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RESEARCH ARTICLE

Egg providers in eGoli

Operability and aspiration in South African fertility markets

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Abstract

In South Africa's urban hubs, young women are increasingly participating in the global fertility market by donating their eggs. Egg providers, who supply oocytes for others' use in fertility treatment, are a key resource in the fertility market, and they are emblematic of new forms of biolabor. Egg markets have tapped into a precariously middle-class population of young Black women in Johannesburg, where the neoliberal state has largely retreated from fostering social mobility. What role does egg donation play in the social world of young South African women? I approach this question by extending Cohen's concept of "operability," which can illuminate how egg donation becomes a means for young women to enact modernity, or relationality *beyond* the postapartheid state and the horizons of their social worlds, structured as they are by the entanglements of race, class, and gender.

KEYWORDS

aspiration, bioeconomy, cosmopolitanism, egg donation, eGoli, operability, reproductive labor, South Africa

In a TikTok video, a young South African woman dressed in oversized shorts and a baggy T-shirt dances to a song called "DJ Tassouman." The song, by Meiway, a singer from Ivory Coast, talks about hyping up the party. In the video, the young woman with curly brown hair hops on a bed, and the text reads, "When you're on a mini holiday making 9k, getting free food, accommodation and transport just for donating your eggs." Emily,[1] one of the egg donors I interviewed during research in South Africa, sent me this video over WhatsApp.[2] She was delighted that her friend and fellow egg donor had gone viral—at the time, the video had been viewed 640,000 times. Emily, a 26-year-old Black woman, made a point of noting that she was a two-time egg donor on her Instagram bio. While this TikTok video, the Ivorian music that accompanied it, and her oocytes had all traveled overseas, Emily jokingly lamented that, in contrast, she remained in South Africa, living with her parents in the suburbs of Gauteng.

Blessings too lived with her mother in the Gauteng suburbs, on the edges of the sprawling city of Johannesburg (also known by its Zulu name, eGoli, which means "City of Gold"). Blessings, a 28-year-old Black woman, came upon egg donation through an advertisement on Instagram. She had been searching online for information about endometriosis, which she suspected she had because of severe period pain. Shortly after her search online, an advertisement came up from a local agency recruiting donors. Her first reaction to seeing the Instagram advertisement was surprise that egg donation even existed in South Africa. She was aware of surrogacy, but not that someone could donate their eggs. Hearing about egg donation triggered a curiosity in her, she said. She applied to become an egg donor through the agency, and since then she has provided eggs twice.

These young women provide eggs for intended parents pursuing in vitro fertilization (IVF). They inject hormones with the aim of producing as many as a few dozen oocytes, which are then retrieved and thereafter belong to recipient or intended parents. The oocytes and the women who provide them are a key resource in the multibillion-dollar global market for reproductive services, and one of the most visible examples of new forms of labor in the global bioeconomy (Cooper & Waldby, 2014). Leveraging differences in regulatory regimes, technological expertise, and the availability of certain services and reproductive assisters (such as egg donors and surrogates), tens of thousands intended parents travel internationally for fertility services, in what some scholars have termed "reproductive travel"

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or "reproductive migrations" (Inhorn, 2015; Nahman, 2013; Whittaker & Speier, 2010).[3] Often, reprohubs—certain cities or countries that become significant reception sites for traveling intended parents (Inhorn, 2015)—emerge in relation to the shifting features of "bioavailable" populations (Cohen, 2005).

Cohen's (2005) formulation of *bioavailability* describes how the bodies of populations come to be available for disaggregation and distribution to others. Certain populations become "providers" of biomatter and biolabor thanks to global forces—such as neoliberal economic policies, legacies of colonialism and its related racial imaginaries, and national legislation, as well as local histories and ethics (Nahman, 2013; Schurr, 2018; Vertommen et al., 2021). The bioavailability of egg donors depends on intersections of similarity (such as race) and marginality (such as class; Kroløkke et al., 2012; Perler & Schurr, 2020). Often missing in analyses of this phenomenon, however, is Cohen's (2005, p. 86) twin concept of *operability*, which refers to "the degree to which one's belonging and legitimate demands of the state are mediated through invasive medical commitment." Marginalized subjects can submit to medical procedures to "secure some form of modern participation in the nation-state" (p. 87). That is, while bioavailability describes "push" factors, rendering some populations available, operability is instead a pull—the affective and material lure of access, belonging, citizenship, or new modes of selfhood attained through medical engagements.

South Africa is ripe for this lure. Thirty years after the democratic transition of 1994, most young people find themselves "at once within the 'modern' and yet forever not a part of it; forever yearning for it" (Salo, 2009, p. 15). Salo's characterization of "yearning" is apt: avenues for young people's aspirations to come to fruition are often impeded by enduring racial capitalism and ongoing indebtedness (Webb, 2021), yet they are often inundated with the imagery and narratives of ascending into spaces of modernity, material success, and cosmopolitanism (Masango, 2022; Nuttall, 2004). Here, I extend Cohen's concept of operability to capture how young people may use biomedical procedures such as egg donation to facilitate their aspirations, citizenship, and relationality beyond the horizons of their social worlds, structured as they are by the entanglements of race, class, and gender. I situate their accounts in the context of contemporary South Africa, where young people navigate social life within the flux of neoliberalism and crisis, the circulation of cosmopolitan desires, and the increasing privatization of normative avenues to social mobility.

In what follows, I draw from ethnographic research across two projects (in 2015–16 and 2022–23), which included participant observation in South Africa at fertility clinics, egg-donor agencies, scientific conferences, and trade shows for the fertility industry. In addition to interviews with egg-donor recruiters and agency operators, fertility specialists, embryologists, nursing staff, and intended parents, I interviewed 26 women in South Africa who have donated eggs. I draw primarily on the research from 2022–23, which was conducted as part of an interdisciplinary project that explored reproductive travel in southern Africa (Whittaker et al., 2024; Whittaker & Manderson, 2024). As part of this project, I conducted interviews with 13 egg donors, and here I focus on the narrative of Blessings, who donated oocytes on two occasions. Her story exemplifies the complex race, class, and gender dynamics of South Africa's "born free" generation (those born after the democratic transition in 1994) and how they understand their relations with the postapartheid state. As urban, young, and fertile women in Johannesburg, donors enter egg provision as a form of exchange, leveraging their biology and biography, and engaging in high-tech biolabor that enables them to enact aspirational citizenship and modernity in differentially situated social horizons.

BECOMING A DONOR

Typically, the process of becoming a donor goes as follows. First, donors hear about donation. Like Blessings, most (eight of 13) of those interviewed came upon it online, primarily through agency advertisements on social media platforms like Instagram and Facebook. Women must then apply, either with a clinic or agency. Applications involve a multipage questionnaire asking for details on appearance (weight, height, skin tone, hair color, eye color); medical history and ancestry (often extending back to grandparents); biographical details on education, interests, and hobbies; and "personality questions" ("What would you bring to a deserted island?"). Applicants are often asked to supply education certificates and baby photos for their profile pages. These profiles are both for screening purposes (to ensure a certain "quality" of donor) and thereafter for marketing the donors to intended parents (Almeling, 2006). What elements to screen for and what constitutes a "good quality" donor reflect an overlapping of seemingly "objective" medical criteria with social hierarchies that absorb racism, classism, and colorism (Daniels & Heidt-Forsythe, 2012).

If accepted, the donor's profile is added to a database, and donors await being "matched" with a recipient parent (Moll, 2019). Once matched, the young women undergo medical checks with a fertility specialist and likely continue to ovarian stimulation and egg retrieval. Egg providers self-inject sometimes multiple synthetic hormones over about 10 days to stimulate their ovaries, visiting the clinic repeatedly for scans. They eventually undergo a 10- to 30-minute surgical procedure to retrieve the eggs, called an egg retrieval or aspiration; this is often conducted under anesthesia.[4] The process can yield anywhere from zero to 50 egg cells, which then belong to an intended parent or are cryopreserved for egg banking. Although the state regulates egg provision as an "altruistic" act, women in South Africa are given 7,000 to 10,000 rand (about US$380 to US$545) for each extraction, which is described as "compensation" for their time, pain, and travel.[5]

Since the first decade of the 21st century, South Africa has emerged as a destination for repro-travelers seeking egg donors, amid an increase in medical travel to South Africa more broadly (Crush & Chikanda, 2015; Moll et al., 2022). At least a dozen egg-donor agencies now operate in South Africa. Some are small-scale operations, in which a single professional recruits, screens, and coordinates donations with a clinic; some are "in-house" agencies, built within clinics, where the clinic directors have a stake both in terms of income and the

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agencies' standards. Others are immense independent operations, with hundreds of donors in their databases and as many as 10 employees. Many clinics in Cape Town and Johannesburg say that as much as a third of their patient population comes from overseas, a figure that doctors say has bounced back after the pandemic lockdowns of 2020–21.

Local industry actors claim that South Africa is a popular repro-destination thanks largely to its egg-donor market, which is appealing thanks to the "racial diversity" of its population and its white population's seeming lack of ethnic particularity (Moll, 2019). In our recent research (2021–23), we saw evidence of a growing market of Black intended parents (predominantly Black Americans and regional patients from sub-Saharan Africa) seeking donor eggs from Black South African women. Here, I focus on 13 women who donated, the majority (nine) of whom were Black. I point out their race because this attribute is critical to the workings of fertility markets (Deomampo, 2019; Schurr, 2018; Speier, 2016); intended parents overwhelmingly seek and select donors of "the same race" (Pande, 2021). Thus, the geography of racial imaginaries—how ideas of phenotypes and racial likeness intersect with how people imagine histories and places—shapes the cartography of transnational egg markets (Bergmann, 2015; Homanen, 2018; Krolløkke, 2014; Moll, 2022). With few exceptions, research on fertility markets has focused on the experiences of young women coded as "white" or "Caucasian" (notable exceptions include Deomampo [2019], who studies Asian American donors, and Mukherjee [2022], on Indian donors). The research presented here, then, uniquely focuses on the experience of egg providers who are predominantly Black.

While egg donors' contribution is key to the growth and global prominence of South Africa's fertility industry, the women themselves are largely invisible. This was evident during fieldwork, when I attended several public-facing industry trade shows and a local scientific conference. Presentations at these events often mentioned egg donation, but they addressed only patients or intended parents. A fertility specialist, for example, outlined the medical indications for an intended parent's use of an egg donor; a psychologist discussed grief, closure, and finding the right donor. At the scientific conference, I asked a presenter—a legal specialist who was proposing an independent regulatory board for the fertility industry—if the composition of the board ought to include an egg donor. The presenter misunderstood my question, instead affirming that industry representatives from egg-donor *agencies* would be included. For me, the slippage reflected egg donors' relative invisibility in the fertility industry.

I found that, as a dispersed and disconnected population, egg donors were difficult to meet and recruit for research without certain gatekeepers, specifically clinics and donor agencies. This made it imperative to emphasize to potential participants that I was an academic researcher, unaffiliated with the agencies or the clinic. While at clinics, I sat in on consultations between staff and egg donors. While egg-donor agencies operate largely online, I sat in on several in-person recruitment meetings with potential donors. At clinics, staff would introduce me to women, and in private I would explain the research and affirm their consent for an interview, collecting signed consent forms. I met several egg donors while shadowing an egg-donor agency employee, and if the donor agreed, I would make contact several days later. In the latter fieldwork, an egg-donor agency asked several donors if they would like to participate, and after they confirmed, I would follow up. These mechanisms made it possible to contact donors, though at the risk of selection bias, since I was engaging with a population that was overly positive about the industry and process. Finally, to cast as wide a net as possible—and avoid gatekeepers—we advertised our research on Facebook, soliciting egg donors to participate in our study.[6] Interviews with women donating their eggs took place either in person or over video call (during the latter research amid COVID lockdowns). They took place in English and lasted 30 to 90 minutes. One participant I met on multiple occasions during two donation processes. With one exception (when the chosen interview location made recording unfeasible), the interviews were recorded and transcribed, and the transcript provided to participants if they requested it.

DONATING EGGS IN THE POSTAPARTHEID CITY

Blessings was born in 1994, the year when all South Africans could vote for the first time, ending apartheid and bringing the African National Congress to power. Blessings worked as a billing agent at a call center. She had attended university and undertook postgraduate studies. But the university hadn't granted her the postgraduate diploma because she had been unable to pay her student fees. With one exception, all the women interviewed had finished high school. The majority had some university education (in engineering, zoology, and international hospitality). Many were working while attending school. Four were teaching assistants. Pabi (29-year-old Black woman) worked as a controller in a vehicle security and tracking firm. Kelly (31-year-old Coloured woman)[7] worked as a financial administrator in an insurance company. Nellie (24-year-old Black woman) worked part-time in two different jobs—at a marketing firm (for alcohol and energy drinks) and at an education and career expo firm. Lindiwe (26-year-old Black woman) worked as a teaching assistant and as a local distributor for a hair and skin-care products company.

Blessings lived with her mother in a formal home in a suburb in Gauteng, just outside Soweto. While Soweto is a well-known "township"—a neighborhood designated for Black South Africans during apartheid—Blessings's neighborhood was a distinctly postapartheid artifact: the product of the emerging Black middle class and its aspirations to move out of townships or rural areas and relocate to eGoli, preferably one of the new housing developments that sprouted from shopping centers in the 1990s (Chipkin, 2013). Her neighborhood was also marked by the pitfalls of those aspirations: properties nearly wholly mortgaged, high levels of debt, and loan defaults (James, 2015).

All the donors resided in Gauteng, the smallest and most populous province. Gauteng encompasses the cities of Johannesburg and Pretoria, understood as the financial capital and the political capital, respectively.[8] Both the name Gauteng and the

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nickname of Johannesburg, eGoli, refer to the region's history of gold mining, but they additionally "speak to the enduring public imagination of Johannesburg as a faraway place of riches and modern indulgence" (Masango, 2020, p. 48), a place of aspiration and consumption. Mbembe (2004, pp. 377–80) characterizes Johannesburg through his use of "superfluity," the overlapping of heady consumption, speculation, and fantasy, alongside the "racial delirium" that historically rendered surplus the Black migrant laborers who would come to work in the gold mines along the Witwatersrand reef. After gold mining peaked in the 1970s, many of the mines closed, leaving behind not only mass unemployment for male laborers, but also the detritus of heaped mine dumps.

My research participants lived in neighborhoods marked by both mining heaps and shopping malls. The places they called home included Benoni, Bertrams, Krugersdorp, Soweto, Protea Glen, South Johannesburg, and the Vaal Triangle. These are not locations where the mining wealth accumulated, but where the industries dumped their waste. Today, they are home to many shopping malls, sites of consumption where people cultivate an aspirational and modern self. For Posel (2010), the malls speak to a postapartheid racial politics that articulates a freedom to consume against a historical backdrop of regulating Black consumption. Nuttall (2004, p. 432) also describes the symbolic and material resonances of Johannesburg's shopping malls: "The loci of a language of aspiration, a language that … both speaks to and silences psychic and material 'remainders' beyond the text: crime, economic hardship, and bodily frailties, even death itself." Gauteng's economic shift from mining to sites of corporeal self-fashioning and the bodily "extractions" (Nahman, 2013) of egg donors parallels Cooper and Waldby's (2014) observation that "clinical labor"—labor in the bioeconomy, such as egg donation and medical testing—relies on the post-Fordist shift away from the work of male factory workers to a largely female workforce. Here, the metaphorical daughters of mine workers, growing up in the shadow of mine dumps and amid new sites of cosmopolitan consumption and aspiration, become available for biolabor and egg markets.

Despite 30 years of democracy, sharp disparities persist in South Africa, often tethered to apartheid's intended maintenance of white wealth and Black deprivation. Using the term *inequalities* to characterize economic distribution seems inadequate to capture the starkness of disparities in Johannesburg. One passes townships without piped water on the way to lavish golf courses, "where the ambitious and the volatile live cheek by jowl" (Falkof & van Staden, 2020, p. 2). Alongside these extremes, a growing middle class has emerged, attributed to the integration of state civil service, as well as the aspirations of social mobility and social capital (James, 2015; Southall, 2016). This transformation is seen in new housing developments in Johannesburg's West Rand (Chipkin, 2013) or in the growing proportion of first-generation students attending formerly white universities (Godsell & Chikane, 2016). Entangled with those material transformations are also social and psychic transformations: "a more gradual emergence of affluence with its accompanying mentality privileging individualized advancement, respectability, and ethical self-fashioning" (James, 2019, p. 46). Scholars note that these shifts to individualized attainment have not come at the cost of obligations to care and kin networks. As Webb (2021) demonstrates, attainments such as higher education are seen as collective endeavors for upliftment and involve ongoing kin obligations (see also James, 2015; Nyamnjoh, 2017). While attendance at elite institutions affords new aspirational horizons and avenues to social mobility, it also may provoke feelings of alienation and anger among Black students (Godsell & Chikane, 2016). The frustrations include growing indebtedness incurred along these avenues, which are seen as the traditional throughway to social mobility. Educational debts were at the forefront of student protests in 2015–16 known as Fees Must Fall (Webb, 2019, 2021). #FeesMustFall protested not only the symbolic resonances of colonialism's afterlife but also its material reproduction through financial barriers to higher education. While primarily concentrated on barriers for the poorest in South Africa, the movement also focused on the struggles of the so-called missing middle—those too well off to access public funding and yet too poor to afford university fees (Booysen, 2016, p. 25).

When I asked Blessings to tell me a bit about herself, she immediately shared that she was passionate about women's issues and books. Books were an expensive purchase, she said, but "I would rather spend money on books than a meal." She was currently reading *It Ends with Us*, a popular novel about cycles of intimate violence. When she saw the ad for egg donation, she thought, "This would be nice if I do help someone who might be interested in wanting to have a baby, because I think I've made a choice not to have a baby." She explained that the men around her were toxic. She did not know her father, her uncle was emotionally abusive, and she had a "weird" relationship with her brother, all which drove her to conclude that she generally lacked good experiences with men. Her wariness of men was affirmed when, in her early 20s, she was raped at a party by someone she knew. Rates of gender-based and sexual violence in South Africa are exceedingly high, to the point that "it is everywhere, commonplace, made to seem normal" (Gqola, 2007, p. 118). The culmination of these experiences led Blessings to decide to never have children:

> I grew up without a dad, and then I never had a good experience when it came to men. But I still believe in love. I still believe that I will eventually find a partner, but I just decided to say that I don't want kids, because … I think I fear them to experience the life that I grew up in.

USING EGG PROVISION TO BECOME SUPER-CITIZENS

In Brazil's similarly stark context of economic inequality, differential access to public and private health care "comes to be a key indicator of social differences," as Sanabria (2010, p. 377) notes. Thus, different biopolitical subjects and modes of citizenship are produced by each sector—either the elite, private medicine that provides individualized care, or the standardized, universal public sector. This in turn delineates super- and subcitizenship:

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> The first—available to the privileged who can afford private health—is founded on notions of personal autonomy, individual choice and self-enhancement, while the second frames reproductive decisions in terms of the individual's moral responsibility to the wider collectivity. (Sanabria, 2010, p. 380)

This bifurcation is echoed in South Africa, where a well-resourced and expensive private medical system serves primarily those with medical aid (insurance), an estimated 20 percent of the population (Coovadia et al., 2009). The notion that access to private medical care would produce new social subjectivities and citizens speaks to the complexities of citizenship, rights, and the role of the state in people's aspirations and imagined futures in the postapartheid democracy. The democratic transition saw the circulation of rights discourses and the expansion of social services to all South African citizens. The circulation of human rights discourses and the growth of social grants, which offer a minimum welfare benefit, may offer a greater distribution of social welfare. Yet the forms of "social citizenship" thus instantiated, argues von Schnitzler (2017, p. 177), "are often not anchored in a solidaristic notion of the body-politic or universal civic entitlement, but instead are frequently based on a minimalist conception of absolute basic needs without a necessary utopian *telos*." This allows the South African state to both provide welfare and maintain its neoliberal commitments: it fulfills "basic needs," yet it has retreated from facilitating social mobility, reaffirming the role of the individual (von Schnitzler, 2017). In a form of absent presence, the state has also played a pivotal role in fostering parallel and privatized avenues for social mobility, often for the urban elite and the aspiring middle class (Chipkin, 2013; Coovadia et al., 2009; von Schnitzler, 2017).

The state thus provides the "basics" through an overburdened public health care system that resides alongside an expensive "world-class" private sector. In this context, egg provision becomes a means to navigate different forms of citizenship. Borrowing Sanabria's (2010) terms, we can say that egg donation in South Africa provides an avenue (albeit a limited one) to supercitizenship via the private sector. In contrast to those seeking "biological citizenship" (Petryna, 2002), however, egg donors are not making claims on the state. Instead, they enact their aspirations in an exchange: leveraging their fertility (biology) and social capital (biography) for access to different social worlds, thereby sewing together new subjectivities, relations, and material benefits. This exchange—and what this case of operability reflects—emerges from a context in which the postapartheid nation-state provides "basic needs."

What I particularly noted among my interviews was the clear framing of egg donation as *not* work. No one emphasized the labor involved, even though they spent many hours filling out forms or attending clinic appointments. Nonetheless, framing egg donation as reproductive labor is an important political and feminist intervention to visibilize this work and its role in generating value in the bioeconomy (Cooper & Waldby, 2014; Molas, 2023; Namberger, 2019; Vertommen & Barbagallo, 2021). This is true even though, in the ethnographic data and narratives of egg donors in South Africa, women emphasized that it felt good to become a donor; that they felt valued as key participants in helping other families; and that they appreciated what donating their eggs afforded them—money, yes, but also access to the spaces of modernity and the privilege from which they were otherwise excluded. Egg donation brought women into wider, cosmopolitan worlds while allowing them to provide for their kin and care networks at home. Thus, my focus here is not to account for their work, but to understand what engaging with IVF affords young women. What does becoming an egg donor *do*? The women I interviewed aspired not only to reap material benefits but also to participate in differently situated worlds, cosmopolitan citizenship, and a process that crafted their sense of selves as moral and modern.

"THEY TREAT YOU LIKE AT A HOME"

Despite her painful periods and worry about having endometriosis, Blessings had never been to a gynecologist before her appointment at the fertility clinic as an egg provider. She didn't have medical aid, so she was unable to afford private health care. Blessings was, like most South Africans, financially restricted to public sector facilities, which are notoriously overburdened and underresourced (Coovadia et al., 2009). She said she had tried to see a gynecologist in the public sector once, but the wait times were too long. She tried to ask about her period pain at a local primary care clinic, but the nurses brushed off her concerns. When she was selected to donate her eggs, she at first felt anxious that it was a male gynecologist at the fertility clinic. This was particularly so given that the appointments involved a transvaginal ultrasound. But Blessings said she grew accustomed to this. "They make you feel very comfortable," she said, adding that she found the clinic's overall treatment to be "kind."

Multiple women said they had never seen a gynecologist before donating eggs. Caitlin (22-year-old white woman) felt very nervous about the gynecological exam. But she found that the process was swift and professional, and that the doctor reiterated his appreciation for her donation. The women I interviewed mentioned other health care "benefits" of egg donation. As required by national regulations, all donors consult a psychologist, who must evaluate and approve the woman for donation. While some saw this merely as a "hoop" to jump through (which it largely is), others saw it as an opportunity for free and high-quality psychological services. Emily (26-year-old Black woman) could see a psychologist (free of charge) and have enough of an assessment of her mental health that it reassured her after struggling with depression in her late teens. This was also the case for Thandi (24-year-old Black woman), who spoke most positively about donation in relation to the fact that it enabled her to see a psychologist at a critical moment in her mental health.

Egg provision allows young women to access private health care, which, in contrast to the public system, allows them to see physicians promptly and without wait, sit in cozy waiting rooms, and have lengthy discussions with specialists. There was a uniform response from the young women that the clinic staff

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were professional, caring, and appreciative of donors. Scarlett (25-year-old white woman) illustrated this:

> And the doctor who does the procedure is so nice. He makes you feel so at ease and comfortable, and he even comes to you after and asks, "Are you OK? Do you have pain? Do you want something? Are you fine?" He checks up on you. The anesthesiologist also, before the time and after the time, asks you if you are OK or if you are nauseous. He asks all these questions, and they even take your blood pressure to see if you are fine.

Fertility clinic nurses were described as friendly and caring; doctors put many of the young women at ease. After each egg provision, clinics have the donors rest and provide sandwiches and tea. Many women who donated reported that they were given plenty of time to speak with medical staff and were invited to follow up with nurses via WhatsApp if they had pain afterward. In one incident, a young woman reported pain and difficulty breathing after awaking from her egg retrieval, in which 31 eggs were extracted for an Australian intended parent. When I went to check on the donor, Annelise (24-year-old white woman), I found the clinic assistant gently massaging her arm and speaking to her softly in Afrikaans. The donor was quickly transferred to a nearby private hospital. In the fertility clinic, a staff member fretted that Annelise didn't have medical aid, and they weren't sure who (the clinic? the donor? the intended parents?) would be paying for the donor's subsequent medical treatment. Several hours later, I visited Annelise in the private hospital and found her scrolling on her phone in a private room in the maternity ward. Her pain had subsided, and during our two-hour talk, a nurse visited twice and a doctor once. She said the fertility doctor had also come to visit and follow up that day.

This contrasts with women's experiences in public health care, which is riven with complaints of long waits, sparse medical and human resources, and patient mistreatment (Coovadia et al., 2009). Thandi had given birth in the public system and was effusive in her appreciation for the contrasting private care: "They treat you so well. They treat you like at a normal home, not like a medical experience. They give you food. They sit you down and explain everything." The women reported that they appreciated the nice treatment and care, and that they were often told that they were valuable, important, and doing a good thing. Egg-donor agencies participate too; all the agencies I interviewed followed up with donors after egg provisions via WhatsApp, checking in with them for several days after the procedure, and some gave egg donors extra gifts, such as T-shirts, scarves, or tote bags.

The quality care received in the private sector during their donations, on the one hand, participates in the discursive performance of egg donation as an altruistic act (more on this below). That the egg donor's participation and well-being are valued is echoed throughout the process—on recruitment websites, on the application documents, in the profile process, in the gifts from intended parents, and in the texture of the medical care and follow-up. These efforts encourage women to donate again, or to suggest egg donation to other women. But the appeal of quality health care must be, again, placed in the South African context, in which the vast majority do not anticipate a cozy, quiet room to rest after a procedure, or personal follow-up from medical appointments. Such care-laden health facilities only become a lure where there is a lack.

But, as with many of its "benefits," egg donation might be a double-edged sword. Nellie, for instance, was diagnosed with uterine fibroids during the egg provision process. She said hearing "fibroids" was panic inducing at first: "Oh my God, do I have cervical cancer?" she recalled thinking. But the fertility specialist explained the issue to her, and she was calmed and reassured by his explanation: it didn't preclude her donating, and it wasn't cancer, but she should get them removed. Uterine fibroids are documented to have a higher incidence among Black women, and they can contribute to infertility (Stewart et al., 2017). Nellie, however, who lived with her parents on the outskirts of central Johannesburg, did not have medical aid to access private health care for the removal. "I did tell my parents about it," she said, "but then looking at our financial situation, we are not really at that point where they are going to prioritize it, essentially." That is, the private health care visit gave her access to information about her reproductive health that she might otherwise have not known for some time, yet it didn't give her access to follow-up care and treatment.

DOING GOOD, BECOMING GOOD

When Blessings was notified that intended parents had selected her profile, she felt excitedly apprehensive. She soon found out that a couple from the United States was coming to South Africa, and they were interested in receiving her eggs. She recalled,

> I'm like, this would be nice if I do help someone who might be interested in wanting to have a baby, because I think I've made a choice not to have a baby, to not have children, since growing up. … But I was like, OK, if I choose not to, but I have the ability to, then maybe it's good if I can try and help someone.

Blessings began the provision process by taking hormonal contraception to sync her cycle with that of the intended mother. Then she began the daily hormonal injections. For the multiple scans, Blessings would leave her house at 6 a.m. and take two minibus taxis to the clinic in the wealthy suburbs of northern Johannesburg, which took an hour each way.

While waiting at the clinic, she noted the patients around her:

> When I get there, you find those couples who are trying to have babies, and they will come out from the doctor's room crying. And I was like, imagine if I could be able to assist this person who is crying because she can't conceive, that I would be able to help them.

For both of her donations, she chose to find out the results of the provisions, that is, whether the intended mother became

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pregnant. Asked why she wanted to know, she explained, "I want to see that I can be able to help someone out." After both retrievals she found out that the intended mothers were pregnant. In total, she received 8,000 rand (about US$435). She said, "It wasn't about the money," but

> [the money] did help, because I did have some few of my school debts that I needed to pay off. … But I think it wasn't about the money. It was more about helping someone who really wants to have babies.

Donors want to do good. They also want to study, visit different parts of the city (or better yet, visit and holiday in Cape Town, like Emily), treat their kids, pass some extra money to an unemployed family member, and visit the hairdresser. Lindiwe was saving up for her two-year-old's birthday party, she said. Many donors were continuing their studies. Both Blessings and Emily used their "compensation" from donation to pay for university fees or to pay down student debt, as several donors from earlier research had also done.

The desire to help was prominent throughout the interviews, and nearly all the donors knew or wanted to know the results of their donation (i.e., whether the intended mother had become pregnant). As in Gilman's (2018) research in the UK, the women I spoke with did not see the altruism of egg donation as incongruous with payment. But in contrast to those in Molas's (2023) work in Spain, egg donors in South Africa universally eschewed relating to their donation as a form of work. The emphasis on altruism, as scholars have pointed out, benefits an industry that seeks to invisibilize egg donors' labor and their potential exploitation (Almeling, 2006; Tober, 2002). In South Africa, clinics and egg-donor agencies reinforce the message of altruism, both in their marketing and their interactions with donors. Web pages and Instagram posts ask women to "give the gift of life," help others "have the child they longed for," or to "light another's candle" with their "gift." But as shown in interviews with donors, "doing good" this way serves multiple purposes. For one, it provides young women the opportunity to enact a moral self, as Mohr (2014) describes it (drawing on research among sperm donors in Denmark). Nellie, for example, explained that egg donation reassured her that she was a "good person":

> TESSA. So, after all the injections, then you had to do the egg retrieval. How was the experience?
>
> NELLIE. Very fulfilling.
>
> Tessa. Oh, yeah?
>
> NELLIE. Ja, it was, it really was. I think that was the one thing that made me go back again. … OK, so of course I woke up and it was a bit painful, for like a day or two, and then you get better. It made me feel so good about myself. I had like a sense of reassurance, that you know what, you are not a bad person, you're a good person—after these last days and you know there is a family out there that is going to be happy.

That egg donation becomes a means to enact a moral self echoes Dixon and Tameris's (2018, p. 709) work on participation in a tuberculosis drug trial in Worcester, South Africa, an "environment where positive self-imagining must be hard fought for." In contexts of poverty, the everyday struggle to make ends meet, and state dehumanization, Worcester participants found their ongoing engagement with the drug trial an avenue to obtain as respectable and "good." The participants, like Nellie, had their moral standing affirmed through medical participation. Being able to know that their donation contributed to a much-desired pregnancy particularizes that moral worth, moving it from a universal public good to an individual story.

Situated as playing a critical role in these desirous pregnancies from differentially situated social worlds, donors often adhered closely to advice on what to eat and drink, and to the specificities of the regime of hormonal stimulations and scans. Caitlin said she was selected by intended parents after their first choice of donor herself became pregnant. Yet the clinic worried that Caitlin's menstrual cycle wouldn't start in time to sync with the intended mother's. Caitlin promised, "I will come through. I am going to try my best," and said she did yoga and ate papaya until her cycle started.[9] Many donors proudly relayed to me the number of eggs retrieved in cycles, relating it to their careful work in adhering to the clinic's instructions as well as a sense of their own fertile bodies. For the 15 cycles in which donors could recall or knew the number of eggs retrieved, the ones I interviewed averaged 23 eggs per extraction. After waking from the procedure, Jodi (26-year-old white woman) found out that she had produced 24 eggs. This was in contrast, as she pointed out, to her fellow donors in the recovery room, who produced only nine to 15 eggs. "I'm a high achiever," she joked. For some, the sense of pride in their donation increased when they found out the intended mother was pregnant. Pabi (29-year-old Black woman), when she heard the recipient was pregnant, said, "Now I am a woman," even though she had her own five-year-old child.

For Thandi, egg donation came at a critical moment in her life. At 18, Thandi became pregnant while at university and placed the baby for adoption. Afterward, she said she "had some trauma." She became interested in understanding why some women couldn't conceive and came upon egg donation online. "I was all over the place and confused," she said "and I got to put my focus on something." Thandi said she could divert her attention toward the donation process—organize her time to attend scans, eat healthily, drink plenty of water, and take the medications as instructed. For Thandi, submitting herself to the medical regime and self-surveillance allowed her to focus on something other than the trauma from her pregnancy and adoption.

Despite the emphasis on altruism and doing good, becoming an egg donor can easily lead others to cast aspersions. Pabi's conversation with her mother is illustrative in this regard. Her

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mother hadn't heard of egg donation before, and I asked if that made her nervous for Pabi during the process.

> TESSA. Was she nervous for you at all?
>
> PABI. She was like, "Oh, you like money!" And I said, "It is not about money. It is about helping out."

"Doing good" helped young women deflect these aspersions. As Haylett (2012) argues, notions of "altruism" are part of a relational package that smooths over the potential controversy arising from the commingling of intimacy and economics. The aspersions directed at egg donors, like the comment from Pabi's mother, were commonly invoked during my research. Commenters in social media debates often castigated women as "doing it for the money" when a controversy erupted, such as in 2016, when a popular news program reported on egg donors traveling overseas (Pande & Moll, 2018). Several intended parents I interviewed also echoed these aspersions. The altruistic intent of donors, as Haylett (2012) argues, was often a clear means to contend with these criticisms. But it points to the ways that the means of acquiring social mobility (donating eggs for money) and actualizing aspirations may conflict with gendered expectations of respectability. Thus, in South Africa it is often young Black women who are most often castigated publicly for achieving markers of middle-class status without having properly "earned" them (Masango, 2022).

One avenue often invoked was education. Most of the women interviewed were studying or paying off student fees. Students make "ideal donors," I was told by many in the industry, because they have flexible schedules and they are young. But they also have "respectable" needs for donor "compensation." Speier (2018, p. 108), writing on egg donors in the Czech Republic, argues that in a context in which altruism is heralded, "students are not judged as harshly as a woman who may not be working, because the money is deemed to be going toward a valuable end." That is, despite perhaps providing eggs "for the money"—a motivation that may contrast with moral standards of feminine altruism—students donating and then using compensation for education could be reframed as respectable.

This was thus an aspiration for not only "the good life," through present or future access to material accoutrements (what is often described in South Africa through the idiom of "soft life" [Masango, 2022]), but also a "life of good": the affirmation of moral selves rendered through structured medical surveillance and an invasive surgical procedure. Egg donation may help young women craft a new moral self, one that works hard (adhering to diets and medication regimes) for the good of unknown others. The payment received was "culturally earmarked" (Gilman, 2018, p. 713) as congruent with the notion of gifting or altruism, because it reflected local social mores about altruistic femininity, respectable aspirations, and avenues to "the soft life." And while higher education holds promise for social mobility, the 2015–16 #FeesMustFall student protests became understood as an expression of the stymied aspirations of the "born frees." Young people were frustrated by the lack of material transformation and the enduring barriers to their "middle class ascendance" (Booysen, 2016, p. 25). These barriers are present in Blessings's story, given that she used the money from egg donation to help pay off her student fees, which had prevented her from receiving her postgraduate diploma.

Student protests and "soft life" are twinned expressions of post-1994 disillusionment and the desires for middle-class ascendency, fueled in part by legacies of familial deprivation and the heady circulation of consumption and desire to which today's Black youth have easy access. Donors' talk of doing good and helping must be understood, then, both as a form of aspiration—as respectable actors in good projects—and as a mode of navigating a gendered moral economy of aspirations.

TOWARD COSMOPOLITAN AND MODERN WORLDS

Critical here is also *who* women imagined they were helping via their donations. Donors aspired to emplace themselves as critical actors within "good" projects—making much-desired babies for "desperate" (and wealthy, worldly) couples. This is in many ways a reverse flow of the aspiration to help the "the world outside" (Malkki, 2015, p. 3), which marks most imaginations of altruism and humanitarianism, that is, from the wealthy, elite or Global North to the impoverished Global South. While making the moral "self," women were imagining and critically participating in the social worlds of intended parents, marked as modern and cosmopolitan.

Blessings initially didn't tell many people that she was providing eggs, only her mother and her best friend at first. Her best friend, she said, merely rolled her eyes, "but it was not like in a mockery way, but to say, 'My crazy friend, what can I say?'" She was worried what her mother might think, however, both because her mother was "traditional" and a "staunch Christian" and because she greatly valued her mother's opinion and support. Blessings was a Christian too, but she emphasized that she was on her own path. She explained that she sought a more personal experience in a new church, but one that shared charismatic roots with her former church.[10] Her mother, she said, surprisingly responded in much the same way as her friend. "She was just like, 'Ah, Blessings, can't you be a normal person sometimes?" she recalled. After the two donations, she said she shared her experience with providing eggs with others; many mistook the process for giving away a child. She would grow frustrated with their ignorance. "Some people," she said, "a lot of people have opinions on what to do with your body. Sometimes, I've experienced people wanting to have control over my body. I am very passionate about women's issues, to have choice." I asked if egg provision made her feel greater control over her body, and Blessings affirmed that this was the case:

> I do feel a great ownership over my body. Everything that I do about my body, and then I consent to it, and I'm allowing it to happen on my body consensually, yes. It's when things are taken out from your body without you consenting to it, like I said,

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> even my rape experience. So that had, [*sighs*] that affected me. That just put me off guard.

Blessings's story is illustrative here. Her experiences of violence had stemmed her own reproductive freedom. The lack of personal safety, not to mention the antagonism to intimacy and trust, and the potential dependence on men, fueled a fear of literal reproduction: reproducing the life that she grew up in. For Blessings, donation became figured as an act of choice and empowerment, in direct contrast to her experience of sexual assault. For other women, their articulations of modernity emerged in contrast with the seemingly "traditional" world around them. The donors I spoke to consistently reflected on the "ignorance" of South Africans who thought egg provision was "taboo," or on having to educate their family or friends about how egg donation works. Blessings explained to a colleague that donation was not "giving away a child." In another case, I asked Nellie if a cousin whom she described as infertile had ever considered using an egg donor; she responded, "No, she didn't. We are very stiff in our culture, so they don't believe in stuff like that. Not modernized, sorry." Emily recounted that her boss believed that what she was doing was "bad." She felt this reflected the "taboo" of egg donation in "conservative" and "ignorant" South Africa. My respondents' descriptions of their country as traditional or conservative contrast with their self-representations through the donation process: well-researched, excited by the high-tech processes, keen to know more about their bodies and fertility, and appreciative of the disciplining structure of the donation process—in sum, modern women. This echoes Pande's (2020) reading of white traveling egg donors from South Africa, who appreciate how egg provision distances them from traditional Afrikaner femininity and gendered roles.

Donors emphasized that they had spent time researching egg provision before engaging in it. In part, this was because many were worried that agencies could be "scams." Some said they feared it was a lure for sex trafficking (which might call for the labor of parsing "good" and "bad" clinics; Molas, 2023). And when confronted with family and friends' questions, they were ready to respond. In many ways, an unacknowledged element of donor labor is this work: to enact the role of a modern, knowledgeable, and discerning participant in egg donation, donors must garner knowledge and relay it to friends, family, and other community members in a fashion that normalizes and situates it as a good practice. Through this work, as well as making informational TikToks or sharing photos on their Instagrams, donors become "ambassadors" of sorts for the fertility industry.

Donors relished the newfound knowledge and engagement with high-tech fertility medicine and the clinic sites, often in areas of the city that they did not regularly enter. While donors lived in the urban semiperiphery, clinics were based in the well-heeled neighborhoods of Sandton, Bryanston, and Rosebank. Rather than sparse medical facilities, many fertility clinics have waiting rooms with soft couches, expensive cappuccino machines, and pamphlets featuring high-tech advances in fertility medicine. Some donors knew enough about the intended parents to tell me that they were not from South Africa. Blessings was excited to hear that it was an American couple that came for her eggs. Emily described her excitement in knowing her eggs were "going overseas":

> You know, for me it was like a big deal. I was like, what I have is like actually going to help somebody internationally. What I have is so special, they can fly over the ocean before me. And I made a joke with the doctor and said, "You know, this is not fair. My eggs, my blood, my urine have all been to America, and I have been here." … I can't believe I can actually help somebody else overseas.

When asked what about egg donation appealed to her, Jodi said, "Being part of a team, being able to give someone their dream." My respondents could participate in global reproductive projects; their genetic contribution was desired by those from the places like the US and from those with wealth. Often, donors mentioned explicitly that they were more compelled to donate *because* the intended parents were wealthy. Scarlett, for instance, explained,

> They pay a lot of money. … I mean, if the family didn't pay for an egg, I probably wouldn't have donated. Because why would you not pay for an egg? Why would you just want an egg? That means can you provide for the child, pay for all the medical expenses that are coming if you are pregnant.

Similarly, Pabi imagined that her donation had contributed creating "Petunia, who stays in New York and who looks just like you!"

Situating donors as selected by worldly, elite families, egg donation may facilitate aspiration and connection to cosmopolitanism, echoing Kroløkke's (2015) findings, yet without donors' having to (or getting to) leave the country. For young women living near—but not in—the many centers of the Johannesburg metropole, egg donation may provide a connection to this wider world, to the world of modern and high-tech fertility treatment, desirous family-making, and the multiple mobilities of what Hudson (2017) calls "assisted world families." Placed as desired contributors to these world families, these medical engagements may offer one avenue for young women to craft themselves as modern and cosmopolitan subjects.

EGG DONATION AS EXCHANGE

As new "reproductive citizens" (Shaw, 2022, p. 2) enter the global fertility industry, new markets emerge for key resources, such as donor oocytes. The global market for fertility treatment responds, shifting, retracting, and fostering extension and growth, an elasticity that König and Jacobson (2023) refer to as "reprowebs." This movement not only relies on structures of national regulation and medical infrastructure, but also on the bioavailability of key populations marked by race and class specificities. As such, the Black egg donors of

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South Africa are one such newly tapped resource in the global bioeconomy.

But on the ground in South Africa, there is more than just new markets finding new resources. The political and economic legacies of apartheid; the shifting structures of race, class, and gender; and new sites and avenues for aspiration, self-fashioning, and cosmopolitan connection in South Africa show how markets for biomatter and biolabor rely on more than the availability of precarious populations. In exploring how young women give their bodies and oocytes over "in a way that remakes both its being and its horizon" (Cohen, 2013, p. 319), I have tried to elucidate, in ways that attend carefully to the context, what egg donation affords women for their participation in the fertility markets.

Blessings, Emily, and the other women who donated eggs in Gauteng show that markets for biomatter and biolabor rely not only on the reproductive labor of precarious populations, but also on new economies of aspiration and social mobility. That is, egg donation in South Africa's private fertility clinics affords women new avenues for both material benefit and the accoutrements of supercitizenship. But further, women may participate as valued and key players in desirous, global reproductive projects, thus facilitating the making of a moral and modern self. This self is critically connected to moral worth in one's locale as well as to anonymous, differentially situated, and cosmopolitan Others. In donating their eggs, parts of their self—their genetic material—may move out into the world, making, to quote Pabi, "Petunia who lives in New York."

This extends discussions of new forms of biolabor, such as that of clinical laborers, egg donors, and surrogates, to understand the specific historical, economic, and political conditions—and formations of race, class, and gender therein—that make such participation not only a form of labor but also one of *exchange*. That is, egg donors exchange their oocytes, labor time, and bodily risk for the opportunity to encounter and articulate a moral and modern self, both within local gendered moral economies and beyond, toward differently situated social horizons. This brings research on assisted reproduction and the global bioeconomy into conversation with the anthropology of modernity, aspiration, and formation of the self. In their desire for the good life, a life of good, and the soft life, women who donate their eggs move beyond the limited telos of national citizenship toward cosmopolitan horizons. Thus, if we expand Cohen's formulation of operability, we can show how engaging in medical procedures can facilitate forms of aspiration, self-making, and cosmopolitan relationality.

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ENDNOTES

[1] I use pseudonyms for all research participants to protect their anonymity. Place-names are unchanged.

[2] I use the terms *egg provide*r and *egg provision*, or *egg donor* and *egg donation*. While *provider* and *provision* are somewhat neutral, *donor* and *donation* are less so, and one's choice of terms may highlight some social relations and conceal others (Beeson et al., 2015; Pande, 2014; Lafuente-Funes, 2020). Although *donor* and *donation* have been aptly criticized for concealing exchange relations and the commercial context (Jain, 2013; Nahman, 2013), I use them both as emic terms throughout.

[3] It is unknown exactly how many patients travel abroad each year seeking assisted reproductive technology. A 2010 survey conservatively estimated that 11,000 to 14,000 patients traveled each year to six European countries (Shenfield et al., 2010).

[4] Clinics I observed typically used midazolam, a benzodiazepine, administered by an anesthesiologist to cause short-term unconsciousness during the procedure.

[5] The amount of donor compensation is set by the local fertility society, which is composed largely of physicians (many of whom are clinic owners). The compensation compares dramatically with US rates (often US$5,000 to US$10,000 [Johnson, 2017]), but less so with rates in Europe, including US$950 in the UK, US$1,080 in Belgium, and US$870 to US$1,400 in Spain (Lafuente-Funes et al., 2023).

[6] For the fieldwork conducted in 2021–23, research and ethical approval was granted by Monash University (Project ID 27166); University of the Witwatersrand (M210546); participating clinics; and participating egg-donor agencies. For the fieldwork conducted in 2015–16, research and ethical approval was granted by the University of Cape Town's Faculty of Health Science (HREC 013/2015) and the Department of Social Anthropology, participating clinics, and participating egg-donor agencies.

[7] "Coloured" was one of apartheid South Africa's four official race categories (alongside "White" or "European," "Black" or "African," and "Indian"). Though contested, it remains commonly used.

[8] South Africa has three capitals: Parliament is in Cape Town, the judicial branch in Bloemfontein, and the executive in Pretoria, resulting in a large population of civil servants in latter city.

[9] A Google search for natural remedies to induce a period yields eating papaya as a result.

[10] As James (2019) has noted, neocharismatic churches in South Africa are sites where the Black middle class is newly articulating its aspirations for social mobility.

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