



A Narrative Review of Reproductive Health Tourism: Opportunities and Challenges

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Abstract

Reproductive tourism refers to the movement of persons from one institution, jurisdiction, or country where they live to another institution, jurisdiction, or country to access fertility treatment. This type of tourism is developing; many important aspects, such as health aspects, quality of medical care, financial matters, ethical considerations, legal matters, and international transparency, remain unexplored. The present study aims to investigate the issue of reproductive tourism, its opportunities, and challenges.

This research is a narrative review study, which aimed to study academic articles on fertility donors in the last 10 years. The analyzed materials are in English and Persian, including free books and articles. The searches were performed on databases such as Google Scholar and academic databases such as Sage, Scopus, Web of Science, and Wiley. Finally, only 18 materials were considered.

The appalling trend of reproductive tourists' movement from developed countries to donor countries is increasing and requires attention to all aspects. The mentioned issues about donors in this study show important cultural and social matters in donation, indicating the importance of understanding concerns about donation challenges. Reproductive tourism is moral pluralism that is achieved by crossing legal borders. This practical solution presupposes legal diversity.

The reproductive tourism brings special economic benefits to the country, which are considerable. This technique may lead to more complicated ethical and legal challenges. Various countries and international institutions have made significant efforts to regulate this procedure to standardize its legal context worldwide and avoid litigation. However, further studies should be performed in this regard.

Keywords: Reproductive Health, Health Tourism, Medical Tourism, Health Services, Assisted Reproductive Techniques

Introduction

The health tourism industry, which refers to traveling to other countries to receive medical care, is a branch of the tourism industry that is booming. The purpose is to retrieve a person's physical and mental health and to restore their health. In general, there are three types of health tourism: wellness tourism, curative tourism, and medical tourism(1). Medical tourism refers to travel to other countries for some forms of medical treatments, but mostly focuses on services such as dental services, cosmetic surgeries, and other types of surgeries. The United Nations World Tourism Organization (UNWTO) specifically defines medical tourism as the travel across borders to use services to improve or recover health and increase the person's motivation, and lasts for more than 24 hours (2, 3). Medical tourism provides medical prompt and appropriate services through tourism with lower costs and sometimes higher quality. Medical tourism is a rapidly growing market and is considered a new form of tourism and market (4). One of the medical tourism services is reproductive services, which is specifically called reproductive tourism due to its considerable importance (5).

Reproductive tourism, which includes cross-border reproductive care (CBRC), refers to the movement of persons from one institution, jurisdiction, or country where they live to another institution, jurisdiction, or country to access fertility treatment. The growing trend of traveling across international borders for fertility treatment can be due to the relative ease of traveling around the world, as well as the opportunities created by assisted reproductive treatment (ART) technologies such as in vitro fertilization (IVF), donated eggs and sperm, the emergence of selective reproductive technologies for infertility, and surrogacy. Deep developments in fertility and forming a family are no longer associated with sexual discourse, intimacy, and the traditional concept of family: the above-mentioned reproductive technologies

have indeed caused a gap between sexual desires and reproduction (6).

The movement of reproductive tourists from developed countries to donating countries is increasing and requires attention to all aspects. The wider such concerns are, the more important it is to consider international regulations and measures to control such movements (7). However, couples may decide to travel for fertility treatment for many reasons; seven distinct but interrelated reasons have been considered as the causes of reproductive tourism: 1. Countries may ban special services due to religious or ethical considerations; 2. Special services may not be accessible due to the lack of expertise, equipment, or donation technologies; 3. A service may not be accessible because it is not considered safe enough or its risks are unknown; 4. A group of people may receive no services due to special reasons such as their age, marital status, or sexual orientation, especially if the services are public 5. Some people may not have access to services because demands exceed supply, leading to shortages and waiting lists 6. Services may be cheaper in other countries 7. People may have personal desires to protect their privacy (8).

In a study conducted by Imanzadeh et al., titled "Lived Experiences of Medical Tourists from Treatment in Tabriz Hospitals. Tourism Management Studies," five main themes were identified from the analysis of the lived experience of health tourists: reasons for choice, financial issues, socio-cultural issues, transportation and accommodation, and hospital structure. Ranjoush et al., in a study titled "Segmentation of Medical Tourism Business in Iran: From Foreign Patients' Point of View," found that although the primary attraction for medical tourists is medical services, to attract more medical tourists and actively compete in this industry, more attention should be paid to other tourism services and facilities. Also, the results of the study by Shafii et al., titled "Prioritization of Factors Related to Attracting Medical Tourists in Yazd City, Iran," showed

that one way to increase tourist attraction and influence tourists to choose Iran as a destination country is to increase the quality of services, especially medical services, along with reducing costs and making them competitive.

Since this type of tourism is developing these days, many important aspects, such as health aspects, quality of medical care, financial matters, ethical considerations, legal matters, and international transparency, remain unexplored. Therefore, the present study aims to investigate the issue of reproductive tourism, its opportunities, and challenges.

Evidence Acquisition

This research is a narrative review study, which aimed to study academic articles on fertility donors in the last 10 years. The 10-year time frame (2013–2023) was chosen to reflect the latest advances in assisted reproductive technologies, international reproductive travel, and surrogacy (9, 10). The analyzed materials are in English and Persian, including free books, articles, and book chapters on reproductive donors. Both qualitative and quantitative studies addressing conceptual, ethical, or legal aspects of reproductive tourism were reviewed. The searches were performed in the databases Google Scholar, Sage, Scopus, Web of Science, and Wiley, originally using the MeSH terms 'Reproductive Health' AND 'Assisted Reproductive Techniques' AND 'Medical Tourism' AND 'Health Tourism'. The research steps included research problems, literature review, research design, study sample, data collection, results, and limitations. We excluded articles based on our selection criteria, and only peer-reviewed full-text articles from credible

journals were included to ensure scientific rigor. We deleted duplicates, after which two researchers checked abstracts of the remaining articles. The findings of the selected studies were summarized and analyzed thematically to identify common challenges and opportunities.

Inclusion criteria

Included studies were those published within the last 10 years and written in English or Persian. The search strategy focused on research related to fertility donors and assisted reproductive technologies, including reproductive tourism, selective reproductive technologies, and surrogacy. Both qualitative and quantitative study designs were eligible for inclusion.

Exclusion criteria

Systematic reviews, studies in the form of editorials, conference abstracts, qualitative studies, and policy documents were excluded.

The results of hundreds of documents were finally collected, and we analyzed the subset of 18 articles with sufficient information. They included legal guidelines of countries if available, economic aspects, as well as reproductive health in the field of reproductive tourism. Selected articles have been read by at least two researchers. Notes have been compared and arranged thematically. The articles and journals in destination countries of reproductive tourists have been very limited, and most of such articles and books have been written in developed countries. These limitations create opportunities as key areas for further studies and points to consider in other discussions about fertility donation.

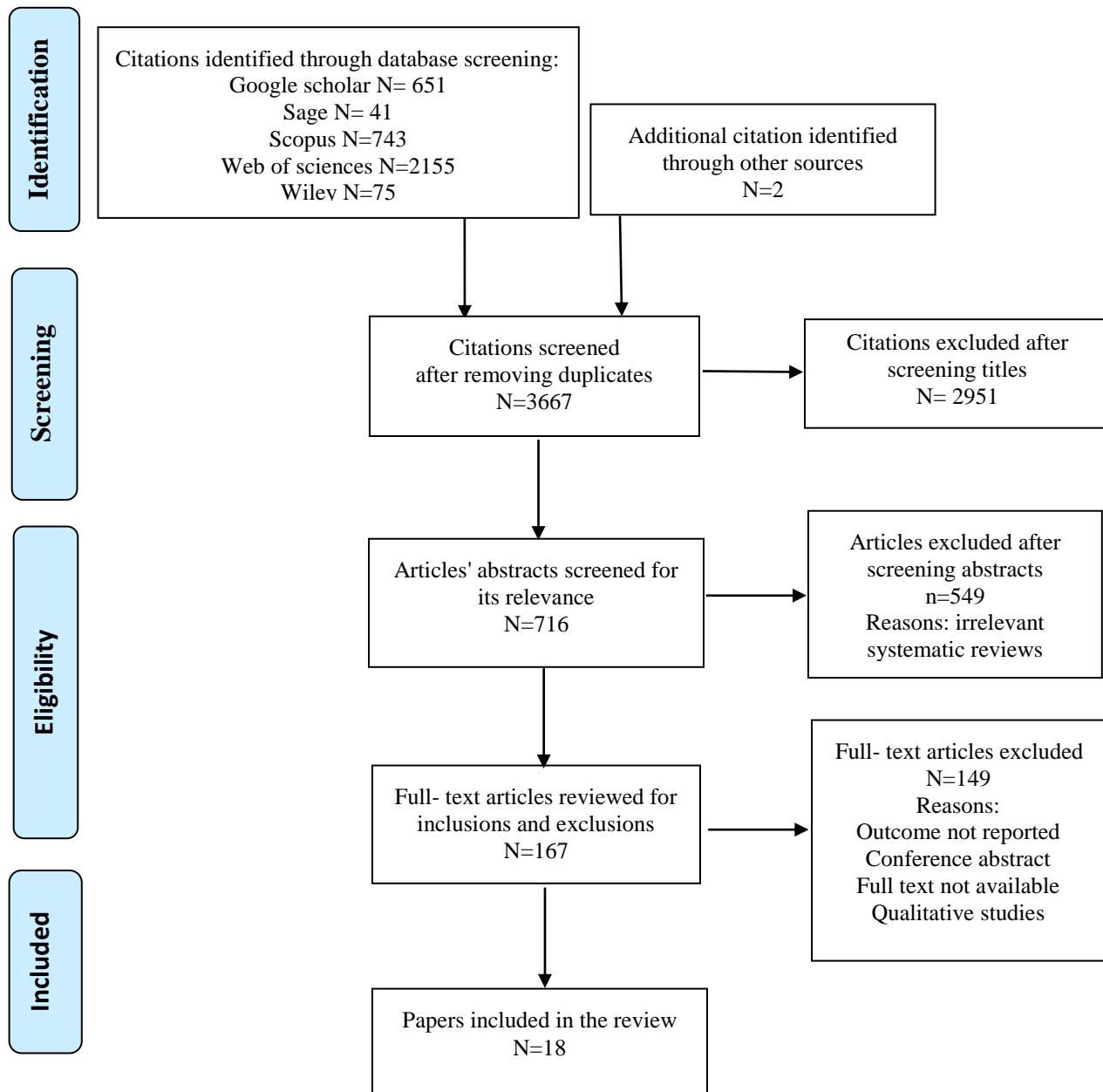


Figure 1. PRISMA flow diagram

Results

The appalling trend of reproductive tourists' movement from developed countries to donor countries is increasing and requires attention to all aspects. Indeed, donors carry embodied reproductive identities with limited autonomy within the structural constraints of the transnational reproductive industry. The discussions in this regard induce further study to understand the multi-layer experiences of reproductive donors, along with wider social, cultural, geographical, and political relations, towards a deeper investigation of the reproductive industry processes. Therefore, there is a need for specific guidelines in any country that clearly determine reproductive tourism rules (11). Although the mentioned issues about donors in this study can be generalized, they show important cultural and social matters in donation, indicating the importance of understanding concerns about donation challenges. The present study aimed to investigate different potential challenges of reproductive tourism.

Monitoring and Ethical Challenges

Donors' need for compensation may lead to exploitation. Since surrogates and egg donors from the Global South have to use their own bodies due to their circumstances, they are deprived of their bodily autonomy and lose control over their bodies and fertility to use the reproductive industry. Now the question arises whether the law and regulations should interfere with the motives of the donor and only allow donations for certain motives. Is fertility donation an act of exercising bodily autonomy in which the surrogate can receive compensation? Is the donation of reproductive organs considered an implicit social agreement for the common good so that the government can regulate it? (12, 13).

On the other hand, the bodily autonomy of donors has been compromised in countries'

policymaking regarding reproductive tourism, including the lack of scrutiny of informed consent. For instance, clinics are not necessarily required to report or document the treatment procedures for medical complications caused by donation. This compromises the autonomy of donors, as they have no knowledge about the entire process, which can affect their decision-making. For example, there is no mandatory law requiring careful follow-up of donors after egg retrieval. The lack of effective regulations on fertility donation will cause concerns about the conflict of interest because regulations, medical institutions, or doctors may prioritize parents' interests over donors. For example, India's colonial history has left surrogates. When doctors order from both donor and recipient parents, a conflict of interest may arise, and the interests of the ordering parents as the party who pays for the services may take precedence over the interests of the donors (14). Such a dynamic has the potential to perpetuate exploitation and unequal treatment in the realm of commercial surrogacy. This may lead to the neglect of donor health and informed decision-making, resulting in an unequal distribution of the commitment to the detriment of the donor. Conflict of interest may occur when donors' consent is not appropriately obtained, e.g., a lack of requirement for clinics to report all therapeutic procedures and complications (15); that is, a conflict of interest that favors clinics over donors (11, 14).

From a different point of view, reproductive movement is a practical solution to the problem of how to combine a democratic system that operates under majority rule with a degree of individual freedom for the minority. Although the majority have the right to express their opinion about the good life in legislation, other values, such as tolerance and mutual respect, encourage them to use their right moderately. In a pluralistic society, when reasonable people disagree about the acceptability of a particular action, it is preferred to seek a legal compromise

that takes into account the positions of different moral communities and avoids radical prohibitions as much as possible. However, even if such suggestions are considered, conflicts of interest will occur. Therefore, respecting the moral independence of the minority requires a tolerant attitude (7). Finally, three solutions will be discussed: internal moral pluralism, coerced conformity, and international harmonization (16). Inner morality originates from the person's heart and agency, and forced conformity is the defense of a position that prevents the confrontation between the majority that imposes its perspective and the minority that claims to have a moral right to certain medical services. Therefore, reproductive tourism is moral pluralism that is achieved by crossing legal borders. Thus, this practical solution presupposes legal diversity (7). Despite the potential legal problems, transnational reproductive plans are often used, although there are diverse legal contexts around the world.

The challenge of exploitation or commodification

In August 2021, the American Society for Reproductive Medicine published its most recent opinion on financial compensation for egg donors. These guidelines first indicate a big change in the concept of egg commodification. Second, after more than twenty years of promoting ethical concerns about egg commodification, they explicitly reveal for the first time that commodification concerns rarely arise in the context of sperm donation. Finally, the guidelines emphasize that it would be unfair to treat egg donors as adult women who are capable of making their risk-benefit decisions and consequences in relation to their bodies and livelihood (17).

It seems that health commodification is an ethical issue that needs further study. In addition, studies have investigated the main ethical issues of donors and surrogate mothers. Issues such as exploitation, moral and physical

injuries, possible child abuse, parents' rights, and the sale of babies have been of great importance. Surrogate mothers may not be legally protected and claim parental rights. Correct information and informed consent are measures that need to be considered in medical procedures (18). Such reproduction is a difficult conflict between equality and responsibility. Indeed, two great ideals are confronted: equality and responsibility. On the one hand, we have the right to form a family and the right to own our bodies. On the other hand, the interest of the child should be provided, and the surrogate woman should not be considered a tool (11, 19).

Discussion and Conclusions

The present study aimed to investigate reproductive tourism, opportunities, and challenges. The findings indicated that reproductive tourism brings special economic benefits to the country, which are considerable. Regarding donors, correct information and informed consent can represent physical independence. However, conflicts of interest and the global market can undermine the bodily autonomy of donors and therefore threaten the basic principles of reproductive rights and equality. Compensation processes, external control by medical authorities and recipients, and medical industry negligence deteriorate donor non-participation and perpetuate the unequal distribution of resources and opportunities in reproductive donation. The body as object and commodity makes visible the effects that the sociocultural, economic, and medical forces have on the lives of reproductive donors. Moreover, the lack of bodily autonomy in donors from the Global South reveals the pervasive medical structures in the context of rapid technological change in medicine. In this regard, the donor's body goes beyond a biological entity and expands into a form that resembles a space imbued with a social dimension that connects physical and spatial issues (14). Reproductive tourism is a popular

movement, although not monitored in many countries. This technique may even lead to more complicated ethical and legal challenges. Various countries and international institutions have made significant efforts to regulate this procedure to standardize its legal context worldwide and avoid litigation. However, the matter has remained largely unsettled, and therefore, further studies should be performed in this regard (20). Future studies should explore reproductive tourism in the Middle East through empirical approaches and policy analysis and Policymakers should develop clear national guidelines regulating reproductive tourism to protect donors' rights while encouraging safe international collaboration and Since Iran has more potential required for reproductive tourism than neighboring countries, the necessary guidelines should be developed in the country's reproductive health and law.

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