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Disclosure of sperm donation: a comparison between solo mother and two-parent families with identifiable donors


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Abstract Disclosure of donor conception to children was compared between solo mothers (31 heterosexual) and two-parent families (47 heterosexual mothers with partners) with children aged 4–8 years conceived since the removal of donor anonymity in the UK. Semi-structured interviews were used to investigate their decisions and experiences about identifiable donation and disclosure to their children. No significant difference was found in the proportion of mothers in each family type who had told their children about their donor conception (solo mothers 54.8%; partnered mothers 36.2%). Of those who had not told, a significantly higher proportion of solo mothers than partnered mothers intended to disclose ($P < 0.05$). Partnered mothers were more likely than solo mothers to feel neutral, ambivalent or negative about having used an identifiable donor ($P < 0.05$), and were less likely to consider children's knowledge of their genetic origins as extremely important ($P < 0.05$). These findings are relevant to provision of counselling services as it cannot be assumed that parents will tell their children about their origins or their entitlement to request the identity of their donor at the age of 18 years. Further qualitative research would increase understanding of solo mothers' attitudes towards disclosure. 

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Introduction

The landscape of sperm donation in the UK has changed significantly over the past decade. One of the most fundamental transitions has been the introduction of identifiable sperm donation, which means that children conceived using sperm donated from 1 April 2005 onwards will be able to access identifying information about their sperm donor on reaching 18 years of age. Furthermore, in the UK [Human Fertilisation and Embryology Act \(1990, as amended 2008\)](#), an original clause requiring clinics to consider the child's 'need for a father' in the decision to offer fertility treatment was replaced with a requirement to consider the child's need for 'supportive parenting'. Coupled with the introduction of intracytoplasmic sperm injection, which reduced the number of heterosexual couples requiring sperm donation, this legislative change has meant that single women now form a substantial and growing proportion of donor sperm recipients at UK clinics. The latest figures report non-partnered women comprising 15% of those undergoing fertility treatments with donated gametes in 2013 ([Human Fertilisation and Embryology Authority, 2014](#)), with those who have children being variously described as 'solo mothers', 'single mothers by choice' and 'choice mothers' ([Bock, 2000](#); [Graham, 2014](#); [Hertz, 2006](#)). These policy transitions have been accompanied by an increased cultural openness about donor conception, marked by a tidal change in public attitudes towards parental disclosure. Previous professional advice was for parents not to tell anyone, least of all their children, about their use of sperm donation; however, now the general consensus is that parental openness about donor conception, ideally in early childhood, is in the best interests of the child ([Daniels and Taylor, 1993](#); [Freeman, 2015](#); [Nuffield Council on Bioethics, 2013](#)).

Historically, rates of disclosure in families headed by heterosexual couple families have been low, with most parents deciding against telling their children about their donor origins ([Brewaeys et al., 1997](#); [Golombok et al., 2002](#); [Gottlieb et al., 2000](#); [Nachtigall et al., 1998](#)). Nevertheless, studies of anonymous sperm donation show that mothers' intentions to disclose are significantly higher in solo mother than in heterosexual couple families ([Klock et al., 1996](#); [Murray and Golombok, 2005](#)), presumed to result from the need to explain the absence of a father ([Brewaeys, 2010](#)). A body of empirical evidence, however, is not yet available to support the claim that solo mothers actually disclose to their children at an early age or that they do so owing to the absence of a father in the home. This is partly because studies of disclosure in donor conception families have largely focused on heterosexual and lesbian couples ([Brewaeys, 2010](#); [Indekeu et al., 2013](#)). Moreover, the few studies that have investigated disclosure decision-making in solo mother families have, by and large, reported mothers' intentions to tell when their children were in infancy or not yet conceived. Although more recent research suggests that most solo mothers have either disclosed or plan to do so ([Landau and Weissenberg, 2010](#)), longitudinal studies with heterosexual couple families reveal that intentions are not necessarily borne out in practice, and that the disclosure process can become increasingly difficult and, in some cases less likely, the older children become ([Blake et al., 2010](#); [Golombok et al., 2002](#); [Readings et al., 2011](#)). The level of agreement between parents within

heterosexual couple families may also affect the realization of disclosure intentions ([Daniels et al., 2009](#)), a factor that is not relevant to solo mothers.

The introduction of identifiable donation adds another level of complexity to understanding differential disclosure patterns between solo mother and two-parent families, as its effect on disclosure rates is not yet known. Although some evidence shows that parents of children born through gamete donation have become more favourable towards disclosure ([Golombok et al., 2011](#); [Scheib et al., 2003](#)) and identifiable donation ([Scheib et al., 2000](#)), it is not yet clear if and how the use of identifiable donors has shaped these trends. Some research does not support a link between the use of identifiable donors and increased rates of disclosure or intentions to disclose ([Araya et al., 2011](#); [Baetens et al., 2000](#); [Gottlieb et al., 2000](#); [Greenfeld and Klock, 2004](#); [Lalos et al., 2007](#); [Laruelle et al., 2011](#)), whereas other studies have found a positive association ([Brewaeys et al., 2005](#); [Crawshaw, 2008](#); [Godman et al., 2006](#); [Greenfeld et al., 1998](#)), including several reporting a general trend towards increased parental openness in recent years ([Isaksson et al., 2012](#); [Rosholm et al., 2010](#); [Soderstrom-Anttila et al., 2010](#)). Such trends may be the result of greater information being available for parents to share with their children. A lack of such information was a reason for non-disclosure previously identified in research on heterosexual couples ([Daniels et al., 1995](#)).

In Sweden, where donor anonymity was removed in 1985, a high proportion of parents intend to disclose the use of donor conception to their children, whereas a much smaller proportion actually seem to do so ([Isaksson et al., 2012](#)); it has been shown that sharing information about donor conception is complex and sometimes difficult, and requires the child to be an active participant in the process ([Isaksson et al., 2015](#)). Again, the conclusions about increased parental openness drawn from studies of families formed using identifiable donors tend to reflect high rates of parents' intentions to disclose. Further follow-up studies are required to ascertain if this is realised in increased levels of parental disclosure in practice. Moreover, there is a tendency to pool together findings relating to egg donation and sperm donation, despite these different forms of gamete donation raising qualitatively different issues for parents and children ([Freeman, 2015](#)) and disclosure rates seeming to be higher in egg donation families ([Blake et al., 2013](#)). Furthermore, the conclusions about parental openness drawn from studies of families formed using identifiable donors have been extrapolated from studies of couples.

As the distinction between intended and actual disclosure indicates, disclosure is a complex process that benefits from close empirical scrutiny. Recent studies have begun to focus attention on when, what and how children are told about their conception and what they understand ([Blake et al., 2010](#); [Daniels et al., 2009](#); [Nachtigall et al., 1997](#); [Shehab et al., 2008](#); [Tallandini et al., 2016](#)). It has been suggested that using a 'family-building' rather than 'child-conception' narrative may be most appropriate for the disclosure of donor information ([Daniels and Thorn, 2001](#)). In a study of parents' communication styles, [MacDougall et al. \(2007\)](#) found that some parents waited until what they felt was the 'right time' to tell their child about their donor conception whereas others used a 'seed planting' approach so that their child would have always known. Other research has shown a positive association

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