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ARTICLE

The Influence of Socio-Cultural Factors on Oocyte Donors' Motivations and Disclosure Decisions

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ABSTRACT

The study focuses on the motivations of Russian oocyte donors and the socio-cultural factors affecting these motivations. We conducted 16 semi-structured interviews with actual or prospective oocyte donors. All of them were patients of two fertility clinics located in the city of Yekaterinburg (Russia) planning to become oocyte donors within the period from 2 weeks to 3 months. We built a profile of a Russian oocyte donor: it is a 26-year-old married woman with at least one child, she has a secondary vocational education and a low income. All the women in our study displayed multiple motivations: apart from the interest in a financial reward and purely altruistic motivations, for many women the decisive factor is their desire to help their friends or relatives struggling with infertility. Interestingly, almost all of our respondents described their decision to donate as an attempt to move past a traumatic situation they once endured and to achieve closure by doing something really important and good. For many women, oocyte donation becomes a way to boost their self-esteem, to feel more significant and to promote their personal autonomy. As for barriers to donation, one of the most

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important is associated with the donors' unwillingness to make their identity known and to share this information even with their close circle of friends and relatives. For the majority of donors, anonymity is crucial. The disclosure of this information, in their view, will cause controversy in the donor's family and immediate circle of friends at present and will threaten their privacy in the future. The prospective donors are also concerned about the negative public attitudes or lack of understanding.

KEYWORDS
oocyte donations, oocyte donors' motivations, barriers to oocyte donation, anonymity of oocyte donors

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Introduction

IVF treatment with donor eggs is considered one of the most efficient assisted reproductive technologies (Barri et al., 2014; Hogan et al., 2020). Due to the liberal approaches to assisted conception and IVF popularization in many countries, there is a growing demand for donated gametes, including oocytes (Álvarez Plaza, 2015). In Russian fertility clinics there is a high demand for mentally and physically healthy oocyte donors ready for repeated donations and able to objectively estimate the risks and benefits of the procedure.

In this light, it becomes crucial to study the motivations of donors and the barriers to donation as well as the key socio-cultural factors influencing their decision-making. As international studies have shown, oocyte donors' motivations can be altruistic or pro-social (Gürtin et al., 2012) as well as pragmatic, financial (Parames et al., 2014). Altruistic motivations may include empathy with other women, the desire to be generous to others and to help them. The reasons behind a woman's decision to donate may be the desire to help others, especially if she has relatives or friends suffering from infertility (Bakker et al., 2017; Bracewell-Milnes et al., 2016; Kurlenkova, 2016). It should be noted that although altruism can be the donor's primary motivation, after she discovers how many complications oocyte donation is fraught with, she may change her mind and welcome the prospect of a financial reward (Orobitg & Salazar, 2005).

In the countries where commercial oocyte donation is prohibited (Brazil, Canada, Finland, Australia), the donors' declared motivations are purely altruistic (Parames et al., 2014). Since sister-to-sister oocyte donation is the most widely spread and socially approved kind of reproductive donation (The American Society for Reproductive Medicine, 2017), intrafamilial donors are not legally bound in any way and are not subject to public pressure that would affect their level of autonomy in the face of a situation where one of their family members needs an oocyte (Jadva et al., 2011, p. 2777).

In the case of egg donation between friends or family members, "the donors' personal relationship with their recipient played an influential role in their donation

decision" (Yee et al., 2011, p. 407). Donors consider egg sharing as a way to help their recipients achieve motherhood (Blyth et al., 2011, p. 1138). Another motivation behind intrafamilial oocyte donation is the desire for the reproductive material to "remain in the family" (Kurlenkova, 2016).

Some donors reported that they preferred to donate their oocyte rather than waste them and that donation was a way to put behind painful experiences of their past and to cope with the feeling of guilt (Pennings et al., 2014). A recent study (Martin et al., 2020), involving interviews with oocyte donors and recipients, identified four main topics: the desire to "do something", stemming from the already existing donor-recipient relationship; the "feeling of duty" (the donors explained that they felt it was their "duty" to help their infertile friend or relative); the "woman-to-woman" topic, which placed the main accent on female solidarity; and the topic of "going through this together", which foregrounded the history of the donor-recipient relationship.

For commercial donors, the level of the reward's significance varies depending on the age. While some donors consider the financial reward less important, others, such as students or repeat donors, attach high importance to money (Klock et al., 2003). In the Netherlands, many donors are willing to donate only on the condition that they receive a financial compensation (Bakker et al., 2017). Moreover, some donors emphasize that "financial gain alone cannot compensate for the difficulties endured during the donation process" (Kenney & McGowan, 2010, p. 463).

Even if there is one dominant motivating factor, the donors also often claim that there are several different reasons why they have decided to donate. While some donors' motivations can be described as "pure altruism" or a "purely financial" interest, in general the researchers point to the existence of a diverse mix of motivations, combining both altruistic and financial motivating factors (Pennings et al., 2014). In other words, even those donors who cited being mostly interested in a financial reward also highlighted a certain degree of altruism as a motivating influence in their decision-making (Bracewell-Milnes et al., 2016., p. 461).

There is divergent evidence regarding the role that the donors' partners play in the former's decision-making. The opinion of the potential donors' partners is very important for these women's decision to donate their oocytes (Winter & Daniluk, 2004). There is also research evidence that it is not only the male partner's attitude towards donation but also his support that matters for the success of the donation process (Yee et al., 2011).

In 2014, in 11 European countries, a large-scale survey of oocyte donors was conducted by Pennings et al. (2014). Their study focused on the socio-demographic characteristics and motivations of donors in such countries as Belgium, the Czech Republic, Finland, France, Greece, Poland, Portugal, Russia, Spain, the UK, and Ukraine (n = 1,423; mean age 27.4 years; occupation: about 49% of donors were fully employed, 16% unemployed and 15% students). "The motivation in the total group of donors was 47.8% pure altruism, 33.9% altruism and financial, 10.8% purely financial, 5.9% altruism and own treatment and finally 2% own treatment only" (Pennings et al., 2014, p. 1076).

A recent Russian study, which included expert interviews with people working in the sphere of assisted reproduction, found that "single women and women on

maternity leave prevail among egg donors; for these women their participation in the program [...] is a source of financial support, and for women on maternity leave it is easier to go to the doctor regularly" (Larkina, 2020, p. 79). The same study showed that most of the donors had mixed motivations: their desire for a financial compensation went hand in hand with the desire to perform a good deed (Larkina, 2020). Professionals in reproductive medicine emphasized that in the case of sperm donors, one donor as a rule can donate his gametes not more than 3–10 times although in fact the actual number of times is unlimited because if a donor wishes, he may participate in different programs and donate in different clinics (Larkina, 2020)

As for oocyte donors, they may face external as well as internal barriers. A donor may or may not know who has become the recipient of her gametes and what the result of donation is. The donation decision-making may be further complicated by the prospective donor's abstract moral obligations (Blyth et al., 2011; Sydsjö et al., 2014): the donors may wish to obtain more information about the recipients appraising the recipient couple's resources for child rearing (Yee et al., 2011) in order to feel secure in abdicating their responsibility for the resulting child's future. If the recipient is unknown, donors may be concerned about the existence of unknown genetically related offspring (Blyth et al., 2011). On the other hand, some donors said they did not want to know anything about the recipients and the results of their donation (Gürtin et al., 2012). The awareness of the physical and mental risks of egg sharing can affect potential donors' decision to donate, especially when they are considering the impacts of the procedure on their own reproductive health in the future (Yee et al., 2011).

An Australian study has shown that one of the barriers to oocyte donation could be the lack of reliable and easily accessible information on all the aspects of the donation procedure and the lack of public awareness about the need for donor eggs (Hogan et al., 2021). Another significant negative factor is the insufficient clinic follow-up care, including post-donation counselling (Hogan et al., 2021).

Institutional frameworks can affect the situation since in some jurisdictions certain limitations are established regarding the number of offspring born from one donor or the number of families the donor can assist in order to control for the risk of inadvertent consanguinity. For instance, the American Society for Reproductive Medicine (ASMR) sets the limit of six cycles per donor (Practice Committee of the American Society for Reproductive Medicine, & Practice Committee of the Society for Assisted Reproductive Technology, 2020). According to the guidelines of the ASMR, the age minimum should be set for donors "to ensure that the donor is mature enough to understand and provide true informed consent" (The American Society for Reproductive Medicine, 2017, p. 5). In Canada, it is illegal to purchase sperm or eggs from a donor (The official website of the Government of Canada, 2020). Institutional frameworks can encourage altruistic donations because such motivations are considered more appropriate for female donors than financial interest (Kenney & McGowan, 2010, p. 463). Donors may be driven by various motives, depending on the country and the legislation surrounding egg donation such as the regulations concerning donor anonymity and compensatory payments (Bracewell-Milnes et al., 2016, p. 461).

The purpose of this study is to examine the motivations of Russian oocyte donors and the barriers to donation as well as the key socio-cultural factors that affect the potential donors' decision to donate or not.

The above-described aim of the study has determined the following research tasks: first, to describe the socio-economic characteristics of Russian oocyte donors; second, to survey the donors' preferences regarding anonymity or openness in donation, their willingness to inform their friends and relatives about their decision, and their perceptions regarding public attitudes to oocyte donation; third, to investigate the socially approved motivations for oocyte donation and the actual ones; and, finally, to identify the main barriers to oocyte donation.

Materials and Methods

The study was conducted from December 20, 2021 to February 28, 2022. In total, we had 16 semi-structured interviews with prospective or actual oocyte donors. All of them were patients of two fertility clinics located in the city of Yekaterinburg (Russian Federation). The respondents were planning to become oocyte donors within the period from 2 weeks to 3 months. In one of the clinics, donor counselling was obligatory and was included into the donation program while in the other participation in the interviewing was voluntary. The rationale of respondent selection and sampling design corresponded to the purpose of this study and was typical of the majority of qualitative studies. Using M. N. Marshall's terminology, our sample strategy can be described as "convenience sampling" (Marshall, 1996). Nevertheless, our results not only shed light on the practices of oocyte donation in Russia but can also provide a theoretical framework for further studies, both qualitative and quantitative.

The main method of data analysis in this study is categorization. The main task at this stage of the research project was to identify, describe, and categorize the socio-cultural factors that determine the motives of oocyte donation and the barriers to it. The interview guide was developed in accordance with the Qualitative Research Guidelines for Health Care (Cohen & Crabtree, 2006). We also relied on the international research evidence, in particular that of (Pennings et al., 2014) and the systematic review *Investigating Attitudes Towards Oocyte Donation Amongst Potential Donors and the General Population* (Platts et al., 2021), which included 39 studies published in English peer-reviewed journals. Our main focus was the psycho-social aspects of oocyte donation, including the actual and potential donors' attitudes to this procedure and their motivations as well as the questions related to donors' preferences regarding the disclosure of their identity or anonymity. We developed three variants of the interview guide: for potential donors with no prior experience of donation, for donors with a one-time experience of donation; and for those who have already donated their eggs two or more times. The guide comprised five sets of questions covering the respondents' socio-demographic characteristics; family background and current family status; barriers to donation; motivation; and socio-cultural factors influencing the donors' motivation. All interviews were recorded with the prior consent of the participants, the interview data were anonymized and transcribed verbatim.

Socio-Demographic Profile of Oocyte Donors

The mean age of oocyte donors was 26.6 years, ranging from 19 to 34. Four respondents had a complete higher education degree; five, incomplete higher education; the seven remaining women had a secondary vocational education. It should be noted that out of the five women with incomplete higher education, only two were pursuing a university degree at the moment of the interview and were planning to obtain a diploma of higher education. The rest have dropped out of the university for various reasons ("did not have enough money to pay the tuition fees", "realized that my major was the wrong choice", etc.).

A half of the respondents (8) were formally married (including 3 women who were in their second marriages) and 3 respondents were in a cohabiting relationship. 3 women were in a relationship but were not living with their partners and one respondent was a single mother. 11 women had children and 5 of them had two children, including 3 respondents who had children from different marriages. All of the 16 women denied having any bad habits, claiming that they don't smoke and hardly ever drink alcohol. All of them described themselves as healthy, assessing their health at 9 or 10 on a 10-point scale. Interestingly, only two of them did exercise on a regular basis.

As for professional occupations, only two of the respondents are qualified specialists (a lawyer and a schoolteacher), while the rest are mostly employed in the services sphere, occupying the positions that do not require high qualifications: a bakery assistant, shop assistant, administrator, office manager and so on. Two respondents are working in a junior and middle medical position as a surgical nurse and a nurse. One of the women is on a formal maternity leave, another is temporarily unemployed, and one is a student of a medical academy. Two respondents stand out: one of them is a beauty blogger and the other makes her living by investing in real estate. The former is passionate about her job although her job does not provide enough money to make ends meet while the latter considers herself a successful investor admitting that her main source of income is unstable and risky. Only 5 out of 16 respondents said that their families were middle-income, the rest consider their income level to be low or extremely low.

Most of the donors (10 out of 16) are atheists. Five said that they believe in God but do not attend church services and do not observe any rituals. One of the respondents said that she "believes in cosmos and general harmony".

4 out of 16 women have a prior experience of oocyte donation: 2 of them had a one-time experience and other 2—a two-time experience. One of the women who had a repeated experience of oocyte donation has also been a surrogate mother twice: she gave birth to two pairs of twins, all girls. One of the women with no experience of oocyte donation had an experience of surrogate motherhood—she gave birth to twins.

Donor Anonymity and Disclosure Intentions

Only 4 out of 16 respondents were willing to be open identity donors—they were ready to meet the recipients and if the recipients desired or agreed, to maintain contact with the resulting offspring. The reasons why respondents prefer not to know anything about the recipients of their donated material range from "what if I don't like them" to

"if I know who they are, I might not be able to keep myself from searching for them in social media to check how my child is doing". The majority subscribe to the view that once they have donated their eggs, the recipients will bear the full responsibility for the resulting child and that too much information about the recipient family may create problems in the donor's personal life. All of the respondents adhere to the view that the real mother of the child is the one who bore it, gave birth to it and raised it rather than the one whose biological material was used for conception.

14 women out of 16 had a husband or a partner and all the 14 women told their male partners about their intention to donate. In general, the men's reaction was either indifferent or neutral. Only one of the respondents reported being upset by this while the rest thought it was normal. 14 out of 16 women would like to receive a financial compensation for their donation. A more detailed discussion of this situation with the respondents has shown that even though all of the male partners were aware of the women's financial motivation, none of them offered to earn the amount of money equal to the donor compensation to spare her the health risks associated with the procedure. All of the women took this fact calmly. Moreover, they also said that even if their partners had suggested this, they would still go on with the donation. Only two women said that they would give up on the idea of donation if their male partners were against. 9 out of 16 respondents also informed their parents about their intention to become an oocyte donor. The rest have decided to conceal this fact from their families because they feared disapproval.

The respondents' parents tend to have different, sometimes even opposite opinions regarding the question of donation. The parents mostly objected to their daughters' becoming egg donors because of the health risks involved in the procedure. Nevertheless, the majority of the parents who knew about their daughters' decisions (in 6 cases out of 9) have approved of the latter's decision to donate. Mothers tended to be more supportive than fathers, who reacted either negatively or neutrally. None of our respondents, however, has changed their minds because of the lack of understanding or support on the part of their relatives. Other relatives or friends, when the respondents informed them about their decision, in general were quite understanding and supportive, especially in the case when they have faced fertility problems themselves.

The most interesting was the respondents' concerns about the public attitudes toward oocyte donation. In respondents' own accounts, none of them has actually faced any disapproval of donation or lack of tolerance towards it. Nevertheless, the majority of respondents chose not to disclose their intentions to anyone except for their partners, parents, and friends from whom they had initially received the information about oocyte donation. The reasons why they prefer to keep silent are described the following way: "I don't think it is necessary to share this information with anyone, why would I do that?"; "there is a lot of negative stuff being written about donation, especially in social media—how can you give away your children and things like that"; "I have no clue who I could be discussing this with". Remarkably, out of the four women with prior experience of donation, three have never told anyone about it, except for their male partners. The remaining seven respondents discussed oocyte donation in their close circle of friends and relatives or with their colleagues at work. They have

received some mixed reactions, but most of them were positive. In professional medical communities, donation is encouraged by high-level health practitioners, which was a very significant fact for the respondents. Two respondents discussed their decision to donate with their colleagues, who approved of it as a way of solving financial problems during the pandemic. In two other cases, among the respondents' colleagues, there were women struggling with infertility who ardently advocated the reproductive use of donor material. The beauty blogger said: "In our crowd it is a trend, everybody's talking about it, and everybody supports me."

Oocyte Donor Motivations: Socially Approved and Actual Motivations

Almost all of the respondents claimed that they wanted to help others: "help other people become parents", "help women who cannot get pregnant with their own eggs", "help give birth to a new life". Only two respondents said, however, that they are willing to donate for free. Both of them are very young (aged 19 and 20) and are related to the sphere of health care—one of them is working as a nurse at a department of assisted reproductive technologies while the other is a 3rd-year student of a medical university majoring in pediatrics. Interestingly, neither of these women has a male partner.

Three women reported that financial compensation is their primary motivation. Apart from the obvious motivations (financial compensation and altruism), respondents also mentioned other reasons: the full medical checkup (3 respondents); an opportunity to engage in a new activity transcending everyday routines (3 respondents); an opportunity for self-development and improvement of their family's quality of life (3 respondents); the desire to pass along their genes in the absence of financial resources to have more children of their own (1 respondent).

A significant motivating factor was the respondents' own experience of infertility (2 respondents) or having friends or relatives with such issues (7 respondents): "we were trying to conceive our first baby for about a year and I was really worried that we were both healthy but still I couldn't get pregnant"; "my only close friend had ovarian cancer and she now really wants a baby and they have already done IVF several times, [...] she's hoping for the best"; "my aunt, she is still young, is struggling to conceive her second baby, she's now thinking of doing IVF". Another important factor was the experience of friends and acquaintances who either already had an experience of oocyte donation (in 5 cases) or were planning to do so but had to give up on the idea for medical reasons or because of their age (2 cases). 3 respondents related to the sphere of health care (a nurse in an assisted reproduction department, a surgical nurse in a maternity hospital, and a student majoring in pediatrics) described their motivations the following way: "I heard from the chief physician in my department that oocyte donors were needed and started asking questions and he was so glad I would like to be a donor"; "in the maternity hospital I started noticing women who gave birth through IVF and I realized that this technology is actually working [...] they were so happy, these women". Many women reported that the opinion of their consulting gynecologist was significant: "I started thinking about it (donation) in earnest when my doctor told me that I had an excellent ovarian reserve"; "the doctor who examined me said that I was very good for donation and praised me for having so many follicles."

The majority of women (14 out of 16) in response to the question about their childhood and about the way their childhood experience and experience of their own families have affected their decision described various traumatising factors. These can be roughly divided into several categories.

Adverse childhood experiences include being raised in a single-parent family because of the divorce of parents (5 respondents) or death of one of the parents (2 respondents). This category also includes such situations as mother having multiple partners, being raised by a grandmother while her mother was working away from home and eventually got ill and died; alcohol addiction or suicide of one of the parents. One of the respondents described her childhood as "lonely"—her parents worked a lot and could not devote to her enough time and attention.

Another kind of trauma was associated with physical violence or the partner's betrayal in the respondents' own relationships: "I had to spend a month in hospital after my baby was born, our son was hanging between life and death while our Dad spent nights out partying—he was celebrating"; "I was 17 and when I got pregnant, he said the baby was not his although I suggested DNA paternity testing"; "when my husband returned from the army, he was a drug addict—he beat me, tried to suffocate me with a pillow, drew a knife at my father"; "my stepfather used to beat me since I was eleven, and my sister, and my mother".

The next type of trauma is associated with the loss of loved ones: "one after the other I lost my mother and elder brother, they were both very young, our family's line is deteriorating". Undoubtedly, a significant traumatizing factor is abortion: 4 out of 16 respondents had to terminate their pregnancy because they were struggling financially. One of the patients found out about egg donation while being pregnant—she enjoyed being pregnant but shortly before that her mother had had a hysterectomy due to a late-term pregnancy loss. As a result, the respondent started thinking about the women who, like her mother, would like to have children but were having fertility issues.

A recurring motif in the rhetoric of many respondents is oocyte donation as a way to "rehabilitate" their family history, to get over the feeling of guilt after an abortion, and "to do something good and important". One of the respondents, who lost her loved ones, clearly articulates the following reason behind her decision to donate: "to rehabilitate the family history, one needs to do a good deed—help others to become parents and transfer one's genes—the genes of one's family". Two respondents pointed out that after their parents' divorce, it became important for them to "be useful and needed", "to make themselves useful".

Discussion

There is sufficient international research on the socio-demographic characteristics of oocyte donors. Some interesting results have been brought by a Dutch study of the donors' socio-economic autonomy and self-esteem. The study involved an analysis of the demographic characteristics and donation motivations of 92 potential oocyte donors in Utrecht. The researchers came to the conclusion that "the typical oocyte donor at the UMC Utrecht is a well-educated, employed, 31-year-old woman living with

her partner in a completed family with two children, and donating on altruistic grounds" (Bakker et al., 2017). The donors showed higher autonomy-connectedness scores than the average female Dutch population. According to a study of Argentinian and Spanish oocyte donors, on average they are 25 years old, and their main motivation is financial (Lima et al., 2019). The majority of Argentinian donors have a secondary education, 38% of them are housewifes, the rest work part-time or do odd jobs. The majority of Spanish donors are, on the contrary, stably employed (over 70%), are childless (74%), and their general education level is slightly higher (Lima et al., 2019). American researchers have built the following oocyte donor profile for their country: a 27-year-old unmarried woman with a higher education and middle income who has experienced at least one pregnancy (Klock et al., 2003). In Russia, as of 2014, a typical oocyte donor is a woman who is already a mother, she's also on average younger that her counterparts from other European countries, she has a secondary vocational (technical) education (45.8%) and in over a half of the cases she has already had an abortion (53.1%) (Pennings et al., 2014, p. 1076). In our study, the profile of a Russian oocyte donor is as follows: she is on average 26 years old, married and has at least one child, she has a secondary vocational education and low income, she is most likely to be employed in the services sphere and is doing a low qualified job, she has no bad habits, but she also does not exercise regularly, she is an atheist.

There is vast research evidence pointing to the fact that the leading motivation of oocyte donors is altruism (Bakker et al., 2017; Gezinski et al., 2016; Pennings et al., 2014, p. 1076). In the UK, altruism has the main motivating influence on oocyte donors, who claim that their aim is to help infertile couples, and some of them even subscribe to the view that the prospect of remuneration can attract "the wrong kind of women" (Byrd et al., 2002, p. 175). The language of altruism has become quite pervasive in the international practices of reproductive donation (Cherro, 2018; Lafuente Funes, 2017), the Russian context being no exception. For instance, Russian reproductive clinics formulate the information for potential donors the following way: "Egg donation is a demanding and noble mission. By becoming a donor, you can make happy a couple who have been dreaming of having a baby"[1]; "The use of donated eggs (oocytes) gives a long-waited chance, desired more than anything in the world to the families where women for one reason or another cannot use their own ovarian reserve or have experienced a failed IVF cycle"[2]. In the light of the above, it can be supposed that the respondents have voiced the socially approved and expected motivations—in our case 100% of women spoke of their desire to help infertile people become parents. A study conducted in Barcelona (Spain) has shown that "most ova donors emphasized simultaneously the altruistic nature of their action and the sort of symbolic motherhood that they wished to achieve by helping other women to be real (legal) mothers" (Pareja et al., 2003). The situation, however, is not that simple since it may be supposed that donors feel obliged to define donation as a primarily altruistic act due to the social

[1] *Stat' donorom ootsitov* [Become an oocyte donor]. (n.d.). Tsentr semeinoi meditsiny. https://www.cfm.ru/donorstvo-spermy-i-jaicekletok/stat-donorom-oocitov-jaicekletok

[2] *Donorstvo ootsitov* [Oocyte donation]. (n.d.). Mat' i ditia. https://tyumen.mamadeti.ru/services/eko/donorskie-programmy-i-surrogatnoe-materinstvo/egg-donation/

pressure while in fact, they may be very interested in the remuneration they are going to receive in exchange for what is presented as a "gift" of egg donation (Pareja et al., 2003). Another study has shown that most oocyte donors are young women that are socially and/or economically vulnerable. In other circumstances, they might not have agreed to go through this procedure (Lima et al., 2019). These findings agree with the results of our study: the majority of our respondents considered the income of their families low or extremely low and said that they are in need of extra money not only to invest in their personal development but also to meet their basic needs.

A significant motivating influence is the infertility problems faced by someone in the donor's family or their friends (Bakker et al., 2017; Bracewell-Milnes et al., 2016; Kurlenkova, 2016; Purewal & van den Akker, 2009). This evidence was confirmed by our study: over a half of the women we interviewed reported having decided to donate because of the fertility problems encountered by their family members or friends.

An important role in oocyte donation is played by the donor's partner, who can provide the woman with a psychological, physical and social support during the process of donation. The Russian legislation does not require that the donor's partner should give their consent to donation even if the woman is formally married. Nevertheless, as our study has shown, all of the women who had male partners informed the latter about the procedure. The men's reaction, however, was either indifferent or neutral. By our respondents' accounts, their parents were much more supportive and genuinely concerned about their daughters' health. The question *Would you become an oocyte donor if your partner strongly opposed this prospect?* was answered positively by all of the women. In this context, it would also make sense to consider the role of gender as one of the main categories of meaning-making surrounding gamete donation. Erica Haimes (1993) discusses the assumptions about gender and reproduction seen as a set of "ideas about the ways in which men and women are thought to behave more generally in relation to reproduction and the family" (Haimes, 1993, p. 85). She shows that these assumptions are different, and these differences lead to oocyte donation frequently being seen as an altruistic act in a familial, clinical, and asexual context.

Some of our respondents considered oocyte donation as a way to boost their self-esteem to a certain extent, an opportunity to look at themselves from a different perspective. Oocyte donation as an opportunity for the donor to assert her individual agency is also discussed by Rhonda Shaw in her study of New Zealand women taking part in donation and surrogate motherhood programs. One of her interviewees said: "I really felt the need to do something defining […] and important", adding that she wanted "to look back at my life and know I've done something good". Another respondent stated that "she wanted to redefine herself through egg donation after her fiancé virtually left her waiting at the altar" (Shaw, 2008, p. 20).

To a great extent, our respondents have articulated the same experiences as the ones described by our Spanish colleagues (Orobitg & Salazar, 2005): for example, one of the Russian donors was forced by her family to terminate her pregnancy and she now perceives oocyte donation as a way to take an important decision on her own terms and to resist her family's pressure. Four respondents also had to seek abortion because of the external circumstances.

As an international study of oocyte donors in Spain and Argentina has shown (Lima et al., 2019), 74% of Argentinian donors and 84% of Spanish donors were ready to open their identities. In addition, a similar study conducted in the US has demonstrated that 88% of American donors told other people about their experience despite the fact that the procedure was conducted anonymously (Klock et al., 2002). Only 25% of women participating in our study, however, were willing to be open identity rather than anonymous donors. For the rest it was essential to remain anonymous. Many women feel uneasy about discussing their participation in donation programs because they are afraid of facing negative comments, criticisms and the lack of public understanding in general. The paradox lies in the fact that in reality none of our respondents by their own accounts has ever faced any public disapproval or criticism, which agrees with the evidence from the previous research (Symanyuk et al., 2021): 61% of Yekaterinburg residents have expressed a positive attitude toward oocyte donation and 22% describe their attitude as "neutral".

Our findings confirm the results of a British study which has shown that 21% of the oocyte donors surveyed were medical professionals (Byrd et al., 2002). 19% of our respondents also work in the sphere of health care and two of them are willing to share their ovarian eggs for free.

Conclusions

Ovarian egg donation is a complex phenomenon fraught with ethical concerns and still largely underexplored in research literature. On the one hand, the women who have decided to donate their oocytes are driven by the desire to help infertile people to experience parenthood and, on the other, donors themselves can be struggling both financially and mentally, which underlies their motivations for taking part in a such a complicated procedure. We found that a typical Russian oocyte donor is a 26-year-old married woman with at least one child. She has a secondary vocational education and a low income. In most of the cases she is employed in the services sphere and has a low qualified job. She does not have any bad habits, but she also does not exercise regularly. She is not religious and at least once she has faced neglect or abuse in her own family or in her parental family.

The majority of such women would like to help others become parents, but they are also interested in receiving a financial compensation, which is very important to them. In other words, the women we interviewed displayed a diversity of motivations. Each woman had on average at least three main motivations. Apart from their interest in a financial reward and altruistic motivations, for many women the decisive factor is their desire to help their friends or relatives struggling with infertility. Another important factor is these women's own experience of fertility problems. Having friends or relatives who engaged in oocyte donation and gave positive feedback about this procedure is also a significant factor.

Interestingly, almost all of our respondents described their decision to donate as an attempt to move past a traumatic situation they once endured and to achieve some kind of closure by doing something really important and good. A recurring motif in the

rhetoric of many respondents is oocyte donation as a way to "rehabilitate" their family history, to get over the feeling of guilt after an abortion, and "to do a good deed".

When interviewed in greater detail, women who intend to become oocyte donors reveal their personal situations. Despite having a partner, these women "can and wish" to rely only on their own abilities and resources. For many women, oocyte donation becomes a way to boost their self-esteem, to feel more significant and to promote their personal autonomy.

As for barriers to donation, one of the most important is associated with the donors' unwillingness to make their identity known and to share this information even with their close circle of friends and relatives. For the majority of donors, anonymity is crucial while the disclosure of this information is perceived as a source of problems in the donor's family and immediate circle of friends at present and privacy risks in the future. Moreover, some of the women are afraid of their emotions towards the offspring resulting from their donation and believe that anonymity can protect them from this risk. Some of the respondents prefer to conceal the fact of donation even from their parents and close friends. A significant factor in the donors' decision-making is the perceived public reaction to oocyte donation. On the one hand, the respondent women consider donation as "a way of helping others", "as a good and useful deed" and, on the other, they prefer to remain anonymous because they are not sure of the public approval of donation or at least that the reaction of the people in their community will be adequate.

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