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On (global) care chains in times of crisis: egg donation and domestic work in Spain

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ABSTRACT

The Spanish reproductive bioeconomy has bloomed in the last few decades. There are now over three hundred fertility clinics in Spain, which has become one of the main destinations for what is often called "reproductive tourism" in the European context. The phenomenon of assisted reproduction has been extensively studied within English-speaking countries of the global North, but not so much in the cluster of Spanish-speaking countries, with a few interesting exceptions. Following the invitation to collaborate in this special issue around reproduction in Latin America and Spain, we offer an analysis of how Spanish oocyte provision and domestic work function as part of global care chains (GCC). We will compare the results of two major projects: one focusing on domestic work and the other on egg donation programs, both in Spain. We will introduce different perspectives around care and GCC, discussing how transference of oocytes can be viewed as a type of feminized labor involving affective-care work, clinical work, and biological work. The framework of GCC, a concept used to unpack unjust power relations embedded in transferences of care in current neoliberal and globalized socio-economic arrangements, can help to enable a conversation on how transferences of reproductive capacity might be reinforcing the stratification of reproduction.

KEYWORDS

Spanish reproductive bioeconomy; eggs-öocytes; transference of reproductive capacity-TRCs; assisted reproductive technologies-ARTs; global care chains

PALAVRAS-CHAVE

Bioeconomia reprodutiva espanhola; óvulos; transferências de capacidade reprodutiva; cadeias globais de cuidado; reprodução assistida

PALABRAS CLAVE

Bioeconomía reproductiva española; óvulos; transferencia de capacidad reproductiva (TCR); Cadenas globales de cuidados (CGC); tecnologías de reproducción asistida

Cadeias (globais) de cuidados em tempos de crise: doação de óvulos e emprego doméstico na Espanha

RESUMO

A bioeconomia reprodutiva espanhola cresceu significativamente nas últimas décadas com a abertura de mais de trezentas clínicas de fertilidade em todo o país e se tornou, no contexto Europeu, um dos principais destinos do chamado "turismo reprodutivo." Embora o fenômeno da reprodução assistida tenha sido amplamente estudado nos países de língua inglesa do *norte global*, ele não tem sido devidamente analisado no mundo de língua espanhola, com exceções muito interessantes, mas poucas. Neste artigo, gostaríamos de aproveitar a oportunidade, surgida através do convite para colaborar nesta edição especial sobre reprodução na América Latina e na Espanha, para oferecer uma

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análise parcial de como as Bioeconomias reprodutivas espanholas funcionam como parte de cadeias globais de cuidado (CGCs) mais amplas. Em particular, compararemos os resultados de dois grandes projetos conduzidos no contexto espanhol: um deles focado no trabalho doméstico enquanto o outro tem como objeto programas de doação de óvulos. Ao discorrer sobre ambos, introduziremos diferentes perspectivas relativas ao cuidado e à CGC, discutindo como a transferência de oócitos pode ser vista como um tipo de trabalho feminizado que envolve trabalho de cuidado afetivo, clínico e biológico. Elaborado para ajudar a revelar as relações injustas de poder imbuídas nas transferências de cuidado nos atuais arranjos socioeconômicos neoliberais e globalizados, o arcabouço da CGC pode ser convenientemente analisado como meio de iniciar uma conversa sobre como as transferências de capacidade reprodutiva podem estar alargando a estratificação da reprodução.

Cadenas (globales) de cuidados en tiempos de crisis: donación de óvulos y empleo de hogar en el Estado español

RESUMEN

La bioeconomía reproductiva española se ha expandido en las últimas décadas a una velocidad vertiginosa, con la apertura de más de trescientas clínicas de fertilidad y convirtiéndose en uno de los principales destinos del denominado "turismo reproductivo" en el contexto europeo. Mientras que el fenómeno de la reproducción asistida ha sido muy estudiado en el ámbito anglo-parlante del norte global, no lo ha sido tanto en el ámbito hispano-hablante, con muy interesantes pero escasas excepciones. Tomamos este monográfico sobre Reproducción Asistida en América Latina y España como una oportunidad para realizar un análisis parcial sobre cómo la bioeconomía reproductiva española funciona como parte de las cadenas globales de cuidado (CGC). En concreto, comparamos aquí los resultados de dos proyectos: uno centrado en trabajo doméstico y otro en programas de "donación de óvulos," ambos en el contexto español. En dicha comparación introduciremos diferentes perspectivas sobre cuidados y cadenas globales de cuidados, para plantear que las transferencias de óvulos pueden ser vistas como un tipo de trabajo feminizado que conlleva trabajo afectivo de cuidado, trabajo clínico y biológico. Todo ello lo introduciremos en el marco de las crisis de cuidados, y bajo el análisis de cadenas globales de cuidados, concepto formulado para tratar de visibilizar las relaciones injustas de poder embebidas en las transferencias de cuidados en el mundo neoliberal y globalizado. Este marco nos parece apropiado para abrir una conversación sobre cómo las transferencias de capacidad reproductiva pueden estar ampliando la estratificación de la reproducción.

1. Introduction

The Spanish reproductive bioeconomy has bloomed in the last few decades. There are now over three hundred fertility clinics in Spain, which has become one of the main destinations for what is often called "reproductive tourism" in Europe. Spain, almost without

its inhabitants noticing, has become one of the main reproductive hubs in the world and is extending its private model to other regions.[1] An important part of the Spanish model relies on transferences of reproductive capacity (TRC), mainly eggs, framed as "egg donation." Thus, the success of this reproductive bioeconomy is highly indebted to women who provide their eggs to the reproductive market. In this paper, we argue that the transference of reproductive capacity that egg provision entails is inscribed in a broader trend which makes both social and biological reproduction increasingly dependent on commercialized relations with third parties, forming reproductive-care chains along lines of inequality. A key part of these pre-existing chains is domestic work, which is one of the main areas of employment for migrant women in Spain, particularly those coming from Latin America. Domestic work is very common in Spain, though an important part of it remains in the informal economy.

This paper studies domestic and fertility work in Spain together, as part of global care chains (GCC), and locates both within a broader crisis of care where we also identify a reproductive crisis. We examine how domestic work and egg provision might be partially working as precarious and individualized responses to some of the aspects of these crises in Spain, and point to how both these crises and these responses are inextricably linked to inequalities and stratification. To do so, we set up a dialog between the results of two research projects, one focusing on domestic work and the other focusing on egg provision. Even though we concentrate on the role that domestic work and egg provision have in the Spanish context, we situate both in the framework of GCC and the care crisis for two reasons: firstly, in order to engage in broader debates taking place within this framework, and secondly, in order to emphasize that these transferences are profoundly shaped by global dynamics. We engage here with critiques of the gendered and heteronormative division of labor and its current reconstruction, reflecting on the subjective aspects of this process and on the ways in which feminized labor is being inscribed and narrated today. This approach helps explain how the so-called egg donation has developed with the help of a discourse of altruism, but has at the same time been fueled by financial incentives.

In what follows we first contextualize the socio-political and economic realities in which domestic work and egg provision take place: we introduce the idea of a crisis of care and the paradigm of life sustainability, posing the question of whether we can talk about a reproductive crisis. We then introduce the markets around assisted reproduction and domestic work in Spain. In the aims and materials section we present the two research projects. The paper revolves around two main ideas: transferences (of care and reproductive capacity) and (global) care chains. These ideas are discussed as key concepts to think with. This is followed by the presentation of the findings on domestic work and egg provision. We first describe how these transferences take place and the actors involved in them, we then analyze the common dynamics found in the two fields along with the theoretical perspective in the section on the mobilization of affect in the context of inequalities. Finally, we summarize the article's main ideas in the conclusion.

[1]The Spanish reproductive clinical group IVI alone has clinics in Europe (Spain, Italy), Latin America (Brazil, Chile, Argentina), and other parts of the world (USA, Arab Emirates).

2. Domestic work and egg provision within a crisis of care

This paper extends from the diagnosis that the reproductive and care sectors are at least partially linked to the existence of a major care crisis. Within this care crisis, we ask here if we should start talking about a reproductive crisis, linked in a non-linear way to the fertility industry. While the former has been extensively theorized, the latter is not normally approached in these terms. Here, we briefly present the framework of life sustainability and the idea of a care crisis, and then we contextualize egg provision and domestic work in Spain.

2.1. A crisis of care: rendering visible an unequal and unsustainable model

Drawing on contributions from feminist economics, we engage here with the idea that life sustainability should be located at the center of economic thought and activity (Picchio 2003; Carrasco 2011; Calderón 2013; Pérez Orozco 2014; Dobrée and Quiroga Diaz 2019).

To fully understand how the care crisis is linked to the concrete dynamics analyzed in our fieldwork, it might be worth taking a step back and looking at the ideals behind hegemonic economic thought. The ideal types of the Fordist economies, in which much of the economic language we still use to think about labor was created, correspond to a model where paid work in the productive sector (read as "the economic") relied on the (male) bread-winner, and life sustainability and reproducibility relied on caring wives, mothers, and women in general. This model entailed an unfair distribution of care based on gender axes, which was also unfairly distributed among women along race and class axes. With this model as the norm, even though it was only valid for a particular social class of a certain part of the world during a specific period, care needs were relegated to the margins of "the economic," that was narrowly understood to be concerned only with monetary flows and capital accumulation (Carrasco, Borderías, and Torns 2011; Borderías and Carrasco 1994; Mayordomo 2000). Its dichotomous view represented subjects as divided into two ideal types: on the one hand, selfish ones engaged in a rational search for profit (who do not have any care responsibilities and have their own solved by others), and on the other, self-sacrificing ones, devoted to solving other's needs and desires *out of love* (England 2003; Vega Solís 2009; Juliano 2005). Even if all this might seem very basic, these dichotomous understandings of what is and what is not economic still play a role at the back of our analysis in the political economy of assisted reproduction.

The first of these economic ideal subject types has been linked to hegemonic masculinity and to the ideal of rationality and self-sufficiency (Hewitson 1994; Guasch 2006). The second is linked to femininity and can be understood partially through the idea of a *reactionary ethos of care*, following from discourses that understand care as a female responsibility and as a crucial dimension of female identity embedded in the making of damaged subjects in dependent and unfair relationships (Izquierdo 2004, 1998; Orozco and Lafuente 2013). These ideal types are changing, softening at times, deepening at others, and also being queered in many ways (Hernando 2012; Martínez Jiménez 2019). Nonetheless, current material and symbolic economic arrangements still draw on these dichotomies, and gender expectations and mandates still have material and symbolic consequences in the ways in which economic niches develop and are narrated. In this paper, we try to show how heteronormative regimes of both distribution and recognition that draw on

those dichotomous divisions of labor play a key role in how fertility and domestic work are currently carried out in Spain.

The idea of a care crisis refers to the fact that a previous model of care arrangement has collapsed and a new one has still not fully come into existence. The concept of a care crisis in Spain started to be used some years ago to point to a conflict in life-work balance and to an imbalance between care needs and the possibility of solving them, but it quickly became clear that these things were part of a broader conflict between capital and life (Precarias a la Deriva 2004; Ezquerra 2011; Pérez Orozco 2014). The idea of a care crisis points to the precariousness in access to fulfilling the basic needs required to sustain life and to the unfair distribution of care work, which translates into unequal access to care as something organized along power axes linked to social class, gender, place of origin and ethnicity (Precarias a la Deriva 2004).

The societal change that tends to be highlighted when analyzing the care crisis is women's incorporation into the labor market (which is said to have left households "unattended"), but this should be treated with caution. What led to the crisis is a mixture of change and resistance to change that is more extensive and does not take the form of linear but rather unfinished and ongoing processes. These changes are linked to transformations in both public and private spheres (which do include women of a certain class joining the paid market, but many others were there before), but are also inseparably linked to changes in subjectivities (which follow and precede the former). These interlinked changes meant (more) women entered the so-called public sphere and revolted (up to a point) against the burdens of the compulsory care work they were expected to carry on doing at the same time, unbalancing the system to some degree. But as noted earlier, the crisis comes from the combination of change and resistance to change. While (some) women moved into the "productive" spheres, men, the State and society have been reluctant to change and "share their part" of the responsibility for caring, sustaining and reproducing life in the same manner; the result is that life sustainability faces profound problems. Systemic tensions that were normally hidden due to the invisibilized labor of women have become visible. This invisible labor was/is crucial to contain the structural tensions underlying the heteronormative capitalist order, and a movement of such dimensions on the part of women brought those tensions into the open.

The care crisis is accompanied by a reproductive crisis. It is important to note that when we speak of a reproductive crisis we are not necessarily talking about a decline in fertility, nor do we think that a decline in fertility would be problematic in itself. What is problematic is how reproduction and the care of life are left at the margins of what is socially prioritized (capital accumulation). In this context, both care and reproduction are left for individuals to solve on their own within a context of inequalities (Esquivel 2013). Care and reproduction are only partially covered by the common structures of the welfare state, without a deeper involvement of the private sector, the state, or men within households[2] (Ezquerra 2011; Iza 2017; Serrano-Pascual, Artiaga-Leiras, and Crespo 2019). That is to say, some parts are covered, such as healthcare for some[3] during periods of illness, but without covering the maintenance of health in daily life (Durán Heras 2002); formal

[2]Even if men devote more time to care tasks within households, the burden is still unequally distributed (Carrasco and Dominguez 2011).

[3]Healthcare in Spain used to have universal coverage, but since the National Decree of 2012 access has been restricted in different ways, affecting mainly migrant people.

education is covered within a particular age frame, but not a broader attention to childhood; some fertility treatments are covered, but there are almost no political (or workplace) measures to make it easier for women to reproduce. In this context, care and the reproduction of life become privatized in a double sense, they are dealt with in households, and in the market, and they take the form of a consumer good and job niches, thus stratifying access to them. The aim of this paper is to look at how this takes place in relation to domestic work and reproductive capacity.

A number of studies have investigated how care needs are being solved in the care crisis, but not much work has been done focusing on reproduction itself. In the case of Spain, this is seen as a feature of a landscape defined by a low natality rate of 1.25 in 2018 (among the lower rates, if not the lowest one, in Europe) and by a late maternity age, with an average age of over 31 at the birth of the first child. This is considered a reproductive crisis here because the latest studies show that a large percentage of the population would like to have more children than they do, and because of the lack of institutional support for childbearing in the country, which too often leaves those who actually reproduce in vulnerable positions (Castro et al. 2018; INE 2018). A feeling of a generational reproductive crisis can also be observed in debates over unwanted childlessness, which are increasingly present in the media and have been incorporated into different cultural artifacts (Nanclares 2017; López Trujillo 2019; Alonso Suarez 2019). Even if these debates focus on reproductive desire along with the generalization of precarity to among the previously considered middle classes, it is important to note that this side of the story is accompanied by increasing levels of poverty in the country, levels that are expected to increase in light of the new economic crisis following the COVID outbreak. In this context, not all lives are valued equally and not all reproduction is seen as equally desirable: Roma activists, such as Silvia Agüero Fernandez, remind us that whereas some are seen as reproducing "too low," others are discriminated against and said to present "excessive reproduction" (Souza 2019). In parallel to all this, we are witnessing a rapid growth of the fertility sector, which offers solutions to those facing fertility problems, many of which are linked to access to reproduction later in life. On the other (younger) side this is accompanied by a new economic niche (egg provision) deprived of its economic status and presented as a donation, albeit one that is embedded in reproductive stratifications and new ways of earning money.

2.2. Domestic and fertility work in Spain: the widespread use of third party care and reproductive transferences

The Spanish reproductive bioeconomy has expanded considerably in the private sector, accounting for more than 80% of the clinics. Even though the main treatments can be accessed in the public sector, there are long waiting lists, a 40 y/o age limit for women and limitations in access for lesbian couples and women on their own. In 2016 alone around 140,000 cycles took place. Spain is also one of the main destinations of "reproductive tourism" or "cross border reproductive care" within Europe (Hudson and Culley 2011; SEF 2016, 2017).

Many reproductive treatments use third party biological material such as sperm, eggs or embryos. These are the main attractors for people coming to Spain from abroad, as egg transferences in particular are not legal in all surrounding countries. From the different

transferences (embryo, eggs and sperm) that take place, the use of eggs is by far the most common, accounting for 30% of all cycles started in 2016. This number is even larger when we look at treatments for non-residents in Spain, of whom 64% used third party eggs when undergoing in vitro fertilization in the country (SEF 2016, 2017). The Spanish business model has been fueled by these egg donation programs, which make it possible for clinics to treat many more patients than they could without these third-party eggs. These programs also increase clinics' success rates thanks to the reproductive capacity of (younger, selected) egg providers. The argument here is that these transferences are not just another assisted reproductive technology (ART) but rather transferences of reproductive capacity (TRC), and need to be analyzed along with other ways of externalization of care and reproductive capacity and not (only or mainly) alongside fertility treatments (Lafuente-Funes 2019).

Spain also has a broad (though to a great extent informal) domestic work economy. There is a stronger presence of domestic work than in other countries in the region. A broad study of the level of domestic work in Europe in 2008 showed that Spain had the highest number of domestic workers in Europe: 752,600 (Gonzalez del Pino 2010). Countries such as Germany and the United Kingdom, with much larger populations, had 173,000 and 136,000 domestic workers respectively (Gonzalez del Pino 2010). A more recent survey from the Spanish labor union UGT confirms this tendency: domestic employment in the EU member states as a whole accounts for 0.9% of all employment, but in Spain it reaches 3.25% and is as high as 6.3% if we focus on the women's labor market (UGT 2019). More than half of the workers in this sector in Spain are migrants, and that is why it is interesting to study their experiences by analyzing the formation of GCC (Pérez Orozco and López Gil 2011). Until 2011, domestic work was regulated through a specific Special Regime[4] which gave workers less access to good labor conditions than the general labor regulation offers (Otxoa Crespo 2012). Since then, a series of normative modifications have been implemented. However, they do not imply total equal rights to other sectors and normative improvements have not been fully implemented, partly due to the context of the financial crisis post-2008 (Gorfinkiel 2016; UGT 2019).

The lack of equal regulations is entangled in the precariousness that domestic workers, and in particular migrants, experience in the country (Pavlou 2016). Conditions tend to worsen when they intersect with other complications such as those linked to migration status and lack of access to citizen rights due to current migration laws. These situations make workers especially vulnerable in times of crisis, such as the crisis linked to the covid-19 outbreak, which left many migrants without coverage by the measures taken to deal with working and economic losses.

3. Aims and materials

This article develops from a dialog between the results produced by and reflections around two different projects based on extensive fieldwork in Spain. The first was part

[4]The Royal Decree 1424/1985 was replaced by Royal Decree 1620/2011 and complemented with Act No. 27/2011. See more about this change in "Spain Approves New Regulations for Domestic Employees," ILO Document available at: http://www.ilo.ch/wcmsp5/groups/public/@ed_protect/@protrav/@travail/documents/publication/wcms_173686.pdf.

of a broader study of GCC between Latin America and Spain. Here we focus on the part of it that studied domestic work in Spain. The second studied the role of eggs in reproductive bioeconomies, and we focus here on the part of it that studied egg provision in Spain.

Fieldwork around egg transferences took place between 2013 and 2015 and consisted of semi-structured interviews with 20 professionals from 9 private clinics and 1 public hospital, located in five different cities of Andalusia, the Basque Country, Catalonia and Madrid. The fieldwork, undertaken primarily by the main author, was part of a broader study whose IP was Vincenzo Pavone, who along with Flor Arias collaborated on the preparation and data gathering.[5] The author analyzed the interviews, combining thematic and critical discourse analysis in a quest to account for both the complexity and the effects of discourse (Wodak and Meyer 2009; Alonso 1998). Results from this research were presented first in her PhD Thesis (Lafuente-Funes 2017a), and then in several papers (Lafuente-Funes 2017b, 2019; Degli Esposti and Pavone 2019).

The research around domestic work was part of a project coordinated by Mar García Domínguez from INSTRAW that dealt with Global Care Work.[6] The fieldwork used here comes from the subproject in Spain, which was led by the second author. It consisted of interviews with 13 migrant domestic workers, 11 employers of domestic workers and 4 care workers in other sectors. Results from this research have been published in co-authorship with Silvia López Gil in the book *Desigualdades a flor de piel: Cadenas Globales de Cuidados*[7] (2011) and in the paper *GCC: Reshaping the Invisibilized Foundations of an Unsustainable Development Model* (Pérez Orozco 2016), among others.

This paper pays careful attention to the embeddedness between the economic and the subjective spheres, and takes a close look at the role that gender and heteronormativity have in the functioning of current economic activity.

4. Key concepts to locate egg procurement as part of global care chains

STS and feminist work on assisted and third-party reproduction have addressed the new tasks and labor involved in reproductive markets. Interesting work has shown that dichotomous analysis is unable to account for the realities that (mainly) women are experiencing through and around ARTs (Thompson 2005; Franklin 2002, 2013). Some of the main concepts used in the field of reproductive studies originated while studying domestic work, such as the key one of stratified reproduction (Colen 1995). Regarding the labor involved in assisted reproduction, clinical labor points to how

> women's participation in the sale of eggs involves a very literal form of bodily, reproductive labour, a kind of labour that has been traditionally available to women but which has only recently been medicalised, technologised and standardised to an extent where it can be organised on a global scale. (Waldby and Cooper 2008, 59)

The concept of "vital energy" studies the different forms of outsourced labor that benefit from the extraction of "the substance of activity that produces life" (Vora 2015, 3). This

[5]The other members of the Bioarreme team were Pilar Nicolás, Cathy Herbrand and Sergio Romeo.

[6]The project "Building Networks: Latin-American Women in Global Care Chains" was developed by the International Research and Training Institute of the United Nations for the Advancement of Women (UN-INSTRAW). It focused on inter-regional migration from Bolivia, Ecuador and Peru to Spain as well as intra-regional migration from Peru to Chile. Info on its results can be found in Molano Mijangos and García Domínguez (2012).

[7]Embodied Inequalities: Global Care Chains (self translation).

commercialization of "vital energy" sums up the idea of clinical labor and links it to a broader vision of reproductive work that includes both biological and affective work (as seen in Kalindi Vora's analysis of call center workers and surrogacy industries). Bronwyn Parry critically approaches the idea of clinical labor, insisting on the importance of contextualizing the different practices defined by the concept. She states that

> [w]hile the outsourcing and contractualisation of reproductive labour may be embedded in a wider neo-liberal paradigm their underlying dynamics cannot be understood, I would argue, in isolation from their social and cultural contexts which, as this research suggests, dramatically shape their localized forms and practices. (Parry 2015, 35)

Acknowledging that neoliberalism and economic systems do not exist outside societies and subjectivities (but rather in a closely co-adaptative and mutable way) and following the idea that we need to look at each context in detail, here we study egg provision through the lenses of care work and its role in life (un)sustainability in a particular context, the Spanish one. We follow here the path proposed by Santoro and Romero when enabling a dialog between different perspectives around care and biomedical interventions (Santoro and Romero-Bahiller 2017). Finally, we understand that all these labors need to be placed on what the Precarias a la Deriva (2005) have called the sex-attention-care continuum. This refers to a magma of feminized tasks, activities and labor in which some tasks are not fully or not always separable from others and that together form a continuum; this idea points in a very similar direction to that of vital energy, and both point to what we are studying here. In that sense, we assume that reproductive tasks and labor are part of that magma, and that is why we study them along with domestic work. The way in which the feminization of these tasks matters is precisely that they tend to be underpaid, partially as their valuation is linked to doing them *out of love* (Juliano 2005). This means that when these tasks are done under monetary regimes, they are not only underpaid but also undervalued. Dolores Juliano explains that there is an inverse correlation between the social and economic valuation of care (reproductive and sexual) work if done for "loving" motives (mainly within the family or close relations) or within the job market and for monetary reasons. Thus, feminized tasks taking place "in the job market, lose their social prestige of an altruist activity, without acquiring as a compensation an adequate economic retribution" (Juliano 2005, 82). Understanding the continuum from this perspective allows us to look at care and reproductive transferences as similar ones.

4.1. Global care chains and transferences of reproductive capacity

In this paper we use the idea of transference to refer to the care and fertility provisions around which domestic and fertility work revolve. We find that both biological and social reproduction (if these can be separated, even if only in theoretical terms) are increasingly dependent on the (monetized) involvement of third parties, to whom care and fertility tasks are transferred.

Due to the importance of egg transferences in the Spanish reproductive economy, it was urgent to investigate the socio-technical practices involved. In our research we argued that we should stop talking about egg donation and suggest the broader idea of transferences of reproductive capacity, which works as an umbrella term for third party reproduction (Lafuente-Funes 2019). This term is proposed as an escape from

others that draw on (contested) binaries such as economic/altruistic. It tries to be less emotionally or morally charged than "donation," making it easier to understand these complex situations and their necessarily relational aspects. To participate in these transferences involves a type of care work that is both similar and different to others. These transferences can take place in different models (more, or less, commercialized, medicalized or relationally driven). Like other types of care work, this kind can be paid or unpaid and it can take place between people that are emotionally bonded or not. We suggest that egg provision in Spain works as a type of fertility work involving affective, biological and clinical labor, and it is shaped by commercial and economic logics as well as by affective ones. The concept of transference was previously used to study care transferences within domestic work and highlights the idea that care needs tend to be solved in chains (Pérez Orozco and López Gil 2011). In the arena of assisted reproduction, a similar and promising approach to the one presented here is being developed through the idea of "global fertility Chains" (Vertommen and Nahman 2019).

As we showed in the introduction, a large number of Spanish households depend on (commercialized) third party interventions to deal with their care needs. GCC was first used as a term to point to "a series of personal links between people across the globe based on the paid or unpaid work of caring" (Hochschild 2000, 131). Here we focus on how those chains are formed for the maintenance of daily life, a life that is vulnerable and needs to be cared for in order to be sustained (Butler 2009). The functioning of these chains renders visible structural problems in a twist that, at the same time, helps to obscure these structural problems by providing private means to deal with them within a framework of inequality (Ezquerra 2010; Pérez Orozco 2016; Pérez Orozco and López Gil 2011; Zimmerman, Litt, and Bose 2006). GCC emerge as a response to the system's failure to sustain life. That is to say, whereas the process of capital accumulation and profit-making is prioritized by political and socio-economic measures, the sustainability of life is left at the margins and care needs are usually solved through undervalued and underpaid feminized networks such as those represented by the chains.

5. The working of domestic and reproductive chains in Spain: how care and reproductive capacities are transferred

To get a better picture of the network of care and fertility transferences taking place in Spain, it is important to look in detail at who does transferences and who receives them. This makes it possible to better understand the networks of power formed around the outsourcing of care and fertility labor. This idea was already present in *Desigualdades a Flor de Piel* (Pérez Orozco and López Gil 2011) which looked at (1) who receives the transferred care, (2) who transfers care, (3) who pays, and (4) who does the care transference within domestic work. Here we summarize this work and look at these items in egg provision for purposes of comparison. Furthermore, we have added one more item in both cases: (5) who benefits from the transference (see Figure 1).

Gender mandates have a key role in how care and reproductive expectations, responsibilities and privileges are distributed, and this is therefore reflected in the chart. The ways in which both care tasks and responsibilities (caring, reproductive, and economic ones) are distributed is highly gendered and heteronormative (we can follow this on the row "Who transfers care"). These are partly linked to familial logics in Spain, though this resonates

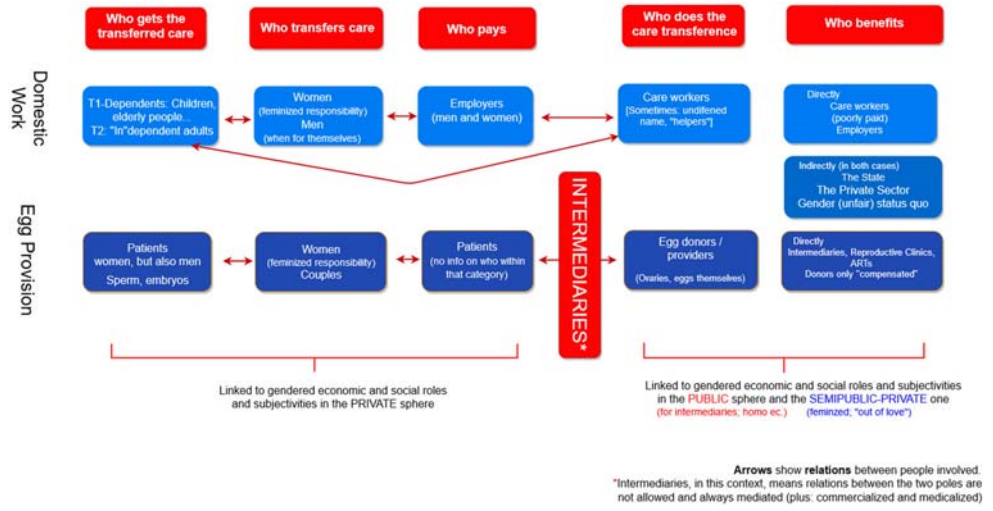

Figure 1. Care transferences within Domestic Work and Egg Provision in Spain. Source: Perez Orozco and Lopez Gil (2011) and own research.

with studies of other contexts (Almeling 2011). These heteronormative and familial logics do not end within the family per se, but expand into subjectivity building, making it easier for women to turn to care and reproductive work and making them enter these contexts in different ways than men do (see the section on mobilization of affect).

5.1. Domestic work

The findings analyze the roles of each actor embedded in the care transferences, which are also divided into four categories. The first relates to those who get the transferred care: (1) those unable to fully care for themselves (children, older people or people with other special needs) and (2) adults who decide to externalize care tasks that, in principle, they could do themselves (single people or couples who hire domestic workers). The second role analyzed is who transfers care. That is to say, who would do the care work (or who would be expected to do it) if no one was hired, and who does the remaining tasks not covered by the worker. This links to who is socially expected to fulfill care and reproductive needs. For example, in an equalitarian household nowadays all members with the capacity to carry out care tasks would be responsible for them: if they hire someone to do them, they would all be transferring care. Nonetheless, the reality found in this research was that care work remains a feminized responsibility. Women transferred care for themselves and other family members, being the main ones in charge of the care transferences. Men only transferred care when they lived on their own. In other words, in the cases analyzed, men transferred their care needs to the women with whom they lived (or on whom they were dependent) and the women then transferred these tasks further. Both men and women were present in the third role: those who pay for the care work transferred by hiring third parties.

The last role analyzed in the book, and key for these transferences, is that of who is doing the care work. This study focused on migrant women due to the fact they represent more than half of the sector, with many of them coming from Latin America (and

regardless of the type of job they did in their countries of origin) (Pérez Orozco and López Gil 2011). Care workers were often identified as "helpers" rather than "workers."

> I suddenly found myself alone in Madrid, I bought a house, suddenly I had it all for myself, and I thought: I am gonna hire someone to help me. (Cucho, employer)

The tasks that workers needed to cover were not always fully explicit or easy to identify, and did not follow a clear path in terms of economic reward. The tasks to be covered tended to overlap with others, and there were new ones that were taken for granted as part of the work or later added without questioning.

> I was hired to live with, care for and attend one person, the older person. But then when I started they told me that I also had to cook for the daughter that lives upstairs, cause she comes to eat here every day. That as well? How come? (Eulalia, domestic employee)

Other examples of this are being expected to oversee the whole household even when hired just to take care of children, or the extra work needed when caring for elderly people as their health conditions get worse. Here emotional labor is key, which further complicates the negotiation of rights (that takes place within the margins of (dis)affect). This emotional side of care work played a role when hiring and valuing workers, both when doing it from more familial perspectives and from professional ones.

All the former can be partially explained by a culture of care (Vega Solís 2009) with a deep familial logic within which domestic work is seen not as a clear-cut job, not as a job with clearly defined tasks, but rather as something that can contain everything and nothing, as it is involved in doing what tends to be invisible once it is done. In this sense it might also be linked to the undervaluation of feminized labor in general, and emotional labor in particular, as these dynamics do not disappear when professional logics emerge.

Moving into the last column, benefits can be understood in a double way: who is directly or indirectly benefiting from the earnings of the transference. In the cases studied the role of intermediaries was very low or non-existent, and thus the people being directly paid were the domestic workers. Of course the employers benefit from cheap labor. We want to draw attention to the question of who gets the money paid by the people "who pay," because right now this is one of the main differences between domestic work and egg provision, linked to the role of intermediaries and to the way in which reproductive transferences are depicted in Spain as non-economic transactions. The chart shows that there are some beneficiaries common to both domestic and reproductive transferences, as we now explain.

5.2. Domestic work and egg provision: common beneficiaries

The common (and more indirect) beneficiaries are the state, the private sector and the current gendered and unfair status quo. The state and the private sector benefit from (badly paid or unpaid) domestic work in the sense that both benefit when problems related to the sustainability and reproducibility of life are solved individually or privately, at the margins of what is considered productive, economic, or a socially shared responsibility. The private sector benefits from this (new consumers, new workers) without sharing the burden of the costs that this reproduction entails. The fact that these transferences are

mainly kept *between women* where one *helps* another means that the gendered and unfair status quo benefits from these transferences. In this sense heterosexual men in particular, and the heteronormative nuclear family in a broad sense, are reinforced. A concrete example of this is when heterosexual couples hire a domestic worker to avoid conflict. In this situation "hiring becomes the maneuver to avoid a situation where a conflict arises from the absence of changes in masculine subjectivity" (Pérez Orozco and López Gil 2011, 85), as can be seen in the following excerpt:

> At first, my husband said that he was going to help with cleaning in the house. After a while I saw that was not really working and, instead of having a fight with my husband, I hired Juana to help us. (Susy, employer)

5.3. Transferences of (oocyte) reproductive capacity

Moving into the second row, we focus on egg donation programs. In relation to who gets the transferred care this would include both patients (women, men, couples) and the cells dependent on this transference (sperm and embryos). Even if at a first glance it seems that women would be the only ones receiving the oocyte transference, we have seen that oocytes assist many more aspects than seem to be the case. Younger eggs might be crucial to help the woman receiving the egg get pregnant, helping sperm to fertilize, and ARTs to achieve a success.[8] Furthermore, women who receive the egg transferences will also need to enact reproductive labor themselves (as happens often in domestic work too).

It is important to consider that women tend to be accounted responsible for reproductive failure, something that gets mirrored at the gamete level. This was the case in our interviews with professionals, where we could see that when couples are not able to produce a functional pregnancy for unknown reasons, the clinics quickly turn to offering them egg donation.

> I see a couple that has done FIV and has not achieved embryonic development and I say to myself "we need to change a gamete here, I do not know which one it is, … " and in that situation, I will always try to change the egg. (Francisco, clinic professional)

That is, they offer to transfer another woman's oocytes to make a couple reproduce, having the male partner do so genetically. This tends to go unnoticed or is invisibilized when heterosexual couples use egg donation, where the rhetoric is that *a woman helps another woman* to have children, and never *two women help a man to have genetically-related children*, or *a woman helps a heterosexual couple in maintaining the male genetic lineage*.

Moving into the second column, and as in domestic work, we see that the responsibility of fulfilling the need/desire is feminized. Those seen as receiving the transferences are the ones who were supposed to fulfill the need: women. Regarding "who pays" we could only indentify couples or women within treatments, as egg donation is not included in the public sector but only in the private one. Further examinations of who within the couple paid for the treatment were not included in our study.

Finally, the second part of the graph represents who does the transference. Here we do not have exact numbers of how many migrant woman act as providers, but our findings

[8]For a more detailed treatment of this point, see Lafuente-Funes (2019).

suggest that a majority of them are Spanish and that the economic crisis of 2008 might have changed the profile of candidates. This means that after the crisis more Spanish women moved into egg provision, which led to fewer women from Latin America being accepted. This was explained by a connection with "phenotypic coordination," which is binding by law but is flexible enough to adapt to a logic of supply and demand:

> We used to have more women from abroad, mainly from South America, but now we have many more Spanish ones. (Juan, clinic worker)

> We do not accept South American donors because later on we cannot … we are super ethical and super true to the recipient, and we give them all the data about the phenotype and so on, we have problems synchronizing them. [Years ago] Italians did not mind a South American donor. But not now, now they want … when there was a waiting list people did not mind in order to get through it, but now that there is a better supply, they would rather [not] … (Marta, clinic worker)

Nonetheless, egg providers from other backgrounds are particularly desirable for clinics and some had strategies to attract those coming from eastern countries:

> We have also gone to the consulates searching for more Caucasian race, blonde girls with blue eyes for when we have recipients. You have to keep in mind that 30% of our patients come from abroad (Marta, clinic worker)

Considering that in these cases both domestic work and egg provision are part of global care chains, it is clear that within the chains there exists a further stratification through race, as can be more clearly seen when we compare these results with others from the "markets in life" that have come into existence around surrogacy (Rudrappa 2015; Weis 2018).

The column showing who benefits contains a number of categories of beneficiaries: people *transferring reproductive capacity* are not *paid* directly, but instead benefit through a fixed amount of money which is non-negotiable and presented as "compensation." Professionals insist that donors also benefit (emotionally) from knowing that they are helping other women reproduce, something that was said to be even more important to those of them who were already mothers. Patients' payments go to the clinics, which are the ones that actually *get paid*, and they distribute the money later (placing some of it in either egg banks or donors). Thus, it could be said that the direct beneficiaries are the clinics, both because they get the money and because this makes it possible for them to treat many more patients than they would be able to otherwise, thanks to the existence of women willing to provide their eggs for these transferences. Providers are offered as a benefit the idea of being "good helpers" to other (unknown) women, and an economic compensation of around 1000 Euros; this is higher than both the minimum wage and the average wage of young women in Spain, who are the targets for the donations. Indirectly, as pointed above, the state, the private sector, and gender inequalities benefit from this in several ways.

6. In between economic and social purity: the mobilization of affect in a context of inequalities

Now that we have presented the general picture of the different agents involved in domestic and fertility transferences in the two cases studied, we want to further reflect on the

ways in which these tend to be treated as not-fully-economic activities. Even though they are different, domestic work is recognized as a kind of job whereas egg provision is not, but neither of these two statements gives us the whole truth of either case. Furthermore, the ways in which these types of transference are often depicted as something in between is interesting for our analysis. Here we will look at the two main dynamics found both in domestic work and egg provision that diminish their status as economic activities or jobs with full-rights recognition.

Domestic (paid) work, even if extensively recognized as a job, is still not regarded as equal to other types of jobs, either in legal or in social terms. This has entailed a lack of collective agreements and absence of unionization, and has weakened workers' negotiation capacities. Even if the regulation is better now, a change indebted to the activism of the workers themselves, domestic work is still far from enjoying the labor status accorded to other jobs. The high percentage of informality in the sector aggravates this problem, particularly in the case of migrant workers. In 2015 it was calculated that around 30.9% of workers had informal contracts (Díaz Gorfinkiel and Fernandez López 2016).

Egg donation in Spain works through a combination of explicit and implicit logics. Explicitly and according to the law, egg provision is a donation which should not be induced by economic compensation. This compensation is supposed to cover the *inconveniences* caused by the hormonal treatment and egg retrieval. Nonetheless, when asked about what brings donors to the clinics, almost all professionals mentioned both economic and altruistic motivations,[9] emphasizing a discourse of women being willing to help other women.

> It is normally a combination of being willing to help others and economic motivation, because it has an economic compensation that also incentivizes people to donate. (Carolina, professional)

> The main one was economic with 47%, but 22% had altruistic motives and 30% had both motivations. (Laura, professional, presenting from memory the results of their internal surveys)

This means that, explicitly, egg provision is a donation and not an economic activity, albeit implicitly one where there are monetary rewards (the compensation itself but also other incentives, such as extra money if providers "bring a friend" or donate for the second time), and it is taken for granted that many women providing eggs understand it as a way of earning money (even if it is not only that).

Here we want to move away from the "motivations" discourse, understanding that egg provision in Spain is currently working as a market activity, at least from the clinics' side, regardless of donors' motivations or their feelings around the recipients of their eggs or the potential children to be born. This does not mean that we do not care about what providers think and how they shape the process; on the contrary. But there is a need to stress that these egg provisions are taking place in the private sector, linked to profit-making operations, and that they are directly monetized through the economic compensation, and indirectly in several other ways.

Moving away from analyzing the motivations that lead people to transfer either care or reproductive capacities leaves space to look at how those transferences are constructed

[9]This is further explained in Lafuente-Funes (2017b).

discursively as not-fully-economic ones. This is where we found most of the common patterns in these two types of work. In the dialog between these two projects we found two main dynamics: one linked to a mobilization of affect that is reminiscent of the idea of vital energy (Vora 2015), and another which downplays the tasks involved in these transferences and presents them as "help" rather than economic transferences or jobs. The current framing of oocyte transferences makes it difficult for *affective-relational* donations to take place (by making anonymity compulsory), and it also entails a deprivation of negotiation possibilities and working rights to providers. That is to say, providers are not recognized as part of a relational affective link to the families (due to the way in which the practice is shaped, through the mandatory anonymity) but they are also unrecognized as workers and cannot negotiate the conditions of their provision. The fact that the law requires provision to be anonymous sets a framework in which it is impossible for more relational donations to take place (such as those that could happen between friends or family members). In this context, women are asked to act in a way that is moved by altruism, but only by a type of altruism that cannot be in an actual relationship with those to whom they are donating or the children born out of the donation.

6.1. Mobilization of affect: caring attitudes and altruism

We found a common gesture in domestic work and egg provision: diminishing them at the economic level and enhancing them in moral terms. We refer here to this gesture as a (gendered) mobilization of affect, pointing to situations where this type of activity takes place in terms of altruism or even love. This mobilization of affect works in a problematic way in domestic and reproductive work. It is problematic as it refers to a type of affect which takes place in a context of inequality and stratification, and because even in the cases where it might be bidirectional, it is only considered a pre-requisite for one of the participants – the worker or provider.

The problematic part is not that care workers care for people, or that egg providers care for the recipients of their eggs or for the potential children born out of them. Rather, these caring attitudes or affects are either an implicit condition (with implicit limits) or an imposition required for anyone wanting to access either the job or the possibility of donating. Furthermore, the affective dimension is embedded in a tricky way in the economic nature of the relation, making it difficult to distinguish between them, as we can see from the following fragments:

> And her daughter tells me "This is beautiful like this" And the only thing I want is that she would compensate me increasing my salary, you know? The only thing I'd want! I mean, I am flattered by her gratefulness, but with the salary, really, it's not enough. (Marta, domestic worker)

> When I have the donor in front of me in the box before the ecography I always tell her "this is about helping someone" (…) It can be that for some of their families it is also about getting to the end of the month and feeding their kids. This is a fact. Therefore, I always say it. I know that the economic compensation can be more or less attractive, but remember we are here to help someone. (Laura, clinic professional)

These mobilizations of affect reflect emotional labor or vital energy at work (Hochschild 2000; Vora 2015), but are not taken into consideration as work activities for which someone should be paid or that they entail specialization and effort.

6.2. "Helping out": what lies behind this euphemism

Domestic work is frequently presented as "helping out" rather than as hiring a professional service. There is a widespread discourse around egg donation which depicts donors as helping other women in fulfilling their dream of becoming mothers. This rhetoric of "helping out" speaks of two main things: first, that the responsibility of fulfilling the needs covered by the care or reproductive capacity transferred is thought to rest on someone else (and thus the worker or provider is "helping" that person). Second, that it is not fully considered a job, as reflected upon in the previous section. In this second sense, the discourse is normally linked to the feminization of this responsibility.

Furthermore, egg providers are constructed within clinics as altruistic women who are there to *help*. They are expected to behave in certain disinterested ways (to see more on how bodies are tamed in this process, see Molas and Perler 2020). This takes several forms. First, the regulation of gamete provision states that there cannot be any economic interest. Second, professionals value in a positive way those providers that show altruistic approaches and see in a negative light those who are *too* explicitly concerned about the money.

> If we know that there is one that comes directly for the money she is turned down. Of course, we know all of them want their economic compensation. But if there is one that says "I have come for the 900 Euros." That one *has a cross* [is marked as rejected]. (Pablo, clinic professional)

Nonetheless, this only arises when it is made explicit or even *too explicit*, as the clinics assume that most providers would not be there if there was no monetary compensation. The whole narrative that is built in clinics, through professionals' discourse but also through clinics' advertising, brochures and websites, presents egg donation as altruistic, easy, and a matter of "helping," something that has also been pointed to by studies focusing on marketing materials (Provoost et al. 2018).

Both the idea of "helping out" and the mobilization of affect are shaped by gendered mandates and gendered paths to subjectivity building, that have their correlate in the way in which economic spheres are divided into productive or reproductive, public or private, for money or out of love, and so on (Orozco and Lafuente 2013). Both these transferences are entangled in deeply affective conundrums, frequently developing around care work or when dealing with infertile women or couples. Both are also taking place in a context of deep inequalities in which these transferences enable women to obtain money via transferences of tasks, affects, attention and bodily materials or services, forming chains. Dichotomous views that tend to separate activities done "for profit" from those done "out of altruism" are incapable of fully explaining many types of work, but particularly these (such as care-giving, but also other jobs such as teaching or caring for young children, or other so-called vocational jobs). Nonetheless, recognizing the care and reproductive transferences studied here as work might be helpful in three main ways. First, because it makes clear the reality that monetary and market aspects currently frame both these transferences. Second, because it makes it possible to look directly at the fact that both these transferences are entangled in money earning in Spain (either through salaries or economic compensation). If we, as a society, as a regulatory body, or as a group, want to deal with them in a different way it is time to do so, instead of not looking at it. Third, because to stress that

not having those transferences covered by labor laws or fully recognized as labor, while at the same time giving them a monetary status, diminishes the ability that providers have to negotiate both economic and relational conditions in which the transferences take place. Recognizing fertility work as such does not mean that it needs to happen within the realm of the market. It might even be necessary to remove it from the market, if that is the final intention. Nonetheless, the introduction of these care or reproductive transferences into the realm of monetized practices has shaped them in particular ways that currently complicate treating them under non-monetized logics, as could be the case with transferences of reproductive capacity between friends or family members.

Given that all of the above makes sense in the current situation, it is still important to note that none of these questions or ideas speak to or focus on the broader roots of the care and reproductive crises, but rather address the individualized and commercialized ways that, within these crises, people find to deal with their care and reproductive needs and desires within a context of profound inequalities.

7. Concluding remarks: the stratification of access to solving care and reproductive needs and desires

Domestic and reproductive transferences function in Spain as monetized activities that are inscribed in a context of growing inequalities, linked to global and local inequalities that have intensified since the financial crisis of 2008 (and the political response to it, which escalated the neoliberal turn in the country). It is to be expected that the situation is going to worsen with the current economic crisis, linked to the inability of the economic system to deal with the COVID outbreak.

In this paper we have shown how both care and reproductive transferences work economically through mobilizations of affect that draw on broader gender mandates and that can be seen as an example of commercialization of vital energy (Vora 2015). In the case of egg provision, we have seen how a reactionary ethos of care related to gender mandates around doing reproductive and care work for others and *out of love* might be facilitating a discourse of donation that focuses on motivations and altruism. This discourse softens the fact that these practices imply a monetization of bodily processes and parts (at least up to a certain point), making it easier for egg provision to enter the realm of commercialization (both for providers and for clinics). The fact that externalized domestic and reproductive work is presented as merely "helping out" functions in two main directions. First, it reinforces the idea that these tasks are feminized responsibilities. The women allegedly "responsible" for fulfilling them transfer care to other women, primarily along lines of inequalities (since those performing the transferred reproductive or domestic tasks are mainly younger,[10] from lower class backgrounds, and in worse economic and migration situations). The responsibility to cover the work remains feminized, and the status quo is either untouched or insufficiently so: the responsibility for sustaining and reproducing life remains badly distributed between women and men within families, and it is not assumed collectively (with further implications for the state and the private sector). Second, the idea of these tasks as "helping out" functions to undervalue them in economic

[10]The "younger" part applies only to egg provision.

and monetary terms: they are part of the market up to a certain point, but they are not treated like other jobs or economic activities and the payment is not adequate.

We wanted to articulate transferences of reproductive capacity with questions around GCC for three main reasons. First, even if we have focused on the local level, both cases are part of global networks. Egg provision functions on a global scale, and this has an effect in Spain by having people from abroad coming to Spain to do the treatments, by having providers with specific nationalities or read as phenotypically desirable donating in Spain, as has already been studied (Nahman 2018) and as we saw in our analysis above, and by the recent expansion of exportation practices thanks to the success of egg vitrification and the formation of egg banks (Hudson et al. 2020). Still, domestic employment still provides work for many migrant women in Spain, particularly those coming from Latin America. Second, we think that it is still important to visibilize how care work (including fertility work) tends to function in chains: as this type of work is needed to sustain and reproduce life, it will have to be done by someone for life to continue. In a context in which life sustainability is not prioritized by socioeconomic systems which focus on capital generation and accumulation, the question of how life is going to be sustained and reproduced, and by whom, remains an important one. GCC are implied in sustaining daily life in feminized and unfair ways, leaving those who care the most to be the least cared for. The third reason why we wanted to engage with previous research around GCC is that this work has rendered visible to readers how these chains might be worsening the care crisis.

In a similar way as domestic work provides individualized and commercialized responses to the care crisis by drawing on inequalities, assisted reproduction, and particularly transferences of reproductive capacity, might be giving individualized (commercialized, medicalized) responses to fertility problems located within a broader reproductive crisis (the responses being treatments for some and economic niches for others). This could apply to egg transferences but also to surrogacy arrangements even if the latter are not legal now in Spain. These partial solutions focus on the consequences of the crisis for some people (difficulty in accessing pregnancy, or access to pregnancy later in life) rather than on its roots. They offer privatized solutions the access to which is fragmented by gender, economic status and place of origin, just as it is happening with domestic work in the current care crisis. In the same way as domestic work within GCC, these partial responses solve some people's needs or desires but might be amplifying the inequalities in access to care by reinforcing stratification. This means that who does the care and who can access care remains stratified along lines of inequalities crossed by gender, race, and migration statuses. In this context, the need for analysis of the roots of shared social problems is acute, particularly in relation to reproduction. This paper, in line with this whole thematic cluster, has tried to enhance a dialog between literatures, topics and perspectives in the hope that this will help with that broader quest.

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