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Public Policies on Assisted Human Reproduction with Donors: Gender, Kinship and Ethics in Relation to Reproductive Practices and Their Regulation AG AboutGender 2023, 12(24), 293-322 CC BY-NC

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Abstract

The aim of this paper is to outline some challenges faced by social scientists working in the field of assisted reproductive technology with donors (ART-D). Whether carrying out research or other professional activities, they face highly complex and ever-changing contexts that are traversed by various cultural, legal, ethical and medical issues. Through a literature review, we present three main lines of analysis: (1) the body and biotechnology, and how these relate to the anthropology of kinship; (2) feminist perspectives concerning the reproductive practices of women; and (3) problems that arise in the reproductive market - stemming from differences among countries in terms of health policies, legal

Corresponding Author: Begoña Leyra Fatou Complutense University of Madrid, Spain mbleyra@ucm.es permissibility, and the degree of discretion granted to the business sector - paying special attention to the resulting social and moral implications. This broad overview aims at encouraging debate within the academic community.

Keywords: assisted human reproduction, feminism, kinship, biotechnology, public policies.

1. Introduction¹

The aim of this paper is to outline the challenges faced by social scientists working in the field of assisted reproductive technology with donors (ART-D). Whether carrying out research or other professional activities, they face highly complex and ever-changing contexts that are traversed by various cultural, legal, ethical and medical issues.

The expansion of assisted reproductive technology with donors (ART-D) within diverse legal and sociocultural frameworks poses important challenges that should be addressed from a critical perspective.

Legislative diversity and deregulation favor transnational reproductive care (Pennings 2004; 2005; Culley and Hudson 2009; Hudson *et al.* 2011; Tober and Pavone 2018), giving rise to a market in which genetic material -gametes and embryos - can be acquired by people with reproductive desires that cannot be fulfilled in their home countries. On the other end are egg donors, surrogate mothers, and migrant reproductive female workers who travel internationally to take care of other people's children (Truong 1996).

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Transnational reproductive care (Pennings 2008) comprises a market that attracts investment funds, viable and lucrative businesses, entrepreneurs, and opportunity seekers in a burgeoning economic niche (Mitchell and Waldby 2006; Pande 2014; Tober and Pavone 2018; Álvarez, Rivas and Ayala 2020; Newman and Nahman 2020; Vertommen and Barbagallo 2020). The global fertility market is expected to reach US\$40 billion by 2026 (Data Bridge Market Research 2019). In the US alone, market growth in 2023 is expected to be around US\$8 billion (Vertommen, Pavone and Nahman 2021).

Although most countries consider gamete donation to be an accessible legal reproductive option within the "reproductive market", national regulations and policies differ considerably. For example, Spanish legislation gives the country a great competitive advantage in the international reproductive industry. This makes Spain the "pearl of reproductive tourism" at the European level, representing 40% of the market on the continent (Pennings *et al.* 2014; Shenfield *et al.* 2010). In a context of economic crisis and precariousness, Spain is an example of the risks of commodification or appropriation of women's bodies, as well as of the risk of concealing these processes when they occur within a permissive legal framework (Rivas *et al.* 2019; Lafuente-Funes 2017; Molas and Bestard 2017).

Through a literature review, three main lines of analysis are followed in this article. To begin with, issues involving the body, biotechnology and the anthropology of kinship are addressed. Next, an overview of feminist positions and analyses of women's reproductive practices is presented. Lastly, problems that arise in the reproductive market are discussed, with an emphasis on the role of the state in defining health policy, legal permissibility and the degree of discretion granted to the business sector. The resulting moral implications are also discussed. Altogether, a broad overview is presented, while identifying some emerging issues that deserve attention. This is intended to encourage debate within the scientific community,

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especially in the field of social sciences, family studies and reproductive technologies.

2. The Body, Biotechnology and Kinship

Some of the questions that emerge from debates and studies on ART-D have greatly contributed to the renewal of the anthropology of kinship by questioning the biological foundations of kinship and gender. Strathern (1992a; 1992b) has demonstrated that ART-D blurs the boundaries between what is considered "natural" and what is imagined to be "cultural". The meaning of "biological" (Bestard 2004; Franklin 2006; Haraway 1997) takes on relevance in the field of kinship in as much as biogenetic vocabulary is used to characterize family relationships. As demonstrated by many anthropological studies, biogenetic terms refer not only to innate characteristics, but also to socially and culturally acquired elements. Along this line, Thompson (2001) describes how genes and blood can be differentiated and be given variable meanings in order to normalize ambiguous and complicated reproductive arrangements through a "strategic naturalization" of the technology employed or of certain reproductive or social elements, while "socializing" or minimizing the importance of others. Likewise, biogenetic aspects of kinship are sometimes also used, de facto or symbolically, as a metaphor for parental relationships or to enhance the value or legitimacy of certain family relationships within a context where such recognition is absent (Fine and Martial 2010).

In addition to blurring the distinction between nature and culture, ART-D has challenged the Western model of kinship based on biological reproduction: "characterized both by its bilateralism (transmission along two-family branches, paternal and maternal) and by the ideology of blood, which is considered responsible for transmitting the physical and moral characteristics of a given lineage" (Fine 2001, 71). In fact, *in vitro* fertilization and artificial insemination undermine both

reproductive sexuality itself and the way it is represented, allowing "conception" to be separated from sexuality and marital relations (Edwards 2004).

This opens the way to "procreative anthropotechnics" (Déchaux 2014, 154), which conceives the human body as a biological resource on which one can act, and which affects how women, in this case, perceive both their femininity and the acts to which they feel obliged to resort to in order to socially legitimize their desire to be mothers².

Since ART-D is often used to produce descendants that are biologically connected to at least one (future) parent (Gross et al. 2014; Nordqvist 2014; Ragoné 1996; Teman 2010), it reinforces a form of biologism of parenthood. As Danna (2019: 1) puts it, these technologies and the practices associated to them -as commercial surrogacy- "put kinship on the market". With the use of gamete and embryo donations, as well as commercial gestational surrogacy (CGS)³, the process of procreation is fragmented among several actors. The very ontological statute of what is considered to be "biological" changes, since it is subject to human decisions and interventions aimed at creating biological processes that otherwise would not exist. Indeed, in the case of gamete donations, the biogenetic substance results from human decisions involving various actors (Bestard 2004): the parents who resort to a third party to make the natural procreation process possible, and the medical staff who combine gametes taking into account features such as skin colour, eyes, hair, and blood type. According to Courduriès and Herbrand (2014), empirical studies on the uses of ART-D show that in a large number of nations precisely those in which biomedical knowledge about the body and its functions

² For some women with fertility problems, participating in assisted reproductive processes has become a kind of mandate, a life goal. Stopping treatment would mean giving up any hope of becoming pregnant and accepting the consequences of this failure (Crowe 1985, 1990).

³ Commercial gestational surrogacy (CGS) is a practice whereby a woman gestates an embryo without contributing her genetic material and, after delivery, hands the baby over to the intended parents and is paid for her services. It is distinct from both traditional surrogacy, in which the surrogate provides the egg, and altruistic surrogacy, in which only the costs of pregnancy and delivery are covered.

has been widely disseminated - biogenetic knowledge is becoming increasingly important and decisive in shaping how the world is perceived.

We thus enter what has been called the era of "after nature" (Strathern 1992b), where the distinction between nature and culture has become blurred. However, references to nature do not disappear from representations of kinship. We find ourselves in the midst of a paradox: on the one hand, the reproductive technologies transform the very content of "nature", increasing the weight given to decision-making and human intervention in the process of procreation, and on the other hand, popular beliefs and social institutions (medicine, law) cling to a naturalistic and biocentric conception of kinship, privileging the biogenetic link or overlooking the intervention of "third parties" or donors in establishing kinship (Déchaux 2014, 154).

More generally, ART-D promotes the dissociation between various aspects of procreation: the desire for a child, conception, pregnancy, childbirth, and parenting as well as the "donation" of gametes, which makes ART-D a possibility. This dissociation enables dividing maternal and paternal functions or responsibilities among several people. In this sense, ART-D has introduced an innovative change to the concept of "parent" by involving third parties in the conception of the child. Thus, the maternal function can be shared between two or even three women: one who wishes to be a mother and *intends* to raise the child, another who donates⁴ the egg required for the conception of the embryo, and, in cases where a surrogate pregnancy is involved, yet another who gestates it.

Despite the social legitimacy of using gamete donation to form a family, there is a permanent tension between biological kinship and kinship by choice. To escape

⁴ This woman, according to Spanish law on assisted reproduction, receives financial compensation for this donation, which is usually between 1,000 and 1,200 euros. This compensation is not considered by the law as a payment, but as compensation for the inconvenience incurred by the woman during the whole process.

this tension and show that more and more Western societies have opened up socially and legally to new forms of kinship, Carsten (2000) proposes using the term "relatedness" instead of "kinship". This intellectual manoeuvre would not only serve to encompass both biological and social relations in a single term, but also to insist on the importance of the relationship itself. Along these lines, Parry (2018) argues that assisted reproduction should produce new types of families, whose existence depends on and generates forms of "distributed kinship", and which should be made visible so that all the parties involved in the process of creating new families are recognized. Pande (2015) analyses the kin work carried out by both intended mothers and surrogate mothers in India in order to bond with the newborn child and with one another. And yet the medical system and the terminology employed by intended families when referring to what are considered true bonds of kinship imply that, once the embryo is gestated, the bonds created with the surrogate mother are broken and become invisible, producing suffering for the latter. In view of this, Parry (2018) argues that by recognizing the complexity of the new ways of conceiving and the links that these create, "the suffering caused to some people by the invisibility of their role in the formation of families will be reduced" (Parry 2018, 228). The author considers that it is precisely when people (be they medical professionals, parents or other family members) deliberately hide the vital work done by surrogates in building these new family configurations that doors open to "genuine exploitation" and for psychological suffering to be incurred by any of the parties involved (*ibidem*).

Nevertheless, although it seems theoretically feasible to think in terms of relatedness, some authors (Herbrand 2008; Leckey 2014) point out that from a legal point of view it remains difficult to accept new parental figures being incorporated into a child's life and identity⁵. As warned by Porqueres (2017), with the arrival of

⁵ However, research carried out by Ayala Rubio (2023) in 2022 based on interviews with Californian surrogates shows how the women who have gestated are often integrated into the family tree of

the principle of "in best interests of the child", the notion of kinship has become central (not so that of filiation), thus moving away from the analytical approaches that prioritized the project of the intended parents.

In current times we are then faced with new types of families and of social relationships of kinship or relatedness that must be addressed by the social sciences, so as to study the effects of ART-D and the links that it produces, be they social or biological. What persons outside of strictly biological relationships try to establish relatedness or parental relationships through the use of ART-D? When and for how long do these links and relationships exist? What professionals and cultural and technical contexts enable these situations to occur? What is the impact of creating and then breaking up such relationships of kinship?

Similarly, one should not lose sight of the importance "techno-medical monitoring" has gained in all aspects involved in supervising a pregnancy, which has helped define what a "good" birth is and the behaviours that are expected of the future parents (Déchaux 2019). The study of this phenomenon should shed light on why, for some intended families or individuals, the carrying out of a series of medical tests is becoming increasingly important in shaping the way they conceptualize what a family is, the manner in which they establish future relationships with their children, as well as how they conceive their own body and its limits.

3. Feminist Perspectives on Surrogacy and Egg Donation: Uneven Treatment and the Importance of the Ethnographic Turn

With regard to the reproductive market and ART-D in particular, feminist movements have focused much of their attention on Commercial Gestational Surrogacy

the Spanish families who use their services. In this sense, the similar social position of the surrogates and the intended parents guarantees that such integration into the intended family is possible. This inclusion in the family environment has a social character, but it is not supported by any legal mechanism.

(CGS) since the eighties. This section reviews various feminist arguments on the subject and elaborates upon them. To begin with, the technique is usually viewed as a new form of exploitation, appropriation and commercialization of women's bodies and lives, thus amounting to an extractivist practice that answers to globalized neoliberal interests (Guerra 2012; 2018; Nuño 2016; Puleo 2017). Second, this stance also argues that CGS has gradually substituted other forms of parenthood, such as adoption, while sacralising genetic transmission - a central element of patriarchal ideology - thus emphasizing male significance. As a consequence, these critiques call for this phenomenon to be analysed through biopolitical approaches (Balza 2018; Federici 2002; Nuño 2016). Finally, women's decision-making capacity is questioned and considered to be false: the market justifies it as a free and informed choice, without considering all the risks that such a practice entails for women, and without taking into account social class, gender, or geographical and geopolitical inequalities. These feminisms argue that the gestational market is in contradiction with itself for claiming to advance women's freedom while exploiting their bodies, and they denounce that any consent given is tainted as it does not constitute a contract between equals (Guerra 2018; Gupta 2006; Puleo 2017; Redondo 2017). Under this premise, commercial gestational surrogacy occurs within a logic of "feminized servitude" (Sassen 2003), according to which women are in an asymmetrical and inferior position (Amador 2010) - a rationale evidenced in other international practices such as global care chains, prostitution, sex tourism, or reproductive tourism.

Although CGS is the target of harsh criticism⁶, it is necessary to assess its impacts, and consider other arguments so as to not fall into totalizing or homogenizing views of the phenomenon. Along these lines, Leyra *et al*. (2019) have reflected

⁶ In the case of Spain, in addition to the vast production of feminist theory against CGS (Guerra 2018; Nuño 2016; Puleo 2017), a strong social and political movement of denunciation has taken the debate to the streets. Citizens themselves are demanding global governance (which is necessary

upon the hyper-visibilization of "hegemonic" anti-CGS feminist discourse and the invisibilization of other spheres in which women's reproductive capacities are also commodified (Parry 2018). Hence, in line with Lafuente-Funes (2019), the present paper works on the premise that women's bodies are fully involved both when offering gestational capacity (CGS) and when supplying eggs on the reproductive market, although the feminist debate has not paid sufficient attention to the latter.

One of the consequences of the way this market is gendered is the assignment of differential values depending on the parts of the body involved, the reproductive value of women, and their contribution to reproduction: the uterus and its capacity for gestation takes on a much higher value compared to eggs - the donation of which seems not to have much of an argument against it in the Spanish academic literature on the matter⁷. It is truly significant and symbolic that, in the case of egg donation - a transfer of reproductive capacity, in the words of Lafuente-Funes (2019), and a technique or socio-technique that has also been applied for several decades - feminisms have hardly questioned the risks involved⁸. Neither have they analysed or denounced the social conditions, nor the economic, experiential or life motivations that have led donors to reach this decision. The freedom of choice of women donating eggs is generally not called into question. Overall, this practice is insufficiently questioned in comparison to the criticism levied

but still non-existent) and standardised legislation and regulations. Examples of this are the movement "No somos vasijas" (we are not vessels) and the National Network Against Surrogacy (RECAV according to its Spanish acronym).

⁷ An international perspective on the subject can be found in the article by Anna Molas and Laura Perler (2020), Selecting women, domesticating bodies? Corporeal ontologies in egg donation practices in Spain, in *Tapuya: Latin American Science, Technology and Society*, 3, 1, pp. 396-414.

⁸ Such risks include ovarian hyperstimulation syndrome, premature menopause, possible future infertility, and even cancer and osteoporosis. While some studies conclude that there is insufficient scientific evidence on the short-term effects of egg donations on women's health (Stoop *et al.* 2012; Pennings *et al.* 2014), others point at a number of risks for donors (Ariza 2016). Similarly, Viera (2018) points out that psychological effects have not been studied in depth either - such as those resulting from the donation process, which is generally quite distressing.

against CGS on various fronts: its characterization as a "free, altruistic and voluntary" practice, the genetic burden it carries, the euphemisms used (such as "economic compensation"), the motivations behind donors, or it being a form of neoliberal extractivism - all of which are used in allegations against CGS.

In opposition to the hegemonic positions explained above, commercial gestational surrogacy has been defended by arguing that it increases women's control over their reproductive capacities and represents a first step towards gaining autonomy over their bodies, just as the conquest of other rights of reproductive choice once did. These dissenting feminist positions argue that such reproductive rights cannot be annulled because of the symbolic damage caused by this one practice, nor because of the speculative risks to the future person to be born (Lieber 1992).

Furthermore, an issue the feminist movement has at times been criticised for is taken up, namely that of being ethnocentric. A critical examination reveals that some positions exhibit certain analytical imbalances that continue to occur between different cultures and contexts. Hence it is important to widen our view on whether or not ART-D processes constitute the exploitation of women, taking into account multiple contextual and cultural considerations. In view of this need for a framework of interpretative diversity, Mohanty (2003) argues that, with regard to Commercial Gestational Surrogacy (CGS) and its prohibition, Western feminisms generate a form of "ethical paternalism" in which a transposition of Western moral frameworks takes place, forging a single perspective of the "gestating woman" and presenting the ideas of Western feminism as being emancipatory. This carries with it the assumption that Western feminists expect "Third World" feminists to organize their actions and reflections around the issues identified and prioritised by the former.

Along these lines, Bailey (2011) argues that extending Western moral frameworks uncritically to the analysis of surrogacy work in India brings us closer to the realm of "discursive colonialism", by which Western normative and intellectual

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traditions distort, erase and misinterpret the experiences of non-Western subjects. Asian feminists, for their part, lament that the West proposes discursive colonialism as the sole focus of choice feminism, thus westernizing the analysis of surrogacy work. As a result, this makes it difficult to reflect on the kind of life a woman must lead in order for such work to be considered a "good job", or on how a focus on "choice" obscures other possible injustices faced by women who make these reproductive choices (Brunet and Jouan 2020; Jouan and Clos 2020; Jouan 2017; Olavarría 2019; 2018 and 2017; Parry 2018). Bailey (2011) argues that choice talk is a form of discursive colonization that obscures the nuances found in the testimonies of interviewed women and presents "Third World" women as being culturally oppressed and in need of "rescue". The author adds that emerging narratives on commercial gestaional surrogacy in India are prone to this pattern of analysis and lead to a number of unintended effects, including the victimisation and stigmatisation of surrogate mothers, rendering invisible the importance of their role in the global fertility market and thereby denying them power and respect for the activity they perform.

In view of these dissenting points of view, it is worth asking whether CGS is exceptionally exploitative compared to other types of work (Parry 2018) that also exploit women physically and emotionally, just as it is also worth questioning the role feminism may play in legitimising and sacralising maternal and/or reproductive work, as opposed to other forms of care work carried out by women (Poveda *et al.* 2018; Rivas and Jociles 2020; Jociles *et al.* 2021).

Bailey (2011) encourages us to avoid simplistic images produced by hegemonic Western feminism and to take into account the economic, political and circumstantial scenarios that act as oppressive frameworks. For this reason, it is pertinent to highlight the usefulness of anthropological analysis conducted via the "ethnographic turn" - an approach that has been breaking the normative responses to CGS since the mid-nineties. Thanks to ethnography, the discourses of gestating

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women themselves are privileged over abstract and normative concepts. The ethnographic turn can be seen as a way of compensating for the excessive theoretical weight of certain moral concepts used by Western theorists and feminists. This is achieved by analysing women's discourses and their agency in particular cultural contexts. The approach avoids normative narratives that narrow the discussion to a binary logic: on the one hand, the invaluable good of free choice, and on the other hand, the moral evils of commodification and/or patriarchal determinism (Farquhar 1996; Majumdar 2014). Anthropology and feminism can go hand in hand to help shed light on this complex phenomenon that continues to pose a challenge to social, political and economic analyses, as well as to the defence and promotion of women's rights.

4. Reproductive Markets, Public Policy, and Ethical Issues

Arguably, the main objective of global governance is to constitute a common, albeit diffuse, policy arena on a global scale, or at least a political project aimed at transforming the global agenda around a given issue (Finkelstein 1995). While the reproductive industry is transnational in nature (Alkorta and Farnós 2017; Álvarez and Pichardo 2017; Farnós 2016; Igareda 2018; Pennings 2002; Rivas *et al.* 2019; Turner 2007), currently there exist no homogeneous political or regulatory framework that could enable global governance on the matter. In fact, in a number of instances the various legal systems are in conflict, each usually granting a different degree of protection to the different parties (parents, children, donors), and to the various interests or legal assets involved (identity, privacy) (Alkorta and Farnós 2017; Clark 2012; Cubillos *et al.* 2016). It is well known that conventional international law has no explicit regulation on ART-D, except for references to reproductive rights, basic public health conditions, and the right to an identity (granting every person the possibility to know their parents)⁹.

At the local and regional levels, governance implies a system of government in which various actors - the market, businesses, and organised civil society - participate in the management of the public arena (Aguilar 2006). This does not apply in the case of the European Union (EU) as a regional system. Despite having competence over human cell and tissue donations - which is where we place gamete donations¹⁰- the EU does not have jurisdiction over ART-D¹¹. At the national level, and taking Spain as an example, governance cannot be said to exist on this matter either, since the drawing up of this type of policies has been of a dubious public nature. Policy making on ART-D in Spain has not had the democratic character recommended in the Oviedo Convention¹², for it is not born from broad public consultation, in contrast to other countries of the region (Germany, France and the United Kingdom). Instead it has been formulated "from above", only giving a voice to a few actors who hold large shares of power and leaving a number of interested stakeholders out of the political arena.

One of the defining qualities of governance is the participation of citizens in policy making. However, there is usually a significant proportion of the people interested in the issue at hand (such as reproductive input providers) who - because

⁹ This is enshrined in the 1989 International Convention on the Rights of the Child, and in the 2002 Recommendation of the UN Committee on the Rights of the Child.

¹⁰ This subject is regulated by Directive 2004/23/EC of the European Parliament and Council, as well as by two policies without legal effect: the 2005 European Parliament Resolution on trade in human ova and the 2012 European Parliament Resolution on the voluntary and unpaid donation of cells and tissues.

¹¹ In the broader scope of the Council of Europe, to which the EU Member States are party, the Oviedo Convention of 1997 stands out, as does the jurisprudence of the European Court of Human Rights (ECHR), which has addressed some thorny bioethical issues related to ART (Farnós 2016; Igareda 2018).

¹² The Oviedo Convention stipulates that the signatory parties "shall see to it that the fundamental questions raised by the developments of biology and medicine are the subject of appropriate public discussion in the light, in particular, of relevant medical, social, economic, ethical and legal implications, and that their possible application is made the subject of appropriate consultation" (Art. 28).

they are not organised - are not considered legitimate stakeholders in the political debate and are therefore excluded. In contrast to Spain, the cases of Germany, France and the United Kingdom stand out, where regulations and policies on ART have been informed by broad public debate. These countries are paradigmatic cases because, although they differ in their policies and legal frameworks, they coincide in having been elaborated through broad participatory processes. In the Federal Republic of Germany, egg donations are prohibited by law¹³, while anonymity is not expressly regulated. The German Constitutional Court has nevertheless affirmed the right of children born by ART-D to know their origin. In the United Kingdom, the Human Fertilisation and Embryology Act of 1990 created the Human Fertilisation and Embryology Authority (HFEA), an agency that independently regulates fertility treatments and research with human embryos, whose recommendations have set an international benchmark in policy making¹⁴. Thanks to its work, together with a process of public consultation involving various sectors, in 2004 the UK moved to an open system of donations, allowing to identify donors of sperm, oocytes and embryos from 2005 onwards (Nordqvist 2014; Vidal 2019)¹⁵, thus becoming the first country in the region to abolish anonymity. In the case of France, ART is addressed in the Civil Code and in the Loi relative à la bioéthique, in which anonymity was maintained until recently (Spranzi and Brunet 2015), when in August 2020 an amendment to this law was approved. Among other things, this development resulted in access to reproductive technologies being extended to female couples and single mothers through social security benefits, the self-preservation of eggs and sperm being allowed, the prohibition of surrogacy being maintained,

¹³ The 1990 *Gesetz zum Schutz von Embryonen* (EschG) is not a law on ART-D as such, but rather on the protection of embryos. It is based on the 1985 Benda Report, which recommends strict protection of the human embryo from the moment of fertilisation - for example zygote protection. ¹⁴ As a clear example of transparency, since March 2014 all HFEA meetings are open to the public, subject to registration.

¹⁵ This change was consolidated by the publication of the HFEA Code of Practice, which advises parents to disclose to their children their genetic background (Nordqvist 2014).

and the right for descendants to know the identity of the donor(s) being granted, once they come of age. This entails guaranteeing the right of access to non-identifying data (age, physical features etc.) or to the identity of the donor if authorised by the latter, so France can be considered to have joined the group of countries with a dual track.

In light of these examples, it is possible to distinguish, broadly speaking, three types of positions concerning regulations or policies on gamete donations:

- countries where anonymity absolute or relative is the rule, such as Spain, Italy, and Argentina;
- 2. those where anonymity has been abolished, such as Germany, the UK, Finland, and some states of Australia; and
- those with a dual-track regulation, for example a system that gives the donor the option to remain anonymous or not, the specificities of which vary among countries.

The latter option is found in Belgium, the USA¹⁶, Denmark, Iceland, and, more recently, France. As indicated by Alkorta and Farnós (2017), the trend followed by several countries - mainly European ones, beginning in the mid-eighties and to a greater extent from 2000 onwards - is to move from a system of anonymous donations to one of greater openness, either by prohibiting anonymity or by regulating a dual-track system.

With regard to the ethical issues surrounding ART-D policies, a good premise to start from is that, as proposed by Casado (2000), a fundamental criterion (as well as a reliable guideline) for assessing the ethical quality of a public policy - in terms of its contribution and impact on society - is the degree to which it respects and

¹⁶ This country does not have a law on the subject, but rather relies on the guidelines of the American Society for Reproductive Medicine (ASRM), which point towards the dual-track model.

promotes human rights. Nevertheless, without ignoring the importance of ethical issues such as protecting the dignity around certain individual rights (identity, privacy), it is just as relevant to address other problematic issues linked to the global reproductive industry that affect other economic, social and cultural rights. Some are specifically related to the egg donation market, such as the invisibilisation of donors, their indoctrination into the discourse of altruism (like suggest authors like Rivas *et al.* 2019), and the medical problems that can result from donating (Machin *et al.* 2020). Other, more general issues involve unequal access to health care and the democratisation of the policy-making process.

In her detailed review of how the egg and sperm donation market operates in the USA, Almeling (2009 and 2011) highlights that the process of commodifying the body varies socially according to gender: while financial compensation is offered in both cases, sperm donation is represented as "casual labour", thus considering sperm a commodity; in contrast, egg donation is represented as a gift. In the European market, sperm banks also manage sperm strictly according to a business logic based on payments, control of the production process, and free movement of goods (Álvarez and Pichardo 2020). In the case of egg donations, however, the control of the production process is more sophisticated, as it implies greater discipline on the part of the donors, given the rigorous medication protocols and successive medical controls (Rivas and Jociles 2020). This process is mediated by a series of mechanisms that, to a greater or lesser extent, shape the subjectivity of donors. Drawing from the characterization of the market offered by Callon and Latour (2011, 185) - "formatting investments from which there are those who manufacture utilitarianism and those who manufacture disinterest" - the donors (agents) would be seen as entering and leaving the exchange as strangers, while their eggs (gifts) would be more elemental than the transaction itself, having been obtained through a kind of coercion (institutionalized violence) veiled by the benefit offered to the families that need them.

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Finally, the debate on the transnational reproductive market must not ignore the issue of access to health coverage for ART-D. When speaking of public policy, it is unavoidable to point out the unequal distribution of welfare and social security in countries where reproductive services are in considerable demand, along with the importance of factors such as poverty, race and gender in shaping the conditions often found in countries that are major suppliers of such services (Rivas and Alvarez 2018; Tober and Pavone 2018; Turner 2007). Where ART-D is in demand, when medical treatment is too expensive or not universally covered, people excluded from the system seek treatment in countries where it is of similar quality and more accessible or affordable. In countries that are net suppliers, social inequalities act as an important mechanism of coercion on the free choice of women that act as providers.

5. Conclusions

This paper reviews some of the challenges posed by ART-D, as viewed from social, legal, ethical and political perspectives. These challenges affect future scientific research and the very practice of professionals involved in the reproductive industry, situated in highly complex and changing contexts and operating on a global scale.

The socio-anthropological perspective offers a means of avoiding excessive simplifications and generalisations about this phenomenon, while at the same time fostering new avenues of exploration, consideration and intervention that involve all stakeholders from a more holistic - and not solely biomedical - perspective. Several studies have reflected on the bonds of kinship that are created when intended families establish relationships with surrogate mothers. However, few studies consider the impact on surrogate mothers of breaking certain relationships that were thought to be permanent family relationships and that were cut short when the children were handed over to the intended parents. How do women who have gestated organise their lives when ties are severed? How do they carry on with daily life, and what scars does detachment leave on the body and on future social relationships? Another little-addressed issue concerns the identities of children born from gamete donations, and the motivations that lead some to partner together in a fight against the regulations that keep their genetic predecessors anonymous.

In these analyses, it is also important to incorporate a gender perspective - from a diverse, plural and non-hegemonic feminist approach - recognising that reproductive work is productive work (both in the cases of CGS and egg donations). Otherwise, these practices remain outside the market and the commercial logic, consequently invisibilising the conditions of precariousness, subordination, and alienation under which these activities take place. Along these lines, representations of health, and in particular the perception of health risks among gamete donors, constitute another under-explored area of study.

Furthermore, the legal status and the circulation of embryos open another field of analysis. A number of ethical, political and legal issues highlight the need to investigate contrasting country regulations, attitudes among their populations, and the influence of these national or international regulations and social policies on the behaviour of reproductive tourists. In addition to this, the development and extension of ART-D has led to ever-expanding entrepreneurship in this area, giving rise to scarcely known professional profiles in national and international markets.

Finally, in light of all the issues reviewed, and given the trend towards the globalization and transnationalisation of the reproductive market (as evidenced by reproductive tourism), a governance agenda for ART-D would be welcome at the global or regional level, as appropriate. Such an agenda should avoid favouring private interests and negative externalities when designing public policies, and, above all, should guarantee the protection of the rights of those who are most vulnerable in the corresponding transaction.

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