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On Reproductive Work in Spain: Transnational Adoption, Egg Donation, Surrogacy

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Resumen

declinación en el deseo de tener hijos. Sin embargo, es una consecuencia de inequidades de género por las que muchas mujeres españolas postponen la maternidad hasta que experimentan problemas de infertilidad y deben recurrir al trabajo reproductivo de otras mujeres. Nuestro análisis de la adopción transnacional, la donación de óvulos y la gestación subrogada muestra cómo el anonimato y el altruismo invisibiliza el trabajo reproductivo de esas mujeres e incide en las relaciones entre proveedoras reproductivas, intermediarios, receptoras y niños-as resultantes de esos procesos reproductivos.

Abstract

Spain's plummeting fertility since the late twentieth century may seem to reflect a waning desire for children. Nevertheless, reproductive disappointments resulting from gender inequalities cause many Spanish women to postpone motherhood and experience age-related fertility problems. For them, creating a family often becomes possible only through the reproductive labor of other women. Our analysis of transnational adoption, egg donation, and surrogacy in Spain shows how anonymity and altruism play out in these three strategies, with implications for the valuation of women's reproductive work and relationships among reproductive providers, intermediaries, recipients, and the resulting children.

Spain's sharp fertility decrease since the end of the twentieth century could be interpreted as an expression of a waning desire to reproduce. But in fact, Spain has one of the largest 'child gaps,' the average difference between the desired and actual number of children (Bernardi 2005), in the EU. Spanish women face unfavorable work hours, low wages, job instability, and a lack of policies to support working mothers. As Álvarez has noted, "The only measure to balance work and family life taken in the last 30 years in Spain is the collective decision by women to delay motherhood" (Álvarez 2014). For many Spanish women, when financial stability makes it 'the right time' to bear children, it is too late for them to reproduce 'naturally.' Elsewhere Marre has termed this plight 'structural infertility' (Marre 2009; Briggs 2012b). For these women, and some singles and same-sex couples, constituting a family requires the contribution of other women through some form of assisted reproductive technology (ART), including adoption, egg donation, and surrogacy. Here we offer a comparative analysis of these practices to examine how reproductive desires and disappointments have played out in Spain since the 1990s. This comparative lens demonstrates how women's reproductive labor is often unrecognized (see Colen 1986), despite the transactions that generate profits for others.

We draw on data collected separately by each of the three authors and data collected jointly as part of a four-year cross-disciplinary research project on parental desires, reproductive rights, and choices in third-party reproduction in Spain since 2016. We conducted participant observation in two fertility clinics in Barcelona (2000-2004; 2014-2016) and one in Kiev (2016), monitored Internet infertility and adoption forums, and conducted focus groups and interviews. We collected data from Spanish adoptive and prospective adoptive parents (380), adoption practitioners (25), couples and individuals undergoing third-party fertility treatments (45), egg donors (83), and workers from surrogacy agencies based in the US (6) and Ukraine (3). Precisely due to the inequalities that we describe below, we acquired no direct data from birth mothers involved in transnational adoption and little data from surrogates in commercial surrogacy. Nonetheless, our analysis shows that women's reproductive labor in assisted reproduction is often invisible and unrecognized or stripped of its economic value despite the profits that it produces for others.

In this article, we consider the desire for children in contemporary Spain from the intersecting perspectives of culture, economics, and technology. Melhuus (2012) has demonstrated that while ideas about kinship influence legislation, legislation, and new technologies also influence our thinking about kinship, family, relatedness, and genealogies. In a similar vein, Krause and De Zordo (2012) point out that "reproducers are subject to State surveillance and criticism" (p. 141). Whittaker also reminds us that diverse technologies have affected "the emphasis placed on family formation" (Whittaker 2015:260).

The wide availability of contraception in Western countries has led in part to an understanding of reproduction and motherhood as products of desire and/or rational reproductive choice (van Balen and Inhorn 2002; Krause and De Zordo 2012). However, as Zigon points out, “freedom of choice takes the form of a certain limited range of possibilities available to all persons within a society” (Zigon, 2008:43). Desires are formed in a social context marked by norms, beliefs, and ideologies, what Hochschild (1990:122) has called “feeling rules;” that is, “the rules about what feeling is or isn’t appropriate to a given social setting”. This statement resonates with Petchesky’s point that “women make their own reproductive choices, but they do not make them just as they please; they do not make them under conditions they create but under conditions and constraints they, as mere individuals, are powerless to change” (Petchesky 1990:11). Our exploration of how different Spanish women and couples seek to fulfill their reproductive desire through varied strategies demonstrates how the choices available to them are highly constrained by their structural positioning and access to different forms of power and technology.

The naturalization of motherhood has made reproductive tasks ineligible to count as ‘work.’ This resistance also relates to a Western dichotomy between production and reproduction. Reproduction first came to be naturalized and universalized, defined as a category related to femininity, biology, the private, and domestic spheres and care-giving, as a set of processes occurring inside women’s bodies in Europe and North America in the eighteenth and nineteenth centuries. By the same token, production came to be associated with culture, masculinity, and the public sphere. Through this set of associations, women were constructed as subjects existing outside the realm of the economy and politics (Jordanova 1995; Roberts 2015).

Similarly to care, sex or domestic work, the “intimate labor” (Boris and Salazar Parreñas 2010:3) of reproduction generally counts as part of women’s contribution to intimate relationships. Colen (1986) in her study of childcare and domestic work in New York also suggests that these activities are considered women’s ‘natural’ work and adds that “‘naturalizing’ the work implies that it is unskilled and not really worth wages, trivializing it” (Colen 1986:54).

We show the consequences of this devaluation of women’s reproductive labor for women who provide children for adoption, donate eggs, or act as surrogates. Like other reproductive activities, adoption, egg donation, and surrogacy include exchanges of labor that in the European Union are considered by law ‘priceless,’ ‘not for sale,’ or only to be given ‘freely’ or ‘for love’ (Salazar Parreñas, Thai and Silvey 2016:1), as a ‘gift,’ ‘altruistically’ by a ‘donor.’ To highlight the economic factors involved and the overarching similarities among the practices, we call the women who perform this labor—birth mothers, egg donors, and surrogates—reproductive ‘providers.’¹ Spain’s child gap and thriving fertility industry

demonstrate that many people in Spain desire children that they are not able to biologically produce on their own. In the next section, we explore the reasons for this trend and the medical and legal structures shaping it.

INFERTILITY AND STRATIFIED REPRODUCTION IN SPAIN

Anthropologists have shown that reproduction, although a biological phenomenon, is socially and historically constructed and culturally variable. Therefore, it is profoundly political and economic, a key area for the development of global processes stratified by race, work, class, and sex (Ginsburg and Rapp 1991, 1995; Greenhalgh 1995; Jordanova 1995; Strathern 1995; Browner and Sargent 1996; van Balen and Inhorn 2002; Roberts 2015).

Over the last twenty-five years, Southern and Eastern Europe have experienced dramatic demographic changes. “Never before have parents in most Western societies had their first children as late as in recent decades” (Mills et al 2011:848). The trend of fertility postponement has occurred at the same time that parenting has become increasingly intensive. The main result of both trends is shrinking family size and decreasing fertility rates (Balbo, Billari and Mills, 2013) to non-replacement levels (Eurostat 2016).

Spain’s shift has been especially extreme: until 1976, Spain’s Total Fertility Rate (TFR) was one of the highest in Europe, at 2.8 children per woman. By 1996, it was 1.16, one of the lowest in the world (Kohler, Billari and Ortega 2002). Between 2008 (when the economic crisis began) and 2015, the birth rate plummeted by 19.4 percent, with a TFR of 1.33 (INE 2016). At the end of 2015, the mean maternal age at the birth of the first child in Spain was 31.9 years, well above the EU average of 28.8 years (INE 2016).

Labor conditions are an important factor contributing to Spain’s low fertility rate. Spanish women and young people have the highest rates of unemployment, the worst contracts, and the lowest salaries in the country. According to the Consejo de la Juventud de España (2015), 57.7 percent of Spaniards aged 25-29 and 93.2 percent of those aged 16-24 live with their parents. These trends put childbearing at odds with the social norm according to which young people establish their own homes before having children.

Spain’s legal framework surrounding reproduction emerged after the death of the dictator Francisco Franco in 1975. The influence of the Catholic Church over family issues weakened. Contraception was legalized in 1978, divorce in 1981 and abortion in 1985. The country’s first modern adoption law appeared in 1987 and its first assisted reproduction legislation was drafted in 1988. In Spain, single women and men, and same-sex couples may adopt. Single women and lesbian couples may legally undergo ART treatments, including those with sperm, egg, and embryo donation. As surrogacy is not legal in Spain, adoption is the only

legal way for single men and gay couples to become parents. In short, in less than a decade, Spain has developed some of the least restrictive assisted reproduction laws in Europe. This legal framework makes it a popular destination for single people and same-sex couples who want to become parents and also for citizens of countries with more restrictive ART laws. Pennings (2004, 2009), Culley and Hudson (2009), Whitakker and Speier (2013), van Beers (2015) and Nahman (2016) have shown that cultural, technological, religious, and economic restrictions on reproductive medical services in some countries have encouraged the development of hubs for reproductive travel, such as Spain, Belgium, and Czech Republic in Europe.

Anagnost describes the practices of stratified reproduction in transnational adoption as forms of “euphemized violence” (Anagnost, 1995:34) against working class, impoverished and marginalized women living in the ‘Global South.’ They are often denied access to reproductive rights, health, and justice in their own countries, which results in their providing children for adoption. However, euphemized violence also occurs in relatively wealthy countries such as Spain, where ‘privileged’ middle-class women are affected by the increasing precarization of work, huge salary differentials between women and men, men’s limited participation in family and domestic work, and a lack of policies designed to balance work and family life (Marre 2009).

In Spain, delaying and transferring childbearing becomes the only reproductive ‘choice’ for many women who wish to have children. As one fertility patient told us, “I always wanted to have children, but we wanted to wait until we had stable jobs. Nobody told me it would be too late.” By the same token, for some women, donating eggs, or becoming a surrogate may be the best option for making ends meet or providing for their children (Pande 2010, 2014; Teman 2010; Rivera Gutiérrez 2014; Cooper and Waldby 2014; Rudrappa 2015).

In European Union and Spanish legislation, women’s reproductive contributions are not considered ‘work.’ In Spain, egg donors receive ‘compensation’ for ‘pain and suffering’ or ‘reasonable expenses.’ In the UK, where altruistic (but not commercial) surrogacy is permitted, similar compensation criteria apply to surrogacy (Mohapatra 2012). While this ‘compensation’ is allowed, payments to reproductive providers that might be construed as ‘fees’ are prohibited. Nevertheless, this intimate labor produces a ‘surplus,’ in the Marxist sense, for intermediaries such as “brokers who work to recruit, promote, and facilitate access” to reproductive services (Constable 2016:47).

For many Spanish people, access to women’s reproductive contributions is possible due to “the critical significance of global and regional class hierarchies and the intersections of gender, migration, race, and nationality within the context of late global capitalism” (Constable 2016:46). This is the same system that provides the labor of housekeepers, nannies, and caretakers through international immigration, a system within which “women’s cheap labor is

not only used to produce for the world market, but also to ‘reproduce’ for the world market” (Gupta 2006:32). In the 90s, Spain opened yearly work permit quotas for foreign workers to fill jobs that the country couldn’t cover with its native population. With this shift, Spain began to receive large numbers of female immigrants, largely from Spain’s former colonies (Marre and Gaggiotti 2004). Thus, these reproductive practices, highly developed in Spain since the mid-1990s (Marre 2011), are an extreme case of “stratified reproduction.” This term was coined by Colen (1995) to describe “the power relations by which some categories of people are empowered to nurture and reproduce while others are disempowered” (Ginsburg and Rapp 1995:3).

These reproductive exchanges can create alliances but also hierarchies, especially when providers and recipients do not share the same class, ethnic or national backgrounds (Inhorn and Birenbaum-Carmeli 2008). As Gupta (2006) and Nahman (2008) have shown for egg donors in other sites, these processes become neither ‘global sisterhood’ nor ‘transnational feminism.’ By the same token, both governments and recipients resist defining these reproductive contributions as ‘work’ (be it well paid, low paid or unpaid). These activities are instead regarded as an extension of “women’s supposedly ‘natural’ nurturing and caregiving” (Colen 1986:54).

Selman (2012) has described an acute increase in transnational adoption to Spain between the late 1990s and its peak in 2004, when Spain was second to the US in number of adoptions. The Spanish state publishes no official statistics on ART. Additionally, because surrogacy is not legal in Spain, there are no records on how many Spaniards have become parents this way. However, the region of Catalonia, where some of our fieldwork was carried out, produces its own official statistics on ART treatments. They show that while transnational adoption fell, ART with egg donation rose.

Having provided this background on infertility and stratified reproduction in Spain, we now turn to an analysis of our ethnographic data on adoption, egg donation, and surrogacy.

COMPARING ADOPTION, EGG DONATION, AND SURROGACY IN SPAIN

In the following sections we compare adoption, egg donation, and surrogacy. In particular, we zero in on how altruism and anonymity are articulated in these three practices and how these configurations relate to providers’ status and level of remuneration.

Adoption

In 2004, Alvaro and Maria were two advertising designers residing in Barcelona. When asked why they decided to adopt, they explained that they didn't have time to dedicate to a pregnancy and the first three years of a child's life before he or she could attend preschool. They reported needing a child "who was already partially raised," that is, who knew how to walk, eat, sleep, and use the toilet and could (soon) attend public preschool. They did not have family in Barcelona that could help care for a child, and despite their best efforts, their jobs were not stable or lucrative enough to enable them to cut back on hours and/or hire help. Having reached their forties, they decided not to wait any longer for economic stability to arrive. They also noted that there were many "already partially raised" children in the world who didn't have parents and needed homes. Although this couple did not experience age-related infertility, their reasons for choosing adoption in particular resonate strongly throughout the adoption stories we collected.

In the 1980s, Spain was a popular destination for foreign couples looking for children to adopt. However, as shown above, between 1998 and 2004, the number of transnational adoptions by Spanish families increased by 273 percent. Rodríguez Jaume and Jareño Ruiz (2015) show that 40.4 percent of the adopted parents they sampled cited the "inability to have a biological child" as their reason for adopting. In contrast, 49.6 percent reported that "adoption was their choice."

Beginning in 1994, the arrival in Spain of Latin American and Philippine migrants meant that low-cost housekeeping and childcare services were increasingly available. Still, many Spanish women or couples—like Alvaro and Maria—couldn't afford the costs and time associated with pregnancy, childbirth, and the first three years of their child's life. In another example, a woman with a management position at a Barcelona supermarket reported to Marre, "I want to be a mother, but I can't manage a pregnancy and I don't have time to give bottles and change diapers. That's why I want a child that's [...] about two years old or so."

Spanish families also chose adoption because of its perceived efficiency (Marre 2007). In the early years of ART in Spain, the greater success rates and cost-efficiency of transnational adoption made it more economically and emotionally affordable than ART. Although the number of ART users expanded sharply during the 1990s and 2000s, these forms of reproduction were still largely restricted to wealthy people (Inhorn and Birenbaum-Carmeli, 2008). A Spanish mother who adopted from China in the mid-2000s explained to Marre her decision to adopt: "Adoption is cheaper [than ART] and the results are more certain because at the end of the process there is always a child. We couldn't afford the unknown numbers of assisted reproductive treatments we would have needed to become parents." In the mid-2000s, China was the most popular country of origin among Spanish adoptive parents because the adoption process resulted in an adoption within nine or ten months.

Another factor that led Spanish would-be parents to opt for adoption was the belief that there were millions of children waiting in the so-called ‘orphanages’ of the ‘third world’ who needed altruistic adoptive parents to ‘rescue’ them (Bergquist, 2009; Dubinsky 2010; San Román and Rotabi 2017, in press), another factor mentioned by Alvaro and Maria. Nevertheless, the status of many of these children as ‘orphan therefore adoptable’ is controversial (Graff 2008; Briggs 2012). In fact, as an extensive literature shows, most transnationally adopted ‘orphans’ around the world had birth families. In many cases, these family members were deceived or coerced by intermediaries into making their children available for adoption in order to satisfy the international demand for children (Bhargava 2005; Smolin 2006; Graff 2008; Mezmur 2009; Terre des Hommes and UNICEF 2010; Rotabi and Gibson 2012).

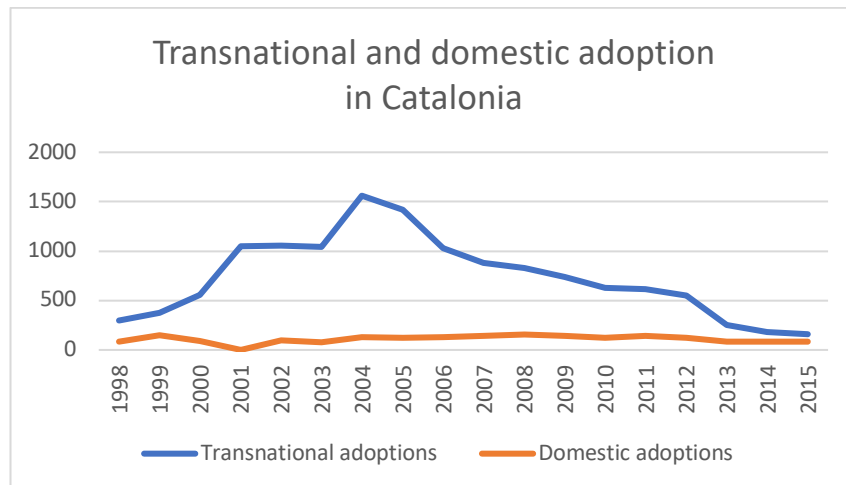
In Spain and around the globe, adoption began to decrease sharply in 2005 (Selman 2012), due to the unavailability of young healthy children to adopt in origin countries (IRC/ISS 2014). Transnational adoption has decreased worldwide due to decreasing fertility worldwide (resulting in fewer adoptable children), the implementation of childhood support policies, and the increasing number of domestic adoptions in origin countries. Additionally, many origin countries have signed the 1993 Hague convention, whose regulations make transnational adoption more cumbersome than previously.

In 2013, 1188 transnational adoptions were completed in Spain. However, in that year, there were around 23,000 adoption applications awaiting the allocation of a child. Eighty percent of these applications were managed by agencies (Observatorio de la Infancia 2014). The average fee paid to agencies for a transnational adoption is estimated at US \$15,000 per process, of which approximately 75 percent is charged at the outset. This means a business volume of US \$200,546,000 (if we include only the initial 75 percent outlay, which is paid regardless of whether the adoption is completed or not). Nevertheless, most of our adopting participants strongly reject viewing adoption as an economic transaction and, as Constable has noted for expatriate adoptive parents in Hong Kong, parents “often react defensively to the idea that adoptions are economic transactions or a form of ‘buying babies’” (Constable 2016:61). However, these same adoptive parents agree to pay for the work of intermediaries, including governments² (Leifsen 2004). As one adoptive mother told San Román, “Altogether we have spent some US \$28,000, including the home study and travel expenses. But you also have to pay the doctors and the hospital when you have a baby.”

Adoption research suggests that often birth mothers make their children available for adoption for economic reasons (Fonseca 2002; Cardarello 2009; Yngvesson 2010; Villalta 2012; Cheney 2014). However, compensation for their reproductive work (pregnancy, birth, and childcare) is forbidden by law and rejected by adoptive parents-to-be. This point of view is based on the logic that to pay birth families would be to commodify adopted children.

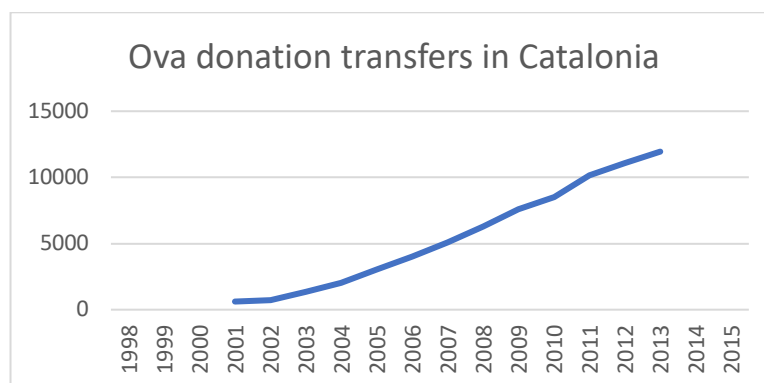
However, the law permits adoptive parents to pay for the services of intermediaries. Contradictorily, the underlying logic is that parents are paying not for a child, but rather for the work of intermediaries that makes the child adoptable and provides him or her with a suitable family.

Figure 1



Source: Institut d'Estadística de Catalunya (Catalan Statistics Institute)

Figure 2



Source: Estadística de la Reproducció Humana Assistida a Catalunya
(Catalan Statistics on Assisted Human Reproduction)

Assisted reproduction with egg donation

In 2014, Mireia (age 42) and her male partner Oriol (age 37) had undergone several unsuccessful IVF procedures in Barcelona. She confided to Guerra, “I’ve been thinking about it a lot, and although I used to think that adoption was a possible route, now I’m leaning toward egg donation. I think it has lots of pros. The first is that the baby would have my partner’s genetic material. Also, I’ve heard that adoption is really difficult and they might not give me a baby [as opposed to an older child]. And I also think that with this way [egg donation], no one will doubt that we’re the child’s parents. And we’ll decide later how and when to tell our child. If this method works, we’ll have a child faster and more cheaply. And also, adoption is like buying a baby.”

Although she doesn’t make this point explicitly, access to eggs through anonymous and altruistic donation seem to have been key in Mireia’s decision. These features are what make it possible for her to hide the mode of conception until the time of her choosing and for the procedure to be less expensive than adoption.

In the mid-2000s, many Spanish would-be parents chose adoption after considering success rates and cost. However, a decade later, ART had become more popular in part because of the scarcity of healthy babies available for adoption and the improved success rates of ART, and therefore the ability to have a newborn unsaddled with the “backpack” that adopted children are understood to have.³ We cannot however, simply attribute the increase in ART use to these material and economic constraints and possibilities. To be put into practice in a given place, reproductive technologies must be not only materially and economically available but also culturally legitimate (Melhuus 2012). As Thompson (2005) has pointed out in ART a range of technological, sociocultural, economic, and political factors come together in what she calls an “ontological choreography” that makes “not just babies but also parents” (Thompson 2017:1.1).

Changes in reproduction in the last four decades have produced a growing demand for eggs, sperm, and embryos (Downie and Baylis 2013). Using third-party eggs, sperm, and embryos has been permitted in Spain since 1988, as long as donations are anonymous and altruistic. More than 40 percent of assisted reproduction treatments in Europe are carried out in Spain and more than half of the eggs used in Europe come from Spain (Shenfield et al 2010; Pennings et al 2014).

ART with egg donation has become an attractive—and sometimes the only—reproductive ‘choice’ for infertile women. In Spain, the public health system covers the cost of a maximum of three fertility treatment cycles with egg donation for women under 40. According to our field data, the waiting time for donated eggs at a public clinic can be from nine to 32 months, though recently egg shortages have caused some public clinics to stop

providing egg donation services altogether. This trend has sent many women under 40 to private clinics, which is also the destination of all patients over 40.

Egg donation in Spain is required to be anonymous by law, and little information about donors is given to recipients. Probably as a result of anonymity requirements, egg donors appear as an abstract subject in recipients' interactions with medical and psychological staff. Recipients are assured by the clinics that donors are fully screened so that their eggs are disease-free. Recipients sometimes express their wish for donors to have specific traits such as being 'educated.' However, recipients rarely request further information about donors or the procedures they have to undergo to 'donate.' As a staff member from one clinic told us, "They [recipients] don't want to know anything but that they [donors] are healthy." Nevertheless, some recipients question anonymous donation. As a recipient told Guerra, "How am I supposed to tell my child at some point that I don't know his mother? Yeah, I know she's not his biological mother because I'll have given birth to him myself, but the genetic mother is important." This example points to the difficulty of separating genes from motherhood, despite the mediation of anonymity.

Spanish law also stipulates that such donations be altruistic. This mandatory altruism persists despite the fact that egg donation requires invasive medical treatments (Downie and Baylis 2013) and provides the 'raw material' for a thriving fertility industry. Nevertheless, donors receive 'compensation' for the 'pain and suffering' caused by the process: around US \$1100 per egg donation cycle.⁴ This is half of what white donors in South Africa receive (Deomampo 2016) and a tenth of the maximum of US \$10,000 suggested in the US (The Ethics Committee of the American Society for Reproductive Medicine 2007).

The low compensation for altruistic egg donation often results in 'eggsploitation'; that is, some women donate multiple times, despite the fact that "each clinic is responsible for ensuring that the maximum number of children born in Spain generated with the gametes of a single donor is not more than six" (Law 14/2006, article 5, subsection 7). The laws's centralized donor registry has not yet been put into practice. As a result, if a woman's eggs donated at one clinic result in six births, she can simply change clinics and continue donating. Amanda (a pseudonym) was a migrant woman from South America⁵ who left her child to be raised by her grandparents. Egg donation seemed to be the only way to negotiate her economic struggles, despite the low compensation. A Catalan donor, Sofia, noted, "A donor with light skin and blue eyes and also lucky enough not to be short and to have a good body is the ideal donor. They all want girls like me: white and with light eyes. Let's face it, Caucasian. Even the clinics where I've donated told me so. And I've donated five times." This statement shows that egg donation is stratified. It also highlights racial preferences among recipients, which make some eggs more valuable than others.

Compensation was the most common motivation for ‘donating’ among providers in our study. Although most of them mentioned altruistic reasons in their clinic intake forms, when we interviewed them, nearly all of them reported that they would not donate if there were no economic compensation. One egg recipient reported, “I think a lot of them [egg ‘donors’] must come [to donate] because they’re broke. Because considering how little they give them, and going through this process is horrible.” Another recipient also stressed the economic exchange: “I don’t like knowing that donors come for money. A person that comes for money makes me think that she comes from a social environment that genetically I wouldn’t like my baby to carry. Because a person who comes for money might do lots of things for money.” This extract expresses the idea that altruism is considered morally superior to receiving economic compensation for reproductive work. It also hints that a woman who receives money for something she could give freely is somehow morally and genetically inferior. Hochschild (2003) shows that there is still strong resistance to linking money to intimate labor (in this case, reproductive labor). The purity of reproductive labor is endangered when it is recognized as work.

There is a tension between economic motivations and the legal and social classification of the exchange of eggs as ‘donation.’ In 2013, the fertility industry in Spain produced a business volume of US \$670,000,000 (López Gálvez and Moreno García 2015). According to the Bioethics Committee of Catalonia, the profitability of egg donation influences reproductive politics and governance. It is a major factor in explaining why the centralized gamete donor registry has still not been put into place and also why gamete and embryo donation continue to be classified as anonymous ‘gifts.’

Surrogacy

Berta, an architect from Barcelona, was 34 years old and six months pregnant when she had a serious car accident. She lost the pregnancy and had to undergo an emergency hysterectomy. When she and her husband asked her gynecologist about options for having children, the gynecologist suggested they consider surrogacy. Several years later, after Berta had recovered from the accident, the couple was ready to begin a surrogacy process. Berta, now age 37 reported in 2015, “I think surrogacy is better than adoption because I can have my own baby and I can give my parents a grandchild that is really their grandchild.” Given her causes for infertility, ART with egg donation wasn’t an option for Berta; her reasons for choosing surrogacy over adoption point to the ongoing importance to parents of having a genetic link to their child.

Although Spain forbids altruistic and commercial surrogacy, there has been a sharp increase in agreements between Spanish citizens and surrogates in countries such as the US, India, Georgia and Ukraine. In 2013, associations of intended parents, commercial surrogacy agencies, and mass media informally estimated that 1,400 Spanish families have had a child through this practice, and that at least 12 new commercial surrogacy agencies opened in Spain that year (Arranz 2015). The subject is still highly controversial (Arias, 2015; Europapress, 2015; Yanke, 2015) and several associations are working towards legalization.

For most of the 33 intended parents in our sample, surrogacy was their first attempt to become parents, either for medical reasons or because they were male homosexual couples. Almost all of them had considered adoption but had disregarded it either because they, like Berta, wanted to have “a child of my own,” or because they had reached the conclusion that adoption was too difficult. Others had arrived at surrogacy after several ART treatments. All of our participants who became parents through surrogacy did so through commercial arrangements in the Ukraine or the US.

In the Ukraine, surrogates receive a monthly payment of around US \$350 and a final payment of around US \$15,000 after delivery. In the US, surrogates generally receive around US \$40,000, divided into monthly payments, plus expenses. The intended parents did not report objections to surrogacy fees. Moreover, they were generally more eager to talk about surrogates than egg recipients were about egg donors or adoptive families about birth mothers. As an intended mother explained, “I think that a woman who’s going to be pregnant with the baby for nine months deserves to be paid a lot more. I don’t know what reasons they might have for doing something like that, although if I could, I would be delighted to do it!” This quote implies that the interviewee’s own experience of infertility made her value surrogates’ contribution so highly that she would be willing to be a surrogate herself if circumstances allowed. Gratitude and generosity are two recurring themes in the narratives of this group of participants, as we see in the following quote from San Román’s interview with a Spanish woman who was waiting for her baby to be born in Kiev: “What she [the surrogate] is doing is so generous. We can never thank her enough for what she is doing. I guess she also needs the money, but still... She must be a very special woman.”

But being ‘grateful’ does not necessarily imply the desire to establish a personal relationship or other forms of exchange. Most of our participants working with surrogates in Ukraine only received medical information about their surrogates. They typically met the surrogate only at the time of delivery or shortly before. Ukrainian agencies discouraged any direct contact between intended parents and surrogates, allegedly in order to avoid “pressures or difficult situations.” As one intended mother said in an interview at the beginning of her process in Ukraine, “I will always be grateful (to the surrogate). I think she must be a very generous person; I don’t think I would do what she is doing for another person. But we don’t

need to be friends. I'm here; she's there." In other words, despite the intended mother's gratitude, she expresses a clear desire to maintain geographical and emotional distance. Money seems to be the main way for these recipients to channel their gratitude. The transnational inequalities involved in surrogacy arrangements in Ukraine appear to leave little opportunity for other forms of reciprocity to emerge.

Only one of the Spanish couples interviewed during our fieldwork travelled to Ukraine during the pregnancy: "We decided at the beginning that we would go to meet her halfway through the pregnancy. It was so... touching. At first we were all really awkward, but we ended up shaking hands and eventually hugging each other. And she said, 'I'm going to take really good care of your baby.'" For the surrogate, the gestation was care work: she was 'taking care' of the baby.

Unlike in Ukraine, intended parents involved in surrogacy arrangements in the US are often encouraged by agencies to be in contact with 'their' surrogates. In one case, the family kept in touch with their surrogate after delivery: "For him [the child], she [the surrogate] is like an aunty," explained one of the fathers of the child. Marre and San Román met this surrogate on one of the visits that she and her husband made to Spain. She explained that she felt affection for the child but noted that the child wasn't hers because it "doesn't have my eggs or his sperm." As in the case of the Ukrainian surrogate, it was clear to her that her contribution was a form of work. In a newspaper interview, the same surrogate explained, "The money helps. It gives clarity to the relationship with the parents [...] Don't you get paid for your work, no matter how much you enjoy it? [...] Also, the process is long and inconvenient [...] You miss days of work during the pregnancy and after the delivery. It's only fair that they pay you" (cited in De Benito 2010). Following the work of Mauss (1990[1925]) on the 'gift,' the surrogate's refusal to give without recompense constitutes a refusal to establish emotional or sexual relationships with the intended parents or the child. This refusal in turn reaffirms the relationship between the intended parents and their child.

In our data, we observe that surrogates seem to enjoy the clearest recognition of their work, both economically and discursively. Even when relationships between intended parents and surrogates are distant, intended parents explicitly recognize the surrogates' work and express their gratitude. Perhaps it is not coincidental that surrogacy is also the arrangement in which anonymity and altruism play the smallest role.

CONCLUSION

Given the structural constraints we have described, many Spanish people depend upon the reproductive contributions of women both in Spain and elsewhere to fulfill their desire to reproduce. As Gupta has highlighted, the "new freedoms" provided by ARTs also

cause “new dependencies” (2006:28) on technologies, reproductive service providers, and governmental legislation and regulation. Here we reflect on the role of anonymity and altruism in these practices, in order to tease out their differences and also imagine a more collaborative approach to reproduction. Providers’ anonymity in the case of adoption and egg donation impedes contact between reproductive providers and their recipients, and conceals the labor involved. The ‘altruism’⁶ that commonly defines all three practices also blurs the boundaries between work and gift. Ironically, the fact that reproductive providers’ often face forced ‘choices’ casts doubt on whether their actions can be considered altruistic at all.

Both anonymity and altruism are justified by the need to prevent child commodification. A consequence is that women’s reproductive labor is unpaid or poorly paid. The fact that women receive little compensation for their work does not reduce the final costs for recipients; instead, intermediaries, and governments receive the economic rewards. Meanwhile, access to free assisted reproduction is declining, because public clinics are not permitted to balance supply and demand by increasing the compensation egg donors. The Spanish case illustrates that transnational adoption, assisted reproduction with egg donation and surrogacy share features with other kinds of cross-border care and labor arrangements. Global inequalities contribute to a situation in which the reproductive desires of some Spanish (and European) citizens are being fulfilled through the cheaper reproductive labor of other women. As Briggs and Marre (2014) have pointed out, many children the world over are ‘placed’ in adoption before they are born, making it in fact strikingly similar to surrogacy, except for the lack of compensation for birth mothers.

Following Vora (2012), we suggest that reproductive labor, “the labor of producing and transferring human vital energy directly to a consumer” (p. 682), should be defined as ‘work,’ along similar lines as childrearing, childcare, and, in the past, wet-nursing. Although we are aware that coercion can occur in all of these forms of reproductive and care labor, to consider it ‘work’ confers rights on those who perform it and not only on those who benefit from it. This classification would also help clarify for the resulting children the role that people outside the family have played in their conception and care, as happens now in the case of surrogate mothers and nannies.

It may also be necessary to reconsider legislation and regulatory bodies regarding altruistic and anonymous adoption, and egg donation, since requirements for altruism and anonymity contribute to the invisibility of women’s reproductive contributions. They also make it more difficult to protect providers’ rights in the harvest and exchange of their children, eggs, and pregnancies. Confidentiality in adoption and anonymity in egg donation should also be reconsidered because persons born through a third party do not remain gametes or children forever, and their rights to information about their genetic and social origins should be considered.

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REFERENCES

Álvarez, R.

2014 Los hijos tardíos de la crisis. *El Mundo*, November 1.

Anagnost, A.

1995 A surfeit of bodies: population and the rationality of the state in post-Mao China. *In* *Conceiving the New World Order: The Global Politics of Reproduction*. F. D. Ginsburg and R. Rapp, eds. Pp. 22-41. Berkeley, CA: University of California Press.

Arias, E.

2015 ¿Mi útero, mi decisión? Maternidad subrogada, prostitución y aborto. *El diario*, June 6.

Arranz, P.

2015 Hijos de vientres lejanos. *El Mundo*, February 7.

Balbo, N., F. C. Billari, M. Mills

2013 Fertility in advanced societies: a review of research. *European Journal of Population* 29(1):1-38.

Beeson, D., M. Darnovsky, A. Lippman

2015 What's in a name? Variations in terminology of third-party reproduction. *Reproductive BioMedicine Online* 31:805-814.

Bergquist, K.

2009 Operation Babylift or Babyabduction? Implications of The Hague Convention on the humanitarian evacuation and 'rescue' of children. *International Social Work* 52:621-633.

Bernardi, F.

2005 Public policies and low fertility: rationales for public intervention and a diagnosis for the Spanish case. *Journal of European Social Policy* 15(2):123-138.

Bhargava, V.

2005 *Adoption in India: Policies and Experiences*. New Delhi, India: Sage.

Boris, E. and R. Salazar Parreñas

2010 Introduction. *In* *Intimate Labors: Cultures, Technologies, and the Politics of Care*. E. Boris and R. Salazar Parreñas, eds. Pp. 1-12. Stanford, CA: Stanford University Press.

Briggs, L.

2012a *Somebody's Children: The Politics of Transracial and Transnational Adoption*. Durham, NC: Duke University Press.

2012b Feminism and transnational adoption: poverty, precarity, and the politics of raising (other people's children). *Feminist Theory* 13(1):81-100.

Briggs, L. and D. Marre

2014 Neoliberal biocapital, cross-border surrogacy, and the politics of infertility. Paper presented at the International Forum on Intercountry Adoption and Global Surrogacy. The Hague, The Netherlands: International Institute of Social Studies, August 11-13.

Browner, C. H. and C. F. Sargent

1996 Anthropology and studies of human reproduction. *In* *Medical Anthropology: Contemporary Theory and Method*. C. F. Sargent and T. M. Johnson, eds. Pp. 219–234. Westport, CT: Praeger.

Cardarello, A.

2009 The movement of the mothers of the courthouse square: legal child trafficking, adoption and poverty in Brazil. *The Journal of Latin American and Caribbean Anthropology* 14(1):140–161.

Cheney, K.

2014 'Giving children a better life'? Reconsidering social reproduction, humanitarianism and development in intercountry adoption. *European Journal of Development Research* 26(2):247–263.

Colen, S.

1986 With respect and feelings: voices of West Indian child care and domestic workers in New York City. *In* *All American Women: Lines that Divide, Ties that Bind*. J. B. Cole, ed. Pp. 36-70. New York: Free Press.

1995 Like a mother to them: stratified reproduction and West Indian childcare workers and employers in New York. *In* *Conceiving the New World Order: The Global Politics of Reproduction*. F. D. Ginsburg and R. Rapp, eds. Pp. 78–102. Berkeley, CA: University of California Press.

Consejo de la Juventud de España

2015 Observatorio de Emancipación: España, primer trimestre de 2015.
<http://www.cje.org/descargas/cje6478.pdf>

Constable, N.

2016 Reproductive labor at the intersection of three intimate industries: domestic work, sex tourism, and adoption. *Positions* 24(1):45-69.

Cooper, M. and C. Waldby

2014 *Clinical Labor: Tissue Donors and Research Subjects in the Global Bioeconomy*. Durham, NC-London: Duke University Press.

Culley, L. and N. Hudson

- 2009 Fertility tourists or global consumers? A sociological agenda for exploring cross-border reproductive travel. *The International Journal of Interdisciplinary Social Sciences* 4(10):139–149.

De Benito, E.

- 2010 No gesté a los niños por dinero. *El País*, June 6.

Deomampo, D.

- 2016 Race, nation, and the production of intimacy: transnational ova donation in India. *Positions* 24(1):303–332.

Downie, J. and F. Baylis

- 2013 Transnational trade in human eggs: law, policy, and (in)action in Canada. *The Journal of Law, Medicine and Ethics* 41(1):224–239.

Dubinsky, K.

- 2010 *Babies Without Borders: Adoption and Migration Across the Americas*. Toronto, ON: University of Toronto Press.

Europa Press

- 2015 Académicas lanzan #NoSomosVasijas contra la maternidad subrogada. June 22. <http://www.europapress.es/sociedad/noticia-academicas-lanzan-nosomosvasijas-contra-maternidad-subrogada-20150622111142.html>.

Eurostat

- 2016 Fertility statistics. Eurostat Statistics Explained. http://ec.europa.eu/eurostat/statistics-explained/index.php/Fertility_statistics

Fonseca, C.

- 2002 Inequality near and far: adoption as seen from the Brazilian favelas. *Law & Society Review* 36(2):397–431.

Ginsburg, F. and R. Rapp

- 1991 The politics of reproduction. *Annual Review of Anthropology* 20:311–343.

- 1995 Introduction: conceiving the new world order. *In* *Conceiving the New World Order: The Global Politics of Reproduction*. F. D. Ginsburg and R. Rapp, eds. Pp. 1–17. Berkeley, CA: University of California Press.

Graff, E. J.

- 2008 The lie we love. *Foreign Policy*, November/December, 58–66.

Greenhalgh, S.

- 1995 Anthropology theorizes reproduction: Integrating practice, political economic, and feminist perspectives. *In* Situating Fertility: Anthropology and Demographic Inquiry. S. Greenhalgh, ed. Pp. 3–28. Cambridge, UK: Cambridge University Press.

Gupta, J. A.

- 2006 Towards transnational feminisms. Some reflections and concerns in relation to the globalization of reproductive technologies. *European Journal of Women's Studies* 13(1):23-38.

Hochschild, A. R.

- 1990 Ideology and emotion management: A perspective and path for future research. *In* Research Agendas in the Sociology of Emotions. T. D. Kamper, ed. Pp 117-142. Albany, NY: State University of New York Press.

———,

- 2003 The Commercialization of Intimate Life: Notes from Home and Work. Berkeley, CA: University of California Press.

INE (Instituto Nacional de Estadística) and Instituto de la Mujer

- 2016 Movimiento Natural de la Población (Nacimientos, Defunciones y Matrimonios). Indicadores Demográficos Básicos Año 2015. Datos provisionales. Madrid: INE (Instituto Nacional de Estadística), Notas de Prensa.

Inhorn, M. and D. Birenbaum-Carmeli

- 2008 Assisted reproductive technologies and culture change. *Annual Reviews of Anthropology* 37:177-196.

IRC/ISS [International Reference Center for the rights of the children deprived of their family/ International Social Services]

- 2014 2013 Statistics: few changes. *Monthly Review* 186:1-3.

Jordanova, L.

- 1995 Interrogating the concept of reproduction in the eighteenth century. *In* Conceiving the New World Order: The Global Politics of Reproduction. F. D. Ginsburg and R. Rapp, eds. Pp. 369–386. Berkeley, CA: University of California Press.

Kohler, H. P., F. Billari, and J. A. Ortega

- 2002 The emergence of lowest-low fertility in Europe during the 1990s. *Population and Development Review* 28(4):641–680.

Krause, E. L. and S. De Zordo

- 2012 Introduction. Ethnography and biopolitics: tracing 'rationalities' of reproduction across the north-south divide. *Anthropology & Medicine* 19(2):137–151

Leifsen, E.

- 2004 Person, relation and value: The economy of circulating Ecuadorean children in international adoption. *In* Cross-cultural Approaches to Adoption. F. Bowie, ed. Pp. 182-196. London-New York: Routledge.

López Gálvez, J. J. and J. M. Moreno García

- 2015 ¿Industria de la fertilidad o respuesta a la búsqueda del hijo biológico? Boletín del Ministerio de Justicia: 2179:239-265.

Marre, D.

- 2007 'I want she learn her language and maintain her culture'. Transnational adoptive families' views on "cultural origins'. *In* Race, Ethnicity and Nation in Europe: Perspectives from Kinship and Genetics. P. Wade, ed. Pp. 73-95. Oxford, UK-New York: Berghahn Books.

- 2009 Los silencios de la adopción en España. *Revista de Antropología Social* 19: 97-126.

- 2011 Cambios en la cultura de la adopción y de la filiación. *In* Familias. Historia de la Sociedad Española (del Final de la Edad Media a Nuestros Días). F. Chacón y J. Bestard, J., dirs. Pp. 893-952. Madrid: Cátedra.

Marre, D. and H. Gaggiotti

- 2004 La inmigración hispanoamericana: relaciones, estereotipos y realidades. *In* Inmigración, Contexto Familiar y Educación. Procesos y Experiencias de la Población Marroquí, Ecuatoriana, China y Senegambiana. S. Carrasco, ed. Pp 95-128. Bellaterra: Universitat Autònoma de Barcelona, Institut de Ciències de l'Educació.

Mauss, M.

- 1990[1925] The Gift. The Form and Reason for Exchange in Archaic Societies. London-New York: Routledge.

Melhuus, M.

- 2012 Problems of Conception: Issues of Law, Biotechnology, Individuals and Kinship. New York-Oxford, UK: Berghahn Books.

Mezmur, B. D.

- 2009 From Angelina (to Madonna) to Zoe's ark: what are the A-Z lessons for intercountry adoptions in Africa? *International Journal of Law, Policy and the Family* 23(2):145-173.

Mills, M., R. R Rindfuss, P. McDonald and E. te Velde on behalf of the ESHRE Reproduction and Society Task Force.

- 2011 Why do people postpone parenthood? Reasons and social policy incentives. *Human Reproduction Update* 17(6):848-60.

Mohapatra, S.

2012 Stateless babies & adoption scams: a bioethical analysis of international commercial surrogacy. *Berkeley Journal of International Law* 30(2):411-450.

Nahman, M.

2008 Nodes of desire: Romanian egg sellers, 'dignity' and feminist alliances in transnational ova exchanges. *European Journal of Women's Studies* 15(2):65–82.

2016 Reproductive tourism: through the anthropological "reproscope". *Annual Review of Anthropology* 45:417-432.

Newton Verrier, N.

2009[1993] *The Primal Wound. Understanding the Adopted Child*. London: CoramBAAF.

Observatorio de la Infancia

2014 Boletín de Datos Estadísticos de Medidas de Protección a la Infancia (Datos 2012). Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad

Pande, A.

2010 'At least I am not sleeping with anyone': resisting the stigma of commercial surrogacy in India. *Feminist Studies* 36(2):292-312.

2014 *Wombs in Labor: Transnational Commercial Surrogacy in India*. New York: Columbia University Press.

Pennings, G.

2004 Legal harmonization and reproductive tourism in Europe. *Human Reproduction* 19(12):2689–2694.

Pennings, G., J. de Mouzon, F. Shenfield, A. P. Ferraretti, T. Mardesic, A. Ruiz, and V. Goossens

2014 Socio-demographic and fertility-related characteristics and motivations of oocyte donors in eleven European countries. *Human Reproduction* 29 (5): 1076-1089.

Petchesky, R.

1990 *Abortion and Woman's Choice: The State, Sexuality and Reproductive Freedom*. Boston, MA: Northeastern University Press.

Rivera Gutiérrez, P.

2014 Admisiones y exclusiones en la práctica de la donación de óvulos. Trabajo Final del Grado de Antropología Social y Cultural. Barcelona: Universitat de Barcelona.

Roberts, E.

2015 Reproduction and cultural anthropology. *In International Encyclopedia of the Social & Behavioral Sciences*. Second Edition. J. D. Wright, ed. 20:450-456. Amsterdam, The Netherlands: Elsevier Ltd.

Rodríguez Jaume, M. J. and D. Jareño Ruiz

- 2015 Estigma social y adopción internacional en España: ¿es la familia adoptiva un modelo familiar menos 'auténtico' que los basados en lazos biológicos? *Papers: Revista de Sociología* 100(2):211-236.

Rotabi, K. S. and J. L Gibbons

- 2012 Does The Hague Convention on intercountry adoption adequately protect orphaned and vulnerable children and their families? *Journal of Child and Family Studies* 21(1):106-119.

Rudrappa, S.

- 2015 *Discounted Life. The Price of Global Surrogacy in India*. New York: New York University Press.

Salazar Parreñas, R., H. C. Thai and R. Silvey

- 2016 Guest editors' introduction: intimate industries: restructuring (im)material labor in Asia. *Positions* 24(1):1-15.

San Román, B. and K. Rotabi

- 2017 (in press) Rescue, red tape, child abduction, illicit adoptions and discourse: intercountry adoption attitudes in Spain. *International Social Work*.

Selman, P.

- 2012 The global decline of intercountry adoption: what lies ahead? *Social Policy and Society* 11(3):381-397.

Servei d'Estudis: FIVCAT.NET

- 2016 *Estadística de la Reproducció Humana Assistida a Catalunya 2013*. Barcelona: Departament de Salut, Generalitat de Catalunya.

Shenfield, F., J. de Mouzon, G. Pennings, A. P. Ferraretti, A. Nyboe Andersen, G. de Wert, V. Goossens and the ESHRE Taskforce on Cross Border Reproductive Care

- 2010 Cross border reproductive care in six European countries. *Human Reproduction* 25(6):1361-1368.

Smolin, D. M.

- 2006 Child laundering: how the intercountry adoption system legitimizes and incentivizes the practices of buying, trafficking, kidnapping, and stealing children. *Wayne Law Review* 52(1):113-200.

Strathern, M.

- 1995 Displacing knowledge: technology and the consequences for kinship. *In* *Conceiving the New World Order: The Global Politics of Reproduction*. F. D. Ginsburg and R. Rapp, eds. Pp. 346–368. Berkeley, CA: University of California Press.

Teman, E.

- 2010 *Birthing a Mother. The Surrogate Body and the Pregnant Self*. Berkeley CA: University of California Press.
- Terre des Hommes and UNICEF (co-producers), and Sylvain SA (director)
- 2010 *Paper Orphans* [Documentary film]. UK: Image Ark Pvt. LTD.
- The Ethics Committee of the American Society for Reproductive Medicine
- 2007 Financial compensation of oocyte donors. *Fertility and Sterility* 88(2):305-309.
- Thompson, Ch.
- 2005 *Making Parents. The Ontological Choreography of Reproductive Technologies*. Cambridge MA-London: The MIT Press.
- — —
- 2017 Practice makes parents: commentary on the special issue on "Making parents: reproductive technologies and parenting culture across borders". *Sociological Research Online* 22(2):16 <http://www.socresonline.org.uk/22/2/16.html> DOI: 10.5153/sro.4340
- van Balen, F. and M. Inhorn
- 2002 Introduction. Interpreting infertility: a view from the social sciences. *In* *Infertility around the Globe. New Thinking on Childlessness, Gender, and Reproductive Technologies*. M. C. Inhorn and F. van Balen, eds. Pp. 3-32. Berkeley CA-Los Angeles CA-London: University of California Press.
- van Beers, B. C.
- 2015 Is Europe 'giving in to baby markets?' Reproductive tourism in Europe and the gradual erosion of existing legal limits to reproductive markets. *Medical Law Review* 23(1):103-134.
- Villalta, C.
- 2012 *Entregas y Secuestros. El Rol del Estado en la Apropiación de Niños*. Buenos Aires: Editores Del Puerto, CELS, Antropología Jurídica y Derechos Humanos.
- Vora, K.
- 2012 Limits of labor: accounting for affect and the biological in transnational surrogacy and service work. *South Atlantic Quarterly* 111(4):681-700.
- Whittaker, A.
- 2015 Technology, biopolitics, rationalities and choices: recent studies of reproduction. *Medical Anthropology: Cross-Cultural Studies in Health and Illness* 34(3):259-273.
- Whittaker, A. and A. Speier
- 2013 "Cycling overseas": care, commodification, and stratification in cross-border reproductive travel. *Medical Anthropology: Cross-Cultural Studies in Health and Illness* 29(4):363-383.

Yanke, R.

2015 Vientres de alquiler: ¿vasijas humanas o mujeres solidarias? El Mundo, July 6.

Yngvesson, B.

2010 Belonging in an Adopted World: Race, Identity, and Transnational Adoption. Chicago, IL: University of Chicago Press.

Zigon, J.

2008 Morality. An Anthropological Perspective. Oxford, UK-New York: Berg.

NOTES

¹ See Nahman (2008), Downie and Baylis (2013), Beeson, Darnovsky and Lippman (2015) and Deomampo (2016) on the issue of whether to call these women 'donors,' 'sellers,' or 'providers.'

² They are, for example, psychologists, social workers, childcare providers, translators, facilitators, managers, agencies, attorneys, judges, embassies, consulates, accredited entities and other adoption service providers, in both sending and receiving countries.

³ This baggage is envisioned as being full of negative past experiences thought to hinder the child's attachment and development (Newton Verrier 2009[1993]).

⁴ For comparison, the Spanish minimum monthly wage is around US \$700.

⁵ One in four of egg donors in Catalonia was born in another country (Servei d'estudis: FIVCAT.net, 2016).

⁶ The nature of the altruism differs across the three practices; it is directed toward children in adoption and toward would-be parents in gamete donation and surrogacy. This issue is worthy of further investigation.