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From scarcity to sisterhood: The framing of egg donation on fertility clinic websites in the UK, Belgium and Spain

Catherine Coveney [a,*], Nicky Hudson [b], Sara Lafuente- Funes [c], Lara Jacxsens [d], Veerle Provoost [d]

[a] Loughborough University, UK
[b] De Montfort University, UK
[c] Goethe University Frankfurt, Germany
[d] Ghent University, Belgium

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ABSTRACT

The use of third-party eggs now forms an integral part of a global reproductive bioeconomy. In order to meet clinics' growing need for donors, they employ a range of recruitment strategies including adverts for donors via their publicly facing websites. Such websites are also key sites for the articulation and popularisation of culturally specific narratives about egg donation and are therefore a rich source of data regarding the social, cultural and economic framing of bodily donation. Drawing on conceptualisations from literature on blood, organ and tissue donation we focus attention on what we refer to as egg donation 'recruitment regimes'; exploring how nationally situated recruitment and marketing strategies are used by fertility clinics to frame ideas about egg donation.

We use frame analysis to analyse 62 clinic websites in the UK, Spain and Belgium, connecting the framing of egg donation to the regulatory context of each country. Our data show that altruism and solidarity are dominant frames that underpin the supranational framing of egg provision within the EU. However, there are also important nationally specific differences that both reflect and produce different versions of egg donation. We describe three distinct and nationally specific 'recruitment regimes' which articulate different versions of egg donation: a 'scarce gift with enduring responsibility' in the UK, 'disconnected tissue exchange' in Belgium and 'mutually beneficial sisterhood' in Spain. These regimes contribute towards public imaginaries and shape egg donation as a social practice by creating opportunities for (some) women to give eggs in specific ways. These representations illustrate the complex entanglements of national policy, supranational regulation, cultural preferences and commercial priorities within the fertility treatment landscape.

1. Introduction

First developed in order to overcome infertility in women with premature ovarian insufficiency (Lutjen et al., 1984), egg donation is increasingly used for a broader array of fertility problems, including unexplained infertility and age-related fertility decline, as well as being an important component of various contemporary family building practices such as male same sex couples creating a family via surrogacy (Hudson et al., 2020). With recent improvements in freezing technologies, eggs can also now be stored with higher success rates, allowing increased flexibility in how they are managed and used (Hudson et al., 2020; Baldwin, 2019, van de Wiel, 2021). Across Europe, around 70,000 egg donation cycles are carried out per year representing 7.3% of cycles globally (de Mouzon et al., 2021), and growth in cycles continues annually (Wyns et al., 2021). As a result, human eggs have been identified as a new form of 'biocapital'; an exhaustible bio-resource without which the ever-growing fertility industry would falter (Waldby, 2019). Scholars have conceptualised this as part of a global reproductive bioeconomy within which value is created via the exchange and commercialisation of body parts and reproductive labour (Hoeyer, 2009; Waldby and Cooper, 2014).

Strongly engrained ideas around the "gift of life" underpin and legitimate the exchange of human bodily tissues, including eggs, preconfiguring tissue provision as altruistic 'donation' and obfuscating the

* Corresponding author. 4.19 Brockington Building, Criminology, Sociology and Social Policy, School of Social Sciences and Humanities, Loughborough University, Loughborough, Leicestershire, LE11 3TT, UK.
E-mail address: C.M.Coveney@lboro.ac.uk (C. Coveney).

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work and (often commercial) interests of mediating organisations (Parry, 2012; Healy, 2010). As Kieran Healy's (2010:17) work on blood and organ donation illustrates – "there is no donation without a procurement organisation". Eggs are predominantly procured by fertility clinics, who must engage in a range of adaptive (and increasingly commercial) practices to attract women to become donors and maintain and/or increase their supply of eggs. Despite their growing economic and social value, gaining access to third party eggs can be a challenge. The procedure is more invasive than blood or sperm donation and requires a considerable commitment of time and discomfort for donors, in addition to women exposing themselves to potential health risks and side effects.

A significant feature of the European fertility landscape is the EU Tissue and Cells Directive, which - unlike in more commercialised and less centrally regulated contexts such as the US - requires member states to explicitly situate egg provision (as with other forms of tissue provision) within an overarching principle of voluntary and unpaid donation (VUD, EU Tissues and Cells Directive, 2004). Whilst compensation for time and inconvenience is permitted, direct financial payment is not, in an attempt to keep body parts beyond trade (Hoeyer, 2009). The ways European countries have implemented this EU directive varies, with the existence of locally nuanced, country level policies and legislation (Hudson et al., 2020). Fertility clinics must operate within both existing EU and national regulatory frameworks which, as we shall show, shape their procurement strategies in a range of ways.

Healy (2010) uses the concept of tissue 'collection regimes' to analyse how variations in procurement strategies cross-nationally can affect both who and how many people come forward to donate biological material. His work shows how national collection regimes create the contexts for donation, shaping the character of donation and *producing* donor populations by providing opportunities for particular types of people to come forward (Healy, 2000). Further variation, as Shaw (2008) suggests, exists in how tissue exchange and donation are constructed and articulated in health care settings. In particular, her work shows how the language used in these contexts to talk about donation conflates different ideas about what altruistic gift giving entails, reflecting what she refers to as the 'polysemic nature of the gift' (2008, 6.3).

Whilst there has been a focus in the existing literature on women's views on, motivations for and experiences of egg donation (e.g. Almeling, 2006; Haylett, 2012; Shaw, 2008), less work has emphasised the wider social and economic infrastructure in which their actions are embedded. Work that does focuses on these questions has tended to be from settings characterised by low levels of centralised regulation, and a market driven approach, such as the US (Almeling, 2007; Waldby and Cooper, 2008; Waldby, 2019). Important questions arise therefore about how women become egg donors and how wider structures are involved in their enrolment into the process, especially in the European context. Healy suggests that this process of enrolment involves a great deal of logistical and cultural work on the part of the recruiting organisation: namely the production of an account of what it means to be a donor; which determines what sort of activity it is seen to be and who comes forward (2000). Following Healy (2000, 2010) and Shaw (2008) our paper explores how nationally situated recruitment and marketing materials are used by fertility clinics to frame ideas about egg donation in ways that simultaneously fulfil national and supra-national regulatory requirements and create opportunities for (some) women to become egg donors.

A central space for clinics to recruit egg providers is via their public-facing websites, where they position their brands within a competing market (in the case of the private sector), where they include information about the need for donors and where the process of egg donation is presented often alongside online enquiry forms where women can register their interest in 'becoming a donor'. Prior analyses of fertility clinic websites, egg donor recruitment agency websites and social media have found that egg donation is presented to potential donors as a safe and fulfilling-even life-changing – journey, an altruistic act of reciprocal giving (Shaw, 2008) where the egg provider receives emotional benefits in exchange for providing eggs (Keehn et al., 2010; Gezinski et al., 2012; Hobbs, 2007). Fertility clinic websites can therefore be considered important social, cultural and commercial spaces (Swoboda, 2015) where the discursive framing of egg donation takes place. Empirically, they are a key site for the articulation and popularisation (Healy, 2010) of culturally specific narratives, or 'sociotechnical imaginaries' (Molas and Whittaker, 2020) around what egg donation is, who should become a donor and why egg donation is useful to society, thus contributing towards shaping the meaning and character of donation in that locale (Healy, 2000).

Taking Healy's (2000, 2010) work as a point of departure, in this paper we focus our attention on what we refer to as egg donation 'recruitment regimes'. We use frame analysis (Entman, 1993) to analyse how fertility clinic websites articulate and popularise cultural accounts of what it means to give eggs. We describe three distinct and nationally specific egg donation 'recruitment regimes' across the three countries (UK, Spain and Belgium), and show how these are shaped by both supra-national and local regulatory constraints (Hudson et al., 2020).

2. Methods

2.1. Case selection

Data are drawn from the 'EDNA study, a comparative, interdisciplinary study on the economic, political and moral configuration of egg donation in Europe. We compared three national contexts – the UK, Spain and Belgium. All share a common position regarding the political legitimation of egg donation as a means of family building, features of technological innovation and expertise, and are subject to the EU Tissue and Cells Directive at the supranational level. At the same time, they have each adopted contrasting regulatory models and developed diverging practices in relation to the governance of egg donation.

The recruitment of donors is a particularly significant feature of this context as it requires clinics to recruit people willing to donate under particular, country specific laws. For example, in the UK, egg providers must be identifiable, whilst in Spain and Belgium they must be anonymous. Known donation – donating to a family member or friend - can occur in both Belgium and the UK, but not in Spain. Levels of financial compensation also vary across the three countries and has variable impact in terms of the cost of living (Pennings et al., 2014). Further, in the UK, egg-sharing has been a common practice, whereby a woman undergoing fertility treatment can donate some of her eggs in return for a reduced fee for her treatment. Whilst egg sharing is permitted in Belgium there are few cases, and the practice does not take place in Spain. The three cases also diverge in terms of public funding for fertility treatment. In Belgium all fertility clinics are within public hospitals and 95% of treatment is publicly funded. In the UK, estimates suggest that 65% of treatment takes place in the UK private sector. In Spain, the majority of treatment (80%) takes place in the private sector. This variation makes for a rich source of comparative data which illustrates the interplay of local policy, cultural preferences and commercial priorities.

2.2. Sampling: website selection

Website data were collected July 2017–February 2018 (prior to the UK's withdrawal from the EU). Ethical approval for the study was granted by De Monfort University. First, we identified and mapped all fertility clinics that recruit egg providers in Belgium, Spain and the UK (n = 316). Maximum variation sampling was used based on the geographical location of the clinic; size/number of cycles performed each year; whether the clinic was independent or part of a larger clinical group; and whether the clinic was public or privately funded. Determining the precise funding model of individual clinics (i.e. public/

private) is not a straightforward exercise, particularly in the UK where private providers can be commissioned to provide treatment for patients accessing (free at the point of access) NHS treatment, whilst NHS-based clinics may charge some patients who are not eligible for state-funded cycles. There is, to a lesser degree, a similarly mixed picture in Spain, whilst in Belgium all clinics were based in publicly funded hospitals. We have therefore categorised clinics according to whether they were based within a publicly funded hospital/organisation or not (Table 2), accepting this may be an imperfect categorisation. Where relevant, individual clinics were grouped according to the 'parent' healthcare group to which they belonged and counted as one unit, due to the sharing of advertisement and recruitment materials between 'sister' clinics. Data were only collected from clinics that provide treatment, not egg agencies, brokers or stand-alone egg banks. The final sample consisted of 60 clinics in total: 21 clinics in the UK 21 in Spain and 18 in Belgium.

Next, we identified webpages orientated to egg provider recruitment (e.g. pages labelled 'becoming a donor', 'egg-sharing' and 'donating your eggs'). Content, including all text and images, were copied and pasted into one Word document per clinic and uploaded to NVivo 11 for analysis. We focus on the analysis of textual content of the websites in this paper: analyses of the images fertility clinics use in their websites and marketing materials can be found in a separate paper on visualising egg donation (Coveney and Hudson, 2018). Whilst we recognise the problematic use of the related term 'egg donation' to refer to the process in more general terms, we use it in this paper and our analyses due to its widely accepted deployment in academic, policy and clinical discourse (including in our data) in order to retain fidelity with the empirical data and to the facilitate shared understanding. However, we also use the term egg 'provider' rather than donor within the paper to refer to women who give their eggs to avoid prejudging the intentions behind the act.

2.3. Analytical process

We used frame analysis to analyse the website data, focusing on how clinics use particular frames to enrol women into donation. Theoretically, we understand frames as conceptual tools that provide readers with an interpretational lens by structuring discourse in a particular way (Entman, 1993). Frames can be invoked through the choice of language, use of particular phrases, metaphors and/or cultural idioms. Frames provide structure and give meaning to discourse, they tell the reader what matters by emphasising some aspects of a subject while obscuring or silencing others, allowing aspects of life and subjects to be made intelligible in a given context and illustrating how norms produce certain subjects as recognisable (Butler, 2009).

The analytic process we undertook was both inductive and theoretically informed. We began by identifying frequently occurring words through a keyword analysis (Entman, 1993). We discussed the results between authors and manually connected congruent words together to identify patterns of language use across each of the three country specific datasets. Following this, we read and re-read website data, manually coding data extracts by grouping together those with similar patterns of language use, expression and meaning in order to identify the dominant frames employed in the representation of egg provision, egg providers and eggs.

We sought to investigate how these framings interacted across the dataset as a whole and within each country-specific context, connecting the framing of egg provision to the economic, cultural and regulatory context in our analysis. We also compared the framing and language use across the three national contexts in order to identify similarities and differences in the discourses around egg provision across the sample as a whole. This was an iterative and interpretative process guided by the underlying meanings conferred by dominant language used, theoretically informed by themes in congruent literature and through our prior analysis of the regulatory frameworks of each national context (Hudson et al., 2017).

Specifically, we asked the following questions in our analyses: What are clinic websites used for? Who are clinics speaking to via their websites? What are the common frames used across national contexts? How is egg donation framed within websites in each country? How are specific country level recruitment regimes articulated via clinic websites?

2.4. Findings

Our analysis shows that clinic websites were being used for three main purposes – recruitment of egg providers, information provision and marketing of services – speaking to both prospective donors and recipients across the three national contexts and beyond. Website material was structured through the use of a number of key frames that were used in varied and overlapping ways, with varying dominance across each of the three contexts. First we discuss common frames found across all three data sets, and how they align with EU legislation on VUD and global discourses on egg donation before turning our attention to country -specific nuances in our data.

2.5. Egg provision as altruistic gift giving between women

Our findings demonstrate that there is a common emotional and gendered discourse of altruistic solidarity between women present across the datasets. 'Egg provision as altruistic donation' was a dominant and overarching frame across all three countries; positioning egg provision as beyond the realms of commerce (Healy, 2010; Hoeyer, 2013); aligning with EU regulation and reflecting findings from other studies (Almeling, 2006; Pennings, 2015; Molas and Whittaker, 2021). The language of 'donation' (rather than for example, 'provision', or 'transfer') was prominent across all webpages. Correspondingly, in all cases women were predominantly referred to as egg *donors* rather than egg *providers*. The most frequently used words across the sample were *donation, donate* and *donors*:

> Becoming a donor can be a very rewarding experience and it is one of the most generous gifts you can give. The reasons someone becomes an egg donor are varied but one thing they all share is the desire to help others achieve their dream of a family. (UK, clinic 6)

Commonly, gift imagery was used to convey this idea, whereby egg donation was described as giving a generous gift. However, the 'polysemic nature of the gift' (Shaw, 2008) was also evident across the sample and will be discussed in more depth in the following sections.

A second dominant frame that was found across all three countries was 'egg donation is a form of solidarity between women'. Within this particular framing, egg donation is depicted through an affective relationship between two women – one in need and the other in a position to help her through the gifting of biological material:

> If you are thinking about donating your eggs, the first thing you need to know is that you will be able to make happy another woman with your act that comes out of altruism and solidarity. (Spain, Clinic 7)

Through a combination of these two frames, and drawing on language and imaginaries of future children, the outcome of egg *donation* is thus positioned as making another woman happy, by helping her to fulfil her dream of becoming a mother:

> This donation, comparable with a donation of an organ or a donation of blood, is a donation of life, following from a great solidarity of women that allows specific women to become mothers. (Belgium, Clinic 17)

These cross-cultural frames act to position egg provision as a form of altruistic donation or gift giving, through which women are helping other women to become mothers– regardless of the actual shape that egg provision takes in each of the contexts.

Alongside this, our data also demonstrate the complex and nuanced ways in which egg donation is framed *within* countries. In the rest of the paper, we identify and present three country specific recruitment regimes which, whilst drawing on ideas about altruistic giving and solidarity between women, do so in nationally specific ways informed and shaped by local policy, practices, cultures and economic models.

3. The UK – 'A scarce gift with enduring responsibility'

3.1. How do clinics use their websites?

The majority of egg donation in the UK takes place in the private sector, with private clinics often using advertising agencies or social media to enhance their website content and style. UK fertility clinics use their websites for advertising their services to patients, and for the direct recruitment of egg donors. Marketing rhetoric tends to increase amongst the larger clinical groups who devote more obvious online space to attract donors, than smaller, or publicly funded clinics. Clinics also use these spaces for information-giving about egg (and other forms of gamete) donation, both to donors and recipients/patients.

As can be seen in the example below, UK clinics give over a considerable space to outlining the need for egg donors by emphasising the plight of those 'in need' and the scarcity of eggs:

> *Despite growing demand for egg donations, there is a shortage of egg donors in the UK. Without donations, we cannot help to give people the chance to start a family. By donating your eggs, you could give those who have lost hope of starting a family the greatest gift they could ever receive […] We need healthy women like you to donate your eggs.* (UK, clinic 4)

UK clinics frequently made intelligible the recipient woman as a means to speak to potential donors, emphasising the need for donor eggs and their social value. Need and shortage were therefore central framings in the UK.

3.2. Who is presented as the "ideal" donor?

In the majority of cases, UK website material framed the donor as an altruistically motivated individual who was acting in the interests of others. Egg donors were described as:

> *… a motivated, young, healthy woman wishing to help another woman towards her dream of having a child.* (UK, Clinic 17)

In the UK, (following a change in law in 2005) UK donors must agree to be identifiable and contactable to any donor-conceived offspring once they turn 18 years of age. The presentation of this legal context was used to frame a potential future relationship between donor and future child based on the biogenetic ties between them in a way that was distinct from the Belgian and Spanish websites. Through this information, the rights of the future child to know their genetic origins and 'identity' are foregrounded. The implications of this are that for women recruited as egg donors in the UK, egg donation is framed not as a one-off gift but as an "enduring responsibility":

> *The gift of eggs to women who long for child is one like no other, but it can have a far reaching impact on all those involved, and their wider families … In a legal and social sense the people who receive your donation will be the parents of any child that is born. However, the child will inherit your genes and therefore, any child of theirs, will be genetically related to you. […]There are also legal issues to consider. As the law now stands, when they reach 18 anyone born as a result of your donation will be able to find out who you are, and may want to get in touch.* (UK, clinic 13)

Clinics communicated the specific legal context in the UK while delicately maintaining the demarcation of 'donor' from 'mother'. Another way in which some clinics achieved this is by presenting donors as women who are already mothers and who have completed their own families:

> *Anonymous volunteer donors [are] women who are in a stable relationship, have already had children, preferably have completed their own family, and feel that they want to help infertile couples.* (UK clinic 19)

In the UK ideal egg donors were typically depicted as 'altruistic, selfless and caring women' and as 'responsible women' who are probably (or at least ideally) already mothers, who are willing to be identifiable in the future. The 'ideal' donor is shaped along very specific, culturally defined lines whereby assisting family-building comes with an enduring responsibility towards the donor conceived child.

3.3. How is donation framed?

Typically, UK clinics presented the donation not as a completely selfless or altruistic act, but something which comes with various social, emotional, and/or financial returns and can be motivated by several different interests alongside wanting to help others in need. As Shaw suggests, gifts are not always understood as one-off transactions, but can exist as "ritual offerings in a chain of giving-receiving-and – reciprocating" (2008; 6.2). In terms of emotional returns, egg donation was largely framed as an act for which the donor is rewarded with a 'great feeling' (UK, clinic 1). The idea that some egg providers may have additional vested interests in donating their eggs was also prevalent – not only do they want to help other women, but *to help other women they know*:

> *Many of our donors wish to donate because they are aware of friends or relatives who need fertility treatment. They may donate altruistically to our programme, or through known donation to their friend/relative*. (UK, Clinic 3)

Furthermore, the notion that women would be financially compensated for donating eggs was prominent. Financial compensation is currently set by the UK regulator at a fixed rate of £750 per cycle. This monetary figure was present on every website in the UK sample. In most cases it was presented as explicitly tied to the legal and regulatory context, which was used to both legitimate and justify this as compensation rather than payment for eggs:

> *Women who donate their eggs at can now be compensated a set figure of £750. This is as a result of a new policy (1 April 2012) from the Human Fertilisation & Embryology Authority, issued following public consultation about donor payments. The sum is intended to reasonably compensate donors for any financial losses as well as recognising their time, commitment and dedication to helping others form a family.* (UK, Clinic 5)

Egg sharing was a prominent feature of the UK data and adds another nuanced dimension to the UK context. Egg-sharers were typically differentiated and demarcated from 'altruistic egg donors' through the creation of separate webpages. Although the language of altruism was often still present, a key difference in how egg 'sharing' was framed in the UK data is that the financial benefits of the exchange were made much more explicit:

> *Some women wish to share their eggs from their own IVF treatment, in return for financial help in funding their own treatment. In these circumstances the egg recipient will contribute significantly to the donor's treatment costs, in return for the donated eggs.* (UK, Clinic 3)

In summary, in the UK data, we see how the idea that there is a shortage of donors as well as nationally specific regulations and cultural practices (around the future identifiability of donors, the acceptability of known donation and egg -sharing and defined compensation) interact to shape and nuance the meaning of donation in this context. We describe this egg donation recruitment regime as giving 'a scarce gift with enduring responsibility' through which the donor comes to be

understood and positioned a woman who is altruistically motivated, at least in part, but also crucially, will make an enduring commitment to her role as donor, while benefiting from various social, emotional, and/or financial returns.

4. Belgium - 'disconnected tissue exchange'

4.1. How do clinics use their websites?

In contrast to the UK context described above, in Belgium, fertility treatment typically takes place in both private and public hospitals but is largely state funded through a system of reimbursement. At the time of data collection (2017–18), it was against national law in Belgium for fertility clinics to advertise for and openly recruit women to donate their eggs. Information campaigns were allowed as long as they were formulated in general terms (either mentioning no specific clinics or listing all 18 clinics that procure donor eggs in Belgium). This was regarded as an important move to prevent commercialisation of tissue donation and/or coercion of women into the process. However, few women find out about the need for egg donation in Belgium and spontaneously present at clinics as potential donors. Instead, in Belgium, the use of so-called 'cross-over' donation as an option for those needing donor eggs was promoted via clinic websites. Cross-over donation is a process where a recipient brings a donor (usually a friend or family member) to donate gametes albeit not directly to them: the donor donates to someone unknown to them in return for the recipient to receive donor gametes from another donor in the system; someone equally unknown to the recipient. This practice allows a supply of donor eggs to be maintained, with patients effectively doing the work of recruiting anonymous donors themselves, and thereby moving up the list for their own treatment.

> "Those who cannot bring a donor, will be put on a waiting list. Therefore, thanks to your donation, your acquaintance will get a chance to a pregnancy sooner … [Not all women can bring their own donor. Via voluntary donation] you help these women to fulfil their child wish." (Belgium, Clinic 4)

Reflective of this specific national regulatory context, we found that typically, fertility clinics used their websites to provide generic information to potential donors and patients, without specifically calling for donors to come forward. The Belgian case is therefore distinctive within our analysis for its lack of visible marketing and active recruitment around the practice (due to the specific socio-legal context). That is not to say that Belgian fertility clinics did not present a particular version of egg donation, but rather that this construction was achieved according to a different set of professional priorities and cultural norms than in the other two cases.

4.2. Who is presented as the "ideal" donor?

Whilst a direct call for donors was not apparent, a narrative about the kinds of women who make ideal donors *was* present and the practice was still firmly presented as a "donation". In Belgium, this narrative was aligned with a discourse of co-operation and solidarity that is akin to other forms of altruistic tissue donation, such as organ donation and blood donation:

> *"Like blood donors, you remain anonymous as an egg donor."* (Belgium, clinic 7)

However, we found much less emphasis placed on recipient stories and egg donor testimonies compared to the Spanish and UK websites. On occasion, information about both egg and sperm donation were provided together and in some cases clinics appeared to be addressing possible recipients, stressing their medical needs and outlining the donation process for them. In these instances, the focus on recipients rendered the egg providers somewhat invisible:

> *For some prospective parents, the only chance to fulfil a child wish is* via *access to sperm, eggs or embryos of others.* (Belgium, clinic 2)

Anonymous donation is the most widely practiced and culturally preferred type of gamete donation in Belgium. Whilst known donation is permitted, and most often takes place between sisters, it was rarely mentioned on the websites. Instead, clinics emphasised the separation of the act of donation from any ongoing relationships with the recipients or future offspring. They frequently and explicitly stated that the egg provider is not the legal parent of the child, and unlike in the UK context, an ongoing or enduring relationship is not expected:

> You cannot revoke the donation or make demands. You will waive all rights to the donated eggs. You cannot claim the children who are created with your donated eggs (Belgium, Clinic 4)

One way clinics achieve this is through the promotion of cross over donation, as described above. Cross-over donation is specifically proposed as a solution to the scarcity of available donors that aligns with a cultural preference for anonymous donation, as it enables the recipient to recruit an egg donor on behalf of the clinic while allowing the donor and recipient to remain anonymous from one another:

> *Because there is a major shortage in voluntary egg donors, we expect the acceptor couple to bring a donor. That donor will donate anonymously for another acceptor couple. In this (anonymous) way, the donated egg cells are crossed to guarantee the anonymity between acceptors and donors. This way of donating is preferred although known egg donation is also possible.* (Belgium, clinic 3)

In Belgium, we can therefore see how egg donors are framed as altruistic, non-related parties who are donating their eggs to help women they know, ideally in the context of an anonymous arrangement.

4.3. How is donation framed?

The information about egg donation provided on Belgian clinic websites tended to be presented in a formal and biomedicalised way, typically providing considerable information about the *process* of donating eggs, as can be seen in the example below, alongside the possible risks of donating eggs and the laws governing the process in Belgium:

> *The woman who donates the eggs (the donor) follows a stimulation treatment followed by an egg puncture. The donor eggs are fertilized by the sperm of the husband of the woman receiving the eggs (the recipient). The embryos are returned to the recipient in the same way as with IVF.* (Belgium, clinic 9)

Egg donation was framed as part of a treatment for a medical problem leading to infertility, with donated eggs a medical component of this procedure. The emphasis here was much more on medical need with donor eggs representing a biomedical solution to reproductive pathologies and illnesses:

> '[Egg donation is] the provision of non-fertilised eggs by donor to a woman, who has a well-functioning uterus but has problems with the development of oocytes or does not produce suitable oocytes.' (Belgium, clinic 5)

Egg donation then, was framed as a biomedicalised act of tissue-giving, with donors providing *'the building blocks for new life'* (Belgium, clinic 5). This biomedicalised discourse led to fewer appeals to ideas of solidarity between women as in the case of the UK and Spain. Egg donation was often explicitly equated with altruism, aligning this with other-oriented behaviour and positioned as a one-way gift (Shaw, 2008). Egg donation was not culturally associated with ideas of reciprocity (including emotional rewards) we see in other contexts, despite

the fact that in a system of cross-over donation, it could be suggested that the ‘reward’ of treatment for their acquaintance is clear. On the contrary, Belgian clinic websites tended to stress the inconvenient aspects of donation, such as lost time, loss of salary, travel and relocation. Some clinics even suggested that egg providers would be required to pay for their own medical consultations and tests, only to be reimbursed after egg collection:

> *The costs for blood samples, consultations, ultrasounds.. will be invoiced to you. If you are affiliated with a health insurance fund, you will be reimbursed a large part. The imposition of these costs will be charged in the expense allowance.* (Belgium, clinic 8)

The amount of compensation was also rarely explicitly mentioned in the Belgian dataset, although women are compensated between 500 and 2000 euros per donation cycle (Pennings et al., 2014). Clear attempts were made by clinics to demarcate compensation from financial reward as clinics strived to present themselves as law-abiding in regard to the non-commercialisation of human tissue, more so that in the other two contexts. As can be seen in the data extract below, some clinics explicitly referred to the law to stress that commercial trade in eggs was forbidden:

> The Belgian law does not allow trade with human body tissue. You will therefore not be financially rewarded for your donation. The law does allow a compensation of expenses. (Belgium, clinic 5)

Thus, we see this framing leads to emphasis placed on the investments the donor has to make, rather than any benefits they may receive. This framing suggests that egg donors should want to help without receiving anything in return for themselves, even within the context of cross-over donation (where ‘their’ recipient receives treatment as an indirect result of their donation). Unique to the Belgian data, this act of giving is depicted as potentially self-sacrificing in some respect with the donor possibly enduring physical or financial penalties for their donation. Despite egg providers being compensated a comparable sum to those in the UK and Spain, the amount of compensation offered is not highlighted on clinic websites, possibly relating to the relative higher national average salary in Belgium, leading to an assumption that donors are not financially motivated in Belgium (see Table 1). A preference for anonymous donation further positions egg donation as a one-off gift, with no enduring relationship between donor and recipient nor ongoing responsibility towards donor conceived child. Stringent rules on non-commercialisation give rise to a frame which presents egg donation as a disconnected, biomedicalised form of tissue exchange that can be regarded by women as a giving an anonymous gift to (indirectly) help someone they know; thus carefully sidestepping a narrative which suggests the donor might be personally advantaged.

5. Spain- ‘mutually beneficial sisterhood’

5.1. What are websites used for?

Spain has become known globally as the egg donation capital of Europe and is a popular destination for reproductive travel. More than 80% of clinics in Spain are in the private sector (SEF 2018), the majority of egg donation cycles takes place in such clinics, and practice is therefore shaped by market logics (Lafuente-Funes, 2021). Private clinic websites in Spain differ according to the size; with larger, private clinical groups presenting separate webpages on egg donation for providers and for patients, while smaller clinics tend to have one section of the general website devoted to donation. The small number of public hospitals that offer egg donation in Spain either did not advertise this on their webpages, or included only very short and descriptive information sections. Marketing rhetoric was thus only present on private clinic webpages and tended to increase with the size of the clinic, with the larger franchised groups devoting more obvious marketing campaigns to attract donors. As with the UK, clinic websites were overt sites of donor recruitment,

Table 1
Comparison of the features of egg donation in the UK, Belgium and spain.

Features of donation	UK	Belgium	Spain
ED cycles as % of total ART (2017)as cited In Wyns et al (2021)	5.1% (3556 ED, 69,378 all ART)	4% (1334 ED, 31,537 all ART)	25% (31,441ED, 125,592 all ART)
Means of regulation	HFE Act 2008 HFEA licensing and inspection for clinics (established in 1991)	Law on Medically Assisted Reproduction 2007. Federal Agency for Medicines and Health Products	Human Assisted Reproduction Law 2006 Comisión Nacional Reproducción Humana Asistida (CNRHA) established in 1997
Donor identifiability	Identity release Known	Anonymous Known	Anonymous
Compensation	A standard amount of £750, set by the HFEA (equivalent of €848)	€500–2000, the exact amount varies and is set by the head of each fertility clinic	€800–1300, the exact amount varies across procurement organisations
Number of families/ offspring	10 family limit	6 women	6 children
Funding	65% treatment in private sector, limits on NHS funding (‘postcode lottery’)	All fertility treatment is performed in public hospitals with only around 5% of cases falling outside of the funding criteria.	80% in the private sector. Limited public funding for egg donation is available with regional variability.
National donor registry	Yes – since 1991, HFEA	No	Not fully implemented
Average national salary (2018)	£29,559 (equivalent of €33404)	€46799	€27314

References All salary information has come from website statista: www.statista.com/statistics/1002964/average-full-time-annual-earnings-in-the-uk/

Table 2
Sampling of clinics by country.

Country	Number of clinics recruiting egg donors (private/public split)	Sampling	Number of clinics in the sample (private/public split)
Belgium	18 (0/18)	100%	18 (0/18)
UK	64 (46/18)	30%	21 (12/9)
Spain	234 (200/34)	10%	21 (19/2)
Total	316 (246/70)	19%	60 (31/29)

providing an ‘open door’ inviting women to approach them. Unlike the UK and Belgium, the idea of an egg shortage was not drawn on; likely because there is not a clear shortage in Spain, (which it has been suggested, is due to compensation and anonymity rules in the country (Pennings et al., 2014)). The emphasis instead is that eggs can solve problematic situations for women and couples wanting a baby:

> “Nowadays many women face difficulties to reach a pregnancy due to various causes, as cancer processes, low ovarian reserve, advance age …“(Spain, clinic 13)

5.2. Who is presented as the "ideal" donor?

The framing of egg donation as an altruistic act undertaken to help others underpins two main ideas in the Spanish dataset. First, that egg donors are women who want to 'help others' in general. For example, clinic 2 had a specific section titled "between us/between women" (by the use "nosotras" which means "us" in feminine) in which they wrote:

> "In the world, around 50 million couples face problems to have children. It is estimated that in Spain alone, around 600 thousand couples face this problem and only between us (women) we can help each other" (Spain, Clinic 2)

And specifically that they want to help other women to become mothers:

> "*THANKS TO GIRLS LIKE YOU, that choose to donate their eggs, many women manage to make real their hope of creating a new life and ... be mothers!!" (Spain clinic 17)*

There were more appeals to general solidarity between women in Spain than in the UK and Belgium; accompanied by a strong sense of "sorority" or "sisterhood". This use of the idea of women "helping" other women in the context of egg donation has been analysed in the context of the out-sourcing or 'externalisation' of forms of care work in Spain (see Lafuente-Funes and Pérez Orozco, 2020:371). Also, some webpages connected egg donation to broader feminist sentiments, such as creating special posts on International Women's Day. Egg provision is then framed as a horizontal and relational way of sharing between "between us" (women) in general and this is emphasised through idealized testimonies of both donors and recipients. Significantly, any actual inequalities among providers and recipients of these eggs are not discussed or presented.

Typically, ideal donors were depicted as young, healthy, normative in relation to height and weight and knowledgeable about their genetic or family history:

> *"You have to be between 18 and 30 years old, be at least 155 cm tall, not be overweight (corporal mass index below 258), and you cannot be adopted (as you would not be able to inform us about your family medical history). You must not have any hereditary serious illness* (Spain, Clinic 17)

Linked to the focus on younger women and in contrast to the UK data, there was a suggestion that potential donors are possible *future* mothers rather than women who have already finished their own families:

> *As an egg donor you will access to a gynaecological exploration, blood test, genetic test and karyotype for free. This information will be useful for you in the future if you choose to be a mother* (Spain, Clinic 2)

Sometimes, an ideal donor was presented as a repeat donor, someone that wants to help others and might do this on more than one occasion:

> "... the act of donating eggs often gives the donor a great personal satisfaction, as she gains the feeling of being useful and solidary with other couples that need what [she] can offer. In fact, is it quite common that a donor wants to repeat the donation after a couple of months" (Spain clinic 1)

5.3. How is donation framed?

Donation was commonly referred to as being an easy and safe procedure:

> *"[Donation is] a safe process. Complications are rare and of small importance"* (Spain, Clinic 10)

The relationship between donor and recipient was, as in Belgium, framed as an anonymous, imaginary link between women who will never come to know one another. Indeed, the possibility of them getting to know each other was depicted as undesirable:

> "You do not have to worry. The whole donation process is anonymous, as the law establishes, that is why the recipient will not be able at any time to know the identity of the donor, and neither will know the donor the identity of the recipient." (Spain, Clinic 2)

References to the Spanish legal context were present, specifically the Assisted Reproduction Law of 2006, which sets out the parameters for gamete donation as an anonymous and unpaid act, prohibiting disclosure of donor identity except in extreme circumstances. Thus, in contrast to the UK context, the relationship between the egg provider and recipient is framed as a temporary connection, there is no suggestion of an enduring personal relationship or an enduring responsibility towards one another or the future donor conceived child more the contrary: the disconnection is presented as a protection towards both provider and recipients. Further, imaginaries of future children and their needs were not common on the Spanish websites.

The idea that women will be compensated for providing eggs was prevalent, and it was introduced in several, sometimes polysemic, ways – in what seemed aligned to the idea of compensation within a legally bounded idea of "gratuity". In terms of economic compensation, typically this was explained with reference to Spanish law that requires no economic inducement to donate eggs. Although the websites tended to include information about an economic reward for donation, the amount of compensation was rarely made explicit (around €1K):

> Yes, we offer an economic compensation for the inconveniences caused, which is set by the Ministry of Health, Social Services and Equality, following the recommendations of the National Commission for Human Assisted Reproduction (Spain, Clinic 1)

Clinics often played with the idea of how the donation will be compensated in multiple, and vague or ambiguous ways. The idea of compensation was semiotically multi-layered, tying together economic, emotional and other forms of reward – showing economic compensation while at the same time abiding by regulations by framing the provision of eggs as gift-giving:

> Becoming a donor, you will get back way more than what you give: the satisfaction of knowing that you are helping other people to fulfil their dream of having a baby, something that, without your help, would not be possible. For them, you are their biggest hope (Spain, Clinic 16)

Unique to the Spanish context, some of the clinics also pointed to free health tests as something an egg provider will receive (from the clinic) in return for donating eggs.

Thus, within the Spanish data we see another type or model of framing egg provision as 'gifting', where, within a regulatory context of anonymity, giving eggs is framed as both a one-off gift to other women from whom she should expect nothing in return, and also an act that can also be situated within a chain of giving and receiving, in the form of various types of compensation and benefits (e.g. good feelings, free health tests, financial compensation) mediated by the procurement organisation. We suggest that Spanish clinics frame egg donation in their webpages as a form of "mutually beneficial sisterhood". This, built upon a joint narrative of solidarity between women in general with multifarious forms of compensation for the donor presents a marketized way of attracting providers through making visible economic rewards while, at the same time presenting an image of "solidarity" and "sisterhood" that fulfils legal requirements. This romanticized idea of egg donation does not acknowledge the benefit that clinics themselves gain from these donations, nor does it show the underpinning commercial logics that motivate the clinics themselves, or the potential inequalities between

providers of eggs and the recipients.

6. Discussion

Our data show how fertility clinic websites are important spaces for donor recruitment (Molas and Whittaker, 2020). Empirically, they are a key site for the *articulation* and *popularisation* (Healy, 2010) of culturally specific narratives about what egg provision is (Shaw, 2008), who should become a donor and why egg donation is valuable, thus contributing towards shaping the meaning and character of donation (Healy, 2000). It is through this process that women can come to 'frame' their actions as meaningful. Drawing on Healy's (2010) work on tissue collection regimes, we sought to connect the regulatory context with how procurement organisations frame egg donation through the accounts they articulate and popularise, and how in turn, this is entangled with the recruitment of egg providers through the opportunities they provide for (some) women to give eggs.

Our data show the persistence of a dominant shared narrative within Europe, shaped by policies on non-commercialisation of bodily materials, through which egg provision is presented as an altruistic act of donation, where one woman can help another woman achieve motherhood, a manoeuvre which is achieved independently of the different cultural, economic and regulatory scenarios that exist within the individual countries. As previous studies have shown (Almeling, 2007; Gezinski et al., 2012; Haylett, 2012; Hobbs, 2007), the language of donation within clinics is imbued with ideas about altruism, solidarity and generosity, and can imply a sense of identity or belonging to women (Molas and Whittaker, 2020). This materialised in our data in particular as an emotional and gendered discourse of solidarity or sorority between women, which was present across the dataset as a whole, premised on an imaginary connection between two women, one cast as being in (medical) need and the other as wanting to help. This framing makes donors intelligible through gendered ideas of caring and giving, and gives the message that is to be expected from them once they reach the clinics, in what has been said to be part of a disciplining move toward donors behaviour (Lafuente Funes, 2017; Molas and Perler, 2020). However, Shaw's (2008) work on tissue donation in New Zealand demonstrates how different conceptualisations of 'gift giving' can impact upon expectations and experiences of egg donation. Importantly, her work shows how these different conceptualisations of gift giving, ranging from a one-off gift to one component in a chain of giving and receiving, are often conflated in healthcare information. In relation to our data, the polysemic nature of the gift was clear; different understandings of the term and different configurations of the gift-relationship were emphasised in each national context, with implications for how the benefits for the donor were portrayed. Our data demonstrate the existence of nationally specific egg donation *recruitment regimes* each with particular recruitment strategies that are shaped by differing normative contexts, economic situations and regulatory constraints. Thus, we argue that these strategies both reflect and produce different versions of egg donation, creating and constraining opportunities for (some) women to provide eggs (Healy, 2010) and providing information of the reach of commercial practices in each context.

In the UK, clinics largely operate in the private sector. An idealized discourse of feminised solidarity is put forward, which builds on the idea of women who are already mothers helping other women to receive the 'gift' of motherhood. The idea of egg donation as *a scarce gift with enduring responsibility* emerges as a result of the specific requirement for donors to agree to be identifiable once a donor conceived person reaches age 18. A cultural and legal recognition of a donor conceived person's rights to information about their conception is used in the UK context to insist that becoming an egg donor is part of an enduring commitment; albeit one that has reciprocal benefits (emotional and financial) for women who engage with the practice. In Belgium, fertility clinics mainly operate within a model of public funding and under national regulations and cultural norms that prohibit the direct recruitment of donors and prioritizes a more neutral and informative approach to information giving about egg provision. Belgian fertility clinics, then, frame egg provision as form of *disconnected tissue exchange*, a medical process with therapeutic benefits for the recipients, but not the donor herself. Egg provision is framed as a voluntary and altruistic act where egg donors are detached or disconnected from recipients and should expect nothing in return, and even perhaps undergo some hardship. In that sense, it might be said that within Belgium a clearer fulfilment of the VUT model is prioritized. Although present, we saw fewer appeals to broader narratives of general solidarity between women and sisterhood than in the other two contexts. Cultural preferences around donor anonymity were embedded through the practice of cross over donation. In Spain, where egg donation mostly takes place in the private sector, recruitment of donors is prioritized by clinics via their marketized websites. A romanticized image of egg donation emerges, presenting the donation as an easy procedure of mutual benefit (including financially) that involves both giving and receiving (Shaw, 2008), drawing on wider socially and culturally informed feminist ideals which work to position the act as one of "sisterhood". In Spain, strict rules around anonymity mean that the legal obligation of donors is presented as a tool for both donors and recipients to avoid possible future 'complications' or 'responsibilities'. Our data show that Spanish clinics play with the idea of women helping other women – a representation that is compatible both with wider cultural discourses around altruism and with a model in which donors seek or are attracted by economic compensation.

These national cases demonstrate that supranational and specific country level regulations, cultural and economic contexts interact to shape different national recruitment regimes within Europe. We argue that these regimes, part of which become visible through clinic websites, each produce and reinforce different versions of egg donation despite these countries all falling under a supra-national regulatory framework which positions tissue donation as voluntary and unpaid donation. They raise questions about the homogeneity of the phenomenon of 'egg donation'; instead representing a multiplicity of practices and creation of varying frames.

Despite this variability, in the EU context, the overarching framing of egg provision as an altruistic act of giving between women persists. This narrative is maintained despite current shifts in the landscape of egg donation which are illustrative of a move towards more varied, and in some cases, more commercialised practices – such in the case of Spain. As demand for eggs continues to grow globally, clinics are extending their recruitment practices to ensure a steady supply of eggs. In countries like the UK and Spain where most egg provision takes place in the private, for-profit sector, this presents somewhat of a paradox – that egg provision is framed as beyond commercialisation at the point of donation (to ensure alignment with the EU Directive), yet is an expensive option for patients and represents a lucrative form of fertility treatment for clinics. Growth in demand for egg donation amongst new groups of recipients is also driving recruitment practices, as potential patients seek out new ways of family building within the for-profit fertility sector. These shifts are driving a change in practices such as the shipping of eggs internationally and the creation of commercial egg banks (Hudson et al., 2020; Waldby, 2019, van de Wiel, 2021). Such bioeconomic aspects of egg provision are often not discussed or made visible in dominant framings of the practice, raising important questions about how egg provision is framed and understood more broadly.

7. Conclusion

Socially situated framings of egg donation are important as they both reflect and form part of particular types of egg donation regimes: regimes that have implications for who comes forward to donate in each national context, how donor populations are constituted, the supply of donor eggs, and further implications on how reproductive treatments with third party eggs and reproductive markets are conceived and shaped more broadly. These representations are important in a changing

fertility landscape as they illustrate the complex entanglements of national policy, supranational regulation, cultural preferences and commercial priorities. They illustrate the importance of paying attention not only to the embodied and relational aspects of gamete donation, but to the need to analyse the social and cultural systems and infrastructures in which donation practices are embedded and the implications these broader systems have for the framing of donation as a culturally normative practice.

Credit author statement

Catherine Coveney: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Roles/Writing - original draft; Writing – review & editing. Nicky Hudson: Conceptualization; Funding acquisition; Methodology; Project administration; Supervision; Roles/Writing - original draft; Writing – review & editing. Sara Lafuente – Funes: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Writing – review & editing. Lara Jacxsens: Formal analysis, Writing – review & editing. Veerle Provoost: Conceptualization; Data curation; Formal analysis; Methodology; Supervision; Writing – review & editing.

Data statement

Data summaries were deposited with the UK Data Archive at the end of the study in 2021.

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