

**Commodified Bodies and Commercialized Reproduction:
Preserving the Global Racial Hierarchy through Transnational Ova Trade**

Milena Jeffers

Department of Sociology, Brandeis University

SOC 133b: Sociology of Reproduction

Dr. Siri Suh

13 December 2019

Commodified Bodies and Commercialized Reproduction:

Preserving the Global Racial Hierarchy through Transnational Ova Trade

The transnational egg donation industry is a relatively new dimension that was introduced to the system of global reproductive governance. This essay critically analyzes the global market for transnational ova trade, as well as the resurgence of eugenic ideology as it pertains to egg donation practices. To explore these topics, I posed several questions through which to frame this research; What has facilitated the growth of transnational egg donation, and how does the market work? How does this industry produce or reinforce stratified reproduction globally? And, in what ways does the egg donation industry reinforce eugenic ideals of white racial purity and superiority? While existing scholarship makes it possible to interrogate the mechanisms that drive transnational egg donation, very few comparative analyses exist outside the scope of reproductive tourism in Europe. However, scholars of reproduction have begun to fill the gaps of knowledge to reveal how reproductive governance functions in various contexts. This analysis builds on existing scholarship by focusing on transnational egg donation as it relates to global reproductive governance.

By placing different contexts of transnational ova trade in conversation with one another—utilizing the theoretical lenses of *reproductive governance* and *stratified reproduction*—it is possible to sociologically map the globalization of reproductive technology and the effects of commodifying the reproductive process. In this work, Spain, India, Finland, South Africa, and Ghana serve as the contextual foundations for analysis. I argue that the mechanisms of transnational egg trade become embedded in the existing system of global capitalism, thus reproducing existing stratifications between the global South and the global North. Additionally, ideologies of white racial purity and superiority are renegotiated by egg

purchasers and medical providers, and are actualized through the process of transnational ova trade.

In order to compare and analyze varying sites of transnational ova donation, a framework that utilizes the ideas of *reproductive governance* (Morgan & Roberts 2012) and *stratified reproduction* (Colen 2009) must be formed. These theoretical structures provide a common ground through which international contexts can be placed in conversation with one another and can be understood as a part of a larger, global scheme. *Reproductive governance* refers to the state mechanisms that regulate the bodies and behaviors of specific groups through legislating various aspects of reproduction (Morgan & Roberts 2012). This concept is crucial to understanding the individual and interlocking factors that enable and sustain the transnational egg donation market. *Stratified reproduction* refers to the ways in which hierarchies of inequality predetermine reproductive experiences in a given context; reproductive labor is experienced differently depending on the reproductive governance of a particular context and the extent that a regime exerts control over specific populations (Colen 2009). An important aspect of stratified reproduction is its tendency to exacerbate and fortify existing inequalities, on both local and global scales. While reproductive governance and stratified reproduction provide the key framework for this analysis, the concept of *structural infertility* (Marre et al. 2016, Briggs 2017), and definitions of *genetic, gestational, and social motherhood* (Dillaway 2008) will be useful in analyzing the case studies included in this research.

Following Deomampo's example, I utilize language to describe transnational egg donation that calls attention to the agency and influence of capitalistic actors in the industry. The term "donation" would be misleading as the factors that drive participation in egg donation are inherently economic. Throughout this essay I deploy varying terminology in addition to the

vocabulary of *donation*, such as *egg providers, sellers, purchasers, laborers*, etc. to underscore the commercialization of reproduction and demonstrates the positionality of actors (with varying levels of agency). This type of language also enables us to make connections between transnational ova trade and broader patterns of stratified reproduction and reproductive governance on a global scale tied to capitalist systems.

One crucial aspect of transnational egg donation is the existence of hub sites for reproductive tourism, which refers to travel for the purpose of utilizing assisted reproductive technologies that are not accessible at home (Pennings 2002). Popular sites for reproductive tourism can be found all over the globe. However, Spain's experience with reproductive tourism highlights key factors of what global reproductive tourism looks as well as spotlighting the ways in which women's reproductive labor is simultaneously commercialized and unrecognized as economically valuable labor (Marre et al. 2018). Regardless of the way reproductive labor is viewed, egg donation has proven to be a profitable business venture for transnational corporations and medical practitioners. Spain is one of the main hubs for reproductive tourism in Europe, providing more than half of donor eggs in Europe, and hosting forty percent of assisted reproduction treatments on the continent (Marre et al. 2018: 164). Due to overlapping economic and political mechanisms, the profitability of ova trade in Spain has deeply influenced reproductive governance (Marre et al. 2018). This case study provides an example of reproductive governance as it applies to domestic as well as international policies, and intra- and inter-state stratified reproduction.

After the end of the Franco regime in Spain, a series of political, social, and economic changes took place that altered accessibility to reproductive health services. Demographic changes that took place across Europe hit Spain most drastically; in 1996 Spain had one of the

lowest birth rates in the world at 1.16% (Marre et al. 2018: 160). Fertility rates have remained an issue since, necessitating new forms of reproductive governance to increase the birth rate. The political power of the Catholic Church was diminished, contributing to the legalization of contraception, divorce, and abortion in the late seventies and early eighties. However, the cultural and economic conditions of Spain complicated when and how women could make reproductive choices, producing a state of stratified reproduction that has been reproduced and fortified through ova trade in the twenty-first century (Marre et al. 2018). This study calls attention to the ways in which these reproductive exchanges create hierarchies along existing social divisions such as race, gender, nationality, immigration status, etc. Spain's economic system relies on the labor of immigrants to fulfill jobs Spaniards find undesirable. Immigrant women from Spain's former colonies became, and remain, a crucial portion of the Spanish labor force. Social stratification along the line of immigration status are reinforced through reproductive governance and have dire outcomes for immigrant and impoverished women in Spain. In many ways, market patterns of egg donation share aspects with the importation of labor from other countries.

Couples seeking assisted reproduction with egg donation in Spain provide insight to the ways in which reproductive governance affects and is affected by cultural context. The use of third-party genetic material is permitted in Spain with the stipulation that donors are anonymous and have altruistic motivations. The requirement that egg donors be altruistic stands in sharp contrast to the immense profitability of the fertility industry, especially when considering the low compensation received by the egg donor. Additionally, Marre's study revealed that compensation is the most common motivator for egg donation amongst women in Spain. One of the immigrant donors in Marre's study expressed that the compensation associated with egg

donation was the only mode through which to navigate through economic strife (2018: 165). This condition is not uncommon, leading many donors in Spain to repeat the process of egg donation multiple times. However, the social hierarchy of Spain dictates which donors profit most from egg donation; some eggs are more valuable or profitable than others. One donor expressed that “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,” (Marre et al. 2018: 165). This excerpt signifies that clinics and medical practitioners actively seek donors that embody whiteness—a common thread across case studies that will be explored more in depth in the following sections. The desirability of white donors paired with low compensation creates stratification within the population of egg donors. While all donors receive the same compensation, white donors are more likely to be selected and repeat the process of egg donation, meaning that the meager financial profit of egg donors is largely restricted to whites. Meanwhile, providers strategically deploy anonymity in order to obscure the relationship between women’s reproductive labor and the financial growth and profitability of the egg donation industry (Marre et al. 2018). Thus, ova recipients in Spain benefit from and inadvertently contribute to the exploitation of immigrant and impoverished women whom they will never meet.

Mechanisms that import and export reproductive labor and genetic material from the global South to the global North have been likened to other forms of capitalist exploitation and are exemplary of global patterns of stratification. The lower costs of labor in the global South compel potential egg recipients to extend their search abroad. As Spain’s ova trade market mimics broader labor patterns associated with globalization, a case study of a country in the global South is necessary to fully understand the exploitative dynamics transnational ova trade.

India's status as a post-colonial state with high rates of poverty provides substantial insight into the ways in which women's bodies are commodified and exploited through transnational ova trade.

Daisy Deomampo's extensive study on transnational ova donation in India highlights the ways in which race is essentialized and prioritized in the egg donation process, as well as the invisibility and exploitation of genetic and gestational mothers. The perspectives of doctors and egg purchasers reveal how the phenomena of exporting genetic and gestational motherhood reinforce the notion of white or light-skinned superiority regardless of the intentions of social parents/egg purchasers. Westerners that seek Indian egg donation services come from different countries with unique racial histories and hierarchies. According to Deomampo however, hopeful social parents rely on essentialist understandings of race (2016). While the decolonization process in India partially retired racial classifications, the implantation of Western racial ideals through egg purchasing have compelled Indian doctors to organize their egg donors mainly through visible skin tone. Regardless of the fact that the phenotype of a genetic mother does not guarantee the phenotype of the future child, Indian doctors have begun to deploy racial essentialism in their practices, "reinforcing the belief that idealized (and often non-biological) human traits are transmitted genetically, gamete donation propagates views of the eugenics movement," (Deomampo 2016: 310). Though not all egg purchasers share the same desires for the phenotype of their future child racial essentialism is often reframed as consumer choice, which stands in contrast to the idea of altruistic donation that is salient in other sites of transnational egg trade (Deomampo 2016, Marre et al. 2018). The varying prices of eggs based on skin tone reflect the ways in which India's role in transnational egg donation reinforce eugenic ideals.

Westerners who pursue egg donation through Indian networks are confronted with several choices in gamete selection, and most are also pursuing transnational surrogacy. Genetic and gestational motherhood are regulated through reproductive governance; the genetic and gestational mother cannot be the same person, either the social mother's egg or a third-party egg must be used. This regulation benefits the commissioning parents due to citizenship laws in their home countries (Deomampo 2016). Due to this regulation egg purchasers must choose between egg provider agencies outside India (which may be more costly) or Indian providers. Indian egg providers receive significantly less compensation than white providers utilized by the same agencies. For example, couples can commission Indian donors for roughly 6-12% of the cost of white South African donors based on data from 2010 (Deomampo 2016: 312). Discrepancies in compensation not only occur on the lines of nationality, but on racial and color lines for Indian donors. Doctors largely organize their donor databases by skin tone from light to dark, and also account for features that are conceptualized as preferable, such as educational background and perceived beauty. Highly desired donors receive higher compensation as well as differential treatment. While parents and doctors negotiate preferences for egg providers, very little information is available regarding gestational mothers (Deomampo 2016). Here, doctors have agency in deciding what kinds of women will perform certain tasks of reproductive labor.

Medical providers in India are uniquely positioned to make choices for foreign parents and for the Indian women who are either egg providers or surrogate mothers. Stratifications within egg providers are marked by class, skin color, and social status, the same bases for differences between egg donors and surrogate mothers. Women with darker skin tones who lack class and caste privileges are assigned to the task of gestational motherhood, for which their labor goes largely unrecognized by the social parents of the future child. Gestational mothers are

anonymous and little information on them is available to surrogacy commissioners. Surrogates are largely darker skinned, low class and caste women, and during the period of gestation they reside in surrogate homes (Deomampo 2016). The invisibility of their labor contributes to a system in which women in the global South are physically exploited for the benefit of Western parents and for profitability in a lucrative reproductive tourism industry.

Privileging of genetic relatedness compels egg purchasers to seek donors with features similar to their own, however this practice becomes problematic when analyzed with the consideration of the eugenics movement and ideologies of white racial purity and superiority. Fears about race-mixing were common amongst Indian doctors, who routinely pushed couples (regardless of their racial status) towards donors with lighter skin tones (Deomampo 2016). Even when the mixing of eggs from dark skinned women with sperm from white/light skinned men was permitted, essentialist notions of race propagate conceptions of mixed-race beauty, further reinforcing existing racial hierarchies (Deomampo 2016). These fears traverse national borders and are found in sites of reproductive tourism such as Finland and South Africa, where genetic relatedness and kinship are the focal points in egg donor selection.

Finland is a unique case of transnational egg donation due to the establishment of a state donor registry that is intended to ensure phenotypic kinship. Genetic kinship is socially valuable to the point where some Finnish clinics refuse the use of both donor egg and sperm fearing the genetic distance between the child and parent is too complex (Homanen 2018). It is significant that phenotype is stressed, as those who take advantage of Finnish services have contentious racial histories with Finns and Eastern Europeans. The main consumers of Finnish ova production are Nordics, who have historically considered Finns to be less white or less European than Nordics. However, the phenomena of Nordics traveling to Finland for ova purchase still

reproduce Nordic conceptions of whiteness and racial purity (Homanen 2018). Finland is a popular destination for transnational ova donation largely because of the restrictive policies in surrounding countries, many of which have outlawed the use of third-party gametes. The structure of reproductive governance in place dictates that physicians have the responsibility of matching egg purchasers with a donor that closely resembles the social parent of the future child, unless otherwise requested. Despite the stipulation that the desires of the egg purchasers be considered, Homanen is wise to point out that the matching of parents with light skin tones to a donor with dark skin almost never occurs, while the inverse option is more likely to be arranged (2018). Similar to the ways Indian doctors select donors for their clients, the Finnish context also exaggerates the phenotypic connection between the egg donor and the future child.

Fears of racial mixing dominate medical providers' attitudes towards donor matching, which is intriguing when analyzed alongside the history of Finns' proximity to whiteness. Nordic egg purchasers aim to maintain their racial purity, which leads to a renegotiation of whiteness redefines ideologies of kinship between Nordics and Finns (Homanen 2018). New notions of kinship between the two ethnic groups rely on the phenotypic characteristics associated with whiteness—perceived physical differences between Nordics and Finns are disregarded in order to maintain the white racial purity. Redefining Finns in closer proximity to Nordic whiteness contributes to a political process of othering that devalues brownness and blackness (Homanen 2018). The national registry of donors facilitates this process by providing egg recipients with the emotional security of white racial purity.

The South African context contains similar processes to Finland in the production and protection of whiteness in ova trade. South Africa is a popular site for reproductive travel, as well as a major exporter of (white) eggs for surrogacy in other countries, such as India, Thailand,

and the United States (Moll 2019). The process of exporting ova has been referred to as ‘mail-order’ egg donation, signifying the marketability of transnational ova trade (Heng 2006). This conceptualization of ova trade falls in line with patterns that erase the labor associated with egg donation—a ‘mail-order’ system is highly impersonal and calls attention to the act of commodifying women’s bodies. In addition to exporting eggs, Europeans and Australians travel to South Africa specifically to purchase white donor eggs, while travelers from other African countries such as Zimbabwe and Cameroon intend to escape restrictive policies for in-vitro fertilization with their own eggs (Moll 2019). While South African medical professionals boast that the racial diversity of the country enables them to provide eggs for both Europeans and Africans, there is a lucrative market for whiteness that has increased South Africa’s competitiveness in the global market for reproductive tourism. White South African practitioners draw on historical narratives of settler colonialism to promote a supranational or global whiteness to draw in more consumers and increase profits (Moll 2019). The idea that shared histories of colonialism is the basis for whiteness reinforces global racial hierarchies and fosters kinship between whites internationally.

Due to the prosperous market for whiteness, it is difficult for potential egg recipients in South Africa to secure a non-white egg donor. Non-white women seeking eggs in South Africa may find difficulty navigating the rigid racial classification system employed by medical professionals (Moll 2019). This classification system stems from the apartheid era and relies on notions of white superiority, and even more so on ideologies of anti-Blackness. Notions of white superiority are bolstered by social mechanisms such as classism; not only is light skin a requirement for whiteness, but educational, economic, and cultural backgrounds are equally important qualifiers. For example, an Ethiopian woman who was characterized as having a light

skin tone was matched with a white donor. The practitioner that matched them cited her educational background and language skills as the main influences on her decision (Moll 2019). She implied that the genetics of Black South Africans would not be a good fit for this Westernized couple, reinforcing the ideology that class increases one's proximity to whiteness. In this way, donor matchers curate ideologies of whiteness that reflect eugenic ideals of superiority and promote the domination of whites in the global arena.

Although many sites of reproductive travel are sustained by capitalizing on whiteness, there are other factors that aid in the development and institution of transnational egg donation, especially in contexts where whites are not the main purchasers of ova. In Ghana, it is common for members of the diaspora to take advantage of the relatively liberal policies on assisted reproductive technologies. In the 1980s and 1990s, international organizations such as the World Bank and the World Health Organization supported the privatization of healthcare, citing the potential for economic growth (Gerrits 2018: 134). As a result, a liberal policy of reproductive governance was applied where assisted reproductive technologies are market regulated—there are no political or professional regulations imposed on assisted reproductive technologies. The lack of legislation is perhaps what draws many international egg purchasers to Ghana, however those that do travel to Ghana have an established connection, such as Ghanaian heritage or Ghanaian partners (Gerrits 2018). Of those who traveled to Ghana from the United States and Europe in this particular study, none were white (a reality that has likely not changed, as Gerrits' work was published last year). Regardless, it is powerful to cite a case in which the motivations of egg purchasers do not inadvertently or directly reflect eugenic ideology. However this does not mean that Ghana is free of stratification. Egg purchasers are generally from high-income and wealthy backgrounds, with few exceptions. Inversely, egg providers are Ghanaian women are

financially compelled to sell their ova (Gerrits 2018). While the relationship between egg purchasers and providers in Ghana have less insidious impacts on global reproductive governance, the exploitation of egg providers persists across contexts.

It is important to note the prevalent anti-Black ideologies of egg purchasers. While it is common for white Americans and Europeans to purchase ova from agencies who procure them from women in the global South, their search generally excludes African hubs for reproductive tourism. If a white gamete is not available or financially improbable, white couples will seek ova in places like India, where globalization has significantly decreased the costs of labor. The only viable site on the continent for whites is in South Africa, where the market for whiteness protects white racial purity and superiority. This dynamic lends to the idea that transnational egg donation not only reinforces ideals of white superiority, but also of Black inferiority. To equate the status of all women in the global South in the transnational egg market would be too simplistic; it is clear that varied racial ideologies are deployed through reproductive governance to create a racial hierarchy that positions whites at the top and Africans at the bottom.

The decision about which babies should or should not be produced is placed on the egg purchasers themselves, and is influenced to a greater degree by the institutional practices of medical professionals and mechanisms of reproductive governance. While some contexts reveal that doctors are the main decision makers, others portray that policies of reproductive governance take the decision out of the hands of individuals. In all contexts, medical practitioners associated with the egg trade business have a higher level of agency than egg purchasers in deciding who the ova should come from. In many ways the popularity of egg donation and reproductive tourism is associated with increased freedom and choice. However, this research shows that while some individuals and groups may have an increased agency over

their reproductive decisions due to the expansive abilities of assisted reproductive technologies, the transnational egg donation industry restricts reproductive freedom for large swaths of the global population. More particularly, women in the global South with dark skin tones benefit least in the exploitative market of ova trade. Internal contextual factors of each case interact with broader mechanisms of global reproductive governance, thus perpetuating and exacerbating stratified reproduction and the uneven effects of globalization on the global South. Furthermore, practices that promote eugenic ideologies of white racial purity and superiority are prevalent in transnational egg donation, signifying the reproduction of a white dominated racial hierarchy on a global scale.

References

- Briggs, Laura (2017). The politics and economy of reproductive technology and black infant mortality. In *How All Politics Became Reproductive Politics: From Welfare Reform to Foreclosure to Trump*. UC Press.
- Colen, S. (2009). Like a Mother to them: Stratified Reproduction and West Indian Childcare Workers and Employers in New York. *Feminist Anthropology: A Reader*, 380.
- Deomampo, Daisy. (2016). Race, Nation, and the Production of Intimacy: Transnational Ova Donation in India. *Positions*, 24(1), 303-332.
- Dillaway, Heather E. (2008). "Mothers for others: A race, class, and gender analysis of surrogacy." *International Journal of Sociology of the Family* (2008): 301-326.
- Gerrits, Trudie. (2018). Reproductive Travel to Ghana: Testimonies, Transnational Relationships, and Stratified Reproduction. *Medical Anthropology*, 37(2), 131-144.
- Heng, B. (2006). The advent of international 'mail-order' egg donation. *BJOG: An International Journal of Obstetrics & Gynaecology*, 113(11), 1225-1227.
- Homanen, R. (2018). Reproducing whiteness and enacting kin in the Nordic context of transnational egg donation: Matching donors with cross-border traveler recipients in Finland. *Social Science & Medicine*, 203, 28-34.
- Marre, D., San Román, & Guerra. (2018). On Reproductive Work in Spain: Transnational Adoption, Egg Donation, Surrogacy. *Medical Anthropology*, 37(2), 158-173.
- Moll, Tessa (2019) Making a Match: Curating Race in South African Gamete Donation, *Medical Anthropology*, DOI: 10.1080/01459740.2019.1643853

Morgan, Lynn M and Elizabeth FS Roberts. 2012. "Reproductive Governance in Latin America."

Anthropology & Medicine 19:241-254.

Pennings, G. (2002). Reproductive tourism as moral pluralism in motion. *Journal of Medical*

Ethics, 28(6), 337-341.