couples from Japan and Sweden began to publicly share their surrogacy experiences through mass media, presenting gay surrogacy **as if it were already a legitimate practice in Western societies, thereby contributing to its normalization among men.** [7]

1.5. Practices of Using Sisters or Mothers as Surrogates

From 1996 to 2014, surrogacy within families was conducted in Japan. Dr. Netsu, the director of Suwa Maternity Clinic, carried out the practice. The commissioning women all had congenital uterine abnormalities (Mayer-Rokitansky-Küster-Hauser syndrome) or had undergone hysterectomies due to medical conditions. The surrogate mothers were their sisters, sisters-in-law, and their mothers, who were of postmenopausal age. [8]

There was a total of 21 surrogacy cases, including both sisters and mothers, of which 11 were surrogacies involving mothers. Of these 11 cases, 10 resulted in births, with 10 children born.

1.6. Violence Towards the Physical Aspects

1.6.1. Disregard for the Mother's Life

Dr. Netsu, who conducted surrogacy within families as mentioned above, called for women to volunteer as surrogate mothers in 2007 to carry out 'altruistic' surrogacy on behalf of others.

Around 40 women expressed their willingness to volunteer. However, when the details were explained to them and they were asked whether they would agree to become surrogates under the condition that their families would accept it even if it resulted in their death, none agreed.

At the same time, Dr. Netsu argues that appointing the commissioning parent's own mother as a surrogate is preferable, because even if she were to lose her life, the matter could still be resolved within the family.³ [6]

In Japan, surrogacy involving one's own mother is carried out on the premise that not only medical professionals but also family members disregard the risks to her life. [1]

1.6.2. Neglect of Health Risks

Previous domestic debates in Japan have recognized the potential health risks to surrogate mothers and children as key concerns.

In its 2008 report, the Science Council of Japan addressed the physical risks to surrogate mothers and the potential health hazards to fetuses and children, adopting the position that surrogacy should, in principle, be prohibited.

The report raised concerns about various health hazards, including those caused

by epigenetic mutations. In recent years, additional issues associated with microchimerism have been brought to light.⁴ Previous research has demonstrated that gestational surrogacy increases the likelihood of the surrogate mother developing scleroderma (systemic sclerosis) and experiencing miscarriage. Studies have also shown that maternal cells transferred to the fetus are closely associated with the development of autoimmune diseases—such as type 1 diabetes and multiple sclerosis—in the offspring.⁵ Similar findings have been reported in pregnancies achieved through egg donation.

A surrogate mother is not merely a “container” providing a uterus. The characteristics of the woman who carries the child can leave lasting physical and biological imprints. Her physiological traits—such as those related to brain development, stress tolerance, immune response, and metabolism—may influence the child’s long-term health and development. [1]

In the current legislative framework, health risks inherent in surrogacy are entirely disregarded. Moreover, parliamentary discussions have even moved toward promoting uterus transplantation as a supposedly better alternative to surrogacy. In Japan, legislative efforts appear to proceed on the assumption that **the health of women and children born through such practices does not warrant serious social concern.**[5]

2. Legal Frameworks, Safeguards, and Jurisprudence

2.1. Domestic Legal and Institutional Frameworks

There is no legislation regulating surrogacy in Japan. Institutional measures concerning surrogacy consist of past court decisions and professional guidelines, the latter of which

call for voluntary restraint.

2.1.1. Court Decisions

In a 2007 decision by the Supreme Court of Japan, it was contested whether a legal mother–child relationship could be recognized between a Japanese woman who had commissioned the surrogacy and twins born to a U.S. surrogate mother.

The Supreme Court held that, under the Civil Code, the term “mother” refers to the woman who gives birth, and therefore the commissioning woman could not be recognized as the legal mother.

As a result, the legal position in Japan was clarified: if a child is known to have been born through surrogacy, the commissioning woman cannot register the child as her own child. However, in such cases, a legal parent–child relationship between the commissioning parents and the child can be established through a special adoption, provided that approval is granted by the family court. [9] [14]

2.1.2. Guidelines Issued by the Medical Society

Since the birth of the first child conceived through in vitro fertilization (IVF) in Japan in 1983, the Japan Society of Obstetrics and Gynecology (JSOG) has issued self-regulatory guidelines concerning IVF and embryo transfer.

In 2003, JSOG formally stated its position that gestational surrogacy should not be practiced and prohibited its members from participating in the practice of surrogacy.

Following this directive, most obstetricians and gynecologists in Japan have refrained from performing surrogacy to this day. However, the guideline itself has no legal force. [9]

2.2. Actions by the Japanese Government

2.2.1. Deliberations Toward Legal Regulation

The Japanese government examined the institutional framework for assisted reproductive technologies (ART) over the decade from 1998.

In 2003, a report including a proposal to prohibit surrogacy was submitted under the Health Science Council, and a legislative bill was subsequently drafted. However, the bill was blocked by ruling party lawmaker Seiko Noda and was never submitted to the Diet.

Meanwhile, at the government's request, the Science Council of Japan issued a report in 2008 stating that surrogacy should, in principle, be prohibited by law. The report pointed to concerns regarding the welfare of the child to be born, the physical risks to surrogate mothers, and various ethical and social issues. It also recommended that commercial surrogacy be subject to criminal penalties. [9]

2.2.2. Erasure of Public Deliberation

Since 2014, legislative initiatives aimed at legalizing egg donation and surrogacy have been led by Seiko Noda, who had previously blocked a 2003 bill to prohibit surrogacy.

These **legislative initiatives have entirely disregarded the public deliberations** previously conducted on these matters.

In February 2025, a bill titled the *Bill on Specified Assisted Reproductive Technology* was submitted to the Diet by a bipartisan parliamentary group chaired by Seiko Noda. The bill includes provisions on surrogacy, raising concerns that it could serve as a de facto legal basis for surrogacy. It is currently awaiting deliberation, which may lead to its enactment. [9]

2.2.3. Neglect of the Right to Know One's Origins

In Japan, **children's right to know their parents is completely disregarded.** [10]

Article 7.1 of the UN Convention on the Rights of the Child guarantees children the right to know their genetic origin. However, in Japan, this right is not institutionally guaranteed for children born through donor insemination (DI).

Even today, sperm donors remain anonymous at hospitals that perform AID (artificial insemination with donor) and are recognized by the Japan Society of Obstetrics and Gynecology (JSOG). The *Bill on Specified Assisted Reproductive Technology*, submitted in February 2025, also maintains the anonymity of both sperm and egg donors.

Individuals born through donor insemination, along with their supporters and researchers, have criticized lawmakers for lacking consideration for the perspective of the child to be born. [11]

3. Required Measures

All forms of surrogacy, whether paid or unpaid, domestic or international, should be prohibited. [15] The following section outlines the reasons for this position.

First, using women's bodies in exchange for payment, whether by nationals or foreign citizens, is unacceptable. Commercial surrogacy is an obvious violation of human rights and should not be permitted.

Second, **Japan's past experience demonstrates that voluntary altruistic surrogacy, though often idealized, has given rise to serious problems.** Nevertheless, institutional

legalization would risk reinforcing social pressure on women and compelling further self-sacrifice.

Third, Japan's experience with intrafamilial surrogacy has shown that such arrangements can place women in acutely vulnerable positions. **Disregard for the life and health of surrogate mothers within families should be recognized as a form of domestic violence (DV) and incorporated into existing frameworks addressing DV.**[17]

Fourth, gestational surrogacy entails medical procedures whose safety has not been adequately established. Such procedures pose serious medical risks not only to women but also to the children born through them.

Leading international health authorities should investigate this issue, clarify the actual harms and medical risks involved, and contribute to the development of documents and treaties aimed at prohibition. **Medical professionals who violate medical ethics and repeatedly subject women and children to abusive practices should be explicitly condemned** by the international community. [16]

In light of the above, international bodies should urgently develop an international instrument that explicitly defines surrogacy as a form of violence. It is also imperative that all countries be strongly urged to prohibit the practice of surrogacy. [18]

¹ Yanagihara (2020)

² The Mainichi. (2016, March 19). [In Japanese].

³ Yanagihara (2025)

⁴ Jacobsen et al. (2025)

⁵ Mpakosi *et al.* (2024)

References

- Jacobsen DP, Fjeldstad HE, Olsen MB, Sugulle M, Staff AC. Microchimerism and pregnancy complications with placental dysfunction. *Semin Immunopathol*. 2025 Mar 11;47(1):21. doi: 10.1007/s00281-025-01045-w. PMID: 40067448; PMCID: PMC11897092.
- Mpakosi, A., Sokou, R., Theodoraki, M., Iacovidou, N., Cholevas, V., & Kaliouli-Antonopoulou, C. (2024). Deciphering the role of maternal microchimerism in offspring autoimmunity: A narrative review. *Medicina (Kaunas)*, 60(9), 1457. <https://doi.org/10.3390/medicina60091457>
- Yanagihara, Y. (2020). Reconstructing feminist perspectives of women's bodies using a globalized view: The changing surrogacy market in Japan. *Bioethics*, 34(6), 570–577. <https://doi.org/10.1111/bioe.12758>
- Yanagihara, Y. (2025). Erased, speaking out, and rising up: Invisibility and resistance of people exploited by reproductive technologies. *Life manipulation and human dignity*. Chisen-shokan. (In press; In Japanese)