



Donors we choose: race, nation and the biopolitics of (queer) assisted reproduction in Scandinavia

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Accepted: 20 September 2021 / Published online: 30 October 2021
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Abstract In the 2000s, same sex partnership laws, new reproductive technologies, and legislation rendering lesbian couples and single women eligible for state-funded assisted reproduction with donated gametes in the Scandinavian nations has resulted in significant changes in family formation. Drawing on two separate qualitative studies, this paper scrutinizes Scandinavia’s alleged progressive LGBTQ politics by critically examining how ideas of kinship, race and nation shape ideas of ‘donor matching’ amongst queer parents in Sweden and Denmark. Through empirical analysis, we explore how the conditional invitation of queers into family making via state regulated assisted reproduction is entangled with racialised medical and commercial choices of donors that reflect historically specific ideas of race. In particular, we show how whiteness is framed as desirable and how being ‘racialised non-white’ is framed as a risk that ought to be minimised for children who are already considered ‘disadvantaged’ by being born into ‘queer’ families. Thus, we argue that contemporary queer reproduction is not only central to homonationalism, it can also be seen as a continuation of eugenic and biopolitical initiatives that have been central to the emergence of Scandinavian welfare states. We conclude by proposing further scrutiny of contemporary queer reproduction as a potential ‘white-washing’ technique to manage populations.

Keywords Queer assisted reproduction · Scandinavia · Race · Whiteness · Donor sperm · Eugenics

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Introduction: queer reproduction in Scandinavia

Our sperm donor is tall, blond, and has blue eyes. I am in regular contact with other families, who all have children by the same donor. Our children are very similar. When they play together, one sees all these blond heads running around. They look like an old painting of Scandinavia.

I chose a white donor because I want the children to look like me. But I know of a woman, who is of colour, and her fertility clinic told her to choose a white donor. As lesbians, we are already a bit off, so we do not need further disadvantages for our children by making them non-white (stories from mothers with donor conceived children, told to authors).

Scandinavia, that is, Sweden, Denmark and Norway, is known for its progressive gender and sexual politics, with gender equality and both reproductive and LGBTQ rights as key features of its modern welfare states. As Rydström (2009) had outlined, in the aftermath of the AIDS epidemic, Scandinavian nations have gone from recognition of same sex partnership to gender-neutral marriage, with family rights expanding in the process. With advancements in assisted reproduction technologies (ARTs) and access to these, Scandinavia has witnessed a veritable queer baby boom. In these nations, what is typically only available in a rapidly expanding profit-generating global fertility industry, namely fertility treatments, IVF and assisted reproduction with donated sperm, can be accessed as part of tax-funded public healthcare. This suggests a democratisation of (queer) family making across social classes and is thus both symbolically and materially significant, even if it also means that for the millennial generation of LGBTQ people, procreation is not only possible, but increasingly expected (Dahl 2018a, b; Mamo 2013). Interestingly, and as we will discuss here, in a seemingly progressive region, paths to procreation remain stratified for queers (see Andreassen 2018; Dahl 2018a, b, 2020) and Danish sperm holds a particular place in the making (queer) babies, not only globally but also in Scandinavia. Drawing on qualitative research conducted with queer parents who have conceived with donor sperm in Sweden and Denmark, this article argues that we need a framework for theorising queer assisted reproduction in Scandinavia as not merely a source national and regional pride but also as a biopolitical question.¹ As we shall show here, (queer) assisted reproduction involves choices and decisions about donors and gametes, pointing to how at the heart of a seemingly progressive project are questions of race, nation, and biopolitics—matters with distinct histories in the Scandinavian context.

Globally, the new millennium has witnessed a kind of ‘normalisation’ of assisted and so-called third-party reproduction, in part as a response to demographic and

¹ There are important differences between the three Scandinavian nations, including when it comes to assisted reproduction for differently situated parents. The full extent of these differences is the subject of a new and ongoing research project entitled *Scandinavian Border Crossings: Race and Nation in Queer Assisted Reproduction* (Forte 2021–2023, project number 2020-00525). As we shall show below, in the present article, empirical data are drawn from the authors’ previous research projects in Denmark and Sweden only.



environmental changes that have resulted in new understandings of and solutions to infertility. Scandinavia offers a unique and thus far under-studied setting for studying how questions of nation and race feature in assisted reproduction for several reasons. In Denmark, approximately 10% of all babies born are now conceived using fertility treatments (Okkels 2014; Sundhedsdatastyrelsen 2019), and procedures often involve donated gametes. Whilst numbers are slightly lower in Sweden and Norway, they are rising in Scandinavia as elsewhere in the world. Home to one of the world's largest sperm banks and known for its liberal views of donors and recipients as well as its high success rates (Adrian 2010; Andreassen 2018) Denmark has long been an international hub for fertility travel (Adrian 2020), including for lesbians and single women including and quite centrally, intra-regionally from Sweden and Norway. In addition, Danish donor sperm is available on line and sold to clinics and people around the world, including Sweden and Norway.

Whilst legal recognition LGBTQ families in Scandinavia appears progressive and inclusive, access to procreation via public tax-funded healthcare is not open to all. Firstly, it is built around gestating parents and requires a functioning uterus, which means that gay (cis) men do not receive assistance by the state and must either turn to costly commercial, often transnational surrogacy arrangements (Malmqvist and Spånberg Ekholm 2020; Nebeling Petersen 2016) or conceive with women they know, which many do. Further, availability of public healthcare varies depending on geographic location, strict age regulations apply and prior to approval, intended parents are subjected to rigorous screening of physical and mental health, socio-economic resources, familial networks and relationship stability. Furthermore, as growing numbers of parents conceive with donated gametes in the 2000s, the symbolic meaning of donor sperm has also changed considerably. Whilst in Denmark, donor anonymity remains legal (Andreassen 2018; Malmqvist 2016), Sweden was the first nation in the world to prohibit anonymous donation and Norway has followed suit. In Sweden and Norway, staff at both state and private clinics conduct the 'matching' of donated gametes (from donors who are selected through a careful medical screening process) with intended parents. At the same time, there is scarcity of donated gametes in public clinics in Sweden which leads to long queues. To avoid years of waiting, many continue to pursue private commercial alternatives, clinics which often use imported Danish sperm or to cross the border to Denmark. 20 years ago many border-crossing Swedish lesbians were encouraged to use anonymous donors and staff at the fertility clinic often made the donor choice, but today, a donor whose identity may be revealed to a child upon reaching maturity is understood to be in the child's best interest. Norwegians and Swedes do still continue to travel to Denmark to obtain anonymous sperm or their own choice (RFSL 2017; Jetha 2021). To add to the mix, as the opening quote suggests, parents and children conceived with donors from Denmark have also begun using knowledge of their donor's identity to form new kinships (Andreassen 2018). These complex regional connections, differences and similarities suggest that LGBTQ reproduction is quite regulated and that donor conception involve a range of ideas about kinship and relatedness.

This article focuses on an under-studied dimension of queer assisted reproduction in Scandinavia, namely how the 'race/ethnicity' and 'nationality' of donors and parents feature in stories around donor conception. Thus far, research on queer



families in the region has largely focused on challenges of legal recognition and everyday experiences of family making and encounters with heteronormativity (Malmquist 2015). Discussions of donors have centred on questions gendered ideas of parenthood (demonstrating that the donor is not a father), and ‘going to Denmark’ has been framed mostly as an aspect of the conception story (cf. Jetha 2021, Malmquist and Zetterquist Nelson 2016) but little attention has been given to (the invisibility of ideas of) nationality or race or to the border-crossing dimensions of Scandinavian queer assisted reproduction.

As the opening quotes suggest, and as we will argue in this article, long-held ideas of regional racial homogeneity and majoritarian whiteness, continue to animate understandings and practices of queer family making with ARTs in Scandinavia. As a geopolitical demarcation, unlike the larger Nordic region, Scandinavia coalesces around an idea of shared language (though with some national differences) and overlapping political, cultural and religious histories. Once the modern nations were settled after centuries of changing rule and domination, continued intra-regional travel, migration and work shape the region; tens of thousands cross the Scandinavian national borders every day. Whilst growing numbers of citizens and inhabitants in Scandinavia have their roots outside Europe—in Sweden it is now one in five—a long held idea of racial homogeneity, that is, of the population as largely white, extend into the present majoritarian (queer) imaginaries of ‘Scandinavianness’. Importantly, as we will discuss here, this Scandinavian race formation has been actively shaped by a shared history of race science and eugenics (Andreassen 2015a; Blaagaard and Andreassen 2012), which whilst there were some differences, all shared an idea of a Scandinavian or Nordic race in need of population management via sterilisation. Differently put, ideas of distinct racial groups were central to the very foundation and development of the modern welfare state (Broberg and Roll-Hansen 2005; Runcis 1998).

These dimensions make Scandinavia an interesting and crucial site for studying how (queer) kinship is imagined and practiced in an age of assisted reproduction. With our new ongoing research, we wish to make an intervention into scholarly discussions about race and assisted reproduction that whilst often global in scope, remain dominated by Anglo-American authors and data.² We propose that there are specific dimensions of what has been called queer liberalism (Eng 2010) and homonationalism (Puar 2007) at work in Scandinavia, where growing numbers of queers who insist that they are ‘ordinary Svenssons’ and ‘normal families,’ go to state clinics or travel across borders to obtain sperm and how ideas of ‘racial matching’ of sperm feature in these practices. We are interested in what practices of choosing and matching gametes might tell us about national and racial belonging, and about the reproduction of whiteness—questions of growing concern in international scholarship on assisted reproduction but thus far under-examined in Scandinavia.

² Geographically, the Nordic region also includes Finland, Iceland, *Kalaallit Nunaat* (Greenland) and the Faroe Islands. Sápmi, the territory inhabited by the Sami people, stretches across Norway, Sweden, Finland and Russia. However, in our analysis of race and racial imaginaries, we use the term ‘Nordic’, which has historically been associated with racial whiteness and the white population of Scandinavia.



Whilst the queer baby boom is often cast as the happy outcome of progressive Scandinavian LGBTQ family rights, we propose that it is entangled with historical ideas of race, grounded in the biopolitical eugenic initiatives of welfare states and how understandings of ‘choices’ of donated sperm are entangled with ideas of Scandinavian whiteness.

The topic is not without controversy. Whilst nationality is a frequently invoked but rarely interrogated concept, explicit discussions of race remain scarce in Scandinavia. Indeed, the term ‘race’ is today rarely used by scholars outside of critical race and whiteness studies. According to hegemonic narratives, the very term ‘race’ is associated with race biology, eugenics and Nazism—phenomena that are vehemently disavowed and understood as aspects of history that we are now ‘past’ (Andreassen et al. 2008; Andreassen and Vitus 2015; Garner 2014). Furthermore, there is a widespread understanding of European imperialism and colonialism that insists on Scandinavian exceptionality, as its nations are said to have had no or only few colonies. This narrative ignores ongoing settler-colonialism in both *Kalaallit Nunaat* (Greenland) and *Sapmi*, and erases Scandinavian complicity with colonialism, including in the trade in and enslavement of Africans (Keskinen et al. 2009; Sawyer 2002). It is a story that most of all serves to secure the idea of Scandinavia as historically homogenous, both racially and culturally, and that also ignores complex internal Nordic histories and differences, including in relation to Finland, which whilst part of the Nordic region and thus often described in Nordic racial terms, is frequently otherized in relation to Scandinavia. As a result of this reluctance to name race and racism, whiteness is often unmarked and racialised differences in queer reproduction and family making are more often articulated in terms of colour, ethnicity and nationality. Following extensive literature, we instead approach whiteness as a race formation characterised by naturalised advantages and the privileges that come with embodying an ideal or a norm (Du Bois 1935; Dyer 1997; Hübinette and Lundström 2014; Lundström and Teitelbaum 2017; Myong and Andreassen 2017; Smedegaard 2014; Svendsen 2015).

To sketch our proposed framework, we draw on interviews with queer people and single women who had used (or were trying to use) donor sperm to conceive in Denmark and Sweden that we conducted in separate interdisciplinary research projects 2015–2020. Our methodological approaches were rather similar: all interviews were qualitative and open-ended, often lasting several hours. We asked similar questions; about conception stories, choices of donor, experiences with health institutions and understandings of family and kinship. However, we also asked different questions; the Danish interviewees were asked about the role of biology in family making and the Swedish interviewees about experiences with divorce and family break ups. Whilst Danish interviewees were recruited via advertising in a Facebook group for alternative families; the Swedish interviewees were recruited via snowballing as



part of a larger ethnographic research project.³ There are some noteworthy differences between interviewee demographics: In Denmark, most interviewees identified as women and a few identified as non-binary, whereas in Sweden, approximately half of the interviewees identified as queer, non-binary or trans. Most Danish interviewees were white, whilst half of the Swedish interviewees self-identified as of colour (*rasifierade*) or non-white. All were engaging in family making: Some Danish interviewees were raising children as heterosexual, lesbian or queer solo mothers,⁴ but most were lesbian-identified coupled parents. The Swedish study was a community-based ethnography centred on understandings of kinship and relatedness and also explicitly aimed to counter the emphasis on (unmarked) white lesbian families in previous research by centring queer, transgendered, non-binary people, those who identified as of colour and multiple parent constellations. Despite these differences, we found themes that ran across our respective interviews; namely that almost all offered detailed and moving narratives of the complexities of conceiving with donated sperm.⁵ Strikingly, and in contrast to what has been highlighted in previous research, the subjects of donors and their racial identities frequently arose in interviews and were articulated in different ways. To that end, a crucial difference between the Danish and the Swedish data concerns the question of choice in matching and the respective entanglements of state- and market-driven assisted reproduction. As stated earlier, Denmark has a large global export of sperm, both in terms of reproductive travel *to* Denmark and export *from* Denmark to private clinics, including in Sweden and Norway. Many describe Denmark as having a much more ‘liberal’ attitude to donors and choice of gametes, whereas in Sweden, the law stipulates that clinical staff must decide on the best donor choice. In a recent national survey conducted by RFSL in Sweden in 2017 about one third of respondents (of whom about 92% belonged to the majoritarian population) reported that they had conceived in Denmark, and numbers were roughly the same for those who were planning families⁶. Both previous research (Malmquist 2015, 2016) and the present ethnographic study suggests that those who do travel to Denmark do so either to get the donor they want, because they do not fit the (age) criteria stipulated by Swedish public health care guidelines, or because the queues are too long. The discussion below reflects some of these differences.

³ This ethnographic project also involved conversations in settings where queer parents assembled, including LGBTQ community spaces, play dates, queer bars and informal gatherings. Dahl’s research was conducted within the project *Queer(y)ing Kinship in the Baltic Region*, funded by the Baltic Sea Foundation (2014–2018).

⁴ In line with research (Hertz 2006; Ravn 2017) pointing to the continued stigma attached to singlehood, we call these lesbian/queer/heterosexual mothers ‘solo mothers’ rather than ‘single mothers by choice’, also to mark that solo parenting may not mean that one is romantically single.

⁵ In order to protect their anonymity, some identifying characteristics have been altered.

⁶ RFSL stands for The Swedish Federation for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Rights. The survey is entitled “HBTQ persons’ experiences and needs related to paths to parenthood and engagement with children” (In Swedish: Nationell enkät om hbtq-personers erfarenheter och behov kopplat till föräldraskap och umgänge med barn). The data is owned and stored by RFSL.



Choosing white donor sperm

Regardless of racial identification, interviews with Danish mothers found that most had chosen to conceive using white sperm donors. Whilst their explanations for choosing white sperm differed slightly, they rarely included verbalisations of ‘race’ or ‘whiteness.’ Instead, many explained that they chose a donor based on what they understood as ‘likeness’ (cf. Keaney 2019). Karin, a Danish solo mother, said: “I chose a donor with blond hair and blue eyes, so the child will look like me.” Birgitte, a lesbian mother, similarly explained: “I want the child to look like me, so I chose a donor with blond hair and blue eyes, because that is what the children in my family look like.” As Deomampo (2016) has argued, the language of sameness and resemblance can function as a neutralised proxy for race, and similarly, physical resemblance was articulated by Danish mothers in terms of hair and eye colour. Importantly, these mothers’ desire to have children who ‘look like me’ or are ‘like my family’ reflects their broader process of racialising their children as white. As a race formation, whiteness takes on racialised characteristics, such as skin, hair and eye colour. The emphasis on resemblance and likeness in these narratives illuminates how kinship and belonging relies on a framing of race as sameness or likeness (Blaagaard 2009; Keaney 2019; see also Ravn 2017). The likeness of an unmarked racial whiteness thus aligns the child with the mother and her family. Thus, whilst anxieties about an ‘unknown father’ persist, race functions as a technology that writes the child into the family narrative, as kin (Russell 2018). At the same time, by not verbalising race and whiteness, we contend that these mothers also perform Scandinavianness as ‘colour blindness’ (i.e. ‘race blindness’), even as they point to the significance of whiteness, itself, as a formation. We propose that this non-reflexivity around whiteness (as colour blindness) is central to its persistence as a hegemonic, yet invisible, norm (see also Myong 2009). Importantly, whilst white Danish interviewees spoke of likeness, none of the Danish mothers of colour spoke of choosing a donor that resembled them.

Extending ideas about kinship, some interviewees discussed their choice of donor in terms of an actual or imaginary partner, pointing to how donor insemination as an ‘imitation’ of heterosexual reproduction. Rose, a Danish mother in a lesbian family, explained: “I want the child to look like my wife. So we chose a donor that resembles her.” Lili, a solo mother, stated: “I always imagined my life partner to be tall and blond, so I choose a tall, blond donor.” Whilst choosing a donor that looks like one’s partner can be central to incorporating a non-biological same sex partner into kinship, stories of women of colour choosing white sperm to mirror a partner also shed light on how reproduction features into heteronormative narratives of integration and national and racial belonging. As Myong (2009) has argued, Korean-Danish adoptees who engage romantically with white Danes experience their relationships as confirming their belonging in the Danish nation whilst relationships with Asians position them as ‘other’ and put them at risk for exclusion from the national community. Myong contends that “inter-racial intimacy becomes a modality through which [non-white Danes’] position and identity as Danish is strengthened” (ibid., 216, our translation). If race is a technology that sorts populations (Sheth 2009), we argue that choosing white sperm to create a resemblance to a(n imaginary) white partner



suggests an effort to confirm Danish national belonging—and secure national recognition—both for the mother of colour and for her donor conceived child.

Queer parents interviewed in Sweden who identified as non-white or of colour, told different stories of the meaning of sperm. Several spoke of the racial dimensions of sperm as both culturally meaningful, but also stated that their feelings around donors were deeply entangled with their experiences of living in a white-dominated society. Whilst white interviewees often described the ‘matching’ of donor sperm either as wholly ‘unimportant’ or in positive terms of attention to phenotypical markers (e.g. eye colour or hair colour), and described both doctors and donors in positive terms, for queers of colour, stories of accessing assisted reproduction almost always conjured up experiences of racism. For instance, parents Shirin and Sanaaz, who identified as Persian and queers of colour, shook their heads when the subject of donor matching was raised. At their state clinic in Sweden, they were never asked about their background during this process. “They did not ask. We got what they offered”, Shirin said; “and that was white”, she added, looking at their toddler, whom they read as visibly lighter than his parents. For this family, the idea of ‘matching’ was not presented as important by the clinic, even if parents felt that it had effects. Indeed, Sanaaz, the non-gestating parent who identified as gender-queer and a migrant, said: “In many ways I am grateful that our son is light skinned because this is a racist country. He might pass [as Swedish] more than we do.” Sanaaz went on to explain that their gender often gets read as young [i.e. people interpret their non-binary gender as youthful], and that white people in particular often assumed that they were a babysitter rather than a parent, which speaks both to cultural assumptions about kinship being based on ‘likeness’ and of racial divisions of care labour. Another example of how ‘matching’ was downplayed by the clinic was offered by Ana, who came to Sweden as a refugee in childhood. She explained that, when her partner Roshan asked about the possibility of having their donor ‘match’ their Middle Eastern heritage, the couple was indignantly told by a nurse, “You don’t get to choose like *that*”, suggesting that their wish was undesirable (see Dahl 2018b). Many queer parents of colour shared experiences of racist attitudes, ignorance and racial prejudice amongst medical staff, including in a national survey conducted during the research where 8–12% reported experiences of racism targeting their families. One respondent in the survey wrote that as a lesbian couple who identified as of colour asking about matching were dismissed and told by clinical staff that “you will never look like a real family any way.” This speaks to a theme that was evident across the data, namely that one of the effects of a discourse on ‘colourblindness’ and what appears to be quite unclear guidelines for how matching is conducted, in combination with the decision being up to clinical staff means that experiences vary vastly depending on whom intended parents meet. Several interviewees also described being subjected to what they felt were objectifying and dehumanising forms of phenotypical scrutiny, assessment and guess work as to their heritage or presented with a limited range of what staff described as ‘coloured’ (*färgad*) sperm. Carina, a lesbian who identified as Latina, concluded: “in the end, we were offered the one or two non-white donors they had, it didn’t seem to matter from where.” According to Carina, many queer and lesbian parents of colour she knew had similar experiences. “I know of people of South Asian descent who were offered



Latin American donors and black queers who were offered donors labelled as North African or Middle Eastern”, she said. “It is like we are all the same to them.” An important insight from this research is that as queers of colour seek to become parents, they are already entangled in structures of racism that shape their lives as a whole.

Across the Swedish interviews, it became clear that, in the state clinic, whiteness was frequently cast as desirable. Importantly, many described how discussions about donor matching often resulted in the discursive creation of ‘us’ (i.e. white Swedes who do not make a fuss) and ‘them’ (i.e. Swedes of colour, who do). This suggests that, in the form of donated sperm, race operates as a technology that medically divides Swedes into ‘the norm’ (white) or ‘the other’ (racialised donor sperm). At the same time, whiteness is understood as a neutral category amongst medical staff. According to interviewees, some sperm were understood as that of the ‘racialised other’ (see also Jetha 2021). People of colour in general and black lesbian and queer interviewees in particular explained that they felt pushed to turn to commercial options (e.g. ‘going to Denmark’) or finding private donors to ‘match’ the non-gestating parent.

A narrative about the ‘shortage’ of non-white sperm donors at public clinics was a topic several interviewees elaborated on as part of the othering and ignorance encountered amongst staff at the clinics. At their clinic, Carina and her partner, who also identified as of colour, were told by clinical staff: “We do not have any donors that match you because Muslim men don’t masturbate for religious reasons.” Neither of the parents-to-be was Muslim and they also found the comment racist and alienating. Shirin and Sanaaz described how clinic staff were stunned to meet them and to learn about their wishes to become parents and how a part of the required psycho-social evaluation of their networks and resources were explicitly asked whether their Muslim parents were “okay with lesbians having children” and told that they were “brave”. For Sanaaz such encounters were frustrating, “it is as if by becoming queer parents we are being integrated into white Sweden” they said. Whilst more research is needed on this topic, this research suggests that for queers of colour ideas of ‘matching’ are far from simple matters of eye or hair colour. Rather, queers of colour who wish to become parents encounter a mix of Swedish ideas about ‘colour blindness’ and clinic staff who assume that whiteness is either desired or neutral. Ideas about Swedish sexual exceptionalism, including tolerance/inclusion of LGBTQ people and men’s ‘willingness’ to masturbate’ are here entangled with ideas that all non-white sperm is the same in its difference (cf. Dahl 2018b).

Based in our ongoing research we argue that it is important to attend to the workings of race and whiteness in Scandinavian queer assisted reproduction. In doing so, we propose a dual theoretical approach whereby race is both understood as a cultural formation and a technology of assisted reproduction. As critical race and whiteness studies (e.g. Delgado 1995; Delgado and Stefancic 2017; Essed and Goldberg 2001; Frankenberg 1993; Twine and Gallagher 2008) teach us, race is not a property of bodies but a continuously (historically and socially) constructed category characterised by its effect (Keskinen and Andreassen 2017; Myong and Andreassen 2017); and in this case, it is also a meaningful kinship device. As a formation (or category), race is historically and socially constructed through representation (e.g. Horsti 2016;



Smedegaard 2014), practices (e.g. Hübinette and Tigervall 2009; Svendsen 2015), experiences (e.g. Kennedy-Macfoy and Pristed Nielsen 2012) and reflect the material and socio-economic legacies of colonialism (e.g. Keskinen et al. 2009), whereby ‘colour-blindness’ is a discourse that serves the reproduction of white hegemony.

This evidences how race as a cultural formation (i.e. constructions, and thus ideas) also involves race as a technology (Coleman 2009) that sorts populations (Foucault 1997; Sheth 2004, 2009), creates inequalities (Benjamin 2016), forms kinships (Russell 2015, 2018) and guides assisted reproduction (Deomampo 2016; Keaney 2019). In developing this further, we contend that Scandinavian state-funded assisted queer reproduction can be usefully approached through Foucault’s concepts of ‘biopolitics’ and ‘biopower’ (Foucault 1990) that illuminate how population vitalities (e.g. reproduction, health, sexuality) are intertwined with political and institutional aims that encourage or limit the development of certain populations. Increasingly ‘assisted’, reproduction (as well as the bodies that reproduce; the fragmented entities of sperm, egg and womb; and the process of gestation) is a site in which ‘life’ and populations are managed via technology, legislation and institutions (e.g. state and private fertility clinics). Race has historically been a central parameter of this reproduction management (Russell 2018; Stoler 1995, 2002). We argue that the legal inclusion of lesbians, queers and single women into state-funded reproduction in Scandinavia is not separate from, but rather another biopolitical step on the national road towards cultivating and producing the ‘most desired’ population.

Color blindness and whiteness as a tool against discrimination

Extending and creating belonging in the nation, assisted reproduction brings race, sexuality and kinship together in complex ways (Wade 2007). Anja, a Danish lesbian mother, explained that: “As a lesbian family, we are already a bit strange, and people might frown upon us. So we don’t need to be even stranger by choosing different sperm.” Adhering to what we here are arguing is a shared white Scandinavian idea of colour blindness, Anja did not explicitly speak of race when she talked about her choice of sperm, yet she clearly referred to non-white sperm as ‘different’. To her, conceiving a racially mixed child would risk both herself and her child being frowned upon by the white majority. As Sanaaz’ story above illuminated, a child’s whiteness was sometimes understood as a protection against future discrimination or, as articulated by several Danish participants, as a means of decreasing their child’s risk of future disadvantage. Here whiteness serves as a tool or technology for ‘blending in’ and preventing negative attention. As Ravn’s (2017) research on solo motherhood suggests, white donor sperm is not only chosen to protect children from potential discrimination, it is also encouraged by fertility clinics. To mothers and clinics, these children are perceived as already disadvantaged by having only one parent and to prevent further disadvantage to the child, white donor sperm is preferred. Again, for a white mother/parent in Scandinavia, reproduction with white donor sperm becomes a means of reproducing likeness or sameness between the child and the mother, and thereby securing the child’s inclusion in both the nation and the (white) family, wherein belonging is determined by physical markers.



In Sweden, the narrative of ‘matching’ had a slightly different logic—that of ‘the best interest of the child’. Several white queer and lesbian parents articulated what they considered as an ‘anti-racist’ stance, and frequently demonstrated reflexivity about race. Many insisted that they ‘didn’t care’ about the donor, whereas for some, asking for non-white donor sperm was viewed as a ‘political’ move. Interestingly, many said that clinic staff had insisted that they were not ‘allowed’ such a choice; something that is also confirmed by clinical staff.⁷ In a group discussion about LGBTQ parenting, several participants told stories of healthcare staff who had informed them that ‘it would not be good for the child’ to have parents whose skin colour did not match their own. This is striking, not only given the stories shared by queers of colour, but given Sweden’s long and extensive history of transracial and transnational adoption (Hübinette and Tigervall 2009; Hübinette et al. 2018), which has been dominated by a strong narrative of ‘colour blindness’ (see also Eng 2010; Myong 2009). We interpret this attitude amongst clinic staff to be in stark contrast to the idea of ‘saviourism’ that has long dominated the Swedish adoption industry. Whilst transracial adoption is cast as ‘saving’ children of colour and offering them a better life, it seems that unborn children of queer families must be ‘saved’ from parents’ potentially poor judgment through reproduction with white sperm. Whilst quite different in outcome, both practices involve welfare state supported biopolitical initiatives. In this sense, the Swedish state’s prohibition of particular forms of donor sperm matches might be understood as necropolitical (Mbembé 2003), as it quite literally prevents particular bodies from being conceived or born.

The underlying logics revealed in these stories, we argue, point to larger anxieties related to race and queerness. Both parents and fertility clinics expressed concern with the potential discrimination that children might experience due to a non-heterosexual nuclear family arrangement. Many interviewees viewed their desires to form queer families, either as lesbian couples or as a (queer or straight) solo person with a uterus, as a potential risk—one that could be decreased or increased, depending on one’s racial affiliation and/or ability to ‘pass’. Again, the alignment of children with whiteness was viewed as a means of reducing the risk of discrimination. Whilst few spoke directly about racism and the disadvantages of children of colour in a white society, those who did provided what we view as indirect testimonies of racism in these two Scandinavian nations. We contend that a strong discourse of ‘colour blindness’ in Scandinavia (Andreassen 2015b; Hübinette and Lundström 2014; Myong 2009), coexists with a widespread awareness of racism and discrimination wherein being of colour is framed as a disadvantage in the white-dominated society.

Amongst parents, the ‘choice’ of conceiving with white donor sperm might also reflect a lived experience of racism and a profound distrust in the welfare state’s ability to address, prevent and deal with it. Many queers of colour in our research, framed raising children in a white-dominated world with increased nationalism and far right attitudes as far more frightening than the risk of encountering homophobia. Scandinavian welfare states might allow—and even support—queer reproduction, but the response to racism seems to be encouraging assimilation into whiteness (see also Jetha 2021). Even before conception, institutional white anxiety assumes that

⁷ Personal communication with clinical staff at a public fertility clinic in Sweden, May 2021.



non-whiteness is a disadvantage. Scandinavian formations of race (i.e. the racialisation of whiteness as ‘safe’ and being of colour as ‘risky’), along with racist attitudes and growing segregation, also limits the recruitment of donors of colour.

Finally, we argue that ‘choosing’ white donor sperm may also be entangled with the close connection between assisted reproduction and neoliberal logics of parenthood (Eng 2010; Rodríguez 2014). A discourse of parental responsibility requires the (individual) parent to provide the best possible conditions for the child, and in Scandinavia, whiteness is viewed as being in the child’s best interest. This emergent discourse is not only racist, it erases the many white (solo) mothers who have raised black and brown children conceived with men, from at least the 1960s onwards. Thus, in a quite violent way, queer assisted reproduction eliminates the actual existence of mixed race families and children from the national imaginary and renders alliances and kinship with such mothers unimaginable. Biopolitically, the active role played by (state) fertility clinics in the choice of donor sperm contributes to a continuation of imaginaries of Scandinavia as white and the erasure of racially mixed children. Our point in this discussion is certainly not to question individuals’ choices of sperm, nor to reduce race to a genetic substance that can be found in gametes. Rather, we want to highlight that whilst sperm often lacks kinship significance in queer families (insofar as it does not ‘make’ a parent or relational tie), it is frequently infused with anxieties about difference and attempts to produce ‘likeness’. Ultimately, these stories illuminate the limits of ‘queering’ kinship within larger discourses of racial and national belonging that reflect and reproduce heteronormative structural racism in a self-declared ‘colour blind’ Scandinavia.

Queer reproduction and the history of eugenics

Beyond challenging ideas of kinship and relatedness, we have thus far pointed to how queer assisted reproduction in Sweden and Denmark forms and negotiates ideas of race. Indeed, the regulation of assisted reproduction along the lines of both ‘likeness’ and ‘colour blindness’ arguably both reflects and reproduces an idea of Scandinavia as hegemonically white, despite current demographics. We argue that this implicit and explicit favouring of mono-racial (white) reproduction—and especially the role of medical expertise in (racialised) matching—predates the emergence of ARTs. Indeed, the ideas discussed above extend a Scandinavian history of race science and hygienic science that legally prevented ‘undesirable’ members of the population from marrying and sterilised ‘undesirable’ bodies of both racial minorities and, until very recently, people undergoing gender affirming surgery (Blaagaard 2009; Broberg and Tydén 2005; Honkasalo 2018; Lowik 2018; Runcis 1998). We therefore now turn to discussing the specificity of Scandinavian eugenics for the development of ‘queer’ reproduction.

Eugenic ‘population control’ was initiated a century ago for the ‘common good’ and ‘greater improvement’ of society. Whilst it took many forms around the world, the Scandinavian movement—and it was in many ways a shared regional imaginary—was closely linked to both biological race science and the emergence of the welfare state. Scandinavian scientists and the idea of a Nordic ‘race’ played an



important role in the development of Western race biology and race science, from the eighteenth century to the second half of the twentieth century. Swedish scientist Carl von Linné (1707–1778) divided humans into different types ('races'), and his countryman Anders Retzius (1796–1860) introduced the so-called 'cranium index'—a method for determining race and racial belonging (Retzius 1843). According to theories at the time, human history and the development of races reflected a progression, with the white European male at the top of the hierarchy (Andreasen 2015a). In addition, there was a hierarchy of whiteness, marking some white people as more white—and thus more superior—than others. The Nordic race was considered the 'whitest' and 'purest' of the white Europeans (Garner 2014; Kjellman 2013; Weßel 2018), and it was the study and preservation of this white race that occupied Scandinavian eugenic movements in the early twentieth century. Whilst race science and eugenics have often been treated as separate and independent areas (e.g. Koch 1996), recent research points to how they are interlinked (Weßel 2018) and to intense scholarly exchange in the Nordic region (Saura 2020). Indeed, leading race scientists in the twentieth century served as advisors for the Swedish, Danish and Norwegian governments in the development of eugenically motivated legislation (Broberg and Tydén 2005; see also Weßel 2018 and Saura 2020).

The practice of eugenics had a clear biopolitical motivation, evidenced by the close links between Scandinavian eugenics and the construction of the Scandinavian welfare states in the early twentieth century, with sterilisation as a key practice. Unlike many Western countries at the time, the Scandinavian nations were governed by Social Democrats, whose ideas of improving society for all citizens and eugenic laws were factored into many social reforms (Broberg and Roll-Hansen 2005). Indeed, the eugenics movement was considered a modern and 'progressive' movement, and many Scandinavian feminist organisations supported it (Weßel 2018). However, whilst working to 'improve the quality of the population' and 'save' the white race, the eugenics movement resulted in the (forceful) sterilisation of more than 65,000 people who were deemed unfit to reproduce, such as women deemed 'promiscuous,' people with disabilities or who were considered roma or 'travellers' (*tattare*) in Sweden alone (Hübinette 2020). Whilst there were differences between the Scandinavian nations, all three had different forms of sterilisation programmes between the 1930s and 1970s and there was significant circulation of ideas and debates between the nations (Saura 2020).

Today race science is understood as a shameful matter of the past and Scandinavian welfare states are largely understood as progressive—not only in terms of gender equality, but also in terms of expanded recognition, welfare rights and benefits for same sex couples and LGBTQ+ individuals. The inclusion of lesbian/queer couples, lesbian/queer/heterosexual women and other people with functioning uteruses amongst those who can access assisted reproduction with donated gametes through state healthcare, as well as the growing number of queer families, are frequently presented as examples of a progressive society. However, whilst the welfare state provision of ARTs arguably democratises queer reproduction across social classes and demographic areas, the inclusion of LGBTQ+ people in the reproducing nation can also be read as a visible aspect of Scandinavian homonationalism (see also Dahl 2018a; Nebeling Petersen 2013), especially given what we have shown here, namely



that reproduction with donated gametes participates in the regulation of racial reproduction and even a form of ‘whitening’ the population. The difference is that now whiteness is understood as neutral at best and as preferable at worst; as is evident in the idea of avoiding the stigma of ‘standing out.’

In contrast to commonly held Scandinavian arguments that state-sanctioned eugenics and the belief in whiteness as superior—and thus better for the common good—are phenomena of the past (Hübinette and Lundström 2014), we propose that contemporary assisted queer reproduction contains and revitalises ideas of race, nation and eugenics and that this phenomenon requires further examination. Needless to say, we do not mean to suggest that contemporary assisted reproduction simply mirrors the past. Rather, we contend that to understand how race (as both a formation and a technology) shapes kinship in Scandinavia and contributes to maintaining an understanding of Scandinavia as white, we must historicise the ways in which reproduction has been regulated and how race has been and remains understood as hereditary, genealogical and as entangled with kinship.

Biopolitics, exceptionalism and white queer reproduction

We have argued here that in Scandinavian queer assisted reproduction, race becomes a technology that forms life in particular (racialised) ways. We also propose that publicly funded and regulated assisted reproduction in Scandinavia can be understood as a biopolitical project, involving the state governance of bodies (and their reproduction). In a time characterised by a fear of immigration and anxiety about multiculturalism in Europe, we place Scandinavian biopolitics, including the inclusion of queer conceivers in fertility care provided by the state, within the context of broader anxieties around immigration and the increasing racial diversity of the Scandinavian population (Hervik 2019). Eng (2010) has argued that in the USA, gays and lesbians are no longer solely viewed as a threat to family life or positioned outside the nation. Instead, the inclusion of homosexuals in the national legal and cultural framework (via same sex marriage and the right to adopt and reproduce) is closely connected to US neoliberalism and capitalism, forming what he calls ‘queer liberalism’. Eng proposes that this queer liberalism requires that race is ignored and downplayed and that homosexuals are imagined as white. Consequently, homophobia is ‘removed’ from the nation and national institutions and ascribed to racialised minorities and migrants. We contend that in Scandinavia a similar logic seems to shape assisted queer reproduction, which assumes that all queers are white or aspire to be included in a white nation. In Denmark, politicians have symbolically moved (white) homosexuals to the centre of the nation, making an attack on (white) gays or lesbians an attack on the nation (Nebeling Petersen 2013). The whiteness of the homosexual body here compensates for the historical alienation of homosexuality. Implicit in this argument is an understanding of the homosexual body as white and an understanding of those who attack homosexuals as not belonging to the nation (Andreassen 2013). When queers of colour ‘choose’ non-white donor sperm they



are cast as rejecting of the national (white) LGBTQ community, as too attached to ‘difference’ and as resistant to ‘integrating’ into national whiteness (Dahl 2018b).

Jasbir Puar’s (2007) notion of homonationalism is helpful for understanding queer reproduction in Scandinavia as entangled with whiteness. Puar has demonstrated how US inclusion of LGBTQ+ rights into the national framework is entangled with a national ideology of excellence. Building on postcolonial arguments (e.g. Spivak 1993) about how the very framing of gender equality as a Western value relies on an understanding of the Global South as oppressive to women, Puar shows how tolerance towards homosexuality is also framed as a specific Western ideal of ‘sexual exceptionalism,’ which in turn is accompanied by criticism of the non-Western world (especially the Middle East) and non-Western populations (especially Muslims); something we see in for instance, stories told by Shirin and Sanaaz above.

For Puar, homonationalism is strongly connected to national techniques of power—namely biopolitics (Foucault 1990) and necropolitics (Butler 2004, 2009; Mbembé 2003) and the implementation of LGBTQ rights is entangled with the nation’s governance of life and death, through which it dictates which subjects should be encouraged to reproduce and which should be excluded. In the Scandinavian context, Nebeling Petersen (2013, 2016) and Nebeling Petersen et al. (2017) have documented how the homosexual in Denmark has moved from being a figure positioned outside the nation to one whose visible and full citizenship is central to national values. In doing so, he shows how the inclusion of homosexuals in the welfare states (including in terms of access to ARTs and marriage) is accompanied by a particular Scandinavian self-understanding of sexual liberation and tolerance, Scandinavian exceptionalism and a ‘transfer’ of potential homophobia from Danish to Muslim migrant subjects (see also Andreassen 2013; Dahl 2018a; Gondouin 2012). We saw a similar logic at play in the Swedish stories discussed above, where interviewees encounter clinical staff who assume that migrant parents will object to queers having children.

Extending these analyses of queer liberalism and homonationalism and drawing on our research, we contend that queer reproduction in Scandinavia not only promotes an image of sexual liberation and exceptionalism, but simultaneously, through the regulation of ‘matching’, participates in biopolitical regulations that determine which babies can be born, and that reproduces the Scandinavian population as white. Not unlike past eugenic movements, contemporary queer reproduction in Scandinavia is thereby understood as similarly ‘progressive.’ At its most extreme, we propose that it participates in a form of queer necropolitics (Harithaworn et al. 2014) whereby some children are literally being prevented from being born. One Danish interviewee shared a story of white lesbian friends who wanted to conceive with non-white donor sperm: “They had chosen the sperm donor, but the doctor said that it would be irresponsible to use black donor sperm. It was enough that they were two mothers, they should not cause more trouble for the future child.” If Butler described the homosexual as a figure of death (Butler 1992), today’s figure of the homosexual/queer figure may arguably be one with a future and a reproductive life—a particular and ‘white’ life.



The racial politics of queer reproduction

In this article, we have discussed findings from two distinct projects conducted in Denmark and Sweden, respectively, and found what we argue is a shared understanding of race and of Scandinavian whiteness that is entangled in contemporary modes of conception. We would like to end by linking the findings and framework sketched here to the broader international field and to current discussions about race, nation and assisted reproduction as they relate to the Scandinavian context.

As extensive scholarship in feminist science and technology studies (STS) has illuminated, ARTs are not free from but rather reflect and reproduce broader cultural ideas of conception and kinship (e.g. Edwards 2000; Franklin 2008, 2013; Franklin and Ragoné 1998; Gunnarsson Payne 2018; Krøløkke 2011; Krøløkke et al. 2016; Mamo 2007; Thompson 2005). In a sense, by merging biology and technology, assisted reproduction challenges ideas of the 'artificial' and the 'natural', rendering reproduction itself queer (Franklin 1997, 2008, 2013; Mamo 2007). As sperm, egg, womb and parents become separate entities, links between gametes and intended parents are also reconfigured creating new understandings of kinship (Franklin 2013; Gunnarsson Payne 2016). Terms and relations can be highlighted or downplayed, depending on parental intent, legal frameworks, resources and cultural understandings (Bryld and Lykke 2002; Franklin 2013; Gunnarsson Payne 2016, forthcoming; Stuvøy 2018), pointing to the very flexibility of kinship categories such as mother, father and parent. Importantly, as reproduction is entangled in the increasingly global market for fertility biomedicine (Mamo and Alston-Stepnitz 2015) different 'parties', including sperm, eggs, parents and babies frequently travel and migrate across national borders (DasGupta and DasGupta 2014; Pande 2016; Twine 2015). Research shows that these processes often reflect global inequalities and also reinscribe race and nation in new ways (Lie and Lykke 2016; Luna and Luker 2013; Rudrappa 2015); suggesting that kinship is continuously made and unmade through distinct national legal and cultural practices (Howell 2007; Payne forthcoming). Whilst heterosexual love and desire is certainly far from 'colour blind' and reproduction through intercourse renders this evident, both state regulated and commercially motivated assisted third-party reproduction render explicit that the creation of babies involves a series of racialised choices. What this means for queer reproduction remains quite understudied. Whilst Mamo's ground-breaking work (Mamo 2007) pointed to the meaning of race amongst lesbians in California, and a growing body of work is now attending to the entanglements of race, kinship and ART in different part of the world (Dahl 2018b; Ariza 2015; Deomampo 2016; Homanen 2018; Ikemoto 1996; Keaney 2019; Quiroga 2007; Nordqvist 2012; Russell 2018), much remains to be studied with regards to how queers reproduce and challenge ideas about race, nation and kinship. Furthermore, we contend that it is important to decentre the hegemony of Anglo-American frameworks for understanding race and reproduction and here we have begun outlining one framework for understanding these processes in Scandinavia, linking it to distinct histories of racial science.



Thus far, research on queer families in Scandinavia has largely studied the effects of legal changes and sociological and psychological dimensions of non-heterosexual reproduction. Several important qualitative studies have discussed how queer families navigate cultural, institutional and legal heteronormativities, especially in terms of family making and parental recognition (e.g. Malmquist 2015; Malmquist and Zetterqvist 2014; Nordqvist 2006, 2009; Ryan-Flood 2009). However, we contend that most of this work unreflexively centres on the white majoritarian population and at the same time, there is a striking silence around how race and whiteness is (re)produced in queer family making with assisted reproduction in Scandinavia.

Along with scholars critical of the queer liberalism that has characterized LGBTQ politics and demands in the new millennium, we advocate moving beyond a focus on the exceptional status of LGBTQ reproduction or simply celebrating different ways in which queers make kinship; an approach that often naturalises whiteness. We propose that queer reproduction and its reliance on ‘matching’ chosen gametes with intended parents not only point to the reinscription of heterosexual models for relatedness, it also illuminates racial dimensions of reproduction and kinship that are often unconscious or ‘camouflaged’ by naturalised ideas about love and desire. Whilst staff at state clinics and hospitals in Scandinavia consult with intended parents to (racially) ‘match’ them with donated gametes according to quite diffuse guidelines and implicit ideas of race (Adrian 2010, 2020; Dahl 2018b; Kroløkke 2009), the Web 2.0 has simultaneously rendered sperm, eggs and wombs into commodities that are now advertised and sold via global online platforms, presenting ‘race’ as a central consumer category in conception and reproduction (Andreassen 2018; Russell 2018). Arguably, by including LGBTQ individuals in the national pool of reproduction whilst also regulating the management of donated gametes, a distinct form of homonationalism (Puar 2007) emerges. As Eng (2010) and Nebeling Petersen (2013) have both demonstrated, whilst race is often downplayed or ignored in efforts to include homosexuals in the (Western) nation; such efforts, in actuality, privilege and benefit affluent white LGBTQ subjects.

In this article, we have discussed how that the conditional invitation of queers into family making, through state regulated assisted reproduction, offers a lens into contemporary practices of nation making and their intersection with historical and contemporary meanings of race. When race and whiteness are framed as ‘sameness’ and ‘likeness’, it secures kinship bonds and inclusion in existing family networks. This ‘likeness’ has different connotations for differently racialised mothers and ‘likeness’ is derived from different vantage points. Danish mothers of colour did not choose donor sperm based on ‘likeness’ and Swedish queers of colour felt that they were prevented by Swedish medical staff from conceiving with donor sperm racialised as non-white. Moreover, in queer third-party assisted reproduction, conceiving with white donor sperm functions to promote inclusion and prevent imagined future discrimination. Aside from the idea that whiteness is desired, a racialisation as of colour is framed as a risk that ought to be minimised for children, who are considered already ‘disadvantaged’ by virtue of their birth into a queer family. Tellingly, both queers of colour and white queer mothers, are met with ignorance and hostility when they ‘choose’ non-white donor sperm to conceive. Arguably, this suggests that the widespread use of white donor sperm paints a picture of queer reproduction as



a kind of white-washing technique to manage national populations. As a technology, ‘race’—in the form of donated gametes—here functions as an instrument to encourage a continued white reproduction. In a time of rising hostility to migration and refugees, growing segregation and seemingly increased anxiety around racial diversity, we need to think critically about the welfare state’s ‘inclusion’ and support of queer people’s (white) reproduction.

Finally, we wish to stress that in this article, we have sketched a framework for conceptualising queer assisted reproduction in Scandinavia whilst our empirical examples have been drawn only from Sweden and Denmark. This is not to ignore Norway; rather the fact that Swedish and Norwegian queer intended parents often travel to Denmark and that Danish sperm is used in private clinics in both Sweden and Norway, suggests that there are reasons to look further into Scandinavian border crossings in queer assisted reproduction especially because, as we hope that we have shown here, there are both historical and contemporary reasons for why this particular travel works so effortlessly for the white majoritarian population. Yet, when queer reproduction and family making are presented as signs of Scandinavian exceptionalism and queer futurity, it tends to ignore how these phenomena also—simultaneously and less visibly—extend biopolitics and population management in racial terms. The demographic inclusion of LGBTQ+ people into the national pool of reproduction, and the understanding of Scandinavia as exceptionally liberal and progressive that accompanies this inclusion, is a visible sign of Scandinavian homonationalism, especially if this inclusion seemingly extends the white reproduction and maintenance of hegemonic whiteness that accompanies assisted queer reproduction.

We propose that this ‘eugenic’ aspect of homonationalism remains hidden and invisible, in large part because ideas of race and whiteness remain difficult to see or address amongst the white majority population in Scandinavia. Whilst eugenics and the belief in whiteness as superior—and thus better for the common good—are commonly viewed as phenomena of the past (Hübinette and Lundström 2014), we propose that they have taken on different dimensions in queer reproduction. The strong ambivalence at the heart of Scandinavian queer reproduction—as progressive and inclusive yet simultaneously contributing to understandings of race as a technology that divides populations and maintains white hegemony—merits further investigation. What would it mean for queer politics to consider queer family making with assisted third-party reproduction as part of a new form of eugenics that promotes an idea of Scandinavia as white? This we shall continue to ask in a new research project on Scandinavian border crossings and the politics of race and nation in queer assisted reproduction in a distinct geopolitical setting.

Acknowledgements This manuscript is comprised of original material and is not under review elsewhere. The studies on which the research is based are in compliance with appropriate ethical standards and review in Sweden and Denmark. The authors have no competing interests – intellectual or financial – in the research detailed in the manuscript. The authors wish to thank interviewees in Sweden and Denmark, colleagues at the Centre for Gender Research and the Centre for Multidisciplinary Research on Racism at Uppsala University and the three anonymous reviewers for very helpful feedback. Please note that this is a jointly written article and both authors are first authors.



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