

Secretly connected?

Perceptions about anonymous semen donation and genetic fatherhood



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Centre for Research on Families and Relationships • Briefing 63 • October 2012

References

Blyth, E., Crawshaw, M., Haase, J. and Speirs, J. (2001) 'The implications of adoption for donor offspring following donor assisted conception'. *Child and Family Social Work* 2001, 6, 4, 295-304.

Carsten J. (ed) (2000) *Cultures of Relatedness: New Approaches to the Study of Kinship*. Cambridge: Cambridge University Press.

Clapton, G. (2003) *Birth Fathers and their Adoption Experiences*. London and Philadelphia: Jessica Kingsley Publishers.

Daniels, K., Lewis, G., and Curson, R. (1997) 'Information sharing in semen donation: the views of donors'. *Social Science and Medicine*, Vol 44, No 5, pp. 673-680.

Daniels, K. (1998) 'The semen providers', in *Donor Insemination: International Social Science Perspectives*, eds. Ken Daniels and Erica Haimes. Cambridge: Cambridge University Press.

Department of Health (2004) *Human Fertilisation and Embryology Authority (Disclosure of Donor Information) Regulations 2004*, Statutory Instrument 2004 No. 1511. London: HMSO

Edwards, J. (2000) *Born and Bred: Idioms of Kinship and New Reproductive Technologies in England*. Oxford: Oxford University Press.

Tober, D. (2002) *Semen as Gift, Semen as Goods: Reproductive Workers and the Market in Altruism?*, in *Commodifying Bodies*, eds. Nancy Scheper-Hughes and Loïc Wacquant. London: Thousand Oaks and New Delhi: Sage Publications.

Authors and acknowledgements

This briefing was written by Jennifer Speirs and edited by Kirsten Thomlinson and Jeni Harden. It is based on a PhD in social anthropology at the University of Edinburgh and funded by grants from the ESRC. Dissemination of the research findings has been funded by an ESRC Postdoctoral Fellowship in Social Anthropology held at the Centre for Research on Families and Relationships (The University of Edinburgh) and also supported by Innogen, the ESRC Centre for Social and Economic Research on Innovation in Genomics.

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Secretly connected?

Perceptions about anonymous semen donation and genetic fatherhood

The use of anonymously-donated semen (DI) as a strategy for circumventing human male infertility and for helping couples to avoid passing on a genetic problem has been practiced in the UK for over seventy years. The development of the practice arose from the response of infertility doctors and scientists to the growing recognition of male infertility and the social pressure on married couples to become parents. DI is now also used to enable a woman without a male partner to conceive and bear a child.

This research briefing provides an overview of findings from doctoral research on the perceptions of semen donors in the UK who had donated anonymously, and often for material gain, in the 1960s-1980s. Information was also gathered from other stakeholders in the field of donor-assisted conception, including past and current infertility treatment providers, and donor-conceived people and their parents.

The study

It has been estimated that approximately 12,000 babies were born from donated semen and ova before the practice became regulated by the Human Fertilization and Embryology Act 1990. Despite the extent of the practice, little is known about what long-term effects there are for semen donors. A stereotypical donor was presumed to be a young man, probably a medical student, who donated in return for cash, without any interest in the implications for himself and for any donor-conceived children resulting from his donations. Research in Australia (Daniels 1989) showed that many anonymous donors of the past would now be willing to be identified to their donor offspring, but there was scant information about whether semen donors in the UK held, or had developed, any sense of connection to their donor offspring, nor whether their perception and perspectives about donation had changed over time.

Despite the Human Fertilisation and Embryology Act 1990 permitting the identity of semen (and ova) donors to remain anonymous to the recipients and any resulting donor offspring, there was an increasing amount of questioning throughout the 1990s about whether the legislation should be amended. Particularly from the late 1990s there was

Key points

- The majority of donors feel uncomfortable at not knowing if any children have been born from their donated semen.
- Some men who have donated semen report having feelings of connection to donor offspring, even when they have not met or been in contact with children who may have been born.
- The views of donors' wives and children play a significant part in how donors imagine any possible contact with donor offspring.
- Donors refer to practical, ethical and emotional obstacles preventing possible contact with offspring, including uncertainty over how they would be located within the offspring's family and revealing that they were paid for their donations.
- The continuing debate about the necessity for donor anonymity does not take into account the needs and wishes of all donors, some of whom would be willing to be identified to donor offspring.

public discussion about the sharing and exchange of personal and identifying information between donors, donor offspring and their parents, and about whether there should or could be contact between them. There were opposing views about whether DI shared similarities with adoption, about whether people have the right to knowledge about their genetic origins, and about the commodification of semen and ova donation (Blyth et al 2001, Tober 2002). The Act was amended in 2004, giving donor-conceived adults, aged 18 and over, the right to access identifying information about their donor. Donor-conceived people can access this information earlier if they are getting married before they turn 18 (Department of Health 2004). The regulations are not retrospective.

How does this research contribute to what we already know?

Despite the long period of time in which anonymous semen donation has been practiced in the UK, the only completed prior research on semen donation in the UK was initiated in the 1990s by New Zealand social work academic Ken Daniels. Daniels explored the motivations for donating, the psycho-social needs of donors and their attitudes towards information about themselves being shared with donor offspring (Daniels et al 1997, Daniels 1998). The social aspects of semen donation have been little explored within the social sciences. This current research explored donors' perceptions of their donation experience and contextualised it within their beliefs about kinship and relationships more generally, thus enriching previous data about the hopes and ambivalent feelings of donors.

The project

This research project explored social aspects of anonymous semen donation. It built upon theoretical insights into what makes people define other people as relatives (Carsten 2000), and how people think of being connected to others (Edwards 2000). It was intended also that the research should give a voice to donors who donated semen anonymously in the past, given the prevailing tendency for self-appointed advocates to claim to speak on behalf of donors as to their wishes and fears about donor anonymity.

The research was designed within an anthropological framework and therefore involved gathering information from a range of people with a personal and professional stake in the field. Unstructured interviews were carried out with fifteen men who had donated semen between the 1960s and early 1980s, mostly when they were medical students. The interviews explored whether their views about having donated anonymously had changed given the passage of time since they had donated, particularly given the increasing number of public and academic debates about the regulation of access to genetic information and the ownership of a person's genetic information. In addition, discussions took place with medical practitioners and health professionals currently or formerly working in DI clinics and with people personally involved in the process, including adult donor offspring and the parents of donor-conceived children. Participant observation was carried out at conferences and with organisations involved in infertility treatment and finally a survey was made of infertility clinics' policies concerning the use of semen from donors known personally to recipients.

Findings

Semen donors in the UK were traditionally expected to take no interest in what became of their donations, and those who did were considered either to be unsuitable as donors

or as psychologically odd. However this research found that men who donated in the past now hold varied attitudes about knowing how any donor offspring have fared and towards the idea of trying to find out information about them. For some donors, donating semen was not something that they have thought much about, if at all, in the years since, whilst others were dealing with long-term implications.

In addition to the feelings of uncertainty described by some donors, there were feelings of frustrated curiosity about the outcome of their donations. None of the donors knew whether or not any children had been born although some made assumptions based on the number of times that they had donated and the policy, if known, of the clinic about limiting the number of children. Not knowing the outcome of their donations was uncomfortable for most of them.

Some donors have mixed feelings about their involvement with DI in the past, especially if they provided semen in return for payment. While they may have been enthusiastic about being paid at the time of the donation, some donors now question whether payment was the right thing. This shift in attitude has influenced who they have told about having donated, such as their own children, with one donor saying that he would be ashamed to tell them. Another donor was explicit that he and his fellow students, who were paid well, were exploited by the private clinic doctors who recruited them because their consent could in no way be described as informed.

Some donors are interested in what has become of any donor offspring, and especially whether there might be a resemblance in looks and habits. There is a prevalent belief by donors that their genetic connection will cause a physical resemblance. Some donors hope that they may be traced by donor offspring and some said that they would then treat them like members of their family. However, only one donor has taken active steps to facilitate this, by registering

with UK Donorlink. Donors refer to practical, ethical and emotional obstacles to satisfying their curiosity about how many children were conceived from their donations, how they have fared and what they look like. The obstacles include uncertainty about how they, as the donors, would be located in the offspring's family (parents, other children of the parents, donor offspring's partner and children, for example), and how their interest in obtaining information or having contact would be perceived by significant others such as their own wives and children and the parents of the donor offspring. There is also uncertainty and some apprehension about what the motives of donor offspring would be if they themselves wanted contact with the donors.

It was clear that donors' views about contact are influenced by their perceptions and experiences of what it means to be a father. The donors with personal or professional knowledge of adoption or fostering were more likely to understand that donor-conceived people may wish biographical information about their genetic fathers and not necessarily a long-term relationship nor a share of material inheritance. However all donors are anxious to protect existing relationships with their wives and children, and are uncertain about whether donor offspring count as relatives or not.

The social and the genetic in competition

Opposition or reluctance to encouraging contact between people connected through semen donation is still common amongst a number of policy makers and infertility treatment providers who are anxious about what they perceive as the risks to the security of parental bonds and to the clarity of the boundaries of the nuclear family. These concerns and uncertainties reflect diverse understandings in the UK about what it means to be a father. Many infertility treatment providers and policy makers want to treat the social father as if he is also the biological father, similar to views about adoption in many Euro-American societies where there is a fear about allowing birth mothers to meet the people relinquished as babies to adoption (Clapton 2003). In DI there is a fear that two men are in competition for the one role of 'father' and that a genetic father might take over this role from the legal and nurturing social father. These views about the role of biology in creating relatedness underpin the perceived fragility of social fathering.

The concerns about what fatherhood means also continue to cause disagreement as to whether or not secrecy is a necessary strategy to protect people with a personal involvement in DI because of the fear that a genetic father has more status and more influence over donor offspring than the social father. Withholding knowledge about their origins from donor-conceived people thus becomes a moral strategy to protect the privacy of the nuclear family from the stigma of male infertility. These views about family

Policy implications

- Support for a strategy of donor anonymity reveals cultural values about how relatedness should be defined but does not take into account that donors' views about donating may well change during their life course.
- Donors should be explicitly encouraged to reflect on how many children they wish to be allowed to help to conceive (currently it is children in up to 10 families) given the risks of unwitting incest between adults who have not been told that they are donor conceived.
- Proper counselling about the possible implications of donation on themselves and their close relatives must be available and easily accessible for prospective donors.
- Post-donation services are required for the long term welfare of donors, recipients, donor-conceived people and their respective relatives.

The regulation of donor-assisted conception services is a matter reserved to the UK Parliament but there are a number of aspects of these services which are significant exceptions, particularly birth registration, counselling, old records, and family law. Policy questions that need to be addressed in Scotland include:

- Should the birth certificates of donor-conceived babies be annotated in some way so that when adult, the person can learn that they were donor-conceived?
- How can the Scottish Government provide an amnesty for pre-1990 gamete donors who are liable to inheritance claims from donor offspring?

Further research suggested by the findings of this study include exploration of the historically gendered focus in the study of human reproduction, views on the relationship between social and biological parenthood, the long-term impact of donation on donors' families, and the long-term consequences of donors receiving payments for donating.

and relationships appear to be the reason why a number of infertility specialists in the UK continue to campaign for donor anonymity to be re-introduced, despite contrary views of numbers of donors, donor offspring and their parents.