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Good Soldiers, Good Guys, and Good Parents:
The Meanings of Donation and Donated Tissue in the Context of
the Danish Donor Sperm Industry

Alison Wheatley

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Declaration

This is to certify that that the work contained within has been composed by me and is entirely my own work. No part of this thesis has been submitted for any other degree or professional qualification.

Signed:

Abstract

Denmark is a major exporter of both anonymous and identity-release donor sperm worldwide, and is home to one of the world's largest sperm bank networks. The country's legal framework allows for sperm donors to make the choice whether to be anonymous or to release their identity to potential offspring, in contrast to the majority of European countries which require either anonymity or identity-release donation. As such, it represents a chance for researchers to draw comparisons between donors who have explicitly made these different choices. This thesis draws on data from thirteen in-depth semi-structured interviews carried out with donors at a major Danish sperm bank.

I suggest that neither the traditional 'beer money for the weekend' nor the currently-popular 'wanting to help' narrative of sperm donation tells the full story; the experiences of these donors cannot be expressed fully using an altruistic gifting model, but neither are they fully captured in terms of the capitalist exchange of labour; as 'help' or as 'work'. Donor virility, and by extension masculinity, is represented through sperm quality and the discourse of "good sperm", which then explicitly informs donor payment, complicating the relationship between donors' embodied experience, their pride in their 'product' and the various ways in which semen as a substance is understood: "good sperm" could make a donor into a 'good guy' who could help with the falling national birth count, whereas sperm that was "bad" could be reframed as the product of donors' lifestyles or as 'good soldiers' fighting against the freezing process.

Donor accounts of sperm donation were also informed by the wider web of connections that are formed through the process of sperm donation: real, potential, or imagined connections between donor and offspring, donor and their imagined 'good' recipient, offspring and donor families, and donors and the wider Danish nation in terms of the production of so-called 'Viking sperm' and the extension of the 'help' discourse through the falling Danish sperm count.

Lay Summary

More and more people are choosing to have children using donated sperm. We are constantly being told by the media that there are not enough men donating sperm here in the UK to meet this demand, but in Denmark the sperm banks have a waiting list of hundreds of donors. It is important for us to know more about current donors so that we can more effectively recruit new donors.

There have not been very many in-depth studies of donors in the past. We have some data from the 1990s that tells us that donors are more likely to donate because they want money and are not very interested in the children that are made from their donation. In the past donors were allowed to be anonymous and never have any contact with their children. However, in the UK the law has changed, and donors now have to agree to be open to contact when their children are 18. In Denmark, donors have the choice between these two options, and I was interested to know what kinds of men chose each option.

To find out more about donors, I spent 8 months in Denmark in one of the world's most successful sperm banks, and talked to thirteen men about their experiences of being a sperm donor. I found that donors take a great deal of pride in knowing that they have "good sperm", and that, whilst some donors do focus on the payment that they receive for donation, many donors do carefully consider the consequences of donation and make choices accordingly.

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Contents

Introduction	13
Chapter 1: Research Context.....	21
Cryos International	21
The Danish Legal Context.....	23
Specific Sperm Banking Practices.....	29
‘The Viking Baby Invasion’ and Danish Reproductive Tourism.....	31
Chapter 2: Existing Scholarship	35
Sperm Donation and Ethical Debates	35
Sperm Donors: Existing Studies.....	50
Chapter 3: Research Design and Methodology	79
Research Questions	80
Research Method Selection and Development.....	84
Developing the Research Instrument	86
Access and Sampling	87
Data Collection.....	94
Data Analysis	95
Research Ethics	97
Reflections on Interview Theory and Practice	101
Chapter 4: Semen: Potentiality and Physicality	109
Theorising Semen: Physicality vs. Potentiality.....	110
Semen in the Sperm Bank.....	113
"Good Sperm".....	115
Danishness and the Falling Sperm Count	119
Bad Sperm?	123
From “Good Sperm” to Good Money.....	127
Chapter 5: (Re)Production: How Donor Sperm is Made	131
Pre-Donation Bodily Discipline and Ritual.....	131
Masturbation, Taboo and Negotiation of Space in the Sperm Bank	140
‘Techno-semen’ and the Secondary Production Process	151
Chapter 6: Sperm Donors and Personal Ethics.....	159

Payment: Recompense or Reward?	160
'It's the Best Job You Can Actually Have'	171
Sale, Selection, and Ethical Acceptability	174
Selection and Personal Ethics	185
'Naturalisation' and Rendering Donation Unproblematic	189
Chapter 7: Stigma, Kinship, and Connectedness: Consequences of Donation	197
What do we mean by 'consequences' of donation?	197
Donors and Offspring: the Potential for the 'Knock on the Door'	202
Marital Assets and Emotional Debt: Donors, Partners, and Offspring	209
'All Kinds of Baggage': Donors and Recipients	215
'One hundred children' and the fear of incest: relationships between donor offspring	219
Secrecy and Disclosure: the relationship between donors and wider society	223
Chapter 8: Discussion & Conclusions.....	231
Discussion	231
Narratives of Donation	242
Limitations and Suggestions for Future Research.....	249
Conclusions.....	252
References	257
Appendices	275

Introduction

Artificial insemination is one of the world's oldest assisted reproductive technologies. The first concrete example of artificial insemination (AI) in humans was documented by John Hunter, a Scottish surgeon, in the latter half of the eighteenth-century. This early form of AI was designed to assist married couples who had difficulties conceiving; Hunter advised a man with hypospadias (an incorrectly positioned urethral opening) to inseminate his wife using a syringe and semen collected during coitus, rather than masturbation¹. The first artificial insemination using donor semen took a further hundred years: in 1884, a doctor in Philadelphia took semen from a medical student and used it to inseminate a patient.

Beginning in the 1950s, the development of successful cryo-freezing and defrosting processes for sperm allowed for a commercialised sperm banking industry to grow. Throughout the 1960s and 1970s, techniques for washing and preparing semen for implantation were developed and refined, particularly following the introduction of In-Vitro Fertilisation (IVF) techniques in 1978, after which the demand for donor sperm increased. However, whilst the technology that facilitates donor insemination (DI) has remained largely unchanged since the 1980s, the legal frameworks that regulate donors have been constantly evolving, in response to debates around the ethics of donation. Some of the key debates in the existing literature on donor insemination and associated

¹ Several comprehensive histories of artificial insemination have been written. See for example Ombelet & Van Robays (2010) or Speirs (2007) for a history of artificial insemination in the UK.

technologies such as IVF include considerations of the morality of the practice of sperm donation and the effect of being donor conceived on children (e.g. Scheib, Riordan, & Rubin, 2005; Turner & Coyle, 2000); the practice of anonymous donation and who benefits - i.e. the medical profession, the donor, the social parent (e.g. Haimes, 1993; Snowden & Mitchell, 1981); the importance of genetics and the child's 'right to know' their heritage - including issues of disclosure to the child of their donor-conceived status (e.g. Daniels & Taylor, 1993; Hargreaves & Daniels, 2007); commodification and commercialisation of tissues, along with the morality of receiving payment for donation (e.g. Daniels & Golden, 2004; Yee, 2009); the emergence of new family forms, including same-sex and single parent families, and the fragmentation of reproductive categories into genetic and social parents (e.g. Haimes & Weiner, 2000; Hargreaves, 2006; Hogben & Coupland, 2000; Silva & Smart, 1998) and issues of the legal status of social parents, especially with regard to lesbian couples (e.g. Jones, 2006). Many donor offspring and others invested in sperm donation have begun to campaign for more legislation, including the removal of donor anonymity and mandated genetic testing.

Since donation has been a topic of such intense academic interest since the 1980s, there have been a wealth of empirical studies as well as the more theoretical ethical and legal debates. There have been a number of quantitative studies that examine the motivations that men have for becoming sperm donors, dating back to the early 1990s and continuing into this decade (e.g. Daniels, Curson, & Lewis, 1996; Riggs & Russell, 2011; Sydsjö et al., 2012). Qualitative studies of donors have tended to focus on those who have donated in the past rather than current donors (e.g. Speirs, 2007), and there was very little qualitative work on current donors until Rene Almeling's groundbreaking work *Sex Cells*, a study of sperm and egg donors in the US (Almeling, 2007, 2009, 2011). Her work suggested that

sperm and egg donors experience donation in different ways, and that cryobanks are selling a very specific product, consisting of both donated gametes and of personal information about donors. This concept of selling personal information as well as gametes draws on and builds upon a wealth of ideas about commodification and commercialisation as it pertains to human tissues, of which gametes are one subset.

Not all of the empirical studies around donor insemination have focused on donors; there are a variety of other people who are affected by and invested in the process of donor insemination, including donor offspring, recipients of donor sperm, and donors' partners and families. There have been several both quantitative and qualitative studies into the experiences of donor offspring and their social parents (e.g. Jadva, Freeman, Kramer, & Golombok, 2009; Turner & Coyle, 2000). These studies have tended to ask questions about the relationships between donors and offspring from their perspectives. These include questions about the terminology that donor conceived people and their families use to describe donors, for example, or questions about the choices that recipients make when they choose which donors or which clinics to use. Indeed, in 2009-2010, I conducted a study that explored the ways in which donor offspring and recipients of donor sperm used online communities and resources to make sense of their status as donor conceived individuals or parents of donor conceived individuals (Wheatley, 2010). These online communities offer donor offspring the chance to make contact with potential siblings, and to make sense of the kinship connections and relationships that were formed through the process of donor insemination. A number of the participants in this previous study had been inseminated with Danish sperm.

The Vikings are Coming: Danish Sperm and World Domination

The Danish context is specifically interesting as a case study for research into sperm donors due to the presence of the large sperm bank Cryos International, which, for the past 25 years, has been exporting donor sperm around the world, facilitating thousands upon thousands of donor pregnancies. As well as its three branches in Denmark, Cryos has franchises in the USA and previously in India, positioning Denmark as an international hub for donor sperm. A number of UK sperm banks and fertility clinics import Danish sperm due to shortages of sperm from British donors, and both the Danish and British media have been steadily highlighting stories about British people (and other foreigners) travelling to Denmark in order to undergo donor insemination since 2004 (Wheatley, 2011). As recently as January 2015, the BBC screened a documentary entitled, in the grand tradition of British double-entendre, *The Vikings are Coming* (Bourne, 2015). This film highlighted the growing number of lesbian couples and single women who are turning to donor insemination in order to produce a family, and, more significantly, who are using Danish sperm to do so. Their reasons range from a lack of availability of donors in the UK, to the ease of use of the Danish system for selecting the specific donor they want to buy sperm from and the convenience of the mail-order and delivery service for insemination at home. Moreover, unlike the UK where identity-release donation (i.e. donors are required to be open to contact from their offspring when they reach the age of eighteen) is mandatory, Danish donors are able to choose whether or not they wish to donate anonymously or not. This means that recipients who order sperm through the mail for self-insemination without the intervention of a clinic are able to bypass UK laws that forbid the collection and use of anonymous donor sperm. Whilst this project is not

a comparative study or an exploration of the export of Danish sperm to the UK, this is the wider context in which this research sits.

This Project

Given this backdrop of the intertwined nature of Danish sperm and British recipients, the aim of this project was to explore the landscape of sperm donation in Denmark and to gain a deeper understanding of the ways in which Danish donors conceptualise the process of sperm donation and the donated tissue itself. This included an examination of the motivations and experiences of Danish donors in order to understand why the Danish system is so successful at donor recruitment, and to potentially use the particular legal situation of anonymity in Denmark to as a way in to comparative work on different kinds of donors.

This project utilises qualitative methods to investigate how donors conceptualise the process of sperm donation and the tissue itself, and to consider the role of technology in shaping perceptions of donation and donated sperm. The research is situated within the literatures on gamete donation and other forms of tissue donation, and draws on scholarship on gender, identity, and the moral values assigned to tissues and bodies. The results of the research will potentially be of interest to academics working on gamete donation or new reproductive technologies more broadly; sperm banks and other medical practitioners working with donor gametes; donor conception support organisations; and policy makers in the area of reproductive law.

Structure of this Thesis

Chapter 1 provides a brief history of sperm donation in Denmark and of Cryos International in particular. It focuses on the legal frameworks in play, particularly the

European Tissue Directive and its influence on Danish law, and the changes that have taken place from the founding of Cryos until the more recent moves towards choice in anonymity that took place in 2012. It also touches on the ethical debates in play and the reasoning behind the Ethical Council's policy recommendations.

Chapter 2 gives an overview of the existing scholarship around sperm donation and other forms of tissue donation. This serves to contextualise this project within the wider landscape of donation literature by locating it alongside previous empirical studies on both sperm donation and other forms of tissue donation. Secondly, the chapter also gives some theoretical context for the rest of the empirical chapters; it examines the historical and current debates around the practice of donation, including issues of ownership of tissues, commodification and the value of the human body, and the ethics of selective reproduction, as well as theories of masculinity, virility, and donor sexuality, and kinship.

Chapter 3 outlines the research questions I set out to answer, explains the design and methodology employed to answer them, and discusses and justifies the choices I made during the research process. In this chapter, I also think reflexively about my position as a researcher and the potential effects that my subjectivity may have had on the data that I was able to collect and the results of this project.

Chapters 4 to 7 present an empirical account of the experiences of Danish donors. Chapter 4 focuses on semen as a substance, and its meaning as part of the donation process. This chapter examines various ideas about "good sperm", and how this relates to donors' identities and masculinities, particularly the way these tie into the discourse of 'the falling Danish sperm count'. It also explores how donors discuss "bad sperm" and failures, and the shifting ways in which blame and praise are apportioned to donors'

bodies, behaviours and external technologies according to the particular narrative that is being told. Chapter 5 continues the examination of “good sperm”, but shifts focus from the substance of semen itself to the process of production of the ‘clean, safe’ donor sperm that will be used for donor insemination and IVF. It explores the production process for donor sperm, including preparation for donation, the act of masturbation and donors’ experiences with it, and the negotiation of space in the sperm bank by donors and staff. Chapter 6 examines the questions of ‘personal ethics’ that underpin the choices that donors make when deciding what kind of donor they want to be, with a particular focus on the ethics of payment and selective reproduction. Finally, Chapter 7 examines donors’ attitudes towards the consequences of their donation, and considers the kinship bonds that are formed between donors and those others involved in the donation process.

Chapter 8 draws together the strands of discussion that run through all four of the empirical chapters, particularly the multiple dichotomies that, I argue, underpin the donors’ accounts of donation: the social and the biological; nature and nurture; the intrinsic and the changeable. I argue that the difference between identity-release and anonymous donors is not necessarily as clear cut as the competing discourses of donors looking for ‘beer money for the weekend’ vs. altruism and ‘wanting to help’ might suggest. I identify a number of different donor archetypes that are evident in this data, including the ‘pragmatic’ donor, who makes decisions to minimise consequence and maximise payment whilst also giving empathetic consideration to recipient parents, and the ‘socially minded’ donor, who focuses on the ethics of donation, and makes decisions based on what is best for the donor offspring and for society as a whole.

I now turn to an introduction to the context of this research and the particular legal landscape of sperm donation in Denmark.

Chapter 1: Research Context

The legal and ethical frameworks regarding assisted reproduction vary widely around the world. Each country has its own set of laws and principles governing sperm banking and donor insemination, ranging from rules that very strictly enforce anonymity to rules requiring that donors be open to future contact with offspring; rules about who can receive donor gametes and how those gametes should be chosen; rules about the number of offspring each donor can produce; and rules about the levels of payment or compensation that donors can receive for their donation. European Union member states are bound by the restrictions of the 2004 European Tissue Directive, but this Directive also gives a lot of freedom for countries to interpret the rules in particular ways. For example, the Directive strongly *advises* countries to mandate anonymous donation, but many countries, including Britain and Sweden, have since mandated identity-release donation, where donors are required to be open to contact from their (potential) offspring when the children reach the age of eighteen. In Denmark, the legal landscape of sperm donation has been shaped by the presence of a well-established and successful commercial sperm bank, Cryos International.

Cryos International

Cryos International was founded in 1987 by Ole Schou in Århus, Denmark's second-largest city, located on the Jutland peninsula. Initially, Cryos was designed as a storage facility for freezing sperm for autologous later use (i.e. use by the donor), particularly by men who had had a vasectomy or were due to undergo chemotherapy. However, in 1990 a donor sperm program was established to provide sperm to heterosexual couples who

were dealing with male-factor infertility. By 1994, Cryos had branched out and opened clinics in two other locations within Denmark: Odense and Copenhagen. In 2001, they further branched out beyond Denmark and opened Scandinavian Cryobank in Seattle, Washington, USA². In 2006, the Cryos franchise system was introduced and the company became Cryos International, with the Scandinavian Cryobank becoming Cryos International New York. The franchises are operated as individual clinics that are able to recruit their own donors, rather than only act as resellers for sperm produced by donors at the main Cryos International branches or other Cryos sperm-treatment-related products³. Two new franchises were opened in 2008: one in Aalborg, Denmark, and a second in India. However, the Indian branch was closed again in September 2011, due in large part to a lack of demand and laws which prohibited the export of semen (Patil, 2011). By 2011, when this research began, Cryos International had provided sperm to 65 countries around the world, had a catalogue of more than 500 donors and had achieved over 19000 pregnancies since 1991.

As well as the shift to the franchise model, there have been a number of changes to the Cryos service since its inception. In particular, the opening of the Scandinavian Cryobank in the USA led to a change in operating practices: a shift to what they Cryos describes as ‘the American model’. In order to understand this, it is necessary to understand that the culture of sperm donation was very different in Europe and the USA at that time. Across most of Europe, the choice of which sperm bank to use and also which donor to choose

² In 2003 this branch was closed due to serious fraud by the director Peter Bower and was reopened in New York in the same year.

³ In addition to donor sperm, Cryos also produce a range of products for use in the preparation and treatment of stored sperm; these include SpermFilter, which is used in IUI preparation to separate and purify highly motile sperm.

was made mostly by the hospitals or fertility clinics, generally according to a system of matching donor characteristics, or phenotype, to the characteristics of the recipient parents. This system of fertility clinics mediating the selection and matching process for donor tissues continues to be in use in many European contexts, such as the UK and Spain (Bergmann, 2014; Davda, 2014). In the US, in contrast, patients often have much more freedom to make decisions about where and how they would prefer to obtain their donor sperm, and have the ability to select from particular donors based on whatever characteristics they might deem appropriate. Opening Scandinavian Cryobank in the US led to the development of a ‘donor list’ for the Cryos website in order to cater for the American market system, which was subsequently made available in both the American and Danish sperm banks. In 2009, Cryos adopted wholesale this ‘American model’: their services were made available to private customers, with sperm sold directly to the public as opposed to purely reselling through fertility clinics and public hospitals, and donor profiles were made accessible to everyone, not only to those who had paid a premium subscription fee to look through the catalogue.

The Danish Legal Context

Of course, despite the move towards a more American-style system, Cryos’ operating practices remain constrained by both national and EU law. As I have previously discussed, the legal framework for donating and selling gametes varies from country to country worldwide. The European Tissue Directive states that ‘as a matter of principle, tissue and cell application programmes should be founded on the philosophy of voluntary and unpaid donation, anonymity of both donor and recipient, altruism of the donor and solidarity between donor and recipient’ (Official Journal of the European Union, 2004:

2). Whilst the European regulations therefore *recommend* anonymous and unpaid tissue donation, the EU permits member states to make their own choices.

Collection of Tissues and Payment of Donors

In Denmark, anonymity was compulsory for both sperm and egg donation up until 2012. Prior to this, Cryos had obtained special permission from the Danish authorities to produce identity-release sperm, something which was required for them to be able to export sperm to clinics in countries such as the UK which require donors to be identity-release. Whilst Cryos was able to collect this sperm, it was technically illegal for Danish doctors to work with patients who wanted to use identity-release sperm for their assisted conception procedures. However, due to the specific wording of the law, there was a loophole that caused the restrictions to apply to doctors and *only* to doctors⁴. This meant that other health professionals such as midwives were able to perform procedures using Cryos' identity-release sperm despite the fact that the law mandated anonymity. This is one interesting facet of the Danish system particularly, as it represents the way that public demand and practitioner ingenuity could be used to subvert and circumvent the law.

Following a number of debates about whether or not anonymity should continue to be required (Ernst, Ingerslev, Schou, & Stoltenberg, 2007), the law was changed to permit the production and sale of both anonymous and identity-release sperm. This is an unusual situation within the European landscape where most countries either fully forbid or mandate anonymity. The law change can be viewed as occurring in part due to the

⁴ The law referred specifically to *læger* [doctors] in all cases when discussing the use of donated gametes for assisted reproduction. In the 2012 law change, the wording was updated to *sundhedspersoner* [health professionals] (*Lov om ændring af lov om kunstig befrugtning i forbindelse med lægelig behandling, diagnostik og forskning m.v., børneloven og lov om adoption [Amendment to the Law on Assisted Fertilisation in connection with medical treatment, diagnostics, research etc.]*, 2012: paragraph 3).

influence on the Danish debate of Ole Schou and the well-established presence of Cryos and other Denmark-based international sperm banks, since the change occurred following a parliamentary debate that was held in consultation with a number of invested parties, including Cryos (Folketinget, 2012). The fact that there was a pre-existing, flourishing practice of midwives and other, non-doctor, health professionals conducting artificial insemination with both anonymous and identity-release sperm also contributed to the change in legislation. Rather than legislate to remove the subversive practices, the legislation change served to remove the subversion by legitimising it instead (S. Adrian, 2014).

Regarding compensation, the Tissue Directive states that ‘donors may receive compensation, which is strictly limited to making good the expenses and inconveniences related to the donation’ (*op cit.*:7); member states are allowed to set this level of compensation themselves, and this therefore varies widely from country to country. It also varies from sperm bank to sperm bank. Donors at Cryos receive between DKK 300-500 (around £30-£50) per ‘closed batch’ (i.e. fully tested and accepted batch) of sperm, based on the quality of the sperm and with a 10% bonus payment for donors who have an extended profile and allow their identity to be released⁵. This payment is made on a sliding scale depending on the quality of the sperm that donors provide, with lower quality but still useable donations attracting the lower compensation level and higher quality donations the higher one; donations which are of too low quality to be usable by the sperm bank are not compensated. This emphasis on quality is in turn reflected in the price for Cryos customers, which also operates on a sliding scale. This quality-based

⁵ In comparison, UK donors currently receive fixed compensation of £35 per visit. Egg donors receive £750 per cycle.

compensation system was not mandatory and was not in place in all Danish sperm banks; some donors reported to me that Nordisk Cryobank, for example, used a fixed-price compensation system for its donors.

Comparisons with Egg Donation

Though the focus of this research is on sperm donation rather than gamete donation more generally, it can be helpful for contextualisation to understand the comparative status of egg donation in this legal framework. There have long been distinct differences in the ways that sperm and eggs are conceptualised under Danish law. In 2004, the Danish Ethical Council gave a statement about egg donation in which they claimed that there was a ‘biological background’ for these differences: they argue that sperm and eggs are not comparable, since eggs are part of a woman’s identity as they are available in limited numbers, exist in the body from before birth and mature at a slow rate, whereas men constantly produce millions of sperm, which are discharged regularly and replaced (Det Ethiske Råd, 2004). Thus, they argue, men are biologically able to impregnate many women in a ‘natural’ way, whereas women do not ‘naturally’ have a great number of pregnancies or transfer their gametes to someone else; sperm donation is seen as closer to the ‘natural’ process of fertilisation than egg donation. Sperm, therefore, seems to be valued less highly in terms of its worth or importance to the donor, and conversely valued very highly in monetary terms. Until 2007, egg donation in Denmark was allowed only as long as the eggs were collected as part of already ongoing IVF treatment for the donor woman. It was illegal to sell or assist in any way in the sale of either fertilised or unfertilised human eggs, and export of Danish eggs was also forbidden, in contrast to the permitted export of Danish sperm (Lov om kunstig befrugtning [Artificial Fertilisation Act] 2006: paragraphs 12-16). These issues were also addressed in the 2012 change in donation

legislation, and the same rules about anonymity apply to egg donors as sperm donors (Lov om ændring af lov om kunstig befrugtning [Amendment to the Assisted Fertilisation Act] 2012).

Use of Tissues: Who Can Be a Recipient?

As well as rules about the ways that donors should be procured and compensated, there are also rules governing the way that donated gametes can be used within the country; IVF is not allowed if surrogacy is intended, for example (Lov om kunstig befrugtning [Artificial Fertilisation Act] 2006: paragraph 13), since surrogacy is illegal in Denmark as in many other European countries. Similarly, it is also prohibited to use two sets of donor gametes in an IVF procedure; either the eggs or the sperm must come from the recipient(s), so, for example, a single woman undergoing IVF would not be able to use donated eggs (*ibid.*: paragraph 5). This particular law seems to be designed to ensure that at least one of the (social) parents has a genetic connection to the child, apparently giving primacy to the value of the biological over the social. Moreover, for many years Danish law did not allow single women or lesbian couples to undergo IVF treatment, but this was changed in 2006 (K. M. Pedersen, 2006). By September 2011, Cryos Denmark's customer base consisted of around 60% heterosexual couples, between 30-40% single women and around 10% lesbian couples (Ehrenschild, 2011a).

Number of Offspring

Prior to the 2012 law change, the regulations regarding the number of children each donor was allowed to produce were fairly relaxed. There was a limit of 25 children per donor within Denmark, but much of the sperm that was produced at Cryos was used for export and any pregnancies produced abroad were not included in the limit and, in many cases, could not even be tracked unless a clinic in a destination country reported back. However,

in 2012, a scandal broke in Denmark surrounding a donor at another major Danish sperm bank. This donor was a carrier for neurofibromatosis type 1 (NF1), a genetic disorder which causes neurofibromas under the skin and can also cause sufferers to develop learning and behavioural problems, vision problems, hearing loss, and other physical issues such as spine curvature and other bone deformities. Children have a 50-50 chance of inheriting NF1 if one of their parents is a carrier, as the donor in this case was – though he himself was unaware of it at the time. It was discovered that the donor had produced at least 43 offspring across 14 clinics in 10 countries (A. Hansen, 2012), and at least five of those offspring had inherited the disorder (Ahmad, 2012a). This story was picked up by many Danish and worldwide media outlets and caused a great deal of controversy, particularly when it came to light that the sperm bank had been informed of the risk as early as 2009, when one of the fertility clinics had informed them that a child had been born with NF1 and that the donor was potentially a carrier who could pass the disease on to other offspring, but had continued to use the sperm in inseminations. The sperm bank themselves claimed that they had concluded that the donor was not the source of the disease in the affected children (Bech & Svendsen, 2012). Following this case, the Danish Health and Medicines Authority made the decision that donors should be restricted to producing no more than 12 offspring, and also made it clear that sperm banks were obliged to withdraw sperm if there were any suspicions regarding genetic disease. Routine genetic testing is not currently part of the landscape of Danish sperm donation, though it is in other contexts such as China and many US sperm banks (Gong, Liu, Zheng, Tian, & Li, 2009).

Specific Sperm Banking Practices

Even within a particular country and legal context, the ways in which sperm banks operate can vary widely. In this section, I will provide some background context on the particular setting in which the donors in my study were donating.

Sale and Provision of Sperm

As I have already discussed, by the time that this study began Cryos had switched to a system in which they sold sperm directly to consumers via online profiles as well as selling sperm to fertility clinics and hospitals. These donor profiles contain information such as race, ethnicity, eye colour, hair colour, height, weight, blood type and whether the sperm bank is aware of previous successful pregnancies achieved using that donor's sperm. This information about donors' appearances is captured by the sperm bank staff during their initial interviews with potential donors, and they also provide a brief account of their 'first impressions' of a donor: what they think about his personality and demeanour. Some donors also provide an extended profile. This can contain detailed information about the donor's education, appearance, and family medical history, as well as some comments from the clinic staff giving their impressions of the donor, a questionnaire answered by the donor, childhood photographs, results of an 'emotional quotient' test, and an audio interview. These extended profiles serve two purposes: they give prospective recipients more information upon which to base their decisions about which donor to use, and they provide some information about the donor and his family which can be passed on to donor offspring who wish to find out more about their biological/genetic origins. Many Cryos donors provide these profiles regardless of whether or not they have chosen to be anonymous or identity-release donor, and donors receive a 10% increase in the compensation they receive for donating if they do choose to allow this extra information

to be included about them in the catalogue, and also if they choose to become an identity-release donor. Any donor was able to provide an extended profile, but only donors aged 25 or up were permitted to become identity-release donors at the time when I conducted this fieldwork, during 2012-2013.

The pricing structure for purchasing sperm at Cryos is based on a grading system for the motility of sperm (signified as MOT# where # is millions per millilitre) as well as whether or not the sperm is supplied ICI (unwashed for implantation into the vagina or cervix) or IUI (purified of bacteria for direct implantation into the uterus). For private customers, prices are set per straw (0.5ml) and range from €30 for ICI-MOT5 to €500 for ICI-MOT50+ and €150 for IUI-MOT5 to €600 for IUI-MOT20+. A surcharge cost of €100 applies if a consumer wishes to purchase sperm from identity-release donors, and a surcharge of €40 to purchase sperm from a donor with an extended profile, though access to the profile itself is free (Cryos International, 2012). In 2012, Cryos introduced a new system of 'exclusive donors' in which semen from a donor who has not been purchased from before can be reserved specifically for use by one recipient. This involves purchasing and reserving all the current stock, and then purchasing all future stock from the donor to maintain exclusivity. For a fee of €12000, the exclusivity can be made permanent by paying the donor to not donate again; this allows recipient parents to engage in a form of "genetic monogamy" with a donor. None of the donors I spoke to, however, were involved in this option.

In recent years, Cryos Denmark has greatly reduced its donor recruitment. The Danish media reported that Cryos Denmark has reached its full capacity of 70 litres of sperm and has 600 potential donors on a waiting list (Ehrenschild, 2011b). Similarly, the media has focused on Cryos turning away 'traditionally Scandinavian looking' donors and redheads,

who are only in demand in Northern Europe and specifically Ireland for redheads, whilst recruiting Indian donors or donors of dark, Southern European appearance due to Cryos' growing markets in those countries (Ehrens kjöld, 2011b; Langwadt, 2010). When I began my research, the Danish-language version of the Cryos website stated that they were only looking to recruit donors who were of non-Danish ethnicity; ethnically Danish donors who had brown eyes and are over 175cm tall; or ethnically Danish donors who had blue eyes, are over 180cm tall and are willing to be an identity-release donor and also provide an extended profile. This recruitment slowdown and narrowing of the parameters of what kind of donor they were searching for provide a curious contrast with the ways in which donor recruitment is currently carried out in the UK, where advertisements often emphasise the lack of donors and the 'desperate' situation of UK sperm provision (Elmhirst, 2014).

'The Viking Baby Invasion' and Danish Reproductive Tourism

Much of Cryos' history and the development of its model, as I have suggested elsewhere in this chapter, has been geared towards the export of sperm to other countries. Indeed, the export of Danish sperm has become (in)famous and widely discussed in the media of both Denmark and Britain, one of the destinations for exported sperm. At the same time, there has also been much discussion of the tendency for British couples, or single women, to travel to Denmark for fertility treatment, perhaps because they desire anonymous sperm which is unavailable in the UK (e.g. Adrian, 2014). In many cases, though, this discourse ties in with the portrayal of the 'desperation' of the UK sperm situation and the difficulty of donor recruitment in the UK compared with Denmark rather than the potential for circumventing the law. This does have a basis in reality: the Glasgow Royal Infirmary spent 18 months campaigning to be allowed to import sperm in bulk from

Cryos to alleviate shortages, and the HFEA granted permission for this in 1999 (Millar, 1999). Since then, a number of articles have appeared in British newspapers that focus on both the import of Danish sperm to the UK and the trend for fertility tourism and travel. These often use narratives that draw on the ways in which Cryos brands itself abroad: namely, as a provider of ‘viking babies’. These articles also tend to use the metaphor of the ‘invasion’ to describe these practices of export and tourism: for example, ‘sperm firm gears up for new Viking invasion of Britain’ (A. Browne, 2004) and ‘a thousand years ago the world faced a similar invasion of Danish men, rampaging into foreign gene pools, but this time it is not a nation but a crack corps of 250, super-fertile troops’ (Parvia, 2006). The image of the Danish sperm donor is thus an image of the stereotypically Scandinavian, tall, blonde and blue-eyed ‘viking’ (and, of course, following the coverage of Ole Schou’s comments, he is certainly not red-headed!), who seems to want to forcefully introduce his genes into foreign gene pools and presumably overwhelm the home-produced equivalent (Wheatley, 2011). Later articles, however, tended to focus on the *previous* viking invasion to draw on discourses of shared genetics between British and Danish people and reduce the potential for this to be problematic. Regardless, it’s clear that there is indeed a strong connection between the two countries when it comes to the provision of sperm.

In this chapter, I have outlined some of the historical and geographical contexts of this study, and identified some of the ways in which it represents an interesting and useful case-study into the experiences of donors, including the well-established sperm bank, the legal context which allows for donors to choose whether or not they wish to be anonymous, and the historical relevance of Denmark as an exporter of sperm to the UK.

I shall now go on to examine what previous research has been conducted into sperm donors and tissue donation more generally.

Chapter 2: Existing Scholarship

This chapter reviews the existing scholarship that is most relevant to the topic of the conceptualisation of donor sperm and the Danish donor sperm industry. Firstly, I will provide some context on historical and current ethical debates surrounding sperm donation as a practice, including issues of commodification, selection and disclosure, and locate my research within this landscape. Secondly, I will examine the previous empirical research on sperm donors and identify the gaps in this literature. I will also consider the ways in which we might use theories developed about other forms of tissue donation to inform our understandings of sperm donation.

Sperm Donation and Ethical Debates

There are a number historical and ongoing debates surrounding sperm donation. There have been debates about the morality of selling tissue of any kind (e.g. Waldby & Mitchell, 2006); debates about the ‘slippery slope’ leading from selecting attributes to ‘designer babies’ and eugenics (e.g. Lee, 2002); debates about whether the child should be told that they are a product of gamete donation (e.g. Cook, Golombok, Bish, & Murray, 1995; Gottlieb, Lalos, & Lindblad, 2000; Hargreaves & Daniels, 2007); debates about whether donors should be anonymous (e.g. K. Daniels & Lalos, 1995; E V Haines, 1993; Human Fertilisation and Embryology Authority, 2011); and debates whether or how much donors should be paid for their donation (e.g. Yee, 2009).

In this opening section, I will examine some of these key debates, specifically the commodification of human tissue and the related issue of ownership; selection and

eugenics; and issues around anonymity, secrecy and disclosure. I would argue that, whilst we have heard from many voices regarding these issues, including those of medical professionals, donor offspring, and the recipients of donor sperm, the voices of donors have not often been included.

Property in the Body: Who owns gametes?

Dickenson (2007: 1) writes that 'it is widely feared that we no longer possess a property in our own bodies.' The question of ownership has been raised many times in relation to human tissues. Traditionally, the law has assumed that tissue that has been removed from a living body is 'res nullius', or belonging to no-one; Dickenson argues that technology allows us to break the body down into parts that can be commodified, blurring the boundaries between person and thing and, therefore, turning human subjects into objects. Far from being perceived as 'res nullius', many people consider themselves to have a claim on body parts, both from their own bodies and from their families'. One British woman, for example, has campaigned for spousal consent for sperm donation. She argued that her partner selling his sperm would have an effect on her family due to his genetic connectedness with resultant children, claiming that 'there is then a huge emotional debt [she] would owe the child'. This case raised the question of whether or not sperm should be considered a 'marital asset', although it did not lead to any change in the law (Burchell, 2012). Perhaps the most famous example of marital claim to sperm is the Diane Blood case, in which a woman attempted to gain access to her dead husband's sperm after his death (Morgan & Lee, 1997). Similarly, the parents of a 19-year-old American man who was killed in a car accident sought permission to harvest his sperm in order to produce grandchildren that were genetically related to them. They were not granted permission

since, as he was not a minor, they no longer had any say in his reproductive decisions (Ahmad, 2012b).

These cases highlight the fact that there are various people who might have a stake, or believe they have a stake, in ownership of an individual's reproductive materials. One question to ask is: what rights do donors have over the way their sperm is used, and what rights might they want to have? In Denmark, the law states that donated gametes must be destroyed upon the death of the donor, but whilst they are alive, donors have very little control over what happens to their gametes once they have given them to the sperm bank. Therefore, in this project, one of the issues I will discuss is donors' feelings on ownership, and on who should have a say in how their sperm is used: should spousal permission be required for sperm donation, for example, and what restrictions would they like to be able to place on who can buy and use their sperm?

Commodification and Commercialisation: What is for Sale?

The term commodification is a Marxist concept which refers to the way in which items gain economic value and become marketable: 'to become a commodity a product must be transferred to another, whom it will serve as a use value, by means of an exchange' (Marx, 1887: 29). Human gametes have only been mass-marketable in their own right for a relatively short time; they were much more difficult to market before the development of technologies that give clinics the ability to isolate specific body parts and tissues for long-term storage and transport. Artificial insemination by donor was developed in the early twentieth century and egg donation was not performed until the 1980s, and in the last twenty years, an industry has developed, centred on providing donated gametes to recipients who are, for one reason or another, unable to have a child using their own gametes. Whilst, in EU countries, tissue donation must, by law, be founded on principles

of altruism, this has not prevented cryobanks from turning donated gametes into a business.

Resnik (1998: 388) defines commodification as 'a social practice for treating things as commodities, i.e. as properties that can be bought, sold or rented. Since commodities are alienable – they can be sold – it is possible to regard something as a property but not a commodity'. This means that it is also possible to have incomplete commodification: to treat something as a commodity, but to place restrictions on how it can be bought and sold. She questions whether human reproductive materials should be treated as complete commodities, incomplete commodities, or not as commodities, and posits that, if we accept a divide between personhood and body, it might be possible to commodify the body without treating a person as a commodity; nothing of one's personhood is lost by cutting hair, or donating blood. Semen may also fall under this category as men's bodies constantly replenish the supply, unlike egg donation where each woman's body has a finite amount of eggs. However, Resnik also suggests that selling gametes may be considered closer to selling a person, since gametes can form a person. This tension between the ease of obtaining of semen and the potential for it to form human life is at the centre of issues around commodification of donor sperm. Holland (2001: 264-5) argues that many people feel a sense of unease at the thought of the 'billion dollar private-sector industries' that are based on gametes and other bodily tissues, because they have 'have an intimate connection to personhood'. She suggests an incomplete commodification approach to gamete donation, as donors are contributing to a social good (i.e. a remedy for infertility). "Contested commodities" have multiple and contradictory meanings: 'internally, we might feel ourselves committed to the notion that the human body is priceless, even as we can wonder what price we might be able to get for the donation of our sperm or eggs'

(*ibid.*: 275). She sees incomplete commodification as the answer, as it allows commodification with regulation. Similarly, Waldby and Mitchell (2006: 137) argue that tissue donation is an example of the entwinement of gift and commodity, where a 'pure form of either [is] impossible'. For example, if we return to the European Tissue Directive and the amount that donors are paid, we can see that ideas about gifts, altruism and profit are linked together: that Cryos donors are paid more if they give a particularly motile sample would seem to belie the idea that donor 'compensation' is purely based on remunerating donors' expenses and thus appears to run contrary to the Tissue Directive's fundamental statement that donation should be based on altruism. Therefore, separating out ideas about gifting from ideas about commodification with regard to sperm donation is extremely difficult.

Titmuss' (1970) case study of blood donation and transfusion introduced the concept of 'the gift relationship' in donation. Giving, for Titmuss, is culturally situated and embodies 'moral, social, psychological, religious, legal and aesthetic ideas' (*ibid.*: 71). Moreover, the 'gift' of blood differs from other forms of giving: the recipient is usually not personally known to the donor; only certain of the population are permitted to give; there is no penalty for not giving or promise of a gift in return; givers or recipients might refuse the gift if they were known to each other, on prejudicial grounds; the gift may potentially be harmful to the recipient; and the gift is quickly replaced by the body of the giver but may be of utmost importance to the recipient. However, whilst Titmuss identifies several 'types' of donor with different motivations for donating, he argues that none of them are characterised by 'pure, complete, disinterested, spontaneous altruism' but rather that donors always have some sense of obligation or an awareness of need (*ibid.*: 89). Indeed, for Titmuss, the word 'donate' connotes a strictly altruistic motive, and he suggests that

'suppliers' rather than 'donors' would be the more appropriate term to refer to those who give blood. There are some clear parallels here to sperm donation, such as the replenishability of the tissue, the potential for harm, and the restrictions on who can give, for example, but there are also differences produced by the commercialised system in Denmark: the recipient is able to choose their preferred characteristics in the donor, for example, although the donor still does not choose the characteristics of the recipient. Furthermore, that some donors allow their identities to be available complicates the nature of the gift relationship: there is the opportunity for recipients to ask something further of the donor, for example, or for the donor to be motivated by the desire for a relationship with their potential offspring in the future.

The issue of payment also complicates the gift relationship, and the line between gift and commodity is often blurred with regard to sperm donation. Blood – and organ – donation are not commodified in the same way as either sperm or egg donation. Blood and organs are not marketed for sale (legally) worldwide, and they are not sold on websites advertising the characteristics of the donors. Due in part to the European guidelines, in Denmark sperm blurs the line between gift and commodity. Donors are expected to have, at least in part, an altruistic motive – indeed, this is specifically stated in the EU Tissue Directive and informs much of the legislation on payment and remuneration – but after donation sperm becomes a commodity and is sold privately to consumers. Whilst EU regulations state that compensation for donors must only cover their expenses, the popular image of the sperm donor is not of a selfless altruist but of someone who wants money, to 'get paid for what [they're] already doing' (Almeling 2007: 325). Waldby & Mitchell (2006: 24) view Titmuss's insistence on altruistic donation as having contributed heavily to the current system whereby bodies are rendered simply as 'an open source of free biological

material for commercial use', with questionable property rights and a lack of equity in terms of who is allowed to profit; the construction of donors as 'altruistic' also positions them as having given up rights to their own tissues. Dickenson (2007: 22) argues, similarly, that,

ironically, the dominant model for tissue donation, relying exclusively on 'informed' consent to the donor's binding renunciation of any further rights over the tissue when the 'gift' is made, may also discourage altruism and trust, the very values on which research depends.

However, it is not clear from previous research whether sperm donors consider issues such as commercialisation and their rights of ownership when they choose to become donors, which is a question that this research attempts to address.

Daniels and Golden (2004) have written a historical account of the development of commercial sperm banking in the US. They argue that sperm is commodified in Marxist terms: 'alienated from its producer and yet sold as the embodiment of that producer's characteristics' (*ibid.*: 5). In other words, it is not merely sperm that is being sold but an idealised picture of the sperm donor. Most modern sperm banks use online catalogues in order to advertise their available donors. As well as information such as ethnicity and eye colour, the donor catalogues also include information such as education level, hobbies, and musical aptitude. Moreover, they include images, not of donors but of models, who represent the idealised masculinity that is on sale: 'tall, handsome, well-educated, athletic, and most importantly, virile' (*ibid.*: 19). They use the term 'populist market eugenics' to describe the way in which the ability to choose both physical and social characteristics of donors leads to a commodification of social traits and reinforces hierarchies of social desirability; donors with particular traits are more marketable and more desirable to recipients than others. However, the public concept of 'inheritance' and 'heritability', they argue, is not based on 'scientific' understandings of genetics, since certain non-heritable

traits are also prized in donors. Several authors have argued that physical resemblance is an important marker of kinship and aids social fathers in 'passing' as the child's biological father (e.g. Hargreaves, 2006). However, Nordqvist's (2010) study showed that lesbian couples also choose sperm donors that have physical characteristics that 'match' the non-birth mother, even though lesbians cannot 'pass' as biogenetic parents; physical resemblance used as a marker of kinship and family connectedness. However, whilst it is clear that many recipients of donor sperm choose donors with 'family resemblance' in mind, there are also other factors involved: they are unlikely to pick a donor who is overweight, for example, even if the male partner is overweight. This suggests that social hierarchy can trump family resemblance, which, as has already been discussed, is often of utmost importance to recipients of donor sperm; it seems that there may be an element of 'improving' on the appearance of the parents as well as emulating it by suggesting that some facets of appearance are more important to 'pass on' than others. All of this literature has been from the perspective of the recipient parents; it's not clear what donors feel about family resemblance between themselves and their offspring, and this is a question that will be addressed as part of this research.

In Moore and Schmidt's (1999) examination of the sperm banking industry, they discovered that sperm is sold through donor catalogues which are set up like personal ads, with similar conventions to such ads in their descriptions of physical and social traits. Similarly to Daniels and Golden, they argue that sperm is both disembodied and personified in these catalogues, and selection is turned into a 'dating game' of choosing compatible or socially desirable traits, creating a hierarchy of men. Who can or cannot donate is determined by market forces; this reproduces ideas about the superiority of certain social and physical characteristics, and potentially reifies existing power differences

between men through donor selection. Moore and Schmidt also introduce the concept of ‘technosemen’. They argue that, despite the fact that artificial insemination is at heart a very basic procedure that can be performed in a ‘DIY’ fashion by women, the modern sperm banking industry is set up under medical professional control and is highly profitable. The sperm is altered to make it ‘better’ – washed and treated, as was discussed in the previous chapter in terms of ‘TUI-ready’ sperm – and each intervention increases the price of the sperm; this is ‘technosemen’ and it is marketed as superior to ‘natural’ sperm in its ability to fertilise and to ensure freedom from genetic or contagious conditions.

Bokek-Cohen (2015) analysed online donor catalogues from across Europe and North America. She found that donors were able to use the space of the catalogue profiles to represent a fantastic, playful version of themselves in a similar way to users of other online spaces and social networks such as Facebook. Donors chose anecdotes about their childhood and placed particular emphasis on facets of their personality, using these to ‘present [their] genetic advantages in a relatable social context that overrides the constraints of anonymity’ (*ibid.*: 90). However, Bokek-Cohen did not have full contextual information about how the donors were instructed to fill out the various questionnaires used to capture their profile information, and so it is unclear how much of this narrative production is driven by the donors themselves and how much by the sperm bank. As we have seen, similar kinds of donor catalogues are used by Cryos International. Kroløkke (2009) conducted a study into the online donor catalogues used by Cryos, and investigated how the concept of Viking masculinity is used in order to market and sell specifically Danish sperm outside of Denmark. She argues that sperm itself is invisible in the marketing material produced by the cryobank:

Nowhere does the company feature the biological matter that it sells. Semen is solely described in light of the technology (and the caring) involved. [...] The company's reworking of semen illustrates an interesting ambivalence in which semen is the matter for sale yet also largely invisible (*ibid.*: 24).

This highlights the fact that there remains a taboo around both the process of 'producing' sperm (i.e. masturbation) and around the sperm itself. The emphasis on selling sperm via the characteristics of donors as men seems to be a strategy to minimise the presence of sexuality and instead place the focus on the social hierarchy. However, sexuality is still present in the catalogues, particularly in the context of the image of the hyper-potent, hyper-fertile Viking male. Kroløkke draws a comparison between this hyper-masculinity as a sign of Scandinavian quality and images found elsewhere in the catalogue of 'Danish design' lamps and furniture, which she posits is the modern-day equivalent. This runs parallel to a second construction of Scandinavian men as sensitive and caring, a signifier of 'progressive', equal Scandinavia. Kroløkke argues that 'Cryos engages the (visual) consumer in a play on national mythology, national identity and heritage, while masculine and emotionally balanced donors are presented' (*ibid.*: 25).

Selection and Eugenics: Who decides?

As previously discussed, Daniels and Golden used the term 'populist market eugenics' to refer to issues of selection in donor insemination. The concept of a eugenics which operates on the level of individuals rather than institutionally has also been explored by others. Rothblatt (1997) uses the term 'personal eugenics' to describe the process which, she argues, we all endorse some notion of at some level. We do not choose, for example, those we enter into a relationship and have children with at random; rather, there is a selection process that we perform, which may involve selecting a mate with particular physical qualities that we perceive as most desirable, aesthetically or in practical terms. However, this process cannot operate purely on an individual level; personal eugenics

must be informed by societal norms and values about what constitutes ‘desirability’. In turn, ‘personal’ eugenics has the potential to become organised into state eugenics programs of the type that existed during the height of the eugenicist movement from the 1880s to the 1940s, and later in some cases: forced sterilisation of institutionalised mental patients continued in Denmark until 1967. However, ‘personal eugenics’ through the process of mate selection is not infallible, particularly since many people do not have a strong grasp of the mechanics of genetic inheritance, and is strongly predicated on the visual: outward, physical traits and family resemblance. These physical traits and family resemblances are often emphasised in gamete donation, but what is unclear from this literature is what effect the potential for these ‘personal eugenics’ to be undertaken by recipients has on donors’ decisions to donate.

Is it useful to conflate the concept of ‘eugenics’ with the wider issue of ‘selective reproduction’? ‘Eugenics’ as a term has strong emotive connotations and conjures up images of the Holocaust and Nazi mass murders of those they considered inferior, among them people with disabilities. As Wilkinson and Garrard (2013: 8) argue, ‘the language of eugenics can be highly emotive, and hence is very susceptible to confusion and to manipulative use’. In contrast to the works discussed in the previous section, much of the literature around selection avoids using the word ‘eugenics’ for precisely this reason. Whilst there are arguments to be made in either direction, namely that the use of emotive language can mislead people into viewing actions under a certain (incorrect) moral lens or that ‘eugenics’ defined as ‘attempts to improve the gene pool’, in and of itself, is a morally neutral term and a neutral practice, in the following discussion I will refrain from using this kind of terminology unless it is used by the participants or in the discourse. However, Shakespeare (1999: 673) argues that, even without explicit use of this terminology,

a clear set of values does emerge from the [genetic discourse] literature, which is implicit and subtle, but undoubtedly reflects a consensus that disability is a major problem, which should be prevented by almost any means necessary.

In the past, disability activists have campaigned against the use of technologies such as preimplantation genetic diagnosis (PGD) that can be used to inform the decision to selectively abort a foetus with a disability (Alsamarai, 2006). For these activists, the growing popularity of technology to screen for genetic diseases and to selectively abort those foetuses that test positive is eugenic in its intent; the desire to eradicate disability is viewed as an implicit desire to eradicate disabled *people*. Whilst the exact moral and ethical status of PGD and selective abortion is beyond the scope of this project, this debate remains part of the landscape of selective reproduction that this research sits in.

As well as disability, there are other types of selection that may be considered contentious. Arguments relating to the position of race in respect to reproductive technology have tended to focus on the position of black people as patients. In the late 90s, for example, Dorothy Roberts argued that ‘one of the most striking features of the new reproduction is that it used almost exclusively by white people’, that clinics were trying to purposely steer black patients away from reproductive technologies, and that there was very little demand for black eggs as a result (Roberts, 1999: 251-6). In the case of Cryos, however, we find that donors are specifically sought for their lack of whiteness and that ethnic minority donors are given different rules for how often they are allowed to donate because they are ‘in demand’. Indeed, race and ethnicity is one of the areas in which selection is most often undertaken in the process of assisted reproduction. ‘Ethnic resemblance’ is consistently assumed to be equivalent to ‘genetic resemblance’ in debates about selection and is often considered the baseline for ; in Spain, for example, ethnic matching between egg donors and recipients is mandated (Bergmann, 2014). Ethnicity categories often stand

as a proxy for physical resemblance in donor matching, and skintone and colour can override all other physical features such as height and weight (Davda, 2014). Even recipients who are against the idea of choosing a donor from a catalogue may end up selecting a donor of a particular ethnicity; this is what happened in the case of Ladd (2010: 479), for example, who chose to reject sperm banks which ‘emphasised superficial traits’ such as good looks or degrees but who then ended up choosing a donor based on their Jewish ethnicity. Arguments about race in assisted reproduction came to prominence again in October 2014, when a case was reported in which a white lesbian couple sued a sperm bank for damages after a ‘mix-up’ meant that they received sperm from a black donor instead of the white donor they had selected (e.g. Bindel, 2014). This raised questions of ‘consumer choice’ as it pertained to sperm donation, as well as accusations of racism and eugenics. Since it involves a lesbian couple, this case helps to lay bare some the assumptions inherent in ethnic matching: namely, that previously it was assumed that a couple choosing donor insemination would select a donor that closely resembled the social father so that they could better hide the truth of the child’s conception. However, the growing trend towards disclosure and the increasing use of donor insemination by lesbians and single women disrupts the narrative of resemblance for the purposes of secrecy, and instead suggests that resemblance acts as a shorthand for belonging, as we might see if a mixed-race lesbian couple, for example, chooses to use sperm from a donor that ethnically matches the non-gestational mother (e.g. Nordqvist, 2010).

Anonymity, secrecy, and disclosure

One of the most controversial questions in gamete donation has been that of whether donors should be allowed to remain anonymous or whether donor offspring should be allowed to find out the identity of their donor. In the past, recipient parents favoured

anonymous donors, or were only given the option of anonymous donors, as it was assumed that they would choose not to disclose to their child that they were donor conceived; conventional wisdom said that this protected the child from emotional harm, as well as from the frustration of not knowing their donor (Rachel Cook et al., 1995; Ken R. Daniels & Taylor, 1993; Gottlieb et al., 2000). We might argue instead that this desire for secrecy stems not from a concern for the welfare of the child but from the desire to maintain the appearance of being a ‘normal family’, and moreover to protect the social father from the fear of rejection by the child and the stigma of infertility; a number of invested parties, particularly donor offspring themselves, have argued that far from protecting the child from emotional harm, non-disclosure rather leads to emotional distress later in life if the secret becomes known (Wheatley, 2010). Scheib et al. (2003), for example, found that choosing sperm donors who allow their identity to be released to the child at the age of 18 helps donor offspring to avoid a sense of futility in not knowing their origins. Learning early that they are donor conceived and knowing that they will be able to contact the donor can help to avoid the feelings of loss and abandonment felt by those who learn in adulthood, often in shocking circumstances. Most of the children in their study were not seeking a “father” in the donor, but were mainly curious about him. On the other hand, Turner & Coyle's (2000) study of adult donor offspring found that many were upset at learning as an adult that they are donor conceived: they felt that they had had to reappraise their identity, felt that their life had been a lie, or felt that they no longer belonged. Some also had feelings of ‘genetic discontinuity’ where they felt the absence of a family history, or of abandonment by the donor.

Indeed, one of the arguments in favour of openness in donor insemination and the removal of donor anonymity is that children have a right to know their genetic and family

history. In many ways, this argument goes well beyond the sphere of sperm donation and into that of genomic research (e.g. Hub Zwart, 2007). Interest in one's personal genomics has grown in recent years alongside services such as 23andMe, which offer to assess the consumer's genetic propensity to a variety of diseases and other traits (Hennen, Sauter, & Van Den Cruyce, 2010; Hogarth, Javitt, & Melzer, 2008; McGowan, Fishman, & Lambrix, 2010). These direct-to-consumer tests have created a market for genetic knowledge of oneself, even though the knowledge may be incomplete or useless to the individual. The arguments in favour of the 'right to know' of donor offspring (or adoptees) usually invoke family medical histories as a resource for genetic knowledge of oneself in a similar way: the preponderance of certain diseases such as cancer or diabetes in the family, for example, in order for an individual to 'know' what to expect.

In contrast, an argument in favour of anonymity is the donor's right to privacy; the perceived need to protect the donor from unwanted contact and intrusion into his 'normal' family life (Ken R. Daniels & Taylor, 1993: 158). Many of those in favour of anonymous donation have also argued that removing donors' right to anonymity would reduce the amount of men willing to donate. Whilst in Britain the media has tended to report that there is a shortage of donors, the Human Fertilisation and Embryology Authority (2012) claims that there has not been a drop in new donor registrations since the change in the law that allowed donor offspring to seek their donor. There is, however, some evidence that different demographics of men choose to donate when anonymity is guaranteed compared to when it is not: HFEA statistics show that following the 2005 removal of donor anonymity in the UK, there has been a shift towards older, married men who already have children of their own becoming donors compared with the traditional image of the 'desperate medical student' (*ibid.*).

Sperm Donors: Existing Studies

Having considered some aspects of the ethical and legal landscape in which research on sperm donors sit, I now turn to that research itself. There have been a number of empirical studies conducted on sperm donors specifically, both quantitative and qualitative. The vast majority of these studies have focused either on the motivations that those men have for donating, or on their (mostly potential) relationships with their offspring. This section will review these studies and identify the potential gaps in the literature.

Sperm Donors: Characteristics and Motivations

In the early 1990s, a Danish survey found that 8% of donors had purely altruistic motivation for donation, 32% had purely financial motivations, and 60% had a combination of both. Moreover, only 20% of the donors said that they would continue to donate if they were no longer able to be anonymous, and they also found that majority of the donors did not feel a close relationship to their donor offspring (B. Pedersen, Nielsen, & Lauritsen, 1994). This was a small-scale quantitative study: only 26 participants were surveyed via self-completion questionnaire at a fertility clinic, so the results cannot be taken as representative of the entire Danish donor population. In the twenty years since this research was carried out, there have been a number of changes in the Danish (and wider European) laws on sperm donation and sperm donation has become much more visible in public discourse, so the results if a similar study were carried out today might be very different⁶.

⁶ Cryos International conducted its own quantitative study into Danish donor motivations in 2011, although the results are not yet available.

At around the same time as the Danish study, the HFEA commissioned a survey of UK donor insemination clinics and sperm donors (R Cook & Golombok, 1995). The sample consisted of all men who attended their first or second appointment at 20 of the 96 HFEA-licensed clinics; a total of 144 responses were collected, as well as 136 responses from a control group of men who had never donated that was recruited from among London medical students. This survey found that the average age of these (first time) donors was 24, and the majority of them were unmarried Caucasian students. Money was a very important motivation for around half of the donors: almost all of them stated that donors should be paid either more or, at least, not less than they were at the time, and over half said that they would stop donating if they were not paid anything. In comparison, desire to help others was a very important motivation for a third of donors. The inclusion of a non-donor control group is interesting here, as it gives insight into why men might choose not to donate. The findings suggest that the decision not to donate is more about lack of adequate motivation rather than any actual concerns about sperm donation or a lack of knowledge about the need for donors: more than 90% of the non-donors were aware that sperm donation was possible, and a third of them had considered donating at some point. Of those who had considered donating but had chosen not to, 17% had a concern about doing so, only 7% had a moral objection, and 42% stated that they 'just hadn't got around to it'.

A further study was carried out in two UK donor insemination clinics in 1996. This study was, like the Danish one, small-scale, reflecting the relatively small sperm donor population size at the time. Questionnaires were distributed to all current donors and all donors recruited in a 12 month period: this was a total of 26 donors for the first clinic and 15 for the second. They had a response rate of around 70%. Clinic A was an NHS

service that recruited through the media and in the hospital, and where donors were not paid; and Clinic B was a private clinic that recruited mostly on university campuses and at the hospital, and where donors were paid £10 per donation. The demographics of the two clinics were very different: in Clinic A, the majority of donors were in their 30s and 40s and married (or previously married) with children, and in Clinic B, the donors were mostly in their 20s to 30s, unmarried and with no children. The donors at both clinics were generally well educated, and either students or in professional occupations. All of the donors at Clinic A cited helping infertile people as their motivation for donating, with two donors citing procreation and evaluating own fertility respectively, whilst the majority of donors at Clinic B cited monetary reasons, with some also citing helping the infertile (K R Daniels et al., 1996a). At the time when this study was carried out, compensation for sperm donation was a subject of debate, with the HFEA introducing their own guidelines prior to the introduction of the EU Tissue Directive. The authors argue that the challenges of recruiting enough donors at the time could be helped by increasing social acceptance of donation: they suggest that men would be more forthcoming as donors 'if semen donors are seen as men who donate rather than sell their semen, with the basic motivation being one of a desire to assist infertile couples' (*ibid.*: 751). However, it is hard to ascertain whether the number of potential donors put off by the idea of selling sperm is outweighed by the number of donors who would refuse to donate without any kind of recompense, such as those surveyed in the HFEA research.

Though the questions and indicators would have been different, making it hard to draw direct comparisons, these three studies do suggest that donors in both Denmark and Britain during the 1990s were motivated by money, with British donors seemingly more likely to say that their donation was (also) motivated by a strong desire to help people.

There are various reasons why this may be the case, including that responses may well have stemmed from concerns about social acceptability and a fear of being seen as mercenary, particularly if we consider this in relation to the findings of Daniels et al. (1996) that men were put off becoming sperm donors by the idea of selling rather than donating sperm.

There has also been some more recent research into donor motivations. Between 2005-2008, a survey was carried out in Swedish infertility clinics, and with a control group of Swedish non-donors. All men who were accepted as sperm donors in Swedish clinics during this period were recruited as participants, with the condition that they must be able to speak Swedish (Sydsjö et al., 2012). Their findings suggest that providing financial compensation for sperm donation attracts a particular type of donor who is generally motivated by the payment alone and likely to want anonymity, whereas donors who were willing to donate without financial compensation were more likely to be older and willing to release their identity. They also suggest that donors who prefer to be anonymous are often egoistic and motivated by financial compensation, whereas the identity-release sperm donors in their study were motivated by the desire to procreate and were often mature men in relationships, many of whom already had children of their own, rather than the young, single students that have traditionally been recruited as sperm donors. Finally, they found that, contrary to the 1994 Danish study which suggested that sperm donors were disconnected from all thoughts of what happened to the children that were born using their sperm, half of the sperm donors had thought about the wellbeing of their offspring, and many of them were interested in knowing details about them. This suggests that donor motivations and demographics may well vary across time periods and/or geographical locations. Similarly, based on evidence from the Canadian context, Yee

(2009) argues that altruism and egoism – that is, performing helping behaviour for a self-serving reason, such as receiving a tangible benefit like payment – can co-exist as motivations for sperm donation.

With the rise of the internet, sperm donation using strangers (as opposed to self-insemination using donors who are friends or contacts through LGBT networks) has become popular outside of the clinical setting. A study of a website which provides donor profiles for ‘DIY’ self-insemination in four countries (UK, USA, Canada and Australia) conducted by Riggs and Russell (2011) discovered that a significant proportion of these donors were motivated by a desire to produce children, even though the majority of them indicated that they did not want any actual involvement with any children resulting from their donation. This suggests that the traditional image of sperm donor as completely disinterested in any connection with their genetic offspring, as put forth in the 1994 Danish study and used in many arguments about maintaining donor anonymity, is flawed, although the reality of the relationships between donor and offspring is complicated. They found that ‘altruism’ was the primary motivation associated with men from all four countries and across all age groups in their study, although they do note that the profiles are public and contain self-reported data, and thus may be subject to ‘self-marketing’ and exaggeration in order to fulfil individual motivations – i.e. the donors may have said what they believed recipients wanted to hear to increase their chances of being selected. One of the problems inherent to this line of argument is that the concept of ‘altruism’ in sperm donation is ill-defined and nebulous, as the previous discussion on commodification demonstrated. This is illustrated by a 2015 study of French donors by Kalampalikis et al., which discovered a subset of donors they called ‘converted’ donors: vasectomy patients wishing to store their sperm, who had been persuaded to donate sperm even though they

did not originally intend to through the offer of reducing the financial burden of storing sperm in the cryofacility. They found that some donors framed their donation in terms of ‘returning’ something that they had themselves been given, i.e. the ‘gift’ of procreation. This, they argue, ‘alters the purely altruistic commitment’ (*ibid.*: 8), and anchors motivation in donors’ personal lived experience. Indeed, a ‘true’ altruistic motivation presumably cannot coexist with payment for donation or any other kind of benefit, for example, since altruism by definition negates ‘egoism’. It therefore seems necessary to unpack what exactly donors mean by ‘altruism’ if they are invoking this kind of language in relation to their donation.

In 2013, Van den Broeck et al. carried out a systematic review of previous studies into sperm donors and potential sperm donors. Their findings show that institutional factors such as those discussed in this section, including recruitment, motivation, altruism, and the impact on changing legislation around anonymity have tended to dominate the landscape of sperm donation research. However, they also conclude that much of this data is difficult to interpret, owing to the wide variety of different legislative systems under which the different studies were carried out. Regardless, it seems clear that there is a need to go beyond these issues to explore wider aspects of donation and donors’ experiences. Only three studies identified in Van den Broeck’s review, for example, explored donors’ or potential attitudes towards recipient parents. They call for research that makes visible the sperm donor as a ‘man in his own right, instead of as a means to an end’ in order to help position donors as ‘valuable stakeholders’ in the process of sperm donation rather than as voiceless sperm providers (*ibid.*: 50). To that end, this research aims to capture the experiences of sperm donors as individuals.

Sperm Donors: Fatherhood, Kinship, and Genetic Connectedness

One of the other strong themes in research into sperm donors is their relationship with their donor offspring. Fatherhood has complicated meanings with regard to sperm donors. Adrienne Rich (1976) highlighted the difference in meaning between the concepts ‘to mother’ and ‘to father’: one implies nurture whilst the other implies impregnation, and impregnation has traditionally been the limit of donors’ involvement with the offspring produced from their sperm. However, over the past decade there have been shifts in thinking about the role that donors should have, combined with changes in the legal landscape. There is a tension between the idea that donors would prefer not to have contact with the children conceived using their sperm (i.e. the argument in favour of anonymity) and the emphasis on genetic or biological relatedness as a marker of family. Children conceived with donated sperm may identify their donor with one of a number of names, such as ‘the donor’, ‘biological/birth father’, ‘father/ dad’, or ‘other dad’ (Scheib et al., 2005). These suggest the range of connectedness between a donor and his genetically-related children, and the gap between definitions of father as genetics or as social parenting – what Snowden and Mitchell (1981: 92) identify as the problem of the name ‘father’ signifying both ‘genitor’ and ‘pater’.

Riggs & Scholz (2011) researched Australian sperm donors, and found interrelationships between the concept of altruism, donors' personal values and the meanings that they afforded to sperm. These meanings fell into three subcategories: sperm as a marker of genetic legacy, responsibility for sperm as a genetic material, and sperm as a gift to others. Those who viewed sperm as a marker of genetic legacy chose to become sperm donors in order to “leave their mark’ upon the world’; this was a view of sperm donation with the donor at the centre, with the child as unimportant beyond what it represented for the

donor's self-worth. The men who said this had no desire to raise the child but did want to know that a child had been produced. Those who spoke of their responsibility for sperm as a genetic material were concerned with being a 'responsible' donor, such as being aware of their health status and being willing to be contacted by offspring. The final group saw sperm as a gift to others. Some men argued that 'they had no use for their sperm, so they may as well give it away to others', and some were very different to those who viewed sperm as a genetic legacy in that they held a view in which 'genetics do not constitute a family' and they had no interest in the offspring created (*ibid.*: 52-53). Moreover, some men constructed recipients in terms of whether they were 'deserving' of their gift of sperm, such as whether they would be good mothers. This, Riggs and Scholz argue, highlights

the relative generosity of men who act as donors, but also [draws] attention to the fact that such generosity is the product of both some men's differential relationship to the value of their genetic material (i.e. seeing it as simply "potential" for life or as analogous to blood donation) and some men's assessment of recipients as worthy (or otherwise) of their donation (*ibid.*: 55).

This suggests that the 'gift' here was conditional, and donors had an expectation that they would receive something in return; that is, that the recipients would be 'worthy' mothers to their children, even though the donor himself did not want to play the social role of father, only the genetic one. We might draw comparisons here with Kirkman (2004), who spoke to a donor who had contacted a clinic to ensure that any offspring would be able to contact him and discovered that his sperm had never been used. This donor's ensuing disappointment suggests that donors may well be invested in what happens to their sperm, and harbour, possibly unwittingly, an expectation that it will be used to produce children; we might view this as another 'condition' of the 'gift'.

Speirs (2007) conducted interviews with 15 men who had been sperm donors as medical students in the UK between the 1960s and 1980s. She discovered that, although at the time of donating there had not been an intent to create a kinship tie, most donors that she spoke to felt a connection to their (potential) genetic offspring, even if they had never had any contact with them. This is contrary to the earlier studies that reported that donors did not think about their offspring or feel connected to them, and suggests that time can change donors' perspectives. Indeed, in Jadvá et al.'s (2011) study of donors who registered with an online service that allowed donors, recipients and donor offspring to potentially get in contact with one another, they found that being an anonymous donor did not necessarily exclude the idea that a particular donor would be willing to be identified and contacted by his offspring at a later time. For some, this was partially because they had not properly understood or thought about the 'consequences' of donation until later, when they became more cognizant that their donation may have produced living children. Despite not having any legal obligation to provide financial support to their donor offspring, some donors felt a moral obligation to provide financial or emotional support. There were also different 'levels' of identification that donors felt comfortable with; some were willing to provide information such as family histories whilst remaining anonymous. Overall, they found that most experiences were positive but they also note that they did not study any donors with more than 20 offspring. Thus is not known what the effects of meeting a large number of offspring would be, and this is an issue that is unlikely to be possible to investigate until more offspring of identity-release donors come of age. Indeed, one of the problems inherent to this kind of research is that for many of these donors, the concept of contact with offspring is highly theoretical and potential, and much of this data is based on donors' feelings about 'what if' scenarios, rather than concrete experience.

In this section, I have given some consideration to the ways in which fatherhood is constructed by, and in relation to, sperm donors. Connections are also formed between, for example, donors' families and donor offspring or between donors and recipient parents; even if these actors never meet, there is an awareness and knowledge of that connection. Beeson et al (2013), for example, have explored the what type of relationships are formed between donor offspring and the parents of gamete donors. Though the study was limited in sample size and scope, they found that many of their respondents maintained an active relationship with their donor grandchild, and were involved in negotiating and renegotiating their family history to include them. The question of who is related to whom encompasses both genetic relatives and the social family of the donor offspring. What was previously taken to be 'natural' in the study of kinship has now become a matter of choice, and relations can either be seen as socially constructed or as natural relations which have been assisted by technology (Carsten, 2004; Strathern, 1992). There has been a great deal written, both in academia and in the wider media, about the new forms of kinship and genetic connectedness that have been created by new reproductive technologies (see e.g. Wheatley, 2011). Mason (2008: 29) calls the kinds of relationships that emerge from gamete donation 'kinship consequences':

how people as a consequence will be related to each other, what will be passed on (biogenetically or socially) and to whom, whether this constitutes tampering with what we thought was fixed by nature and, of course, to what extent these kinship practices should be subject to legal regulation.

One of the 'consequences' of sperm and egg donation that has been discussed very recently in both the British and Danish media is the potential for children born of donor gametes, especially where the donor's identity is unknown or where the offspring themselves are unaware of being donor conceived, to meet and commit 'accidental incest' (Cahn, 2009). The fear of this occurring increases along with the number of children that

each donor is allowed to produce: one prominent example of this kind of fear was shown in a documentary about the Barton fertility clinic in London, which suggested that a single donor may have produced up to 600 of the children that were conceived there (McDonagh, 2012). Most countries now have restrictions in place to limit the number of children that each donor can produce. In the UK at present, clinics must make sure that donated gametes are used to create no more than 10 *families* – this may mean more than 10 children, as there is no limit to the amount of children that can be born to each family. In practice, sperm from one particular donor is used, on average, by one or two families who each produce one or two children (Human Fertilisation and Embryology Authority, 2012a). Gametes that are imported from abroad may be used to create many more than 10 families as the limit applies per country (Human Fertilisation and Embryology Authority, 2012a). Indeed, whilst the current limit for donor families in Denmark is 12, the previous limit was 25, there have been reports of Cryos donors producing more than 100 offspring due to the export of sperm (A. Browne, 2004). Cryos previous had a policy of staying within national limits when exporting sperm but without a limit on the total number of pregnancies a donor could produce, though this has now been explicitly addressed by the tightening of the rules for sperm donation following the NF1 scandal, as discussed on page 22.

As we can see, there are a number of potential debates around medical history and health concerns as they relate to donor insemination, and issues of genetic connectedness often relate to access to donor and sibling information. Ladd (2010) discusses how, when her children were young, she discovered that the donor she used had been diagnosed with a serious genetic condition. She describes the difficulties of negotiating medical treatment when there are a great deal of donor siblings whose details cannot be passed on due to

privacy issues, even though she opted for an identity-release donor. This issue links back to the question of how many offspring a single donor should be allowed to produce: if a donor unknowingly has a genetic disease that his sperm cannot be tested for, as happened in Ladd's case that disease could be passed on to many children if there are no limits on the number of families a single donor can produce, as we saw with the NF1 case. This has thus created one facet of the sperm donor as a kind of fearsome potential disease vector (in contrast with the idea underpinning 'technosemen' i.e. that the sperm the clinics are selling is somehow safer and superior). Kirkman (2004: 4) has suggested that sperm donors can loom as a kind of 'sexual Typhoid Mary', even though studies have shown that they are no likelier than members of the general population to carry inherited or infectious diseases (Garrido et al., 2002).

Sperm donor catalogues sometimes include family medical histories but this information may cost extra, as using a donor with the Cryos extended profile does. There are also again connections to be made here with the debates around anonymity and disclosure to the child: does everyone have the 'right to know' that they are donor conceived and who their genetic relatives are? Psychologists have argued that deception and secrecy can cause psychological harm and that knowing one's genetic origins is a 'fundamental aspect of their identity' (Hargreaves & Daniels, 2007: 420). Turney (2010) argues that genes, rather than blood or biology, have become central to our understandings of relationships:

genetic medicine and the promise of finding, curing and eradicating disease and its causes have placed a pervasive new emphasis on biological relationships. There is an imperative to know genetic heritage because how we are related to someone is no longer understood in reference to 'blood' and 'blood lines' but to genes. In this reckoning, the genitor becomes much more central to identity because he provides the genetic substance of fully half of who we are (*ibid.*: 403).

We see here again the separation between ‘pater’ and ‘genitor’, but with the suggestion that knowledge of one’s genitor brings with it some kind of knowledge of oneself that is only obtainable in this way. This idea is at therefore at the root of arguments that it is a human right to know one’s genetic origins, despite the fact that many non-donor-conceived individuals may be entirely unaware of their genetic origins or know anything about their family medical history. Indeed, there has been a turn towards the genitor even outside of the sphere of assisted reproduction. Turney (*ibid.*) argues that men’s rights activists have politicised genetic paternity, with the idea of ‘paternity fraud’ and the paternity test becoming instruments for men to police women’s honesty and fidelity. In this sense, and indeed combined with the rise of genetic testing services such as 23andme, the desire to know, with certainty, one’s genetic origins symbolises a kind of ‘genetic turn’ in kinship conceptualisation. Richards (2014: 37), in contrast, argues that the concept of ‘genetic identity’ is, in itself, misleading, as ‘genetic information itself does not individuate people’: chimeras and identical twins challenge the idea that each person has one entirely unique genetic identity, and most people’s sequenced genome would tell them nothing about their identity as a person. He suggests instead that it is information about the donor rather than information about themselves that donor offspring are seeking.

On the other side of the equation, there have also been a number of debates and legislative changes pertaining to who is allowed to receive donated gametes. Bryld (2001) has written about the Danish parliamentary debates on IVF in the 1980s and 90s, in which lesbians and single women were singled out as “inappropriate’ women’ who were unfit to become mothers. She argues that these women were juxtaposed with imagery of the ‘mad scientist’, creating a dichotomy of the ‘natural’, innocent embryo or child and the ‘unnatural’, monstrous scientist and lesbian. Moreover, MPs feared that the ‘normal’

heterosexual intercourse would become superfluous in an environment where technological intervention for childbirth was prevalent; this reflects a strong emphasis on the heterosexual nuclear family as the 'right' way to bring up a child, and a fear that men would no longer be required if women could take control of their own reproduction. Indeed, in contrast to the lesbian and the scientist, the figure of the father was constructed as 'benevolent saviour of the endangered child' and some MPs suggested that donor anonymity should be withdrawn from single women and lesbians but kept in place for heterosexual couples, arguing that 'you cannot hide from it [the child] that a man has been part of the game even though one of the women, perhaps, calls herself father'. The fear was that a 'fatherless' child would 'become as much a social monster as its mother' (*ibid.*: 308-9). Moreover, other so-called 'monstrosities' included the issue of who should be able to donate eggs or sperm to whom; there was a backlash against 'US conditions' of 'daughters donating eggs to their mothers, and sisters to the wives of their brothers', which was seen as violating both the boundaries of familial relationships and of generations. We have seen similar concerns in the UK debate, particularly around new technologies such as mitochondrial replacement, the technique which replaces 'faulty' embryonic mitochondria with those from a healthy person, essentially creating a child with three genetic parents (e.g. Clark, 2014).

Thus, the types of kinship relationships and connections created through donor insemination and other forms of assisted reproduction are multiple and fluid, and many of them transgress, or have the potential to transgress, conventions of 'appropriate' relationships, as we have seen with the fears of incest and the question of who should be allowed to donate to whom. These studies suggest that both donors and offspring have an interest in knowing about each other, although the kind of relationship that could, or

should, be created between donor and offspring is not clear; it seems that there may be a disconnect between the desires of the donor and those of the offspring, with donors potentially wanting a much less involved relationship than donor offspring. Additionally, there are other connections that are created through the process of donor insemination that it seems pertinent to explore: for example, the connection between donor and recipient parents, or the connection between members of donors' families, including their mothers and their partners, and donor offspring and recipient parents. This research will therefore explore the ways in which donors think about and construct these (potential) multiple relationships.

Sperm Donors: Production and Sexuality

To follow on from the idea that impregnation is a donor's primary role, it seems appropriate to consider the implications of this. The ability to impregnate a woman is a marker of virility, which, in turn, feeds into ideas about masculinity. In Thompson's (2005) ethnography of an IVF clinic, fears about the stigma of male-factor infertility led to over-exaggeration of gender performativity: 'in the deadly earnest world of ARTs, parodic performances of masculinity - an exaggerated calling on of highly scripted kinship roles and stereotypes of biological and paternal masculinity - are often used by men and women patients as a way of repairing spoiled biomedical and social sex and gender identity kinship' (*ibid.*: 118-9). She argues that men's identification with their fertility is based in patriarchy and a cultural obsession with genetics, meaning that the cultural pressure to father a child and continue the line of succession feeds into ideas about male fertility. Similarly, Throsby & Gill (2004) situate their study of men's experiences of IVF within the literature on cultural construction of practices of fatherhood and the impact of fathers' involvement in children's lives. They argue that men and women have different

relationships with IVF due to 'normative assumptions about the different significance of childbearing/rearing for heterosexual men and women and the material impact of the technological interventions on men's and women's bodies' (*ibid.*: 330-1). In this research, stigma of male-factor infertility led to 'favoured strategies for avoiding having their own fertility (and therefore, virility) questioned', which were either secrecy or shifting the blame, implicitly or explicitly, for the infertility onto the female partner. Since male-factor infertility is associated with impotence and with a lack of virility, this deflecting behaviour suggests that being perceived as unable to impregnate a woman constitutes a threat to men's masculinity.

As Connell (1995) argues in his major work on masculinities, masculinity is, at least in part, situated within the body; a 'physical sense of maleness and femaleness is central to cultural interpretation of gender' with masculinity consisting of 'a certain feel to the skin, certain muscular shapes and tensions, certain postures and ways of moving, certain possibilities in sex', among other things (*ibid.*: 53). Moreover, certain parts of the body are more strongly implicated in masculinity than others: the penis, for example, is a common metaphor and commonly acts as a stand-in for masculinity itself (Bordo, 1999). This work on masculinity as it relates to IVF is useful in illuminating this issue, since men undergoing infertility treatment are usually called upon to produce a semen sample (although they are, of course coming at the issue from a different angle: they are seeking to find a problem, rather than, necessarily, assuming that they will have a high sperm count). Thus, the experience of male-factor infertility emphasises impregnation and the implied relation to sexual prowess, and the idea of a low sperm count is seen as a threat to masculinity. Therefore, we might suggest that the opposite is also true: a verified high sperm count

and proven virility in the form of pregnancy is a signifier of sexual prowess and acts as a positive signifier of masculinity.

There have also been a number of studies that have touched on how donors' sexualities are invested in the sperm production process. One example of this is Adrian's (2010) work on sperm banking in Denmark and Sweden. She describes a 'penis lamp' that was used to advertise a Danish sperm bank, which featured a flashing image of a penis ejaculating. Similarly to Kroløkke, she argues that this imagery emphasises the virility of the donor, the constant ejaculation symbolising hyper-fertility, whilst at the same time stigmatising implicitly the kind of man who seeks help at a fertility clinic: 'he is not only constructed as infertile but, through comparison with the image of the virile donor, he becomes associated with impotence' (*ibid.*: 398). Again, she argues that the Danish sperm bank also uses a great deal of Viking imagery, which draws on legends of Vikings 'spreading their genes' 1000 years ago and once again contrasts the infertile man with impotence in comparison with the image of the 'hyper-potent' Viking. The potency of the sperm donor, however, is strongly associated with heterosexuality: the donors are positioned as heterosexual men who 'could have been in a sexual relation with the mother' (Adrian, 2010: 406-407), even though the sperm of homosexual men has just as much potential for producing children⁷. This idea is clearly present in the Danish context, where Adrian (2010: 398) quotes a sperm bank director as stating that, whilst they appear to be selling

⁷ There has been some research into gay men specifically offering themselves as sperm donors (Hogben & Coupland, 2000), for example, and lesbians who want to have children may choose to self-inseminate using a gay friend's sperm (Almack 2006: 13).

something that ‘a lot of people have’, what they are really selling is ‘security’: ‘we can be completely sure that the sperm we believe to have here, it does not get mixed up or contaminated’. There are parallels to be drawn here with blood banking, where fear of contamination leads to very strict controls over who is permitted to donate. If we consider this alongside the ‘personal eugenic’ (in Rothblatt’s terminology) potential of selecting a sperm donor, again it seems clear that sperm banks are selling far more than merely sperm: they are selling the sperm’s potentiality, they are selling security, selling fertility, and selling an idealised masculinity.

Mohr (2014) has conducted one of the few existing studies on Danish donors. He argues that being a sperm donor

allows men to enact their moral selves and to embody masculinity as they engage the moral, organizational, technological, and biomedical dimensions of sperm donation. Coming to terms with being a sperm donor entails a process of subjectivation grounded in each donor’s life history; it is about remaking oneself in light of an idealized moral and gendered self that emerges in the biomedical-technological space of sperm donation.

This concept of ‘moral responsibility’ taps into discourses about ‘good’ donors and what is required of them. Whilst the modern image of the good donor tends to follow the ‘help’ narrative, in which responsible donors have altruistic motives and are willing to reveal information about themselves to their offspring at an appropriate age. However, in Mohr’s study, some donors used the notion of moral responsibility to justify other modes of donating; a donor’s decision to stay anonymous means protecting his family, for example, or the money gained from donation is used to provide for his wife. Mohr (2011) has also explored the subject of sexuality in relation to sperm donation and ‘responsible donors’ in Denmark and the US. He argues that men who have sex with men are marked as ‘unfit’ to donate sperm, but different sperm banks phrase this restriction in different ways: for example, they may rule out ‘men who have sex with men’ (as Cryos does), they

may demand that donors' 'sexual partners are exclusively female', or they may state that 'homosexuals' are not permitted. He argues that these differences leave room for interpretation: 'is a man who identifies as gay but abstains from sex excluded? Is a man who identifies as straight but has sex with men homosexual? Are two men who touch each other until they reach on orgasm engaged in sex with one another?'. Moreover, these ambiguities suggest that it may not necessarily be the 'homosexual' that is excluded but rather the 'sexually irresponsible male', who engages in 'sexual practices that occur outside of monogamous, heterosexual, and procreative relationships'. Despite this emphasis on heteronormative donors, men who donate sperm have also sometimes been characterised as having excessive or inappropriate sexuality. Mohr (2011: 38-40) argues that, whilst masturbation is considered a worthwhile endeavour when it is designed to help infertile couples to reproduce, donors' masturbation for pleasure is strictly controlled. Although the sperm banks provide pornographic material for donors to view, they make it clear that donors viewing choices must be 'clean' and that any 'weird requests' such as pornography featuring animals would be a cause for their dismissal as a donor. This part of the sperm production process is kept hidden, whilst processing of sperm in the laboratory is often visible and donors are even encouraged to view their samples under the microscope. This again highlights the still-taboo nature of the physical process of donating sperm, but suggests that, once donated, it is acceptable for it to be viewed and admired.

Tober (2001) conducted fieldwork in U.S. sperm banks, and her findings draw on interviews with donors and with single women and lesbian couples seeking donor insemination. There was an emphasis placed on donor altruism in order to imbue sperm donation with higher moral value, and to distance the idea of the 'gift of life' from the

commodity. She argues that altruism has instead become a secondary commodity in itself; that the altruistically given gift has become fetishized as a selling point. Moreover, she found that there was a commonly held belief that, as Titmuss (1970) argued with regard to blood, altruistically-given sperm would be superior to that given by paid donors due to fears those receiving money would be more likely to lie about their health and sexual status. However, she argues that, since the donors she spoke to had complex reasons for donating that were not limited to financial compensation, such as genetic continuation and the potential to create a relationship with a child later on, this perceived link between altruism and 'safe' sperm cannot be trusted, and, furthermore, that 'true' altruism cannot exist in sperm donation. Finally, she makes an explicit connection between sperm donation and sex work: in short, that men who sell their semen are performing work which involves their bodies – and intrusions and surveillance of their bodies – and in which their ability to orgasm is what brings financial, social, and genetic payment. She conceptualises this as 'reproductive work', a concept which has similarly been used to describe the process of egg donation (e.g. Waldby, 2008).

Harcourt and Donovan (2005: 203-4) in their work on typographies of sex work identify two forms: direct and indirect. 'Indirect' sex work involves transactions which are not typically recognised as sex work, and which generally do not provide the sole income for the sex worker. This definition may be useful in thinking about donation as a form of sex work, although it seems clear, however, that the donors that Tober spoke to themselves do not view what they do as 'sex work' or 'reproductive work', despite the clear parallels. Moreover, donation differs from most other forms of sex work in that the donors are not interacting with a 'client'; perhaps the most directly comparable form of sex worker would be 'camgirls' who masturbate on a live video feed, but even then they differ in that they

are being overtly observed. This is not necessarily clear cut, however: Tober discusses an internet pornography website which advertised alleged 'hidden-camera pictures of a man masturbating/working in a 'masturbation room' at a 'sperm bank' (*op. cit.*: 156). Thus, she argues, donors *qua* donors may well be objects of sexual attraction or fetish, even if they are not being directly observed or even aware of that potential.

Further to this issue of sexualisation of sperm donors, Kirkman (2004) carried out an online study of donors, recipients, and donor offspring from several countries around the world. She argues that men who donate sperm are unavoidably sexualised and cause discomfort in others: 'they're represented as self-indulgent; they probably think they're a gift to the future; and they conjure up sexual images - masturbation is unavoidable. In addition, their sexual facility implies that the man who needs their services is sexually inadequate' (*ibid.*: 4). However, they also invoke a sense of gratitude in recipients. She describes this duality as 'saviour' and 'satyr'. Sperm donation, by its very nature, is bound up in cultural ideas about the 'dangers' of masturbation to men's physical and mental well-being (Stengers & Neck, 2001). However, Kirkman discovered that donors' ideas about masturbation could change in the context of donating, i.e. when they linked the act to making a child rather than to pure pleasure; as one donor in the study put it, '[donating] has put a different aspect to masturbating in general. ... Each donation is a situation where I feel this could be a child going out there, so there is an emotional aspect to it all' (*ibid.*: 11). This suggests that there is an aspect of emotion work at play here, which is usually thought of as a feminine activity, and lends weight to Tober's conceptualisation of sperm donation as 'reproductive work', especially if donors explicitly make the link between masturbation for the purposes of donation and the eventual creation of a child. What is not clear is whether the donor has become more aware of the potential to produce

children only in the context of donation, or whether he has become aware of it when masturbating at other times. Almeling (2011: 103) found a similar shift in some donors' conceptualisation of masturbation and sex, but in a financial sense: an ejaculation that was not useful for donating became 'a \$50 mess' in the words of an informant and enjoying sex with a partner had to be weighed against the potential loss of earnings from a broken period of abstinence. There is an interesting comparison to be drawn here with experiences of male sex workers, who draw explicit distinctions between 'work sex', 'recreational sex' and 'personal sex', in which only one kind has emotional meaning and thus 'counts' as real sex (e.g. Browne & Minichiello, 1995: 604-605). We might therefore consider whether, for donors, masturbation for donation purposes does not 'count' as real masturbation and if they potentially view 'work' masturbation and 'recreational' masturbation in different ways.

Almeling studied both sperm and egg donation in the USA and noted that there were both similarities and differences between the ways that eggs and sperm were commodified. She argues that, in the US, at least, egg donation is based on traditional gender roles where the donors are expected to perform emotional labour, be altruistic and motivated by feminine ideals of caring and mothering, meet with the couple and consider the child at the outcome of the donation, whereas sperm donors are expected to treat donation as a job and the outcome of sperm donation, i.e. producing children, is not explicitly considered by the donors. However, both egg and sperm donors are judged on their attractiveness and intelligence (represented by a college degree) and both are presented using online donor profiles. Thus, 'while the recipient is actually buying eggs or sperm, this genetic material becomes personified through the donor profile, and it is this gendered, commodified personification of the donor that the recipient is purchasing'

(Almeling, 2007: 331). She found that sperm and eggs from black, Hispanic and Asian donors was considered to be highly valuable and in-demand due to cryobanks having difficulty recruiting non-white donors: ‘an African American woman might be paid a few thousand dollars more [than a white woman], while sperm banks might relax height restrictions to accommodate a Mexican man’ (*ibid.*: 337). Moreover, she discovered that sperm and egg donation are framed differently by cryobanks: sperm donation is framed as a job whereas egg donation is framed as an altruistic gift (Almeling, 2009). However, despite donating sperm being seen as a job, donor eggs are valued more highly in monetary terms and women are paid more to donate. Whilst donating eggs is a difficult and invasive process compared to donating sperm and this can explain some of the increased compensation, there are also other factors at play. She argues that ‘the differential expectations of and compensation for egg and sperm donors are generated by gendered assumptions about women and men, including their differential “investment” in reproduction’; put simply, there is a view that ‘guys have less attachment of their sperm than women do of their eggs’ and women are considered to have ‘inherent maternal instinct’ (*ibid.*: 45-6). However, as Kirkman’s work suggests, this view may well be inaccurate.

Eggs, and Gendering of Tissues

As we have seen, several of the studies into sperm donation and sperm donors have also investigated eggs and egg donors, as the two forms of gamete donation are often explicitly linked in both the ethical and legal debates and in cryobanks that provide both kinds of

gametes⁸. However, there are gendered ideas about sperm and eggs that cause them to be treated very differently, as Almeling found in the US context. For example, the Danish Ethical Council has argued that eggs might be part of a woman's identity, but not that sperm might be part of a man's identity (Det Ethiske Råd, 2004). In the American context women are easier to recruit for gamete donation than men and there is an oversupply of willing female donors, although this has not reduced the monetary value of eggs or the 'gift' framing. Almeling argues that 'in this market, it is not just reproductive material, but visions of middle-class American femininity and masculinity, and more to the point, of motherhood and fatherhood, that are marketed and purchased' (Almeling, 2009: 57). The selling of eggs was illegal in Denmark for a long time, and recent law changes have only allowed donors to be compensated 500kr per donation, so the commodification of eggs and sperm cannot be directly compared with the US; however, ideas about femininity and masculinity contribute to the laws that restrict the sale of eggs but allow the sale of sperm. This type of gendering of gametes is not new. In Martin's (1991) study of scientific textbooks from the 1980s, female and male reproductive processes were described very differently: menstruation was constructed as 'waste' and eggs as a 'stockpile' that only sat in the body slowly degenerating, whilst sperm was constructed as actively, freshly produced, and was seen as superior because production continued throughout life rather than finishing at birth (Martin 1991: 486-7). This is, it would seem, very different from the construction of sperm and eggs as portrayed by the Danish Ethical Council. They argue that eggs are more valuable since they are limited and released slowly, whereas sperm is seen as more acceptable to donate and sell since it is easily replenishable. Martin

⁸ The 2012 Danish debate, for example, considered both egg donation and sperm donation as part of the same discussion.

also argues that the cells themselves were assigned stereotypical gender roles in the descriptions of conception: eggs were conceptualised as ‘damsels in distress’, passively drifting through fallopian tubes whereas sperm were described as actively journeyed to the egg ready to ‘penetrate’ it.

Similarly, Lisa Jean Moore (2002) has examined the ways that gametes have been conceptualised in scientific, and particularly in pop-scientific, writing. She found that sperm is often assigned some kind of ‘heroic’ role, for example in the ‘human sperm competition’ theory and ‘kamikaze sperm’ theory put forward by Robin Baker and Mark Bellis in *Human Sperm Competition: Copulation, Masturbation, and Infidelity*. She argues that these authors attempt to ‘rescue’ all morphs of sperm, including those that have generally been seen as ‘bad’, giving each a role to play in a masculinised landscape that draws on analogies of team sports and warfare, whilst the egg is largely absent along with any mention of queer sexualities or the role of technology. She argues that this is an attempt to resolve a crisis in masculinity caused by technological innovations such as ICSI which have meant that reproduction can be performed without men’s active participation: ‘now sperm (a stand-in for *man*) is able to be completely manipulated without the *man*’ and thus sperm needs to be assigned agency in discourses of reproduction (*ibid.*: 112).

Moreover, as we saw with Kirkman’s satyr/saviour dichotomy, semen as a physical substance occupies a liminal space between life-giving substance and by-product of orgasm, whereas eggs are generally always positioned as life-giving. Grosz argued in 1994 that, whilst women’s bodies are heavily surveilled and regulated, men’s bodies and bodily fluids had not been examined or theorised, since the masculine was always positioned as neutral and unproblematic. She posits that

seminal fluid is understood primarily as what it makes, what it achieves, a causal agent and thus a thing, a solid: its fluidity, its potential seepage, the element in it that is uncontrollable, its spread, its formlessness, is perpetually displaced in discourse onto its properties, its capacity to fertilize, to father, to produce an object (Grosz, 1994: 199).

This positions semen closer to the saviour side of the spectrum; the emphasis is on its potentiality rather than its physicality. Although semen's status as a bodily secretion positions it as abject and dirty, it is not considered 'unclean' in most religious hygiene rules, unlike menstrual blood - even though both are tied to life-giving (Aydemir, 2007). The most common situation in which semen is positioned as a physical substance is the so-called "money-shot" in pornography. In pornography's display of semen on women's bodies, Aydemir argues, male sexuality is constructed narratively through the imagery of ejaculation. In this sense, semen can be viewed as 'the visual evidence of the mechanical "truth" of bodily pleasure' (Williams, 1999: 101). Similarly, Thompson (2008: 100-1) states that the visibility of the ejaculate in pornography 'allows for a statement regarding assumed potency and masculinity, as well as associated statements of power and domination', although it 'relies on a confusion between quality and quantity'.

As well as these conceptual differences, there are distinct physical differences between the two forms of gamete donation: the process of retrieving eggs is very different to sperm donation, and involves an invasive medical procedure and drugs that alter the donors' bodies, compared to the masturbation that constitutes sperm donation; moreover, eggs and sperm, and egg donors and sperm donors, are often conceptualised very differently, with eggs being viewed as a precious and limited resource whilst sperm is seen as an infinite, replenishable resource. Eggs may not, therefore, be the best form of donated bodily tissue for comparison, and indeed are not the only tissue that might be usefully

compared and contrasted with donor sperm. Blood, for example, is replenishable and requires a much less invasive donation procedure than eggs.

A further form of tissue donation that we might use to inform thinking on some of the issues surrounding donated sperm is breast milk donation. Whilst wet-nursing is an age-old tradition, breast milk donation has grown in popularity over the past 20 years, thanks in a large part to the advances in technology that have normalised personal breast pumps and made freezing and transportation over long distances possible. Boyer (2009) has posited that breast pumps and breast milk donation are part of a socio-technical assemblage that includes women themselves and the support communities formed around pumping and breastfeeding. She identifies several properties of breast milk and the societal reaction to breast milk that make it an interesting substance to compare with donated sperm. Breast milk has a dual character in the popular imagination: firstly, it is considered to be ‘naturally good’ and a superior choice for infant nutrition, whilst at the same time breastfeeding is considered an illicit or shameful activity unsuitable to be performed in public⁹. This societal non-acceptance of breastfeeding appears to stem from two sources: that it shares what Boyer terms an ‘ontological status’ with other bodily fluids that are considered unclean or dangerous, and that breasts are viewed as sexual objects (*ibid.*: 10). In both cases these are similar to the societal construction of sperm donation, although clearly masturbation is very different to nursing in practical terms, since one involves sexual pleasure and the other involves feeding a child. However, there may be some aspects of pleasure involved in the donation of breast milk: expressing milk produces oxytocin, which is a hormone that produces feelings of contentment. Finally,

⁹ There has been a great deal of media debate on the issue of breastfeeding in recent years, particularly with regard to Facebook censoring photographs of nursing mothers. See e.g. Bright (2013).

Boyer notes that donor breast milk is constructed with a dual value of the 'goodness' of the milk and the labour of the mother, and that it is often not until the milk would be discarded that this dual value is expressed. There are again similarities to be drawn between this and Almeling's discussion of the '\$50 mess', and, moreover, this is a way in which both breast milk and sperm differ from eggs, since eggs are never considered as waste. Breast milk has sometimes been referred to as 'liquid gold' which mirrors donor sperm's construction as 'white gold'.

Ryan, Bissell, and Alexander (2010) use the concept of 'moral work' in their study of breastfeeding to describe women's construction of self and ethics; they define this as 'individual actions rather than adherence to universal moral codes' and identify several categories of moral work, including biographical preservation and altruism. They draw on Foucault's 'technologies of the self' to explain the ways in which women rationalised their actions both to themselves and to the researchers, for example in overcoming feelings of inadequacy and disappointment (*ibid.*: 953). In terms of altruism, they argue that expressing breast milk for donation helped women to constitute their identity and sense of self through the feeling that they were contributing something worthwhile. This concept of 'moral work' in relation to altruism may be useful for thinking about how sperm donors rationalise their actions and define their identities as donors. Further similarities between breast milk and donor sperm can be found in Shaw's (2007) study of cross-nursing (i.e. breastfeeding of another woman's child), in which she describes how the sharing of bodily fluids can bring about feelings of disgust and anger, both due to the violation of societal norms and due to the risk of transmitting infections. One situation of non-consensual cross-nursing was described by one of the parties involved as similar

to infidelity, to which donor insemination has also been compared (particularly in a religious context).

Conclusions

In this chapter, I have discussed the regulatory framework that research into sperm donation sits in, and given brief summaries of the existing scholarship in this area which informs this current research. In general, whilst there has been a great deal of work done on others invested in donor insemination such as medical professionals and donor offspring, we can see that there is a lack of insight into what donors themselves think of these kinds of ethical issues, how they construct their identities *as* donors and particularly how they construct their (potential) relationships with those others who donor insemination creates as 'kin', such as recipient parents and donor offspring. In the following chapter, I will discuss the methodological considerations of this project and how it aims to address these gaps in the literature.

Chapter 3: Research Design and Methodology

This chapter outlines my research methodology, and describes how I designed and undertook this project. The following sections will discuss method selection, design of research questions and instruments, access and sampling, the ethical considerations put into place, and data analysis, as well as some of the problems and challenges encountered during the research process.

To begin with, it is perhaps necessary to make clear the assumptions underpinning this research. This project is predicated on a constructionist ontological position: a position that challenges the idea that there are objective ‘social facts’ that exist independently of social actors and instead asserts that social phenomena are produced and revised through social interaction (Bryman, 2004: 17). This means that social categories such as gender have been treated as socially constructed; as products of social interaction in a particular place and time, rather than as fixed constants. Furthermore, this project is situated within the interpretivist epistemological tradition, which entails ‘the understanding of the social world through an examination of the interpretation of that world by its participants’ (Bryman 2004: 266). Taken together, these positions emphasise participants’ lived experience and subjectivity.

The implication of these positions is, therefore, the understanding that social research itself is also socially constructed: research monographs are a product of the specificity of the researcher and of the particulars of the research field, and researchers themselves interpret their respondents’ interpretations. Thus, social science does not simply present

the ‘truth’ about particular social phenomena. As Harding (1993: 57) argues, ‘it is a delusion [...] to think that human thought could completely erase the fingerprints that reveal its production process’. I have therefore attempted as far as possible to employ a reflexive approach which takes into account the impact that my social and cultural location may have had on the research itself. The outcomes of this reflection are discussed later in this chapter, and were borne in mind throughout the process of analysis. Building on this foundation of epistemology and approach, I now turn to an explanation of the questions that this research aims to answer.

Research Questions

Following my review of the literature and in order to meet the research objectives that were laid out in the introductory chapter, I intend to answer these three key research questions:

1. What are the meanings that Danish donors assign to donation and donor sperm?
2. How does the production and commodification process affect these meanings?
3. What influences the choices that donors make when it comes to donation?

In the following section, I will break down each of these questions, demonstrating how I developed them from the literature and some of the key concepts that were employed.

1. What are the meanings that Danish donors assign to donation and donor sperm?

As chapter 2 showed, there has been some previous quantitative and content-analysis-based work into donor demographics and motivations that suggest that different men may donate for different reasons. The motivations and reasons for donating that have traditionally been associated with sperm donors, both in early donation research (e.g. Ernst, Ingerslev, Schou, & Stoltenberg, 2007) and in

popular culture imaginings of donors, have tended to be either money, altruism, or a desire to procreate and ‘broadcast’ one’s genes (Thomson, 2008). However, the majority of previous studies have not used qualitative sociological methods to gain in-depth answers from donors themselves, and studies that have used qualitative methods have tended to devote attention to comparisons with egg donation (e.g. Almeling, 2011). There is, therefore, a gap in our knowledge of the experience of donation: how exactly is sperm donation and donor sperm conceptualised in the words of those who engage in it? In order to answer this question, I was also interested in thinking about the ways that differing donor identities might alter these meanings. Would identity-release donors assign different meanings to donation than anonymous donors, for example? Would there be a demographic difference between older and younger donors, or those who had children not from donation?

There are two main aspects to this question. These are, firstly, what kind of work is donation work, and secondly, what kind of substance is donor sperm or, perhaps more importantly, “good sperm”? The second of these questions is addressed directly in chapter 4, and the question of what makes sperm “good” is bound up in ideas about masculinity and virility, and pride and shame. The first question is a theme that underpins much of chapters 4, 5 and 6, and invokes debates around payment, labour, and pleasure.

2. How does the production and commodification process affect these meanings?

Whilst the earliest forms of artificial insemination involved little more than the transfer of fresh ejaculate from a man to a woman, the modern process for collecting, storing and distributing donor sperm is much more complicated, and

the end product has been altered in numerous ways. Moore and Schmidt's (1999) concept of 'techno-semen' positions donor sperm as the product of technological interventions to create something 'better'—sperm that is cleaner, safer, and more likely to fertilise an egg. However, despite every development in technology that allows for the sperm itself to be improved, at its core 'being a sperm donor' still involves an act of masturbation.

I wanted to know what this experience was like for donors: what exactly is involved in the lived experience of 'donating sperm'? How do donors negotiate their visits to the sperm bank, both in terms of the physical space and their interactions with others? Moreover, does donor sperm have the same meanings once it has been handled, and treated, and technologically altered? How does the addition of technology modify the narratives about virility and masculinity? These issues are addressed in chapter 5.

Secondly, the literature on commodification of gametes shows that it is common practice for many cryobanks around the world, including Cryos International, to provide online catalogues where prospective recipients can select donors based on a wide range of demographic and personal information. Indeed, a number of authors have suggested that what is being sold is not just sperm, but rather the characteristics of the men who have provided it, a practice which has been likened to 'personal eugenics' (Rothblatt, 1997). Whilst a great deal has been written about the ethical implications of the commercialisation of bodily goods and the ways in which donor sperm obtained and sold, there has not been a great deal of research that takes donor' perspectives on these issues. Therefore, I asked the question: how do donors feel about the way that the donor catalogues are presented and

used? Are there differences between the types of donors who choose to provide these profiles and the donors who choose not to? This question is addressed in chapter 6.

3. What influences the choices that donors make when it comes to donation?

Sperm donation has been the subject of a great deal of ethical debates for the entirety of its existence of a technology, ranging from religious concerns about sperm donation intruding on the sanctity of marriage and constituting adultery, to questions of donor anonymity and identity-release, to, as alluded to in the previous section, questions around the ethics of commodification and selective reproduction.

As discussed in chapter 1, the EU has developed guidelines for donation which positions altruism as the ideal or preferred motivation for all tissue donors, following on from classic analyses of the motivations of blood donors (e.g. Titmuss, 1970). At the same time, the removal of anonymity in the UK in 2005 has been blamed for a drop in new donors signing up to donate (Shukla et al., 2013). However, evidence shows that donors have more varied reasons for wanting to donate and some may actually prefer to allow their identity to be known. There is scope for donors to have a wide range of opinions on the (potential) existence of donor offspring, and, indeed, over the past fifteen years, donor offspring have been coming forward with much greater frequency to discuss their feelings and experiences as donor offspring (e.g. Turner & Coyle, 2000; Wheatley, 2010).

Therefore, I was interested to discover whether these theoretical debates match the reality of donors' experiences. The main questions to ask was whether or not donors are aware of these debates, and do they influence the types of decisions they make about donation? Is altruism, as the Tissue Directive still suggests, the main motivation for donating sperm? And are there differences in the choices that different types of donors make? These questions are addressed in chapters 6 and 7.

Secondly, related to the question of anonymity and identity-release is the issue of (genetic) fatherhood and how donors feel that they are connected to their offspring that could be produced from their donation. The division of relationships and connections into the 'biological' and the 'social' (or 'nature' and 'culture') is a running theme that underpins much of this project, and is addressed directly in chapter 7. The twin ideas of empathy with donor offspring and fear of the 'knock on the door' are key concepts in this question.

This section has outlined the key questions that this project set out to answer, and I will now provide an in-depth discussion of the way in which those answers were sought.

Research Method Selection and Development

In order to answer these questions, and following on from considerations of epistemology and ontology, the selected research method would need to be able to capture something about donors' experiences. An interpretivist position lends itself to a methodology which allows participants to give detailed accounts of their social world and that encourages an inductive approach to the data. Phenomena such as the subjective meanings that participants attach to their experiences would be difficult to capture using structured and

closed-ended methods such as quantitative surveys. Thus, I made the decision to use qualitative method of data collection rather than quantitative. However, there are numerous ways of collecting and producing qualitative research data, and each of them has different strengths and weaknesses.

The main disadvantage of using participant observation as the main method of generating data for this project was that it would not be possible to access every aspect of the sperm bank and donating sperm through observation due to their private nature. Since a large aspect of the research questions are directed towards the physical aspects of being a donor, including the experience of masturbating in the sperm bank, this method would not be appropriate. Moreover, the aims of the project were to access donors' feelings and subjective experiences, which is data that is most easily captured through interaction rather than observation. Focus groups, however, were rejected as a method due again to the private and potentially sensitive nature of talking about donation. For these reasons, interviews were selected as the main method of data collection.

Taking a specifically constructionist perspective on interviews as a method for obtaining social scientific knowledge, Holstein and Gubrium (2004: 150) describe 'active interviewing' as a process in which 'the respondent is transformed from a repository of opinions and reason or a wellspring of emotions into a productive source of [...] knowledge'; the emphasis is on *producing* knowledge rather than discovering it. They thus reinforce the idea that research is a social interaction, rather than simply 'an act of discovery wherein [we] discover their true selves and then simply relate [our] discovery' (Alcoff, 1991: 9). Bearing this in mind, it was important for me to choose an interviewing method that allowed the participants space to be active in the process; I wanted the interview experience to be participatory rather than a very rigidly structured experience

akin to filling out a survey. At the same time, there needed to be some compromise in terms of standardisation to facilitate analysis, since this project was operating on a limited timescale.

Therefore, the main body of data collection for this project encompassed in-depth semi-structured interviews with donors. This type of interviewing was chosen due to the compromise that it offered between the hyper-focused approach of structured interviewing and the very open-ended nature of unstructured narrative interviews. Semi-structured interviewing is flexible, allowing the participants to answer on their own terms and pursue issues which are especially interesting to them, but it also helps to maintain a structure that facilitates later analysis, particularly as compared with completely unstructured interviewing, by ensuring that at least the same general questions are answered by each interviewee so that comparisons can be drawn across the dataset (Bryman, 2004; May, 2001). **Developing the Research Instrument**

The interviews utilised an interview schedule which consisted of a series of general questions which could be varied in their order and followed up in more depth according to the flow of the interview and the respondent's answers (see Appendix 3). These questions were initially developed following the literature review in order to begin to address the gaps that I identified, particularly in the area of the qualitative experiences of individual donors and the ways in which they viewed their donation. After the initial schedule had been drawn up, I recruited a sperm donor friend to act as what Goodrum and Keys (2007: 252) call a 'participant-informant' – that is, someone who has similar

experiences to the research participants – in order to help refine the schedule by identifying issues that might be important to participants e.g. to flag terminology which participants might see as offensive and to help streamline the order of the questioning. This was designed to minimise the potential to offend or upset the interviewees, particularly as this topic had the potential to be sensitive. This pilot interview has not been included as part of the data that has been analysed.

Access and Sampling

Recruitment

Initially, recruitment was undertaken by means of information leaflets placed in the reception area of the sperm bank. The leaflets were written in both English and Danish and gave details of the study (see Appendix 1). These leaflets were placed first in the department in Aarhus and were afterwards also sent via the gatekeeper to the departments in Aalborg and Copenhagen. This initial recruitment method yielded only two participants. Following discussion with the department manager, who acted as gatekeeper, some changes were made to the recruitment method. A more concise information sheet was designed, to complement the more tailed information provided in the leaflet. This concise version was then emailed directly to a list of 110 donors. The list was compiled by the gatekeeper and had to be produced especially for this project, as no similar mailing list exists for normal use by the sperm bank. Due to concerns about confidentiality, this direct email was mediated by the gatekeeper; he sent out the emails and then fielded responses to some donor queries, whilst others responded directly to me.

A further change that was made at this point was to introduce a small method of compensation. This change was also developed out of discussion with the gatekeeper,

who suggested that journalists who ask to speak with donors often have a better response rate if they offer a method of payment, as he believed that potential participants have been reluctant to give up their time with no compensation. There are clearly some ethical issues involved in offering payment to research participants. The British Sociological Association (British Sociological Association, 2002) offers no specific guideline on payment of participants, but power and informed consent have bearing on this issue. The sum should be small enough that it does not make any potential participants feel compelled to take part for financial reasons, but serves as a token acknowledgement of the expenses incurred during participation. The compensation eventually decided upon was a 100DKK (around £10) gift card for a Danish electronics chain; this particular form was chosen because it was usable by participants living all over the country.

The change in methods yielded a much better response rate than the original recruitment strategy. Out of the 110 donors emailed, 11 of them resulted in an interview, compared with two donors from the original method. This method was useful as it also allowed me to access donors who did not regularly make donations, including some who had recently become inactive. I also attempted to use a snowball sampling method to supplement the donors recruited from the sperm bank directly: several participants and other contacts in Denmark told me that they knew a donor and that they would pass on the details of the study. However, none of these potential contacts came to fruition. Similarly, attempts to expand the recruitment pool to other sperm banks were unsuccessful; I speculate that this was partly due to the timing of the NF1 scandal, as I have previously discussed on page 22, and a reluctance to invite further scrutiny to sperm banking practices from a researcher at a time when the media and government were already scrutinising them.

There are a number of possible reasons for the difficulties I experienced in recruiting donors to this study. Firstly, the nature of sperm donation as a practice, particularly taking into account the long tradition of anonymous donation in Denmark and the fact that many donors continue to be anonymous, means that men may be reluctant to speak about it for fear that they may be 'outed' as a donor. Indeed, participants' fears around exposure are explored in-depth in Chapter 7; the number of donors in the sample who had disclosed their status as a donor to anyone was low. Some donors who did choose to participate wanted to thoroughly discuss what was going to happen to the data before agreeing to be interviewed and/or recorded, which lends strength to this suggestion.

Secondly, sperm donation involves a sexual act, and is therefore a topic that donors may have felt uncomfortable discussing, which may partly have resulted in the small sample size. This may have been exacerbated by the fact that I am a female researcher, since donors may have been uncomfortable with the idea of speaking to a woman about something sensitive. Thirdly, the fact that the interviews were conducted in English may have limited the sample pool, and also potentially limited its demographics: only donors who felt comfortable participating in an interview in English could be recruited, and it seems likely that young, middle-class and/or highly educated Danes would be more likely to meet this criteria. However, the demographics of the eventual sample do not differ broadly from the demographic of the Cryos donor base at the time of the fieldwork, which had a majority of white students in their twenties. In considering these issues, we might draw comparison with the work of Sebastian Mohr, a male researcher who interviewed in Danish; his study had a sample size of 26 donors (Mohr, 2014). However, his fieldwork also spanned a longer time-period; it is possible that more donors could have been recruited to this study given more time.

The difficulties of recruiting and therefore the small size of the sample have clear consequences for the types of conclusions that can be drawn from this data. Clearly the conclusions that can be drawn from this data cannot be said to be representative of the population of Danish donors. Rather than attempt to draw such representative conclusions, therefore, the following chapters will explore the narratives given by these particular donors, who remain a group with which a relatively small amount of qualitative research has previously been done. It will aim to be, as Crouch and McKenzie (2006) put it, intensive rather than extensive, and provide a base upon which further investigation into this group might draw.

Description of the Sample

I interviewed thirteen donors from across the different departments of the sperm bank. The average age of the donors was around 28 – the oldest was 38 and the youngest 19. Twelve of the donors were native Danes, and two of them belonged to ethnic minorities. Four donors were married, five were in a relationship and four were single. Additionally, all of the married donors had children and none of the unmarried donors did. The majority of the donors I interviewed were students (eight out of the thirteen), although several of these had had other careers before returning to education. Other occupations in the sample included teaching, academia, and the military. Five of the donors were also blood donors and four were also organ donors.

Five of the sample were identity-release donors and eight were anonymous donors. To further break this down, all of the identity-release donors had also chosen the extended profile option, and five of the anonymous donors had also chosen the extended profile option. Most of the donors were established and had been donating for between six months and three years, with varying degrees of regularity. One donor was brand new and

had not yet made any donations, whilst another donor had been donating for over a decade. Three of the donors were planning to or had recently become inactive.

Since this sample is small, it is not necessarily representative of the population of Danish donors. Therefore, this monograph does not attempt to draw any broad conclusions or generalise to donors as a whole from the data presented within. However, it is possible to analyse the accounts of these donors as narratives and to identify avenues for further research and exploration of this topic in the future. As Crouch and McKenzie (2006: 496) argue, small exploratory studies contribute to the ‘communal knowledge-building labour’ of research fields.

Donor Introductions

The following provides an overview of each of the donors discussed in the following chapters.

Andreas

Andreas is a teacher. He is married and has a young child. He had been donating for around six months, and is an identity-release donor.

Bent

Bent is a student in his mid-twenties. He donates anonymously, and has been doing so since he moved to the city for university three or four years ago. He used to donate several times a week in order to earn more money, but the sperm bank recently changed their policy to only allow donation once a week. He has been in a relationship with his girlfriend for two years.

Christian

Christian is in his mid-thirties. He has been an anonymous donor for many years. He lives outside Denmark and so does not donate regularly, but remains active with the sperm bank and continues to donate occasionally. He is single and does not have any children.

Daniel

Daniel is an ex-soldier currently pursuing a degree. He is in his mid-twenties and single. He does not have children. He has been donating for only a few months, as an identity-release donor. He also became a blood and organ donor as soon as he was legally able to.

Erik

Erik was born in Denmark but belongs to an ethnic minority group. He is a PhD student in his early-thirties, and is in a relationship. He has been donating anonymously for around two years.

Frederik

Frederik is an immigrant to Denmark who has only just begun the process of becoming a donor. He is nineteen and came to Denmark in order to study. He is single and does not have any children.

Georg

Georg is in his late twenties and is a PhD student. He has a girlfriend with whom he has been in a relationship for two years. He has been a blood and organ donor since he was eighteen, and had been considering becoming a sperm donor from that point onwards, although he did not actually begin donating sperm until around six months prior to our interview. He is an identity-release donor with an extended profile.

Henrik

Henrik is a masters student in his mid-twenties. He has been in a relationship with his non-Danish girlfriend for around a year. He had been donating for two years. He is an anonymous donor.

Isak

Isak is in his mid-twenties and is a student. He has been registered as a donor for around three years, although he has not been active recently due to time abroad. He has a girlfriend but no children. He donates anonymously but has an extended profile.

Jonas

Jonas is in his early-twenties and had been donating for around four years. He is a student. He is single and has no children.

Kasper

Kasper is in his mid-thirties and in the military. He is married, and has two children with a previous partner. He had been donating for around a year, and is an identity-release donor with an extended profile.

Lars

Lars is in his late-twenties. He is a member of an ethnic minority and although he was born in Denmark, he has spent a lot of time living abroad. He is a student, and is married with a young child. Although he is currently not an active donor, he had been donating for around two years, anonymously.

Mikael

Mikael is in his late-thirties. He is in the military. He is married and has three children. He is an identity-release donor and has an extended profile.

Data Collection

The interviews for this project were, as far as possible, undertaken in person. Face-to-face interviews were more desirable, as they give access to a wealth of additional information such as body language and tone. However, I was aware from early on that some donors may be more comfortable undertaking interviews via an alternate method due to the 'quick and discreet', taboo nature of sperm donation, so donors were given the option of using Skype or email instead. Skype interviews were utilised to make it possible to interview two participants who were currently living outside of Denmark via webcam. One further participant opted to undertake a Skype interview without webcam for privacy reasons and one participant opted for an email interview. The in-person interviews were carried out in a private space in the sperm bank, and generally lasted between 60-90 minutes.

There are, of course, different strengths and weaknesses to interviewing using different mediums. Kivits (2005) provides an overview of the advantages and disadvantages of email interviewing: chiefly, its asynchronous nature which can be at once beneficial and detrimental, both for the researcher and the participant. For example, the one participant (Daniel) who choose to be interviewed over email had the chance to consider my questions for a longer period of time than the others did, which perhaps allowed him to form a more coherent answer in a more comfortable environment, but also meant that his response had the potential to be much more 'polished' in comparison with the other participants. Moreover, it is harder to maintain a coherent narrative and 'thread' of an

interview that is being conducted asynchronously, which may lead to participants becoming disengaged with the process and ultimately perhaps withdrawing, although this was not the case for the one email interview participant in this study. Similarly, the interviews that were conducted over Skype also had potential disadvantages. These interviews were dependent on technology, which meant that if there was a slow or unreliable connection, it could be difficult to conduct a fluid interview. Bad connections sometimes meant that the participant and I would talk over each other or parts of what was being said could be lost to lag or static, for example. However, these limitations became less noticeable as the interview went on and the participant and I became used to the technology. These limitations may have had an effect on the quality of the data it was possible to collect from these interviews, and this was taken into account during the data analysis process.

Data Analysis

The analysis methods for this research were based on an inductive grounded theory approach (see Glaser & Strauss 1967). Grounded theory can be defined as a method of analysis which ‘aims directly at generating abstract theory to explain what is central in the data’ (Punch, 2005: 204-5); it first seeks conceptual categories within the data, then finds relationships between them, and finally seeks to account for these relationships. This process is known as coding. It is, in essence, a system of labelling which takes concepts that are grounded in the data. The analysis was thus undertaken throughout the period of data collection, allowing for the system of ‘constant comparison’ which is important to the grounded theory process. This process was helpful for the development and refinement of future interview topics based on the emergence of repeated themes that were not anticipated in the original interview topic list; for example, if a particular subject

is raised by participants in multiple interviews independent of the prompts from the topic list, it would appear to be a significant issue that should be raised in future interviews even if those interviewees do not mention it unprompted. One example of such a topic from this particular project was the issue of the falling Danish sperm count. This technique also allows the researcher a chance to address any other problems that might arise during the early interviews, such as potentially changing questions that some participants are uncomfortable answering or often refuse to answer, although this was not necessary here. However, I was not able to fully implement the ‘theoretical saturation’ that grounded theory requires due to the small number of participants – it is possible that the ability to interview more donors would have resulted in new concepts arising from the data. The coding process involved exploring the data and identifying repeated themes. I initially used textual analysis tools to look for words and phrases appearing frequently across the dataset. I coded firstly broadly along the lines of concepts that had been suggested by this text analysis and by the literature review, such as kinship and masculinity, and then refined these codes into much narrower concepts as suggested by the data itself.

Coding was facilitated by a computer-assisted qualitative data analysis software (CAQDAS) package QSR NVivo. There are several potential advantages of using CAQDAS to analyse qualitative data. NVivo’s ‘node’ system aids coding by allowing the researcher to create, remove, combine or produce hierarchies of codes, which facilitates an iterative approach in which the categories can be revisited and refined over time as more data is added or as the researcher’s ideas change. Using CAQDAS for this process offers an advantage over hard-copy work, as codes can be edited, added or removed much more easily. Moreover, CAQDAS provides the ability to manage data more efficiently due to the speed at which data can be retrieved and the potential to find every instance of a

particular word or phrase using powerful search tools. However, it is also important to remember that CAQDAS programs are only a tool to aid qualitative data analysis, and the mechanical process of recording and coding data does not, in itself, constitute analysis.

The size of the sample had implications for the way in which I analysed the data, in relation to the initial the research questions posed. Grounded theory involves seeking theoretical saturation in terms of the concepts and themes that emerge from the data. With the small number of respondents, it was unclear whether saturation point had been reached. The intention was to compare the donors who chose to remain anonymous and those who chose to become identity release; however, as only four identity-release participants were recruited, it is difficult to make inferences about the population of such donors in relation to others. Therefore, the analysis has tended to focus on patterns more broadly across the range of responses that are indicative of trends, rather than necessarily representative of the population of donors or a subset of donors.

Research Ethics

This research has been guided by the procedures of the University of Edinburgh School of Social and Political Studies Research and Research Ethics Committee, and the study was approved by the School of Social and Political Science at Ethics Level 2. The project also draws upon the British Sociological Association's *Statement of Ethical Practice* (2002) for guidance, and upon feminist scholarship on reflexivity and power in ethical research. In the following sections, I will discuss some of the specific ethical considerations that were made. Particularly I will look at the areas of privacy and anonymity, and sensitivity to the nature of the topic and the subjective experiences of participants.

Pseudonyms - Anonymity and Confidentiality

Due to the small and intimate nature of this sample, confidentiality is of utmost importance. Since the recruitment was almost all mediated by my gatekeeper and the interviews took place within the clinics, the clinic staff were aware of the participants. Furthermore, the nature of the sperm donation industry itself makes ensuring the anonymity of participants paramount. Pseudonyms have been used throughout the research to maintain participants' anonymity, a condition which is particularly important in the context of this research since anonymity is part of the political landscape of gamete donation in Denmark. However, using pseudonyms is not always enough to prevent identification entirely (*ibid.*: 510), and therefore I have taken care when presenting interview data to make sure that confidentiality is maintained and that nothing uniquely identifying is revealed, particularly by speaking in more general terms with regard to identifying information such as ethnicity. Moreover, the data itself has been kept strictly confidential; the personal, identifiable data collected as part of this research falls under the remit of the 1998 Data Protection Act (University of Edinburgh, 2008). Permission was granted by *Datatilsynet*, the Danish Data Protection Authority, to conduct this research, and the data has been used in accordance with their guidelines.

Informed consent was obtained from all participants prior to any data collection taking place. This involved the use of consent forms (see Appendix 2), which provided, 'in appropriate detail and in terms meaningful to participants' information about the research and the reasons for undertaking it, the researchers, funding source, and the intended dissemination of the research, in line with the BSA guidelines (2002: item 16). The participants were informed that they had the right to withdraw their consent at any point during the research. They also were offered the right to reject the use of the recording

device¹⁰, and to refuse to answer any of the questions for any reason. Since the participants in this research did not have English as their first language, the consent form was presented in both English and in Danish. Furthermore, no participants were recruited who were not comfortable speaking and understanding English.

Investigating a Sensitive Topic

As previously identified, this research involves a topic which may have been considered sensitive by the participants; continued debates on its morality show that gamete donation is something of a taboo subject and it is not usually spoken about in day-to-day life. In order to mitigate the potential for harm and discomfort to participants, it was stressed that they had the option to withdraw from the research at any time, or to choose not to answer questions which they found uncomfortable. This is part of the principle of constantly negotiating and re-negotiating informed consent throughout an interview (Bryman, 2004: 516). Furthermore, sensitive topics have the potential for oversharing by participants, or for them to impart information that they later regret revealing. In an attempt to counteract this, participants were provided with a reference card giving contact details for the researcher and a summary of the purpose and aims of the research, in order for them to be able to withdraw any information that they later decided they did not wish to be included in the research or to assuage any concerns they may have about the research. Moreover, any information that could have been over-disclosed in interviews has been treated sensitively in the analysis, even if participants did not choose to withdraw it.

¹⁰ All participants agreed to be recorded.

Language Barrier

Despite only recruiting participants who were proficient in English, there was potential for there to be a language barrier during interviews and during analysis over the course of this project. There were a handful of occasions where participants were unable to find the correct word in English and thus gave me a word in Danish. I was then required to either translate the word if I was able¹¹, or we were required to negotiate another word with an approximate meaning. For example, the following exchange with Lars:

Lars: Incidentally, I am anonymous and supposedly anonymous donors are not supposed to know who their anonymous profile is. I just, incidentally, *do* know who I am and as such I could see that, apparently they have this little note which says that, if I, how to put it, *konstateret graviditet* [pause] if pregnancy has been... [pause]

Alison: Achieved?

Lars: Detected pregnancy, achieved a pregnancy, something like that.

This means that some precision of meaning may have been lost during this language negotiation process. Equally, as the participants were not speaking their native language, some nuance may have been lost in the gap between the phrasing they would have used in Danish compared to the phrasing they used in English. I have attempted to address one such example of this in my footnote on the terminology of nature/culture on page 191.

¹¹ Any unknown words were translated during the transcription process with the aid of a native Danish speaker.

These problems of meaning making are not unique to interviewing in a second language, however. As well as this kind of language barrier, there is also the potential for the interviewer to use 'jargon' or phrasing that even a native speaker might not understand. Thus, there are occasions when either of the interview participants may misunderstand or misinterpret something that the other says. It is important to be aware of the potential for this to happen, as not all interviewees will be comfortable enough to speak up and ask for clarification when they do not understand something.

Reflections on Interview Theory and Practice

In the final part of this chapter, I will reflect on the ways in which the methodological underpinnings of this project and my personal subjectivity as a researcher may have impacted on the data that it was possible to collect and the meanings that it is possible to make from this data. Taking interviews as a starting point, according to Roulston (2010: 1), there are three interrelated issues that researchers who intend to use interviews as a social research method should consider to inform their research design and interview practice: their theoretical conception of the interview; their subject position in relation to their interviewees; and methodological examinations of interview interactions. In the following discussion, I will use examples from my dataset to illustrate my analysis of these issues.

Theoretical Conceptions

Earlier in this chapter, I outlined my epistemological position on the nature of research, taking an interpretivist standpoint and working from the understanding that interviews are a social interaction just like any other, and that they produce data, rather than passively 'collecting' it. Indeed, that interview data are a product of a particular set of interactions was clear to me throughout this project. I found that several of my interviewees either

changed their views on a particular aspect of donation over the course of the interview, or made it clear that I was asking them to give a point of view on things they had never given any particular thought to in the past. In my interview with Bent, for example, I could tell that this was the first time he had thought about these issues and the interview itself gave him the space to work out his views and opinions. On the other hand, I found that certain of my participants had 'read up on' issues relating to what they believed the topic of the interview was going to be, as Andreas admits in the following account:

Andreas: I get the feeling that it's simply because Denmark is an exporter of sperm generally and just, we have a lot of sperm banks and that's, that's why. But I know that the British media, well, I sort of prepared a little bit for this interview and I was sort of reading on *The Guardian* and stuff and *The Sun*, which is an amazing newspaper, bloody hell(!) [both laugh] what the hell is that? I haven't really read it yet but that's not a very good newspaper

Alison: No it's not.

Andreas: Just, just, and the Daily Mail as well.

Since we live in what Holstein and Gubrium (2004: 140) term the 'interview society', potential interviewees are very familiar with interviews, perhaps from participating in various interviews for market research or from watching the many television talk shows or news programmes which use make use of interviews. This means not only that they may take it upon themselves to 'prepare' for interviews, which may perhaps effect the quality of the data, but also that they may well have expectations that the interview will be conducted in a particular way, and may not be comfortable in an interview that does not meet these expectations.

Subject Position in Relation to Researcher

We are encouraged as social scientists to think about 'the ways in which [our] social background, assumption, positioning and behaviour impact on the research process' (Finlay and Gough, cited in Roulston, 2010: 116). There were several points of convergence and divergence between my own identity as a researcher and the position of the donors that I spoke to. I was a woman and a foreigner, which positioned me as socially different, but I was white and mid-twenties, similarly to the majority of participants, and shared a similar educational and class background. We have already seen an example of at least one kind of negotiation of these social similarities in the previous exchange with Andreas, who positioned himself, and through shared joking, me, as the kind of person who would not normally read *The Sun* and thus established particular assumptions about education level and class.

It has been suggested that similarity between researcher and participants allows for easier rapport and facilitates research and some feminist scholars have also highlighted the potential for imbalanced power relations in interviews of men by female researchers (e.g. Dickson-Swift, James, Kippen, & Liamputtong, 2007; Oakley, 1981). However, there is evidence to suggest that men might actually be more likely to want to talk about sensitive or sexual topics with a female researcher than with a male researcher: in Grenz's (2010: 59) research into male clients of prostitutes, for example, she gave the men the option of being interviewed by a male or a female interviewer, and all of them chose to be interviewed by a woman. Moreover, as a feminist researcher, I take Oakley's (1998: 41) position that 'the goal of finding out about people through interviewing is best achieved when the relationship of interviewer and interviewee is non-hierarchical and when the interviewer is prepared to invest his or her own personal identity in the relationship',

rather than the more positivist position that 'getting involved jeopardises the status of sociology as a science'.

As a woman, I was aware from the beginning of this research that there may be challenges involved in speaking to men about a subject such as this, which necessitates the discussion of potentially sensitive issues related to sex and sexuality. There was certainly evidence that a small number of the interviewees were uncomfortable talking about sexual topics with me. Erik, for example, was reluctant to discuss the actual donation process and appeared ill at ease throughout the interview, commenting at at least one point about the strangeness of the experience:

Erik: I think it's in all guys like that, you know [to feel disappointed when a sample is rejected]. They, er, they want to give a good... product. This conversation is very weird sometimes.

Eventually I had to curtail any sensitive line of enquiry completely in order to ensure the comfort and well-being of the interviewee.

However, it is not necessarily the case that donors would have been more forthcoming about these issues with a male researcher. Grenz (2010: 59), for example, notes that, in her research into male customers of prostitutes, when given the option of being interviewed by a man or a woman all of her interviewees chose to be interviewed by a woman. Indeed, the assumption that social similarity between a researcher and their research subjects always leads to better data should be questioned; we might imagine a situation in which an interviewee neglects to mention certain things due to an assumption of shared experiences with a researcher who is socially similar to them. There were certainly occasions during this project where participants drew on shared assumptions based on a perceived shared left-wing politics, for example, and where I had to take care to make sure that I noticed these occasions and fully explored them.

Whilst there can be advantages and disadvantages to the interviewer being either similar to, or different from, the interviewee, it is important to remember that what the interviewer perceives as similarity or difference may not be perceived as such by the interviewee. There may be differences which are apparent to the participants but not apparent to the researcher, and these may constrain what it is possible to find out (Holland & Ramazanoglu, 1994: 131). Similarly, interviewees may also hold assumptions about the interviewer that do not necessarily match up with the 'truth' of the interviewer's identity, which may also affect the outcome of the interview data, and thus it is impossible to be completely certain what assumptions participants have made about the researcher and what effect these assumptions have had. On the other hand, Gadd (2004: 397), in his work on interviewee-interviewer dynamics, argues that the kind of knowledge that can be constructed in an interview is heavily dependent on not only the interviewee's lived experiences but also the ways in which the interviewer reacts to the interviewee and the connection between them – rapport – which, he argues, may or may not be related to their social similarity. Similarly, Gadd (2004: 397) gives the example of an interviewee who he felt would have been more likely to produce a different account of himself if Gadd, as interviewer, had responded in such a way as to give validation to what the interviewee was saying. This shows that the way the interviewer reacts to the interviewee can affect what they say or how they say it; thus, it is very important to be aware of how one conducts oneself as a researcher in relation to interview participants.

This negotiation of what an interviewer should say and how they should say it can be a tricky balancing act when interviewing people with whose opinions the interviewer does not necessarily agree. As well as causing the interviewee to potentially not wish to speak, if the researcher disagrees with something an interviewee says it can put them in a moral

dilemma, especially if it is something offensive. Scharff (2010: 88) describes an incident during her fieldwork with economically disadvantaged women in Germany, in which an interviewee made a xenophobic statement about immigrants to the country. She writes that she felt uncomfortable at the time but did not challenge the statement, although later she felt guilty since she 'should have argued against her xenophobic remark in order to speak for groups that are in an arguably less powerful position than [the] white German woman'. Thus, there can be conflicting impulses for the researcher: keeping the interview 'flowing' or challenging something which the interviewer might find offensive. As Gadd's example suggests, signalling agreement may facilitate obtaining more 'data' from the interviewee, but Scharff's example illustrates how this might sit uncomfortably with the researcher's principles. I had a similar experience with one participant who made remarks about gay families:

Frederik: I don't know if I would be really happy about gay couples or something like that.

Alison: Okay. What about single women?

Frederik: Er, single women it's alright also. But, er, good families with a father and with, and with a mom, because a father needs to, if it's a boy, the father needs to make from a boy a man. And if it's only a single mother, then the boy is going to grow like, er, [pause] I can't explain this, like a woman [laughs]. Or something.

In this instance, I refrained from challenging the participant, but this comment coloured my perceptions of the rest of the interview.

Power can take many forms in interviews: generally, the position of the researcher is more powerful than the position of the researched, but this may also intersect with other power dynamics such as gender, race, class, or disability. It is important to recognise that, in the Foucauldian sense, power is not zero sum. The 'multiple shifting intersecting discourses

of Otherness can position researcher and researched in shifting ways' (Kitzinger & Wilkinson, 1996: 15); for example, in the case of a black woman researcher interviewing young white working-class men there are intersections of race, gender, and social class, and each of these power hierarchies may come into play at different points of the interview. There may be points at which the researcher has more power within the interview than the interviewees, but there may also be points where their power as men in relation to a woman, or as white people in relation to a black person, comes to the fore. Many feminist researchers, for example, have noted that men often sexualise female researchers in interview situations in an attempt to exercise control, through either their comments or their actions: from comments about the researcher's appearance to the extreme case of an interviewee masturbating during an interview (O'Connell Davidson, cited in Grenz, 2010: 62). However, the presence of power hierarchies in interview research does not mean that the method should not be used; indeed, power is present in all forms of social research. It can only be recognised and noted. Bondi (2003: 74) argues that the concept of empathy, which she defines as oscillating between processes identification with and distinction from others, can be used to 'reframe' issues of similarity and difference in research: whilst it does not remove inequality, it can help to communicate with others across differences of which we are aware, such as gender, as well as those which cannot be so easily pointed to.

Having outlined the methodological considerations and choices that have shaped this project, I now turn to a discussion of the empirical data. In the following chapters, I will attempt to answer the research questions that were posed on page 72, beginning with chapter 4, which examines the construction of "good sperm" and the meanings that donors attach to this.

Chapter 4: Semen: Potentiality and Physicality

In order to understand what is happening in the sperm bank and in the experiences of donors, it is necessary to first understand what exactly is being donated. Semen as a substance has been largely invisible in previous accounts of sperm donation, which have tended to focus on the motivations of donors and their relationships with their offspring rather than the day to day experiences of sperm donation. I would therefore like to shed some light on the phenomenology of being a sperm donor. In this chapter, I will explore how semen and sperm figure in accounts of the donors and the sperm bank, focusing on ideas about what constitutes “good sperm”, both in practical, concrete terms and in the more normative sense, why “good sperm” is important, and how these ideas are bound up in donors’ identities.

Firstly, I will explore what has been previously theorised about semen as a substance, the duality of its physicality in contrast with its potentiality, and will consider how this relates to the way that semen is positioned and made visible as a substance in the sperm bank. Next I will attempt to unpack what it is that donors mean when they talk about “good sperm”, and how this ties into the discourse of the “falling Danish sperm count”. Finally, I will explore how donors discuss “bad sperm” and failures, particularly with regard to the intersection of donor bodies with technology and how this relates to monetary compensation for donation.

Theorising Semen: Physicality vs. Potentiality

As a physical substance, semen occupies a liminal space between life-giving essence and 'waste' by-product of orgasm. Although donor sperm is touted as 'the gift of life', semen's status as a bodily secretion marks it as abject and dirty, as a substance that has transgressed bodily margins. In her classic work *Purity and Danger*, Douglas (1966: 121) argues that these bodily margins represent danger, as sites of potential pollution and contamination, and therefore so does any matter that traverses them, although the nature of these marginal dangers are culturally and temporally specific. A fluid that is considered abject in one culture may not be treated as such in all cultures; semen, for example, is not considered 'unclean' in many religious hygiene rules, unlike menstrual blood - even though both are tied to life-giving (Aydemir, 2007: 10-11). Generally, however, those bodily fluids that are representative of procreation or digestion, such as semen, menstrual blood, or faeces, have the potential to symbolise social relations and processes (shared meals, sexual intercourse), which thus positions them as more polluting than other fluids such as tears (Douglas, 1966: 125). Moreover, the physicality of a fluid may be what determines the degree of pollution it represents. Drawing on Satre, Douglas argues that viscous substances are anomalous and ambiguous; they are neither liquid or solid, rather occupying an in-between state, a 'cross-section in a process of change' (ibid.: 38). Viscosity and its accompanying stickiness, according to Satre, 'forms the essential relation between the subjective experiencing self and the experienced world' and 'attacks the boundary between [oneself] and it' (cited in Douglas, 1966: 38). Thus, as a viscous, threatening substance, semen would be expected to invoke disorder, and, by extension, uncleanness. Furthermore, in the modern cultural imaginary, semen as a bodily fluid is, along with blood, strongly associated with the transmission of disease, in particular 'sexually

transmitted' diseases such as hepatitis and HIV. Whilst in the past, venereal disease was believed to originate in women's bodies (see e.g. Walkowitz, 1980), the modern 'AIDS epidemic' was popularly thought to flow from a 'reservoir' in gay men, through bisexual men and heterosexual women to heterosexual men (Waldby, 1996: 20). This is evident in the prohibition of donation (of both sperm and blood, to differing extents in different countries) by 'men who have sex with men'. In her book about the medical and sexual politics of AIDs, Waldby (*ibid.*: 142) argues that, historically, feminine and feminised bodies have been positioned as 'chaotic' and 'entropic' in opposition to masculine order, and thus both women's and gay men's bodies have been defined as vectors of disease. This perhaps helps explain why the semen of gay men is considered inherently more 'risky' than that of heterosexual men; many sperm banks, including Cryos, prohibit 'men who have sex with men' from donation regardless how many partners they have had, whereas heterosexual donors might engage in unprotected sex with multiple partners without being questioned.

Grosz argued in 1994 that semen had not been examined phenomenologically to the same extent as the bodies and bodily fluids of women had been. She suggests that this may have been due to the 'othering' of feminine and feminised bodies; the masculine was always positioned as neutral and unproblematic in opposition to the 'chaotic' feminine. This led to heavy surveillance and regulation of women's bodies in comparison to men's. She posits that

‘seminal fluid is understood primarily as what it makes, what it achieves, a causal agent and thus a thing, a solid: its fluidity, its potential seepage, the element in it that is uncontrollable, its spread, its formlessness, is perpetually displaced in discourse onto its properties, its capacity to fertilize, to father, to produce an object’ (Grosz, 1994: 199).

Thus, the emphasis is on semen's potentiality rather than its physicality; its status as 'life-giving' is emphasised over its viscosity. However, the Danish context is particularly interesting in this regard, as Danish men's bodies are actually regularly surveilled. Denmark has mandatory military service, and 18-year-old Danish men undergo a medical examination in order to determine whether they are fit to be conscripted. Moreover, the country has a very comprehensive central identity system that ties into health records, including information on all cases of cancer, causes of death, and number of children in the Danish population, which, together with the relatively small, homogenous, and stable population and the National Service medical exams, means that Denmark is often used as a site for demographic studies and clinical trials ("Why is Denmark the Right Place to Perform Clinical Trials?," n.d.). In 2000, researchers used Danish conscripts undergoing their compulsory medical exams to perform a study of their sperm counts; they took semen samples from around 700 of these men, a procedure which is not normally a part of the examination (Andersen et al., 2000). However, this research still concerned the reproductive potential of semen rather than its physicality.

The most common situation in which semen is positioned as a physical substance is the so-called "money-shot" in pornographic films. In pornography's display of semen on women's bodies, Aydemir (2007: 114) argues, male sexuality is constructed narratively through the imagery of ejaculation. In this sense, semen can be viewed as 'the visual evidence of the mechanical "truth" of bodily pleasure' (Williams, 1999: 101). Similarly, Thomson (2008: 100-1) states that the visibility of the ejaculate in pornography 'allows for a statement regarding assumed potency and masculinity, as well as associated statements of power and domination', although he also argues that this 'relies on a confusion between quality and quantity'. Thus, semen as a visible substance serves as both

evidence of male orgasm and of male virility. This in many ways encapsulates the ambivalent position of donor sperm in popular discourse. Thomson, for example, has argued that sperm donors are seen as morally suspect, due to the association of sperm donation with masturbation and the consumption of pornographic material, and that their motivations are often called into question; this occurs particularly with regard to the idea that altruism is an act that should not involve bodily pleasure (*ibid.*: 103-4). Indeed, Mohr (2014) has argued that semen 'is a noisy actor that can matter in all kinds of ways besides being made sense of as a reproductive substance', and that uncontained semen represents this kind of inappropriate desire in donors. This fear of male sexuality and desire has been evident in decisions and assumptions made about the type of people who might become donors; in her study of past sperm donors, for example, Speirs reports that a committee had suggested that men being required to masturbate to produce a sample might encourage the 'unbalanced' or 'psychopaths' to donate sperm (Speirs, 2007: 50). As a symbol of male virility, therefore, the semen produced by the donors represents the fertility that the sperm bank is, after all, selling, and its potential to create the 'precious gift' of human life; yet as a symbol of male orgasm, it represents the excessive, potentially threatening, dominating male sexuality as displayed in pornography, with the idea that men might obtain pleasure from donating seen as somehow sinister or perverted.

Semen in the Sperm Bank

Semen as a physical substance is often missing both from the analysis of sperm donation and from the clinics themselves. Kroløkke, for example, argues that, on Cryos' website,

nowhere does the company feature the biological matter that it sells. Semen is solely described in light of the technology (and the caring) involved. [...] The company's reworking of semen illustrates an interesting ambivalence in which semen is the matter for sale yet also largely invisible (2009: 24).

At the sperm bank itself, the biological matter was visible but in a very stylised way; there were several cardboard cutouts of sperm cells depicted with happy, smiling faces - and which were given Santa hats during December - and abstract artwork on the walls featuring sperm and an egg. This is very different from making semen as the actual biological substance visible. The anthropomorphised sperm cutouts, in particular, are reminiscent of Lie's (2012) analysis of the 'entification' of sperm and egg cells, a process in which they undergo a cultural transformation and emerge as autonomous entities. This is perhaps further evidence of the alienation of donor sperm from donors, as Daniels and Golden (2004) have describes. If sperm cells emerge as distinct entities in their own right, especially if they are anthropomorphised to the extent that they are given human features, then the role of the donors themselves is diminished, and the act of masturbation required to produce that sperm is sidelined. The manager of the sperm bank told me that when reporters visited, they liked to take photographs of the same things each time: the photographs of babies on the walls, and the straws of donor sperm in the nitrogen vats. These are again images that are very alienated from the physicality of semen; the babies represent the presumed outcome of sperm donation whilst excising the process, and the straws represent the technologically 'improved', anonymised, and sterilised semen, far removed from the donors' bodies.

The main place in which semen as a substance is visible in the sperm bank is during the hand-over phase, when the donors pass their filled sample cup to the receptionist. This part of the process is where the semen is at its most viscous and, following Douglas, most threatening. After this point, the semen is visible in the laboratory, but only as it undergoes the process of technological change which renders it 'clean' and 'safe'.

One donor recounted a compliment that a staff member gave him when handing over his semen sample:

Andreas: She said “but it’s a nice, like, a good quantity. Well done!”
What the?! How do you respond to that?!

Having someone remark on the physical appearance of his semen and compliment him on the amount he had produced was unexpected for Andreas; as we have seen, semen is a substance that is, outside of "money-shots" in pornography, generally not viewed and admired. We can contrast this with a previous compliment that Andreas described: being told that he had 'brilliant sperm', which he found much easier to accept. This is perhaps because it related more to the properties of the semen - its quality, the amount of sperm cells and its potential for producing pregnancy - rather than its physical appearance, especially with the close ties to pornography and sexual activity. In the next section, I will discuss the ways in which donors spoke about “good sperm” and how these ideas were tied into issues of shame and pride.

"Good Sperm"

Frederik: The first donation they said that it is really good. I was, er... the other thing that I came here for, I just remembered, was to check if I have good sperm. So. It’s really good, and I’m glad for it.

The first question to ask is: what exactly defines "good sperm"? To follow on from the issue of 'potentiality', we might argue that "good sperm" is any sperm that is capable of impregnating a woman, since this is presumably the primary purpose of sperm that is used for donor insemination. However, not all sperm that is technically capable of producing pregnancy is suitable for use by the sperm bank. Preparing sperm for freezing dilutes the concentration of sperm cells in the sample, which means that the amount of sperm cells present in the sample before freezing needs to be particularly high in order to maintain a

'useable' level afterwards - since the sperm bank sells sperm with prices graded according to motility, certain concentrations of sperm cells are more valuable and useful than others.

There are a number of ways to measure the quality of a sperm sample. 'Sperm count' is the term we are used to hearing in the media, for example within the 'falling Danish sperm count' discourse which will be discussed later in this chapter; this measure means, simply, the number of sperm present per millilitre of ejaculate. However, the measurement used within the sperm bank was generally 'sperm motility', which refers to the number of sperm cells that can move normally per millilitre of ejaculate. Moreover, there are other ways of defining what is "good sperm". The physical appearance of the semen can also determine whether a sample is useable. The WHO issues guidelines for what a 'normal' semen sample should look like:

'a normal sample has a homogenous, grey–opalescent appearance. It may appear less opaque if the sperm concentration is very low, red–brown when red blood cells are present or yellow in a patient with jaundice or taking some vitamins' (World Health Organisation, 1999: 7).

It should also have a viscosity within a 'normal' range, since high viscosity can interfere with determination of motility: it should fall in discrete droplets when dropped from a pipette, and any cases where the semen forms a thread more than 2cm long are categorised as 'abnormal' (*ibid.*). It is clear, therefore, that the quality of a sample is made up of a number of inter-related factors, particularly appearance of the semen and movement of the sperm cells.

Having considered the medical definitions, we might now want to unpack what the donors are talking about when they refer to "good sperm". As Frederik's statement shows, the determination of whether or not one has "good sperm" was a motivating factor for him to donate in the first place. This was also evident in the accounts of other donors:

Georg: So that was perhaps the thing I was most, er, nervous about, was to get to know my sperm quality. And I had never, of course, known before if I, like, kind of had rotten water in my balls. [both laugh] So that was definitely, it has a huge influence because I don't have children of my own yet, and I'd like to have them some day, so if it was bad, it would have really affected my future. So yes, that was, I was nervous to hear.

Isak: I saw a documentary about some males that were in a relationship and wanted to have children, but their sperm wasn't really good enough. And... you could see that they were, of course, super sad. It's like, er, I think it's part of men's, er... (pause, sigh) I guess psychology is not the right word but we want to see our own genes, like, move on and you could see that it was a big problem for them that they weren't able to, erm, see that. Erm... so, actually I got a little bit scared and I was thinking, like, "how about my own sperm? is it good enough?" [...] and I thought, "well, why not test it?" I would rather know it being 23 years old than being 30 and wanting to have children with my wife or potential girlfriend or whatever. [...] I thought, "well, I could always get tested before starting" Erm... so I did that without actually thinking about being a donor, it was more for, like, getting the test result.

Kasper: [Finding out the sperm motility is] actually the bonus of this, because you can be confirmed whether you are – I already have two children, so that's a confirmation of itself, but you can be confirmed whether you are, you have the good abilities to reproduce yourself. And I'm very interested in these data.

We can see from these accounts that "sperm quality" is strongly related to the potential for producing children and, according to Isak, passing on ones genes in the future. However, Kasper's account shows that even donors who had already empirically proven the efficacy of their sperm by fathering a child could want a 'confirmation' that their sperm was "good". This suggests that, whilst the ability to impregnate a woman is clearly one

factor in the donors' conceptions of "good sperm", there is a desire for 'scientific' or medical definitions of "good sperm" as well as the empirical or practical.

Moreover, Isak states that he was unsure whether he was going to continue donating past the point of finding out what his sperm quality was. This suggests that, whilst finding out his sperm quality was his initial motivation for visiting the sperm bank, something happened in the meantime to push him towards continuing to donate. This seems to be related to the "thrill" of finding out that he did have "good sperm". Having 'good quality' sperm was often, in itself, also a point of pride for donors; indeed, there is an element of pride inherent in being accepted as a donor in the first place, since donors are aware that the sperm bank only accepts men who can produce sperm of a certain standard:

Andreas: It's not everybody that can get it done, to become a donor you have to have this quality that is pretty high and there's a certain percentage, I think it's about 2 or 3 percent who even has the right... stuff, if you know?

This suggestion of pride in sperm quality was also present in other accounts:

Jonas: I actually, I think when I started donating, when they accepted me as a donor... I became kind of confident in some way, because then I knew my sperm was alright, I guess.

Bent: I was dead proud [...] after the first donation, of course, they had to test the quality of my semen and they said it was really good. They probably do to most people in here, they say "Oh it's brilliant, brilliant sperm" or whatever you want to call it, but I was so proud. I was, I remember I was biking home and I had just one big smile on my face and I thought, "Yes! I've got good sperm!". But I couldn't tell anybody, I just didn't know what to do. How could I get this good news, you know, in Denmark we are very aware that the sperm count is falling rapidly and so getting the information that I was one of the good guys, in a way, was very good and very strange that I couldn't tell anybody. I think I told

my brother quite quickly, since, in some way or other it affects him and he's closer to wanting to have children and so it was sort of a relief for him as well, actually, he was happy to know that we were probably alright in that area.

We can see that Bent was proud to be told that his sperm quality was "really good", although he expresses doubt that the sperm bank staff were completely sincere in their praise of his sperm. However, the idea that he has "good sperm" is simultaneously a source of discomfort, as he feels unable to tell anyone about. Interestingly, Bent also spoke to me about his experiences with disclosing to others that he is a sperm donor, which he did share regularly with people he met as a provocative conversation-starter. This suggests that it is specifically the fact that he had "good sperm", unrelated to the fact of being a sperm donor in general, that he wanted to share but felt unable to. It is interesting to note that that his brother was, in the end, the one he felt about to tell about it; this has the implication that Bent assumed that sperm quality is determined by genetics rather than lifestyle. As we have seen, there are many factors which determine sperm quality and fertility of family members does not necessarily have any bearing on a man's potential to father children. This therefore ties into ideas about what is inheritable that underpin much of the discourse surrounding this topic, and that will be further discussed in the following chapters.

Furthermore, as with some of the previous donors, Bent sets up a dichotomy between men who have "good sperm" and those who are infertile, where "good sperm" appears to be bound up with ideas about national identity.

Danishness and the Falling Sperm Count

In order to understand this, it is necessary to know that Bent is referring to the discourse of the falling Danish sperm count, an idea which is regularly discussed in the Danish

media. This was similarly evident in Isak's earlier account, and was also mentioned during the interviews by several others. A 'falling sperm count' discourse exists not only within the Danish context, but also more widely; falling Western European sperm count has been discussed in the UK media (“Prolonged TV viewing linked to lower sperm count,” 2013; Winston, 2013) and, in fact, the initial paper that suggested that there was a falling sperm count was based on the collation of research from around the globe, even though it was published by scientists in Copenhagen (Carlsen, Giwercman, Keiding, & Skakkebaek, 1992). Whilst the initial work was a global analysis, in 2000, researchers studied Danish National Service recruits undergoing their compulsory medical exams and found that many of them had low sperm counts (Andersen et al., 2000). Since the 1990s, there have been a number of investigations into possible causes for the sperm count to fall, including caffeine consumption (e.g. Jensen, Swan, Skakkebaek, Rasmussen, & Jørgensen, 2010); sleep disturbance (e.g. Jensen et al., 2013); smoking (e.g. Jensen, 2004; Jensen et al., 1998); and living a sedentary lifestyle (e.g. Gaskins et al., 2013; Støy, Hjöllund, Mortensen, Burr, & Bonde, 2004). Most of these studies found that these indicators have little effect, and indeed some suggest that the most important factors in determining sperm quality are actually epigenetic in nature: that it is their mother's lifestyle factors rather than men's own that have a detrimental effect, such as the effect of maternal smoking on the size of the testes (Jensen, 2004; Jensen et al., 1998).

In their accounts, donors gave various theories to explain falling sperm counts:

Bent: I actually thought because of our agricultural background in Denmark that we had worse sperm than most places, erm, we hear that all the pesticides they've used the last 50, the past 50 years, are slowly but surely reaching the [groundwater], and that's been affecting us for the past 50 years. So I actually thought that the Danish sperm was quite bad.

Isak: I don't know, maybe because it's so high on the agenda in Denmark at the moment, I think, er, the younger generation would have a bigger tolerance towards [sperm donation and donor insemination].

Alison: So you think that younger people would see it as less taboo, maybe?

Isak: Yeah, I guess so. Because they could see themselves being in the same situation, like "hey, maybe I can't have my own kids in 5 years because I ate too much junk food or I kept my cell phone in my pocket" or...

Mikael: I drink loads of coffee, I sit down a lot, I run around both in the heat and the cold and for some reason, my sperm doesn't seem too damaged in that way.

Whilst it's clear that there is no one accepted explanation amongst scientists and no one accepted explanation amongst donors, the donors seem aware that there are a number of potential explanations, including pesticides and chemicals, radiation from mobile phones, fast food, coffee, and lack of exercise.

Thus, to return to the question of national identity, we can see that these donors are conscious that there may be some 'problems' with sperm quality amongst Danish men.

One way of defining collective national identity is as

solidarity, mutual trust, the mutual acceptance of equal rights and obligations, and the acceptance of political measures which in the name of social justice presumably violate or transcend individual self-interest (Peters, 2002: 30).

I would argue that there is strong evidence for feelings of solidarity and consideration of equal rights and obligations in this particular case. It's clear that the media reportage of the falling Danish sperm count discourse served as a catalyst for fears of not having "good sperm" for Mikael, for example. We might argue, therefore, that this also ties strongly into

notions of Danishness and pride: Bent's statement that he is 'one of the good guys' comes directly after invoking the falling Danish sperm count, so he appears to be associating being a "good guy", a phrase which certainly has moral connotations, with an ability to contribute to furthering the Danish population compared with those who cannot father a child¹². Similar feelings of national identity came into play for Isak, who told me that the reason he told his Swedish girlfriend that he was a donor was because she was taunting him by saying that Swedes had better sperm quality than Danes:

Isak: The other person I told [that I was a donor] was, er, my ex-girlfriend, like, a year and a half back. Yeah, we – she is from Sweden and she started talking about, “hey, I’ve heard about Danish men their sperm count is so low and we are so much better in Sweden” and then I kind of, like, got angry because I’m sure about the fact, the reason why we know it’s so low in Denmark is because that Danish males are a large contributor to this sperm bank, so we actually have some true numbers on this. And I’m sure it’s not a problem we have in Denmark but it’s a problem we have in the Western countries. So yeah, I was like upset, and then she asked me, how come do you know so much, how come you are so interested. And then I just told her, well, because of this.

Here, Isak argues against his girlfriend's invocation of the falling Danish sperm count discourse by suggesting that it is a wider problem in Western countries, and furthermore positions Danish men as contributors to scientific knowledge through their sperm donations. We can see that this ties strongly into the idea that having "good sperm" is a source of pride, and moreover that this is also *national* pride rather than purely individual: since Isak is an active donor at this point, he already knows that his sperm quality is high, but he is still upset at the suggestion that Danish men in general have "worse" sperm than others. Uffe Østergaard (1992: 24) has suggested that Danes are loathe to be considered

¹² A discourse around low birth rates in Denmark also exists, with several campaigns being launched to try and convince Danes to have more sex (e.g. McCoy, 2014; Weaver, 2013).

nationalists, but at the same time that that they 'love to criticize everything [themselves] but go on the defensive as soon as a foreigner finds a fault with anything Danish', which perhaps explains Isak's strong reaction.

Bad Sperm?

We have seen that donors find a sense of pride in being told that they have "good sperm". But what happens when a sample is rejected? Rejection can happen for a number of reasons, and does not necessarily mean that a man is 'infertile'. As previously stated, a semen sample that has the potential to fertilise an egg when fresh may not necessarily provide, once frozen, a product that is of good enough quality for the sperm bank to sell. Moreover, sometimes donors produce samples which the sperm bank does not want to offer for sale, but which may be of use for research purposes. All but one of the established donors I spoke to had experienced having a sample rejected for sale as actual donor sperm at some point or another - it is important to bear in mind that all of these men had been approved as donors, so they know, in general, that they are capable of producing "good sperm".

Once the donor has handed over his new sample, as part of the donation process, the receptionist brings up his entry in the database and gives the results of his previous donation. This will usually involve telling the donor whether it has been accepted or rejected, but donors can also ask for more detailed information about the sample:

Henrik: We're told, at least we're told whether it was approved. And then we can always ask and hear about the quality.

Alison: Do you normally ask?

Henrik: I *always* ask.

Several of the donors spoke to me about how they felt when they had received the news that their previous sample was rejected:

Bent: Luckily I've only had it a few times that they just throw it out, they tell me that's it's not good enough. [deep breath] Which is always a bummer, because of course it's a waste of my time, erm, and er potential money out the window and of course you get very aware of, oh, what have I done since, I've ruined that, er... [sample].

Andreas: I think there is a certain pride element in [feeling disappointed in a bad result], I think that's inherent to our testosterone-y, beast-y sides, our little reptile brain going "oh no!" every time we get the results, if it goes wrong [...] But that's again something you get used to. The first couple of times you're told, "well [lowers voice] that was a 30, that was a 30, this is only a 10" you go "only a 10?! what the, did I do something wrong, should I have a word with them?" [laughs] you know? You don't really know what to do. But they [the staff] say, you know, this is variation, it happens, it's a biological system for God's sake. [...] There is... you do feel that this is your baby, and it should be, it should be... when it fails, you're always a bit sort of "oh" [sad/disappointed sound]. Not only because of course you've made the trip down here and it was basically, it didn't help, it didn't work that time, it's a bit annoying I suppose.

In Andreas' account, we again have reference to taking pride in sperm quality, this time expressed strongly in 'beast' imagery. He draws here on ideas about masculinity or manhood being tied to primitive or primal instincts in his reference to men's 'reptile brain'. This is reminiscent of Connell's analysis of discourses of 'true masculinity', which, he asserts:

is almost always through to proceed from men's bodies - to be inherent in a male body or to express something about a male body. Either the body drives and directs action (e.g., men are naturally more aggressive than women; rape results from uncontrollable lust or an innate urge to violence), or the body sets limits to action (e.g., men naturally do not take care of infants) (1995: 45).

Andreas intellectually views taking pride in producing "good sperm" and shame in producing a "bad" result as foolish ('it's a biological system for God's sake!') but feels that

there is something inherent in his body that produces these feelings of pride and shame. There seems to be some kind of issue here relating to bodily control and the uncontrollable: when Andreas suggests that he might 'have a word with them', he is talking about the sperm, (jokingly) suggesting a literal disciplining of his body, despite his understanding that there is a biological system that he cannot affect the outcome of. Erik contrasted his feelings when he produced a bad sperm sample with producing a bad blood sample:

Alison: How does it feel when it gets rejected?

Erik: Erm... disappointing, kind of. I think it's in all guys like that, you know. They, er, they want to give a good... product.

[...]

But erm... yeah, you know. There's nothing you can do about it. It would be like going to the blood bank and saying that your haemoglobin is too low. But... but here it's kind of... different.

Alison: In what way is it different?

Erik: Because, erm, you know, there's all these stigmas associated too. But no, I'm just saying that... er, you know, a rejected sample due to low count should, should mean the same as a low haemoglobin blood donation, but it just doesn't because there's so many, erm... [trails off]

Similarly to Andreas' account, the implication here seems to be that donating blood with a low haemoglobin count does not (and should not) feel disappointing, since one's actions have no bearing on the outcome, whereas donating poor quality sperm does feel disappointing, despite it being a similar bodily process unaffected by outside action, due to the different stigmas attached. We can interpret these stigmas as poor sperm quality reflecting poorly on male virility and masculine potential.

The Intersection of Technology and Sperm Quality

There is a technological process that transforms the semen that men produce in the donor cabins into the donor sperm that will be sold. This process will be discussed in more depth in Chapter 5, but there are a number of things that can go wrong with semen samples after they have left the donor's control: sperm cells that were motile when they were first cryofrozen can fail to be revived upon thawing, for example. This technological interference thus becomes a variable in the good/bad sperm discourse. Andreas spoke to me about his experience of being told that his sample had failed due to technology:

Andreas: Once in a while, it dies, when you freeze it, they say, or whatever. And the first time that happened I was like “Oh God, I’m a failure!” but apparently that happens to most people. And I don’t have that high a failure rate so I’m still happy. But, er, it was quite – that was the first time that I really felt like this, ooh, this was then unpleasant. Because that’s a sort of, a blow to your self-esteem a bit. That’s like, “my soldiers, my soldiers! They died in an awful battlefield, it was horrible!” [laughs] Or something! “They were frozen, they all died! It’s horrible!” but that’s happened. Apparently, sometimes when they freeze it, in liquid nitrogen, of course, and they thaw it, you see, to see if they can survive the freezing, sometimes, for some reason, it doesn’t happen. [whispers] They all die. So that’s how you know!

Here, he uses the language of soldiers and battle to describe this failure. This is classic masculine sperm imagery. Lisa Jean Moore (2002), for example, has written about Baker and Bellis, who developed the concept of ‘sperm competition’ as a way to redeem “bad” sperm by arguing that all sperm cells had their place in the sperm army; in their work, they often use military analogies, such as ‘chemical warfare’ and ‘head to head combat’ (cited in Moore, 2002: 108). There is evidence of this in this account. We can see that, at first, the donor blamed himself for the rejected sample (“Oh God, I’m a failure!”) but later the failure was attributed to technology, represented by the description of the rather mysterious freezing process. Importantly, this is not coded as a ‘passive’ failure or simply

a bad sample. Therefore, rather than the blame for the failure being attributed to the donor's body or his actions, this failure is heroic: the implication is that 'good' sperm cells die fighting against the encroaching technological enemy, as opposed to passively being affected by it or having some kind of innate weakness. In this way, the donor's masculinity can remain intact even in the face of a poor sample.

From "Good Sperm" to Good Money

Alison: Ok, so when you hand it over, they can tell you what the quality of the last sample was, right? Are you interested to know that?

Jonas: Yes! [...] That is what's dependent on how much you earn. So, of course I want to hear if I did a good job, if they're going to give me a lot of money!

In the previous sections, I have focused on the relationship between "good sperm" and donors' masculine pride. However, there is another reason for donors to want to produce the highest possible quality semen samples: the compensation they receive follows a sliding scale from 300DKK to 500DKK [around £30 to £50] for the highest quality samples. Lars was a donor who had put a great deal of thought into ensuring that his sperm quality was the highest it could possibly be explicitly in order to earn more money.

Alison: You talked a little bit about the, er, "selling your product" – when they tell you about the quality of the last batch, is that something that you're interested to know?

Lars: Yes, again but that's from a financial point of view. Because even though on the sites they say they don't pay for the sperm, they pay for the inconvenience it is for a person to come here, they still pay you according to the amount and quality. So yeah, it's bogus. [laughs] Because the inconvenience is the same for all of us, no matter what the quality is. But the higher quality and the larger the amount, the more you will get paid, and as such, it is of interest to know whether you got 150 kroners or 500, because the margin is quite large. Er, the difference, yeah, in the lowest and highest.

Alison: Have you ever had a batch that completely failed?

Lars: Er, yes that happens, sometimes. Erm... that's just too bad. And again, that's the bogus part of the saying, of the part where they're saying "We pay you for the inconvenience". Yes, you – the batch failed, or not the batch but the donation failed, and that gives me zero kroners, but the inconvenience was still the same as the one that gave me 500.

We can see that the payment he received for donation was important to Lars. Other donors said that 'inconvenience' in terms of wasted time was a bigger factor in their disappointment with a bad result than money specifically:

Alison: How do you feel when, if you ever get a bad result?

Kasper: [pause] Well, erm... [it's] a shame. Because, er... the contribution I made was, er... would not be used for anything. So just a shame of having spent some time that, that, er, didn't really matter.

Moreover, whilst several donors had made lifestyle adjustments in order to improve their sperm quality, these adjustments were, on the whole, to do with food, drink, exercise and smoking; the majority said that they did not abstain specifically for the purposes of donation but rather would visit the sperm bank when they had had a 'natural' two day abstinence period within their relationship. Lars was the only donor who told me that the abstinence required for donation had affected his sex life:

Lars: When I was very active as a donor, I needed, evidently, time to refill, recharge. And that put some limitations on the actual sex life of my wife and I, because, er, it sounds very silly but sometimes I actually would be like "Honey, I can't because I have to go tomorrow and we're in a place where we really need the money, and I really have to go tomorrow!" [laughs] [pause] And... sometimes that actually, that would be quite inconvenient because... A long way down the road, you don't really plan for sex, it's just an impulsive, like, "hey, I feel like having fun" [laughs]

This issue of maximising payment will be revisited throughout this thesis, particularly in chapter 6.

Conclusions

I began this chapter by discussing the two-pronged approach to theorising semen, which considers semen in terms of its physicality or in terms of its potentiality. In the donors' accounts, semen figures in both senses. Many donors were interested in finding out whether their sperm had the potential to produce a child at some point, fuelled by media discourse about declining Danish sperm quality. Donors' ideas about "good sperm" appear to go beyond the potential to produce a child, however, since donors who had already empirically proven their capacity for fatherhood were also interested in having confirmation from the sperm bank that their sperm was "good". In this sense, having medically-confirmed "good sperm" is actually an end in itself, and donors take pride in knowing that they have it. A rejection is disappointing, and donors often assign blame for a bad sample to their own bodies. There is a strong association of potency/potential with masculinity or 'manliness', which leads to a stigma being attached to producing a poor sperm sample. Many donors engage in routines of discipline and body maintenance in order to improve sperm quality; however, they may also deliberately choose not to engage in these behaviours so as to have an 'excuse' for a poor sample. Masculine pride is not the only reason that donors might be interested in maintaining a high sperm quality; payment also factors in to this, due to the sliding scale on which donors are compensated. It seems clear that "good sperm" here is complicated, as it is bound up in ideas about masculine potency and potential, bodily performance, and money.

We are beginning to see negotiations of the inherent and the affected, or perhaps the biological and the social, emerging from the data in various ways. There seems to be a thread of biological determinism underpinning some of these donors' accounts: the idea that "men" as a group are programmed to think and behave in a particular way, for

example, Isak's suggestion that passing on their genes is something that all men have the drive to do, or Andreas' comment that taking pride in sperm quality is based in men's 'reptile brain'. In these cases, and with, for instance, Bent's relief on his brother's behalf based on his own "good sperm", the biological is invoked as something immutable, unchangeable and also unknowable; 'biological systems' work in mysterious ways that should be accepted. However, the biological is invoked also in terms of how it can be affected, as we see in the 'falling sperm count' discourse, which places the blame for the falling numbers onto social actions such as binge drinking, or in 'heroic failure' of technological intervention: in these cases, "good sperm" also has a basis in genetics but is not a constant. It can be changed, and the reasons for that change can be known or at least speculated upon, as in the case of the falling sperm count.

Chapter 5: (Re)Production: How Donor Sperm is Made

As the connection of semen to pornography and male orgasm makes crystal clear, the production of donor sperm cannot be extricated from masturbation. However, masturbation is not the beginning and end of this process. The production is multi-sited and multi-stage: it occurs in the donation rooms, when donors masturbate to produce their semen sample, and again in the laboratory, when sperm bank staff manipulate the semen using technology to produce clean, safe, 'superior' sperm ready for donation. Moreover, it *also* occurs in the private lives of donors. The previous chapter explored what donor sperm is; this chapter will explore the ways in which donor sperm is produced.

In this chapter, I will discuss donors' experiences of donation and their feelings about the donation process itself. This includes firstly exploring the rituals that (some) donors undergo prior to each donation: abstinence from sexual activity, and changes in diet and exercise in order to improve sperm quality. Secondly, I will discuss donors' experiences of masturbating within the sperm bank, and of negotiating the space of the sperm bank itself: the process of producing and handing over the semen sample, and interacting with the staff and other donors. Finally, I will consider what happens to the donated sperm once the donors have produced it, and the ontological shift that some donors have identified between donated semen as a product of donors' bodies and donated semen as a technological product to be used by the sperm bank as they see fit.

Pre-Donation Bodily Discipline and Ritual

In order to produce high quality sperm, donors discipline their bodies; all donors are asked to maintain a three-day period of abstinence from orgasm, and many of them also

perform other rituals of body maintenance, including altering their diet and exercise routines. These rituals are related to both the production of an acceptable quality of sperm that will result in the desired level of payment, and also, crucially, to the production of a particular kind of ‘acceptable’ donor who will be permitted to donate sperm at all. As an illustration of this, one donor had to lose around 15 kilos in weight before he could become accepted as a donor in the first place, and a further example can be found in donors’ engagement with risky sexual behaviour: since donors must be free of sexually transmitted diseases in order to be allowed to donate, they undergo blood test prior to becoming a donor and every six months afterwards. This means that they must practice safe sex in order to continue being allowed to donate.

As I discussed in the previous chapter, there are a number of ways to define what makes a scientifically determined high-quality semen sample, including the appearance of the sample, its viscosity, and the motility of the sample: the number of sperm cells per millilitre which have the ability to move normally. Having a high motility count is important to donors, as semen containing a larger number of motile sperm cells holds more monetary value: donors are compensated up to 200DKK [£20] more for high-motility samples than low-motility (but still usable) samples, and they receive no payment for an unusable sample. Some donors therefore connected sperm motility explicitly to compensation:

Christian: I always inquire about the quality of the sample. Partly because I'm interested but mostly because the MOT [motility] numbers are directly connected with the compensation I get. Also, I can find ways to increase my MOT numbers, by looking at what I've been doing the last few days.

Alison: What kinds of things do you do to improve it? [pause] Diet changes?

- Christian:** Yes, and abstinence
- Alison:** So it's disappointing if you get a low MOT for a sample?
- Christian:** Not really. It just means that I have to change a few things. But if I get low numbers for a while, of course I start to wonder how to improve. But they are usually very high.

In contrast to Christian, almost all of the donors in the sample said that they did not purposefully abstain from orgasm when they knew they were going to donate, but rather they waited for an abstinence period to occur 'naturally' in their relationships (i.e. a two or three day period when they had not engaged in any sexual activity, not through design but through happenstance) and then went to donate afterwards. Indeed, not all donors observed the required abstinence period every time, and, for Georg, this showed in the quality of his samples:

- Georg:** Normally [when I get a lower motility] it has been because I maybe had one and a half day, or two days, [of abstinence] something like that. Then I think, “oh”, so I use that to kind of, erm, [inhales] shoot myself into how long an abstinence period should I have before I go here. And if it was always the first category, you know, the best category, then perhaps I'd go here sooner. Er...
- Alison:** So it kind of affects your behaviour?
- Georg:** Yeah. Yeah, like.. it affects – no it doesn't affect my behaviour the rest of the day, like I go around being all grumpy but it affects my behaviour in how, in what times I come, in how long an abstinence period I have before that. And of course when you say, “oh, ok, last time was a category 1” and then, you'd rather have it was a category 2, so then you say “oh” and you're a bit disappointed.
- Alison:** What does your girlfriend think about the abstinence periods that you have to have?
- Georg:** Well I, like, I only in the natural – like, I've never said “no dear, we can't have sex today because I am going to the clinic tomorrow”. I bike very close to the clinic every time, so just when I, like, in our relationship naturally have two or three days period where we haven't had sex, and I have time going, then I go. So I'm kind of adjusting my visits to the clinic after my sex life, and not the other way around.

A recent change in the sperm bank's rules regarding donation had altered some donors' behaviour: previously, donors had been able to donate as many times as they desired or were able to, but the sperm bank had recently implemented a change that meant that most donors, with the exception of some 'in demand' donors such as those from ethnic minorities, could only go once a week to donate¹³. For Lars, who was one of only two donors in the sample allowed to go more than once per week, it was important to maximise the amount of money they could receive from donation by finding the right balance between sperm quality and prolificness:

Lars: [I studied] pretty close [to the sperm bank] so I pretty much every time I was going home I could drop by and make my contribution.

Alison: Yeah. So you donated quite a lot at the beginning?

Lars: Yeah, I did. Erm... evidently at the beginning I had to find out how much time I had to wait in between in order to, yeah, refill. And, er, after some experimenting I found out that I could more or less do it three times a week.

We can see that pre-donation discipline can be a delicate balancing act: is it better to donate less often and be more sure that the abstinence period means that the quality of your donation will be lower, or to donate as much as is possible within the rules and run the risk that more of those samples may be rejected? Lars told me that, at least early on in his time as a donor, he would sometimes reject sex with his wife because he needed to abstain for donation purposes:

Lars: When I was very active as a donor, I needed, evidently, time to refill, recharge. And that put some limitations on the actual sex life of my wife and I, because, er, it sounds very silly but sometimes I actually would be like "Honey, I can't

¹³ This change was due to the very large amount of donor sperm that the bank already had in storage from 'typical' white, blond-haired, blue-eyed ethnic Danes compared to the amount in stock from ethnic minority donors such as Lars.

because I have to go tomorrow and we're in a place where we really need the money, and I really have to go tomorrow!" [laughs] [pause] And... sometimes that actually, that would be quite inconvenient because... A long way down the road, you don't really plan for sex, it's just an impulsive, like, "hey, I feel like having fun" [laughs] And... if I, if that became too annoying, then I would probably say "ok, screw this sperm donor thing, it annoys me too much". [...]

Alison: So would the annoyance factor trump the money, or do you think the money was more important than the convenience?

Lars: At that point the money was more important, and then hopefully later on... I'll be in a place where it's no longer as important.

Apart from Christian, Lars was the only donor who spoke of actively abstaining from sex in order to donate. We can link this to two factors: his status as a donor who was allowed to donate more than once per week – since presumably for donors who can only donate once per week, it becomes easier to find a 'natural' abstinence period – and his need for money. Indeed, both of these donors explicitly link abstinence with monetary gain. Henrik's long-distance relationship made his abstinence negotiations less problematic, although he felt that he might stop being a donor if they became onerous:

Alison: How often do you go at the moment? Is it regular?

Henrik: I try to make it regular. Now it's been a month since I last went, but I try to do it every week or every second week.

Alison: How does that affect your relationship with your girlfriend?

Henrik: Er... well, at the moment we are long distance, so, er... yeah, that bit doesn't affect it so much. But, er, of course when we're together, I yeah, obviously can't, erm, because there have to be three days between each donation.

Alison: Do you think you would stop donating if you moved to the same town?

Henrik: Er... yeah, I, that would actually be problematic. I don't think I would, er, reject sex just to donate. At least that would probably make my girlfriend concerned!

It's clear from these accounts that not all donors donated weekly, or even particularly regularly. In contrast, however, Daniel, who was single and therefore did not have to negotiate abstinence with a regular partner, was one of the few donors who spoke of donating to a particular weekly schedule:

Daniel: It's also interesting to see how the quality changes depending on how my physical condition has been, and for how long my body is affected by this. I take it quite personal when my sperm get rejected, because I do feel proud about having 'better-than-average' quality. It also gives me things to ponder about; lifestyle for instance. Knowing that when I go out drinking, my quality might not be up to par within a week, or doing drugs seriously affects the quality for a longer period of time.

Alison: Do you make specific changes with that in mind?

Daniel: Yes I do. I try to skip drinking for events before Thursday. I donate every Thursday morning.

Daniel was amongst those donors who engaged in bodily discipline to improve his sperm quality. Not every donor engaged in these activities, but even donors who did not actively make alterations to their behaviour were aware of the consequences behaviours could have on their sperm; this seems to be one of the effects of the discourse of the 'falling Danish sperm count', which was discussed in the previous chapter. Erik, for example, told me that he always asked for details when a sample was rejected, because this helped him to pinpoint which of his behaviours may have contributed to the rejection:

Erik: If I have some failed samples then it's nice to know if it's the motility or the count, and I can keep track of what I was doing three months before, because I'm kind of weird in that way! But yeah, you know, I've always been a person who likes information about anything. So when they say "it was rejected because of this and this and that", then erm, no it's nicer than just hearing that it was rejected.

Similarly, Daniel keep track of his behaviours prior to donating in order to explain rejections:

Daniel: I take it quite personal when my sperm get rejected, because I do feel proud about having 'better-than-average' quality. It also gives me things to ponder about; lifestyle for instance. Knowing that when I go out drinking, my quality might not be up to par within a week, or doing drugs seriously affects the quality for a longer period of time.

I would argue, then, that this knowledge of a potential relationship between behaviour and sperm quality provides donors with a way to mitigate or transfer the blame for their failed samples from their bodies onto their actions. Isak, for example, told me that he could see a difference in the acceptance rates for his samples during periods in which he did not drink or smoke compared to those periods in which he did:

Isak: When I did most of my samples I was also working as a bartender and, like, I wasn't sleeping very much Friday and Saturday and I was also drinking a lot, smoking, and it was quite obvious how it affects your body, or that kind of the body system. And it was interesting to see after a weekend when I didn't drink a lot or smoke a lot it was way better. Erm... so, yeah, kind of an, erm, educational insight. [laughs]

Alison: Did you ever consciously not drink and smoke before you donated?

Isak: No [hesitant and drawn out]. So... I was, I think it was only about every second or third sample who got approved. [...] So I guess I have to meet some standards and if I don't, they just throw it out. Basically.

Alison: So how how did you feel when it got thrown out?

Isak: Well, honestly I didn't really care, because, I mean, again, well, ok, I took my bike, went down there, did that, went home, was it in vain? [longer pause] No, not really. Next time it got approved, and then... I, beforehand I knew that it was good enough sometimes. So, I mean...

Alison: Ok. So that was enough?

Isak: Yeah, that was enough. I mean, it was because of my lifestyle, not because of my... genetics, yeah.

Isak is evidently aware of the falling sperm count discourse and some of the potential factors that can affect sperm quality (e.g. drinking or smoking). Thus, his rejection of

discipline and maintenance activities provides him with an 'excuse' for failed samples; he takes the blame for sperm quality onto his actions so that his inherent masculinity is not challenged, the masculinity which had been proven through producing 'good enough' samples in the past. Similarly, Georg used his lax adherence to the abstinence policy to explain his rejected samples:

Georg: Well, normally [when I get a bad sample] it has been... you're supposed to have these two, three days of, er, what do you call it? Where you're not sexually active?

Alison: Abstinence?

Georg: Abstinence. Ok. Erm. So normally it has been because I maybe had one and a half day, or two days, something like that. Then I think, "oh", so I use that to kind of, erm, [inhales] shoot myself into how long an abstinence period should I have before I go here. And if it was always the first category, you know, the best category, then perhaps I'd go here sooner.

Thus, donors make use of arguments relating to both the inherent biological and outside actions to produce explanations that satisfy and mitigate their feelings of pride and shame relating to poor or good sperm: good sperm exists in the body and can be understood along genetic lines, but poor sperm can *either* be the result of an uncontrollable bodily process or a purposeful lack of adherence to maintenance rituals.

On one hand, this shows that, for some donors, the suggestion that their lifestyle could affect their sperm quality allowed them to maintain the pride of a high quality donation even in the face of a poor result, as their 'lifestyle choices' could be pointed to as the reason, rather than the poor result coming from something innate and threatening to their virility. On the other hand, lifestyle change was not necessarily a guarantee that sperm quality would improve, as quality is related to a number of different factors, such as stress. Henrik had engaged in bodily discipline but found no improvement in his sperm quality:

Henrik: I started doing more exercising and eating a lot more healthy. And many times – now it’s just been a better lifestyle, but before it was definitely with the, er, sperm quality in mind that I did it.

Alison: So, was it – did you have a lower sperm quality before you started doing that?

Henrik: Yeah, well that’s the odd part, because I actually had a higher quality before I started doing that! [both laugh] Erm... yeah, now it’s actually, it’s going a bit downhill. And I think a lot of it has been caused by a lot of stress due to my study. So hopefully it’s not just the, er, yeah the improved lifestyle that made it go downhill. [laughs]

It is therefore clear that there is a tendency for donors to either engage in these lifestyle changes and bodily disciplinary activities, or to invoke them in order to mitigate poor results, despite evidence that making these kinds of changes may not help with sperm quality at all. In contrast, donors were less likely to consciously engage in abstinence specifically for the purpose of donation, which is more concretely linked to the production of usable sperm samples.

As well as donors undertaking pre-donation work, the staff at the clinic also perform forms of emotional labour to ensure that donation can take place. Several donors spoke of how speaking with the staff had helped them to feel better about the process:

Erik: The staff, they have been very good at telling me the implications of this. You know you’re going to, er, “sire” a lot of children, so just make sure you’re prepared for that. On a more philosophical level?

[...]

Alison: Can we talk a little bit about the actual experience of donating? How did you feel the first time? [pause]

Erik: It was strange. But... er, the staff they said, “it’s going to feel strange for a little”. So... it’s kind of, erm... you get used to it.

- Kasper:** What changes this [feeling 'strange'] is once you know the staff who works there, you come to know the staff who works there, you talk with them, it becomes like a relaxed atmosphere.
- Alison:** Ok. [pause] What do you talk to the staff about?
- Kasper:** Well, er, basically what's, mostly what's required of actually being a sperm donor, in case they needed some signatures or, erm, if yeah if they need me to do, for instance, the oral statements, to fill out some documents, anything, but also once in a while you, you talk about your personal situation, if you're going on holiday and you can't come the next 3 weeks or so.

In these accounts, the sperm bank staff have helped to reassure donors and help them to get into the right frame of mind to be able to donate. This suggests something about the physical process of masturbating in order to produce donor sperm: namely, that donors find the experience strange and may require emotional support, particularly the first time they donate.

Masturbation, Taboo and Negotiation of Space in the Sperm Bank

Masturbation is an act that is often considered taboo. Stengers and Neck in their historical account of 'onanism' and its status as a European cultural terror write that 'we are dealing with a "shameful" vice of which decency does not always permit one to speak' (2001: 8). Though as we've seen, semen as a substance has not often been openly discussed or well understood, in the eighteenth century it was viewed as an important fluid, the loss of which could have debilitating effects; masturbation was 'self-pollution', thought to cause illness and disfigurement, or, indeed, to reduce a man's potency and potential to become 'the strong man [they] would otherwise be' (*ibid.*: 146). The legacy of this type of thinking can still be seen in the admonishment to adolescent boys that masturbation will cause them to go blind or to grow hair on their palms. Concerns about masturbation have also tended to be theological as well as scientific. As an act, it held the same status as *coitus*

interruptus: according to the Church, ejaculation should not take place outside of the body due to the imperative to procreate. Despite changes in scientific understandings of semen and masturbation, and shifts away from the Church, that masturbation, particularly in men who have passed adolescence, is still often considered a shameful act rather than a healthy expression of sexuality (Bennett & Rosario, 1995). Moreover, Gill (2012: 5) argues that there is a binary separating 'good' and 'bad' expressions of sexuality through masturbation, and that 'good' sexuality particularly hinges on the notion of privacy. Thomson (2008: 98) describes one of the ways in which sperm donors have come to be viewed as '(paid) public masturbators', who have thus been conflated with flashers, "other" public masturbators and other kinds of sexual deviants.

Denmark (and Scandinavia more generally) has often been viewed by the wider world as a socially and, perhaps more importantly, sexually liberated paradise. There is certainly cultural and legislative evidence to support this idea: in 1969, Denmark became the first country to abolish censorship of images, following the abolition of censorship of written materials two years earlier. Stevenson (2010) argues that Danish erotic cinema and live sex shows of the following period provided the discursive vehicle for the idea of 'Liberated Denmark' to form in the global consciousness. Stevenson (*ibid.*: 5) goes on to argue that there are two Danish words that sum up this idea of 1960s and 1970s Scandinavian sexual utopia: *frisind* and *frigjortbed*. He notes that, whilst these concepts do not have exact English equivalents, *frisind* is literally translated as 'free mind', and signifies liberalism and broad mindedness; *frigjortbed* literally means the state of being made free, and can thus be translated as 'emancipation', as becoming progressive and enlightened. Although these ideas are very much grounded in their context, they have remained part of the Danish cultural landscape and of the view that outsiders hold of Denmark. Whilst

not related to sex, many respondents to the 'cartoon crisis'¹⁴ of 2005, for example, saw the publication of the cartoons as representative of a Danish right to freedom of expression (Henkel, 2010: 72). Moreover, the live sex shows that constituted part of the *frigjorthed* of 1970s Liberated Denmark have been repeated as recently as 2012, when an exhibition '*Blottet for skam*' [Devoid of Shame] consisting of couples having sex was installed at a gallery in Silkeborg, albeit not without controversy over what can truly be considered art (see e.g. Heidemann, 2012). It is within this context that ideas about Danish sperm donation and sperm donors sit.

Private/Public Masturbation

The spaces within the sperm bank where donors go in order to masturbate and produce semen were known as donor cabins. In the first sperm bank I visited, they were situated off a small corridor next to the main waiting area. This corridor was reminiscent of a public bathroom; there was one door at the end and two on the right, each displaying the universal 'male' sign. Within the corridor was a chest of drawers containing the items that each donor would require in order to make a donation: a small plastic cup to collect the semen sample, a cardboard tray to place this in and a blank label to write their personal details upon. The room at the end was the largest and lightest, and this was the room that I was shown during my tour of the sperm bank. Inside the room was a couch, a sink, a TV screen, a couple of pornographic posters and a pile of pornographic magazines (a stark contrast from the copies of *Illustreret Videnskab* [*Science Illustrated*], a Danish

¹⁴ In 2005, *Jyllands-Posten*, a Danish newspaper, commissioned twelve cartoonists to draw a series of cartoons depicting the prophet Muhammad. These drawings were produced as a response to what the newspaper viewed as a 'creeping submission of the Danish public to illegitimate Muslim demands' (Henkel, 2010: 70) i.e. in this case, the idea that it is considered blasphemous by some Muslims to produce a picture of the prophet Muhammad. The publication of these cartoons sparked a worldwide controversy, and led to attacks on several Western embassies in the Middle East.

popular science magazine] that were laid out in the waiting area). In the second sperm bank I visited, the donor cabins were situated directly off the waiting area, separated by a frosted glass wall. Each had a light above the door to indicate whether or not it was in use. The inside of each cabin was very much the same as those at the other sperm bank.

The rooms in which the donors were expected to masturbate thus physically occupied a central position within the sperm bank. Common threads within the data are the strangeness of the experience of entering the sperm bank, interacting with staff members and using these rooms:

Alison: How did you feel the first time you came here to donate?

Bent: Oh, it was terrible! Terrible! ‘Cause you come in here, and it’s not, it’s not a sterile – I don’t know, it’s not like a hospital but it’s not inviting either. It wasn’t back then, anyway, they’re doing all sorts of things back there now, that’s nice, but it was strange to come up here and you’ve got the receptionist who’s tall, blonde with a big bosom and she sits there, [imitates female voice] “Hi!” and you know, and *she* knows, that you’re going up to [lowers voice] masturbate. And it’s just *so* strange, and you go in there to those little chambers and you can hear people right outside the door, and you’ve got those corny, corny terrible calendars on the walls from 2007 and you just think – why did I do this? I guess it took me about a year to actually... have a good experience with it, and it was just so strange and it took so long. I’ve tried sitting in there for 40 minutes or something, because you get so self-aware in there because you can hear everything out here. But, I guess you can get used to anything.

Lars: It felt rather awkward. Because when you, when you look at it from the big perspective, they [the sperm bank staff] see, like, many hundreds of guys a month who come and go and they all come for the same purpose, so for them it’s quite natural. But when it’s the first time for yourself, it’s like... “she knows what I’m coming for!” [laughs] The woman behind the desk. And she also knows what’s happened when I’ve been gone for, yeah, any amount of time it might

take. The first time it was rather long, because it was kind of hard to be at ease.

Jonas: Of course, that's a bit weird when you have to go into a new room [at a different sperm bank], new people sitting outside, have to masturbate, it's a bit weird, of course.

Alison: Do you think about the people sitting outside?

Jonas: No, no, no... no, you can hear them. You can definitely hear them! But no, you just try to focus on the... 80s German porn. [laughs]. Yeah, no. It's not like when you masturbate at home, it's just go in, go out, very quickly. You have a purpose.

Isak: That was a weird feeling, first of all getting into a small room and then, like... [laughs] jerking off in there, that was weird. Erm... and, er, of course, I had that feeling for, like, many times coming after. I still do. [...] It's a weird setting, like, ringing on the doorbell, going up some stairs, going into a room and then going out again, like, 10 minutes after or whatever, er... So it's weird, but it's not that weird that I wouldn't do it.

Jonas draws comparisons between masturbation at home, presumably for enjoyment, and masturbation at the sperm bank, which has a specific purpose. We can see that whilst the strangeness of the activity is common to these donors, the sentiment that this is something that can become familiar or at least tolerated is also common: as Isak states, the uncomfortableness of the experience did not prevent him from continuing to donate. Moreover, the fact that masturbation for donation may not actually be a 'good experience', as Bent describes, belies the perception that sperm donation must be inherently pleasurable for donors since it involves masturbation.

Part of the donors discomfort here, particularly that of Bent and Lars, appears to relate to interacting with (usually female) staff members and feeling a tacit awareness between

them of the fact that they are going to masturbate, thus violating the good/bad sexuality dichotomy through the loss of privacy. We might interpret this as nervousness that is specifically related to the presence of female staff members, particularly as several donors have emphasised there being a woman there. None of the donors I spoke to were able to articulate exactly why they felt uncomfortable with the female staff members, but nevertheless this element of discomfort or nervousness was evident:

Andreas: The first time of, er, of going in you're very acutely aware that you're going into a room you've never been in to before, you meet a woman, and of course it has to be a woman! The receptionist is a girl and the other one is a girl [laughs] so that's also a bit sort of scary. And, er, you go in and say "excuse me, I've, I've er come here to er, I've sent you an email" and [imitates mumbling], you're stumbling over the words and [imitates mumbling]. And they go "fine, here's a cup!"

Indeed, in contrast to the accounts of the strangeness of the rooms themselves, Andreas were expecting the donor cabins to be more uncomfortable than they were in reality, but found the process of interaction to be the difficult part:

Andreas: It's a nice place. I mean, it's not – it doesn't sort of scream 'Porn Theatre Wanking Stage', it doesn't it's a very sort of – [...] it's clear what's supposed to happen in there, I mean, that's obvious. But it's not – I was sort of pleasantly surprised. Like, ok well this is not too bad. [...] Even though you, you, you have to overcome yourself in the sense of handing your sperm in a cup to a stranger.

As the sperm bank does not allow those who admit to being 'men who have sex with men' to become sperm donors, we can assume that the vast majority of donors are heterosexual. Thus, they may feel discomforted by the idea of someone they might view as a potential sexual partner knowing that they are about to masturbate, or have just

finished masturbating. Alternatively, there may be an element of 'chivalry' at play here; a sense that male sexuality is not something that women should be exposed to ¹⁵.

However, despite the continued emphasis the donors placed on the presence of female staff, this discomfort and tacit awareness of masturbation was also present between donors themselves, as Henrik describes:

Henrik: Well, now it's sort of been a routine. But the first few times that was... very, very odd. To walk in and to actually have a chat with the personnel, and then just, actually sitting in a waiting room among other people and just looking at two little lamps that change from, er, red to green, look at the other people and say, "is it me? oh you're going first, it's fine" and everybody knows what they're doing – that's a bit odd, but erm, yeah...

Alison: Everybody knows what they're doing but nobody talks about it?

Henrik: Nobody talks about it, yeah, it's just an awkward silence. [...] It's just, I mean it's so radical in a way. I guess it's just a bit taboo for me at least, to begin with, that... masturbation's usually something you do private or with your girlfriend or something. It's not usually something you do in a room with people outside, close to 3 metres away. I guess that bit was a bit odd. But now it's just, yeah, procedure.

Similarly, Lars talks about interactions with other donors as being forced into an awkward relationship:

Lars: If I take the elevator and there's another guy with me, and I press number 5 to go up to the 5th floor and he doesn't press anything else – then I feel it's awkward. Because we both know we're coming here for the same purpose. Well, statistically the chances are quite high. And that feels more awkward than having to actually deal with women, so to speak. [...] You're going off, slipping off on the same floor, for the same purposes, it becomes – yeah, you have a

¹⁵ Similarly, some donors were nervous about discussing the physical aspects of donation with me, which may well relate to my position as a female researcher.

relationship which you actually, you don't want to be having.

This discomfort seems to stem from the good/bad sexuality binary: masturbation in a 'public' place or in the shared space of the sperm bank violates privacy boundaries, despite the fact that it takes place in individual rooms. It's clear from all of these donors' accounts that they are highly aware of the presence of others, both other donors and staff members, outside the cabins whilst they donate, especially because the rooms are not soundproofed. Whilst donors might be able to get used to the experience personally, interacting with other men who share in the tacit awareness that they will be masturbating is a forceful reminder that this act breaks taboo and is thus awkward and, perhaps, shameful.

Moreover, Henrik's suggestion that donation, or more specifically masturbating in order to donate, is a radical act appears to relate to violating the good/bad boundary and breaking taboo. Two other donors gave motivations for donating that involved elements of being deliberately provocative by choosing to do something that breaks a social taboo. This evokes Thomson's spectre of the paid public masturbator, which these donors seem to be aware of:

Bent: And also, I like to provoke people and this thing with doing something that I would probably do anyway [i.e. masturbation], being paid and being able to tell a good story to my mates was just, it fitted. And so... if we didn't have anything to talk to, if I didn't have anything to talk to new people about, I could always just throw that card (claps hands) and I knew that we could talk for hours. So that was a thing as well, I think.

Jonas: Actually, it was not because of the money in the beginning. It was mostly for fun, just like a dare. [adopts a "spooky" voice] Do you dare go down there and do this? It was like, really, er, what do you call that, over the edge? It was something difficult for us to do, in some way.

Alison: Edgy? Risky, maybe?

Jonas: Risky, yeah, it was kind of a risk for us. It was a weird thing for us. I think for a lot of people masturbating is a very private thing that they, that you would like to do alone, away from everybody else. So in that way, going to a room with your good buddy next door and then go out and show your semen, I think that's kind of weird! So... it was mostly because of the fun, but I think I stayed in because of the money, partly, yeah. [laughs]

Here, the idea that donating sperm is something 'fun' and extreme – and I believe that Jonas intended the word 'fun' here in terms of 'funny' or an joke, rather than necessarily that it would be enjoyable or pleasurable – links back to the idea that donating sperm is a taboo activity and breaking the taboo is radical in some way. By framing their decision to donate as a joke and/or a radical act, these donors are able to take pride in their act of “public masturbation”, as in Bent's enjoyment of recounting the story to others, rather than shame.

Negotiation of Self in the Sperm Bank

Not only are the donors conscious of the physical presence of others in the sperm bank whilst donating, but they also are highly aware of how they present themselves to those others. We can see that work is done by the donors to mitigate the perception of themselves as the 'bad' kind of masturbator, but also to ensure that crucial markers of their masculinity are in place. For instance, in the above accounts, several of the donors talked about the length of time they spend masturbating inside the donor cabin. Culturally, the ability of a man to maintain an erection and how long he takes to reach orgasm are encoded with ideas about stamina, potency and masculine control. Bordo (1999: 42) notes that Viagra as a drug to treat erectile dysfunction helps restore feelings of pride in men because their penis is now harder and 'can go all night'. 'Premature ejaculation' is one of the most prevalent forms of sexual dysfunction in men (Hatzimouratidis et al., 2010), and

is often treated as a point of shame or humiliation in popular culture. It seems clear from their accounts that the donors are anxious that others may pay attention how long they spend masturbating ('she also knows what's happened when I've been gone for, yeah, any amount of time it might take') and perhaps that they might draw conclusions about their sexual prowess from that. Their anxiety around the masturbation process may actually make it more difficult for them to ejaculate, as Bent experienced. Interestingly, whilst Bent and Lars spoke about ejaculation taking them longer than usual in the donation cabin, for Jonas ejaculation for donation was actually quicker, or at least more perfunctory, than usual. Similarly, Henrik describes masturbation for donation as 'just procedure'. This helps solidify the suggestion that masturbation for donation differs from donors' usual experience of donation. On the other hand, some donors took comfort in the idea that the staff would not be phased by any particular quirks that they might have had:

Georg: For it not to be weird, I kind of had to remind me that the other people, I mean the people working here, would have tried this a thousand times. If, er, like I couldn't do anything that hadn't been done before. [laughs]

Here Georg is drawing on ideas about what is the 'correct' way to masturbate, and positioning himself as normal on the scale of what sperm bank staff may have previously encountered. This helps to mitigate the effects of the good/bad masturbation binary.

We might also consider the role of pornography in the donor cabins. In the UK, the idea of the NHS providing pornography for donors has been a subject of some controversy from those who believe that pornography is inherently harmful to women (Collins, 2010). There have been a number of debates globally surrounding the pornography industry in general and the role of pornography in shaping men's sexual behaviour and expectations. The second-wave feminist critique argued that pornography reinforces the patriarchy and is built on exploitation of women (e.g. Dworkin, 1979; Kappeler, 1986), and there has

been research that suggests that use of pornography leads men to trivialise rape (Zillmann & Bryant, 1986) or has an effect on their sexual socialisation (Stulhofer, Busko, & Landripet, 2010). Some donors did find the topic of pornography to be difficult or awkward to speak about:

Andreas: You go in there and [voice lowering throughout] there's stuff, and you can turn the telly on and all these things. [quietly] Because there is of course porn on the telly and all these things. Erm. [loud again] Sorry, but there is!

However, for others, their ambivalence appears to be related to the content of the pornography rather than to its presence there in general. As both Bent ('corny, corny, terrible calendars from 2007') and Jonas ('80s German porn') suggest, the pornography provided may not be to the donors' particular tastes, and this may contribute to donors having difficulties in actually producing a donation.

Mikael gave a similar account of difficulty in achieving erection and orgasm:

Mikael: You're in this booth with a couple of dirty magazines and yourself and this... jar, really. Cup. [I say to myself] "interesting, well, ok I'll try and concentrate and see if I can actually get an erection and get something into this stupid little cup" but erm... it was, I think for the first two or three times it took me a while to adjust to the situation. I'm standing inside this cupboard really, just thinking "ok, well, I'll do my very best to see if I can get a donation into the cup". But after a while it becomes, becomes more routine really, erm, it's... ironic really that I'm able to basically just walk into a closet, close the door and just deliver a sample, but I'm up to that point now – being slightly more detached.

Alison: Detached?

Mikael: Yeah. Yeah, to the whole, er – I'm able to put myself into some kind of bubble and be like, "ok, you're not really – you might be in here with two square metres and yourself and a magazine and a cup, but just get it over with!"

Alison: Ok. So it's kind of... mechanical?

Mikael: Yeah it is, it is. It's slightly easier for men to be mechanical in that point, I guess.

This idea that men might have an easier time separating emotions and physical sexuality was also expressed by other donors:

Isak: Last time I also thought it was weird, but I don't think... this might come out wrong but I don't think men have the same... [laughs] I think it's [masturbation] kind of a natural thing for us to do.

As before, we see donors invoking the concept of 'natural' in regard to male sexuality in order to normalise what they're doing, both through the idea that masturbation is something every man does anyway and through the idea that men, in contrast to women, can detach their emotions from the process of masturbation and turn it into a purely physical, mechanical process.

'Techno-semen' and the Secondary Production Process

As I have shown, the physical environment of the sperm bank is a place where donors' personal and sexual labour intersects with the technological and scientific labour of the staff to create the final product. The donors discipline their bodies by going without ejaculation for a certain period and by living in such a way as to hopefully maximize their sperm quality. Once ejaculation has occurred, the semen sample is handed over to the sperm bank staff who count, treat and freeze it.

Transferring Ownership

In chapter 4, I recounted Andreas' discomfort at being complimented when handing over his semen sample (page 104). Similarly, other donors had difficulty with this stage of the process:

Bent: I think the strangest situation is the passing of the glass. I mean, I've just been in a room, they know what I've been doing, and I go out

there to the desk and [...] often, more often than not, it's a woman taking my sperm with or without – I don't know, I feel that it's a new thing that they're always wearing gloves. I don't know. But then, looking at it in front of me, and then weighing it and knowing that the same person most probably will sit there counting the sperms... it's, er, it's a strange thing.

Again, interaction with others is what makes Bent the most uncomfortable. He particularly mentions the staff members wearing gloves, which reminds us that semen is a disease vector as discussed in the previous chapter. This act of 'passing the glass' represents the shift from semen as a product of masturbation and 'pleasure' to semen as a technologically superior, safe, clean product. This shift in the status of semen was articulated by Mikael:

Mikael: Once I donate, the sperm becomes something else. It becomes something that could be used for research, but it could be used for insemination as well. [...] In the beginning, I was more attached to the idea that "I'm delivering some of myself into this cup" but that sort of washed away after a couple of times.

Alison: Ok. Why do you think that changed?

Mikael: [pause] I felt I was, erm... in the beginning, I felt I was taking away something that belonged to my wife. That's about as, as emotionally attached as I've ever been to the subject. But I then realised, it dawned on me that, er, well, since you're using birth control anyway, you might as well not ejaculate at all. And that was kind of when the, when the pieces came together inside my head, in that regard.

Alison: Ok. So it felt like you were handing over something of yourself?

Mikael: In the beginning, yeah it did. [...] But then again, if you're handing over a pint of your own blood, that's really more of, that's a bigger thing really, in regards to survival, if you know what I mean. If it's, if it's safe to donate a pint of blood it's probably fine to donate a couple of millilitres of sperm.

Here the difference between sperm before and after donation is emphasised – initially, Mikael perceives the semen in the cup as representing a part of his self which he must

hand over, but which is then transformed into something ‘else’. Thus, he perceives an ontological difference between what he produces through masturbation and what the sperm bank then goes on to sell. Not only is there a shift in meaning, however; there is also a shift in ownership. Mikael initially perceives his sperm as belonging to him and to his wife, but acknowledges that once he delivers the cup to the staff, the uses to which it will be put are then out of his hands. Similarly, other donors also identified this shift in ownership:

Georg: I know that, like, they bought it. So I guess it’s the same way if I drew a painting and someone bought my painting, I’d still think it was my painting, knowing they had the legal right to do with it whatever they want, but if somebody destroyed it, which they’re in the right of doing, I’d be disappointed. Because I know that it’s my time, it’s my genes, it’s – I do this for a reason, to help some people, and I hope that that still will happen.

Georg acknowledges that he no longer has control over his sperm once he has provided it to the sperm bank, but he still feels connected to it since, of course, it came from him. Other donors also spoke of feeling disappointed or let down if they ever found out that their sperm had not been used to produce children:

Andreas: I think in a sense I would [feel], I don’t know – disappointed is not the right term. I would feel that I hadn’t achieved what I hoped to achieve which is to help people. But I would assume there were good reasons, and those reasons are more important than my vanity!

Bent: When you asked me [how I would feel], I must admit I felt a little disappointed! You know... there’s something... inherently masculine with spreading your seed, it’s just... so... even though it’s a little scary to think that I might have a hundred children, it’s a bit cool as well. So somewhere inside, I can think “alright, the [Bent] genes are out there, I don’t have to worry”.

Again, we have the language of ‘inherent’ masculinity being used to navigate issues around pride (vanity) and ownership: evolutionary psychology concepts such as the male biological imperative to ‘spread seed’ amongst many women help to justify taking the role of sperm donor as a rational act that satisfies this imperative.

Creating Techno-semen

There are several stages that the sperm sample must undergo after the donors hand over their sample cup. After undergoing the proper procedure of identity checks to ensure that donors are who they say they are, the sample is weighed and entered into the computerised

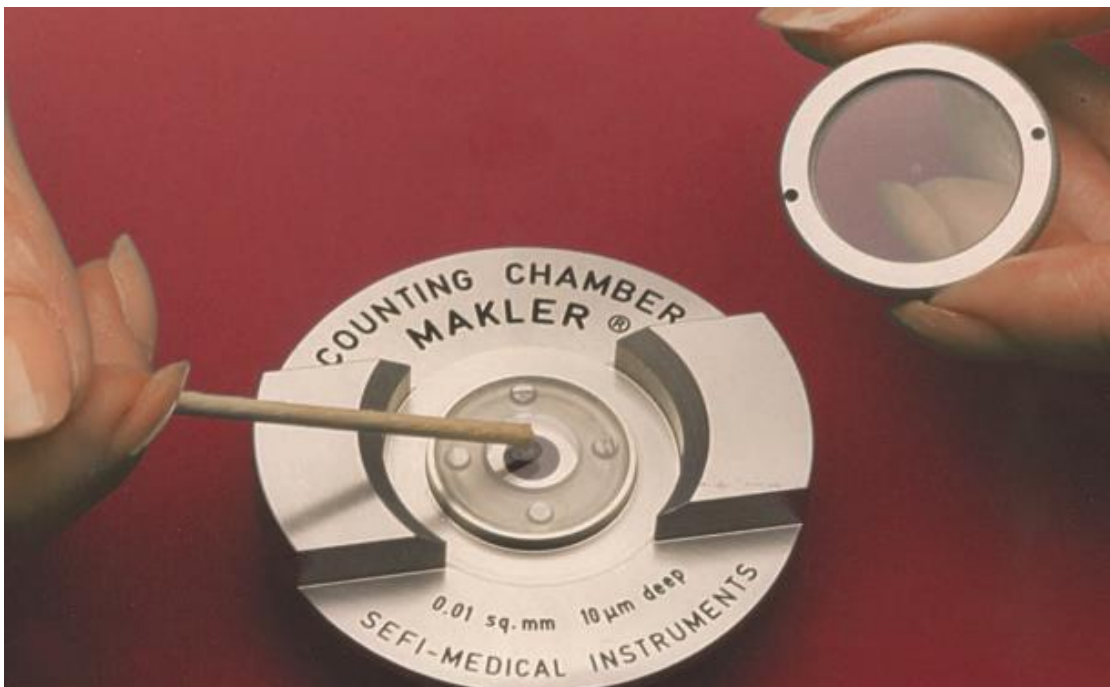


Figure 1: Makler Counting Chamber, Irvine Scientific

database. An official label containing the anonymised information from the database is printed off to identify the specific sample. The sample is then taken to the lab, where a technician places a drop of semen onto a specific type of microscope slide called a Makler Counting Chamber, as shown in Figure 1.

This device allows the technicians to count the number of motile sperm cells that are present in a particular semen sample by providing them with a grid (see Figure 2). The number of motile cells present in any one of the 10 square strips indicates their concentration in millions per millilitre (Irvine Scientific,

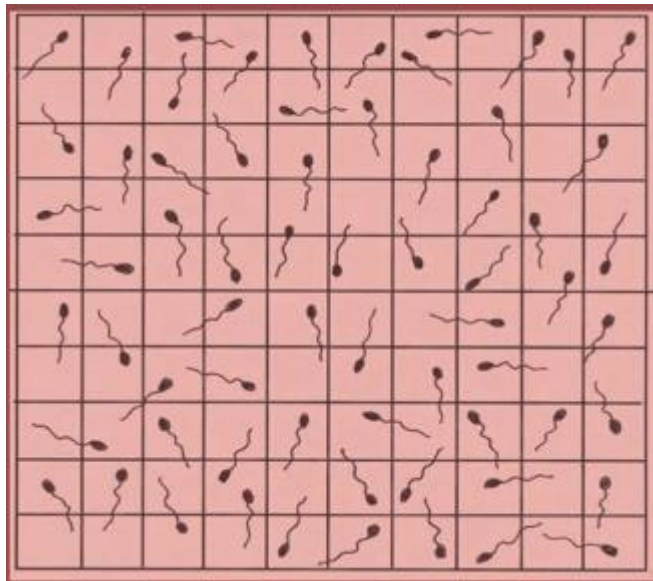


Figure 2: Mock example of sperm cells seen on a counting grid in Makler chamber, Irvine Scientific

n.d.). After the semen has been checked to ensure that an acceptable concentration of sperm cells are present, the semen is mixed with a solution which allows for freezing; this solution dilutes the concentration of sperm cells per millilitre, making the results less potent, but without it, many of the sperm cells would die during the freezing process. The donors must therefore have particularly high concentrations of motile sperm cells in their semen before freezing, to account for this dilution. This particular sperm bank sold two kinds of sperm: ICI (or 'unwashed', for implantation into the vagina or cervix) or IUI (or 'washed', for direct implantation into the uterus). For sperm that would be designated IUI, the semen has to be treated to isolate the sperm cells from the plasma and debris, which takes a longer amount of time. Finally, the finished product is put into straws, which are sealed with the printed label and frozen over liquid nitrogen before being stored in vats of nitrogen.

After the sperm has been treated and stored, it is ready to be sold to customers. The sperm has undergone a transformation, simultaneously becoming removed from its initial

origins and closely linked with them. That is to say, whilst donor sperm is constituted as a clean, safe, technological product, evidence of the man who masturbated to produce it is removed: his personal details are anonymised, the donation is 'cleaned' and counted and tested, the straws are uniform looking and contain uniform amounts of semen. At the same time, however, the website takes the new identity assigned to the donation and imbues it with characteristics of the donor: his appearance, his personality, his family history. Thus, donor sperm is inextricably 'of' the donor but at the same time detached from him.

Conclusions

There are a number of processes involved in the production of donor sperm. Donors' pride in having "good sperm", as we saw in the previous chapter, can manifest in the form of rituals of bodily maintenance designed to improve sperm quality, regardless of the actual efficacy of those rituals: we saw this demonstrated by Henrik, who found that his sperm quality was actually reduced following his diet and exercise changes. Many more donors were willing to purposefully alter their lifestyles in order to produce better sperm than were willing to purposefully abstain from sex. As well as pre-donation rituals related to improving sperm quality, there was also emotion work at play. A number of donors spoke about feeling reassured by conversations they had had with sperm bank staff which had helped them to get into the frame of mind they found necessary for donating.

All the donors spoke about the strangeness of going to the sperm bank to masturbate for donation. Masturbation is a taboo act; historically, it was thought to be physically injurious to masturbate, and the legacy of this type of thinking remains in the culture of shame around speaking about masturbation, even if we no longer believe it to be actively harmful. Masturbation is considered acceptable when done privately and kept to oneself,

and masturbation for sperm donation pushes this private/public boundary of acceptability; in Thomson's argument, the sperm donor invokes a spectre of public masturbation. This therefore helps to explain the discomfort articulated by a number of donors that stemmed from others in the sperm bank, both (female) staff members and other donors, 'knowing what they were there for'. This tacit awareness of their purpose in masturbating was a large part of what made the experience uncomfortable for donors. Similarly, the lack of soundproofing of the donor cabins was brought up by many donors as a way in which the public/private boundary of masturbation was violated; being able to hear others in the sperm bank was off-putting and led to some men having difficulty producing a semen sample either in a timely manner or at all.

Some donors, such as Jonas, navigated the public/private boundary by drawing a strict delineation between masturbation at home and masturbation in the sperm bank for a specific purpose: the mechanical, perfunctory nature of masturbating for donation was stressed over the emotions involved in sex for pleasure, often using similar kinds of language of 'inherent' masculinity as we saw in the previous chapter. However, this distinction was not made by all donors. Indeed, others, such as Bent, normalised their donation through the idea that masturbation was something that they would have done at home anyway. Some donors also, or alternatively, framed donation in terms of being a 'radical' act, through boundary violation and taboo breaking. This could take the form of aggressively discussing their donation with others or of treating the whole process of donation as a joke to share with friends. In this way, the donation could be framed as a source of pride rather than shame.

We also briefly explored the creation of 'techno-semen', the process that the semen samples undergo in order to be fit for sale. This involves a number of checks in order to

prove that donors are who they say they are, and that their sperm is of acceptable quality to be of use. A boundary between the prosaic and the technologically superior occurs in the sperm bank at the passing of the donation cup from the donor to the staff. This was in itself often a site for donor discomfort, particularly relating to the idea that someone would go on to look at their semen. We might interpret this as again violating the private/public boundary – particularly as, as we saw previously, one of the only other places in which this boundary is violated is in pornography. This boundary is where a transferral of ownership occurs: the donors no longer have control over their sperm, even though it is still of their bodies and sold in a way that makes it inextricably linked to them, particularly if they are identity-release donors who may well have contact with offspring produced from their sperm in the future. This ambivalence informs the following two chapters, which deal with the consequences of donation and the decisions that donors make when choosing to donate.

Chapter 6: Sperm Donors and Personal Ethics

Chapters 4 and 5 focused on semen as a substance: the ways in which it is conceptualised by donors and others, and the ways in which it is produced in the sperm bank. Once produced, however, the sperm goes on to be distributed to fertility clinics and individuals, and donors receive payment for their samples. In recent years, there has been academic and non-academic attention paid to ethical concerns about the ways in which donor sperm is obtained and used. These concerns have been discussed and debated by law makers and ethical councils such as the Nuffield Council of Bioethics in the UK or the Danish Ethical Council [*Det Ethiske Råd*] in Denmark. These bodies attempt to make sense of the ethical dilemmas that are prominent in this field more generally: namely, what it is acceptable to do in the name of assisting conception of children? This includes questions such as how much information should be available to offspring about donors, whether or not donors should be anonymous, if or how much donors should be paid, and what level of selection is permissible when undertaking donor insemination or IVF. I do not aim to give an answer to these different ethical questions, but rather to illuminate the ways in which the sperm donors in my sample are considering them in their day to day personal experiences of donating. As Erica Haimes argues, empirical investigation can be used to ‘expand our repertoire of what counts as an ‘ethical’ question by alerting us to the possibility of multiple perspectives on ethics’ (Haimes, 2002: 105). I hope to provide a deeper understanding of donors’ perspectives on these issues.

In this chapter, I examine the ways in which the sperm donors I interviewed discuss the payments that they receive from donation. Whilst, within this sample, most donors did not see the money they received from donation as vital income—rather, they saw it as

‘extra’ money—there were a small minority of donors who relied upon it. I will also discuss the ways in which donors frame the act of donation: some donors speak of jobs and work whereas others frame it in terms of volunteering. I will look at donor catalogues and how they are presented, and consider how donors feel about the information that is available about them online: how do they make decisions regarding how much and which information is available? Furthermore, how do they feel about the abilities for recipients to make decisions based on this information? I will argue that donors *are* considering these ethical issues, but that having personal reservations about the ethics of what they were doing, in terms of the narrow context of the effects on their potential offspring and/or in broader societal terms, was not necessarily a reason for these men to decide against becoming a donor or to stop donating once they had started. This was particularly true when payment was a question of living rather than luxury; not all donors felt that they had the option to stop donating, even if they felt uncomfortable with what they were doing.

Payment: Recompense or Reward?

The Nuffield Council’s report on donation of bodily materials in the UK suggests differentiating between terminology used to describe payments made in connection with tissues and bodily material (Nuffield Council on Bioethics, 2011). They propose the use of ‘payment’ as an umbrella term to cover all monetary transactions involving bodily goods, which covers ‘recompense’ to describe losses directly incurred and which can be further broken down into ‘reimbursement’ for financial losses and ‘compensation’ to cover other losses such as discomfort; ‘reward’ to describe incentives or material advantages that are gained by a person (‘remuneration’ if this reward is calculated as a wage); and ‘purchase’ to describe payment in direct exchange for a ‘thing’ (Nuffield

Council on Bioethics, 2011: 2). I will use this terminology throughout the following discussion, in an attempt to help navigate donors' opinions on payment and what exactly it is they are being paid for: is it just for sperm, or is it the payment also for the related inconveniences, rituals and costs? And if so, how can those things be measured?

The EU Tissue Directive, which, as discussed in Chapter 1, informs legislation on sperm donation across Europe, states that:

Members States shall endeavour to ensure voluntary and unpaid donations of tissues and cells. Donors may receive compensation, which is strictly limited to making good the expenses and inconveniences related to the donation (Official Journal of the European Union, 2004: article 12, paragraph 1).

Thus, any money that donors receive from donation must, by law, be framed as compensation for 'expenses and inconveniences' rather than as, for example, wages, as a financial incentive or as a reward. This debate is situated within discourses around what it is and is not acceptable to buy and sell; that particular limit is often found within the human body. Many practices that involve the exchange of money for body parts or access to the body are considered distasteful, from pornography and prostitution to the sale of human organs, though where the limit falls varies according to differing cultural views. Moreover, when it comes to payment for medical procedures and human tissues, the practice of offering a financial reward rather than compensation for costs incurred has the potential to violate the boundaries of what is ethical; one of the tenets of medical ethics is the idea of voluntariness and informed consent (Klitzman, 2012: 33), and the prospect of a reward might lead people to do something that they would not otherwise want to do.

In chapter 2, I laid out some of the arguments regarding 'commodification', 'commercialisation' and the sale of human tissues. The suggestion by some authors is that

‘some of the good things in life may be corrupted or degraded if turned into commodities’ (Sandel, 2012: 10) or that, by offering payment or exchange, those who are more vulnerable and/or impoverished in society might be exploited by those with more power, as has been suggested in the case of egg-sharing in exchange for IVF, for example (see e.g. Roberts & Throsby, 2008). Most of these arguments hinge on the idea that there is something particular about human bodily tissues that set them apart from other forms of commodities; that bodily tissues are exceptional in some way due precisely to their status as from and of human beings. Holland (2001), for example, has argued that commodification of body parts is detrimental to both individual personhood and to society as it strips away something that is ‘fundamentally human’ (*ibid.*: 282). Therefore, whilst, in many cultures, giving blood or donating organs ‘altruistically’ is viewed as admirable, the idea of paying for or receiving payment for these tissues is taboo. However, Waldby and Mitchell (2006) have suggested that there is, in fact, an entwinement of gift and commodity when it comes to tissue donation. In sperm donation, the growing narrative of ‘giving the gift of life’ and the expectation that donors will give without the need for any kind of reward is combined with the commercialisation of sperm banking where, as a participant in a recent BBC documentary stated, choosing a sperm donor is akin to buying a CD from Amazon (Bourne, 2015). The issue of payment is, therefore, linked inextricably with the arguments against selection: if payment is not uniform, there is potential for donors to be paid based on their particular personal traits as, for example, egg donors in the US often are. As Pennings et al. (2012: 157) state, guidelines are in place so that ‘the money will be paid for the service, not the product’.

Cooper and Waldby (2014: 8) propose the term ‘clinical labour’ to describe activities that those involved in tissue donation or clinical trials take part in that contribute to the

‘valorization’ of any particular bioeconomic sector and that lack *therapeutic* value to the participants (though they may well have other value, such as monetary payment). Sperm donation certainly falls into this category. In the previous two chapters, I have described what we could justifiably, under this definition, term donors’ ‘clinical labour’, from the pre-donation rituals to masturbation in the donation cabins to the process of transferring the semen sample to the clinic staff. But how do different types of donors conceptualise this labour? In Almeling’s (2011: 74-79) study of US fertility clinics, for example, she found that sperm donation was often conceptualised as a job, in contrast to egg donation, which was generally framed as a ‘gift’ or as more ‘meaningful’ than a ‘normal’ job. In my study, both ideas were applied to sperm donation: some donors used the terminology of ‘jobs’, and others drew comparisons with volunteer work or blood donation and engaged with the narrative of ‘helping’ or ‘the gift of good genes’.

In contrast to these narratives, one of the ways in which sperm donors are viewed in the popular imagination is as motivated by financial gain or “just in it for the money”: indeed, one of Thomson’s (2008: 101) characterisations of donors in the public consciousness is ‘the (medical) student motivated by the draw of beer money for the weekend’. Half of the donors in my study cited the payment they received for donating as their primary reason for starting and continuing donating and three others cited it as an additional reason for donating. However, only one of these donors (Christian) said that money was his sole motivation for donating; the rest listed it amongst other reasons, such as altruism or ‘helping people’, wanting to find out the quality of their sperm, or just for ‘fun’, giving them varying degrees of importance relative to payment. Not only did Christian say that payment was his sole motivation, but he also felt certain that the majority of donors shared the same opinion as him:

Christian: It's a romantic thought that donors do this to help others and that there should be some kind of connection between the donors and their children. The reality is that 99% of donors are students that need money and don't care about what happens to their sperm. If donors and parents want to connect of course they should be able to. But this is a well paid job for most people, and nothing else.

My sample does not bear out Christian's observation in terms of attitude, but it is clear that this particular view of the donor as purely financially motivated is pervasive in its reach, and shared by both those who do and those who do not donate.

All but two of the donors said that they would stop donating if they no longer received any payment at all. The vast majority of the donors therefore saw payment as a necessary part of donation, even those who described themselves as 'purely altruistic' (Andreas) or were otherwise identity-release donors (Daniel, Kasper). Indeed, even Mikael and Georg, the two donors who said they would continue to donate even without payment, said that they probably would not initially have begun donating without there being some measure of payment. Despite this, the majority of donors reported that they were not actually reliant on the amount of money they got from donation in order to live. Several donors, for example, spoke about putting aside their donation money for treats or extras. Mikael in particular gave the fact that the payment was not very large as a reason for this:

Alison: Do you spend the money on anything specific, or-?

Mikael: No, not really. Sometimes, sometimes we have takeaway instead of cooking ourselves, and that's about it. For the same reason that it, it's such a small amount anyway. The prices are pretty high over here! [both laugh]

A small number of donors did not keep track of the money they were due or even the number of donations they had made, and said that payments came as a pleasant surprise. This was despite these donors making it clear that they would not donate if they were not

paid. This is therefore very much in keeping with the ‘beer money for the weekend’ view of sperm donors: the idea that the money they receive for donating is additional or ‘nice to have’ but is not income that they were reliant upon.

In contrast, however, there were two donors who spoke about needing the money that they received from donation. Isak and Lars suggested that they may not have begun to donate if they had not been in such need. If we assume that part of the motivation for legislation restricting payment to ‘compensation’ is to avoid the potential exploitation of people in vulnerable positions, we can see that it has not been wholly successful. These donors felt enticed to donate when they would, in fact, have preferred not to:

Isak: Well, a big part of it, again, was the economic award. I really needed the money back then, and I can’t see why I should – I’ve donated, I know I’ve donated enough to... like, they have enough that if they want to use my kind of profile, they can do that, so yeah, I’m not active right now and I don’t think I will become active again because, like, hopefully I will get a good job so that the economic aspect is not necessary.

Lars: When I first came to Denmark I had a friend of mine who told me there was these clinics, that actually it was from a financial point of view, that paid money, apparently, for you to, as he put it, to “go and have a good time in a room” [both laugh]. And, erm, at that point in time I thought “There’s no way I’m going to be doing that” because it feels too awkward. [...] And [later] we actually, we were at a point where we needed some extra money, so I thought, “Yeah well, why not?”

Here, Isak makes it clear that he would prefer **not** to continue donating if a change in his economic circumstances makes that possible, and Lars was initially reluctant to donate until he got to the point where he ‘needed’ the money. These accounts show that, whilst the EU is very specific in requiring tissue donors to not be motivated by financial gain, in

practice the rhetoric of policy does not necessarily match the motivations of individual donors. There is nothing to suggest that either of these donors was otherwise distinctive within the sample. Isak had a girlfriend but no children, Lars was married with a young child, and both were students in their mid-to-late-twenties, a demographic profile which was common to many of the other men I spoke to.

Indeed Lars, more than any of the other donors, had spent time thinking over the monetary aspects of being a sperm donor. He had worked out in some detail how to get the highest possible payment. As discussed in the previous chapter, he had experimented with abstinence periods to discover the optimum amount of times he could donate per week. He also kept track of the number and quality of his donations in order to work out how much money he was due to receive and when. This suggests that payment for donation here is being conceptualised as a reward than as recompense for expenses:

Lars: Once you finish a batch, they pay you 40% of the amount due, and then after a quarantine period of 6 months, they release it and they pay you the last 60%. And sometimes, if you can make it coincide with the initial 40% from a recent batch and the 60% from a batch 6 months ago then you get, actually... [pause]

Alison: Quite a big payment at once?

Lars: Yeah, which, yeah is helpful, evidently. [...] I guess on average I've been rather lucky, and so I've had many good donations, but when you get 3 bad ones in a row and it pays very little, it feels, yeah, really not worth it. And then, many people like to plan ahead, and you say "ok, if I donate 10 times this, well not this month but over the next two months, then I will have 3000 kroners" instead of saying, "if I donate 10 times over the next 2 months, then I might have 5000 but I might also have 1800". It's a very large difference. A bit annoying.

The problems of terminology around payment, as I discussed at the beginning of this chapter, were identified and discussed by several donors. Lars was unhappy with the way

that payments were made to donors, and specifically with the fact that payments were described as compensation (as per the Tissue Directive) but could vary according to sperm quality. In fact, he had considered switching to a different sperm bank that paid a flat rate instead.

Lars: Even though on the sites they say they don't pay for the sperm, they pay for the inconvenience it is for a person to come here, they still pay you according to the amount and quality. So yeah, it's bogus. [laughs] Because inconvenience is the same for all of us, no matter what the quality is. But the higher quality and the larger the amount, the more you will get paid, and as such, it is of interest to know whether you got 150 kroners or 500, because the margin is quite large. Er, the difference, yeah, in the lowest and highest.

Alison: Have you ever had a batch that completely failed?

Lars: Er, yes that happens, sometimes. Erm... that's just too bad. And again, that's the bogus part of the saying, of the part where they're saying "We pay you for the inconvenience". Yes, you – the batch failed, or not the batch but the donation failed, and that gives me zero kroners, but the inconvenience was still the same as the one that gave me 500.

Here, Lars calls into question what exactly it is that 'compensation for expenses and inconveniences' really means in this context, showing that this issue is not a simple one. As described earlier, the Nuffield Council's suggested division of 'recompense' is into 'reimbursement' of direct financial loss and 'compensation' for 'discomfort' and other non-financial losses, which are not clearly conceptualised. Nominally, then, here the payment is not for the sperm itself but rather for the expense involved in going to the sperm bank (reimbursement, though there was no system of direct reimbursement using receipts etc.). The payment is also for 'discomfort', covering issues that are hard to quantify, including embarrassment about actually masturbating to produce the sperm or the pre- and post-donation work, such as abstinence and bodily maintenance. However, the fact that unusable donations attracted no payment led donors conceptualising

payment as a direct transaction for “good sperm”. There was also some question about where exactly inconvenience lies in this context, with different donors drawing on different measures of ‘discomfort’ and non-financial loss. Bent, for example, spoke about how low he thought the payment was compared to the ‘risks’ he felt he was taking by donating:

Bent: The more you talk about it, the more you know that it’s a strange situation you’ve put yourself in, especially when it’s not that much money I’ve earned, it’s about 6 or 7 thousand [kroner; around £600], erm, which – or more, maybe 10, I don’t know – and it’s good money but it’s not... very good money, compared to the consequences, potentially. So I don’t know...

Bent was an anonymous donor and, for him, the consequence and ‘discomfort’ was the fear of unexpected, unwanted contact with his (potential) offspring. This might lead to future emotional upset for him and his partner, or perhaps to financial responsibility for offspring. Donors may well be conceptualising the payment they receive from donation as a reward rather than a recompense, in Nuffield terms. The rhetoric of the European framework is based on a desire for donors to be altruistically motivated. The idea of receiving money for bodily goods is often distasteful to us on a societal level. Holland (2001), for example, argues that commodifying bodily goods constitutes a ‘diminishing sense of personhood’ for individuals and causes (potentially symbolic) harm on the sociocultural level due to alienation and erosion of the boundaries between goods within the body and outside it. However, only one of the donors I spoke to mentioned feeling any kind of direct attribution of their personhood in their sperm. This was Mikael, who said that he had initially felt that he was ‘delivering some of [himself] into this cup’—even though many others did attach symbolic personal significance to details such as sperm quality, through its interface with masculinity, for example. But, indeed, rather than having

this symbolic personhood diminished through donating, donating and knowing that they had ‘good sperm’ was often a point of pride and provided reinforcement of donors’ sense of their own masculine potency. It is inarguable, however, that some donors donated purely for the promise of payment who would not otherwise have chosen to do so.

The majority of the donors I spoke to were either happy with the level of payment they received, or thought it should be higher. Indeed, we have seen that, for donors such as Lars, the effort and thought that went into achieving the greatest possible payment from donation was considerable. For some donors, however, there were ethical implications in how much payment donors received. Georg, for example, had concerns about the final price of sperm being too high for all recipients to be able to access it. He was happy for the current rate of payment for donors to remain high as long as it only constituted a minor part of the overall cost to the recipients:

Georg: I’m thinking that the main price on all that are this process like freezing, keeping it, medical stuff and that the actual payments to us donors is a minor thing. And as long as it is like that, then it’s justifiable that we get, these, like, yeah, er... this, what I would think would be a lot of money.

Jonas was in favour of lowering payments. He felt that a level of payment that was too high could attract what he saw as the ‘wrong kind’ of donor:

Jonas: [I donate] absolutely because of the money. Absolutely. [But] I would never do it if I couldn’t accept it ethically, if I only saw it as a job I might believe that it was kind of weird. But it’s because I’m fully, I think, I believe myself that I fully understand the consequences of what I’m doing and that’s why I don’t mind doing it.

[...] I think it’s a good thing to do, but I wouldn’t do it if I didn’t get paid. But maybe they could lower it a little bit just to avoid people who are only doing it for the money, who don’t really think about the ethical stuff, right?

[...] Maybe they [the sperm bank] should think about more who they're picking as donors, and find some people who are actually capable of handling the mental pressure, so to say, of donating sperm and maybe of one day being visited by one of your children.

Here, Jonas fears that a high level of compensation might induce men to donate who had not fully thought through 'the ethical stuff', whereas a minimal level of compensation would be more likely to attract donors who felt the same way as he did. Jonas was very passionate about the ethical issues involved in sperm donation, and he felt that all donors should be identity-release¹⁶. He draws here on a narrative of donor responsibility toward their offspring. This narrative is often used by donor-conceived activists to justify their calls for openness. Some donor offspring report feelings of abandonment or of 'genetic discontinuity', for example, upon finding out that they were donor-conceived (Turner & Coyle, 2000), and feel that donors should be obliged to be open to contact from them. Jonas advocated, therefore, that the sperm bank employ more stringent screening processes to exclude the kind of men who 'only saw it as a job'. The implication here is that lower payment would discourage donors who were not doing donation 'ethically', which for him was defined as not being open to contact and not thinking about the welfare of donor offspring. He does not, however, advocate the full removal of payment for donation, and, indeed, no donors in the sample did.

I will now pull together the various strands of this discussion around payment to consider how the donors conceptualise what exactly it is that they are doing, and whether or not donation can be considered a 'job'.

¹⁶ Whilst Jonas was an anonymous donor due to the age restrictions that had been in place when he began donating, he said that he would have chosen to be an identity-release donor if given the opportunity.

'It's the Best Job You Can Actually Have'

As we saw in a number of the earlier quotations, several donors spoke about their donation in terms of a job. In fact, several donors, when asked how they had come to donate initially, recalled seeing an advertisement for sperm donation as part of an online job search website, which certainly positions donation firmly in the sphere of 'paid work' rather than altruism. Whilst we saw previously that Jonas felt that there were ethical implications in viewing donation as 'only' a job, he also used the word to describe what he was doing:

Jonas: I know a lot of people who would love my job! But it's impossible to get room, I've heard.¹⁷

We can return here to Almeling's (2011: 74-79) discussion of the perception that egg donation was certainly a job, but a more 'meaningful' type of job compared with other work and with sperm donation. In her research, it was the narrative of 'giving the gift of life' and the emotional labour performed by the egg donors towards their recipients that imbued egg donation with this meaning. When viewed through this lens, perhaps Jonas' articulation of the 'ethical' sperm donor who makes himself available to his offspring makes the conceptualisation of sperm donation as a job more acceptable, in that it was a job but not 'just a job'. On the other hand, Christian, for example, did use the phrase 'just a job' to describe his donations:

Christian: It felt weird to do something so private in a small room in an apartment, which it basically was. And also that people were so professional about it,

¹⁷ This is in reference to the multiple news articles that have been published talking about the Cryos waiting list

almost like being at a hospital. [...] It quickly became just a job.

Several other donors talked about donation as a particularly rewarding job, in that they were, essentially, getting paid to do something that they would have done anyway (i.e. masturbate). Bent and Daniel make this claim explicit:

Daniel: I actually got interested in donating because I wanted money, I mean, why do it at home for free when you can go out and get paid for it?

Bent: When I talk to friends about it, they all laugh and we think of it as the best deal ever, you know? And girls, they always play on their “it’s not fair” card, you know, “we can’t do the same, it’s not fair that you can do it”. Always, though, with a smile because it’s just, it’s the best - [pause] it’s the best job you can actually have, you go somewhere, you pleasure yourself, sounds bad! But it’s something most guys do anyway, and you get paid. So, erm. I guess... it’s pretty good!

[...] It makes me smile because it’s just, it’s so grotesquely strange to think that something any boy does from when he’s ten or eleven suddenly becomes something someone does for a profession, not only me but also them [indicates the sperm bank staff outside], er, that’s their job to count whether my sperm is good or not, er..."

Bent’s account of his friends’ jealousy and laughter is tempered by his later observation that, whilst his friends might *say* that they are jealous of his donation, none of them actually donate:

Bent: It can’t be that good, because I don’t have any other friends who do it. It’s a huge thing to do, apparently. I’ve just chosen to do it, and I’ve chosen not to see it as such a huge thing.

Here, Bent casts some doubt onto how realistic the ‘best job’ discourse actually is. If donation is a pleasurable act, and masturbating in the sperm bank is exactly the same as ‘something most guys do anyway’, why is it also framed as ‘a huge thing to do’? It is

possible to read these ‘best job’ statements as flippancy or as an attempt to deflect the ‘strange’ feeling of masturbating in the sperm bank into something more familiar.

Neither of the two donors, Georg and Mikael, who said that they would continue to donate without any payment spoke of their donation as a job. When I asked them about this, both of them told me that they saw donation more in terms of a commitment or obligation they had made than a job:

Alison: Does it feel like a job to come here?

Georg: No, not at all. it’s the same as blood donation, like, when I – blood donation, every three months I get a letter, “now it’s time” and I’m like “Oh it’s the time” and then you find a time you can go in. Here it’s also – here it’s different because there’s not this 3 months period, so... so it’s more when you get to think of it, “Oh, I should get in there again” erm. But no, it’s not at all like a job.

Mikael: I think it’s more of an obligation than a job, really. I’ve decided to sign up as a donor, then I will, actually... go here once in a while and get the job done, in another way than actually thinking of it as a real job.

[...]

Alison: Would you carry on if you didn’t get paid, do you think?

Mikael: I probably would. Erm... and that’s because now it’s almost a habit

Georg’s comparison with blood donation suggests that, whilst this may well be clinical labour, it is not necessarily a ‘job’ as such. Thus, it’s clear that the framing of donation either as a job, a ‘more meaningful job’, or as some other form of obligation (e.g. comparisons with volunteering or blood donation) differs between different donors. Though the sample is too small to draw any broad conclusions, the donors who used words such as ‘altruism’ or ‘gift’ were identity-release donors. The two donors who would

continue to donate if they no longer received payment were also identity-release, though they made it clear that they would not have begun donating if not for the promise of payment. In contrast, the donors who framed donation as a job and saw payment as the most, or one of the most, important reasons for them to donate tended to have chosen anonymous donation.

Having explored some of the ways in which payment *to donors* for sperm is thought about and discussed by donors, in the following section I will consider some of the implications of the commodification of sperm in terms of the point of sale to recipients and donors' accounts of the ethical issues involved.

Sale, Selection, and Ethical Acceptability

One of the consistent phrasings from the donor accounts has been around the 'consequences' of donation. In chapter 7, I will explore some of the personal 'consequences' of donation for donors; one aspect of these consequences centres around the new social relationships that are formed through donation. However, donors also thought about consequences for their offspring in terms of health and well-being, and the potential 'consequences' for society that may arise from donor insemination as a practice. A major aspect of this involved the issue of selection and choice when obtaining sperm for donor insemination.

This particular issue has drawn a great deal of media scrutiny, especially with regard to the types of men who are recruited as donors and to non-Danish women travelling to Denmark to obtain Danish sperm (e.g. Adrian, 2010; Mohr, 2011). A number of articles appeared in 2010 and 2011, both in the Danish and British media, discussing comments made by Ole Schou (the founder of Cryos) regarding Cryos choosing not to recruit red-

haired donors due to a lack of demand their sperm, for example (see e.g. Langwadt, 2010). Media attention on reproductive tourism to Denmark has tended to focus on the ‘tall, blonde-haired and blue-eyed Viking’ stereotype of Danish men—a stereotype that Cryos itself does little to dissuade—which in itself led to a mini-moral panic around the process of selection and the ‘eugenic potential’ of purchasing sperm from a catalogue amongst online newspaper commentators (Wheatley, 2011).

As this media discussion suggests, donor sperm is not an entirely value-neutral product. A number of authors have previously addressed the question of what it is that sperm banks are selling beyond merely selling sperm: in particular, they are selling an idealised masculinity and a particular kind of safe sperm (e.g. Moore & Schmidt, 1999; Daniels & Golden, 2004; Almeling, 2007; Kroløkke, 2009). This requires them to have in place a rigorous selection process for donors that encompasses both desirable social and physical traits in a donor and a lack of ‘risky’ behaviour in order to reduce the chances for sperm to be a vector for disease. Therefore, donor sperm is not sold simply as sperm, but rather it is tied closely to the details of the men who provided it. That is to say, buyers are not only buying donor sperm, they are buying donor sperm from a specific donor: sperm that is considered to be imbued with specific qualities based on him (Daniels & Golden, 2004).

At Cryos, the processed and stored straws of semen in the freezers in the sperm bank are advertised for sale via online catalogues that give varying degrees of personal information about the donors who provided them. These catalogues are open for the public to browse and all of the information that the donor has allowed to be made available can therefore

be viewed before a purchase is made¹⁸. Potential recipient parents can then buy straws of sperm directly from the sperm bank, according to whichever criteria they prefer to use to select a specific donor. These criteria could be physical appearance, particularly similarity in looks to the recipient parent(s) in order to potentially create family resemblance for bonding purposes or to facilitate non-disclosure of a child's donor-conceived status; questionnaire responses and donor personality indicators, which allow recipients to pick the donor they think is most 'suitable'; or any combination of factors based around the information available. Many donors had concerns about the ways in which their personal information was used both by the sperm bank and by the potential recipients of their sperm, and about what the consequences from the availability of this information would be, for them as individuals, for their offspring, and for wider society.


Donor	Race	Ethnicity	Type	Eye Colour	Hair Colour	Height cm/ft	Weight kg/lbs	Education/Occupation	
★ AAKE	Caucasian	Scandinavian	Anonymous	Blue/Grey	Brown	195 / 6'4"	83 / 183	Graphic Designer	 
★ ABILD	Caucasian	Danish	Anonymous	Brown/Green	Blond	186 / 6'1"	77 / 170	Telemarketing	   
★ ADEM	Caucasian	Danish	Anonymous	Brown	Dark Brown	182 / 5'11"	88 / 194	BA (Social Education) / Professional Masseuse	    
★ AFTON	Caucasian	Danish	Non-anonymous	Brown	Blond	181 / 5'11"	71 / 157	BA Student (Sociology)/ Taxi Driver	    
★ AGGE	Caucasian	Scandinavian	Anonymous	Green/Grey	Brown	192 / 6'3"	75 / 165	Accountant	  
★ AMUN	Caucasian	Scandinavian	Anonymous	Blue	Brown	182 / 5'11"	79 / 174	MSc Student	
★ ANDRO	Caucasian, Middle Eastern	Danish, Turkish	Anonymous	Brown	Black	175 / 5'8"	84 / 185	Computer Science/IT Consultant	   
★ ANDY	Caucasian	Danish	Anonymous	Blue	Brown	196 / 6'5"	101 / 223	BA Student (Media Science)	  
★ ARIAN	Hispanic	Brazilian, Portuguese	Anonymous	Brown	Dark Brown	182 / 5'11"	94 / 207	Student (Business)/ Teaches English and Portuguese	    

Figure 3: Excerpt from the sperm bank's online donor catalogue, January 2013

Figure 3 shows what prospective recipients see when they visit the online catalogues. Each donor is identified by a pseudonym or a donor number. Details of their background and appearance are listed in an easily-sortable fashion¹⁹.

¹⁸ In the current system, there is no charge to view extended profiles but there is a 10% surcharge to purchase sperm from donors with extended profiles.

The images to the right indicate other information that the donor has provided: extended profile, baby photographs, voice prints, and EQ (emotional quotient) test results. A thumbs-up indicates that a donor is 'proven', i.e. that a successful pregnancy has been produced from his donated sperm.

'Extended profiles' are created from a mixture of information that the sperm bank staff record about the donor (such as height, weight, and blood type) and information that the donor himself provides in the form of a questionnaire (see Appendix 4). This questionnaire includes more in-depth information on the donor's appearance (such as build, hair texture, and facial shape), family history and health information, and a number of questions about the donor's personality, hobbies, and experiences. It also includes a message to future offspring that is handwritten by the donor; such handwritten messages usually contain brief notes about themselves and why they have chosen to become a donor, although this varies from person to person, along with the detail and length of the messages. Donors receive a larger payment in exchange for submitting one of these extended profiles for display on the website.

The donors themselves are not supposed to know what their donor number or pseudonym is, due to the necessity of double-blind anonymity. Donors, even identity-release donors, are not allowed to initiate contact with recipient parents or offspring, as contact must be left up to donor offspring. However, it was not difficult for donors to find out which profile on the website was theirs, given that the profiles were based on information the donors themselves had provided. A brief search, using the advanced

¹⁹ As we can see in figure 1, the columns headed Race, Ethnicity etc. can be used to sort the list according to specific characteristics, and there also exists a more advanced search function which allows the user to filter the list of donors by selecting their desired characteristics from drop-down menus. There are generally around 500 donors available in the list at any one time.

functions to narrow down by their personal characteristics, would allow them to find the correct one, particularly if they had submitted an extended profile. Andreas was firm in his decision that he would not do this:

- Alison:** Have you ever looked at your entry on the catalogue?
- Andreas:** No, I'm not allowed to. Because there is a donor number on the catalogue [...] which I'm not allowed to know. [...] of course the parents will know the donor number and the name, and they will conceivably go on the internet and say "donor number whatever, are you out there?" and I would be able to go on there and say "hang on, this is me" and they would be able to contact me, and that leads to all kinds of ethical explosions of, you know, that could go all kinds of wrong. So I'm not allowed to know how I'm referred to, and that means I'm not really allowed to see.

However, other donors had looked at their profiles. In particular, two of them had been interested to see whether any pregnancy had been produced from their sperm:

- Alison:** How did you find out about the pregnancy?
- Donor²⁰:** Well, I know I'm probably not supposed to know about it, but I managed to find my profile. So, er, I have been following along my, erm, the progress.

- Donor:** Incidentally, I am anonymous and supposedly anonymous donors are not supposed to know who their anonymous profile is. I just, incidentally, *do* know who I am and as such I could see that, apparently they have this little note which says that, if I, how to put it, *konstateret graviditet*²¹ [pause] if pregnancy has been... [pause]
- Alison:** Achieved?
- Donor:** Detected pregnancy, achieved a pregnancy, something like that. And as such, I am positive on that.

²⁰ This donor's identity has been anonymised, as, as he says, donors were not supposed to have accessed their donor profiles.

²¹ Pregnancy found

This is contrary to previous research that has suggested that sperm donors, in contrast to egg donors, are not interested in knowing if or when a pregnancy has been achieved using their sperm, or even that they would be upset or distressed to find out this information (e.g. Almeling, 2009: 56). Whilst this is too small a sample to indicate anything about donors in general, if some donors are curious about potential pregnancies, it suggests that donation may not be necessarily a simple transaction in which a donor sells his sperm to the sperm bank and then feels no further ties to it or any interest in where it goes. This includes donors who are anonymous and may not actually seek any future contact with their offspring. There is an aspect of ongoing investment in the future of the sperm. We might see this as an extension of the “good sperm” narrative from chapter 4, since producing a successful pregnancy would seem to be the logical ‘proof’ of virility, especially for donors who don’t have children of their own.

Extended Profiles, Mate Selection, and Design

Amongst my sample, ten out of thirteen donors had opted for the extended profile. There was not necessarily a relationship between anonymity and choosing not to provide the extended profile. A mixture of both anonymous and identity-release donors had provided extended profiles and had opted out. There were two main reasons the three donors gave for not having an extended profile. The first was a fear of having too much personal information about them "out there" for people to find, and the second was ethical objections to the idea of donor profiles and recipient parents being able to select donors.

Donors who had completed an extended profile generally cited either money (since doing so gave an increased payment) or empathy with the potential recipients or offspring as their reasons, or both. Some donors had not put a great deal of thought into the decision to complete an extended profile:

- Alison:** Why did you choose [to have an extended profile]?
- Lars:** Because you got an extra one thousand kroners for an extended profile! [both laugh]
- Alison:** Ok! Did you do the voice interview and everything²²?
- Lars:** I did. As far as I know, I was one of the first ones which got the offer, so to say. The opportunity to do it. [pause] And, yeah, like many people I don't like my voice on recordings. [both laugh] But that's just the way it is, and as long as I'm doing it, and as long as I have an extended profile, I might as well do as much as I can for the person to make, if of course they are looking at all this information, they can make an informed decision as far as possible, given that I am anonymous. Because if it was me, I would like to know as much as possible about the biological father, to know how my kid might turn out to be [laughs] on some level.

But others felt strongly about providing a profile that was extended as well as identifiable:

- Alison:** Do you have an extended profile as well?
- Kasper:** Oh yes, extended and non-anonymous, because I think, er, looking into the perspective of the child, erm... it must be quite frustrating not to know where your genes stem from. Not that I ever would have a father-son or father-daughter connection with this child. But just to know where your genes stem from, I think that would be quite important to me, if I was this child.

It is clear that, for donors such as Kasper and Lars, empathy was an important factor in their decision to agree to an extended profile. However, this empathy is slightly differently directed between the two donors. Kasper, an identity-release donor, had empathy with his potential offspring and their (potential) identity-related struggles, and so wanted to give as much information as possible about himself for them. However, for Lars the empathy was with the recipient parents rather than with the offspring. His decision to provide this information is based on ensuring the recipients have enough information to

²² Lars had, prior to the interview, been slightly ambivalent about a recording being made.

choose a donor that they think would provide a suitable child, rather than for the offspring to learn about their donors. A similar account of empathy with the recipients was given by Henrik:

Henrik: I understand that the parents would like to perhaps get as close a sample to get a close resemblance to the actual father. So that part I certainly like. Erm... yeah. So I don't see anything wrong, no.

Georg suggests that this kind of selection is 'natural' and considers what he would do in the same position:

Georg: I think [wanting to choose donors] is a natural thing. If it was my family, so I couldn't deliver sperm and would have to, to get a sperm donor, I would be very interested in getting the right one, or somebody that, that I could identify with as a father. Also more than just what skin colour and, er, these eye colours and stuff. I would be interested in, like, is it somebody who also is interested in science and all these things. I probably wouldn't be as interested in what childhood experiences did this person have and so on, which the extended profile is a lot about, as well. But then I guess that differs from person to person, some people will be more into the, er, how does this person feel and behave, and I would probably be more interested in what interests does this person have, and do they match mine. I think it's a natural thing.

Here Georg has particular empathy with recipient fathers in heterosexual couples, a similar narrative to the donors who began donating after seeing documentaries about infertile men and fearing for the quality of their own sperm. For Georg, the extended profile in particular, and not just the basic information such as eye colour, would be an important factor in his decision making.

Opting Out

The three donors who had opted out of an extended profile were Bent, Christian and Jonas. In each case, their reasoning was to do with limiting the amount of information

that was available about them. This either related to fears about becoming identifiable, or to the question of what information was acceptable to use to inform the selection of donors.

Christian and Bent's main concerns were with ensuring that they were not identifiable from the information that was available about them online. Bent also had concerns about having too much information about himself 'out there':

Bent: I honestly don't remember what people can find out about me. It's probably my hair colour, that my eyes are blue, my build, er, my profession. But that doesn't really tell you anything. Er... you get these, erm, these stories from America where they can see a picture and they know – they can almost contact your parents if they wanted to, to ask whether you were an easy child or not! And I would hate to know that, that would be a bit too putting myself out there, slightly **Big Brother**-like without really being it. Erm, but this, it's no information really it's just whether they want a blonde or a brunette, really, erm, so. Erm. Doesn't matter to me [emphasis added].

Bent's idea of donor profiles being 'Big Brother' seems to relate to issues of surveillance, and worries about preserving and maintaining anonymity. The fear of hordes of unexpected, unanticipated children 'knocking at the door' at an unspecified future time was shared by several of the donors I spoke to²³. In recent years, the adult offspring of anonymous sperm donors have become more vocal about their attempts to find and contact donor siblings and donors (Turner & Coyle, 2000). A number of donors spoke about having seen TV documentaries about this kind of search, and this visibility may well have contributed to these worries about the amount of available information. Henrik, for example, though he did have an extended profile, made specific reference to his

²³ The 'knock on the door' discourse will be discussed further in the following chapter.

concerns about a situation where donor offspring could use the data available online to track him down:

Alison: Did you have any concerns when you started donating?

Henrik: Erm... well, there was of course the thing, even though I am anonymous that some of them could end up finding me. I've heard of some cases where they get together and know one – they have the number of the donor. And they can get together and actually find each other, so all the siblings can find each other. And I think there was a case where they started searching on the profile, all the data in it, and found the guy. That has been some concern of mine.

Moreover, as well as the idea that they might be tracked down by determined individuals, donors had a fear that anonymous donor records might be released retroactively. These worries about losing anonymity might well be related to the fact that Denmark has a central national identity database in which all medical records and personal information about the population is stored. The sperm bank stores donors' CPR [*Centrale Personregister*] numbers in addition to other identifying information such as their real name and contact details. This means that a great deal of information about a donor could be accessed if their details were ever to be made public, either through a law change or through some kind of data leak or hacking.

Jonas had specifically opted out of providing an extended profile due to concerns about the ability for recipient parents to select specific donor characteristics. However, he was not the only donor who had given some thought to this issue. Mikael, who had agreed to an extended profile for the extra money, had begun to question the ability for recipients to undertake very specific selection of individual donors, in contrast to Lars who wanted to give recipients the most information possible to inform their choices. Indeed, Mikael suggested that a lottery might be an appropriate form of distributing donor sperm that still gave recipients characteristics to choose from:

Mikael: I think it should be possible to continue the element of chance, so that the donor they eventually receive sperm from will be of the same type as the husband. Well, maybe [laughs] they don't want that type, but anyway [...] that same general type. So if they want someone that's 5'10 with curly hair, then give them a donor that's 5'10 with curly hair, end of story. And not... one out of twenty options in that, erm, in that range.

Jonas also suggested that a lottery might be appropriate, although his criteria for selection are much narrower than Mikael's:

Alison: So how would you rather that it was set up? That it was more random, or...?

Jonas: No, anonymously! I think that it's good that there might be a few options to pick off. Er... something like maybe like, I don't know, skin colour and ethnicity, something like that.

Alison: Why ethnicity?

Jonas: Only because it can be, it's not all people that are capable of getting a little black child, for example. If a Southern American got a black child, it would be kind of weird for them I think. It's not everyone who's capable of taking that responsibility for something which is basically the same but in some ways culturally are different, right? Which we look at differently in our culture. Erm. But basically I think it should be just random, because – well yeah, we're, it's just children, right? [laughs]

Though an in-depth analysis of ethnicity in sperm banking is beyond the scope of this project, the ways in which these categories have been constructed in sperm donation more broadly have been previously documented by others (Bergmann, 2014; Davda, 2014; Nordqvist, 2012). This emphasis on skin colour and/or ethnicity above all other characteristics is typical of the ways in which sperm banking and donor selection are organised. As we saw in figure 1 on page 144, the first two characteristics listed in the Cryos donor profiles are 'race' and 'ethnicity', and recruitment for new donors is often open to minority-ethnic men even when closed to ethnic Dane. Ethnicity is often treated

as the most important characteristic when it comes to matching donors with recipients, and it is therefore unsurprising that donors have picked up on this.

Selection and Personal Ethics

The suggestion made by these donors that the amount of conscious selection involved in donor matching should be reduced or removed completely was informed by ideas about selective reproduction and 'designer babies'. Donor insemination does not enable the creation of 'designer babies' in the truest sense of the term: that is, direct genetic modification in order to produce a child with a particular set of characteristics. However, it does allow recipients to *aim* for a child with particular characteristics. Jonas blurs the line between direct manipulation and mate selection in his account:

Jonas: So what I would most prefer to be in would be the closed personal profile so you don't know anything about me, but not anonymous, so the children would have the opportunity to look me up one day, if that's what they wanted to do.

Alison: Why would you prefer it that way round?

Jonas: Er... because I think it's very problematic, er... the trend that is going on right now, with also, like, a lot of technology is focusing on how to create babies with DNAs, like, I want a blonde baby, I want a darker, I want a smart baby because I only want the ones that have been to university, I want a beautiful child, and I think that's... I don't like that. I think that's very problematic in many ways. And... but I still think that it's important that, er, because it's not, it's – we've got to accept it's not a natural thing to, to er, it's not normal to give birth through a sperm donor.

Here, Jonas draws a very firm line between the potential uses of the information that he provides as a donor: use by the recipient parents to (attempt to) select particular characteristics in the child they are going to produce, and the desire for donor offspring to have as much information as possible about their donor. Whilst he is against the

former²⁴, he is very much in favour of the latter. This account, therefore, shows us that concerns about the uses to which information is put can manifest in different ways around the same information.

However, it was not only those donors who had opted out of extended profiles who had opinions on selection and choice of donors. Jonas' apprehensions about the potential for recipient parents to use the donor catalogues to 'select' characteristics for their children were shared by some of the other donors, to varying extents. Bent, for example, was comfortable with some level of selection but not all:

Alison: So how do you feel about people being able to pick based on those kind of characteristics?

Bent: I like blondes, my girlfriend's a blonde, erm, I chose her partly because of that. So, if we couldn't have a child, I would want a blonde child anyway, probably. It... both, well, I – not just because I think it's more attractive and I want attractive children, but also because people wouldn't notice it as much if we had a blonde child as if we had a, erm, a brunette or something. So no, I... [sighs] all these ethical questions about choosing your child, it can get a bit too much. I don't agree with – again, you hear these terrible stories from America where they can almost choose the length of the arms and anything and I wouldn't want that. But the colour of your child's eyes and hair, it's not very exciting. When it pops out you don't get surprised, so I don't know whether that's a good thing, but I can't see why it's a bad thing to have the option to choose.

Here Bent disagrees with the idea of parents having too much freedom to choose characteristics of their child in a deliberate way, but at the same time, he suggests that the

²⁴ Though it is worth noting that information such as eye colour, hair colour and occupation is available from the website even without the extended profile, so opting out of the extended profile did not prevent recipients from choosing Jonas based on those characteristics

current level of options that recipient parents have (specifically hair colour, eye colour) is in some way 'normal', by drawing comparisons with his own preferences and experience.

In contrast, some donors argued that the amount of information available about them as donors went far beyond what would be available in a 'normal' partner selection situation:

Mikael: I don't like the idea of people having too many things to choose from when choosing a donor. Because they might not choose from the same things when they choose a partner, and that's the point really. I mean, when we meet somebody we don't really know how they are, erm, how it would be like to live with them. And that process takes a long time. And that process [is] kind of short-circuited when you choose a sperm donor, because it's [pause] basically just a catalogue you choose from. So that part kind of makes me uncomfortable.

Andreas had a similar account, although he was not made uncomfortable by it:

Andreas: I believe they know more about me than somebody who has a child with their own husband [laughs] obviously, because I haven't filled out a questionnaire for my wife. So she doesn't know everything that's in the questionnaire, but it's sort of come in dribs and drabs as she's known me, you know, so in a sense it's, er, it's a very informed decision these people are making. Because it is very, sort of, all round and goes around all kinds of, of aspects of who I am.

This kind of discussion emphasises the interventions that are required when undergoing assisted conception that set it apart from 'natural' forms of producing a child. Donors are raising questions about where it is appropriate to stop when it comes to selecting donors from the catalogue and about what information is available. These questions and ethical misapprehensions are not enough to prevent them from donating.

In summary, a number of donors took a moral standpoint on selection, and had objections to the idea of the available characteristics being used by recipients to select donors due to concerns about the effects of selection on society. The donors differed on the extent to which they considered selection wrong: Jonas was against any characteristics

other than ethnicity being used for donor selection and matching, Bent felt comfortable with using eye and hair colour but was against any kind of genetic manipulation to affect, for example, arm length, and Mikael suggested that recipients be assigned a random donor with specific characteristics rather than selecting a particular man. This tells us that some donors are concerned about the moral impact that their donation could have on wider society – but not the extent that they would choose not to become a donor.

In the previous accounts, donors have generally been talking about two forms of selective reproduction (and, indeed, sometimes conflating the two). These are, firstly, selection through choosing partners(/donors) in order to aim for a child with particular characteristics, and secondly, direct manipulation of embryos or other genetic material. A third form of selective reproduction, selective abortion, was mentioned specifically by Isak:

Isak: I don't think it's a good idea that you can like choose the eye colour of your children or the hair colour, but you know what, a lot of people get an abortion if the child has Down Syndrome, I mean... **we are already in the process of selecting some children and throwing out others.** And... of course, I'm part of that selection process but then again, I think it's more up to the society to discuss what is right and wrong, and I like the fact that parents have the opportunity to select as they would have in adoption settings. I mean, if they have a preference of a child from Ethiopia because of some cultural thing instead of a kid from Asia, I don't know... erm... **that's the same kind of selection for me.** [emphasis added]

Here, Isak draws on ideas about abortion and adoption to argue that there is already selection taking place in society. The ability to select a donor is therefore not any different from his ethical standpoint. There is potential, then, for donors to be drawing on debates outside of the sphere of donor insemination in particular to inform their personal ethics around the topic as well as drawing on the donation debates themselves.

‘Naturalisation’ and Rendering Donation Unproblematic

The word ‘natural’ used to describe the processes of donor selection in Isak’s previous account seems incongruous with the fact that assisted conception by definition is a technological intervention in the process of conception. Many of the donor narratives involve the ‘naturalisation’ of selection and technological mediation in some way.

Naturalisation is defined by Charis Cussins in her study of infertility clinics as

the rendering of states of affairs and facts in a scientific or biological idiom, and the means by which certain uncertainties, questionings, and contingencies are rendered unproblematic, “natural”, or self-evident (Cussins, 1998: 67).

The secondary form of this process is evident in the accounts of donation from participants that I have discussed throughout this chapter.

Firstly, as with the discourse of the ‘best job in the world’, donors often define the masturbation that they do in order to produce sperm for donation as ‘natural’ and as something that they would have done anyway. This is despite the fact that, as we saw in chapter 5, the process of donation is often a strange and uncomfortable experience for donors, and they can experience anxieties about their performance when donating. Moreover there is an aspect of inconvenience to the required abstinence before donation, no matter what might happen with the act itself. It could be argued that the donors choose (consciously or otherwise) ‘naturalising’ language in order to try and mitigate these feelings of uncomfortableness.

Secondly, donors who are questioning the ethics of issues such as selection in assisted reproduction can draw on pre-existing narratives of ethics in other activities that are considered to be ‘natural’, such as mate selection, or already ‘naturalised’, in the case of adoption. The donors’ comparisons are not unsubstantiated, however; the question of

selection and the comparison of ‘mate choice’ with sperm donation has been made in the past by Scheib *et al.* (1997), amongst others. They suggest that women value the same kind of physical appearance and personal characteristics in both their selection of sperm donors and of long-term romantic partners. This kind of naturalisation narrative allows the donors to render unproblematic the ethics of this particular facet of donation. On the other hand, as Mikael and Andreas pointed out, the amount of information available to potential donor sperm recipients was much greater than the amount of information available in a ‘natural’ mate selection situation. Mikael in fact subverts this naturalisation by drawing a direct parallel between the two when he argues that recipients ‘might not choose from the same things when they choose a partner’. Therefore, donors can use or resist the ‘naturalisation’ of donation in order to support their personal ethics.

In terms of drawing comparisons with selection through abortion rather than in terms of choosing donors, as Isak did, there have been a number of high-profile ethical debates around abortion and disability in Denmark. In 2008, for example, a Danish woman applied for a late-term abortion²⁵ after she discovered that her foetus was missing part of its forearm; she was refused late-term abortion in Denmark, and so travelled to the UK instead where she was able to access an abortion due to differing laws on what constitutes ‘late-term’ (K. D. Hansen, 2008). The case raised various debates about the ethics of late-term abortions: when it was appropriate to access one, and what kind of disabilities constituted a quality of life issue to the extent that a foetus should not be born. In this case, commentators argued that a shortened forearm was not a handicap which was severe

²⁵ The legal limit for abortions is 24 weeks in the UK. In Denmark, abortions are available on-demand up to 12 weeks. After 12 weeks, they require special dispensation, which is conditional on factors such as health risks to the mother, socioeconomic status, and certain birth defects.

enough to warrant an abortion. Moreover, the incidence of Down's Syndrome in Denmark has been falling since a new pre-natal screening policy was introduced in 2004 (Ekelund et al 2008). This policy offered women a combined risk assessment for Down's Syndrome in the first trimester of pregnancy, and then amniocentesis or other more invasive diagnostic techniques based on the results (previously, only the invasive procedures had been available, later in pregnancy and only to women considered to be particularly 'at risk' for carrying a Down's foetus due to maternal age or other factors). By 2008, the number of children born with Down's Syndrome in Denmark had halved (*ibid.*). Since then, this number has declined even further, with some commentators suggesting that Down's Syndrome will be eradicated in Denmark by 2030, and drawing on discourses of eugenics (Reuters, 2011). For some, the fear is that currently available techniques such as preimplantation genetic diagnosis (PGD) which allows embryos to be screened for genetic diseases before they are implanted via in vitro fertilisation are a slippery slope that will eventually lead to screening out of other characteristics (Tizzard, 2002: 31). The routinisation of pre-natal testing for disability in Denmark could be seen as one step down this slope, and this seems to be the argument that Isak is making in the above account. It is worth noting that Denmark has a history of eugenic practices in the near past; a law on compulsory sterilization of 'mentally retarded' individuals was introduced in 1929 and revised and removed as recently as 1967. Hansen argues that this legislation was both introduced and revised by 'stealth' and to a general sense of apathy:

there was no general debate, no confrontation when the sterilization law was revised in 1967; not even the introduction of amniocentesis tests in Denmark in 1970 sparked any discussion. Later, in the wake of the general debate on biotechnology in the 1970s, Denmark joined in the discussion, but by that time everybody seemed to have forgotten that eugenics also had a history in Denmark (1996: 65).

It is possible that these historical precedents could be informing the opinions of donors such as Isak on selection.

There is, of course, an argument to be made that there are different 'levels' of selection, and that selecting out genetic diseases that severely affect quality of life is not the same as selecting 'borderline', treatable or manageable disability, such as a missing forearm, or selecting 'trivial' characteristics such as hair colour or Bent's example of the length of the arms. On the other hand, the fear that one of these forms of selection will act as a 'slippery slope' to the other is evident in popular debates about donor insemination; my previous analysis of comments on news articles about reproductive tourism to Denmark has shown that some members of the public are particularly concerned about parents choosing specifically *Danish* donors, feeding a moral panic about modern forms of eugenics, or the suggestion that women are targeting Danish donors for their supposedly 'Aryan' features (Wheatley, 2011). We can see that many donors felt that there are certain aspects of selection which (in their opinion) are in some way acceptable and some which are unacceptable, although they differ in where they believe the limit should be. Mikael, for example, found selecting for beneficial health reasons such as HIV resistance acceptable, but not selection according to eye-colour. Ethnicity seems to be a consistent idea in terms of 'acceptable' selection; this was mentioned by both Jonas and Isak, and is implicit in Bent's account. Indeed, Isak brings up adoption as a mostly accepted and normalised existing form of selection, and we might want to consider the donors' emphasis on ethnicity as an acceptable selector in the light that adoption, and particularly trans-national and/or -racial adoption, has been subject to sociological and ethical scrutiny in recent years. Particularly in America, adoption of (particularly) a black child by white parents is often seen as erasing minority culture and history, and growing up as an ethnic minority

child in a white family may have psychological implications (R. M. Lee, 2003). Thus, it could be argued that ethnicity as a selector is important for the health and happiness of donor offspring, though it's unclear that any of the donors are drawing on this type of argument. Moreover, it is important to remember that although these donors spoke at length about their ethical concerns regarding selection, these concerns did not lead to non-participation for any of them.

Conclusions

At the beginning of this chapter I quoted Erica Haimes, who argues that it is possible for empirical research to give us multiple perspectives on ethics to help us to consider what an 'ethical' question might actually be. In the discussion that followed, I have explored the kinds of ethical questions that donors are thinking about and using to inform their decisions about whether and how to donate. I have focused on two broad issues: questions around payment for donation, and questions about the availability of information and the potential for selective reproduction. Both of these issues spoke to how donors are conceptualising their donation and, in particular, whether or not donation can be considered a 'job'. There is no single viewpoint on these questions across all of the donors in this sample, or across donors of a particular 'type' (e.g. anonymous donors). Rather, there seem to be two main approaches, as typified by donors Lars and Jonas.

Lars represents a pragmatic and self-motivated approach to issues of payment and selection in his decision making as it relates to donation. He was very firm in his opinion that donors should be paid, and had worked out in detail how best to achieve the most money through when and how often he would donate in a week. He treated his donation as a job, and was considering transferring his labour to a different sperm bank for purely financial reasons. Lars had concerns about becoming identifiable, which was why he had

chosen to be an anonymous donor, but had chosen to have an extended online profile again for financial reasons, despite concerns about the amount of information available about him. His attitude towards selection was one of empathy with the recipient parents: he felt that he would want the same information if he was in the position of having to choose a sperm donor.

Jonas, on the other hand, represents an approach that might be considered ‘socially-minded’. His personal ethics were based strongly on the (perceived) needs and desires of the potential donor offspring, and what he felt was best for society as a whole. He was in favour of donors being identity-release so that offspring would be able to contact them in the future. However, in addition to this, he also wanted tighter restrictions on the information available to potential recipients prior to donation due to concerns about the effects of selective reproduction on the societal level. For Jonas, donors treating donation as ‘just a job’ was an indication that they had not put in what he perceived as the appropriate amount of ethical consideration in order to be a ‘responsible’ donor who would make informed choices. One point to consider here is that the primacy of the ‘biological’ is once again being strongly emphasised: the donors who are strongly in favour of openness are making an assumption that their offspring will *want* to contact them or *want* to have access to all the information about their donor in order to know something about their personal history. This is therefore predicated on the idea that ‘genes’ are the most important thing when it comes to personal identity, which may or may not be true for all donor offspring.

Some donors, and particularly Lars, also had questions about the framing of the payment that they received: the European Tissue Directive and the sperm bank frames the money theoretically as ‘compensation’, but donors were often unclear on how a sliding scale of

payment based on quality fit into this notion. This ties back in to the question of what exactly it is that donors are doing when they donate. What are they being paid for? Is the payment only for actual costs incurred in, for example, transport, or does it cover the effort expended in producing donor sperm, including time spent in abstinence or in the other rituals of bodily maintenance employed to improve sperm quality? The issue of whether or not sperm donation is a job seems to be predicated on questions such as these, and they are questions which donors themselves find difficult to answer; whilst technically the payment covers 'inconvenience', this is a word that is not easily defined. At the beginning of this chapter, I discussed the Nuffield Council's definitions of 'recompense' and 'reward', with 'recompense' being payment for losses directly incurred and 'reward' being financial incentive. Due to the ephemeral nature of 'inconvenience' and the sliding scale nature of the payment, these definitions could not necessarily be applied here in a clear-cut way. Some donors, such as Andreas, viewed their payment as recompense and were happy to keep donating as long as they were not financially disadvantaged in doing so. Some donors, such as Lars and Isak, saw their payment very much as a financial reward that needed to be big enough in order for them to continue donating. However, other donors appear to view the payment they receive as a mixture of these two things: for some, the payment was important in that they would not donate without it, but was also treated as casual extra money that came as a nice surprise when they were reminded that it was there. What was clear, however, was that some kind of payment, be it recompense or reward, was necessary for these donors to donate, as even those who said they would continue without payment would not have started without. Jonas alone of all the donors had put thought into the question of whether payment for sperm was, in and of itself, an ethical issue.

Whilst there were also donors, such as Christian, who had not spent time contemplating their personal ethical conception of what they were doing, many of the donors had thought about and expressed opinions on issues such as selection, anonymity, and payment. This is in contrast to previous research that has suggested sperm donors are, or are perceived as, indifferent to the context of their donation beyond the immediate, i.e. how much money they will receive for donating. The ethical questions that donors are considering are not necessarily the same ones that have been most important in the academic and media debates: the ethics of payment for donation was a non-issue for most donors, for example, and all were content with the status quo of the choice between anonymous and identity-release donation. The main ethical question was around the amount of personal information available to recipients, either as part of a set of wider concerns around the effects of selection on society, or because the donors were concerned for their own future well-being. Therefore, the 'personal ethics' that the donors have vary in scale: some donors are concerned about the effect of their actions on them and those close to them, some on the donor recipients, some on the donor offspring, and some on society as a whole. In the following chapter, I will further consider what donors called the 'consequences' of donation, in terms of the connections formed between donors and others who are part of the networks of relatedness formed through sperm donation.

Chapter 7: Stigma, Kinship, and Connectedness: Consequences of Donation

The previous chapters have focused mainly on what happens during and immediately after the donation process, and on how donors make decisions around their donation. In this chapter, I will examine how donors experience the immediate consequences, and think about any potential future consequences, of donation and being a donor. I will explore this through the lens of the relationships and connections that are formed between the various people invested in donation and in the donor: between donor and offspring; between donors' partners and families and donor offspring; between offspring; between donors and recipients; and between donors and their friends, acquaintances and wider society. The biological and social divide strongly underpins donors' ideas about kinship and connectedness in these relationships, and this issue also builds on the idea of donors' 'personal ethics' as I examined in chapter 6. Firstly, however, I want to examine what exactly donors mean when they talk about 'consequences'.

What do we mean by 'consequences' of donation?

In chapter 6, I suggested that there are a number of kinds of consequences that donors speak about: consequences for the donor, consequences for the donor's partner or family, consequences for the offspring, and consequences for society. Several of the donors used the word 'consequences' when talking about decisions they made when becoming a donor, such as whether to be anonymous or not, or whether to have an extended profile. These donors saw the consequences of these decisions as something that needed to be 'thought through' and 'fully understood' in order to be a good donor.

Jonas: I would never do it if I couldn't accept it ethically, if I only saw it as a job I might believe that it was kind of weird. But it's because I'm fully, I think, I believe myself that I fully understand the consequences of what I'm doing and that's why I don't mind doing it.

For Jonas, the consequences on both a societal and an individual level. As discussed in chapter 6, he in particular was very concerned about the ethical implications of selecting donor sperm for society as a whole and the implications of being an anonymous donor on the quality of life of his potential offspring.

For other donors, the idea of 'consequences' was related to the significance that donation might have on their own lives in the future. Erik had talked this through with the sperm bank staff:

Erik: The staff [...] have been very good at telling me the implications of this. You know you're going to, er, "sire" a lot of children, so just make sure you're prepared for that. On a more philosophical level?

The concern here is the effect that the existence of children that they have 'sired' could have on their identity (i.e. the 'philosophical level' that Erik mentions), their future life, and their relationships outside of the kinship connections that might be formed through donation. These personal consequences could paint donation as a 'daring' thing to do. Bent drew comparisons between donation and 'risky' behaviour such as getting a tattoo:

Bent: The more you talk about it, the more you know that it's a strange situation you've put yourself in, especially when it's not that much money I've earned, it's about 6 or 7 thousand, erm, which – or more, maybe 10, I don't know – and it's good money but **it's not... very good money, compared to the consequences**, potentially. So I don't know...

Alison: So why do you keep doing it?

Bent: Yeah, well, again... now it's also become a part of me, I'm the guy who dares to do it anyway, which is a stupid reason to do anything, but I'm still paid. I think if they stopped paying me, I would not be that guy anymore because then it

would just be silly. I think journalists often want donors to say, “No, I do it out of the good of my heart” but as I’ve told you before, I don’t think anyone does that. [...] telling people about it and having a laugh about it also takes it from **this dangerous thing that could affect me later** to something very down to the earth, a guy being paid to masturbate, again how silly can you get? [...] **it is a very good question, why keep doing this if in some way you know it could affect you in a bad way later**, but I don’t have any tattoos, I don’t have any, I don’t do things that could otherwise affect me later, this is the one thing and **time will tell whether it will have any consequences**.
[emphasis added]

Here, Bent argues that donation has potentially ‘dangerous’ consequences, and discusses how he uses humour to defuse discussions of those consequences when other people ask him about them.

Unlike Jonas, not every donor had considered these consequences before they made their choices. It seems clear from Bent’s account that these were not issues that he had fully thought through prior to beginning donation, and that, rather, the money that had seemed to be a lot in the beginning had come to seem less appealing as he considered these consequences more carefully. Similarly, Isak states that the different options were just boxes to select:

Isak: I think... honestly I don’t think I thought all the consequences through when I started, and this [the potential to be an exclusive donor] just being another option to select or not to.

He identifies the consequences now with hindsight, but not initially. We can draw comparisons with the ‘pragmatic’ ethical approach that I discussed in chapter 6 here in analysing Bent’s assertion that donation is not good money compared to the potential consequences; Lars put in effort to make sure he got the maximum financial reward from his donation with the minimum ‘risk’ to his personal information and future life, whereas Bent had only begun to think through those issues later.

To sum up, consequences could either be personal or societal, and may have been considered or not prior to donation. Personal consequences could have an effect on the donor himself, or they could impact on the others who had become connected to the donor as a result of donation. These new relationships and connections that are formed through donation have been referred to as ‘kinship consequences’.

“Kinship Consequences”: the social and the biological

Emily Mason (2008: 30) defines ‘kinship consequences’ as

how people as a consequence will be related to each other, what will be passed on (biogenetically or socially) and to whom, whether this constitutes tampering with what we thought was fixed by nature and, of course, to what extent these kinship practices should be subject to legal regulation.

We can analyse the donors’ accounts through this lens. In chapter 6, donors expressed concerns about selection and inheritance, and, in particular, some of them were concerned with what constitutes ‘natural’ ways of reproducing and creating relationships and what does not. In particular, partner selection based on physical appearance was emphasised as ‘natural’, and donor selection that mimicked that was often seen as more acceptable than selection which made use much more in-depth information about personality and non-heritable characteristics. Moreover, forms of selection which involved genetic manipulation or medical intervention such as abortion were viewed much less favourably. Mikael draws explicit attention to the idea of ‘tampering with nature’ when he compares selective reproduction with selection of traits in dog breeding:

Mikael: Selective breeding really isn’t something that humans should do. In my mind, if it ruined dogs, which it did, then it will probably ruin Homo Sapiens as well.

Here, selection is placed firmly into the realm of the artificial and given a negative association.

As well as this negotiation of ‘natural’ and artificial, a divide between social and biological was highly visible in the donors’ accounts. This was sometimes spoken of as a divide between ‘culture’ or ‘environment’ and ‘genetics’.²⁶ Daniel and Jonas give us particularly succinct summations of this:

Daniel: [Fatherhood] is not really something I think about too much. Biologically they are my children, yes. But I do not have any other affiliation with them besides that.

Jonas: Still, we’re not related in any way, only by blood.

This statement turns traditional understandings of relatedness, where blood is the prime vector for kinship, on its head to make blood only one of the ways in which to understand the model for relatedness, and a very minor one at that. Similarly, Erik, who was an anonymous donor who only wanted to meet his offspring under very particular circumstances, laid out this biological/social divide very clearly.

Erik: You know, in my, in my mind, my, the children that I raise, of course, they’ll be most important. Because they will be my children. But then if somebody comes along and says “hi, erm, I tracked you down” then... I’ve been thinking, you know then... it’s going to be... strange to say, “I don’t want to have anything to do with you” but on the other hand, I can’t, I can’t, er, accept you like half my child. So, erm, I feel assured that the people who, er, take In-Vitro Fertilisation, that they, er... that they raise their children as their own children, so, er, hopefully – but of course, it won’t be that way always, they won’t feel the need to, er, track someone down.

He makes a distinction here between ‘children that I raise’ and the children that are biologically his but not raised by him. The phrase ‘half my child’ is curious; it implies that

²⁶ There does not appear to be any correlation between the demographic profiles of which donors used ‘culture’, ‘environment’, ‘genetics’ and which used ‘biological’ and ‘social’, and indeed some donors used a mixture. In Danish, the terminology would be ‘*arv*’ [heredity or inheritance] and ‘*miljø*’ [environment].

to have a ‘full’ connection with a child involves both parts, biological and social. This theme of the separation of connections and relationships into biological and social informs the rest of this chapter.

Donors and Offspring: the Potential for the ‘Knock on the Door’

The figure of the sperm donor in popular culture is often tied to the image of a man who has very many children who have the potential to show up, unannounced, at any time; to hunt down their genetic origins in an aggressive way. This is, for example, the premise of the 2013 comedy film *Delivery Man* (and, indeed, the French-Canadian film *Starbuck* upon which it is based), in which the hundreds of offspring of a donor known as ‘Starbuck’ pursue a lawsuit in order to find out his identity (Scott, 2013). Many of the donors I spoke to referenced this idea that there may be an unexpected ‘knock on the door’ at some point during their lives. For Daniel, it was a in a positive manner:

Daniel: I wouldn't mind my biological child to one day knock on my door and say hello, not at all. It would also be interesting to see which traits have been carried on.

However, the majority of donors who used this idea did so in a negative fashion; it was often associated, as in *Delivery Man*, with the idea that donors may have a large number of offspring and that they might all ‘turn up’ at the same time; this fear was expressed by both anonymous and identity-release donors. Henrik, for example, was an anonymous donor due to the fact that he was under 25, but he told me he would still have chosen to be anonymous had he been given the choice:

Henrik: for me [the choice to be anonymout] is mostly, er, you get to hear, to see this romantic idea about people finding their father. But you quite quickly realise how many donations, how the donations actually add up. For the moment being, it's close to 60 or something, er... samples, that have been sold.

Alison: [pause] So you're worried about the amount of children that might be out there?

Henrik: Yeah, exactly. I mean, if every, every, if all of them actually turns out to [be people? Indistinct], that could have some complications afterwards. Er... it's not like I could have an optimal relationship to any of the kids anyway.

Alison: What do you mean by that?

Henrik: Well, I couldn't have like a social or personal, erm, relationship to all of them. I mean, if suddenly say 60 people got together and turned up, knocked on my door, erm, yeah.

Here we have the juxtaposition of the 'romantic idea' of finding one's father, i.e. as with Daniel's positive disposition towards receiving a 'knock on the door', with the fear having of multitudes of donor offspring. For Henrik, the potential for there for be a large number of children produced from his sperm meant that even if he was willing to cultivate a personal relationship with his offspring, the idea of having so many of them was enough to make him choose to be anonymous. This was also a theme in Erik's account:

Alison: Do you think that you would ever want to meet any of the children that are produced from your sperm?

Erik: I've thought about it and, er, I think, under perfect, perfect circumstances then... of course, but depending on where I am, you know, with my family life at that time, it may be, it may cause a problem.

Alison: What would be the perfect circumstances?

Erik: You know, like in those cheap American movies where the donor is, is drunk and left alone and then a child comes and says "you're my dad!", something like that [both laugh]. [pause] But I think it's going to be... complicated. At least if, I don't know how many pops up and says, erm, "hi!"

We can see again what Henrik described as the 'romantic' idea of the donor and offspring meeting, wherein the romance of the scenario is undercut by having a large number of offspring. Interestingly, in Erik's scenario, the donor offspring 'rescues' the donor from an unhappy situation, seemingly the polar opposite of the usual 'knock on the door'

scenario. Similarly to Henrik, Erik felt apprehensive about meeting his offspring since he felt he would not be able to have an ‘optimal’ connection with them. Therefore, these donors reject the ‘romance’ narrative and justify their choice to be anonymous based on the perceived potential for them to have a great number of offspring.

Not all donors felt negatively about the potential for meeting their offspring. Andreas was an identity-release donor who also had a young son with his wife. He had chosen to be an identity-release donor because he was keen that his offspring should have the chance to contact him if they wished to, and he was hopeful that they would:

Andreas: The reason I’m non-anonymous is that I find that the children, if they so desire, should have a chance at least to meet the genetic part of them. I mean, I’m not their parent in any... social sense, but I at least, I think there are some questions which could be answered if you’re allowed to just look into the eyes of your... paternal half, in some sense. I, I don’t want to be the one to take that opportunity away. They can of course choose not to, that’s fine, and I cannot find them. But if they want to find me, I think it’s er, they should be able to find me.

Alison: So how do you think you’d feel if they do contact you?

Andreas: Well, I don’t know, that’s 20 years from now isn’t it! But I think I would find it to be very exciting in some strange sense, er, because... even though what I do is completely insignificant basically, based on action, **I mean I’m not doing anything, I’m just basically handing over some genes, some genomes, here you go! Use them as you wish. But in another sense, it is, you know, a start of an experience of a lifetime, something which can create a family which otherwise could not have been created, and that seems to me to be – it’s nice to think that I can help in that sense.** And when, if I get a contact I’ll find this is great, you know, that you want to actually see me, and I would be happy to meet, and **I wouldn’t impose myself and I wouldn’t expect the child to impose themselves** on me either in the sense that I don’t hope that they’d want money and things like that [both laugh] because I will have many of these [offspring]! [emphasis added]

Again, Andreas is making the assumption (that seems common to the majority of the donors I spoke to) that he will have a large number of offspring. However, despite this, he has chosen to be an identity-release donor, in contrast to Henrik and Erik. Whilst he was positive and even enthusiastic about meeting his potential offspring, we can see that Andreas also draws a very firm line between the responsibilities of a social father and the responsibilities of a donor. Whilst genetic information might be shared between them, for Andreas, donors and donor offspring are expected to not 'impose' themselves on one another. This is in line with past research that has shown that one of the things that donors fear in terms of giving up (voluntarily or otherwise) their anonymity is becoming financially responsible for their donor offspring, through mandatory child support or through offspring 'knocking on the door' and asking for money (e.g. Speirs 2007).

However, financial responsibility is not the only type of responsibility that Andreas and others were loath to provide. Distancing themselves from a position as social parents also distances them from emotional responsibility for the offspring, even if they are willing to meet and talk to them. I asked Andreas to compare his relationship with his son to his potential relationships with his donor offspring:

Alison: Do you think it would be a different kind of relationship than the one that you've got with your son?

Andreas: Yes. Yes, well, because I am of course his parent, in a purely cultural sense, you know. And I won't be, the whole point of this is also to remember, remind yourself that even though I'm biologically a father I'm not in any other way a father. So, the family is somewhere else, but that doesn't mean that I can't have a relationship. Erm. What that relationship will be is [laughs] quite in the open. It's sort of unparalleled in the, I don't know how you find a, a completely identical situation where you can say this is exactly like that.

Alison: Yeah.

Andreas: It's not like, you have, you know, a parent that you knew that, you know, just left before the baby was born, because then there's all kinds of baggage there. **It's very sort of pure in that sense.** But I don't know what kind of relationship it would be. I was hoping I could just simply talk to this person about the questions that he or she probably would have or just wanted me to just simply just exchange personalities and such, just meet, as humans, you know. [...] I think [offspring must have] a lot of sort of unanswered questions, you know? Unsolved mysteries in your life and I think just the chance to get to talk to that father would mean a lot to me [in their position], and that's what I'd like to give. Where it goes from there, that's completely impossible to say. **But that's basically the last part of my job here, if you understand.** [emphasis added]

Andreas' ideas and terminology here call to mind Giddens' concept of the 'pure relationship', which, he defines as

a situation where a social relation is entered into for its own sake, for what can be derived by each person from a sustained association with another; and which is continued only in so far as it is thought by both parties to deliver enough satisfaction for each individual to stay within it (Giddens 1992: 58).

However, the idea that the relationship between donor and offspring would be 'pure', i.e. not 'tainted' by any kind of history certainly contradicts the experiences of many donor-conceived people, who may well have feelings of abandonment or anger that they have been 'denied' a father (Wheatley, 2010). Moreover, whilst the donors often downplay or deny the social aspects of their kinship connections, the genetic aspects are undeniable, as Andreas himself notes here. We might, therefore, argue that the relationship could never be entered into for its own sake.

It seems clear, though, that donors have expectations regarding what offspring would gain from meeting them: answers to some kind of genetic 'mystery'. This represents, then, the responsibility as a donor that Andreas was willing to take on, particularly given the phrasing of his statement 'the last part of my job here'. It is unclear for the moment whether the expectations that the donors have for their relationships with their offspring

will mesh with the expectations that their offspring will have. Moreover, these expectations seem to have been directly influenced by film and television. Whilst discussing donor anonymity, Isak alludes to the ‘romantic’ notion of the connection between biological father and offspring that Erik discussed previously, through a discussion of ‘corny’ Danish television programs that show donor offspring, or adopted children, searching for their biological fathers:

Isak: I think I’m very much against the fact that they have a non-anonymous profile. I can’t see what that’s good for. Yeah... I know... [pause] some parents might tell their children, “hey, your dad is not your real biological father” but I think it makes it even harder for the children if they start some search finding their real father, it’s very popular in the TV right now to make some kind of television programs out of that. I think it’s corny. Of course, I understand the... the children who are probably adults when they start that kind of searching. But for me, I’m pretty sure that the parents have been doing everything they can to provide the best childhood for them and... yeah, I mean, why is it so important to find, like, your real biological father if a personal relationship between the mother and the father wasn’t established. Like, there is no history! It’s not the same if, like, the mom goes to a vacation, falls in love with some kind of... [trails off] Yeah, you know what I mean, right? There is no history, there is no emotions involved.

With the statement that there is no history or emotions involved with donor conception, Isak articulates the same kind of idea of a ‘pure relationship’ between donor and offspring as Andreas does, although, where Andreas is positive about the kind of relationship that could be produced from this, Isak uses the concept to justify having no contact with donor offspring whatsoever. A number of donors told me that seeing the kind of documentary that Isak talks about here had motivated them to be an identity-release donor, by showing them the lives of donor-conceived people trying to find their biological father. In contrast, however, Isak questions the value society places on this issue of biology.

To take this foregrounding of the social relationship over the biological to its logical conclusion, some donors thus define fatherhood relative to their prior social relationship and interaction with the mother:

Mikael: If I was forced to, erm, to take part in, if I was forced to actually act as some sort of a legal parent to, erm, to my offspring, that would probably make me stop donating as well. If I have to be a parent, then I would like to have been part of the entire thing. Conceiving, pregnancy and all that. And even though the mother and I may end up leaving each other, I would still know that I was the... I would feel more of an actual father to the offspring.

Alison: Would you feel the same way if you'd had a child from a one night stand or something like that?

Mikael: Yeah, I would still feel more attached to the child than I would... feel attached to all the, erm [laughs] lab children that I may or may not have.

Here, Mikael defines being an 'actual father' as only being the case when he has a connection with the mother of the child. This same kind of definition was also articulated by others, and several donors drew comparisons between donation and one-night stands or other similar cases of children they had not raised themselves suddenly coming into their lives. Isak, for example, made comparisons with a child from a holiday romance. Bent drew an explicit contrast between his donor offspring and an ex-girlfriend 'knocking on his door' and with a child he had not known they had had together, with the second scenario being far more compelling for him:

Alison: [When I asked you if you had children] you said you could have a hundred children; do you think of yourself as a father in any way?

Bent: I think it's one of those, erm... [pause, thinking] I think about it and then... I can feel it inside that's a v- it's very strange, it's like if... it's like a tenth of the feeling if my, if an ex- girlfriend came and knocked on my door and said "Hi, this is your son."

It seems that ‘fatherhood’ as a fully realised concept is based on participation. They may accept their position as ‘biological’ or ‘genetic’ father, but, as this comparison with one-night stands shows us, in order to become a ‘father’ without qualification, a prior relationship with the mother must exist.

There are a number of differing ways in which donors view their connection to their donor offspring. The donors almost uniformly have a fear of a ‘knock on the door’ springing unexpected contact with a child on them, and many of them fear not one but hundreds of these children turning up. Whilst some donors were open to contact with their offspring, a number of donors spoke of their fear of being asked to take responsibility, either financial or emotional, for them. They therefore used strategies such as foregrounding social connections over genetic ones in order to minimise their connection to their donor offspring.

Marital Assets and Emotional Debt: Donors, Partners, and Offspring

The second of type of ‘kinship consequence’ I will discuss is that between donors’ partners and donor offspring. Of the donors I spoke to, four were married, five were in a long-term relationship, and four were single. Many, although not all, of the donors I spoke to had discussed their decision to donate with their wives or partners. Some donors reported their partners having negative reactions to the idea of sperm donation, which we might interpret as having a number of underlying reasons, including an objection to the practice sperm donation in general; the potential for the disruptive “knock on the door”, which Bent identified earlier as potentially also affecting partners; and perceptions of donation as interfering with the partner relationship, for example feeling that it is akin to infidelity.

It was common amongst the donors I spoke to report their partner being against them donating, or for them to have a fear of their partner being against it. Georg had actually delayed his decision to donate due to a previous girlfriend having a negative opinion about donation:

Georg: I thought about it during high school and when I enlisted for being a blood donor and an organ donor, I thought “why not sperm donor?” because I see it like as a [...] natural thing or a – a kind thing to do. But at that time I was with a girlfriend that didn’t like the idea. That if we stayed together that, like, at some time there would be some children knocking on the door, so I didn’t.

Daniel had a similar experience:

Daniel: I am currently single, and it's one of the reasons why I started donating, because my ex-girlfriend was against sperm donation. [...] She didn't like the idea, and thought of sperm donation as 'unnatural', and if someone was unable to have children, there was a reason (natural selection and all).

However, he went on to state that now he had become a donor, he would not allow a partner’s disapproval to stop him from donating:

Daniel: I cannot come up with any reasons as to why I would stop, besides from physical reasons. A girlfriend/wife and such, couldn't make me stop donating.

We can see that Georg’s and Daniel have reported differing reasons for their partners not wanting them not to donate²⁷. Daniel’s girlfriend stated an ideological objection to sperm donation in general, again couching it in the language of ‘natural’ and ‘unnatural’. On the other hand, Georg’s girlfriend was worried about the potential for disruption to family life later on. This was a concern shared by a number of the donors’ partners, including

²⁷ Although, of course, these are second-hand interpretations and there may well be underlying reasons that these women did not want to, or perhaps could not, articulate.

wives, long-term girlfriends and less serious girlfriends, and indeed by some of the donors themselves, as we saw from Bent's earlier account. Although Bent had not had a disapproving girlfriend, he told me that a girlfriend's disapproval would cause him to stop donating:

Bent: [...] it would be a terrible experience for my girlfriend if someone knocked on her door and asked for me in twenty years' time, that she would be haunted forever because of five years where I earned, where I earned a bit of money. Erm... so if she wants me to stop, I'd probably stop.

Alison: Why do you think it would be worse for her than for you?

Bent: Erm... again, the thing with – it's a, it's a silly example but, er, while we live together we have the same insurance. And I had my bike stolen a few days before she moved out, so I was actually covered by her insurance. So now, for the next three years, I guess, she has that one stolen bike on her account. And the insurance company won't forget that until, in three years. And that's my fault in some way. And it's the same with this thing. Because I just wanted these easy, this easy money... she could be affected for the next... fifty years, if I wasn't, if I'd chosen not to be anonymous.

Bent's fear of consequence, for both him and for his girlfriend, is demonstrated here. For him, the same personal consequences that could apply to Bent would also apply to her: namely, as discussed in the previous section, the oft-cited potential for donor offspring to 'knock on the door' unexpectedly, and the fear that those offspring will be seeking him to be financially responsible, as the comparison with insurance premiums shows.

These arguments, then, for donors' partners not wanting them to donate have been roughly the same kind of arguments that donors themselves have made in order to explain their choices: that is, ideological objections and the fear of consequence. However, there is a third argument that some donors drew upon: ideas about ownership as it relates to sperm. To give a particularly well-articulated example, Jonas describes how his girlfriend had reacted badly when he told her he was a sperm donor:

Jonas: Honestly she didn't have any really valid arguments, it was mostly like a personal thing, that it's [adopts a higher voice] "Oh it's my sperm! You can't share it with everybody", right?

We might draw comparisons here with the (in)famous Diane Blood case (Morgan & Lee, 1997), or the story of the British woman who campaigned to implement a spousal consent requirement for sperm donation in the UK (Burchell, 2012). In that second instance, there was some debate over whether or not sperm should be considered a marital asset (which, under the current UK laws, it is not). However, this case does demonstrate the potential for partners to feel possessive about donors' sperm. But what is underlying these feelings of possession?

The reasoning that the woman behind the spousal consent debate gave for not wanting her husband to donate was her concern that she would owe an 'emotional debt' to any resulting offspring (*ibid.*). This concept of 'emotional debt' perhaps encapsulates the uneasiness that donors' partners have around donation: the idea that they will be required to deal in some way with these children as if they were products of infidelity, with all of the emotional consequences that that entails. This particular idea is articulated by Mikael:

Alison: What was [your wife's] issue [with you donating], in the first place?

Mikael: Her initial issue was that, hey, you're going to have kids with somebody else than me.

Mikael's statement here forms the basis of a comparison between the ways in which donors view their offspring and the ways in which donors' wives or partners view their offspring: we might recall that Mikael earlier in the chapter argued that he himself felt much more detached from his donor offspring than he would feel relative to a child he had had from a one-night stand, where he had a connection with the mother. This suggests that perhaps the distinction between social and biological is less clear or

meaningful to donors' partners than it is to donors. Similarly, Isak's comparison with children from a temporary holiday romance demonstrates the idea that, whereas donors themselves seem to consider donor offspring as very different from children conceived as part of a sexual or romantic encounter with a woman, there is potential for donors' partners to have trouble accepting this perceived difference:

Isak: This might be a weird comparison but if... if I was on a vacation 5 years ago and I impregnated some girl and, without me knowing, and she chose to have the kid, like, how would my girlfriend later accept that?

Here, Isak positions the holiday romance and the donor recipient as the same kind of issue: not necessarily infidelity, since the hypothetical vacation was before he entered into a relationship with his girlfriend, but still someone that he had 'impregnated' and had 'his' child who might want to be involved in his life. However, this is Isak's interpretation of his girlfriend's feelings, and not necessarily the account that she herself would give.

There have long been associations of sperm donation with infidelity, particularly amongst the religious²⁸. In 1948, the Archbishop of Canterbury called for a ban on donor insemination (Ken R. Daniels & Taylor, 1993), and Sunni Islam also prohibits donor insemination as it is considered a third-party intrusion into a marriage (Inhorn, 2006: 433). However, these concerns mostly relate to marriage between the recipient mother and the social father, rather than the relationship between a sperm donor and his family, presumably because the suggestion that a sperm donor should be open to contact with

²⁸ No donors described themselves as particularly religious, or discussed donation in relation to their religious beliefs. Denmark has a state Lutheran church, and a growing minority Muslim population. Around 80% of Danes are members of the church (Kirkeministeriet, 2014), although this does not necessarily mean that they attend regularly.

offspring is comparatively new. Mikael was not the only donor who discussed this infidelity fear; Andreas described his wife being uncomfortable with his donation:

Andreas: She doesn't think about it much, er, as I think is proper, because it really doesn't have anything to do with my family, that's the whole point. And so she knows, and she's comfortable with "it"... but you can also sometimes tell that it's sort of a bit of a strange – she feels a bit sort of odd about it. And I can sort of understand that, it makes sense. **But I try to sort of, calm her down and explain to her that this is, at least, not another family I'm making, that I'm going to be visiting on the weekends, nothing to do with that.** That my focus is still exactly where it used to be. [emphasis added]

Thus, Andreas felt that his wife viewed his potential offspring as a threat to their own family unit, in the same way that him having a second family from another relationship would. Indeed, Erik voiced similar fears around the issue of donor offspring placing an emotional burden on the donor and their own family:

Alison: So you think it would be more difficult if you had a family of your own?

Erik: Yes. Because, er, it's kind of strange because... then when you have your own children, will they feel that they lose significance? Er... with respect to the, I don't know, donor children sounds kind of weird. But with the children that come out of this.

In these accounts from Andreas and Erik, we can see the fear that donors' ongoing relationships with their offspring would place demands on their time and emotions that would be detrimental to their own families, and perhaps that the donor offspring would in some way displace their own families.

It seems clear, then, that the donors fear that their partners will be affected by the same 'consequences' of donation as they themselves will: Bent's account demonstrated worries about financial responsibility and Andreas and Mikael's accounts demonstrate worries about emotional responsibility. However, Jonas dismissed his girlfriend's concerns over

ownership as not being 'valid' and Andreas had to reassure his wife that he was *not* creating another family, which supports the suggestion that donors and partners view their relationships to donor offspring in very different ways. These accounts seem to suggest that donors play down the importance of their 'father' relationships with their offspring without an emotional connection to the mother, whereas donors' partners may see them as having 'emotional debts' created by the fact of being a child's biological father.

'All Kinds of Baggage': Donors and Recipients

It's clear from this association with donation and infidelity that the (imagined) kinship connections that are formed by donation are also formed between donors and recipient parents, particularly recipient mothers. However, in addition to this, whilst most said that they had not given this relationship a great deal of thought, a number of the donors I spoke to had considered the kind of people that would be selecting them as a donor. Some of them also had concerns or preferences for who the recipients of their sperm might be.

Some donors, for example, were concerned about the child's general welfare and were conscious that their 'biological child' might potentially be raised by someone who treated them badly. Lars, however, rationalised this in terms of all donor offspring being 'wanted' children. He felt that the steps that donor recipients had to go through in order to produce the child in the first place meant that they would treat the child particularly well:

Lars: I thought about before that I really don't hope that it's a kind of... bad persons, so to say. Er... yeah, that get my... yeah, my biological child. Erm... yeah. But after I just rationalised and say that if they go to these lengths then evidently they really want it and will do a good job.

A number of donors had fairly firm ideas about who it was they thought, or hoped, would be using their sperm, based on the information that the recipients had access to about

them as donors. Erik, for example, pictured recipients who chose him having a similar social profile to him:

Erik: I, you know, it shouldn't bother me that much but erm, because right now it's only single cells, but erm, I erm... I have a [drawn out] feeeeling that the people using me as a donor are, [long pause] are... you know, responsible people, and I think in my profile it says that I'm a PhD student and very clever and blah blah blah blah, so I think, I think maybe it's maybe the same profile, same type of people that – [pause]

Alison: Yeah, the same people?

Erik: Because erm, I think if you look at the... social side of it, then people using In-Vitro Fertilisation, they're already on a higher social level, so... so, I'm, I'm thinking that the people wanting to use my donation, they're, you know, well educated, and they want "well educated sperm", however awful that may sound! [both laugh]

Alison: What about if they weren't, you know, well educated people?

Erik: It wouldn't upset me, but it would just fall outside my, what do you call it, my envisioning of how they are.

Erik had trouble articulating his thoughts here, but I interpreted this as representing a level of shame he had at hoping that the recipients who chose his sperm would be well-educated people like him (i.e. through his couching his account in language such as 'it shouldn't bother me but' and 'however awful that may sound'). Isak also talked through some similar views on the social profile of recipient parents, whom he described as 'the real parents':

Isak: I would assume that if a childless couple in the US who both had a higher education, I would think they would prefer a Caucasian white, maybe, from a higher educational, institutional background, I don't know. Again, I think it goes that way, rather than a carpenter and a person working at a convenience store selecting a child. **I mean, I think people from, which might come out wrong, but from a higher social setting would also have that as a criteria for them.** Erm... so I guess that's how I feel about the

potential parents selecting. I guess **if I were in a position where I had to select a profile, I would probably do the same.** Erm... (pause) yeah. Which might be contradicting to what I said earlier, about I believe more in culture than... but I think people want to make sure, I don't know, erm... er... **maybe it would be best if it was like a lottery where they just get, like, a super anonymous donor and they will never know what comes out.** [emphasis added]

We can see that these donors were hoping that those who used their sperm would be similar to them, rather than 'aspirational' recipients trying to produce a child that in some way 'improves' on their genetics. The idea of the aspirational 'genius' sperm bank has been explored both in reality and in popular culture²⁹. Similarly, in 2012 a hoax site called FameDaddy appeared, claiming to be a celebrity sperm bank offering recipients the chance to purchase sperm from high profile men:

Naturally, you want the very best for your child, so why not give them a head start in life and select a donor from our exclusive catalogue of proven winners (Fame Daddy, 2012).

Although this was a confirmed hoax (Hall, 2012), the concept itself played on public fears about what exactly it is that recipients are looking for in a sperm donor. We can draw links here with the issue of selection as discussed in the previous chapter, particularly with Isak's suggestion that donors should be assigned to recipients via a random lottery.

Some donors also had reservations about the kind of families that would be created from their sperm. Frederik³⁰ had strong views that he would prefer his sperm to be used in a nuclear, heterosexual family:

²⁹ In the 1970s, a sperm bank for Nobel Laureates called the Repository for Germinal Choice was created, and the pilot episode of the popular sitcom *The Big Bang Theory*, for example, features the two 'genius' main characters donating to a sperm bank purely for those with a high IQ.

³⁰ Frederik's English was broken, but it's clear what he was trying to say here. In this case, Danish was also not his first language.

Frederik: I would be gladder if some good couple would take me as a donor like, you know. But er, I don't know if I would be really happy about gay couples or something like that.

Alison: What about single women?

Frederik: Er, single women it's alright also. But, er, good families with a father and with, and with a mom, because a father needs to, if it's a boy, the father needs to make from a boy a man. And if it's only a single mother, then the boy is going to grow like, er, [pause] I can't explain this, like a woman [laughs]. Or something.

Jonas wanted donors to have the opportunity to have a measure of control over who was using their sperm:

Jonas: I think that's maybe one of the problems with sperm donation, that we don't know anything about the process of picking the parents. Not that I should have any influence on it. But there should be some general terms which I at least could look at and agree on before I went into it. But right now, I don't know anything about which people are getting the sperm. I would like it to be some good people, of course!

Alison: Ok. What kind of people would be good people?

Jonas: Yeah, that's very interesting, very difficult, right?! Erm... [sighs, thinking] someone who's physically capable of taking care of a child. Erm... maybe also somebody who is economically capable of taking care of a child. I think you should look into some of the same terms you use when you're picking parents for adoption. Well... but again, I don't really know that process either. I of course have my personal thoughts on what is right and wrong, but... I don't know. I think it's a very few things you shouldn't be allowed to do, to use the sperm, or to adopt, for that matter. [...] What I mean is just physically capable. If... if they can't, if they don't have any arms or any legs and they're just laying in a wheelchair all day, I don't think it would not – might not be the best idea.

We see here a bias against disabled recipients. The opinions of these two donors (that gay people or physically disabled people should not raise children) were not shared so overtly by many of the donors, but it does seem clear that donors worry about the consequences of the types of people who might select them as a sperm donor, and that their biological

child might be raised in a way they did not approve of. However, this rhetoric seems to go beyond this into a generalised question of what kind of lives are fit lives, and who is fit to parent? We can draw parallels here with the selective reproduction discourse, and, again, the history of Danish eugenics, as discussed in chapter 6. Since donors do not actually have any say in the specifics of who eventually gets to use their sperm, this question of who they perceive as ‘fit to parent’ may influence the decisions of those who choose not to donate, and may be an issue worthy of further investigation.

‘One hundred children’ and the fear of incest: relationships between donor offspring

One of the most common concerns about the consequences of donation that donors discussed was the fear that their offspring might meet each other and unwittingly begin a romantic and/or sexual relationship. As we saw in the discussion about the fear of the ‘knock on the door’, many donors are afraid that they might have a large number of donor offspring. This fear is, of course, fed by pop-culture images of sperm donation such as *Delivery Man*, and the proliferation of media scare-stories about donors with hundreds of offspring. The fear itself seems to draw on several particular facets of sperm donation: firstly, the secrecy surrounding sperm donation and the sperm donation process; secondly, the rapidly-changing legal landscape in this area³¹; and thirdly, the image of the donor as the hyper-fertile, hyper-virile, and particularly in relation to Danish donors, aggressive procreator. This last type of rhetoric is visible both in the advertising of the

³¹ It is particularly worth noting that not every donor could say how many children his sperm was legally allowed to produce, so it seems reasonable to assume that the general public, who have less of a vested interest, are not fully aware of this information either.

sperm bank itself ('Congratulations, it's a Viking!') and in the media coverage of Danish sperm donation, such as this passage from a *Times* article:

A thousand years ago the world faced a similar invasion of Danish men, rampaging into foreign gene pools, but this time it is not a nation but a crack corps of 250, super-fertile troops (Parvia, 2006).

Indeed, I would argue that this issue has the makings of a moral panic, a term coined by Cohen (1972) which describes the panic reaction, developed and structured by the mass media, to a particular group or situation which emerges as an apparent threat to the social order (see e.g. Wheatley 2011). A story based on these incest fears appeared in the Danish tabloid *Ekstra Bladet* in May 2012: a Danish couple discovered that one of them had been donor conceived whilst the other's father had been a donor at the same sperm bank (Cornelius, 2012). Whilst this turned out to be a false alarm in that they weren't actually related, this story generated a lot of headlines and attention in Denmark just before I began my research, so this issue was prominently in the minds of the donors I spoke to:

Henrik: I heard about, well it wasn't a scandal but er, two, a couple, I can't remember how they, they went in to get a blood sample or something to check, and they realised that they were apparently siblings [...] with the same donor. And now they had to actually figure out whether they wanted to get married and all that. I mean, those are the kind of concerns, and we sort of joke about it when people hear I'm a donor, erm, but yeah, I think it's a minimal risk, if that.

The chance of an incestuous meeting occurring, of course, increases along with the number of children that each donor is allowed to produce. Indeed, whilst the current limit for number of families created per donor in Denmark at the time of my research was 12³²,

³² This number was reduced from 25 to 12 in 2012. Similarly, the HFEA has set a limit on families created from a single sperm or egg donor at 10, based on concerns about 'perceived social and psychological interests of donors and donor- conceived people in maintaining a relatively small number of siblings/children' and 'the possibility of two children from the same donor having a relationship with each other without knowing they are genetically related' (Human Fertilisation and Embryology Authority, 2012a).

there have been reports of Cryos donors producing more than 100 offspring (A. Browne, 2004). This is because the limit has been higher in the past, and also because pregnancies outside of Denmark were not always included in the limit (Krag & Nielsen, 2013). As we have seen, many of the donors I spoke to had concerns that they might have a large number of donor offspring.

- Alison:** I think [the limit is] 12 in Denmark at the moment but they just lowered it.
- Jonas:** It's 12? So I don't have a hundred!
- Alison:** Well, that's just in Denmark.
- Jonas:** Ok, ok, that's good! Er... yeah. I think that's maybe a good idea. Maybe. I think I heard some stories about children meeting each other and finding out that they were family, because of the sperm.

Thus, they did have concerns that these kinds of situations might arise; although, as Lars says here, the chances are rather slim:

- Lars:** I can't imagine a sperm donor... getting so many children that it would become an issue. But if it does get to the point where it would become an issue, then it needs to be regulated, apparently. Erm... yeah, they're talking about these fertility quotas. And... maybe it's just because I don't know enough about it, but I imagine if I potentially have one thousand kids running around which were mine, in Denmark... maybe that's a bit too much of [Lars], in Denmark. [both laugh] And then, yeah, it needs to be regulated. But I can't imagine it reaching those levels. [...]
- Alison:** What kind of issues can you think about?
- Lars:** Erm... well, in the short term that's two of my children, in some situation meet and fall in love, and then they're siblings without knowing it. Of course, you can say that if they don't know, there's no harm in it. And if they never know, yeah... then, there won't be anything wrong. But in the long term, if they get kids and then there's too much of my gene pool going around then it's evidently not good for the population as a whole. But that's as I see it the only thing which could be problematic.

How problematic, realistically, this might be is debatable, but it's certainly clear that the donors are aware of the potential for this to happen.

None of the donors who had children felt that they were old enough to talk to about donation yet. Andreas hadn't told his son, but he had planned to tell him in the future:

Andreas: My son doesn't know, of course, because he's six and it doesn't mean anything to him. But he will know, when he's, as soon as he's sort of...

Alison: You'll tell him?

Andreas: Yeah, we have all the time and as soon as it sort of becomes – as soon as the time is right and he's sort of, he can understand what it even means, he – of course he should know, it's even more important for him to know than my wife to know because these are basically siblings, in a sense, that I'm producing. So, in some strange idea of really, so it's just as interesting to him. And, er, er, I hope that he'll take it well, I think he will. He's a nice little kid. But who knows, I mean he may become very upset. He may. And then I'll have to simply try and explain, like I'm explaining to you, the reasons why I do this, then. And that it doesn't detract anything from my parenting, parenthood, to him, you know. It may be a discussion, who knows?

This ties into a number of narratives about secrecy and disclosure in donation: we often talk about recipient parents' disclosure to donor offspring, but rarely do we consider that donors themselves may want to, or perhaps should, disclose to their own children that they may have siblings. Whilst some literature exists on donor offspring, or parents of donor offspring, who have searched for their genetic half-siblings (e.g. Freeman et al. 2009; Daniels et al. 2012), very little information exists on the children of donors and their responses to being told that their father is a sperm donor.

Departing from the relationship between donor offspring, Bent had encountered a different type of incest fear:

Bent: You know, one of the problems that people always ask me about is what if you in 30 years are a dirty old man, and you go somewhere you actually risk doing something disgusting to your children. Or not something disgusting, I don't know. But that's always the question, I don't know, I must be a terrible person since they ask these questions!

No other donor spoke about this fear; it seems a logical extension of the fear that donor offspring might meet and form relationships. However, it might also be related to fears about donors' sexuality and potential for deviance; there is a taboo surrounding donating sperm, which will be discussed in the following section.

Secrecy and Disclosure: the relationship between donors and wider society

One of the consequences of donation is the decision of whether, how, and to whom to disclose that one is a donor. As we saw previously, some, although not all, donors discuss their donation with their wives or partners. The donors were split in terms whether they talked to other people about being donors, and this was due to the stigma or taboo around donation. This stigma historically relates to the fact that donating sperm involves masturbation, and that donors, particularly anonymous donors, can be viewed as 'irresponsible' through fathering children they will have no contact with (e.g. Haimes 1993). Both of these facets were present in the donors' accounts.

The donors fell into three distinct camps: those who kept their donation a secret, those who told select friends and family, and those who used donation for a kind of shock-value. Bent was one of those who fell into the latter camp. When we were discussing why he made the decision to donate, he told me that he kept coming to the sperm bank partly for the stories he got to tell about it:

Bent: I like to provoke people and this thing with doing something that I would probably do anyway, being paid and being able to tell a good story to my mates was just, it fitted. And so... if we didn't have anything to talk to, if I didn't

have anything to talk to new people about, I could always just throw that card (claps hands) and I knew that we could talk for hours. So that was a thing as well, I think.

However, he also said that he had stopped being quite so open due to the stigma:

Bent: I've begun now maybe not telling, erm, every social group I go into cause, especially women and at university I think we've got 75% women, and some women just do not want to accept it, they find it disgusting that I'm very open about the fact, one: that I masturbate for money and two: that I could, that potentially I could have a hundred children and I don't care. That puts me into a box where I'm not a very sympathetic, erm... kind of person. So, so I don't tell it as often any more.

Some donors had shared the fact that they were a donor only with their wives, and with certain people, but not as casually as someone like Bent:

Alison: Do you tell people that you're a sperm donor?

Kasper: Well actually I've only discussed this with my wife. I haven't told anyone else. Erm. But if we come to the subject, I wouldn't feel embarrassed or so to tell about it. Of course, it is still a delicate subject and, erm, it wouldn't, er – or a private subject, it wouldn't be the first thing I tell people once I meet them. But if we come to speak of it, I wouldn't, I could easily say it.

Andreas: I think [my wife is] just a bit weirded out by the concept. But many people are, to be honest. I don't tell many people that I am a sperm donor because – it's quite hard to explain. You know? I mean, now you're here and you've seen the place and it sort of helps just that, and you know what sperm donors are. But a lot of people have this very seedy idea of – of, er, how it works. And it's, it does have a bit of a social stigma to it, still. It may change, it may not but I am selective about who I tell.

Alison: So it's not really something you discuss down the pub then?

Andreas: It's not on my Facebook front page, no! [both laugh] It's not. For many reasons, but also because, you know, I'm a teacher and I teach students who are like 17 to 20 years old and not all of them are mature enough to deal with that kind of information, I mean I would be weirded out like hell if

my math teacher had been that when I was in that... stage. It's like you're not really ready for that kind of information. Because it's a pretty sort of adult thing to be doing.

Here we can clearly see that the taboo is causing Andreas to keep his donation a secret in both his personal and professional life. Of course, teaching is a job that is particularly sensitive to accusations of inappropriate behaviour because of the presence of young people; we can see a contrast with Daniel, who was a student:

Daniel: I'm proud of being a donor, and I have no problems telling people that I am one. My family know this, my friends and my workplace. If anyone asks, I'll answer, but I'll probably mention it sooner or later in a fitting conversation.

Mikael felt that the taboo prevented him from sharing his status as a donor with his mother:

Mikael: I haven't told my mom, I haven't told my family or friends, because I'm pretty sure my mom would be against it and again, I can't really see why start that kind of conversation.

Alison: Why do you think your mom would be against it?

Mikael: Not because she is old school ethical morality, but I think the fact that she's from a different age in the sense that back then when she had children it wasn't that big of an issue with childless couples, so I think she would never have been in the situation where she would have, well, maybe she did, but friends who couldn't have children or... I don't know, maybe because it's so high on the agenda in Denmark at the moment, I think, er, the younger generation would have a bigger tolerance towards it.

This was an experience shared by several donors, although some of them were more concerned about how their mothers would feel about their potential offspring. Henrik's mother, for example, had suggested donation as an option for him, but was slightly perturbed after he found out that there had been a successful pregnancy:

Alison: So your mom suggested that you should do it in the first place, did you talk to her about it when you started donating?

Henrik: Erm... yeah. Well, she knows that I'm doing it. As do my dad and brother. Erm... yeah, I mean, she finds it a bit strange, and, erm, she only, the only time she was actually sort of, erm, how can I say it? Not, erm, I can't find the word. Not offended but a bit taken aback was, er, when I erm realised that the first pregnancy had been, er, came through. And I told her that she could now unofficially call herself a grandmother. [both laugh] She was a little, erm, yeah, set aback by that. But other than that she's fine with it.

Again, this emphasises the fact that the connections that are formed during this process are not only between donor and offspring, but between a whole web of people. In this case, a relationship between a donor's mother and his donor offspring is created, but raises the question of how to talk and think about such issues. For instance, if donors do not perceive themselves as fathers, are their mothers permitted to perceive themselves as grandmothers? Similarly to the sibling relationship formed with donor children, this type of wide familial relationship is rarely considered by donors when they begin donating.

Finally, Christian had never told anyone that he was a donor, including partners, due to stigma. He was an anonymous donor who had been donating for over a decade by this point:

Alison: Have you told friends or family that you donate?

Christian: I have never told anyone.

Alison: Is there a reason for that?

Christian: I guess it's a taboo in our culture. Like so many other things. Also, there would be no reason for me to share it.

Alison: Do you think you would tell a long-term partner?

Christian: Good question. I may or may not. It's not really important to inform a partner about, I think. But for the sake of being totally honest about everything, perhaps yes.

When we consider the rapid changes that have come about in donation legislation over the past ten years, Christian's account might suggest that there is a difference between

donors who donated in the early days of the sperm bank and those who had begun within the past three years in terms of attitudes towards donation and being a donor, perhaps due to changes in the visibility of donation as a practice, such as the relaxation of anonymity laws, though there is not enough data to say definitively.

Conclusions

We have seen that donors think about ‘consequences’ of donation in a number of different ways. These relate back to the web of relationships and connections that is formed when donor inseminations are performed: connections between donors and offspring, donor offspring and the families of donors – partners, children, parents and wider family – and between all of these and recipient parents; ‘kinship consequences’, in Mason’s (2008) terminology. Not all donors felt the same way about these connections. Perhaps unsurprisingly, identity-release donors such as Andreas generally felt more positively towards future interactions with their donor offspring, although even so, they were apprehensive about being asked to take responsibility for the offspring, financially or emotionally. Others such as Christian and Bent, who were anonymous donors, were very firm in their desire to not have contact with any of their offspring in the future, although this was not the case for all anonymous donors. Erik, for example, had some mixed feelings on the subject; he felt that there was a normative narrative that was romanticised the relationship between children and their biological fathers, and which was pushing him towards desiring contact with his offspring which he felt ambivalent towards. This ambivalence stemmed, at least in part, from the ‘knock on the door’ discourse: almost every donor referenced in their accounts the idea that a large number of children might ‘knock on the door’ at some point in the future. The fear and uncertainty surrounding this seems to be based in the donors’ lack of control over how and by whom

their sperm will be used. Anonymous donors such as Erik would perhaps have been more willing to be identity-release if they felt that they could guarantee that only one or two offspring would ever contact them.

We see similar apprehensions when donors talk about their partners' feelings about their donation, often also discussed in terms of the 'knock on the door' discourse. Bent, for example, argued that the consequences of his donation might be worse for his partner, since she had not been the one to make the decision. He described the potential future 'knock on the door' as analogous to his making an insurance claim that affects her financially. These accounts seem to be underpinned by the fear that donors could be asked to take responsibility, financially and/or socially, for the offspring that are produced from their sperm, even though legally they are protected from being asked to do this. These social responsibilities seemed to be a paramount concern when it came to donors' partners' objections to donation. Some donors drew comparisons with other children that they might have from previous relationships or one night stands, and the idea that donation might be viewed as a form of infidelity was common. With these comparisons in mind, I used the idea of 'emotional debt' to describe the responsibility that donors' partners, according to donors themselves, might feel towards these children. Therefore, the connections formed between donor and recipient parent, even if they never meet or know anything about each other, have the potential to disrupt relationships between donors and their partners, even though donors themselves viewed a prior connection to the mother as a prerequisite for fatherhood.

A thread that runs through all of these accounts of connections, and indeed through many of the previous chapters, is the issue of terminology. The donors were careful to separate out their relationships into social and biological, cultural and genetic, and to draw distinct

lines between ‘children that I raise’ and ‘children that are produced from my sperm’. Erik’s use of the word ‘sire’ rather than ‘father’, for example, suggests a particularly detached level of connectedness, and similarly with Mikael’s reference to ‘lab children’. However, this difficulty with terminology is not limited to the relationship between donors and offspring. Several donors described their mothers’ difficulties with coming to terms with whether they should call themselves a grandmother. Moreover, Isak described the recipient, social parents as ‘the real parents’ of the donor offspring, whereas at a different point in the interview, he referred to donor offspring searching for their biological father as looking for ‘their real father’. This highlights the confused nature of the tangled web of connections formed around this issue.

We have also seen that a perceived stigma around sperm donation remains; the question of whom to tell and when is still something that donors have to address. The rapid changes in legislation have not necessarily helped reduce the amount of secrecy and controversy surrounding donating sperm. In particular, the spectre of ‘100 children’ and the fear of incestuous relationships forming between donor offspring remains. The donors themselves have raised questions about regulation, both legal and at the level of the sperm bank. How many offspring should each donor produce? Who should be allowed to purchase and use donor sperm? What characteristics is it acceptable to select for? However, though they had thoughts on these issues now, after the fact, many of the donors had not thought through the consequences of their donation, and the decisions they made about how to donate, until after they started.

Chapter 8: Discussion & Conclusions

At the beginning of this project, I was interested to find out whether there was a difference in the ways in which anonymous and identity-release donors conceptualised and discussed their donation in an environment in which they could make a choice about which kind of donation they wanted to participate in³³, in contrast to the situation in a country such as the UK where identity-release donation is required by law and all donors must be willing to abide by that rule. Over the course of the previous four chapters, I have outlined some of the ways in which various donors spoke about donation in relation to different aspects such as the act of donation itself and the consequences of donation, and in this chapter I will tie together these disparate strands of this discussion and draw more explicit comparisons between different donors.

Discussion

Contrary to the popular image of the medical student thoughtlessly donating for beer money, we have seen that, for the donors, donation starts before and ends well after they have spent time in the donor cabin. In chapter 4, we saw that “good sperm” was a goal for donors, and in chapter 5, I explored the ways in which donors achieve it. The donors negotiate abstinence and bodily maintenance in order to produce “good sperm”, whilst this concept of “good sperm” acts as a stand-in for both masculinity and for money; “good sperm” is at once a symbol of their potency and a source of income, due to the sliding scale quality-based payment system. This idea of “good sperm” was invoked dually

³³ To a certain extent; at the time, only donors over the age of 25 were permitted to be identity-release at Cryos.

as something immutable and inherent, as in Bent's rush to tell his brother that there was "good sperm" in their genes, and also as something that could be changed, improved or harmed, as with the donors' decisions to make behavioural changes to improve their sperm, or, indeed, to use their lifestyle to excuse bad samples and shift the blame away from their own bodies.

There is, as we have seen, much more to "good sperm" than having a high number of motile sperm cells per millilitre. "Good sperm" in this context must come from "good donors" who have first been selected and vetted by the sperm bank to ensure that they are going to produce saleable sperm: they must have the qualities that recipients are looking for in a sperm donor and they must not be a so-called 'risky' donor who will not produce the "safe" sperm that the sperm bank wants to sell. "Good donors" are donors who are willing and able to provide the sperm bank with details about themselves and their medical history for extended profiles, as this information is increasingly important both to recipients and to the sperm bank in the wake of the NF1 genetic disease scandal at Nordisk Cryobank. Good donors are also donors who produce sperm which interacts properly with the technology, which freezes and defrosts correctly and is still of high enough quality when thawed.

The process of donation – the bodily discipline, masturbation (which was often invoked as 'something any boy does in his room', as explicitly a sexual/pleasurable act), and finally the handing over of the sperm for counting and freezing – was experienced as weird or strange by the majority of donors. A taboo remains around sperm donation, as evidenced by the reluctance of many donors to discuss their donation with others or to only discuss it in a way that positions donation as an edgy or risky activity and therefore positions the donor as self-aware in his taboo-breaking. The experience of interacting with others

within the space of the sperm bank was also something that donors found challenging. Dealing with (specifically) female clinic staff, for example, was a theme that recurred in almost all of the donors' accounts.

Donors like Kasper and Mikael, who had children of their own and had thus empirically proven themselves biologically capable of fathering a child, nevertheless liked the idea of having some kind of scientific proof of their "good sperm". At the same time, however, the empirical proof of achieved pregnancy also acted as a proof of potency for donors like Henrik, who did not already have children of his own. This suggests that the double confirmation of both medical/scientific proof and empirical, bodily proof provides some kind of security to the donor in knowing that his sperm (as well as his time, effort and bodily labour in producing that sperm) was, firstly, "good" enough, and secondly, not wasted. The process of donation and finding out how "good" their sperm is therefore serves as a confirmation of virility, but donors also have a stake in the outcome, specifically whether the sperm has been put to a use that the donor himself approves of.

This has similarities to what Thomson (2005: 118) described as 'parodic performances of masculinity' in her study of male-factor infertility: she argued that a cultural obsession with genetics and pressure to father a child led to men (over)identifying with their fertility. I therefore suggested in chapter 2 that the ability to impregnate may be similarly taken as a signifier of masculinity in sperm donation, and virility as a signifier of sexual potency. Indeed, much of the donors' discourse around potency came out in terms of biologically determinist arguments about what is 'inherently masculine', as Bent put it, when it comes to reproduction and insemination; the suggestion that men feel a kind of compulsion to 'spread their seed' or to ensure that their genes were passed on was made by several donors. Similarly, 'pride' in sperm was strongly tied to the inherent and biological;

Andreas, for example, located this kind of pride in men's 'reptile brain', positioning it as both inescapable and irrational, decoupled from conscious thought. Donors also invoked the biological as something both fixed and unknowable; this is illustrated by Andreas' comment about 'biological systems' and their idiosyncratic failures that work in mysterious ways and should be accepted. At the same time, the biological was also capable of being affected, as we saw in donors assigning the blame for "bad sperm" onto their social actions or onto some kind of technological intervention ('my soldiers! They died on a horrible battlefield') or failure ('sometimes they just die'). Here "good sperm" is not a constant but rather a state that sperm can enter or pass out of depending on outside factors, despite its understood basis in genetics. Again, it is possible to draw a comparison here with infertility research: in Throsby & Gill's (2004) study of male-factor infertility, they found that men used strategies to account for infertility within a couple that involved shifting the blame onto the female partner, due to the stigma involved in being perceived as less than optimally fertile and, by extension, virile. In the donors' situation, the blame is shifted onto the technology or outside action; in contrast, none of the donors suggested that the fault for any lack of confirmed pregnancies lay with the bodies of the potential recipient mother(s). The reason for this may again lie in the perceived value of 'scientific' knowledge of sperm as opposed to empirical, bodily truths.

Issues of potency, potential and "good sperm" were often couched in references to the falling Danish sperm count discourse. This was a 'moral panic' of sorts in the Danish media concerning two interrelated issues: the drop in Danish birthrates and reports that Danish men were becoming increasingly less fertile. Many donors were aware of this discourse and invoked it in their accounts, particularly with regard to knowing which behaviours were considered likely to reduce their fertility and sperm quality, and which

were likely to increase it. Some commonly invoked factors were diet, exercise, heat and environmental factors such as chemicals in the groundwater. Donors' response to this discourse seemed to draw on similar kinds of notions of both inherent masculine pride in sperm quality and national pride: we saw, for example, Isak's strong reaction to his (Swedish) girlfriend's suggestion that Swedish men as a whole had higher sperm quality than Danish men.

In chapter 2, I examined how previous scholarship has viewed the gift relationship and its application to sperm donation and to tissue donation more generally. Waldby and Mitchell (2006) argued that the concepts of 'gift' and 'commodity' have become so entwined in tissue donation that a 'pure' form of either is impossible. They also, however, consider Titmuss' (1970) insistence on an altruistic 'gift' model to have contributed heavily to a system in which bodies are rendered simply as 'an open source of free biological material for commercial use' (*ibid.*: 24). However, Almeling (2007: 325) argued that the image of sperm donors is closer to the guy who wants money to 'get paid for what [he's] already doing' than the selfless altruist. This idea of 'if I'm going to do it, I might as well get paid for it' was referenced by donors in this study multiple times as a motivation for donating. Indeed, overall payment was an important factor in the accounts of almost all the donors in the sample; only two of them said that they would be willing to continue to donate if they no longer received any compensation, and while they might continue, they would not have begun donating if not for the promise of payment. Some donors, particularly Isak, had identified issues with the system of the kind described by Waldby and Mitchell: they considered the compensation system to be unfair and questioned both the meaning of the term 'compensation' and what was being compensated. Despite this, some donors had developed intricate strategies for maximising the payment they could

get from donation, working within the confines of the system to gain advantage. However, the majority of donors did not consider this kind of effort and were willing to continue as long as they received some kind of payment in return.

Only one donor (Andreas) used the word ‘altruism’ to describe his motivations for donation, though several others spoke of giving a ‘gift’: of life, or of genes. In examining the work of authors such as Yee (2009) and Sydsjö (2012), I identified a need to unpack exactly what donors are talking about when they describe their motivations as ‘altruistic’. For all donors who used the language of gifting, the issue of payment was mostly a pragmatic one: they framed their *sperm* as a gift or as altruistically given, but their time and effort expended in attending the sperm bank to provide that gift was worth compensating (‘I have to pay for a bus ticket down here’, as Andreas put it). Whilst, as I have previously noted, the size of the sample makes it difficult to make claims about the population of donors, each donor who used the language of gifting was an identity-release donor, which is in line with the findings from Sydsjö’s (2012) study of Swedish donors.

One gap that I identified in the previous scholarship in this area was the lack of insight into the ways in which donors think about and construct the (potential, future) relationships between themselves and the others who are part of the web of connections that is formed through the use of donor insemination: donors’ families and partners, recipient parents and their children and wider families, and donor offspring. In particular, following the work of authors such as Jadva et al (2011), I expected donors to have put little thought into the idea that a consequence of their donation could be the birth of a living child. This turned out to have been the case for a number of donors, some of whom, like Bent, seemed to use the space of the interview itself to process their thoughts on the matter. The majority of donors expressed no interest in meeting their potential offspring,

and some were explicitly fearful of a ‘knock on the door’ taking away their control in this area. Similarly, I expected genes to be the key to defining relationships between those invested in a particular donor insemination; this was flagged up in both the wider literature on kinship (Turney, 2010) and on gamete donation specifically (Speirs, 2007; Mason 2008; Riggs and Scholz 2001; Richards 2014) Therefore, in chapter 7, I explored the theme of kinship and connectedness between donors and offspring, and how this was also often explicitly expressed in terms of a divide between the social and the biogenetic. Donors were aware of the language that they were using to refer to themselves in relation to the child, and many were careful to couch what they said in these terms, separating out their various relationships into social and biogenetic. Erik used the phrase ‘children that I raise’, for example, to emphasise the social connection between himself and his non-donor children, in comparison with the phrase ‘half my child’ which he used to refer to his donor offspring, implying that the social connection is required to be fully accepted as his offspring. Some donors also emphasised the ‘unnaturalness’ or contrived circumstances leading to the birth of their donor offspring, allowing yet another level of detachedness; Mikael’s reference to ‘lab children’ is one such example, which also connects the children explicitly to the technology rather than any kind of social relationship.

There is an additional layer to this separation of biogenetic and social fatherhood, and that seems to be strongly connected to participation and intent, which Mikael summed up particularly succinctly as ‘if I have to be a parent, then I would like to have been part of the entire thing’. This shows that the biological/social divide reaches further than just their relationship with the child to also encompass their relationship with the recipient parent; drawing on the comparisons donors made with one-night stands or ex-girlfriends, they felt that those children could be ‘theirs’ without qualification, not just their

'biological' or 'genetic' children but their children, as long as there was some kind of prior relationship between themselves and the mother. This negotiation of biological and social was also invoked when discussing the fear that many donors had that a large number of children might turn up – the fear of the 'knock on the door'. Donors took pains to foreground their social connections with their own children and emphasise that their connection with donor offspring was 'only' biological in order to deal with the fear that they might be called upon to take responsibility for these children in some sense, either financially or emotionally. Even donors who were open to contact with offspring and were even looking forward to such contact, like Andreas, were careful to use these kind of tactics; Andreas' description of his potential future relationship with his offspring as 'very pure' positions the relationship as a *tabula rasa*, minimising the social connection between himself and the child to the level of strangers and erasing both rights and responsibilities. This kind of terminological negotiation was flagged up by Snowden and Mitchell (1981), who identified the problem inherent in the word 'father' signifying both 'genitor' and 'pater'. While the donors were willing and sometimes particularly eager to be recognised as genitor, they were less comfortable with being asked to be responsible for the duties of pater without having some measure of responsibility for the creation of the child. This brings us back to the issue of property: once the donors hand over their sperm, they relinquish both responsibility and rights, beyond the biological fact that they are genitor to their donor offspring. Georg compared this to an artist selling a painting, in that the painting would still be recognised as being produced by the artist but he would no longer own it or have the right to do anything with it. This seems to mesh with the findings of Riggs and Scholz (2011), who described the wish of some donors to 'leave their mark upon the world' genetically.

In addition to thinking about the relationship between donors and offspring, I also explored donors' perspectives on the relationships between their donor offspring and their partners, children and parents. Donors' partners were often wary of their decision to donate and felt apprehensive about any children that might potentially result from their donation. A number of donors reported their wives or girlfriends as feeling jealous and viewing donor offspring in the same way that they might view a child of a donor's previous relationship, i.e. 'you're having kids with someone other than me' as Mikael put it. In this way, donors' partners' (or donors' interpretation of their partners') views of donor offspring differed from donors' views in that they did not view participation as a necessary condition of fatherhood, suggesting that the distinction between biological and social was perhaps less distinct or less meaningful for donors' partners. Other donors interpreted their girlfriends or wives as feeling proprietary over their sperm itself, which has echoes of the Diane Blood case or the petition to treat sperm as a marital asset that required a wife's permission to donate. In the latter case, there was the suggestion that the partner of a donor may feel some kind of 'emotional debt' or responsibility towards donor offspring in the same way that donors themselves might. In Mohr's (2014) study of Danish donors, he used the concept of 'moral selves' to describe the ways in which donors negotiated the issues around sperm donation, arguing that this was not necessarily a straightforward moral issue but rather a question of being responsible, including responsibility to one's family. The donors in this study also negotiated responsibility in a similar way; anonymous donors such as Isak and Erik couched their choices in ideas about what was best for their families, for example, and Bent was concerned for the well-being of his girlfriend if any donor offspring sought money from him. However, these narratives sometimes seemed to be constructed 'after the fact'; rather than having thought through these issues prior to donating, donors such as Jonas or Isak had become donors for fun

or because they were interested in knowing the quality of their sperm, and only afterwards considered the implications.

Similarly to the work presented by Riggs and Scholz (2011) on Australian sperm donors, a number of donors had very specific ideas about what the recipients of their sperm would look like or be like. Most were sure that the recipients would choose on the basis of resemblance and an attempt at closely matching a social father, and in particular that they would be ethnically similar to them. They assumed that recipients would also be socially similar to them in terms of education and class, and some donors felt uneasy with the idea that some recipients might be 'aspirational' and choosing a donor that was of a higher social status than they themselves were. In chapter 6, I explored donors' views on selection, ownership, and commodification of tissues. Some ideas about selection and fitness to parent came up when donors were discussing recipient parents, particularly in terms of disability and the ability to provide a 'good' life for the donor's offspring. Jonas, for example, was concerned about the ability of disabled parents to care for a child. This runs contrary to the wealth of previous research (e.g. Almeling, 2007) which had suggested that donors are detached from any consideration of what happens to their sperm after they donate; many donors were concerned about what might happen to children that were produced from their sperm. In Riggs and Scholz's study, they found that some donors, those who were particularly invested in passing on their genes, constructed recipients in terms of whether or not they were 'deserving' of the donor's 'gift' of sperm; the donors in this study likewise constructed recipients in terms of worthiness. They did not articulate this in such blunt terms, but rather were working from a set of baseline assumptions that recipient parents would be socially similar to them as donors, primarily due to the cost of IVF treatments and the perception that recipients choose donors based on resemblance.

Once confronted with examining this assumption, i.e. through the process of discussing it in interview, some donors did more openly become uneasy with the prospect of those socially inferior parents using their sperm. However, while some donors, particularly Kasper, did view the genes they were passing on as a gift they were giving, this gift was directed to the child rather than to the parents, in the same way that Isak claimed his parents had gifted 'good genes' to him. There therefore appear to be some differences between the ways in which Australian and Danish donors think about these issues, particularly with regard to their relationship to the donor offspring.

In chapter 2, I identified donors' perceptions of family resemblance to their offspring as an area that was of particular interest. This issue was mostly present when donors spoke about selection and the choices that recipients make, though one donor did discuss potentially looking out for children who resembled him in the future. Donors' accounts around this issue show that they have engaged with ethical debates around selective reproduction and 'designer babies', though they tended to differ on the extent to which they considered selection morally wrong. Some donors were against selection and had made decisions about their donation with that in mind: Jonas, for example, had chosen not to have an extended profile because he did not want recipients to have the ability to choose him based on the characteristics recorded there, but he was in favour of identity-release donation since he believed that offspring did have a right to know their genetic heritage. Other donors suggested that donor selection should be performed using some kind of random lottery system, though they differed on exactly how random they thought this lottery should be. Regardless, ethnicity was universally considered by the donors to be the most basic unit of matching; even donors who were against selection were in favour

of ethnic matching, which tells us that, fundamentally, ethnicity is seen as the most basic unit of resemblance and kinship by these donors.

Many of the donors I spoke to were well aware of the other major debates, such as those around anonymity, payment and the number of children that each donor should be allowed to produce, and could point to examples from the media where those particular issues had been brought up and addressed. Probably the most prominent issue was the matter of the number of children each donor should be allowed to produce. This was likely on donors' radar for two reasons, both relating to widely-reported news stories: firstly, the 'moral panic' around the potential for donor offspring to meet and fall unwittingly into incestuous relationships (e.g. Cahn, 2009), and secondly, the NF1 scandal at Nordisk Cryobank, as discussed in chapter 1. Both of these issues had a strong relationship to the biological/social divide and fears about genetic defects. We can see that some donors are concerned about the moral impact that their donation could have on wider society, but clearly they were not concerned to the extent that they would choose not to become a donor.

Narratives of Donation

Due to the small size of the sample, it is not possible to make any generalisations to the population of donors, or Danish donors, as a whole, but it is possible to view the narratives of these particular donors as a starting point for thinking about these issues in greater depth. We might intuitively imagine that, broadly, those donors who conform to Thomson's (2008) stereotype of wanting 'beer money for the weekend' or those who felt money was the most important motivation for their donation would choose to be anonymous, whereas those whose route to being a sperm donor was based in personal experiences of infertility or in a desire to help might choose the identity-release option.

Research conducted at a UK fertility clinic in the five years before and after the anonymity legislation change in 2005, for example, suggests that the percentage of donors who listed ‘wanting to help’ as their primary motivation increased post-2005 and the percentage of donors who placed restrictions on who could use their sperm decreased (Shukla et al., 2013). This narrative of ‘wanting to help’ has become more and more ubiquitous when it comes to donor recruitment: Cryos’ ‘vision statement’ on their website reads ‘to help childless make their dream come true’ (Cryos International, 2014) and, similarly, the London Sperm Bank, to use a UK example, has a website that states that ‘there is little that our sperm donors have in common other than a wish to help’ and that ‘you can help a childless couple and provide the gift of life’ (The London Sperm Bank, 2015). ‘Giving the gift of life’ is a widespread idea in many different forms of tissue donation (e.g. Holland, 2001; Lauritzen, McClure, Smith, & Trew, 2001; Nuffield Council on Bioethics, 2011) and, particularly in the UK, the image of the ‘good donor’ is that of the altruistic, thoughtful, giving donor as opposed to the student donor who just wants beer money.

There certainly were donors in this study who fit into both of these stereotypical moulds. The majority of the donors that I spoke to were indeed students in their early twenties. We might take Christian, for example, who did begin as a student, as epitomising the view of the anonymous donor who is ‘just in it for the money’. He was a donor who wanted nothing to do with any aspect of donation other than the payment that he got for it: he was anonymous and did not have an extended profile, he had never spoken to anyone about being a donor, and he was adamant that he did not want to know anything about or have any kind of contact with any of his potential donor offspring. He had been donating for a very long time but only during periods where he was not in a relationship and therefore did not have to negotiate his donation with anyone else; he made it clear

that he would stop donating if he ever entered into a long-term, serious relationship rather than explain his donation to a partner. He felt strongly that there was not a 'right' for donor offspring to know who their donor was, but he felt that donors should have the option to be open about it if they chose to (i.e. in favour of the current Danish set-up where donors can choose whether they wish to be anonymous or not).

Andreas, on the other hand, we might take as epitomising the other extreme: the 'wanting to help' donor. He came to donation after his own personal experience of trying to conceive and undergoing treatment for infertility, and described his motivations in his own words as 'purely altruistic'; he felt that the money was unimportant and insignificant compared to the money that he made from his job. He had researched donation, including reading a lot of newspaper articles on the subject, and put a great deal of thought into what would be in the best interests of any donor offspring, which led him to become an identity-release donor who was looking forward to meeting and forming a relationship with his potential offspring. Whilst he was of a similar age to Christian, he had started donating much later in life, at a point where he was already married with a child. He had therefore also had to negotiate his donation with his wife and consider what he would tell his son in the future.

However, many donors did not fit neatly into one of these two boxes, and perhaps therefore challenge the gifting and 'helping' narrative. One of the clearest examples of this was Erik, who was an ethnic minority donor. Erik had chosen to become a donor after hearing that there was a shortage of sperm from men of his ethnicity, and his account was heavily couched in the language of 'wanting to help' and of feeling that it was, in some sense, his *duty* to help his community, because someone needed to do it: 'I think if nobody else steps up to the plate then why not me?' (Erik). However, although he wanted to help

address the shortage of non-white donors, he also was very firm in his choice to become an anonymous donor, as he had not told anyone about his decision to donate and was worried about his potential offspring tracking him down in the future. Erik actually seemed rather ambivalent about being a donor at all; he told me that he would feel 'relieved' if it turned out that no one had successfully produced a pregnancy from his sperm because that would mean he did not have to worry about what might happen:

Erik: Maybe I'd feel relieved [if they told me no one had used my sperm]

Alison: Relieved?

Erik: Yeah, because then you just, then I can say, "Ok, then I didn't have to go through all these thoughts in my mind".

So, in Erik's account we can see major elements of the 'wanting to help' donor narrative, but at the same time, he is not necessarily as enthusiastic about donation and being a donor as the narrative might suggest donors are, or perhaps even require them to be. Erik felt a desire to help his community but was very nervous about what the 'gift of life' might entail in practice.

On the other hand, as discussed in chapter 6, it is possible to take Jonas as an example of a donor who had strong views on donor openness but who challenged the extent of the 'wanting to help' narrative by opposing selection and many of the trappings of the private sperm banking system. He was a proponent of state-funded donor insemination due to his concerns about how much his sperm was sold for and who would be able to access it, and was in favour of donation that matched recipients to donors using a less individualistic system to minimise the potential for people to create so-called designer babies. At the same time, he felt that donors should offer information to their offspring that would give them the information that they might want about their 'genetic history'

and where they came from. He argued that, for these reasons, identity-release donation but not selective donation was his ideal model. In this case, Jonas' 'wanting to help' narrative is focused more on helping the donor offspring rather than the donor recipients, to whom the 'gift of life' is usually directed.

These donor narratives, therefore, challenge the idea that there are clear-cut differences between the type of donor who might choose to be anonymous and the type of donor who might choose to be identity-release. However, they do suggest potential donor archetypes. In chapter 6, I explored the ways in which donors' personal ethics manifested around donation. I described donors such as Lars as 'pragmatic': they chose to make decisions about donation (e.g. how much personal information to reveal about themselves) based on what will achieve the highest level of payment, but they also weigh this against the potential risks and 'consequences' of donation. In contrast, Jonas represented the 'socially-minded' donor who considered the needs of the offspring of paramount importance, and was also concerned with the effects of sperm donation and selective reproduction as a practice on wider society. Donors such as Erik fall into a middle-ground: he was a donor who was keen to help recipient parents in his ethnic community without putting emphasis on payment, but he was also concerned about consequences. I would suggest that this represents a kind of 'cautiously altruistic' donor archetype.

Fitting the Narrative

It's important to note that there seemed to be a level of self-awareness amongst the donors I spoke to in terms of these issues: stereotypes such as those identified by Thomson exist in the public consciousness, and many donors have been exposed to the ethical debates surrounding sperm donation through the media. This results in a narrative

about what donors perceive to be ‘appropriate’ motivations. Christian, for example, spoke about what he saw as a disconnect between the ideal narratives around donation and the reality; he saw donation being ‘romanticised’ according to the gift of life narrative, but was confident that ‘90%’ of donors had purely financial motivation. Similarly, Bent was concerned about having money as his primary motivation and had hoped it might be something else:

Bent: You know, I knew I’d come here [i.e. to the interview] and that is the answer and **I really thought it was something else**. But I couldn’t get a job when I arrived in [this city], I was without a job for two or three months, and my “silly” solution was, well I could just donate. And back then you were allowed to do it more often. As far as I know, now it’s once a week but when I started it, I was here three times a week. So. It was actually good money.

Here, Bent feels that he should have a different reason for becoming a donor than the one he does have; this suggests that he was aware that a purely financial motivation is viewed, or could be viewed, as an inappropriate reason for donating by some. It also suggests that he may have felt that *I personally* as a researcher (in light of the fact that he has been thinking this issue over with our interview in mind) would view money as an inappropriate reason to become a donor, or that I would be looking for a different narrative about donation. This means that some of these accounts should be taken with a grain of salt.

Policy Implications

Sperm donation is currently a hot-topic issue. In addition to the perennial media coverage of Cryos and the debates surrounding sperm donation legislation, during the course of my PhD research, there have been a number of conferences devoted to the issue of selective reproduction and assisted reproduction, exploring everything from the scientific

and legal development of sperm banking in different parts of the world to the role of donation in queer kinship practices. This attention to donation as a practice means that many aspects of it are in a state of flux. Indeed, there were several law changes enacted during my fieldwork period in Denmark, most significantly the reduction in the number of families that each donor could be allowed to produce. Perhaps even more interestingly, the regulations regarding egg donation were also changed to become less strict, opening the door for cryobanks, including Cryos, to potentially branch out.

In the UK, there is still a great deal of attention being paid to the difficulty of recruiting sperm donors. In August 2015, it was revealed that the national sperm bank in Birmingham, which was launched in 2014, had only nine donors on its books and was aiming to emulate the success of the Danish sperm banks (Elgot, 2015). British recruitment strategies for donors, particularly since the law change in 2005, have tended to focus on what I have termed the 'help' narrative: in the previous section, I used the example of the London Sperm Bank and its entreaty to men to 'give the gift of life'. While some donors who participated in this study used the language of this help narrative to contextualise their donation, there were more who had a desire to, either as a primary or a secondary motivation, prove their virility. This was evidenced through the pride donors expressed in knowing that they had highly motile sperm, and situations such as that of Isak, who never intended to become a donor and had gone to the sperm bank purely to 'get the test result', as he put it. We might compare this group of potential donors, men who want to know that they have 'good sperm', to the 'converted donors' that Kalampalikis et al (2015) discussed in their study: perhaps it is possible for sperm banks can capture and 'convert' men who go to the sperm bank with intentions other than to become regular donors.

One other clear policy implication of this study was the fact that many Danish donors are happy being anonymous and have no intention to become identity-release donors, despite the incentives offered for them to do so. Most of the anonymous donors who discussed this issue drew on ideas around privacy and, above all, the fear of the ‘knock on the door’: the potential for them to be approached by a large number of donor offspring with no warning and no control over when or where they met, causing disruption to their family life and seeking financial and/or emotional support. This suggests that there may well be British men who would be willing to be anonymous donors but who are discouraged by the current rules. Since it is unlikely that the UK would choose to allow anonymous donation again, it seems paramount to tap into the concerns about loss of control and educate potential donors on the procedures for contact and the restrictions in place to prevent the ‘one hundred children’ scenario from occurring.

Based on these observations, I would suggest that a combination of strategies could be helpful in trying to increase donor recruitment: an appeal to the pride in their virility that donors seem to experience, and a reassurance about what their expectations of privacy are as an identity-release donor. This focus on the (non-material) benefits of donation for the donor and the caveat to the ‘openness’ narrative run counter to the current preference for framing donation within the altruistic ‘gift of life’ discourse. However, this current approach does not seem to be yielding the same results as the Danish system, so this may be what is required in order to recruit more UK sperm donors.

Limitations and Suggestions for Future Research

Perhaps the most obvious limitation of this research is the fact that I was only able to recruit thirteen participants. Though this clearly does limit the potential for making claims about the population of Danish donors, it does tell us something about the continuing

difficulty of accessing this particular population for research purposes, a problem that has existed in sperm donation research for its entire lifespan. The problem of recruiting enough donors to reach theoretical saturation suggests that the taboo around sperm donation remains firmly in evidence, and indeed that many donors were simply unwilling to talk about donation. The biggest limitation, therefore, is in regard to validity. It is difficult to know whether the results of this study are artefacts of the particular group of donors that were recruited: the donors who are willing to talk, and perhaps hold certain views about sperm donation that are not shared by those who are more reticent. The repeated and extensive discussion of the falling sperm count, for example, a major theme in this project, has not been discussed in the work of others in this area such as Mohr (2014). Since both studies draw from a limited sample size, it is unclear whether this discourse is common across a wider pool of donors. Future research might therefore focus on that inductive finding in particular in order to establish validity. However, I would also argue that this uncertainty is a limitation common across interview-based research, since the interview in itself is a constructed interaction. As previously discussed, I have attempted to treat donors' narratives as narratives, and not necessarily as full and accurate representations of donor realities.

A further limitation lies in the diversity of the sample and the themes that this allowed me to explore. Whilst the issue of race/ethnicity matching has been important in the literature and was present in the narratives of the ethnic minority donors in my sample, it is hard to draw any conclusions based on a sample of only two non-white donors. Further research in this area would ideally aim to increase the number of non-white donors in the sample in order to explore this issue in greater depth.

The choice of research methods has had implications for the knowledge that has been produced. Following the constructionist perspective, interviewing as a method for data production and collection involves a social interaction that generates a narrative. This narrative is influenced not only by the research participant but also by the researcher and by the research environment. The choice to conduct interviews mainly within the sperm bank environment, for example, may have affected what participants chose to say. My position as a white woman and a foreigner could have influenced the conversation in various ways. Only one donor seemed particularly hesitant to discuss the more sensitive, sexual aspects of donation with me, but it's possible that others chose not to participate on this basis. On the other hand, donors were willing to explain in more detail issues which they may have felt were self-evident to a researcher who was more socially similar to them, for example particular aspects of 'Danishness' or masculinity. The language barrier needs to be taken into account when considering the validity of this data; the participants were speaking in a second language, and thus occasionally some nuance may have been lost in translation. Indeed, when considering the validity of qualitative interview data as a whole, it is important to remember that fundamentally semi-structured interviews produce knowledge that is filtered via what participants say and guided by the input of the researcher; this means that the knowledge is not necessarily a 'true' reflection of reality, but rather shaped by the potential for participants to lie directly, to have imperfect recall, to produce accounts that reflect what they believe the researcher wants to hear (i.e. through the Hawthorne effect), or, by the time-shifted nature of the reflection interviews ask of participants, to produce rationalisations for their actions which do not necessarily reflect their thoughts at the time. These are hazards common to interview-based research and should be taken into account, though I would argue that this was the best method to access qualitative data on the experiences of sperm donors.

Finally, whilst it lay beyond the resources of this project, further research might additionally choose to make comparative claims, either with donors from other countries, where different legal frameworks and forms of ethical debate exist, or with donors of other kinds of tissue, perhaps egg donors in the newly-forming Danish egg donation landscape or breast-milk donors or even blood donors. Another important avenue would be to continue the work on wider donor insemination kinship networks by talking to donors' partners and families about their thoughts on these potential connections in their own words, rather than filtered through the perspective of the donors as they are here. Once more donor offspring reach the age of eighteen and begin contacting their identity-release donors, there will be scope to research concrete kinship connections and relationships as well as the potential imagined relationships that donors have been able to talk about in this project.

Conclusions

In this thesis, I have attempted to piece together a narrative about sperm donation and sperm donors in this specific Danish context. I started off this project by asking three interrelated questions: what are the meanings that donors assign to donation and donor sperm? How does the production and commodification process affect these meanings? And finally, what influences the choices that donors make when it comes to donation?

The answers to these questions are multifaceted and intertwined. For many donors, being accepted as a donor was a vindication of their masculine identity. The quest for “good sperm” was a recurring theme in the interviews, and knowing that one did have “good sperm”—in the medical and scientific sense, as verified by the sperm bank—could be a source of pride for donors, as it gave legitimacy to their self-identity as virile ‘good guys’ who were bucking the trend of the falling Danish sperm count and contributing to

furthering the Danish population. As a corollary to this, bad sperm was threatening to masculinity, and needed to be explained away either by attributing it to donor actions (as opposed to innate biology, which could be the source of “good sperm”) or to technological interference (the image of the heroic “good soldiers” that were defeated by the freezing process). At the same time, despite the positive reinforcement of knowing that they had “good sperm”, there was still a taboo attached to being a sperm donor. In contrast to the growing trend for disclosure of their use of DI by recipient parents to their offspring (Scheib et al., 2003), the majority of the donors I spoke to were not generally open about their identity as donors, in some cases even with their girlfriends or partners. The process of actually donating sperm, including fitting abstinence and other forms of bodily maintenance around schedules and personal relationships; masturbating and negotiating physical space and interaction in the sperm bank; and the transferral of ownership from donor to the sperm bank, was often a strange and uncomfortable experience. Other donors used the taboo in provocative ways, becoming a donor because it felt like a transgressive thing to do or using their identity as a donor as a shocking topic of conversation. Not all donors embraced ‘sperm donor’ as an identity, however; for some, it was merely a well-paying job, something that they did every so often without giving a great deal of thought to the details of donation as a practice. Others were passionate about being the ‘right’ kind of sperm donor and making ethical choices with regard to their donation. Sperm donation can clearly have multiple meanings, even to the same donor.

With regard to the second and third questions, a number of donors had concerns about the way that their personal information was used when sperm was marketed. This generally coincided with a fear of the ‘knock at the door’: the idea that they might have

hundreds of donor offspring who would later seek them out without warning, disrupting their own family life and forcing them to take responsibility, either financially or emotionally, for children that are biologically related to them, but whom they had not agreed to take social responsibility for. This was not only a fear for anonymous donors who had decided against making themselves contactable at all; some identity-release donors also had concerns about being contacted in a way that disrupted their established lives, or for their offspring to want a different type of relationship than they were willing to give. The other concerns were over the use of information related to selective reproduction and the relative ethical implications of recipients being allowed to select specific sperm donor traits in order to aim for particular traits in offspring. These concerns tended to go hand in hand with the idea that some kinds of recipients were more likely to make “good parents” than others. Some donors used this kind of ethical consideration to inform their decisions around donation, opting out of extended profiles whilst being in favour of identity-release donation in order to help their offspring. On the other hand, for the ‘pragmatic’ type of donor, the main consideration was related to maximising payment—which kind of donor should they be in order to get the most money?—and minimising the ‘consequences’ for themselves and their families. These impulses occasionally appeared to conflict, for example in the case of anonymous donors who had fervent privacy concerns but nevertheless opted to provide an extended profile in exchange for a larger payment. Earlier, I identified two major narratives about sperm donors: that of casual, disengaged donors looking for ‘beer money for the weekend’ and therefore wanting to remain anonymous, and the more socially-acceptable narrative of altruism and ‘wanting to help’, donors who are willing to provide more information about themselves and remain open to contact later on. The majority of the marketing aimed at recruiting donors, at least in the UK, is aimed at attracting men who fit this second

narrative, particularly drawing on ideas about ‘giving the gift of life’ to couples dealing with infertility. However, there was often a divide between exactly who the donors in this study saw the generalised ‘wanting to help’ narrative as referring to: some made choices based on wanting to help recipient parents, and others based on wanting to help their donor offspring. In the first case, they were willing to give plenty of personal information in order to help recipients make informed choices when selecting a donor but were unwilling to have contact with their offspring. Donors who were motivated by a desire to help with the shortage of donor sperm from a particular ethnic community also fit into this category. Donors who were concerned with helping their offspring, in contrast, were generally concerned with providing information to help with the perceived issues of ‘genetic identity’ that donor offspring face, and were often against recipients being able to choose donors based on specific characteristics. With this in mind, donor recruitment could benefit from being tailored to capture the differing motivations of these different kinds of donors. I would also suggest that there needs to be a focus on reassuring donors of their legal rights in relation to the responsibilities they have as a biological father, since this issue was of particular concern across the sample.

In conclusion, discourses of “good sperm” and the perceived inherently masculine desire to procreate informed donors’ decision to donate, but many donors also spoke of their desire to help those who were unable to have children of their own and drew comparisons between donating sperm and volunteer work, and yet more couched their donation purely in terms of financial gain and framed it in terms of a job. These issues were underpinned by a sense of national pride in the quality of Danish sperm as a whole, not only on a personal, individual level. Donors’ accounts were strongly informed by a biological/social(/technological) divide, in terms of the quality of the sperm itself, the

process of donation, and the ‘kinship consequences’ of donation. Whether or not donating sperm is, in fact, ‘the best job you can actually have’, it’s clear that simple narratives of what donors do are hard to apply here, as donors have very different ideas about what donation means to them. This research has demonstrated that donors accounts of their own donation are much more complex than a dichotomy of ‘payment’ or ‘altruism’, the two motivations that have mainly been explored since the earliest studies of sperm donors (e.g. Pedersen et al, 1994; Cook and Golombok, 1995). By giving donors an open-ended space to speak, as Van der Brock et al (2013) called for in their systematic review, I was able to explore in greater depth the experience of being a sperm donor. This method helped uncover the discourse of the falling sperm count and its motivating effects on newer donors, an issue that has not been previously discussed. I also contributed donors’ perspectives to the literature on selective reproduction, an area in which their voices have been conspicuously absent despite a wealth of research and ethical debate on the subject. This project will hopefully serve as an exploratory study and a jumping-off point for future research in these areas.

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Appendices

Appendix 1: Research Information Sheet

Appendix 2: Consent Form

Appendix 3: Interview Topic List

Appendix 4: Donor Extended Profile from website



Institute for the Study of Science, Technology and Innovation
The University of Edinburgh
Old Surgeons' Hall
High School Yards
Edinburgh
EH1 1LZ
UK

PhD Project: Sperm Donation and its Meanings – Participant Information

Leaflet

You have been invited to participate in a research project, and this information leaflet will help you to understand the purpose of the research, who is undertaking the research, and what being a part of the research would involve. You should read the information carefully before deciding whether to participate. If something is not clear or you have other questions, please feel free to ask. The same information has also been provided in Danish in the second part of this leaflet. Thank you for considering taking part.

Why is this study being done?

Several surveys have been carried out over the years to find out about donors' motivations, but there have been few studies that ask donors open-ended questions about their experiences. This study will use more in-depth and open interviews to investigate the feelings and motivations of donors, with the aim of finding out information that could not be captured in a closed questionnaire. Danish donors are particularly interesting for me as a British academic, as a great deal of media attention has been paid to British citizens travelling to Denmark for fertility treatment or importing Danish sperm due to a shortage of UK donors.

Who will be doing the research?

My name is Alison Wheatley and I am a PhD student in Science and Technology Studies at the University of Edinburgh in Scotland. I am a social scientist who has been interested in reproductive technologies and sperm donation specifically for a number of years. My supervisors are Dr Gill Haddow and Dr Ann Bruce.

What would it involve?

Taking part would involve talking to me, for probably around 45 minutes, about what made you decide to donate and how you feel about donating. This would take place in a private space in the Cryos department and at a time that suits you, for example to coincide with your usual visit. The conversation would take place in English. With your permission, an audio recording of the discussion would be made, so that I could have an accurate record.



This recording would be destroyed after the project has been completed. No personal information about you would be available to me other than what you choose to tell me, and anything that you did tell me would be kept confidential. In any reports or publications, a pseudonym would be used for you and I would make sure that you cannot be identified in the final reports.

Do I have to take part?

No, participation is completely voluntary. You can withdraw from the study at any time, and you do not have to give a reason. You are also free to refuse to answer any question for any reason.

How will the research be used?

The research will be used to produce a PhD thesis that will be publically available from the University of Edinburgh library. The research findings may also be disseminated to academic and other audiences, for example in journal articles or conference presentations.

Permission from Datatilsynet

This project is registered with Datatilsynet according to the Danish law on personal data, and Datatilsynet have specified conditions for the protection of the participants' privacy.

What happens next?

Having read this information, if you would be interested in taking part, please either email me directly at A.L.Wheatley@sms.ed.ac.uk or contact the Cryos staff, who can arrange an interview on your behalf.

If you have any questions about the project, please feel free to contact me, at the email address listed above or by telephone on 61180534.

Thank you very much for taking the time to read this information and consider taking part.



Institute for the Study of Science, Technology and Innovation
The University of Edinburgh
Old Surgeons' Hall
High School Yards
Edinburgh
EH1 1LZ
UK

Ph.d. Projekt: Sæddonation og dets Betydning – Deltagers Informationsblanket

Du er blevet inviteret til at deltage i et forskningsprojekt, og denne informationsblanket vil hjælpe dig til at forstå formålet af undersøgelsen, hvem der foretager undersøgelsen, og hvad det indebærer at tage del i undersøgelsen. Du bør læse informationen nøje før du beslutter om du vil deltage. Hvis noget er uklart eller du har andre spørgsmål, er du velkommen til at spørge. Dette er den danske udgave af deltager informationen. Tak fordi du overvejer at deltage.

Hvorfor bliver denne undersøgelse udført?

Adskillige spørgeskema-undersøgelser er blevet foretaget i løbet af årene for at finde ud af donorerne motivation, men der har været få undersøgelser der stiller donorerne åbne spørgsmål om deres oplevelser. Denne undersøgelse vil bruge mere dybdegående og åbne interviews for at undersøge følelserne og motivationerne for donorerne, med det formål at finde frem til information der ikke kan opnås i et lukket spørgeskema. Danske donorer er særligt interessante for mig som britisk akademiker da der er en store mediebevågenhed omkring britiske statsborgere som rejser til Danmark for frugtbarhedsbehandling eller importerer dansk sæd grundet mangel på britiske donorer.

Hvem vil foretager undersøgelsen?

Mit navn er Alison Wheatley og jeg er Ph.d. studerende i Videnskabs og Teknologi Studier ved Edinburgh Universitet i Skotland. Jeg er sociolog og har interesseret mig for reproduktions teknologi og specifikt sæddonation i en årrække. Mine vejledere er Dr. Gill Haddow og Dr. Ann Bruce.

Hvad vil det involvere?

Deltagelse vil involvere en samtale med mig, om hvad der fik dig til at beslutte dig for at donere, og dine følelser om at donere. Samtalen vil formodentligt tage 45 minutter. Samtalen vil foregå på engelsk. Den vil foregå i et privat område af Cryos og på et tidspunkt der passer dig, f. eks. i forbindelse med et allerede planlagt besøg. Med din tilladelse vil en



lydoptagelse af samtalen blive lavet, så jeg har en præcis optagelse. Denne optagelse vil blive destrueret efter projektet er afsluttet. Ingen personlige oplysninger om dig vil være tilgængelige for mig, andet end hvad du vælger at fortælle mig, og alt du fortæller mig vil blive holdt fortroligt. I den færdige rapport, og andre eventuelle publikationer, vil der blive brugt et pseudonym for dig, og jeg vil umuliggøre identifikation af dig.

Skal jeg deltage?

Nej, deltagelse er frivilligt. Du kan trække dig fra undersøgelsen når som helst, og behøver ikke at begrunde hvorfor. Det står dig også frit at nægte at besvare ethvert spørgsmål du ikke har lyst til at besvare.

Hvordan vil undersøgelsen blive brugt?

Undersøgelsen vil blive brugt til at producere en Ph.d. afhandling som vil blive offentligt tilgængelig fra Edinburgh Universitets Bibliotek. Undersøgelsens konklusioner kan også blive grundlag for videre udbredelse til akademiske og andre grupper, f. eks. i tidsskrifter eller som konference præsentationer.

Tilladelse fra Datatilsynet

Projektet er anmeldt til Datatilsynet efter persondataloven, og Datatilsynet har fastsat nærmere vilkår for projektet til beskyttelse af den registreredes privatliv.

Hvad sker der nu?

Hvis du efter at have læst denne informationsblanket, er interesseret i at deltage venligst enten email mig direkte til A.L.Wheatley@sms.ed.ac.uk eller kontakt Cryos' personale, som kan arrangere et interview for dig.

Hvis du har spørgsmål er du også velkommen til at kontakte mig, per email eller telefon 61180534. Tak fordi du tager tid til at læse denne information, og overvejer at deltage.



Consent for Interview - Sperm Donation PhD Project

Please indicate with a tick that you agree with the following statements:

- I have read and understood the participant information leaflet
- I know that I have the choice whether or not to take part in this research
- I know that I can withdraw at any time, and do not need to give a reason
- I understand that the interview will be recorded unless I object
- I understand that direct quotations of what I say may be used in reports or publications, but I also understand that my name will not be used
- I have been given the chance to discuss the study and ask questions about it

Please sign the following statement:

I give my consent to be interviewed.

Signed: _____ Date: _____

Researcher: _____ Date: _____



Samtykke erklæring for Interview – Sæddonations PhD Projekt

Marker at du erklærer dig enig i følgende udsagn:

- Jeg har læst og forstået deltager informationsblanketten.
- Jeg ved at det er mit valg om jeg vil deltage i undersøgelsen.
- Jeg ved at jeg kan trække mig når som helst, uden begrundelse.
- Jeg forstår at interviewet vil blive optaget medmindre jeg frabeder mig dette.
- Jeg forstår at direkte citater af hvad jeg siger kan blive brugt i rapporter og publikationer, men jeg forstår også at mit navn ikke vil blive brugt.
- Jeg er blevet givet mulighed for at diskutere undersøgelsen og stille spørgsmål om den.

Underskriv venligst følgende:

Jeg giver samtykke til at blive interviewet.

Underskriver: _____ Dato: _____

Interviewer: _____ Dato: _____

PRE INTERVIEW

- My name is Alison Wheatley and I'm a PhD student at the University of Edinburgh Science and Technology Studies department. My background is in sociology and I have done some previous projects on sperm donation, but this is the first time that I have talked to donors directly.
 - The aim of my project is to look at the sperm donation industry and the experiences of donors. The project is funded by the ESRC Innogen centre at Edinburgh, which is part of a network of researchers studying social aspects of genomics and the life sciences.
 - I'd like to talk to you now for probably around an hour about yourself, your experiences with donation and some questions on your thoughts on donation in general. You can refuse to answer any question you are uncomfortable with, and if you decide at any point that you wish to withdraw from the study, you are free to. I am providing a card with my contact details should you later need to get in touch.
 - The information you give me in the interview will be used as part of my PhD thesis. It might also form the basis of conference papers or publications in journals. I might use direct quotations of what you say, but your name will not be used and I will do my best to ensure that you cannot be personally identified.
 - I would like your permission to record the interview. The recording will be transcribed by me and then kept in written form with no personal information attached, only a pseudonym. The recording will be stored securely and destroyed at the end of the project.
 - Consent form
-
- **Just to get things started, could you tell me a little bit about yourself?**
 - RECORD DEMOGRAPHIC DATA
 - Age
 - Ethnicity
 - Marital status
 - Have you got children?
 - Job
 - Education
-
- **Could you tell me a bit about your story with regards to donation?**

- PROMPT FOR

- how long have you been donating? / when did you start donating?
- how often do you donate?
- do you donate anonymously/identity-release?
 - why?
- do you have an extended profile?
 - why?
- do you donate anything else? e.g. blood/organs?
- Why did you decide to donate?
 - FOLLOW UP: how did you hear about donation as an option?
- Are the reasons the same now as then?
- what could make you stop donating?
- Do you know what the Cryos "ideal type" is for new donors?
 - FOLLOW UP: did you fit it? Feelings on that?

DONATION PROCESS

- Can you describe your experience of making donations?

PROMPT FOR

- do you have a particular routine?
- do you notice that donation has any effect on you?
- how do you feel about coming to the sperm bank?
- did/do you have any concerns or worries about donation?

- Do you know what happens after you have donated?

PROMPT FOR?

- Do you know what your sperm motility is?
- What are your feelings on that?
- How do you feel when you get a bad result?
- How would you feel if you found out that your sperm had never been used?

RELATIONSHIP WITH OTHERS

- Do you know if there have been any successful pregnancies?**- Would you ever want contact with your donor offspring?**

PROMPT FOR

- why/why not?
- what sort of things would you want to know about them? (*even if they say no contact*)
- how do you imagine your future relationship with your offspring?
- to what extent do you consider yourself a "father"?

- Do you talk to people about being a sperm donor?

PROMPT FOR

- who/how?
- how does partner/family feel about it?
- how would you feel if partner's permission was required?

-Do you ever think about the kinds of people who might use your sperm?

POST-DONATION

- How do you feel about the donor catalogues?

PROMPT FOR

- have you looked at your entry?
- do you have any thoughts on the way that donor information is presented?
- would you be an exclusive donor?
 - why/why not?

- How do you feel about the money you get for donating?

PROMPT FOR

- do you use the money for anything specific?
- are you happy with the level of payment?
- would you continue to donate if you didn't get paid?

- Are you aware of any debates about donation?

PROMPT FOR

- Do you think that donors in Denmark should be allowed to choose whether to be anonymous?
 - FOLLOW UP: why/why not?
- Do you know how many offspring donors are allowed to have?
 - FOLLOW UP: should they change that? Why?
- Did you hear about the recent NF1 scandal/law change?

WRAP UP

- I'd like to finish off by asking whether there is anything else that you'd like to say about donation/ families/anything else that we've talked about?

- Thank you for your time.
- Here is a card with my contact information just in case you ever need to get in touch about anything, including if anything we talked about was upsetting.
- Give them voucher

Extended Donor Profile for donor PER

Welcome to **PER's** extended profile. Donor **PER** voluntarily provided the following information which will be disclosed to future parents as an aid in their selection process.

General Information

Race: **Caucasian**
 Ethnicity: **Swedish**
 Year of birth: **1975**
 Blood type: **A+**
 Heart Rate: **66 bpm**

PER is right handed and wears prescription lenses.
 He has no allergies, medical conditions, or any physical abnormalities.

Physical Attributes

Height: 176 cm	Skin tone: Medium
Weight: 91 kg	Eye color: Blue
Build: Large	Eyebrows: Brown
Shoe size: 43	Beard: Brown
Clothing size: X-Large	Hair: Brown, straight and fine

PER's facial features such as his eyes, lips and bone structure (not his nose) resembles those of the american actor Vince Vaughn.
 Click [HERE](#) to see photos of Vince.

Academics

PER has been going to school for a total of 12 years including primary school.

He is a technical school graduate and currently works as a master builder in a management position.
 PER has also worked as a bricklayer/mason.

PER's native language is Swedish, and he also speaks Norwegian, English, and Danish.

PER has not served in the army.

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QA with PER

PER answers questions about his life, experiences, and good memories.

What is your relationship status: **I am married.**

Do you have any children? **Yes, 7 week old twins. They are both thriving so far. They have blue eyes, blond hair, great physique and are in good health. They are sweet, energetic and are placed normal on all diagrams and growth-curves.**

Which words describe your personality: **Family-father, hard-working, thoughtful.**

Describe some of your strong sides: **Kind, helpful and patient.**

Describe some of your weak sides: **Too kind and sometimes too sleepy.**

Are you more scientific, artistic or humanistic oriented? **Scientific**

Do you have mechanical skills: **Yes!**

Which sports do you like to participate in: **Motocross**

Which sports did you play as a child: **Soccer, and motocross**

Which sports do you enjoy watching: **None**

Describe any additional hobbies you have: **My garden**

Do you play any musical instruments: **No**

Are you a member of a church: **No**

How much sleep do you get on an average night: **8 ho**

Do you eat healthy: **Yes**

Are you a smoker? **No**

Do you drink alcohol? **Sometimes**

Do you ride a bicycle? **Yes**

Favorites

Color: **Blue**

Animal: **Monkey**

Food: **All kinds**

Music: **Rock**

Pet: **Dog**

Car: **Chevrolet**

What is your most memorable childhood experience? **It's hard to list only one childhood experience, but something I remember very well is when my older sister, my dad and I visited my granddad in the summertime. We picked morellos and large raspberries. The wheather was always nice and warm and there was a cosy atmosphere. His house was in the countryside and had a lovely big garden. After having picked all of the morellos we had the strength to, we always had freshly baked cinnamon rolls and lemonade. Going to my granddad's place to say hello, is something we still speak of.**

Which countries have you visited? **Spain, Andorra, France, Germany, Denmark, Sweden, Norway, Poland, Czech Republic, USA.**

Describe one of your favourite vacations to another country: **Florida, loved the sunshine!**

Describe a few things you like most about your own country: **I like the free beautiful nature, the free schools and health insurance.**

PER's Family Tree

Paternal Grandfather

Age: 88
 Alive? **No**
 Race: **Caucasian**
 Ethnicity: **Swedish**
 Occupation: **Plumber**
 Height: **180 cm**
 Weight: **90 kg**
 Build: **Normal**
 Hair colour: **Blond**
 Eye colour: **Blue**
 Heart conditions: **None**
 Any genetic disorders: **No**

Paternal Grandmother

Age: 93
 Alive? **No**
 Race: **Caucasian**
 Ethnicity: **Swedish**
 Occupation: **House wife**
 Height: **170 cm**
 Weight: **65 kg**
 Build: **Normal**
 Hair colour: **Blonde**
 Eye colour: **Blue**
 Heart conditions: **None**
 Any genetic disorders: **No**

Maternal Grandfather

Age: 70
 Alive? **No**
 Race: **Caucasian**
 Ethnicity: **Swedish**
 Occupation: **Policeman**
 Height: **175 cm**
 Weight: **85 kg**
 Build: **Normal**
 Hair colour: **Blond**
 Eye colour: **Blue**
 Heart conditions: **None**
 Any genetic disorders: **No**

Maternal Grandmother

Age: 78
 Alive? **Yes**
 Race: **Caucasian**
 Ethnicity: **Swedish**
 Occupation: **Nurse**
 Height: **172 cm**
 Weight: **70 kg**
 Build: **Normal**
 Hair colour: **Blonde**
 Eye colour: **Blue**
 Heart conditions: **None**
 Any genetic disorders: **No**

Father

Age: **64**
 Alive? **Yes**
 Ethnicity: **Swedish**
 Education: **Toolmaker**
 Occupation: **Retired**
 Musical? **No**
 Right or left handed? **Right**
 Height: **175 cm**
 Weight: **72 kg**
 Build: **Medium**
 Hair colour: **Brown**
 Eye colour: **Blue**
 Heart conditions: **None**
 Any genetic disorders: **None**
 Languages: **Swedish**
 Glasses/lenses? **No**

Mother

Age: **58**
 Alive? **Yes**
 Ethnicity: **Swedish**
 Education: **Chef**
 Occupation: **Retired**
 Musical? **No**
 Right or left handed? **Right**
 Height: **172 cm**
 Weight: **56 kg**
 Build: **Slender**
 Hair colour: **Brown**
 Eye colour: **Blue**
 Heart conditions: **None**
 Any genetic disorders: **No**
 Languages: **Swedish**
 Glasses/lenses? **Glasses**

Brother

Full or half? **Half**
 Age: **25**
 Alive: **Yes**
 Occupation: **Varies**
 Height: **180 cm**
 Weight: **90 kg**
 Build: **Medium**
 Hair color: **Brown**
 Eye color: **Blue**
 Heart conditions: **None**
 Any genetic disorders: **No**

Sister

Full or half? **Half**
 Age: **31**
 Alive: **Yes**
 Occupation: **Chef**
 Height: **170 cm**
 Weight: **60 kg**
 Build: **Medium**
 Hair color: **Brown**
 Eye color: **Blue**
 Heart conditions: **None**
 Any genetic disorders: **No**

Sister

Full or half? **Full**
 Age: **37**
 Alive: **Yes**
 Occupation: **Teacher**
 Height: **165 cm**
 Weight: **47 kg**
 Build: **Slender**
 Hair color: **Blond**
 Eye color: **Blue**
 Heart conditions: **None**
 Any genetic disorders: **No**

Illustration by iStockphotos.com/nico_blue

A personal message from PER

PER writes about his motivation for being a Cryos International donor.

Grunden til at jeg begynde som donor var at jeg og min kone ønskede at få børn. Men min kone havde det svært med at blive gravid på almindelig måde. Så vi trængte lidt hjælp fra en fertilitetsklinik. Og på de prøver som klinikken tog på mig, viste at min sæd var frisk og af god kvalitet. Og når vi var i behandling, så talte jeg med mange som trængte sæd fra donor. De var alle meget glade for at det fandtes donorer.

Og det var altid lige hyggeligt at se kvinder og par som havde fået et glædeligt besked om at de var gravide. Jeg talte meget med kona om jeg skulle blive donor. Vi fandt ingen negative sider med det, bare positive ting. Selvfølgelig er det fløvt når jeg skal donere, men jeg ved at det er en vigtig del i nogens behandling.

Og hver gang jeg afleverer en kop, så er det som at sige tak for hjælpen til mine egne børn. Jeg har også tilsammen med min kone valgt at ikke være en anonym donor. For vi synes at børne har ret til at få vide hvem deres donor er hvis dem vil det. Og hvad som sker i fremtiden, det ved jeg ikke. Men jeg lover at gøre så godt jeg kan så at ingen bliver ked eller skuffet.

Så ønsker jeg til slut alt held med behandlingen.

Translation:

The reason why I started as a donor, was that my wife and I wanted to have a baby. But my wife had problems conceiving the normal way. So we were in need of help from a fertility clinic. The tests that the clinic ran on me showed that my sperm was fresh and of good quality. When we were going through the treatment, I spoke to many people who were in need of a donor. They were all very happy that donors existed. It was always great to see women and couples receiving a joyful message of pregnancy. I then spoke a lot to my wife about becoming a donor.

We did not see any negative sides to the matter, only positive. Of course I am a little embarrassed when I donate, but I know it is an important part of someones treatment. And everytime I register a donation, it feels like saying thank you for my own children.

In consultation with my wife, I have chosen to become a non-anonymous donor. Because we think that children has the right to know who their donor is, if they should want to.

What happens in the future, I don't know. But I promise to do as good as I can, so that no one will be sad or disappointed.

At last, I wish you all the best of luck with the treatment.