Disclosure of donor conception in single-mother families: views and concerns

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BACKGROUND: Despite the prevalence of donor conception and the worldwide trend towards openness, there has been little research on whether parents do disclose the nature of the conception to their donor-conceived children. This analysis focuses on whether and how older Israeli single mothers disclose to their children that were conceived using a donor and whether the donor conception causes concern for them.

METHODS: Sixty-two single mothers of donor-conceived children in Israel were asked whether they would like to know the identity of the sperm donor; whether they would like their children to know the identity of the sperm donor when reaching the age of 18, whether they disclosed the circumstances of conception to their children or intend to do so in the future; and whether the sperm donation causes concern to them.

RESULTS: The mothers were divided on whether they wanted to know the identity of the sperm donor. However, less than one-fifth of them did not want their children to have identifying information about the genetic father at the age of 18. About two-thirds of the mothers had not yet disclosed the donor conception to their children but intended to do so in the future. A total of 77.4% of the mothers reported being concerned about the donor conception: for the psychosocial development of the child, fear of genetic disorders, fear of incest and lack of certainty of access to genetic information when needed.

CONCLUSIONS: The tendency to postpone the disclosure reveals the difficulty of these mothers in finding the appropriate way of sharing the information about the conception with their children. Given the importance attached to the age of disclosure and the mothers’ concern for the psychosocial development of their children, more professional counselling in this area is warranted.

Key words: assisted reproduction / gamete donation / psychology
fathers from potential rejection by the child or the social stigma associated with male infertility (Snowden et al., 1983).

Yet, the desire to ‘normalize’ the situation by keeping the child’s origin secret to make both child and father feel like an ordinary family can be detrimental for them, both physically and psychosocially (Landau, 1998). Secrecy and anonymity also have an impact on the internal family dynamics; for example, avoidance of the topic in heterosexual families was found to be in a moderately significant inverse correlation with family functioning (Paul and Berger, 2007).

Freeman et al. (2009), who examined the experiences of parents searching for their child’s donor and possible siblings via the US-based Donor Sibling Registry that facilitates contact between donor conception families sharing the same donor, cite studies in which young children react to the existence of an unknown donor with curiosity and with the desire to know more about him. Age and manner of disclosure may have a significant impact on the offspring; those who find out later in life report more negative experiences (Turner and Coyle, 2000; Jadva et al., 2009). In spite of this, there are parents who believe that later disclosure is preferable so that the child is mature enough to understand biological concepts (MacDougall et al., 2007). However, the children in all the studies on disclosure were still very young; for example, the oldest child in the study by Freeman et al. (2009) was 8 years old.

According to UK law, the UK Human Fertility and Embryology Authority (HFEA) is required to maintain a record of all licensed treatments, including a register of details of the gamete donors, recipients and the resulting children (Landau and Blyth, 2004). As the website of HFEA in the UK (http://hfea.gov.com.uk/112html) indicates, donor anonymity was removed because of legal recognition that many donor-conceived people wish to find out where they come from. Also recognized is the donors’ interest in finding out about children born from their donation. Since 2005 any children in the UK born as a result of gamete donation have a legal right to receive non-identifying information about their donor when they reach the age of 16. At the age of 18, they can access identifying information including donor’s full name and last known address.

Moreover, since 2008, donor-conceived individuals over 18 can trace any half-sibling who conceived through fertility treatment involving the same donor. This information is only given, however, if all siblings consent by registering their details with a voluntary sibling contact register launched by HFEA. Information on the donor’s legal children is not given. Note that this information is accessible only to donor offspring who know or suspect they are donor-conceived. There is no legal obligation to inform individuals how they were conceived (Jones, 2009). In Israel, in contrast to the UK, the newest guidelines for the management of sperm banks and donor insemination that came into effect in January 2009 (Ministry of Health, 2007), continue a policy of full secrecy and anonymity of sperm donation. The following non-identifying information, however, is provided to recipients of sperm donation in Israel: the country of birth of the donor and his parents, the donor’s religion, blood type, color of eyes, hair and skin, height and occupation.

Perhaps, because Israel has no central authority documenting assisted conception treatments and births, the guidelines stipulate that the Director of the Ministry should from time to time appoint one of the sperm bank directors as a fiduciary to hold the registry of all sperm donors. The director of the rabbinical courts is to be appointed trustee of the Ministry of Health and the sperm banks and can verify a donors’ identity with the fiduciary based on previously agreed confidential codes. It is expected that both the sperm bank director and the director of rabbinical courts will preserve full confidentiality and use information about the donors only to prevent consanguinity. To prevent donors from donating sperm to a number of sperm banks and thus the collection of many sperm donations from one donor, the sperm bank directors are to report donors’ ID numbers to the director holding the donor registry. However, the guidelines do not specify the number of donations that can be received from one donor, nor are the sperm bank directors requested to consult the director currently holding the donor registry when receiving a donation. There is no provision for a directory of women using the sperm.

Due to the unique policy of assisted conception in Israel, which provides free fertility treatments to all women up to the age of 51 years until the birth of two live children, single women are now the largest group of women in Israel utilizing donor conception. There are, however, very few studies focusing on single-mother families with a child conceived using sperm donation (Murray and Golombok, 2005a, b; Weissenberg et al., 2007). Unlike heterosexual couples, single mothers and lesbian couples must explain the absence of a father to their children and thus are more likely to disclose information about the conception to their children (Brewaeys, 2001; Freeman et al., 2009). Due to the lack of research, very little is known about how single women confront this issue when their children begin inquiring about their father. How single mothers cope with the issue of sperm donation is important, as it may affect the well-being of their donor-conceived children in the future.

The current analysis focuses on whether and how older Israeli single mothers disclose to their children that they were conceived using a donor and whether the donor conception causes concern for them.

Materials and Methods

The participants in this study were 62 formally single mothers of children conceived with the aid of sperm donation from one large sperm bank in Israel. The participants were initially contacted by telephone by one of the researchers, told about the research and asked whether they agreed that a letter asking for their written consent to participate in the research could be mailed to them. Only after the signed written consent were returned did we make appointments for personal meetings with the participants. Data were obtained from the mothers in interviews lasting from 1 to 3 h, the majority of interviews being conducted in the mothers’ homes. During the interview the mothers were asked to answer a structured questionnaire containing both open-ended questions and closed-ended scales. All information generated in the encounter between the single mother and interviewer was documented, and an interpretative summary of each interview including the interviewer’s personal impressions was produced within 1 day.

The interviews were carried out by the two principal researchers and by one psychology and one social work graduate student, who were carefully instructed on how to collect the data and debriefed after the interviews.

On the basis of previous studies (Nachtigall et al., 1997; Rumball and Adair, 1999; Gottlieb et al., 2000; Lindblad et al., 2000; Scheib et al., 2003), we asked a series of semistructured open questions about the disclosure of donor conception: (i) would the mother like to know the identity of the sperm donor; (ii) would she like her child to know the identity of the sperm donor when reaching the age of 18; (iii) did she share with her
child the circumstances of conception with the aid of sperm donation or does she intend to share this information with the child in the future; (iv) does the sperm donation cause the mother concern. We also asked the participants to elaborate on their choices. In addition, we asked mothers who had disclosed the donor conception to their children to describe how they shared this information with the children, how old the children were at the time, how did the children respond and what were their own feelings after the disclosure.

Results

The mean age at birth of the single mothers in this sample was almost 43 years (range 35–56). Over three quarters of the participants were college graduates; two-thirds of them raising their children alone. About 18% of them had female partners and 13% lived with their parents. A total of 62 women gave birth to 74 children in their first birth; 80% were singletons and 20% twins. Only one quarter of the children born in the women’s first birth was older than 4 years; two of them were 7 years old. Table I summarizes the participants’ views on disclosure and concerns about the issue of donor conception.

Mothers’ desire to know the identity of the sperm donor

The mothers were divided on whether they wanted to know the identity of the sperm donor: about half wanted to know the identity of the donor and the other half preferred not to know. Curiosity was a major reason for wanting to know the donor.

Some mothers wished to know the donor to satisfy their own needs, such as wishing to know what kind of a person the donor is and which of the child’s characteristics are his. One of the mothers said:

Yes, I would like to know the donor’s identity. There is something sad, bothering, that you have a daughter with whom you are all the time and the relationship is close, and sometimes I think she has traits that are not familiar to me. I have thoughts who her grandmother and grandfather are – what genes does she have, there is something concealed in the child that bothers me.

Some mothers would like to meet the donor to thank him for helping them to become mothers.

In contrast, other mothers wanted to know the donor for the child’s sake: to have more information about the donor, so as to have a concrete picture of him for the child, and to know that he is healthy and well functioning.

I would like to know the donor’s identity very much... I would like it for my son, for him to know that he was born with the aid of a human being.

I would like my child to have a clear image of her father, not a vacuum.

Just for the sake of my child – I would wish that there be no secrets in his life or incomplete identity. I don’t need any economic or other support, I just think about the natural desire of my son to know his father’s identity.

Those mothers preferring not to know the identity of the donor were generally less expressive in their views. The feeling conveyed was that they did not want any interference in their family life by a strange, unknown man:

No, I don’t want to know his identity. A parent is the person who raises the child.

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When I saw that the child has red hair, I started to color my hair red. But my mother would like to know who the child’s genetic father is.

I don’t want to know the identity of the donor; this makes it easier for me. It is easier to tell the child he has no father when I don’t know who he is... That is also the reason why I have chosen to be aided by a sperm donation and not give birth with the aid of an arrangement with a known man. Still, I would like to have more information about the donor, perhaps to see his picture.

I am dying of curiosity, but then why do I need it?

Mothers’ views on whether their children should have access to identifying information about the donor at the age of 18

The answers changed when the mothers were asked whether they wished their children to have access to the donor’s identity at the age of 18. Only a minority of 17.7% replied they did not want their
Disclosure of donor conception

In answer to the question whether the mothers had shared the circumstances of their conception with their children 22.6% answered positively, 3.2% said no and 64.5% of the mothers answered that they had not yet disclosed the donor conception to their children but intended to do so in the future. A mother of twins told the children that they have a father, and that probably he is a doctor, a person with education. Another mother disclosed the truth to her son after she had learnt that he told all the children in the kindergarten that his father had died.

All the mothers who had not yet disclosed the donor conception to their children claimed that the children were still too young. Some of them said that they did not know how to tell the children about their conception. A few used professional counselling, some intended to seek such help in the future. Those mothers who had disclosed the truth to the child about the conception felt relief afterwards.

Of the 20 mothers in the sample whose children were over 4 years old, only 10 had disclosed the truth to their children. The following excerpts reflect the way they did this:

We started to talk about this when she reached the age of 4 years old. Until then I told her about how children are born. At the age of 4 she for the first time asked about her father. It was in the context of ‘Family day’ at the daycare center. I told her that I wanted a child very much, therefore I went to see a doctor and he helped me to give birth. I don’t feel comfortably about the fact that she does not have a father, but I told her she does have a father but he does not live with us.

When my son was 3 years old and repeatedly asked where and who is his father, I consulted professionals who suggested I tell him the truth at the level of his comprehension. I told him that I obtained sperm from a very nice man who helped me to become a mother. The story how the sperm met the egg in my belly has been told tens of time since… The most important thing for me is that he knows that a father does exist, but in our case he was only for his birth, and he is not my husband. The child accepts this explanation although sometimes he is sad that our family does not have an ordinary form. At the beginning he had the expectation to somehow meet him, and he always asks me whether he will ever see him.

My son was 3 years old when he asked for the first time why does he not have a father. I bought him the book ‘Tomer has only a mother’ and told him the story of the donor conception. My son said he would like to have a father and siblings. I tell him the story in stages. Now the child is interested in the technical sides of in vitro fertilization. He also asks why does not he have a father? Why does the father of his friend build a tent with his son and take him to ride on a horse, while he does not have a father? Will he ever have a father and will that be the sperm donor from the sperm bank? If I had more money I would use sperm from abroad – I have 3 friends who bought sperm from clinics outside Israel with an open access to donors’ identity. The cost of one sperm donation was 2–4 thousand dollars [in Israel the cost is about 150 dollars]. And money was a consideration…

All the other mothers claimed they would share the information about the donor conception with the children later. Only one mother deliberately deceived her 7 year old daughter:

Only at the age of 20 can a person understand why someone would use the help of a sperm bank. If my daughter knew she is from a sperm bank, she would think she is different from other children. I told her that her father lives in another country. When she asks when he will come, I answer that both of us do not have now enough money to visit each other. If she knew the truth she would be less self-confident.

In all stories told by the mothers who had disclosed the truth to their children, the sperm bank and the doctor play a predominant role. In spite of this, the children ask why they have no father in their lives, why their family unit is so small, and whether they will ever have the chance of meeting their father, sometimes placing the mothers in uncomfortable and painful situations. The children show curiosity and eagerness for the tiniest pieces of information available about the donor that the mother is able to share with them. It is worthwhile to note that the mothers refer to the sperm donor as ‘the donor’ but the offspring ask about their father.

Mothers’ concerns about donation

Concerns about the donor conception were reported by 77.4% of the mothers. Many of these mothers mentioned more than one concern. The foremost was for the emotional and social development of the child (38.3%). The mothers were worried that the children’s personal development, particularly during adolescence, would be affected. Fear of genetic disorders or diseases (31.9%) and fear of incest (23.4%) were also mentioned. The mothers worried about the child’s health and lack of certainty of access to genetic information when needed.

Perhaps in the donor’s background there is something that would explain my child’s disease. As a social worker working with youth at risk, mostly from families headed by single mothers, I worry very much. I am concerned about the adolescence of the children; all the issues of marriage from the religious point of view, that the partners of my children [twins] will not be their half-siblings… how will their partners accept the fact that they do not have a known father.

I am concerned about the future of my son. In all the forms there is always a need to fill out the name of the father. In my son’s forms this place always remains without a name.

I am concerned that my daughter will meet half-siblings. I would like to know the number and identity of the donor’s children. I would also like...
to know what diseases run in the donor’s family, and whether my child needs to do some medical tests and checkups.

In contrast to mothers who were worried about the unknown paternal genetic origin of their children, two of the mothers said that they were more confident regarding their children’s health because the sperm bank tests the donors. Only three mothers were concerned that the rabbinical authorities would raise difficulties when the child would want to marry.

**Discussion**

**The mothers’ desire to know the identity of the sperm donor**

About half the mothers were curious to know the identity of the sperm donor. The mothers’ desire to have more information about the donor stems either from their own needs or their concern for the future well-being of their children. These mothers’ responses reveal that the donor’s anonymity disturbs them. The lack of the donor’s clear image, of a human face, of his traits and genetic origins, opens up a variety of disturbing thoughts and feelings. This result is consistent with the findings of Burr and Reynolds (2008) that information about the donors’ medical history, interests, occupation and whether they had children of their own, would be useful.

In contrast, the second half of the sample did not express any wish to know the donor’s identity. In their view, the sperm donor’s function ended with his donation and, although some of the mothers explicitly expressed their gratitude for this, they did not wish to have any contact with him. Apparently, in their perception of parenthood genetic parentage is insignificant in comparison to parenthood based on everyday caring for the child and concern for its needs. As in Burr’s (2009) qualitative study, in the mothers’ descriptions the donor has many faces: the shadowy man, the intelligent medical student, a benign figure who wants to help. Still, even in these mothers’ answers, there was some hidden ambivalence toward the donor. These mothers did not want to know the donor, but they were ‘dying of curiosity’, they would like to see his photo and, if not they, then their mother wants to know the genetic father. The mother who did not want any contact with the donor but changed the color of her hair to match that of her donor-conceived son intuitively acted to create more likeness between herself and her son, thus acknowledging the importance of genetic origins. These mothers implicitly convey the message that although, as Burr (2009) states, they would like to push the donor beyond the boundary of the family unit as a non-person, at the same time they are drawn to him. Thus, perhaps unwillingly, the donor and his unknown identity are part of the lives of all the families of single mothers aided by donor conception.

**Mothers’ views on whether their children should have access to identifying information about the donor at the age of 18**

The donors’ presence and importance in the lives of these families becomes more salient with regard to the mothers’ views on their children having access to identifying information about the donor at the age of 18. Fewer than 20% of the mothers stated clearly that they did not want their children to have access to the donor’s identity at the age of 18. The remaining 80% were divided between clearly supporting the possibility and those with mixed feelings about it. The answers of the ambivalent mothers suggested that they did not want the donor in their lives. However, they were concerned that situations may arise in the future where the children may need access to him. Therefore, they seemed to favor the idea of their children having the option of deciding whether they want contact with the donor or not. Unlike in the research on heterosexual couples by Burr and Reynolds (2008), this sample did not use the terminology of children’s rights to know their genetic origins.

**Disclosure of donor conception**

At the time of the study, about two-thirds of the sample had not disclosed the donor conception to their children. However, almost all the mothers intended to disclose the donor conception in the future. Although findings based on a sample of donor offspring suggest that it is less detrimental for children to be told about their donor conception at an early age (Jadva et al., 2009), some participants in our study were postponing the moment of disclosure by claiming that the children were still too young, even when some of them were more than 4 years old. Others explicitly admitted they did not know how to tell the children. This difficulty in sharing information about the children’s donor conception was also reported by Daniels et al. (2009). A few of the mothers followed the recommendations of professional help or claimed that they intended to seek such help in the future. A number of mothers found it easier to use a book to explain the donor conception.

Disclosing the truth to their children was a relief to the mothers in our study. This was also reported by Mac Dougall et al. (2007) who found that parents choosing early disclosure were more at ease with the disclosure process, whereas parents postponing the disclosure reported greater uncertainty about how and when to disclose.

**Mothers’ concerns about the donation**

Over three quarters of the participants of the study expressed more than one concern about the donor conception. They were primarily worried about the implications of donor conception on the emotional and social development of the children, particularly during adolescence. The second major concern was about the possibility of genetic disorders or diseases that may affect the children’s physical health in the future, and fear of sibling marriage.

Mothers’ concerns about the emotional and social development of the children stem from two sources. One is the lack of knowledge of the donor’s genetic traits affecting the children’s personalities. The other is the mothers’ fear both of the children’s reactions to the fact of their conception and of the reactions the children will have to face from society. Two of their major concerns, physical health and consanguinity, are directly related to the unknown genetic origin of the donor-conceived children.

Our findings of high levels of mothers’ curiosity about the donor seem to fit the new trend of searching and, where possible, contacting the donors and other families using the same donor, particularly by single mothers (Scheib and Ruby, 2008; Freeman et al., 2009). As Freeman et al. (2009) found, this phenomenon stems from the single mothers’ desire to create a sense of family and a more secure
sense of identity for their child as well as avoiding the possibility of siblings marrying in the future.

The removal of donor anonymity in many countries will encourage donor offspring to seek contact with their donor relations when they reach the age of 18 (Freeman et al., 2009). Considering that Israel still adheres to a policy of secrecy on the genetic origins of offspring and anonymity of donors, donor-conceived children in Israel will not have the choice of finding out about and contact with their donor relations. The new policy in Israel only meets the need of preventing sibling marriage but ignores donor-conceived children’s desire and right to know their genetic origins. This contravenes the United Nations Convention on the Rights of the Child, Article 8.1 (1989) encouraging governments ‘to respect the right of the child to preserve his or her identity’.

Despite the limitation of this study in utilizing a convenience sample, its size and focus on older single mothers and their donor-conceived children illuminate important aspects of disclosure in this increasingly common type of family. Considering the prevalence of the participants’ concerns about donor conception and both their overt and hidden wishes for access to information about the donor, there is no doubt that the donor and his unknown identity are part of the lives of all the single-mothers’ families. Their reluctance to disclose may be partly out of shame and/or sadness that they could not find a partner and needed the aid of a sperm bank. The findings also suggest that single women’s coping with disclosure may be different from that of lesbian couples.

The tendency of the sample to postpone the disclosure reveals the difficulty of these mothers in finding the appropriate way of sharing the information about the conception with their children. Given the importance attached to the age of disclosure in the literature and the mothers’ concern for the emotional and social development of their children, more professional counselling in this area is warranted.

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References


