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UNIVERSITY AT ALBANY

# Gamete Donation

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Understanding Prospective Donors' Motivations

Alexa Grafmuller  
Senior Honors Thesis

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## **Abstract**

The technological imperative that exists within the framework of society in the United States has facilitated the unprecedented emergence of new reproductive technologies, including the use of donated gametes. The 2002 National Survey of Family Growth informs us that 7.4% of married women aged 15-44 are unable to get pregnant for at least 12 consecutive months, labeled infertility, and that 11.8% of women aged 15-44 have an impaired ability to have children, labeled impaired fecundity (Centers for Disease Control and Prevention 2005). This, paired with the social conventions of child rearing, is one prime indication that gamete donation is an increasingly important process. I address the research question, how do college students in our society feel about gamete donation, in terms of the human body as a divisible and marketable entity? The relatively unintrusive nature of procuring semen, and the regenerative quality of the substance, poses an ethical question of the human body and its components as divisible and marketable. Similar is the female body, though the amounts of eggs are more finite than sperm, and the process is more intrusive and time consuming, creating a gender division. Current research describes donor motivations recorded after the fact, but I look at why white, middle-class University at Albany students would or would not donate. I have found that overall these individuals lack the financial strain that may motivate unorthodox methods of making money, and as such do not wish to provide gametes for strangers. Understanding prospective donors' attitudes has the potential to increase the efficiency of the donation process, as well as to increase the quality of the personal experiences of those involved.

## **Introduction**

Medical anthropology engages in the study of new reproductive technologies in conjunction with sociologists and biomedical experts to expand our knowledge on the individual experiences of

those involved with these new methods of reproduction. More broadly, Brown et al. define medical anthropology as the study of, “human health problems and healing systems in their broad social and cultural contexts,” (Brown et al 2010:3). Within this framework, reproduction is viewed beyond the bounds of the natural manner of creating progeny to enable individuals who would otherwise be unable to birth her own child to do so. It is in this way that infertility has attained the status of a health problem that can be solved by biomedical means, through the process of medicalization. Conrad describes this process as the act of proposing biomedical definitions for social problems (Conrad 1994: 387). The previously negative moral value ascribed to couples, and especially women, who do not bear children has maintained its negativity due to the technological imperative inherent in making use of new reproductive technologies. The “problems” preventing individuals from reproducing are numerous, and some of the common methods of salvation include, according to Belkin, “donated egg, donated sperm, donated wombs, IVF(in vitro fertilization) and ICSI (intracytoplasmic sperm injection) and PGD (pre-implantation genetic diagnosis,” (Belkin 2009:1). New reproductive technologies are inextricably linked to modern society in the United States, ranging from the inclusion of topics on popular dramatic television shows to personally being, or personally knowing someone who is, involved with the technology.

New reproductive technologies make it possible to conceive children with the gametes of strangers. The donation of semen and eggs is rife with moral complexity over the commodification of this “gift of life”. Marx’s transcendent quality of a commodity corresponds with the fact that the bodily substance is removed from the realm of the market and labeled as an act of donation, emphasizing altruism. The relatively unintrusive nature of procuring semen, and the regenerative quality of the substance, poses an ethical question of the human body and its components as divisible and marketable. Similar is the female body, though the amount of eggs are more finite than sperm, and the process is more intrusive and time consuming, further highlighting the abnormal view of donation. Donors’

attitudes toward the sale or gift of their bodily fluid comprise a continuum of complete anonymity, to scheduled identity release, to complete openness to a relationship. The motivations of the donors include financial compensation, genetic continuation, and being a parent without having to assume responsibility, showing that there is a lack of true altruism in gamete transactions. The financial component of donation is contested because the quality of life for the offspring could be compromised by lying about and/or omitting health information in pursuit of payment. The donation of gametes by individuals to strangers more accurately demonstrates the suggested altruism of involvement in the process, though helping a relative in this manner accomplishes one's own genetic continuation, and the "gift of life" from a friend is most likely reciprocated by appreciation in various ways.

I aim here to find out how people in our society, particularly white middle class college students, feel about gamete donation in terms of the human body as a divisible and marketable entity. Participants' responses fall into two general categories: individuals who would be willing to donate, and those who would not be willing to donate. I believe that the majority of participants' responses will reflect a neo-liberal view, such that they support others for selling something that is theirs to sell, and that the individuals will approve of personally donating to help someone else out, corresponding with their own prospective financial and personal gains. I believe that the smaller remaining portion of participants will object to giving or selling the part of himself or herself that ultimately functions to create another person. Anthropologists have studied donors' attitudes toward the sale or gift of their bodily fluid, that is, their motivations for donating, but my research is exploratory in that I assess opinions of individuals outside of the realm of donation. Current research describes why certain individuals chose to donate, but my research also touches upon why some capable individuals would not donate, thus a descriptive approach. I have found that overall, the individuals in my sample lack the financial strain that may motivate such unorthodox methods of making money as selling their gametes, and as such do not wish to do so for strangers.

My research is purely qualitative in that I hope to represent this data through snippets of opinionated dialogue. The goal of my research is to achieve authenticity in capturing the social world through the minds of my participants. A personal curiosity for ethics and medical anthropology had endowed me with the desire to expand my knowledge on this topic. Reproductive technologies are forever changing social interaction and the view of the human body as natural and impartible, creating unprecedented controversies that I wish to take part in addressing and possibly solving.

### **Literature Review**

There is a complete omission of scholarship in the social sciences regarding opinions and potential motivations for gamete donation. It is nonetheless useful to look at work in the field of anthropology on the personal accounts of donors to compare with assessing data from my participants to create generalizable concepts of donor motivation and beliefs about person-hood among white middle class college students.

Konrad (1998) examines British ova donors' perceptions of their gift not in terms of motivations, but more in how they are individually involved in a method of social enablement on behalf of others, via narratives of assistance (Konrad 1998: 651). Konrad (1998) captures these narratives through ethnographic fieldwork at in-vitro fertilization and assisted conception units in London between 1992 and 1994 (Konrad 1998: 661). Konrad (1998) addresses how, despite the unnatural tenets of the process, "an ova donor becomes 'more' of a woman because she takes into her body increased amounts of womanly substance," (Konrad 1998: 650). As the donor prepares her body as a site of agency, she must undergo highly interventionary processes including controlled ovarian hyperstimulation, which produces surplus ova to increase the probability that the recipient will become pregnant (Konrad 1998: 649). The work of Konrad (1998) in London looks specifically at women in a

system of anonymous donation, such that the donor's body is shrouded in a cloud of natural femininity and innate altruism (Konrad 1998:651), which is distinctly altered when the donor and recipient are allowed to communicate, and especially when they previously knew each other, including relatives. Konrad (1998) did not address a specific research question but rather compiled information from other authors and from some interviewees in order to represent how anonymous egg donors feel about their 'gifts of life,' demonstrating the positive, altruistic means of doing so (Konrad 1998). The factor of Konrad's research (1998) that is most useful to mine is the apparent altruism involved in anonymous egg donation, shown by her description of the donors' understanding of helping not only the recipient, but also the recipient's family and friends, thereby effecting a meaningful social change (Konrad 1998: 656). I will address the thoughts of both women and men regarding donation and thoughts on becoming a donor through qualitative means, which will undoubtedly touch on these helping narratives.

Shaw (2008) looks at New Zealand ova donors' perceptions of their experience and assembles a subset of donors who differ from the purely altruistic ones described by Konrad (1998) (Shaw 2008). Shaw uses the same ethnographic methods as Konrad (1998), utilizing in-depth interviews during 2003 and 2004 (Shaw 2008: 12). Shaw (2008) captures the motivations of both ova donors and surrogate mothers, and finds that many of these women view their experience as body projects offering some personal intrinsic benefit, which, "counters essentialist notions of women donors whose primary sense of self-worth is supposedly tied up with altruism and self-sacrifice" (Shaw 2008: 22). As such, Shaw (2008) looks at the gender division that exists describing men and women's moral maturity as expressing two distinct moral voices; women are automatically ascribed an ethic of care, while men are ascribed individualism and autonomy (Shaw 2008: 15-16). This approaches a feminist level of analysis far beyond the scope of my research, but the gender disparities of gamete donation are an important factor to assess nonetheless. Wanting to help others is on the surface altruistic, but as Shaw (2008) describes, "the pure gift entails the absence of any expectation of remuneration in any form" (Shaw

2008: 16). The fact that, for some donors, payment is primary to helping others, and the fact that many donors cite multiple motivations, dispels the notion of altruism. Is an action truly altruistic if the donor acknowledges some form of satisfaction for their actions? Many of the study's participants saw their donations as, "symbolizing acts of human connection and solidarity in accordance with approaches to ethics that stress women's capacity for relatedness," while empowering themselves in the conceptualization of their ability to provide this for someone in need (Shaw 2008: 18). Again, the sample in this study differs from mine in the individual's relationship to the gamete donation process, yet the information on reproductive gift-giving rhetoric is a valuable component to the outside views of the process.

The gender disparities in gamete donation are evident when one compares the works of Konrad (1998) and Shaw (2008) to that of Tober (2004) in three American sperm banks (Tober 2004). In stark contrast to the feminine notion of egg donation is the sexuality aspect assessed of sperm donation, and the inclusion of money in either transaction clearly alters the scope of gift giving. One may assess gamete donation as a whole through three motivating factors, according to Tober (2004), the primary one being the exchange of money. Largely, the system meets the consumer demand for gametes because those specific consumers could pay someone who wanted a way to make money. The secondary motivations are the desire to pass down your genes, and/or wanting to help people, which one may label genetic continuance without the responsibilities of further parental investment, and altruism at face value, respectively. Secondary motivations are widespread, but not commonly cited as primary motivations (Tober 2004: 153). Tober (2004) has a clear objective of ethnographically collecting the motivations of donors in the social realm of United States capitalism (Tober 2004), which will compare interestingly to my findings of male college students with the ability to donate. I hope to contribute successfully to knowledge on gamete donor motivations by capturing opinions at a pre-donation stage, as it will be enlightening to learn why someone would be anti-donation given the



wealth of reasons and shades of reasons many others have demonstrated exist in the United States, and closely related societies.

Anthropological work on organ donation also has an important association with gamete donation, concerning the marketability and divisibility of body tissues. Nancy Scheper-Hughes has played a major role in examining the human body from an anthropological standpoint. Her work on organ donation easily parallels gamete donation in the most basic assessment of reducing the human body to its components and selling those components via a market economy. Margaret Lock has also given some insight into the new moral boundaries we must face regarding technology and the body. Lock suggests that body tissues are usually regarded as inalienable, and as such must be conceptualized as thing-like, non-self, and detachable from the body without causing irreparable loss or damage to be marketable (Lock 2004: 71). The bio-ethical dilemma concerning organ donation surpasses the dilemma of gamete donation in that the removal of some organs may impair the quality of life of the donor, and the removal of most organs will result in the death of a living donor. The organ donation dilemma involves discussions of living related donors and brain death, bringing the practice under scrutiny of the public eye. The gamete donation dilemma is contested in different circles, from religious groups that preach against masturbation to neo-liberal thinkers that willingly discern their bodies as divisible and marketable. Furthermore, the donation of semen and the donation of ova are regarded in very different manners despite the fact that semen and ova serve an identical function for a human recipient. This can be explained simply by the manner of procuring the substance of donation; semen is obtained in a quick, unintrusive way, and is seen as being in infinite supply, while egg donation takes much more effort, including surgery, and eggs are not utterly infinite. The American Society of Reproductive Medicine makes ethical considerations of assisted reproductive technologies, yet they only have statements regarding the rights of donors, and guidelines for paying oocyte donors; no statements exist specifically for sperm donation (American Society of Reproductive Medicine 2009).

This is basic evidence showing that egg donation occurs under a more watchful eye than sperm donation.

Internal organs are entirely more necessary for normal functioning than gametes, and living donors undergo a long ordeal in the procurement process, so the controversy over egg donation is more in line with the intrusive nature of such donations, instead of being aligned with sperm donation. This entire concept of body tissues as expendable property is known as commodification; as Scheper-Hughes puts it, “capitalized economic relations between humans in which human bodies are the token of economic exchanges that are often masked as something else—love, altruism, pleasure, kindness” (Scheper-Hughes 2004: 2). Organ donation in the United States is generally associated with altruism and kindness, and love in cases of related donors, whereas gamete donation exists mainly in the realm of profit. The pleasure one may receive from enabling a loved one to live through the donation of an organ is clearly different from the pleasure one may receive from enabling a couple to birth a child, especially for men who achieve sexual gratification through procuring their semen.

Both sides of gamete donation are rife with reasons explaining the inequality inherent in the process. Donating requires a significant amount of time for both sexes; both stand to profit from selling part of them. According to Tober, ovum donors are typically paid several thousand dollars for a single donation of multiple eggs, and sperm donors receiving compensation are paid around 40-50 dollars per sample, donating once or twice a week potentially earning \$4800 per year (Tober 2004: 156). Tober also points out that the payment is not equal for all egg donors, as there is extra financial incentive for East Indian and Asian women, whose eggs are in high demand (Tober 2004: 156). She further explains that, “screening procedures within the sperm-banking industry reflect widely held cultural assumptions surrounding who is or is not suited to reproduce” (Tober 2004: 158). Men with the more desirable traits of intelligent, educated, attractive, and altruistic are paid more; this is shocking in the realm of selling part of your body, but completely in line with the economic principles of supply and demand.

The gender inequality that exists within gamete donation has a base in the biological differences of the sexes. Donor insemination has been practiced for over a century, whereas the first successful instance of IVF was in 1978, and the first baby resulting from an egg donation was born in 1984 (Orobitg and Salazar 2005: 34). Gender inequality is a cross-cultural universal, even today when it comes to sperm and egg donation because gender ideology defines egg donation as an altruistic, clinical, family-centered, asexual act and accounts for why anonymity is not so strictly protected for egg donation as in semen donation, according to Orobitg and Salazar (Orobitg and Salazar 2005: 40).

In stark contrast to the feminine notion of egg donation is, as Tober puts it, “the paid sperm donors’ ability to bring themselves to climax produces commodity, linking sexuality to the market for genetic material” (Tober 2004: 144). Masturbation is seen as self serving, and though overtly sexual, not with a personal objective of procreation and child rearing. Sperm donor recruitment advertisements often tap into notion of making a quick buck for something men already do. Egg donor recruitment advertisements, on the other hand, stress how wonderful it is to help someone else, and how much money is available for doing something it is claimed women should feel it only natural to do. Interesting here is the juxtaposition of the naturalness of women helping other women in the realm of children, to the unnatural technological concepts employed to do so.

The ethical question of gamete donation is far more controversial for egg donation than for sperm donation. People are far more likely to equate egg donation with the donation of a child, than sperm donation, according to Orobitg and Salazar (Orobitg and Salazar 2005: 39). They discuss how many donors mention the ‘social aspects’ or taboos over donating an embryo to which egg donation feels very close. Selling embryos is a whole other topic in the debate on the commodification of the body, because the body tissue you are commodifying is that which can form another body given the right environment; sperm and eggs need not only to be incubated in a uterus, but must be physically manipulated to produce a fertilization event after the tissue has left the hands of the donor. The question

then remains-why is there a stronger social taboo against donating eggs than sperm when they clearly serve the same function? Furthermore, why does society overwhelmingly accept the sale of hair, blood, and saliva when hair, blood, saliva, sperm, AND eggs are all surplus bodily materials? The answer lies in the social construction of the destination of the material of donation and the objective via gender ideologies. If someone holds a cultural taboo over the sanctity of the human body, they will not support any form of donation or sale of body tissue, but individuals that freely support blood donation to save someone's life, the stance against gamete donation is linked to the concept of awe in the building blocks of life.

Shaw looks at the gender division that exists describing men and women's moral maturity as expressing two distinct moral voices; women are automatically ascribed an ethic of care, while men are ascribed individualism and autonomy (Shaw 2008: 15-16). The amount of eggs a normal woman in U.S. society has is overabundant given her personal reproductive objective of far less than a dozen children. As such, the fact that there are a finite number of eggs is unimportant relative to the infinite amount of sperm in a normal man or hair, blood, or saliva in any normal person. But still, culture has constructed a sensitive area around which we approach egg donation in a very different manner than sperm donation even without addressing the marketable aspect of the divisible body.

The gendered double standard can be linked to the subjugation of women such that they did not legally have ownership over their own bodies until half a century ago. As such, some women cite their egg donation as an act of autonomy, which allows them some economic independence with their profit, and enables them to take control of the own body, especially for women that went through a power-less event, such as being coerced into aborting a pregnancy (Orobitg and Salazar 2005: 40). Shaw examined such instances of women who referred to their act of donation as a 'body project'. What is interesting is, "talk of body projects counters essentialist notions of women donors whose primary sense of self-worth is supposedly tied up with altruism and self-sacrifice" (Shaw 2008: 22).

Gamete donation as a whole can be assessed through three motivating factors, according to Tober (Tober 2004: 153). The primary motivation, which also counters the ethic of care of women, is the exchange of money. By and large, the consumer demand for gametes is met because those specific consumers could pay someone who wanted a way to make money. The secondary motivations are wanting to pass down your genes, and/or wanting to help other people. Secondary motivations are widespread, but they are not commonly cited as primary motivations. One may acknowledge that genetic continuance strays from the market setup but nonetheless is a selfish factor that exempts you from the responsibility of raising the child. Wanting to help others is on the surface altruistic, but as Shaw describes, “the pure gift entails the absence of any expectation of remuneration in any form” (Shaw 2008: 16). Clearly, the fact that helping others is secondary to getting paid dispels the notion of altruism.

A primary argument against paying people for their gametes is the injustice to the inevitable injustice to the child due to the biological and social parents’ desires. Tober argues that if a donor is getting paid for their product, he has a vested interest in lying about any diseases he may carry in pursuit of profit (Tober 2004: 146). Even a donor’s desire for social and genetic continuance is motivation enough to leave out medical information that may seem trivial to them but will disqualify them from donating and thus, reaping any benefit from doing so. The social parents also shape the process unjustly by arbitrarily linking personality traits of the donor with the quality of the person that will be produced. Tober states, “the perceived genetic traits of a semen donor have economic value,” and, “a donor is viewed as a prototype for the future child” (Tober 2004: 138). The quest for altruistically motivated donors among sperm banks is misplaced because individuals can easily lie, and any transaction involving genetic continuation is automatically motivated by a certain degree of ego-centrism. If no one profited financially from donating gametes, the gamete selection process would be somewhat less unfair, although certain traits will still be favored more, creating not an economic

injustice but an ideological one.

Biology is often assumed to be a static, absolute entity, despite clear evidence of the many ways in which environment can alter that ‘set path’. Gamete donation is a cultural construction where law codifies the deprivation of genealogical meaning of a biological substance, that is and the attribution of that meaning to the recipients as parenthood, such that the social conventions defining genes as an essential component of kinship bonds are challenged or denied, as described by Orobitch and Salazar (Orobitch and Salazar 2005: 49). This is an example of how biology holds a cultural connotation in that of kinship, such that the individuals involved in the transfer of gametes also transfer the role the child will play in life.

An interesting aspect to consider is how the sheer multitude of combinations of eggs and sperm allow probability to demonstrate to us that that child that is produced is a unique result. In some cases this allows donors to cast off that biologically related child as the product of their seed that could in no way have been produced had they happened to have personally used that sperm to create a child, while in other cases individuals do not wish to produce such a unique child without personally being involved in the ‘miracle of life’. This is the argument that is used against giving or selling any part of one's body, the anthropological concern with biotechnologies permitting body parts to be reconceptualized as independent and potentially alienable, as Weiss puts it (Weiss 2004: 94). Biomedicine attempts to purify and decontextualize these body parts for new, practical uses, but such commodities cannot be understood as completely independent of the moral and social order. Dwyer states, “we need to recognize that our relationship to our bodies is deeper, more social, and more existential than the metaphor of ownership suggests” (Jacobs, Dwyer, and Lee 2001: 13). Johnston looks at the opposing sides of donation: doing so as a commodity for profit, or as a gift. The latter postulates that, “our bodies were ‘given’ to us, by God or by Nature, and that we therefore breach a preexisting gift relationship when we sell our body parts” (Johnston 2006: 30). This is, in essence, speaking against the social,

culturally specific concept of re-gifting.

The commodity viewpoint sees donation through a market economy lens, such that, “any tangible gift is a kind of property, even if cultural and legal restrictions attach to it” according to Johnston (Johnston 2006: 30). Lee argues that, “if implemented safely, ova donation is no worse than elective cosmetic surgery” (Jacobs, Dwyer, and Lee 2001: 14). The justification is that an individual is choosing to undergo a medical procedure that is not a personal health intervention, but rather increases their perceived quality of life, whether by changing their physical appearance by paying money or receiving money to change another individual's life. Johnston states that the strongest argument against paying someone to relinquish their surplus bodily substance could further restrict access to treatments and research materials by pricing them outside people's reach (Johnston 2006: 30).

What the commodity argument does not address is how the ‘free’ market is really a cesspool of inequality and coercion. According to Johnston, voluntariness of participation is a major factor cited for promoting bans on compensation, the major factor for participation in research, because the voluntary nature of the endeavor can be compromised by feeling compelled to participate, whether by financial necessity, or in the case of donating to research, if you knew or were employed by the researcher (Johnston 2006: 29). For example, the National Academy of Sciences has put out a recommendation against paying egg, sperm, and embryo donors, not because of a moral objection, but because of a fear of consequences; this recommendation was explicitly left open for revision, particularly if donors prove difficult to attract (Johnston 2006: 31). Clearly, even the scientific community cannot ignore the economic role of new reproductive technologies. The bioethical statute ‘do no harm’ is potentially usurped by the profit motive in the sense that, according to Jacobs, it is “incompatible with the role of a physician to subject someone to a dangerous procedure that does not provide medical benefit (whether amelioration of illness or enhancement of normal function). The public, collectively and as individuals, do not expect that physicians will ask people to engage in unhealthy activities for a fee” (Jacobs,

Dwyer, and Lee 2001: 12). Johnston provides the counterargument, that payment is a necessary incentive for the system, and that it is a stretch to argue that donating eggs is the best reasonable option to make money (Johnston 2006: 30). The justification for payment is that women are paid for their time and effort, not just the material they are providing. This explanation does not translate to organ donation, which has laws against selling everywhere in the world but Iran, because living donors need considerable recovery time after their surgery for which financial compensation would make sense.

The anthropological literature has limited work specifically on gamete donation. More abundant is the literature on commodifying the body regarding organ donation. To more fully address the question of donating gametes, and especially the inequality surrounding the market-based system of donation, more research must be done on the donors' points of view, the recipients' points of view, and even the general public's thoughts on the divisible and marketable nature of the body. The role of a reproductive worker is more easily demonstrated through research on the sex trade, adoption, and the growing literature on surrogate motherhood; however the role individual people play in producing children for profit should be viewed to expand the understanding of personhood and the nature of the human body. As of now, the scholarship acknowledges the stratification of donors by desirable traits, the gender inequality that separates the sperm donor from the egg donor, and the exploitation, especially of the female body, through risking complications from a medically unnecessary surgery for cash. Anthropological research has been done on children from gamete donation, as well as adopted children, and approaches the psychological aspects of these situations, whereas more research is needed to realize the concept of personhood. Donor children, as they are sometimes called, only exist because their parents had money to use assisted reproductive technologies. Routinization of such technologies via the technological imperative is not a great system because of the selectivity of consumerism; by allowing people to choose the parent of their child when unable to conceive 'naturally', the child is both a manipulated being, and the product of someone's financial necessity.



### **Conceptualization and Sampling**

My work is inductive such that I hope to construct general statements from more specific data. One of my independent variables is sex: female or male, as I believe one's genetic endowment of sex chromosomes will have a great effect on how the individual views gamete donation. I believe that females may feel differently than males about personally donating. This is due to the physical differences in gamete procurement that create disparate experiences between the sexes concerning time and energy involved, as well as the wide differences in potential for monetary remuneration. Another independent variable that I cannot ignore is gender of the participant: woman or man. Sex and gender are not synonymous, although my sample contains individuals who, to the best of their knowledge, are mutually inclusive in these two categories. That is, all of the individuals who engender a feminine status believe that they have XX sex chromosomes creating the environment within their bodies for egg development, and all of the individuals who engender a masculine status believe that they have XY sex chromosomes creating the environment within their bodies for sperm development. The importance of this distinction lies in the socialization each participant has undergone since birth into their feminine or masculine status, which can have profound effects on their thinking or their subconscious preferences. An example of this is Shaw's (2008) ethic of care of women that may predispose them to donate for altruistic reasons, compared to the ethic of individuality and autonomy of men that may predispose them to donate for a quick buck because they feel detached from the emotional aspects of the situation (Shaw 2008: 15-16).

The dependent variable is the view of gamete donation of the participant, as each view will depend upon the independent variables, sex and gender. I specifically look for indicators for my preconceived responses, so in the case of personally wanting to donate for altruistic reasons, I will

discern indicators such as, “I would like helping someone out.” In the case of personally wanting to donate for monetary remuneration, I will discern indicators such as “this is an easy way to make money.” In the case of personally wishing to donate for genetic continuance, I will discern indicators such as, “I’d like to know I passed on my good features with minimal effort.” In the case of not personally wanting to donate due to negative views of the divisibility of the body, I will discern indicators such as, “I wouldn’t want to give away a part of me.” Finally, in the case of not personally wishing to donate due to negative views of the facilitation of the unnatural creation of a person, I will discern indicators such as, “reproductive technologies are sketchy---we should stick to natural ways.” I came across another case of not personally wishing to donate through the interview process such that some individuals are uneasy with facilitating the creation of someone with their genetic material that they do not really know given the lack of parenting by the anonymous donor.

Another variable that is worth analyzing is age, due to the fact that while most of the participants are twenty-one or twenty-two years of age, five are not. One constant among the participants is race, as all individuals identify as white. Social status is another constant because all participants identify as middle-class, University at Albany students. I obtained data on all variables through explicit interview questions.

One issue of validity I must consider is measurement validity, in three different forms. Firstly, the participants are open to idiosyncratic error by being in an abnormal mood for the interview. Secondly, generic individual errors may have occurred if the participants responded in a certain manner due to the fact that I personally know them. Lastly, methods factors may obstruct the validity of the study if the participants interpreted questions differently than I did when I authored them. An issue of reliability I must consider is intra-rater reliability, because my mood and current viewpoints may not match if I were to conduct the project a second time with the same individuals, thus biasing the goal of objectivity. As such, my research can only be taken at face value in the sense that my results are formed

solely from the interviews I conduct, with room to generalize to others loosely.

Table 1 Age and Sex of Respondents

Pseudonym	Age	Sex
Veronica	22	Female
Jane	22	Female
Allie	21	Female
Crystal	18	Female
Mike Whooten	29	Male
Jared	27	Male
Holden Caulfield	22	Male
Garrett	21	Male
Reginald	21	Male
Tyler	21	Male
Jake	19	Male
Simon	18	Male

Note: Sex and gender are mutually inclusive for my sample

The population from which I drew my sample is white, middle class, friends who attend SUNY Albany in New York state. As such, this is without a doubt convenience sampling, because I would ideally like to have interviewed a larger representative sample from the student population but could not due to the scope of my project, including time and financial factors. My sample is also a purposive sample, because instead of selecting the first dozen friends I could think of that fit into my categories, I selected individuals who are somewhat knowledgeable about the issue, and who are willing to talk. A main sampling error that I encountered is small sample size; a larger sample would enable less error in results or even simply the range of viewpoints. A main problem I ran into when I attempted to interview the participants was a less-than-professional atmosphere due to a lack of anonymity between

the participants and I. Overall, my social research goals to explore gamete donation viewpoints in any way, and to gain preliminary experience in conducting ethnographic research were met.

### **Research Design**

My research design consists of intensive, or in-depth, interviewing. By using this design, I compiled in-depth information about the interviewees' feelings, emotions, experiences, and perceptions through open-ended, relatively unstructured questions. I chose this method of research in order to gain insight into a specific sample of people's views on my topic. One cannot gain information on my exploratory topic very well through quantitative methods because too much structure can result in inaccurate results whereby the process does not capture certain views. I recorded the views the participants have, beyond the plan of seeing if some portion of their views fit into my previously designated categories. The degree of semi-structure allowed me to probe for information, with a script as a reference point, in a conversational manner, and it allowed me to tailor the interview to each respondent. An obvious advantage of intensive interviewing is that it is interactive and allows the respondents to think and give unique responses. I also asked additional questions I did not explicitly prepare when I felt the need.

Another disadvantage is the high investment of time and energy into such a small sample. Quantitative research methods can compile far more data, at the expense of less depth. An ethical issue I considered was subject well-being. Questioning individuals about their viewpoints on this issue of gamete donation taps into the complexities of life and has the potential to cause some amount of emotional disdain. Another ethical issue is that of confidentiality, such that I have changed the respondents' names in my interview transcriptions. A third ethical issue is that of voluntary participation because of my prior social relationships with the subjects. They may not have been

completely willing to participate, but may have felt a sense of coercion because they may have been fearful of an altered social relationship with me after declining to provide me this favor, despite my assertions that they could decline without the decision, “changing anything between us.”

In order to accomplish data collection, I used availability, or convenience, sampling, whereby I asked people I know who fit the population description if I can interview them. I contacted each individual through either a phone call or text message and inquired about their participation, setting up a time and place for the data collection. This was the best method for me because I had no funding with which to compensate strangers for their time and effort. An advantage of this is the inherent convenience in avoiding expending some of the time and energy of my project on establishing the sample instead of other elements of the project. As such, it is advantageous for me to use this method of sampling because I experienced an extremely high response rate: every friend I asked agreed to participate. Another advantage is that I did not have to spend the initial portion of the interview establishing rapport; I dove into a comfortable conversation more or less from the start with each participant. A corresponding disadvantage of using convenience sampling is that the data may not fully represent the respondents' views because they were cautious of the future of our social relationship. In addition, it is possible that the participants did not fully “take it seriously,” and provided inaccurate depictions of their viewpoints. I taped the interviews using an audio recording device, and later transcribed the interview to compile and analyze written data for patterns and outliers.

### **Findings and Discussion**

Being that there has been no past research on viewpoints on gamete donation outside of the actual process itself, it is difficult to assign expectations to my research. As such, it is only possible for me to align my prospective results with my hypothesis, in that a majority of the participants, as neo-

liberal college students, would be pro-donation, citing reasons of money, social enablement, body projects, and genetic continuance, among others. I found that money and social enablement were the only motivating factors mentioned by individuals who would donate, perhaps due to the ages of the participants and therefore distance from desiring to donate, “for themselves,” or for the good of their genes. I believe that the individuals who would be anti-donation would either not wish to give part of their body with the intent to create a human being, or would not wish to sell a part of their body. I found that no one in my sample felt negatively toward selling a part of them; the concern existed solely in the aspect of creating a child they would not know, and the ramifications therein.

An important aspect of personhood cross-culturally is acknowledging your social existence. One’s place in the community is shaped by kinship ties and as such, reproduction is an essential role in maintaining the community over time. This is apparent in the United States’ culture such that the nuclear family unit is the dominant form of living arrangement. Aside from this, people generally live with people to whom they are related, whether biologically or socially. The desire to have children, then, is biologically based in the sense of wanting to pass on your genes, while the social basis for having children exists because of societal norms’ latent pressure. All in all, the general public assumes reproduction to be the norm, and individuals who do not reproduce are either unfortunate at not being able to do so or strange for choosing not to do so. The 2002 National Survey of Family Growth informs us that 7.4% of married women aged 15-44 are unable to get pregnant for at least 12 consecutive months, called infertility, and that 11.8% of women aged 15-44 have an impaired ability to have children, called impaired fecundity (Centers for Disease Control and Prevention 2005). Looking at another culture, Orobitch and Salazar state that, “infertility affects approximately 15 per cent of couples in Spain, and 40 per cent of these infertile couples will use assisted reproduction” (Orobitch and Salazar 2005: 34). These statistics stand in stark contrast to the notion that everyone can, and some people should, have children, that the inability to do so is rare.

An uninformed view emerges here which supports gamete donation to help the unfortunate few who cannot fulfill their dreams to procreate. Among the informed, a debate emerges: should we go with the flow with the technological imperative and allow people to sell their bodily tissue to support the substantial demand for gametes, or should we appreciate diversity and accept into society people who cannot bear children, thus eliminating the disparity of consumer based practice that only lets people use the technology if they can afford it, as well as the exploitation of those involved because they are forced to donate their body tissues for the financial remuneration. As it stands, society accepts assisted reproductive technologies for middle- to upper-class heterosexual couples; a hidden filter exists that prevents certain people from even attempting to use reproductive technologies to have a child. Save for the two homosexual male respondents in my sample, my sample would not be effected by this filter relatively speaking.

I am correct in believing that the vast majority of the participants want to have children, given the socialization processes of their family structures and thus will value the ability to have children. I asked each respondent, “what are your aspirations? How would you like to see your daily life in 5 or ten years?” I was correct in assuming that the participants would describe their lives as ambitious students who value money and working to maintain a comfortable lifestyle. Each individual shared with me either specific career ambitions, or the general desire to have a comfortable job. I then had to prompt every one of my eight male respondents with, “how about in your personal life?” whereby four respondents definitely wanted a family and children, and four respondents were fairly certain of their desire for a family, but either uncertain of, or against, the prospect of having children. I do not believe it is a coincidence that each of my four female respondents included family as a goal without being prompted and one respondent even started off with a personal goal, mentioned a career goal second, then returned to her personal life: “I'd like to be married, I would like to work in an accounting firm, maybe have a kid, or two, um being a good wife and a good mom.” (Jane) Three of my four female

respondents definitely want to have children (75%), and the fourth said maybe: none of the females lack the desire to have kids (0%), while two of the eight male respondents definitely do not want kids (25%), and four of the eight males definitely want kids of their own (50%). Becoming a mother, especially experiencing one's own pregnancy, seems to be of more value than becoming a father in one's lifetime.

Table 2: Aspirations for Child-Rearing

Want Kids of Own	7	58.30%	7 (58.3%)
Uncertain/Adopt	3	25.00%	10 (83.3%)
No Kids	2	16.70%	12 (100%)
TOTAL	12	100.00%	

Note: Cumulative Results: 83.3% of respondents are not opposed to having kids.

Table 3: Aspirations for Child-Rearing by Sex of Respondent

	Male		Female	
Want Kids of Own	4	50.00%	3	75.00%
Uncertain/Adopt	2	25.00%	1	25.00%
No Kids	2	25.00%	0	0.00%
TOTAL	8	100.00%	4	100.00%

I was correct in hypothesizing that the participants would convey positive viewpoints on donating time and money to “worthy causes,” as I asked, “How do you feel about donating to charities?” and, “How do you feel about doing volunteer work?” I did not think anyone would be opposed to either, but assumed some would be ambivalent and was surprised to find that every



respondent felt strongly about these activities. Responses to the charity question were all very similar and included, “Depends what id be donating and whats the charity, but yeah,” (Jared) “I think that's a great idea,” (Jake) “I do it if I can,” (Crystal) and “It's good if you have the means to do that.” (Jane) Responses to the volunteer question were also very similar and included, “I volunteer as often as possible,” (Jared) “I think it's also great,” (Jake ) “I do it if I have time,” (Crystal) “Same, you should especially if you have a bunch of free time.” (Jane) The strongest responses to the charity and volunteer questions, respectively, came from Garrett :

“I love donating to charities, i.e. Relay for Life. It makes me feel good inside, well it makes me feel good that I'm helping people. I enjoy helping people, it makes me feel good.

“I feel very good about it being that I volunteer over forty hours a week. I love doing volunteer work.”

I asked the respondents, “How do you feel about donating blood?”

Ten of my twelve respondents feel as though blood donation is a worthwhile endeavor, with responses such as, ““I donate blood, I think it's awesome” (Allie), whereby six of the ten regularly donate, three of the ten would definitely donate but just haven't yet, and one individual said,

“I guess people need blood, and it's readily available and easy to give, there's not much to it, but I'm not allowed to give blood actually” (Reginald)

The anti-blood donation responses were,

“I think it's kind of silly, plus I've never been able to 'cause what is it, you can't donate for some time after getting a tattoo and I'm always getting a tattoo” (Mike Whooten)

and, “ Don't really support it because there are medical alternatives that are easier to make, not as easy as sucking the blood out of another person, but, also you can get a purer result, the material you can make, plasma made in a lab, is far cleaner than suckin' the blood out of me.” (Jared)

Table 4: Attitudes Toward Blood Donation

It's good, I've done it	6	50.00%	6 (50%)
It's good, just haven't done it	4	33.33%	10 (83.33%)
It's not good	2	16.67%	12 (100%)
TOTAL	12	100.00%	

Note: Cumulative Results: 83.3% of respondents think blood donation is a good thing to do

I believe some individuals do not personally agree with living related organ donation, as this process is a considerable investment of time, energy, and health status. I believe some individuals are anti-organ donation in the event of premature death because of many complex reasons, including a view of the body as indivisible on this scale. As such, it is interesting that not one of my twelve respondents are completely against the donation of organs. Nine out of twelve view it favorably under both the living-related donor scenario and the end-of-life scenario, responding in such ways as, “I mean I guess if a person's dead, I think both ways it's a good thing, it saves a lot of lives.” (Simon) and,

“Um I'm signed up as an organ donor, I feel its probably a good thing, extend someones life if something tragic happens, or they're no longer able to use those organs, I mean inherently it's kind of unnatural, but for my doubled organs if my sister or like a family member needs them, I would, umm, I don't know how it works for people you don't know who aren't dead. I supposed it'd be cool, but what the hell happens if my one kidney gives out, do I just take it back?” ~laughs~ (Reginald)

Two respondents would not donate their organs after they die, but upon my prompting, shared that they would donate to a relative in need, placing the importance of the well-being of an individual with whom they are close over the awkward feeling they discern for organ donation overall. The first of these two individuals said,

“I wouldn't want to donate organs, I just think that there's something like, when you die I think

there's something special about being buried like with all your organs in tact, I don't want people cutting me up and taking my heart and my organs but I would give it to someone related to me or like a friend but if it was a stranger, I'm not that kind.” ~laughs~ (Veronica)

The other interaction went as follows:

Alexa: “How do you feel about organ donation?”

Crystal: “Oh no that creeps me out.”

Alexa: “How so? Do you discern a difference between living-related donation and giving them away after you no longer need them?”

Crystal: “Oh yeah yeah, but the thought of somebody cutting my body open when I'm in the grave, the whole thing after I'm done , I'm not comfortable with that”

Finally, one participant had not made up his mind, saying,

“Ooo that's a tough one, um I don't have an organ donation symbol on my license but that's just 'cause I couldn't decide, I don't really know, I probably should have it on there. It's one of those things where I don't want to make the decision, it's just something I don't want to think about.” (Tyler)

Table 5: Attitudes Toward Organ Donation

I'd do it	9	75.00%
No, except living-related donation	2	16.67%
Uncertain	1	8.33%
TOTAL	12	100.00%

I believe many individuals make a distinction between donations of regenerative entities like money and blood, unbounded possibilities for volunteerism, and donating something that will not grow back fully, if at all in the case of organs. None of my respondents were against living-related

donation,

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including the two that are against blood donation. One of these two respondents, interestingly enough, responded, “I’d love it, I’d do it twice if I could,” (Mike Whooten), and the other, “Can’t grow those yet so I support it” (Jared). Clearly the issue of sustainable resources is not an issue for the vast majority of my respondents, except the two that generally would not want to be buried without all components of their bodies, and the one that is uneasy with the issue all-around.

I anticipated that most of the participants would themselves utilize gamete donation if they were unable to go about procreation naturally. The two men who were strictly opposed to personally procreating of course said no to utilizing gamete donation, so of the remaining ten, six would most definitely use donated gametes to achieve the goal of creating a child. One such response from this category was, ““Sex is a good one, however I guess if there were an inability to conceive thru vaginal intercourse I would do test tube babies or whatever the hell they’re doing.” (Garrett). One relatively thorough response is as follows (Jane):

Alexa: “Do you want to have children?”

Jane: “Yes um I would like one like, I’m not against adoption or anything like that, I actually think it would be beneficial, but I would like at least one child that is my own

Alexa: “How would you consider going about creating a child?”

Jane: “I would stop taking the pill, and...”

Alexa: “If that didn’t work, what else would you try?”

Jane: “Well, currently I can see myself forever long with my boyfriend, it would have to be a mutual decision between him and I if I’d want to try in-vitro um that decision would be a lot on my shoulders, I would have to be administered the daily shots which are not just buckets of fun, they’re kind of painful from what I’ve heard. Last resort option if we could not have our own biological child, we would adopt. Not to say that that wouldn’t

also be a first option, we just haven't discussed that 'cause were just enjoying life as it

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is.”

Three individuals looked upon the use of someone else's gametes unfavorably, and one did not want to have a child without a genetic connection. A negative response is as follows:

“I wouldn't want to have a child out of wedlock, my parents'll kill me, so I would get married and then I would make one the old fashioned way, and if that wasn't an option, well the idea of a surrogate kind of freaks me out, I don't want another woman carrying my baby, so reproductive procedures they have where I take hormones and could still carry my baby, I know everyone's pro-adoption but I think having a child that came from you and has your genes is like kind of a perk of being a parent; unspoken bond.” (Veronica)

Table 6: Attitudes Towards the Personal Use of Donated Gametes

I'd do it	6	50.00%	6 (50%)
Generally unfavorable/ Uncertain	3	25.00%	9 (75%)
No way	3	25.00%	12 (100%)
TOTAL	12	100.00%	

Note: Cumulative Results: 75% of respondents have not ruled out the use of someone else's gametes.

Three out of twelve respondents would not donate under any circumstance. Interestingly enough, two of these three individuals would use donated gametes. The opinions of one such individual are as follows (Garrett):

Alexa: “Have you ever considered donating your sperm?

Garrett: “Um, I know my mother has told me she would personally kill me If I ever did that, um I've never actually ever considered it though

Alexa: “Would you ever do it for a stranger?”

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Garrett: “I think a lot of people do it, it might just be my perception that's wrong, but I feel like most people do it not to help someone out, just to get money, they'll be like oh I'm really broke I need the whatever couple hundred dollars you get for doing it, I feel like I've never been at the economic status to masturbate into a cup for two hundred dollars. Anyways, I don't think so, I'd feel too weird that there'd be all these little people running around like, I think it'd be weird, although I think it'd be hilarious, 'is that like a midget of me?' “

Alexa: “Would you ever do it for a friend?”

Garrett: “Actually I think it'd be weirder with someone I know, I would know they're having my child, it would be like a weird barrier 'cause I'd end up seeing the kid but it wouldn't really be mine, am I supposed to be a father figure because they have my genetic material inserted inside of them? I don't think I'd do it.

Alexa: “Would you ever do it for a relative?”

Garrett: “I think that's really frickin' weird absolutely not.”

Six out of twelve respondents would not donate unless it was for someone with whom they were close, like a relative, yet two of them would use gamete donation themselves. This demonstrates a discordant situation between accepting someone else's genetic material, and giving up one's own genetic material for someone else. One respondent said, “Um economic or hereditary reasons aren't important to me as far as sperm donation, I would I mean if presented with a particular circumstance or situation I would definitely give it thought,” (Holden Caulfield) demonstrating that he believed sperm donation to be a permissible activity.

One individual said, “maybe,” (Reginald) to donating his sperm, effectively deciding the money received wouldn't be enough for him to pursue the process any time soon, while the remaining two individuals were completely for donating their gametes. One said the following:

Alexa: “Have you personally considered donating your sperm?”

Simon: “Yes I have. I mean I've never done it, I've looked it up online.”

Alexa: “Would you ever do it for a stranger?”

Simon: “Yeah that's cool I'd do that”

Alexa: “Can you explain why you'd want to do it?”

Simon: “I'd just do it for the money”

Alexa: “Would you ever do it for a friend?”

Simon: “Yeah I would do that”

Alexa: “Would you ever do it for a relative?”

Simon: “Yeah”

The other individual responded as follows (Crystal):

Alexa: “Have you ever considered it donating your eggs?”

Crystal: “Yeahhh if I got paid I'd do it like right now

Alexa: “Are there any other motivating factors besides the money?”

Crystal: “Yeahhh because my cousin couldn't have babies so she had to go that route and so like  
if I think about where she was in her life at that time I think I'd want to help somebody at  
that point

Alexa: “So would you do it for a stranger, friend, or relative?”

Crystal: “Oh my God, in a heartbeat”

Of my twelve respondents, these two individuals are by far the youngest, at eighteen years old each. I believe that age and thus life experience may have an effect on willingness to donate one's gametes, but a larger sample size would be necessary to address this. A more important association

exists between one's perceived economic status and their willingness to donate for money, in the case that all of the respondents who felt comfortable with their finances do not consider donating their gametes due to factors that are more important to them than money. As such, I do not think it is a coincidence that the two individuals who would donate without a doubt are the two individuals who expressed concern over a less-than-ideal economic situation for themselves. When I asked, "how do you perceive your economic status?", Simon responded, "My economic status is I just recently quit my job so I have a very small amount of money left just like the rest of my family, so it's pretty low, it's pretty bad," (Simon). To this question, Crystal responded, "I'm very poor I'm not even kidding, I live a pack of cigarettes a day that's how I live, I struggle on how I'm gonna buy my next pack of cigs and gas. My mom puts money on my card at the ATM when she can, I don't really have a job until maybe next week," (Crystal). There is an obvious difference between these two responses, and the following responses representative of the remainder of the respondents in the categories of self-supporting worker, parent-helped worker, and parent-supported, respectively:

"Well I'm a college student, pretty much support myself, I have loan money I get paid pretty well from my internship so I think I live comfortably," (Allie),

"My economic situation is I'm a student, I worked over the summer for four years and I had I think a pretty good job compared to most college people I know, I saved up a lot of money but its not like, I mean I'm a student I don't have a lot of money or anything, getting by for now and it doesn't bother me," (Tyler), and,

"Uh within my family certainly I couldn't support myself, but my family I'd say we're middle class both my parents are working they have stable jobs , they've been working a while and



make a decent paycheck.”

Table 7. Willingness to Donate One's Gametes

Yes, totally	2	16.67%	2 (16.67%)
Yes, for someone I knew	6	50.00%	8 (66.67%)
Uncertain (Maybe)	1	8.33%	9 (75%)
No Way	3	25.00%	12 (100%)
TOTAL	12	100.00%	

Note: Cumulative Results: 75% of respondents have not ruled out donating their gametes

I hypothesized that the individuals who would not donate their gametes would not accept someone else's gametes either. Of the nine respondents who would not want to donate to a stranger, four would accept gametes from a stranger if other methods of creating a child were not working. This is a surprise to me, as I assumed incorrectly that attitudes toward involvement in the system as a donor or a recipient would not vary overly much. The concern exists for these four individuals with not wanting to “have a child out there,” with their genetic makeup, though they would be able to ascribe a normal situation to parenting a child with whom they did not share genes. I anticipated themes of willingness to take part in technologically driven processes overall given the young, neo-liberal base of participants, but instead I observed an open-minded acceptance of these processes moreso than a desire for involvement.

This can be linked to individual attitudes towards abortion. I asked the respondents, “how do you feel about abortion,” and each and every one described how they support the “right to choose.” One response was, “Um I mean I guess when I think about it I don't really like the idea of abortion but I do support it as a choice for a woman to have. I don't know if I could do it, I support the choice but I

don't know if I can do this" (Allie).

A very similar response came in the form of:

" am 100% pro-choice and I think that , I mean I don't want to say there's nothing wrong with it, I feel like you should be able to choose." (Simon)

My sample as a whole believes donating gametes and aborting pregnancies to be acceptable, which is not true of all populations, yet they lack the motivation to partake in these endeavors themselves.

I believed that the female participants would donate their eggs primarily for financial reasons, with secondary motivations of social enabling. I doubted that any of my female respondents would hold only one motivation, while I believed that some of my male respondents would cite money as their primary motivating factor. The one piece of data I have for each sex regarding favoring personally donating gametes supports these beliefs: as I demonstrated above, Crystal would donate primarily for the monetary remuneration but also because she is in touch with helping someone achieve their child-rearing goal, especially given her knowledge of the process from someone she knows going through the process. As I demonstrated above with Simon, he explicitly stated that he would donate his sperm to a stranger solely for the money, although he would consider helping a friend or relative if the circumstance arose.

I believed that I would find a relationship between the strong positive feelings for giving blood, money, or time, and explanations of altruism in gamete donation for some individuals. As such, I hypothesized that individuals who cite money as an extremely important factor will be less willing to donate aspects of their life for which they will not receive monetary remuneration. Unfortunately, all of the respondents supported donating to charities and doing volunteer work to similar degrees, so I am unable to assess the relationship between these two factors here. It is interesting to note, though, that

the individual who is gung-ho about volunteer work, citing a forty-hour-a-week commitment (Garrett), is one of the three individuals who would not donate their gametes by any means.

I believed that respondents' answers would demonstrate gendered disparities in motivations to donate, but dividing eight men and four women, all of whom are relatively “nice, giving people,” into a handful of subgroups creates a difficult situation for assessing the ethic of care vs ethic of autonomy concept. Among the larger population of individuals who are anti-personally donating their gametes, I believe that some women as well as some men are likely to decide against taking part in a medical process to sell a part of themselves. As it turns out, no one in my sample so much as mentioned having a problem with selling a part of themselves.

I asked the male respondents, “How do you feel about masturbation?”, and, “How would you compare the process of sperm donation with masturbation?” I was hoping to assess a possible relationship between negative experiences with masturbation, or a lack of any experiences, and thus I believed that it was more likely for these men to feel hesitant about undergoing this process for a nominal fee, independent of the motivations to do so. None of the men responded negatively towards masturbation, though one did feel too uncomfortable to respond (Jake). He was one of the individuals who would not donate for a stranger, but it is impossible to assert this is at all due to a negative view towards masturbation, as not having a positive view towards it is not enough, and anyhow this is only one piece of data. I was correct in guessing that overall the men would speak favorably of their personal experiences with masturbation, and everyone basically separated masturbation and sperm donation into two entirely different acts.

My findings regarding motivations to donate match up, albeit weakly, with those by Konrad (1998), Shaw (2008), and Tober (2004), that I explained previously, as Crystal cited money and altruism, and Simon cited money. Looking back on donation and citing money, altruism, personal gratification whether physical or emotional, and genetic continuance, is not very different from looking

ahead at the prospect of donation. We undoubtedly need a larger sample of individuals to address the link between financial need and willingness to donate, and age and willingness to donate. With larger numbers, we may find all the associations of donor motivations and sex apply to willing donors. It is still entirely possible that the motivations that potential donors cite would be idealistic, and some of these individuals would change their minds altogether about donating in the future, perhaps at the last minute at the clinic. Sperm donors, egg donors, and potential sperm and egg donors are by similar but by no means comparable populations, as not everyone who is willing to donate actually donates. To more fully address the question of donating gametes, and especially the inequality surrounding the market-based system of donation, experts must complete more research on the donors' points of view, the recipients' points of view, and even the public's thoughts on the divisible and marketable nature of the body. A related topic of study would be to establish a base of qualitative data from individuals who received an explicit request to donate, for a relative for example, and chose not to do so. In addition, one may conduct future research on why infertile individuals choose not to use gamete donation to achieve their desire to have children. Another topic that does not exist in the literature would be to interview individuals about their experience of planning to donate and finding out that they themselves are infertile.

### **Conclusion**

Gamete donation is an established component of a number of methods of conception within an increasing range of reproductive possibilities. The 2002 National Survey of Family Growth informs us that 7.4% of married women aged 15-44 are infertile, and that 11.8% of women aged 15-44 have impaired fecundity (Centers for Disease Control and Prevention 2005). This, paired with the social conventions placing a positive value on childrearing, is one prime indication that gamete donation is an

increasingly important process. Despite the precision with which we can measure infertility, and despite the prevalence of sperm and egg donation, the anthropological literature has limited work specifically on the topic, and none on the attitudes of prospective donors. More abundant is the literature on commodifying the body regarding organ donation. To more fully address the question of donating gametes, and especially the inequality surrounding the market-based system of donation, more research must be done on the donors' points of view, the recipients' points of view, and even the general public's thoughts on the divisible and marketable nature of the body. The role of a reproductive worker is more easily demonstrated through research on the sex trade, adoption, and the growing literature on surrogate motherhood; however the role individual people play in producing children for profit should be viewed to expand the understanding of personhood and the nature of the human body. As of now, the scholarship acknowledges the stratification of donors by desirable traits, the gender inequality that separates the sperm donor from the egg donor, and the exploitation, especially of the female body, through risking complications from a medically unnecessary surgery for cash. Anthropological research has been done on children from gamete donation, as well as adopted children, and approaches the psychological aspects of these situations, whereas more research is needed to realize the concept of personhood. Donor children, as they are sometimes called, only exist because their parents had money to use assisted reproductive technologies. Routinization of such technologies via the technological imperative is not a great system because of the selectivity of consumerism; by allowing people to choose the parent of their child when unable to conceive 'naturally', the child is both a manipulated being, and the product of someone's financial necessity.

I interviewed a dozen white, middle class University at Albany students to establish a body of knowledge on potential donor motivations, albeit a very specific endeavor. Qualitative methods most accurately accomplished my goal of authenticity in open-ended responses, and my goal of gaining experience in conducting research in my own project was met. My data is by no means generalizable to

any larger population but is useful in having a preliminary view of what individuals think about the processes of sperm and egg donation. Gamete donation is rife with moral complexity over the commodification of this “gift of life,” so addressing the viewpoints of certain individuals can help shape how and why we go about such new technological processes. Change is inevitable and technology is innovative, but the dilemma remains as to how to achieve the ideal of autonomy.

My academic interest in ethics and medical anthropology has endowed me with the desire to expand my knowledge on this topic. I thereby found it worthwhile to look into the ethical question of the human body’s components as divisible and marketable, specifically to understand prospective donors’ motivations to donate or not. It is therefore interesting to see that though no one in my sample cited the marketability of any component of their body as problematic, or the divisibility of their body save for the individuals who would prefer not to be laid to rest without all of their organs. Other factors addressed include the societal pressures to utilize the technological imperative, the assessment of altruism, the cultural construction of kinship and biology, and the gender ideologies and inequalities that exist throughout the system. Reproductive technologies are rapidly altering social interaction and the view of the human body as natural and indivisible, creating unprecedented controversies that I have taken part in addressing and possibly solving through social research.

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