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Anonymous sperm donor preferences of non-genetic mothers

Carmel Trinity Drewes

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Carmel T. Drewes
Anonymous Sperm Donor
Preferences of Non-Genetic
Mothers

ABSTRACT

This research explored the preferences and priorities of women selecting an anonymous sperm donor in order to start a family; it focused exclusively on the preferences of the non-genetically related parent in families headed by a two-woman couple. The study explored participants' views about the importance of 19 categories commonly used by cryobanks to classify sperm donors as well as the participants' rationale for their specific preferences. The researcher asked participants to rate their perception of the similarity of both preferred and avoided donor traits to themselves and their partners, as well as inquiring into any differences of opinion that the couple may have had when selecting a donor. Participants also were asked about some of their views and experiences specific to family, ethnicity, gender expression, and sexual orientation identity in order to determine possible correlations between these variables and donor preferences.

The findings demonstrated three main themes: (1) there is great variety in which donor characteristics are prioritized and why, (2) participants often matched donor traits to themselves, but with some exceptions; and (3) participants' preferences, for the most part, followed general societal norms and perceptions of success. These three main themes were derived from qualitative and descriptive data collected from the participants.

ANONYMOUS SPERM DONOR PREFERENCES
OF NON-GENETIC MOTHERS

A project based on an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work

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2009

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CHAPTER I

INTRODUCTION

This research study examined the preferences of non-genetic mothers when selecting an anonymous sperm donor. It focused exclusively on women starting families in partnership with another woman¹. The traditional concept of “family” in the United States has been a married man and woman with biologically-related offspring but different family structures are increasingly more common and more visible. As social workers, and members of the society-at-large, we have a responsibility to understand how non-traditional family structures function.

Traditional family structures have intertwined legal, genetic, and social elements: one person is the legal/genetic/social father while one is the legal/genetic/social mother. New family structures tease apart these elements and question the necessity of their previous overlap. Many new family structures define themselves by the roles that their participants play in relation to each other, rather than legal or genetic connections. Looking at legal, genetic, and social elements in isolation from each other brings to light the many factors that contribute to our understanding of family.

¹ Selecting language to describe the participants in this study is challenging because identity is such a personal issue. The word “lesbian” leaves out those who identify as bisexual, queer, or use another term. “Two-mom families” leaves out those who feel they have a parental relationship which is not maternal. “Women partnered with women” leaves out those who identify as transgender. Since there is not one, all-inclusive term,

This researcher was interested in giving voice to women who are planning parenthood and are not in the role of genetic parent. These women are in a construction of family which separates the legal, genetic, and social spheres. Unlike men in heterosexual couples using anonymous-donor insemination, women in this study are not necessarily legally recognized as parents. Unlike adoptive-parent couples where neither parent has a genetic connection to the child, for women in the current study, their partners will have a genetic link to their child. Yet, despite the lack of inherent legal or genetic connection, these parents are actively involved in the process of starting their families and raising their children.

The research for this study focused specifically on preferences in anonymous donor characteristics because the donor has a genetic link to the child which the non-genetic mother does not have. The researcher wondered how these women make decisions about an unknown individual whose genes will be present in her child. Understanding the nuances of selecting an anonymous donor is important for clinicians who counsel couples during or after this process. It is also valuable information for medical professionals who work with these couples and for the women themselves.

The researcher had four primary research questions: When selecting an anonymous sperm donor, which donor characteristics are most important to non-genetic mothers? Do non-genetic mothers view preferred donor characteristics as being similar to herself, her partner, neither, or both? Do non-genetic mothers view avoided donor characteristics as being similar to herself, her partner, neither, or both? Do non-genetic

the researcher uses a variety of terms throughout the writing. Specific terms that the participants used to identify themselves can be found in the results section (Chapter IV).

mothers report that they and their partners had different donor characteristic preferences and, if so, how were those differences resolved?

This research also investigated correlations between the participants' donor preferences and aspects of her life-experience, specifically: a traditional or non-traditional family of origin; views about being a parent; interest or lack of interest in someday meeting the donor or other offspring of the donor; experiences of pride or discrimination based on ethnicity; feelings of inclusion or exclusion based on gender expression; and level of comfort or discomfort publicly expressing sexual orientation.

The researcher's definitions of several concepts which form the basis of this research are listed below.

- (1) "Non-genetic mother" refers to an individual who self-identifies as a woman and as a parent to a child with whom she does not have a genetic relationship (i.e. her ovum was not used for conception). For the purposes of this study, all non-genetic mothers were partnered with the woman who is/would be the genetic mother.
- (2) "Start a family" is a short phrase encompassing what it means to conceive a child with two women as intimate partners and does not negate previous family structures (e.g. families of origin, social families, previous intimate relationship families, and families comprised of a couple without children); nor does it prioritize families with biologically related children over families with foster, kinship, or adopted children. The limitation to biologically related children conceived by the couple is due to the focus of this research, not researcher's views of the legitimacy of one type of family versus another.

- (3) “Family” (in “start a family”) refers to two women who are in an intimate relationship to which they are adding (or trying to add) a child.
- (4) “Start” (in “start a family”) means that the donor selection process took place within the 36 months prior to this study and that neither of the women has children from a previous relationship.
- (5) “Anonymous donor selection” refers to the process by which one selects an unknown donor for insemination. Selection of anonymous donors was the focus of the current study because many other factors come into play when selecting a known donor.

The following chapter provides background information about anonymous donor insemination processes and presents a framework for viewing family through genetic, legal, and social ties. An overview of queer theory and theoretical views of queer families is followed by a review of the literature on two-mom families, specifically pertaining to non-genetic mothers, and anonymous donor selection.

CHAPTER II

REVIEW OF RELEVANT LITERATURE

While one could argue that, for as long as there have been women who identified as “lesbians,” there have been “lesbian mothers”, the more recent increase in rates of visible “lesbian” motherhood is considered to be a result of increased access to alternative fertility methods and increased social and legal acceptance for women coupled with women (Kranz & Daniluk, 2006). Studies of two-mom families have routinely found that the family structure and presence of two women as parents is not detrimental to children (Millbank, 2003) and this researcher takes the stance of Agigian (2004, p. xiii) that,

I feel no need to present the voluminous research regarding lesbians’ fitness as mothers. Instead, I submit that all ideas to the contrary (and they are legion) are based not in fact but in prejudice. For the purposes of this [research], the fitness of lesbian mothers is a given.

Instead, this review of literature will focus on the logistics of anonymous donor insemination; genetic, legal, and social kinship; theoretical views of non-heterosexual families; considerations of non-genetic mothers; and selection of anonymous donors.

Anonymous Donor Insemination

A basic understanding of donor insemination is germane to this study. The following overview was compiled using information from the websites of California Cryobank (2008) and Fairfax Cryobank (2008), which are among the largest and most

commonly used cryobanks in the United States, as well as the “how-to” books *The Ultimate Guide to Pregnancy for Lesbians* (Pepper, 2005) and *The Essential Guide to Lesbian Conception, Pregnancy, and Birth* (Toves & Brill, 2002). Laws governing assisted reproduction policies and procedures are state-based making it difficult to provide detailed information that would be accurate in all geographic locations, but the following procedures are similar to many, if not most, donor insemination programs. This overview also illustrates how legal, medical, and financial gatekeepers exercise control over women’s reproduction and limit the women who access anonymous donor insemination programs.

Both Fairfax and California Cryobanks require that a woman² first must attain a registered, physician-approved statement of eligibility to receive any vials of sperm (often referred to as “specimens”). Once documented, the woman can open an account with the cryobank online or over the phone. Access to online donor lists is available to anyone visiting the cryobank’s website but only account holders may purchase specimen vials. Both cryobanks have an initial screening page where a woman can choose donor characteristics in a number of categories (nine for Fairfax, twenty-one for California). A secondary table provides donor numbers and additional information about donors who matched the initial search criteria. The woman can then select the donor identification number and view a complete profile. Some information in the profile is provided at no charge while other information (such as childhood photos, audio-clips, and extended personal information) may have a fee attached. Both Fairfax and California Cryobanks

offer a matching service in which a staff member assists the couple in finding a donor who is a good “match” for the couple based on physical appearance (“photo matching”), characteristics (“donor selection consultation”), or genetics (“genetic consultation”).

There are three common types of specimens available through cryobanks: those for intracervical insemination (ICI), intrauterine insemination (IUI), and in vitro fertilization (IVF). Intracervical insemination occurs when sperm is placed directly into the vagina using a syringe. In some states, this type of insemination may be performed at home without the assistance of a medical provider, in other states that is illegal³.

Intrauterine insemination occurs when sperm is placed directly into the uterus using a catheter passed through the cervix. This type of insemination is most frequently performed in a doctor’s office by a medical professional. In vitro fertilization occurs when sperm and egg are joined together in a laboratory and then the fertilized zygote is implanted in the woman’s uterus; this type of insemination always involves assistance from a medical professional.

Fertility clinics in the United States were originally created to help married, heterosexual couples conceive children and traditionally refused their services to “single women” (which includes partnered lesbians who cannot legally marry). Now most clinics offer their services to single women and lesbians and some specifically advertise their services to lesbians. Homophobic views still limit some women’s access to assisted

² The singular “woman” is used throughout this section for ease of reading, despite the fact that many women, including those in this research study, pursue donor insemination with a partner.

³ Women using known donors often perform ICIs at home, regardless of legality, but a woman using an anonymous donor in a state where ICI by a non-medical provider is

reproductive technology as shown by a recent California court case which challenged whether fertility clinics could legally refuse to provide donor insemination to women who self-identified as lesbians (Leff, 2008).

When using ICI or IUI, women often purchase a number of vials at one time, enough for several attempts with the same donor since it usually takes more than one try for a successful conception. These vials may be stored at the cryobank's central location or shipped to a local cryobank storage facility in the woman's area of residence. If they are stored at the central location and the woman does not live in the vicinity, she must contact the cryobank in advance of ovulation each month and have vials shipped (via an overnight shipping company) to her home or doctor's office. If the vials are shipped to a local storage facility, the woman herself may be able to pick up the vials prior to her ovulation each month, or they may be delivered directly to her doctor's office.

Specimens are transported in liquid nitrogen tanks where they remain frozen for up to seven days. They can be returned to a storage facility within those seven days if they are not used. Specimens are thought to be viable indefinitely when properly stored in a cryobank facility. Women who are involved in assisted reproduction must track their fertility and, immediately prior to ovulation, use the ICI or IUI insemination techniques, either at home or at a doctor's office. When using IVF, the vials are sent directly to the lab where they will be combined with the women's (or her partner's) eggs which have been extracted. The fertilized embryos are then stored at the cryobank or clinic until they are implanted.

illegal may find it challenging, if not impossible, to have specimens released directly to her.

Medically assisted reproduction is expensive and few health insurance companies cover these costs. Vials of sperm cost hundreds of dollars each and, as previously noted, most pregnancies require multiple attempts. As well, some medical professionals advocate using more than one specimen per attempt. Most cryobanks require a monthly payment for storing specimens. Women who are pursuing a medically-supervised conception are required to have numerous laboratory tests which can cost hundreds of dollars. A woman may need to visit her doctor several times over the course of a cycle during which she is inseminated (for a pre-screening, one or more insemination attempts, and a follow-up visit for pregnancy confirmation or disconfirmation); each of these visits may cost over one-hundred dollars.

Given the very deliberate nature of every step of this process, a woman pursuing donor insemination is keenly aware of all that goes into the conception of her child; but, in some cases, there is not only one woman. The current research seeks to illuminate the preferences of the non-genetic mother – the partner not mentioned throughout the overview above because she is often considered to be “peripheral” to the medical process (unless she is the one carrying the pregnancy). Sometimes, when there are not queer-friendly conception and pregnancy services available, she may truly be invisible throughout this process, viewed as a friend or family member, not as a parent-to-be.

Genetic, Legal, and Social Kinship

As previously stated, views of “family” in the United States, specifically the familial relationship between parents and children, rely on a threefold matrix of genetic, legal, and social connections. It can be helpful to use a Venn diagram to conceptualize how these three components fit together (Figure 1).

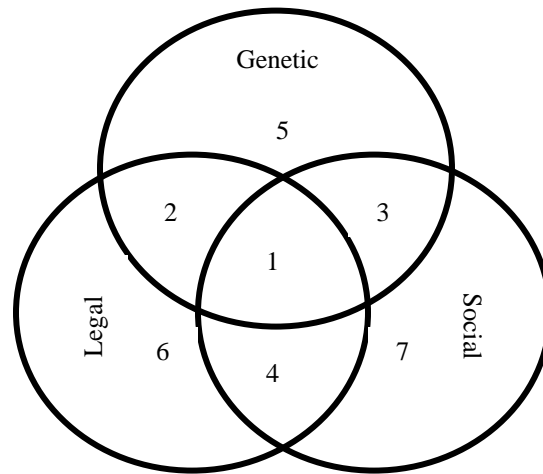


Figure 1: Interaction of legal, genetic, and social parent/child kinship.

In the center (area 1), combining genetic, legal, and social elements, are the biological offspring of married, heterosexual couples. In most states, the biological offspring of unmarried heterosexual couples are included in this area, but not all. For example, in the state of Georgia, a man must go through a legal process called legitimation in order to hold legal rights to his biological child if he is not married to the child’s mother (Judicial Branch of Georgia, 2009).

Area 2 includes legally-recognized biological offspring who are not being parented by one of their parents (e.g. children with “deadbeat dads”). Area 3 includes a small number of families because under many state laws genetic ties equate to legal ties, but there are some instances, such as the example of Georgia above. This category also includes some known sperm and egg donors who have a genetic connection to a child and are acknowledged as “mom” or “dad” but do not have parent status under the law.

In area 4 are legally adopted children, including adopted step-children. In states where second-parent adoption by same-sex parents is legal, area 4 includes the non-

genetic parent in families headed by two women or two men, as well as both same-sex parents who co-adopt a child unrelated to either of them. In all states, area 4 encompasses both heterosexual parents who co-adopt a child. Area 4 also includes offspring conceived during a married woman's extramarital affair since family law considers married men to be the legal fathers of their wives' children. This area also includes children conceived using a sperm and/or egg donor. In such instances, both parents in a married heterosexual couple fall into this category, but only the genetic/biological parent in a same-sex couple may be in area 4 while the other is in area 7.

Area 5 includes birth parents of adopted children, as well as genetic fathers who were never aware of, or involved in, a pregnancy. It also includes anonymous sperm and egg donors, as well as some known donors who do not play a parenting role with their genetic offspring. Area 6 includes any parent from area 4 who stops playing a parenting role in a child's life. At times, the legal status of such parents may be revoked (such as if a new step-parent wants to second-parent adopt a child).

Finally, area 7 includes some step-parents, unmarried partners of parents, friends and family members who act in a parenting role towards a child, and many same-sex parents who are not afforded legal rights to their children. It can be argued that parents in this category are the most deliberate, they have all come to parenting through their own choice and they parent without legal or biological obligation.

Parents in families headed by two women fall into all of the areas listed above and they have diverse views of the importance of each category. It can, at times, seem confusing and contradictory to present the myriad of views found in two-mom families,

but it is important to resist a binary with “heterosexual family” on one side and “same-sex parent family” on the other. A more accurate representation includes a variety of family concepts and constructions, regardless of the sexual orientation of the parent(s) involved.

Many parents seek a legal connection to their children and are frustrated when that option is not available to them. Some advocate the availability of second-parent adoption (McClellan, 2001) while others argue that the law should consider a partner to be a parent, regardless of legal marriage status (Agigian, 2004). On the other hand, some within the queer community resist the idea that the state should have any say in recognizing families. For these individuals, working within the legal system provides validation to a system which they see as inherently problematic and grounded in heteronormative and patriarchal ideals. As Lehr (1999, p. 14-15) writes, “The extension of marriage and family rights to gays and lesbians would serve to foreclose serious questioning of the values imbedded within current understandings of marriage and family. Such foreclosure would mean that the extension of rights will have taken away the possibility of enhancing freedom.” Individuals who share this view act in resistance by forging and legitimizing family structures that challenge the current power structure.

Genetic and biological connection is given different, sometimes seemingly contradictory value, in families headed by two women. The importance of genetic connection is often downplayed because no more than one parent will have a genetic connection to each child (unless a male family member of the non-genetic mother is the donor). The genetic relationship of the donor and/or donor-siblings in other families is

often clearly delineated as genetic but not familial (e.g. using the term “donor” rather than the term “father”).

At the same time, genetic connection is given credence by parents who feel it is important to have the same sperm donor for each child. Given the amount of time, energy, and money selecting a donor, there is a high value placed on genetic input, if not genetic connection. Additionally, adding a biological connection is important to some couples where one woman gestates a pregnancy using the other woman’s implanted egg.

Social connection, defined by the roles that family members play with each other, receives a great deal of value, perhaps because it is one of these three areas over which women in two-mom families have the most control; they may not be able to be genetic or legal parents but they certainly can act as parents. The gay / lesbian / bisexual / transgender / queer (LGBTQ) community also has a history of redefining “family” in a social context, due to many individuals creating social families after being rejected by their families of origin when they identified as LGBTQ or selected a same-sex or transgendered partner (see Lehr, 1999). In fact, the coded language that someone “is family” is often used to indicate that someone identifies as LGBTQ.

Social connection of siblings in a two-mom family is recognized, and generally given priority over genetic connection to other siblings outside the family unit. In a study of lesbian-headed families’ interactions with donor-siblings, two participants spoke of the importance of that social connection: “We have thought about adopting or that maybe (partner) would have a baby and that would be their sibling in a more real way.” And “I don’t want them to get the feeling that because there is biology over here in this extended line that

that is somehow more important than who they are living with on a daily basis.” (Turnbull, 2007, p. 26)

Queer Theory, Queer Families, and Queer Reproduction

Queer theory provides a framework for the current research not only because the research focuses on families headed by same-sex parents, but because, as the previous section illustrates, this research area seeks to break down assumptions about “natural” social structures. Queer theory differentiates itself from gay / lesbian studies by its attention to fluidity within the categories of biological (chromosomal or physical) sex, gender, and sexual desire and/or action (Jagose, 1996). To this end, queer theory addresses issues of intersex, transgender, and otherwise non-gender-conforming individuals, as well as those who sexually desire, or engage in sexual behaviors with, members of the same sex. The boundaries of queer theory can be challenging to define with precision because of the very nature of its emphasis on fluidity and resistance to categorization.

In questioning the “natural” category of sex, as determined by biological, chromosomal, and/or physical characteristics, queer theorists bring to light the grey areas and the exceptions to the categories of male and female. Many individuals identify as intersex because they have ambiguous physical sex organs or both male and female sex organs. When babies are born with ambiguous or combination external sex organs, there has been a tendency to assign a sex to the child, often through surgical procedures. There is increasing advocacy to refrain from any surgical procedures that are not necessary for the physical health of the child and to allow individuals to exist in a state of being neither female nor male, or both female and male. Other intersex conditions are attributed to

internal physical or hormonal issues and may not show themselves until puberty or attempts at reproduction.

Binary categories of gender and rigid ideas of proper or appropriate gender expression also are called into question by queer theorists. The terms “transgender” and “gender-queer” are increasingly used to identify individuals who do not identify as traditionally female or traditionally male. Some of these individuals have transitioned from one gender/sex to the other and “pass” while some live in a middle-space and retain varying levels of ambiguity with regards to their gender classification. When gender presentation breaks from the traditional structure, women act / dress / appear in unfeminine or masculine ways, and men act / dress / appear in unmasculine or feminine ways. Individuals who break from gender norms may do so as part of their daily lives or may do so only on some occasions (such as drag performances). There are some who argue that non-confirmative behavior expands our definitions of femininity and masculinity while there are others who argue that non-confirmative behavior intentionally erodes these categories altogether.

Queer theory also addresses issues of sexual desire and sexual action towards a member of the same sex. This includes people who identify as lesbian, gay, or bisexual (regardless of their sexual behaviors) as well as those who engage in same-sex sexual behaviors but do not identify as lesbian, gay, or bisexual. Of course, identifying a “same sex” relationship becomes much more nuanced when one takes into account individuals who identify as intersex or transgender / gender-queer. Many people consider their romantic relationship to fall into the category of “queer” if they or their partner (or both)

identify as intersex or transgender/gender-queer, even if they may appear to the outside world to be a male / female (i.e. straight) couple.

Families headed by two women, such as those in the current research, challenge views of a “natural” family, one where the parents are male / masculine / father and female / feminine / mother. Mano (2007, p. 59) illustrates some of the questions that women face as they disrupt that heteronormative view of family:

For each woman, the decision to pursue parenthood required a convergence of identities that may seem, at times, irreconcilable. What would it mean to be a lesbian and a mother? Or, for women who identify differently, to be queer and a mother, or a dyke and a mother, or transgendered and a mother-father-parent? How feminine do you have to be to be motherly?

Breaking away from former assumptions of what makes a family, or what makes a mother, involves the areas of sex, gender, and sexual attraction. Our culture places a lot of weight on reproduction to define a woman (e.g. use of the phrase “becoming a woman” to signify the beginning of menstruation). Non-genetic mothers may go through the process of “becoming a mother” without ever conceiving, gestating, and birthing a child. For some, this causes their own internal questioning of the validity of their claim to motherhood while for others the questioning comes from others. Gender-based familial roles (e.g. mother is nurturer, father is disciplinarian) are redefined when both parents are of the same gender. And parents in two-mom couples provide same-sex parental sexual attraction as the norm, while also acknowledging the homophobia that their children will encounter due to their mothers’ identities.

Non-Genetic Parents in Two-Mom Families

Few research studies could be found which were devoted specifically to the experiences of non-genetic parents in two-mom families. More commonly, references to

the roles and experiences of non-genetic mothers occurred in the analysis of studies more generally devoted to planned lesbian families. Anecdotal and theoretical writings pertaining to non-genetic mothers were also found.

In a study of parent child relationships in lesbian-parented families versus heterosexual-parented families, Vanfraussen, Ponjaert-Kristoffersen, and Brewaeys, (2003) found that children reported being more likely to talk about emotional issues with “social mothers”⁴ than with fathers and social mothers were reported to be more involved in children’s activities than fathers. In most ways, though, the author found that, “in lesbian as well as in heterosexual families, both parents’ (biological mother vs. social mother or father) interactions are very similar.” (p. 87)

The National Lesbian Family Study (NLFS) is a longitudinal study of 84 lesbian families who have been tracked from preconception through their children’s tenth years. Additional sets of data are scheduled to be collected from parents and children when the children reach ages seventeen and twenty-five. Amongst other findings, the NLFS reports have included the views and experiences of the “co-mothers” and “birth-mothers”.

Data was initially collected from self-identified lesbians who were pregnant or attempting pregnancy (Gartrell, Hamilton, Banks, Mosbacher, Reed, Sparks, et al. 1996). In this study, there were no significant differences reported between the views of the co-mother and the birthmother; rates concern about bonding with their children-to-be and rates of expectation that the mother’s parents would acknowledge the child and act as

⁴ Throughout this section, an author’s original term to describe a parent in a two mom household is first presented in quotes to signify that it is the original language.

grandparents were both specifically mentioned as not differing based on the mother's absence or presence of genetic/biological connection to the child.

The second NLFS report pertained to data collected when the children were two-years old (Gartrell, Banks, Hamilton, Reed, Bishop, & Rodas, 1999). Although in most families both mothers reported sharing parenting and household tasks equally, the authors note that some co-mothers reported feeling frustrated and excluded if the child was breastfeeding with the birthmother. Of the families in this study, all who were eligible for co-parent adoption (n=16) had done so; “the adoptive co-mothers unanimously agreed that the adoption provided both internal and external validation of their parenting role” (p. 367) and “significantly enhanced the legitimacy of their parenting role” (p. 368).

By the third NLFS report, with data collected when the children were five-years-old, 35 of the co-mothers had legally adopted their children (Gartrell, Banks, Reed, Hamilton, Rodas, Deck, 2000). There was a decrease in reports of jealousy by the partnered parents (from a report rate of 70% in the toddler study to 48% in this study), likely due to decreased physical dependency on the birthmother (e.g. breastfeeding). In 50 families the birthmother reported that her parents did not acknowledge the co-mother as a parent to their grandchild. Between the birth of the child and this study, one-third of the couples had separated; in these instances, the birthmother was more likely to be granted legal custody of the child if the co-mother had not legally adopted the child.

For the most recent NLFS reports, the researchers conducted separate interviews with the children (Gartrell, Deck, Rodas, Peyser, & Banks, 2005) and their mothers (Gartrell, Rodas, Deck, Peyser, & Banks, 2006) when the children were ten-years-old. In the child interviews, the authors do not report any of the children's perceptions of their

relationships with their mothers and do not note any distinctions between co-mothers and birthmothers. In the interviews with the mothers, the 37 couples who had been parenting together since the birth of the child reported that the child was equally bonded to both parents in 19 families and more bonded to the birthmother in three families. They did not report a difference in years of full-time or part-time employment between co-mothers and birthmothers. When this study occurred, 48% of the original couples had separated and the authors state that “co-mothers who had limited or lost custody of their children were resentful.” (p. 182). The authors reiterated the view that legal co-adoption increased likelihood that a co-mother would stay involved in a child’s life following a separation.

The NLFS is the first longitudinal study of its kind and provides a unique, long-term view of lesbian families. At the same time, it is important to note that the mothers who participated in this study were a fairly homogeneous group. Most (94%) identified as white, more than half (67%) were college educated, most (82%) were middle and upper-middle class, and most were Judeo-Christian (33% Jewish, 56% Christian) (Gartrell, et al. 1996). It is possible that a more diverse group, or a group which faces social stigma beyond the stigma attached to being a non-heterosexual family, would have different experiences of family and parenting, including different views of “co-mothering” versus “birthmothering”.

Anonymous Donor Selection

Literature is limited on how women in two-mom families select an anonymous donor once they have chosen this method to conceive a child. There are many options to consider; as Mamo (2007, p. 87) notes in a chapter titled *Choosing a Donor: Gaining, Securing, and Seeking Legitimacy*:

In selecting a donor, which criteria matter most? Do individual donor characteristics matter most, or should the donor's extended family be considered? How are health issues factored in? Who will the baby look like – and how much does that matter? What about race, ethnicity, or religious affiliation?

Women selecting an anonymous donor often incorporate feelings about both the donor himself and about his genetic material into the selection process.

Research has also looked into whether women make decisions about an anonymous donor differently than they do about a potential mate since the donor would only be passing along genetic material while the mate would be present in the family. When comparing heterosexual women's preferences for a hypothetical anonymous donor versus a hypothetical mate (who would father their children), women placed more importance on traits related to character in their mates than anonymous donors and placed more importance on health, physical attributes, and abilities when selecting a donor (Scheib, 1994). Although character was shown to be significantly more important to women selecting a hypothetical mate, the women selecting hypothetical donors did rate character traits as more important than abilities and physical characteristics. This led the author to conclude that psychological processes involved in mate choice are at work when women select an anonymous donor, even though the women may consciously acknowledge that character traits are not likely to be biologically inherited.

Matching the non-genetic parent

One prevalent idea is that the donor's race should match the non-genetic parent's race. In a study of heterosexual couples in the United States, Szkupinski Quiroga (2007) found that the medical regulation of assisted reproduction, specifically access to donor sperm, reinforces ideas of racial purity and privileges whiteness. A similar study, looking

at issues of donor insemination and race, this time in the context of Brazilian clinics (Gomes Costa, 2007), also demonstrated that the medical establishment reinforces societal concepts of race and the importance of matching donor to father along racial categories. Interestingly, in both of the aforementioned studies, the parents seemed to have less control than their doctors in making the choice of their donor, and Szkupinski Quiroga reported instances of the mother disagreeing with her doctor's insistence on racial matching.

The idea of passing along traits similar to the non-biological parent is not limited to heterosexual couples. Koeplin (2008) studied women in interracial lesbian couples using donor insemination to conceive a child. She found that, for these women, matching the donor to the "non-biological" mother, in terms of race and physical characteristics was important, especially when the non-biological mother was a person of color. As one participant stated,

We discussed it at length, but it was not the most important factor in our donor selection process, and we did consider donors who did not match my race and ethnicity. . . . We wanted our kids to look like "our" kids. That said, with the biological mom being mixed, the donor was less important, if that makes sense . . . if I were to be the biological mom, I think our criteria for finding a donor would be very different and we would have far fewer options. (p. 58)

As alluded to in the above, the participants in this study reported challenges finding donors of color and sometimes had to select a donor who did not match the non-biological mother, despite feeling that match was important.

Scheib, Riordan, and Shaver (2001) interviewed 97 individuals who had used The Sperm Bank of California for donor insemination. They found that 61% of lesbian couples in their study matched their donor to the non-genetic parent. The authors note

that this matching can be helpful in easing social interactions since the child might resemble both mothers and might increase affinity between the non-genetic mother and the child. In fact, of 36 participants who responded to the question “why match?”, 38.9% reported that matching the donor to the non-genetic parent increased that parent’s involvement in the donor insemination process. Within all of their research participants (heterosexual, bisexual, and lesbian), 86.6% cited donor’s physical attributes as a selection criteria while 71.1% cited character traits, 58.8% cited health, 33.0% cited height, and 26.8% cited the donor’s description giving a “positive impression” to the prospective parents. They did not find a significant difference in criteria that lesbian women cited in comparison to non-lesbian identified women.

Kranz and Daniluk (2006) found similar patterns of matching the non-genetic parent when they interviewed ten lesbian couples living in a major metropolitan Canadian city, all of whom conceived children through anonymous donor insemination. The authors reported that, “to mitigate non-birth mothers’ feelings of invisibility, these mothers used a variety of strategies including . . . choosing donors that were in some way similar to the non-gestational mothers (e.g. cultural background, physical features)” (p. 16). This finding was further illustrated by the fact that the women were primarily of European descent (n=19) with one of Asian descent and that nine families used donors of European descent while one used a donor of Asian descent. The women also cited non-physical traits such as donor career choices that matched the mothers’ career as influencing their decisions.

In a study investigating perceptions of the importance of bio-genetic continuity, Jones (2005) interviewed five British women (representing three couples) about their

experiences in selecting a donor based on a racial or ethnic category. Of the couples studied, one reported selecting an African-Caribbean donor because of the non-biological mother's cultural heritage. Jones wrote that this process "highlights the assumed desirability of visible physical similarity" (p. 226) and the importance of "an *implied* biogenetic tie between the co-mother and the donor-conceived child" (p. 227) (emphasis hers). A second couple spoke of how they selected a Jewish donor in order to have a cultural tie to the non-genetic mom and her extended family. Jones concluded that lesbian women use the donor selection process in ways that follow traditional heteronormative patterns (i.e. selecting a donor who is like the non-biological mother) but that in doing so, they also subvert heterosexual culture by the very creation of two-mom families.

Matching the genetic parent

The researcher did not find references in the literature to couples matching donor characteristics to the genetic parent, but it is possible that in circumstances where the genetic mother has a recessive trait that the couple would like to see passed to the child, they would select for a donor matching that trait. It is also likely that in some health circumstances couples match the donor's blood type, RH factor, or other health traits to the genetic mother.

Matching both genetic and non-genetic parents

Sometimes couples search for a donor who will be similar to both the genetic and non-genetic parent. This may be because both women intend to have a genetic child using the same donor or may be related to a general feeling of familiarity with the donor. Ehrensaft (2005, p. 84) provides the following anecdotal example:

Sophie Cabot Black describes her and her partner's search through sperm banks for just the right donor: "We looked for those [donors] who had characteristics of each of our heritages, facial features, even personalities. We also tried to read between the lines of their answers to questions about favorite color, desire for travel, long-term goals, SAT scores." Even though Sophie's partner, D., would never be a biological mother of this child, both Sophie and D. went on a quest for a donor who would be similar to *both* of them. (emphasis original)

Matching neither parent

References to couples specifically selecting donor traits different from both parents were not found in the literature. The researcher believes that some couples do select for traits different from both parents in some circumstances; these may be health-related (such as trying to avoid health problems that both parents have) or based on physical traits or skills/abilities that the parents do not have but hope their child will have. Future research into this area is needed to shed more light on how some couples may try to "correct" for things that they find less desirable about themselves by selecting for different traits in a donor.

The following chapter further describes the purpose of this research and the methods used to investigate this topic. The research design, description of the sample, and methods of data collection and analysis are presented.

CHAPTER III

METHODOLOGY

The purpose of this study was to investigate the preferences and priorities of non-genetic mothers when selecting an anonymous donor, specifically: When selecting an anonymous sperm donor, which donor characteristics are most important to non-genetic mothers? Do non-genetic mothers view preferred donor characteristics as being similar to herself, her partner, neither, or both? Do non-genetic mothers view avoided donor characteristics as being similar to herself, her partner, neither, or both? Do non-genetic mothers report that they and their partners had different donor characteristic preferences and, if so, how were those differences resolved? The researcher was also interested in how a woman's experience and views of family, ethnicity, gender, and sexual orientation might influence her preferences.

Research Design

The current research used a fixed-method, mixed-method, relational model design with a cross-sectional approach. This design was deemed the most appropriate method for investigating non-genetic mothers' donor preferences. There was no need for an experimental method, with manipulation of variables, as the research focused on the participants' views and past experiences rather than reactions or decisions made during the course of the study. A mixed-method approach was used in order to collect quantitative data because much of the previous research in this area has been qualitative

and descriptive (for example, see Agigian, 2004; Jones, 2005; and Koeplin, 2008). The current researcher was interested in seeing whether trends or patterns could be found when using a larger sample and quantitative data analysis. At the same time, descriptive data was collected using open-ended questions in order to capture the nuances of the participants' responses. A cross-sectional approach was appropriate as a starting-point for investigating preferences of non-genetic mothers; areas for further research include longitudinal investigations of how donor preferences change over time if the conception process requires selecting multiple donors and how the perceived importance of donor traits changes from the time of donor selection through the time that a child starts to display (or not display) the chosen characteristics.

Sample

This research had a sample size of fifty participants ranging in age from 26 to 44 with a mean age of 34.28 and a median age of 33. Participants were recruited using a snowball sampling technique. The researcher used professional and personal contacts to recruit participants from throughout the United States (see Appendix C for recruitment materials). Participants were recruited via word-of-mouth, email, online bulletin boards, and paper flyers. The researcher sent emails to friends and colleagues requesting their assistance in forwarding the participant solicitation. Notices about the survey were posted on the "Mombian" website (which focuses on advice and information for lesbian parents) and the announcement section of the website of the Sperm Bank of California. The researcher contacted twenty women's and feminist bookstores throughout the country asking whether they would post information on community bulletin-boards; six of the bookstores responded saying that they would and so paper flyers were mailed to

each of those locations. The researcher also contacted five organizations dedicated to queer people of color, in an attempt to receive more responses from women of color, but none of these organizations responded to the inquiry email.

This sampling technique resulted in a non-random convenience sample. The specificity of the eligibility criteria made recruiting a random sample impractical yet the researcher acknowledges that a convenience sample only represents the views of participants who are interested in sharing these views. Therefore, the results of this study cannot necessarily be generalized to all non-genetic mothers; those who choose not to share their views may have different preferences about anonymous donors.

The method of data collection also limited participants to those who had access to the internet and felt comfortable completing an online survey. These factors sway participation in favor of individuals who have higher socio-economic statuses and higher education levels. A great majority of participants in this survey (88%) indicated that their socioeconomic status was middle-class (31), upper middle-class (11), or wealthy (2). Only one participant reported a working-class socioeconomic status. The education levels of this sample were also higher than would be found in a random sample of the general population; over half (56%) reported having a Master's Degree or higher. As a result, the results may not represent the views of women from lower socioeconomic statuses and education levels. It is also important to remember that anonymous donor insemination is only one method that two-mom families utilize; the views and experiences of participants in this research cannot be generalized to women who start families using a known donor, adoption, foster-care, or kinship care.

The eligibility criteria specified that participants needed to be women partnered with other women yet self-identifying terms varied. All participants self-identified their gender as female (43) or woman (6), with none identifying themselves as transgender or genderqueer. Most participants identified as lesbian (31) but others identified as gay (5), gay/lesbian (4), bisexual (3), queer (2), queer/lesbian (2), homosexual (1), bisexual/lesbian (1), and “committed” (1).

Participants reported that they had been in their relationships from 3.5 to 15 years with a mean of 7.44 and a median of 7. When asked what intimate-partner term they use for their partners, 35 participants stated “partner”, 27 stated “wife”, 8 stated “spouse”, and one each stated “significant other”, “lover”, and “girlfriend” (19 stated more than one term). Thirty participants reported that they had a legal relationship with their partners (18 married and 12 otherwise legally partnered), sixteen reported that they were “informally partnered” meaning that they had a commitment to each other but no formal ceremony, and four stated that they had a formal ceremony although it was not legally binding.

Participants were also asked to identify their ethnicities. The vast majority (47) identified themselves as white, Caucasian, European (many listed specific European countries), or Jewish. Only three identified as people of color: 1 as African American, 1 as Latino, and 1 as Mexican. As with previous research on donor insemination, people of color were underrepresented in this study. It is not clear whether this is due to different rates of using donor insemination or due to sampling strategies which are more accessible to white individuals.

All participants in this research were non-genetic parents; three of them were the ones carrying or planning to carry the pregnancy while forty-seven were neither genetic nor gestational parents. The majority of the participants (29) had children who were already born. Ten of the participants were in the process of attempting conception and eleven had achieved pregnancy (either themselves or their partners). Participants were asked about the method of assisted reproduction they had used. Ten had used intracervical insemination (ICI), thirty-nine intrauterine insemination (IUI), and eight in-vitro fertilization (IVF). Three participants reported that they had used more than one of these methods.

Most of the participants stated that they thought they and their partner would have more children: twenty-one stated “definitely”, nine stated “probably”, and ten stated “maybe” while only five stated “probably not” and five stated “definitely not”. When asked whether they thought they would be the genetic parent to future children, most participants (20) stated no; of the others who responded, fifteen stated yes and eight stated maybe.

Participants stated a variety of reasons for why their partners had been selected as the genetic parent. Many participants (24) stated that the decision of who would be the genetic parent was based primarily on each woman’s level of interest. Some referenced their own low level of interest in carrying a pregnancy, while others referenced a partner’s strong desire to do so. Others (22) stated that age impacted the decision, although there was variety in what role age played. For some couples, the younger partner was the one to try to conceive as she was seen as “younger and healthier” while others saw the older partner as having “limited time” and so a need to try to conceive first

to “capitalize on her fertility.” Twelve participants references physical health and three referenced mental health as factoring into the decision of who would be the genetic parent. Again, there was some variety in the health category: most participants referenced the better physical or mental health of the genetic parent, but one stated that her partner’s Polycystic Ovary Syndrome prompted them to select the partner so that they would have more time for her to try to conceive, as it might be more difficult. Six participants referenced how employment factored into the decision. For some, the partner with the better job was selected as it would provide more benefits or flexibility while others felt that the one with the better paying job should not have to take time off for pregnancy. One participant specifically referenced gender presentation stating that her partner “is the more ‘femme’ of the two”, presumably making it more socially and / or personally comfortable for her to carry a child. One referenced her partner’s family as taking slightly longer than her own to get used to the non-heterosexual relationship and so they felt that it would help that side of the family to be biological grandparents first. One referenced legal issues in her partner’s past which might make it hard for her to adopt children as a factor in deciding that the partner should be biologically related to the child. And one stated her strong desire to carry a child but her difficulty in conceiving, which led to her carrying a pregnancy after in-vitro fertilization using her partner’s eggs.

Participants represented many geographic locations throughout the United States and abroad: California (8), Massachusetts (6), New York (6), Illinois (5), Pennsylvania (4), Minnesota (3), Texas (3), Georgia (2), Maryland (2), Connecticut (1), New Jersey (1), Ohio (1), Oregon (1), Vermont (1), Washington state (1), Canada (3) and European countries (2). Most participants (68%) reported that they lived in a medium or large city;

only one reported living in a rural area. The geographic distribution is weighted in favor of the states where queer families receive greater recognition. At the time of this writing, gay marriages, civil unions, or domestic partnerships were recognized in seven of the above listed states (National Conference of State Legislatures, 2009) and the National Gay and Lesbian Task Force (2009) reports that second-parent adoption was available to same-sex parents in 13 of the above states⁵. This may indicate that families who have access to legal protections are more likely to use donor insemination but it may also have been a result of the snowball sampling technique which resulted in a fairly homogeneous sample.

Data Collection

Data was collected using an online survey tool called Survey Monkey. Survey Monkey allows data to be collected in a completely anonymous manner which safeguards the identities of the participants and allows them to complete the survey at their convenience. Since the survey is conducted online, it also allows for participants in diverse geographic locations to be involved in the research. One potential drawback to this method is that it relies completely on the participants' honest response to the eligibility criteria whereas another method, where the researcher had personal contact with the participants, might allow for additional methods of verifying eligibility. The research tool was active online from February 3, 2009 to March 31, 2009; most responses (40) were received in the first two weeks that the survey was active.

⁵ This researcher also personally knows of couples who have been granted second-parent adoptions in Georgia, although it was not included as an adoption-permitting state in the Task Force report; that would bring the total to 14 of the 15 states above permitting second parent adoptions.

The research tool consisted of six sections (see Appendix D for the research tool). The first section focused on the anonymous donor selection process. Participants were asked to rate the importance of 19 categories frequently used by cryobanks to describe donors. These categories included physical characteristics (e.g. hair color, skin tone, height), interests and abilities (e.g. profession, musical ability, hobbies), health information (individual and familial), and categories that are often viewed as both physically and socially important (e.g. race, ethnicity). Following that rating, participants were asked more in-depth questions about the five categories they considered most important. For each of these categories, they provided additional information about which traits or characteristics they preferred or avoided. They also indicated the degree to which they saw these traits and characteristics as similar to themselves and to the genetic mother. This first section also included questions about the method of conception and how the genetic/non-genetic mother roles were chosen.

The second section asked participants to provide information about their experiences of their current family as well as their family of origin. Participants indicated the length of their current relationships, the legal or social status of the relationship, and the term they most commonly use for their partner (e.g. wife, partner, lover). The intent of these questions was to ascertain whether the respondent was following a traditional pattern for parental relationships (i.e. marriage or formal commitment ceremony). Participants also commented on whether or not they viewed their family of origin as traditional. Participants were asked about their views of parenting as well as their role with regards to their child, including whether or not they were the one to carry the pregnancy and whether or not they would have a legal

relationship to the child. Two questions asked about the participant's level of interest in someday meeting the donor or any other children conceived by the donor. All of these questions were used to determine whether correlations could be found between views and experiences of family and donor preferences.

A third section asked participants to identify their own ethnicity and rate their perception of how important this ethnicity was in defining who they are. They were also asked about the level of discrimination against people of their ethnicity as well as their own experiences of discrimination. The researcher hypothesized that the more a woman's ethnicity was viewed as an important part of her identity and a source of pride, the stronger a preference she would show for a donor who shared this ethnicity. The researcher hypothesized that viewing ones' ethnicity as a source of discrimination would also influence preferences for a donor with this shared ethnicity, manifesting either as an avoidance of this characteristic in order to protect the child from discrimination or as preference for this characteristic as a demonstration of resistance to societal discrimination.

Section four asked the participants about their gender identity and gender presentation. The researcher was interested in seeing whether any trends could be found between a more non-traditional (i.e. more masculine) gender presentation and preference for or avoidance of physical traits that the participant viewed as similar to herself. Participants were also asked about their level of comfort and inclusion (or discomfort and exclusion) in different areas of their lives (e.g. family, neighborhood, employment). The researcher hypothesized that feeling discomfort and exclusion could contribute to non-

genetic mothers preferring physical donor characteristics similar to themselves as a means of visually appearing related to their children.

The fifth section asked questions about the participant's sexual orientation identity and level of comfort disclosing that identity to others. Similar to the hypothesis about gender presentation, the researcher hypothesized that feeling less comfortable disclosing one's sexual orientation could make a woman more interested in having a shared physical resemblance with her child. A physical resemblance could make questions about one's relationship to her child less frequent.

A final section asked participants to provide demographic information such as age, geographic location, socio-economic status, level of education, and employment.

Data Analysis

Data was coded and analyzed by the current researcher using the program Microsoft Excel, after consultation with the Smith College School for Social Work Data Analyst.

The following chapter presents the findings of this research beginning with a descriptive overview of the importance of various donor traits and continuing on with an analysis of correlations between aspects of the non-genetic mother's views and experiences and her donor preferences.

CHAPTER IV

FINDINGS

The primary purpose of this study was to investigate the preferences of non-genetic mothers when selecting an anonymous sperm donor. A secondary purpose was to look for trends related to the participants' personal experiences and views which influenced donor preferences. The cumulative preferences of all participants are presented first, followed by trends or patterns related to subgroups are presented.

Importance of Donor Characteristics

Participants were asked to rate the importance, from “not important” to “very important”, of 19 categories frequently used by cryobanks as search criteria when viewing donor catalogues. These responses are presented in Table 1. Participants were also given the option to respond “other” and provide a category not on the list. The “other” categories, and their frequency of being noted, were: personality (six times), overall impressions (once), being an identity release donor (twice), previous pregnancies recorded (twice), RH factor (once), alcohol or drug use (twice), the donor's photo (three times), and gut feelings (once).

Another way to view the importance of each donor characteristic is to provide a numeric score by giving 4 points for each “very important” response, 3 for “fairly important”, 2 for “somewhat important”, 1 for “slightly important”, and 0 for “not

important”. Using that scoring system, the donor categories are listed in Table 2 in order of importance.

When examined this way, four of the first five most important categories (except race) are all subjective: they rely on the woman’s perception of the donor to reflect “good enough” health or intelligence. These categories also are not searchable variables like height, eye color, or hair color, where one can narrow a search by entering in specific parameters. Further research into the decision-making process of women selecting an anonymous donor may provide more information, but at least for the women in this study, “getting to know” the donor through reading his responses to more open-ended questions may have been considered more valuable than the categorical information collected by the cryobank. As stated by a participant in this study, “Our lab has audio interviews and essays by the donors, which I found very helpful in getting a sense of this person as a person rather than a spread sheet. We had donors who looked good on paper but really turned us off when we listened to the interview, and vice versa.” This statement supports Scheib (1994) who found many of the same psychological processes at work in donor selection as in mate selection. Even though women who use an anonymous donor may never actually meet this individual, they still express the desire to like him and to have a sense of connection, as this donor will have a genetic link to their child.

Five Most Important Characteristics

Participants were asked to provide information about the five categories that were most important to them while selecting their donor; they were presented with a list of the 19 categories shown in Tables 1 and 2 and also given the option to respond “other” and

Table 1

Importance of Donor Characteristics

Category	Number of Participants Giving each Rating									
	Very Important		Fairly Important		Somewhat Important		Slightly Important		Not Important	
	N	Percent	N	Percent	N	Percent	N	Percent	N	Percent
Personal Health	39	78%	9	18%	1	2%	1	2%	0	0%
Family Health	34	68%	13	26%	1	2%	1	2%	1	2%
Race	22	44%	15	30%	8	16%	3	6%	2	4%
Intelligence	20	40%	20	40%	6	12%	3	6%	1	2%
Family Longevity	18	36%	14	28%	11	22%	3	6%	4	8%
Ethnicity	14	28%	13	26%	12	24%	8	16%	3	6%
Education Level	14	28%	18	36%	9	18%	6	12%	3	6%
Height	10	20%	16	32%	11	22%	5	10%	8	16%
Eye Color	9	18%	12	24%	8	16%	5	10%	16	32%
Weight*	8	16.3%	13	26.5%	11	22.4%	10	20.4%	7	14.3%
Profession*	6	12.2%	10	20.4%	7	14.3%	18	36.7%	8	16.3%
Interests / Hobbies	6	12%	10	20%	13	26%	12	24%	9	18%
Athletic Ability*	5	10.2%	13	26.5%	7	14.3%	6	12.2%	18	36.7%
Hair Color	4	8%	14	28%	14	28%	7	14%	11	22%
Musical Ability	4	8%	12	24%	14	28%	7	14%	13	26%

Table 1 Continued

Importance of Donor Characteristics

Category	Number of Participants Giving each Rating									
	Very Important		Fairly Important		Somewhat Important		Slightly Important		Not Important	
	N	Percent	N	Percent	N	Percent	N	Percent	N	Percent
Artistic Ability	3	6%	10	20%	12	24%	12	24%	13	26%
Hair Texture	3	6%	7	14%	10	20%	11	22%	19	38%
Skin Tone*	2	4.1%	13	26.5%	15	30.6%	8	16.3%	11	22.4%
Religion	1	2%	3	6%	3	6%	6	13%	37	74%

* *In these categories only 49 of the 50 participants responded.*

Table 2

Overall Characteristic Importance Score

(Maximum = 200, unless otherwise noted)

Category	Level of Importance Score
1. Personal Health	186
2. Family Health	178
3. Intelligence	155
4. Race	152
5. Family Longevity	139
6. Education Level	134
7. Ethnicity	127
8. Height	115
9. Weight*	103
10. Eye Color	93
11. Hair Color	93
12. Interests / Hobbies	92
13. Musical Ability	87
14. Profession*	86
15. Skin Tone*	85
16. Athletic Ability*	79
17. Artistic Ability	78
18. Hair Texture	64
19. Religion	25

**Maximum score = 196 because only 49 participants responded*

provide a category that was not listed. Questions about each of the top five categories appeared on separate pages in the survey instrument, with each page prefaced by a statement that all questions on the page related to the first, second, third, fourth, or fifth most important category. For example, participants were asked to identify the very most important category to them personally and then comment on why it was so important. Then they were asked whether there was a trait or characteristic they preferred and, if so, what that trait was and how similar they felt it was to themselves and their partner. They

were asked whether there was a trait or characteristic they were trying to avoid and again, what it was and the degree to which they felt it was similar to themselves and their partner. Finally, they were asked to comment on any difference of opinion between themselves and their partners about the preferred or avoided traits for this category.

Table 3 shows the number of participants rating a characteristic as first, second, third, fourth, or fifth most important. (Note that not all respondents had five categories that they considered important enough to comment on.)

Participants were asked to provide a statement of why a specific trait or characteristic was important to them. These responses were coded for themes and fell into five general categories: (1) trying to influence a child's future success (including intelligence, talents, interests, and health); (2) matching one or both parents and/or extended family (including physical characteristics, ethnic and racial heritage, skills, and interests); (3) parent's "gut feelings" or the donor's traits (in these instance the participant commented on the donor trait but did not specifically say how it would impact the child or the family, as in other categories); (4) difference from parents and/or extended family (usually referenced health issues, height, or weight); and (5) "not sure / other" reasons for preferring or avoiding a trait. The distribution of responses across the five most important categories is shown in Table 4.

Matching the parents and/or the extended family was cited with greater frequency than other reasons (99 times). Of those 99 responses, in 54 instances the participant reported that they were trying to match traits or characteristics of both parents. In 35 cases they reported wanting to match the non-genetic mother, while in 6 cases they wanted to match the genetic mother. Three instances reported wanting to match the

Table 3

Frequency of Reporting Categories for the Five Most Important Characteristics

First Importance		Second Importance		Third Importance		Fourth Importance		Fifth Importance	
N	Category	N	Category	N	Category	N	Category	N	Category
9	Personal Health	9	Family Health	9	Intelligence	8	Family Health	6	Intelligence
9	Race	7	Intelligence	5	Height	5	Intelligence	5	Athletic Ability
6	Family Health	6	Height	5	Race	4	Education Level	4	Interests / Hobbies
5	Intelligence	5	Personal Health	4	Ethnicity	4	Skin Tone	4	Profession
5	Personality*	4	Ethnicity	4	Family Health	4	Weight	3	Personal Health
4	Ethnicity	3	Hair Color	3	Eye Color	3	Eye Color	3	Weight
3	Hair Color	3	Race	3	Interests / Hobbies	3	Hair Color	2	Hair Color
3	Eye Color	2	Blood type / RH factor*	3	Weight	3	Height	2	Height
2	Overall Physical Characteristics*	2	Eye Color	2	Education Level	2	Athletic Ability	2	Family Health
1	Height	2	Interests / Hobbies	2	Personal Health	2	Musical Ability	2	Race
1	Interests / Hobbies	1	Hair Type / Texture	2	Personality*	2	Overall Physical Characteristics*	2	Skin Tone
1	Musical Ability	1	Identity Release*	1	Athletic Ability	2	Personal Health	1	Education Level
1	Profession	1	Musical Ability	1	Artistic Ability	2	Religion	1	Ethnicity
		1	Profession	1	Hair Color	1	Hair Type / Texture	1	Hair Type / Texture
		1	Skin Tone	1	Profession			1	Successful pregnancies / sperm motility*
		1	Successful	1	Skin Tone				

pregnancies / sperm
motility*

1 Weight

** These categories were created by coding for themes when participants responded “other” and provided a category other than what the researcher had listed.*

Table 4

Reasons for Preferring or Avoiding Traits

	First Importance	Second Importance	Third Importance	Fourth Importance	Fifth Importance	Total
Child's Future Success	16	16	16	18	9	75
Matching Parents / Extended Family	30	21	22	13	12	99
Parent Gut Feelings / Donor Characteristics	1	2	4	9	15	31
Different from Parents / Extended Families	1	6	5	5	2	19
Not Sure / Other	2	4				6
Total	50	49	47	45	38	

extended family (of the participant, her partner, or both) and one participant reported that she and her partner wanted to match future children that they might adopt. There were different frequencies with which participants cited each of the five rationale for their preferred characteristics. These frequencies are presented in Table 5.

Similarity Donor Traits to Self and Partner

For each of their top five categories, participants were asked whether there was a characteristic or trait they preferred and/or a characteristic or trait they were trying to avoid. They were also asked to rate the degree to which they thought the preferred or avoided trait was similar to themselves and to their partner. Results from these portions of the research are summarized in Tables 6, 7, 8, 9, 10 and 11.

Table 5

Frequency with which Rational were given for Specific Donor Characteristics

	Child's Future Success	Matching Parents/ Extended Family	Parent Gut Feelings/ Donor Characteristics	Different from Parents/ Extended Families	Not Sure/ Other
Race		19			
Ethnicity		12			1
Hair Color		11	1		
Hair Type/Texture		1	1		
Eye Color		11			
Skin Tone		6	1	1	
Height	3	4	2	6	2
Weight	4	1	1	5	
Intelligence	14	14	4		
Education Level	2	1	4		
Profession	1	3	3		
Religion		1	1		
Athletic Ability	3	4	1		
Musical Ability	2	1	1		
Artistic Ability				1	
Interests/Hobbies	1	3	5		
Personal Health	17	2		2	
Family Health	23		1	4	1
Family Longevity					
Personality	2	1	3		1
Overall Physical Characteristics	1	3			
Identity Release	1				
Successful Pregnancies / Sperm Mobility			1		1
Blood Type / RH Factor		1			1

Table 6

Preferred Characteristics: Frequency of Reporting Similarity to Participant and Partner

	First Importance		Second Importance		Third Importance		Fourth Importance		Fifth Importance	
	Self	Partner	Self	Partner	Self	Partner	Self	Partner	Self	Partner
Exactly the Same	22	20	12	10	18	9	16	11	11	8
Very Similar	9	7	13	10	10	9	9	10	11	10
Somewhat Similar	4	3	6	7	4	7	5	3	4	6
Somewhat Different	3	2	2	6	3	6	1	7	2	3
Completely Different	1	6	6	7	2	6	4	4	2	3
Total Responses	39	38	39	40	37	37	35	35	30	30

Table 7

Avoided Characteristics: Frequency of Reporting Similarity to Participant and Partner

	First Importance		Second Importance		Third Importance		Fourth Importance		Fifth Importance	
	Self	Partner	Self	Partner	Self	Partner	Self	Partner	Self	Partner
Exactly the Same	1	3	4	3	2	4	3	1	1	2
Very Similar	2	5	2	2	2	3	2	2	2	2
Somewhat Similar	4	4	4	2	2	4	4	3	4	3
Somewhat Different	4	4	4	7	3	4	2	5	2	3
Completely Different	23	18	13	14	18	12	14	14	8	7
Total Responses	34	34	27	28	27	27	25	25	17	17

Preferred traits were most often viewed as exactly the same or very similar to both participant and partner. With very few exceptions, the frequency of reporting the degree of similarity decreased as the level of similarity decreased. The opposite was found for avoided traits where very few participants viewed them as exactly the same or very similar and most rated them as completely different.

Another way to view the data is to give a score, based on numerical ranking, for the degree of similarity to self and partner. To create this score, the response “exactly the same” was given 4 points, “very similar” 3 points, “somewhat similar” 2 points, “somewhat different” 1 point, and “completely different” 0 points. The numerical scores are presented in Tables 8 and 9.

Using the weighted scores, all participants viewed the preferred traits as more similar to themselves than their partners. More variation was found with the avoided traits where for the first, third, and fifth categories the participants rated the avoided traits as more similar to their partners than themselves. This suggests that different mechanisms may be at work when selecting for or avoiding a trait; selecting for traits may be more about matching the non-genetic parent than the genetic parent but avoiding traits does not follow a similar pattern.

Yet another way to view the data is to compare the instances of participants reporting that the preferred donor trait or characteristic was similar to only themselves, only their partner, both, or neither. For this coding, responses of “exactly the same”, “very similar”, and “somewhat similar” were counted as “similar” while the responses “somewhat different” and “completely different” were counted as “not similar”. The results of this method of coding are presented in Tables 10 and 11.

Table 8

Perceived Similarity of Preferred Donor Traits to Self and Partner

	First Impt.	Second Impt.	Third Impt.	Fourth Impt.	Fifth Impt.	Total
Similarity to Self	126	101	113	102	87	529
Similarity to Partner	109	90	83	87	77	446
Total Possible	156	160	148	140	120	724

Table 9

Perceived Similarity of Avoided Donor Traits to Self and Partner

	First Impt.	Second Impt.	Third Impt.	Fourth Impt.	Fifth Impt.	Total
Similarity to Self	22	34	21	28	20	125
Similarity to Partner	39	29	37	21	23	149
Total Possible	136	112	108	100	68	524

Table 10

Preferred Characteristics: Similarity to Participant, Partner, Both, or Neither

	First Impt.	Second Impt.	Third Impt.	Fourth Impt.	Fifth Impt.	Total
Similar to Participant	9	8	9	9	2	37
Similar to Partner	4	3	0	4	0	11
Similar to Both	23	23	24	21	24	115
Similar to Neither	1	5	4	1	4	15

Table 11

Avoided Characteristics: Similarity to Participant, Partner, Both, or Neither

	First Impt.	Second Impt.	Third Impt.	Fourth Impt.	Fifth Impt.	Total
Similar to Participant	1	4	0	5	1	11
Similar to Partner	6	1	5	2	1	15
Similar to Both	6	6	6	4	6	28
Similar to Neither	21	16	16	14	9	76

Preferred characteristics were most often viewed as similar to both the participant and her partner. This suggests a great deal of homogeneity within the couples in this sample. Of the instances where similarity to only one partner was noted, similarity to the non-genetic parent was noted with a slightly higher frequency. Avoided characteristics were most often viewed as similar to neither parent. No pattern or trend for differences in reporting similarity or difference was noted as the level of importance of the category decreased.

Differences of Opinion

The researcher was interested in whether disagreements about donor characteristics to be preferred or avoided were common in two-woman couples. In this sample, they were not: only seventeen differences of opinion were reported across the five most important categories on which participants commented and no differences were reported for the category of primary importance.

Most of the participants downplayed the differences of opinion with statements such as:

“It was a little more important to me than her”

“She would not have cared so much”

“It was more important to me, but not really an issue.”

“She felt more strongly than I did but we agreed”

“I felt more strongly”

“She thought I was being silly, but went along.”

Although all of these comments downplay the differences of opinion, it is interesting that in all but one case, the stronger preference was that of the non-genetic mother.

Others provided slightly more detail, but still did not describe situations of great conflict:

“My partner has no strong feeling one way or the other about red hair but was happy to exclude red hair b/c or [*sic*] my preference.”

“This was somewhat more important to her (I have olive skin color and the description of the donor was similar)”

“My wife didn't really see the height as important, but had no issue with me putting it as a high priority”

“My partner felt that her brown eyes would probably negate the blue eyes as they are a dominant characteristic and it wouldn't matter”

Situations which actually required some resolution between the two parents were described in seven instances. In each of these, the participants reported on the complexity that goes into selecting a donor and most discussed how some factors could outweigh others.

“We had to change donors and had to decide between two options, one with wavy hair and the other with straight. My partner was open to the straight haired donor, but it made me really sad not to have the characteristic that was most important to her, so we went with the wavy haired donor. There were other issues with the straight haired donor, so it was not totally based on his hair texture, but it was what tipped the scales in the end.”

“Not big differences, but having a donor with brown eyes like me was more important to her and I was more interested in interests and intelligence. We ranked donors individually and tried to find ones that had both characteristics. After photo matching it turned out to be a blue eyed donor that fit our other criteria best.”

“Whether the donor was black or white mattered less to my partner, she was raised in a mixe [*sic*] race family. We resolved this issue by talking it through and respecting each other's needs. It mattered more to me that the donor be white, than [*sic*] it mattered to her that the donor be black.”

“She was more intense about ruling potential donors out for certain aspects of their family's health background. For example, a donor's aunt was listed as having a lazy eye and she felt uneasy with proceeding with that donor. The next day, she realized that her own aunt had a lazy eye! It put the whole search into a perspective.”

“It was more important to me than it was to her, in the end we picked a donor with pale skin (exactly what I'd been trying to avoid) because it wasn't the most important thing. But I would have preferred a darker-skinned donor.”

“My partner was very concerned about diabetes and macular degeneration; I was more concerned about alcoholism/mental health issues. We resolved differences by trying to avoid both.”

“The particular interests were not as important to me as they were to her. She didn't require certain interests but thought it would be a "bonus" if his interests indicated some sort of athletic or musical talent. She thought that these kinds of talents help children to feel a sense of confidence, learn team work, etc. I was fine with this. It wasn't a major conflict.”

Overall, though, differences of opinion were rare according to the participants. It is possible that when couples have very strong differences of opinion about selecting a donor, they do not continue with the process of starting a family in this way. Serious differences of opinion and an inability to resolve them are likely to indicate problem areas in a relationship.

Traditional versus Non-Traditional Family of Origin

The researcher hypothesized that participants who viewed their family of origin as more traditional would be more likely to place importance on donor traits which

resembled the non-genetic mother than would participants from non-traditional families of origin. This hypothesis was based on the idea that in families which are already viewed as non-traditional, a “non-traditional” child (i.e. one who did not resemble the parents) would not stand out as much as in an otherwise traditional family structure.

Participants were asked to rate the degree to which they felt their family of origin was traditional, given the options “very traditional”, “somewhat traditional”, and “not traditional”. Most participants reported that their families of origin were traditional: 22 respondents felt that their family of origin was “very traditional”, 21 felt it was “somewhat traditional”, and 7 felt that it was “non-traditional”. Participants were also asked to state why they felt their family was traditional or not. The researcher coded the themes in these open-ended responses into the following categories: “structure of the family”, “roles in the family”, and “culture of the family”. The results of this coding are shown in Table 12.

A traditional or non-traditional structure of the family (e.g., references to step-parents, adoption, single parents, inter-racial relationships) seemed the most relevant to the current study, given the researcher’s hypothesis that members of families who do not already “look like” one another might feel less interest in trying to have children who resemble them. When comparing the participant’s ratings of similarity of preferred donor characteristics to themselves (see Table 8), there was no statistically significant difference between those who viewed their families of origin as structurally very traditional (average rating of 10.58), those who viewed the structure as somewhat traditional (average rating of 11.29), and those who viewed the structure as non-traditional (average rating of 10.67).

Table 12:

Traditional versus Non-Traditional Families of Origin

	Structure	Roles	Culture
Very Traditional	19	8	10
Somewhat Traditional	14	5	5
Non-Traditional	6	1	3

Views and Roles of Family and Parenting

The researcher was interested in how a woman’s personal views and roles related to family and parenting influenced her preference for donor traits similar to or different from herself. For this section of the research, participants were asked about their legal connection to their child, interest in being the genetic parent to future children, views about starting a family, and interest in someday meeting the donor and/or any children of the same donor.

Legal connection to non-genetic child

Participants were asked whether they would be legally recognized as the parent of their child. The vast majority of the participants, 45, stated that they would be legally recognized as their child’s parent. Some lived in states where second-parent adoption would add them as a parent, some lived in states where their legal connection to their partner meant that they would be recognized as a parent from the time of the child’s birth, and some were carrying the pregnancies. Of the five who were either unsure or reported that they would not be recognized, the following reasons were given (one did not give a reason for selecting “unsure”):

“Unable at this time to attempt second parent adoption due to lawyer's hesitance to go to court in the county I live in.”

“At this point, int [sic] he [sic] state of Ohio, I cannot have legal custody of my non-biological children w/o the biological mother (my partner) signing all legal custody rights over to me. We wouldn’t do that, that’s not very bright. I would never expect my partner to give away her natural rights, in order that I might have them. A lawyer did present this option. There is no second parent adoption in Ohio, but we re [sic] aware of two lawyers here who are working with juvenile court judges to grant the non-bioogical [sic] mother or father of same sex families shared parenting rights. I amnot [sic] sure how strong it stands up in court when custody/seperation [sic] batles [sic] happen, but it must mean something more than nothing if they are doing it. We can’t afford the legal cost now, but I remain hopeful that we can follow through with this in the near future.”

“If we don’t conceive our child until after April 2009 I will be recognised [sic] our [sic] our child’s legal parent at birth. If our child is conceived before that I will be able to apply for parental rights which will give me all the same rights as my partner.”

“The state in which we currently reside allows for second parent adoptions, which we plan to do when the time comes. Nothing, however, is certain.”

Since there was only one “no” response, a statistical comparison to look for a correlation between legal parent status and donor preferences was not performed. This is a potential area for future study.

Future genetically-related children

The researcher was interested in how a couple’s donor preferences might change if they both planned to be genetically related to children; participants might feel less strongly about selecting donor traits similar to themselves if they planned to be genetically related to other children. Although this research did not focus on couples who had children related to both mothers, the participants were asked whether they planned to have more children and whether they would likely be the genetic parent to future children. Most of the participants thought it was likely that they would have more children (30 stated “definitely” or “probably”). Of those, 11 stated that they would be the genetic parent to future children, 5 stated that they might, and 13 stated that they would

not (1 did not respond). When comparing the perceived similarity of preferred donor traits to themselves (see Table 8), using only the results from the 11 participants who planned to be genetically related to future children and the 13 who planned to have more children but not be genetically related, those who did not plan to be genetically related showed a slightly higher similarity to self rating (average of 10.38 versus 9.64) but a t-test did not show a statistically significant difference between the groups ($p=0.355$).

Feelings about starting a family

Participants were asked to comment on the degree to which they had planned to have children (a scale from “I always knew I would have a child” to “I didn’t think I would ever have a child”). The researcher was interested in whether having spent many years anticipating one’s future children might influence a woman’s decisions about donor similarity to herself. Sixteen participants reported that they “always knew” they would have a child, eighteen reported that they had “thought that they would probably” have a child, thirteen stated that they “weren’t really sure” whether or not they would ever have a child, and three stated that they “did not ever think [they] would have a child.”

Combining the “always knew” and “probably” responses to form a “more anticipated” group and the “not sure” and “no” responses to form a “less anticipated” group, the researcher compared the perceived similarity of donor traits to self (as in Table 8). The “less anticipated” group had a slightly higher average score (11.38) compared to the “more anticipated” group (10.21) but a t-test did not show significance ($p=0.218$).

Interest in contact with donor or other donor offspring

The researcher was interested in how a participant’s feelings about someday possibly meeting the donor, or other donor offspring, might influence both the traits

which she prioritized and the rationale she stated for why these traits were important. The researcher hypothesized that individuals less interested in ever meeting the donor would be more likely to prioritize physical characteristic traits while those more interested would include more personality traits. The researcher also hypothesized that the more a participant was interested in meeting the donor someday, the more she would have referenced the “gut feelings and donor traits” as rationale for the choices she made during donor selection. Participants were asked to rate both their level of interest in someday meeting the donor and level of interest in someday meeting donor offspring using a five point rating scale from “definitely” to “definitely not”.

The options in the questions about five most important categories were divided into physical characteristics (race, ethnicity, hair color, hair type/texture, eye color, skin tone, height, weight, personal health, family health, family longevity, overall physical characteristics, successful pregnancies/sperm motility, and blood type/RH factor) and personality characteristics (intelligence, education level, profession, religion, athletic ability, musical ability, artistic ability, interests/hobbies, personality, and identity release). Table 13 shows the number of participants who selected each option from “definitely” to “definitely not” with regards to interest in someday meeting the donor and, for each option, how many times the participants cited physical or personality characteristics in their top five importance categories. (For each participant, there were five opportunities to select either a physical or personality trait; one for each of the five most important categories.) The raw number of instances of selecting physical or personality traits was averaged in order to more easily compare across the five categories

of interest in meeting the donor. Table 14 shows similar analysis using the participant's level of interest in someday meeting other offspring of the same donor.

There was no visible correlation between interest level in meeting the donor someday and preference for physical or personality characteristics; all groups indicated greater preference for physical characteristics rather than personality characteristics. Most of these participants indicated that they were not interested in ever meeting the donor; it is possible that with a more balanced group, where equal numbers of participants were interested versus not interested, more of a difference between the selection patterns would be observed.

Level of interest in meeting other donor offspring showed a much more even distribution pattern than interest in someday meeting the donor; the largest group of participants (18) replied that "maybe" they would be interested in meeting the donor and there were 16 participants giving "more interested" responses and 16 giving "less interested" responses. Using a t-test to compare the "more interested" participants with the "less interested" participants did not show a significant difference in their preference for physical donor characteristics ("more interested" had a mean of 3.13 while "less interested" had a mean of 3.50), but did show a significant difference in preference for personality traits ("more interested" with a mean of 1.81 and "less interested" with a mean of 1.00; $p < .01$). This demonstrates a stronger preference for personality traits among those with a stronger interest in someday meeting other donor offspring. The current data cannot show whether there is causality in either direction, only that a correlation exists between these two variables.

Table 13

Interest in Donor Contact and Average Instances of Selecting Physical versus

Personality Traits

Level of Interest in Donor Contact	Number of Participants	Selecting Physical Characteristics	Selecting Personality Characteristics
Definitely Not	14	3.29	1.14
Probably Not	13	2.85	1.69
Maybe	14	3.14	1.50
Probably	3	3.0	2.0
Definitely	6	3.0	2.0

Table 14

Interest in Donor Offspring Contact and Average Instances of Selecting Physical versus

Personality Traits

	Number of Participants	Selecting Physical Characteristics	Selecting Personality Characteristics
Definitely Not	7	3.43	0.86
Probably Not	9	3.56	1.11
Maybe	18	2.67	1.78
Probably	10	3.10	1.80
Definitely	6	3.17	1.83

This finding lends support to the hypothesis that those who are thinking about the donor and potential offspring as real people (rather than just as a sperm specimen) are more likely to take the donor’s personality into consideration when making their donor selection.

The researcher looked for a correlation between interest in someday having donor contact and rate of citing “gut feelings or donor traits” as rationale for donor preferences. While performing this analysis, the researcher gave a weighted count to the number of times that “gut feelings or donor traits” had been cited. When it was cited in the category

of first importance, it received a score of five, when in the category of second importance, a score of four, and so on. For example, one participant indicated that education level was of third-most importance to her (receiving a score of three) because it “showed the donor as resourceful, informed, and possibly intelligent.” When “gut feelings or donor traits” mentioned more than once by the same participant, the two scores (e.g. five for first importance and two for fourth importance) were summed. The total scores for each category of interest in meeting the donor were then averaged to make them easier to compare to each other. The resulting average scores are shown in Table 15, along with the number of participants in each category.

There was no trend in use of “gut feelings” or thoughts about the donor himself as the interest in someday meeting the donor increased. The sample sizes were too imbalanced (27 in the “not interested” group and only 9 in the “interested” group) to perform statistical analysis.

There was no visible correlation between interest level in meeting other donor offspring someday and preference for physical or personality characteristics.

Table 15

Interest in Donor Contact and Citing “Gut Feelings or Donor Traits” as Rationale for Preferences

	Number of Participants	Average Instances Citing Gut Feelings or Donor Traits
Definitely Not	14	0.71
Probably Not	13	1.23
Maybe	14	1.36
Probably	3	2
Definitely	6	1.17

Experiences of Ethnicity

Participants were asked to provide information about their experiences related to their ethnicity, specifically the degree to which they feel their ethnicity defines who they are, the amount of pride they felt about their ethnicity, the degree to which discrimination is a problem for people of their ethnicity, and the amount of discrimination they have personally experienced which they attribute to their ethnicity⁶. The researcher was interested in seeing whether any trends could be found with regards to how one's experience of ethnicity influences her donor preferences, specifically in terms of donor ethnicity, race, and physical traits.

Unfortunately, due to the very homogenous sample, almost entirely of European descent, there were few participants who felt that their ethnicity played a major role in defining who they were or who felt a strong level of pride in their ethnicity. Likewise, problems of discrimination, both in general society and personal experiences, were not noted by very many participants. For these reasons, statistical analysis of correlation between experiences of ethnicity and donor preferences was not conducted. The summary of the experiences of ethnicity can be found in Table 16.

Experiences of Gender

The researcher was interested in whether one's experience of gender, specifically issues of gender conformity or non-conformity would influence donor preferences. As previously stated, all participants in this study identified their genders as "female" or

⁶ The researcher opted to look at the category of ethnicity rather than race because it allows for greater specificity and because many people who identify as white feel conflicted about feeling proud of their race due to the history of racism and white supremacist ideology in the United States.

Table 16

Experiences of Ethnicity

	Ethnicity's Part in Defining Self	Pride in Ethnicity	Problem of Discrimination (General)	Experiences of Discrimination (Personal)
Very High	4	5	2	0
High	9	6	2	1
Middle	18	10	2	5
Low	10	23	8	12
None	9	6	36	32

“woman” so there was no basis for statistical analysis along gender identity as there would have been had any identified as transgender or genderqueer. Participants were asked to comment on their gender presentation and various areas of their lives where they felt comfortable and included or uncomfortable and excluded due to gender presentation. These results are presented in Tables 17 and 18.

Most participants indicated that they felt comfortable in the various aspects of their lives which were listed in the research. Family received the highest percentage of participants stating their comfort, followed by social circles, places of employment, neighborhood, and larger community. The inverse was found when participants indicated areas of discomfort; very few participants cited family as a place of discomfort. Reports increased for place of employment followed by social circles, neighborhood, larger community and place of worship with the highest percentage.

The small sample size, and minimal diversity within the participants, again limited the ability to perform statistical analysis using these data. There were too few participants who identified as more on the masculine side of the spectrum (i.e., seven more masculine versus twenty-seven more feminine) to compare the groups.

Table 17

Gender Presentation and Reports of Comfortable Areas of Life

	Number of Participants	Family	Neighborhood	Larger Community	Social Circles	Place of Employment	Place of Worship*	Overall
Traditionally Feminine	7	100%	86%	86%	100%	100%	71%	91%
More Fem than Masc	20	100%	100%	95%	95%	95%	55%	90%
Androgynous/Mixed	16	86%	81%	81%	86%	86%	13%	72%
More Masc than Fem	5	100%	80%	60%	100%	100%	60%	83%
Traditionally Masculine	2	100%	100%	100%	100%	100%	50%	92%
Overall	50	97%	89%	84%	96%	96%	50%	

* Several participants noted that they do not attend a place of worship so a score of less than 100% does not necessarily indicate that some were not comfortable, just that they did not attend a place of worship.

Table 18

Gender Presentation and Reports of Uncomfortable Areas of Life

	Number of Participants	Family	Neighborhood	Larger Community	Social Circles	Place of Employment	Place of Worship	Overall
Traditionally Feminine	7	0	0	0	0	0	0	0
More Fem than Masc	20	0	0	0	0	5%	0	5%
Androgynous/Mixed	16	6%	19%	19%	13%	13%	25%	16%
More Masc than Fem	5	0	20%	40%	0	0	0	30%
Traditionally Masculine	2	0	0	0	0	0	50%	50%
Overall		6%	20%	30%	13%	9%	38%	

* 1 participant, who identified as “androgynous/mixed”, noted discomfort due to gender presentation when traveling.

Although most participants stated that they were comfortable in most areas of their lives, if the number of non-gender conforming participants had been higher, the comfort numbers may have decreased and the discomfort numbers increased.

Experiences of Sexual Orientation

Similar to the above sections, the researcher was interested in whether trends could be found between experiences of sexual orientation and preferences in donor characteristics. The researcher hypothesized that the more a queer person's sexual orientation was hidden from the outside world (through people assuming she was straight and her not feeling comfortable correcting them), the more she would be interested in a donor with physical characteristics similar to herself; this might limit the number of times one has to explain why she and her child do not resemble each other.

Participants were asked whether they thought that most people correctly guessed their sexual orientation; 19 stated "probably", 12 stated "maybe", and 19 stated "probably not". The "probably" group was compared, using a t-test, to the "probably not" group in terms of their rating of donor traits as being similar to themselves (as in Table 8); the "probably not" group had a higher mean score (11.63) than the "probably" group (9.05) although it did not reach significance ($p=0.056$). A larger sample size might show that those who feel that strangers do not correctly guess their sexual orientation are more likely to prefer donor traits similar to themselves.⁷

⁷ It is important to note that stating that people probably do not correctly guess one's sexual orientation identity does not necessarily mean that people guess that one is straight; it might include those who identify as bisexual and feel that people more often guess that they are lesbian.

Participants were asked how comfortable they felt correcting someone who incorrectly guessed their sexual orientation. No participants replied that they felt “very uncomfortable”, one replied that she felt “fairly uncomfortable”, 10 felt “somewhat comfortable”, 22 felt “fairly comfortable”, and 17 felt “very comfortable”. Participants were also asked to comment on areas of their life where most people knew their sexual orientation and areas where they felt they had to keep it more hidden. Most of the participants in this study felt they were “out” in most areas of their lives. These results are presented in Table 19. As with other areas, the very uneven distribution across the groups prevents an analysis of whether there is a difference in donor preferences based on experiences of sexual orientation, specifically comfort with disclosing it.

While the small, and relatively homogeneous, sample in this study prevented most analysis of sub-groups, the overall view of how women select a donor who will be genetically related to their children provides interesting information which is discussed in the following chapter.

Table 19

Areas of Life where Sexual Orientation is Known or Guarded

	Most people Know	Careful about Expressing
Family	49	1
Neighborhood	39	7
Larger Community	30	16
Social Circles	49	0
Place of Employment	44	13
Place of Worship	20	4
Other		2 – with strangers 1 – while traveling 2 – with professional clients

CHAPTER V

DISCUSSION

The intent of this research was to explore the preferences of non-genetic mothers when selecting an anonymous sperm donor. The researcher hoped to learn about which donor categories are considered most important and, within those categories, whether specific preferred traits resembled the genetic parent, non-genetic parent, neither, or both. The researcher also attempted to explore correlations between various aspects of a woman's sense of self and her donor preferences. Unfortunately, the large degree of variability within the sample, and the small degree of diversity in terms of the views and experiences of the sample, prevented the analysis of most possible correlations. When analyses were performed, a correlation between interest in someday meeting other donor offspring and the selection of donor personality traits emerged. That a significant result was found when comparing groups with equal numbers of participants supports the idea that future research which balanced participants across different aspects of life experiences and views might also find significant correlations in their donor selection patterns.

As the quantitative analysis did not demonstrate significant correlations, the findings are discussed in terms of three main themes which appeared: (1) there is great variety in which donor characteristics are prioritized and why, (2) participants often matched donor traits to themselves, but with some exceptions; and (3) participants'

preferences, for the most part, followed general societal norms and perceptions of success. A discussion of the findings, as well as suggestions for areas of further research, follows.

Variety in Donor Preferences

The participants in this study showed great variety when rating the importance of donor categories. All categories except “Personal Health” had importance ratings ranging from “very important” to “not important” (see Table 1). Some showed a continual increase or decrease in ratings of importance while others had an uneven distribution. The categories of race, ethnicity, intelligence, personal health, family health, and family longevity all started with high numbers of participants rating them “very important” and showed a decline in numbers of participants giving them “less important” ratings. This indicates that these categories were considered important by most participants, although there was some variation and some who considered them unimportant. The categories hair texture and religion all had small numbers of participants rating them “very important” and an increase in numbers of participants giving them less and less important ratings, indicating that they were not generally considered important, although there were individual exceptions. The other categories all showed different patterns of responses; some were weighted more towards the middle categories with few ratings of “very important” and “not important”, some had a more even distribution across several of the categories, and some did not show any consistent pattern at all. The great degree of variance that can be seen in the importance ratings of these categories is illustrative of the great diversity in how individuals select an anonymous donor.

Differences were found between the number of participants rating a donor category as “very important” and those who actually commented on that category when discussing their top five priorities. For example, personal health, family health, intelligence, race, and family longevity received the five highest weighted scores for importance (Table 2) but they had different numbers of participants rating them as “very important” (Table 1) and selecting them in the top five priorities. Although 39 participants rated personal health as “very important”, only 21 participants cited it as among their five most important categories. Similarly, family health was ranked “very important” by 34 participants but only cited 29 times and race was ranked “very important” by 22 participants but only cited 19 times. This may indicate that these participants had more than five “very important” categories in the initial ranking, or it may indicate that they had “veto” traits or characteristics which they were not actively including in their donor search process (hence the exclusion from the five most important categories) but which were considered to be very important and perhaps swayed the participants’ judgments about donors without their realization. Family longevity may be the most striking of these: it received an overall importance score of 139 (Table 2) and was rated as “very important” by 18 participants (Table 1) but was not cited a single time when the participants rated their five most important categories (Table 3). Intelligence was the only of these five categories in which a smaller number of people rated it as “very important” (20 participants) then placed it in their top five importance categories (32 participants).

Overall, the results with regards to the importance of donor categories show a great deal of variance. Almost every donor category listed was rated as important by at

least one participant and almost every category which received many “very important” scores also received some “not important” scores. This demonstrates that there is a great deal of variability in what women are looking for in an anonymous donor; exploring the reasons for this variability, why some things are important to one person while other things are important to another, is an area for further research and exploration. The rating of donor categories also shows some inconsistency with differing numbers of participants rating a category as “very important” versus selecting it as one of their five most important categories. This speaks more to the internal variability of the participants where there is some degree of difference between how important one considers a category to be and how actively one’s search includes that category. For example, one might not actively be searching for donors whose grandparents lived to be over the age of 70, but one might consciously or unconsciously not feel good about (and hence not select) donors whose grandparents did not live to that age.

There was also great variety in terms of why participants indicated that these traits were important to them. As noted in the findings (Table 4), matching the parents or extended family was the most frequently cited rationale followed by interest in a child’s future success, gut feelings about the donor characteristics, and finally selecting for a trait different from the parents or extended family. Instances of selecting a donor trait to match the family decreased as the order of importance of the trait decreased while gut feelings about the donor showed the opposite pattern. This indicates that matching the family is of primary importance to parents but then, after that desire has been fulfilled, the “gut feelings” and thoughts about the donor himself act as a secondary mechanism for screening donors. This further illustrates the great complexity that goes into selecting a

donor; interest in a child's success, which stayed fairly consistent across the top four levels of importance, and matching the family appear to be of primary importance while feelings about the donor himself appears to be of secondary importance. These gut feelings are likely the final determining factor between two or more donors who have all "passed" the initial screening criteria of similarity and success.

Participants appeared to have different rationale for preferring different donor characteristics (Table 5). Matching parents or extended family was cited exclusively, or almost exclusively, for race, ethnicity, hair color, and eye color. The child's future success was the second most frequently cited rationale. Arguably, all parents hope for their children to be successful, but the process of a donor search forces parents to determine what they think will make their children successful. In this study, the categories of personal health and family health were primarily cited as contributing to future success; the category of intelligence also had a high "future success" score, although it was the same as the "matching family" score. Other categories showed too even a distribution across multiple rationale to be able to group them. These patterns demonstrate a following of society's view that members of a family should look similar in order to be able to be viewed as a family unit. They also show support for society's view that health is an indicator of success and that health conditions have strong genetic ties. These ideas will be discussed further in the "matching to parents" and "societal norms" sections of this chapter.

Matching Donor to Parents

As stated above, matching the donor to the one or both of the parents was the most commonly cited rationale for preferring a specific donor characteristic. This

supports previous findings that matching the non-genetic parent is considered a high priority (e.g. Jones, 2005; Koeplin, 2008; Kranz & Daniluk, 2006; Scheib, Riordan, & Shaver, 2001). In this way, the general societal view of families as looking like and being similar to each other is maintained. As observed by Jones (2005), this can be viewed both as adhering to heteronormative behavior and as subverting it, as the ability to have physically similar offspring is no longer the exclusive purview of heterosexual couples.

Some participants noted that they felt it would be easier for their children to resemble the parents although they did not frame it in the same sense of “future success” as they did with other categories. For example:

“Well [*sic*] we are both white, and it would be easier to race [*sic*] a child of the same race.”

“As lesbians living in the South (Georgia), we feel that we face enough challenges living as an alternative family. We didn’t want to compound the issue by using a donor of a different background, which would bear mixed-race children. We also had concerns about being able to provide and encourage a sense of culture within an ethnic group to which we do not belong.”

“We were very (internally, not with each other) conflicted about this issue. We are white and would not have minded a donor of another race EXCEPT that we were trying to make life a bit easier for our daughter by helping her to appear more similar to both Moms (perhaps she would receive less invasive questions). We also were trying to limit the number of variables in her life that might bring on feelings of pain or isolation, since we are already sensitive to the fact that she is part of a gay/non-traditional family. We thought [*sic*] that if her race made her appear very different from us and our extended family, that might create even more feelings of differentness than she already may have.”

No participants addressed the advantages that white privilege would have for their children and whether that factored into their selection preferences. One could argue that quotes such as the above demonstrate a subconscious preference for wanting to pass

along white privilege to one's child. The issue of race will be discussed further in the societal norms section of this chapter.

Race was not the only category in which participants expressed an interest in shared physical traits. Many wrote of wanting their children to look like them, presumably to establish a sense of connection within the family and to “look like a family” to outsiders. As one participant wrote, she “wanted to avoid little old ladies asking, ‘Where'd you get that red hair!?’ all the time,” and so selected against red-haired donors as neither she nor her partner had red hair. “Coming out” is generally considered an ongoing process to be navigated as one encounters new situations and new people, rather than a one-time event. The desire to avoid questions which might force oneself to disclose the non-heterosexual make-up of the family and the non-traditional means of conception was the reason the researcher looked for correlation between donor preferences and degree of comfort clarifying one's sexual orientation to those who guess it incorrectly. Unfortunately, the sample in this research was not large enough and did not have enough variation in degree to which participants felt comfortable or uncomfortable outing themselves for any trends to be found. This is an area where future research with a more deliberate selection of participants across groups with different levels of comfort could be very helpful.

Participants also expressed interest in matching the donor for traits other than physical characteristics. Matching was cited with the same, or nearly the same, frequency as future success for intelligence, athletic ability, musical ability, interests and hobbies, and personality. This demonstrates a fairly solid view that these aspects of oneself have a genetic or heritable component. They also show an interest in a sense of

connection between the non-genetic mom and the donor through wanting him to have similar skills and interests such as one participant who wrote, “I wanted a donor that was intelligent, but also seemed to have a personality similiar [*sic*] to mine.”

There were also examples of participants specifically seeking donor traits different from themselves and their partners. This occurred in the categories of skin tone, height, weight, artistic ability, personal health, and family health. In each of these, the participant wrote of trying to compensate for or balance a trait in themselves or their partners which they saw as undesirable or disadvantageous. These patterns will be discussed further in the following section.

Societal Norms and Perceptions of Success

For the most part, participants in this study followed general societal ideas, especially in three areas which will be discussed: race, desirability of being tall and thin, and health as genetically transferrable. It is not terribly surprising that the participants, who came from a fairly homogeneous group of individuals from the United States, Canada, and Europe, would voice similar viewpoints. Although, given the fact that they were already living their lives and starting their families in a non-traditional fashion, it was possible that they would have showed greater departure from these social norms.

Participants who commented on the category of race expressed support for the validity of race as a category with genetic meaning, rather than it being a socially constructed category. It was often cited as the first category for narrowing down the donor list to those who would resemble one or both parents; as stated by one participant, “We wanted to use a donor that looked like both of us. Race was an easy place to start that took out donors that looked the least like us.” This statement illustrates the status

that race is given in our society and glosses over the huge variability of appearance which is found within all racial categories; most sperm-donor catalogues list hair color, eye color, skin tone, and hair type which could give a more accurate representation of physical similarity than the general category of race. Granted, part of the prominence of using race as a donor search category might be influenced by the cryobanks themselves who often list race first on a search page; some also take great pains to ensure that vials of sperm are color-coded by racial category as a way to further ensure that no “mistakes” are made (Szkupinski Quiroga, 2007).

The participants who identified as white were not the only ones who had a preference for a donor with a race similar to themselves, supporting the findings of Koeplin (2008) that inter-racial couples try to match the donor, by race or characteristics, to the non-genetic mother. In the current research, one participant wrote, “we are a biracial couple and wanted a child of color,” while another stated, “we are a interracial couple and wanted to select a donor which shared our ethnic background.” Of note, though, is that in neither of these cases did the participant specify a specific race which they preferred or a race which they were avoiding, unlike many participants who identified as white and specifically stated that they preferred a white donor or were avoiding donors of color. Instead, one of these respondents listed “ethnicity” as what they preferred (without providing further details) and another stated “chance for a brown skinned baby.” This may be indicative of the challenges of finding a donor of color who matches all of one’s criteria (see Koeplin, 2008 and Szkupinski Quiroga, 2007) so that matching skin tone or other characteristics may be more possible than matching a specific race. It may also be due to the frequency with which “white” versus “non-white”

distinctions are made, lumping all people of color into one category and preserving the idea that whiteness is a “pure” category. In the United States, this idea of pure whiteness stretches back to laws decreeing that an individual with so much as one non-white ancestor was not considered to be white, whereas a person of color with one white ancestor was still considered a person of color.

Two participants in this research indicated that they sought a donor who was racially different from themselves. One, who identified as white, indicated that they had matched the donor to her partner stating, “My partner is Chinese and we wanted a Chinese donor as well.” She did not provide further elaboration about why this was important given the fact that the partner would be the genetic parent, but it may show a departure in the view that a child’s race should be that of its parents (or a combination of its parents). This participant also indicated that she and her partner planned to have more children and that she planned to be the genetic parent to future children; this could have influenced the decision to have a Chinese donor if they planned to use the same donor for all children and wanted to show a connection that way. One other participant broke from the norm of matching race to parents and stated that they “planned to adopt too and it was likely that the child would be of color. We wanted to create some sort of 'relatedness'.” Though this departs from the view that offspring should resemble their parents, it supports the view that families should have some degree of similarity. As opposed to other families quoted in previous sections who felt that it would be very challenging for their child were s/he not to resemble the parents, these participants were more concerned that it would be challenging for siblings not to resemble each other.

Other categories of preference also demonstrated social norms. The areas of height and weight were two categories where there was frequent mention of a desirable height (tall) or weight (slim) and that these would be advantageous to children. Both of these areas are fairly subjective; although exact heights and weights for the donors are frequently listed, it is up to the parents to decide whether these represent a “good height” and “good weight”.

The category of height showed slightly more complexity than the category of weight: among participants who noted that they considered themselves “short”, some sought a similar (short) donor while others sought a different (tall) donor. Those who sought what they considered to be short donors referenced an interest in having similarity between the donor and themselves:

“To have similar physical donor characteristics to myself (and my partner). We're both short.”

“I'm short and I didn't want to pick a donor with really tall genes.”

Other participants referenced their personal negative experiences of being short or a general view that it is advantageous to be tall:

“We both come from fairly short families and thought this would be a chance to even the playing field for our child.”

“We're both on the shorter end of the scale and have disliked it our entire lives.”

“I'm quite short. Reaching cabinets is important.”

“My partner and I are both SHORT (5'2" and 5'3") and it's a pain to be so short. We're hoping our kids won't have any trouble finding pants that fit (unlike their moms)!”

“I'm short and didn't want our child to go through life always having to have pants hemmed.”

Some participants who viewed themselves as tall referenced selecting a tall donor for similarity's sake.

“We're tall and like tall and fits with athletics.”

“My partner is of average height, while I am tall, and we wanted the most accurate combination of our characteristics after health history”

Two participants explicitly stated that they felt being tall was preferable to being short:

“We think that being tall is an advantage in life, so we want this for our baby.”

“Because tall people are more successful in life.”

No participant wrote about viewing herself as tall and searching for a shorter donor, although one participant did respond, “We didn't want a donor who was too too [*sic*] tall or short.” A bias against selecting a “short” donor when one is not short oneself demonstrates the societal idea that it is preferable to be tall.

Similarly, evidence of social bias was shown with regards to the issue of weight. Contemporary United States culture views “excessive” weight as a social, moral, and health issue; people viewed as overweight or obese face a great deal of social stigma and stereotyping, the effect of which may be greater on women than men (Cossrow, Jeffery, & McGuire, 2001). Participants in this study who mentioned weight all wrote of selecting for “good” (i.e. low) weight and selecting against what they saw as likelihood that the donor, or his family members, were “overweight”. Some wrote of trying to counteract their own experience or the genetic mother's biology:

“My partner and I are prone to being a bit overweight so it seemed wise to have a thinner donor to even things out [*sic*] a bit!”

“Much history of obesity in my family”

“Birth mom has obesity in her family, so we wanted to balance that out genetically with a smaller, thin donor. Hopefully this will help our child avoid obesity.”

“I want my baby to have skinny genes! My partner and I tend to be on the heavier side.”

Others simply stated a preference for a “good” weight donor without referencing anything personal to themselves or their partner.

“Want child to avoid weight problems”

“We wanted to make sure our donor was proportionate in height and weight.”

“We wanted to avoid a possible genetic link or predisposition [*sic*] to obesity.”

“To help increase the odds of good genetics for body type for our child.”

Being overweight was stigmatized in a way that being short was not. Several participants listed overweight or obesity as a serious and negative health issue, sometimes putting it in the same realm as drug and alcohol use.

“We wanted to insure that our donor was of fair or good health because we wanted to pass along some of these healthy genes to our daughter. He didn't need to have perfect health, but we wanted it to be reasonable (in terms of illness, weight, mental health, drug use, etc.)”

“I have a family history of alcoholism and I am overweight; I wanted to avoid these things as much as possible.”

Quotes such as these demonstrate the prevailing view of large body size as being a health issue which also has a moral component (as to drug and alcohol use). They are also illustrative of how the current fear of obesity is operating in the United States where it is rarely considered that someone can have a large body type and be as healthy as or healthier than someone with a thin body type.

Weight is a subjective area; while participants selecting for height sometimes referenced specific heights (e.g. above 6 feet, below 5 foot 11 inches), those selecting

against “excessive” weight used terms such as “overweight”, “obese”, “large”, “heavy”, and “thick”. Cryobank searches generally provide an exact weight as they do an exact height. It is not clear why participants were able to state specific heights and not specific weights but it is likely due to weight being a much more subjective issue, an issue of body type and body shape rather than just the weight registering on a scale. For this reason, participants were left to draw their own conclusions about what constituted a “good” body type, shape, or weight; these conclusions were likely influenced by their own life experiences and sense of self and society. How views of weight and size, especially a perception of their genetic heritability, influence preferences for donors is an area for future study.

Health was an area which was uniformly viewed as genetically transferrable. While participants had different views of the heritability of intelligence, personality, or skills, all who referenced health saw it as something which would (or at least could) be passed from donor to child. Preferences were voiced in positive manners such as “Wanted to have the best possible chance of having a healthy child,” as well as a negative such as, “We wanted to minimize the risk of inherited tendencies toward various diseases.” This was one of the few areas where the participants specifically mentioned genetics with statements such as, “It didn't really matter so much to me what our child looked like, and physical, artistic, and musical abilities can be influenced by parenting. Health, on the other hand, can certainly be genetic.” and “Having good health in the donor as well as in the family background was important because we wanted the best genetic material for our baby.” Presumably, they also considered many other areas to be genetically transferrable but did not use similar statements. The explicit emphasis on the

link between health and genetics is likely due to prevailing societal conversations about mapping the genome and finding “the gene” for various health conditions.

Ideas Specific to Donor Insemination

All participants in this study had selected to start their families using donor insemination. The researcher did not enquire specifically into why they preferred this method to other methods of starting a family such as adoption but in responding to how the genetic parent was chosen, many wrote of the desire of one partner to experience pregnancy and birth, not just to be a parent. The ability to conceive a child, carry a pregnancy, and give birth is often presented in our society as an essential part of being a woman. For the participants in this study, or their partners, some part of the biological and genetic component of “mothering” felt important; whatever that component is, it likely factors into the results of this research. Participants were presented with the option to select the “best” possible donor in order to have the “best” possible child. The same sorts of processes would not be at work with most of these individuals were they considering adoption where they would be unlikely to prefer only children who resembled them or only children from very healthy, educated families. A different psychological process is at work when the family will have some biological and genetic connection to the child; future study in this area would benefit from qualitative interviews throughout the process of deciding how to start a family.

This research also focused specifically on families using anonymous sperm donors. Many families seek a known donor for financial reasons, a sense of greater connection and possibly involvement in the child’s life, a shared genetic background (by using a male family member of the non-genetic mom), or some combination of the above.

For the participants in this study, those reasons were not important, or some other factor made an anonymous donor more preferable. Yet, in this research, many participants demonstrated a desire to feel a connection with the donor and an interest in matching donor traits to themselves. It could be that there was an increased sense of safety in using an anonymous donor as there would not be a man with a genetic link to the child who could vie for social or legal rights. In discussing the sense of jealousy towards the donor which can develop in the non-genetic parent, Ehrensaft (2005, p. 51) writes, “It is my strong belief that we can take the reproduction out of sex, but we cannot so easily take the sex out of reproduction.” This may account for why so few participants in the research, only nine, expressed a probable or definite interest in someday meeting the donor. There remains a sense that his genetic connection to the child could somehow threaten the relationship of the non-genetically related mother, despite the fact that nearly all of the participants (45) had legal rights to their children.

Finally, it is worth noting that what participants looked for in a donor was not always the same as what they looked for in their partner. This specifically came into play in the areas of health, height, and weight. As two-woman couples, the participating couples never had the intention of genetically reproducing with each other, but it is likely that heterosexual couples fall in love without discriminating against the other person’s health history, height, and weight in the same way they would with a donor. In those heterosexual couples where one partner has less desirable health, height, or weight, they generally do not seek out a sperm or egg donor with “better” traits except in some situations of genetically passed conditions which cause serious health complications. Yet, when forced to choose from a list of donors, the participants in this research actively

tried to counteract what they saw as less desirable conditions, despite the fact that in some, such as height and weight, the desirability is very much constructed by society. This indicates that, to some degree, a different psychological process is triggered when searching for a mate versus searching for a donor, at least in some categories where social advantage is preferred.

Overall, this research provided an introduction to the preferences and rationale of non-genetic mothers when selecting a donor who will be genetically related to their children. It demonstrated the great variety in terms of which characteristics are important to different women and for what reasons. Further research conducted at the time that women are actively in the process of selecting a donor would be helpful as it would be possible to see how initial narrowing of categories takes place and then how selection between two or more “final candidates” occurs. Being able to ask in the moment why one donor seemed better than another would provide valuable information. It would also be valuable to conduct further research with a less homogeneous group of participants. The women surveyed in this study were primarily white, highly educated, high-income residents of urban areas. A study in which those factors were controlled in order to provide more diverse viewpoints might yield different results.

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APPENDIX A
HUMAN SUBJECTS REVIEW APPROVAL LETTER

January 19, 2009

Carmel Drewes

Dear Carmel,

Your revised materials have been reviewed. You did an excellent job with the revision and I am glad that you found our suggestions useful. All is now in order (with two minor exceptions) and we are happy to give final approval to your study.

There are two small things and we approve with the understanding that you will send Laurie Wyman the two pages in need of correction so that your permanent file will be complete. The two points are as follows: In the Application under risks you say you won't disclose identities. Please delete as you won't know anyone's identity and this is a confusing comment in an anonymous study.

Secondly, in the Consent, in the first sentence of paragraph 5 you have left out a word: identifying what?

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your interesting study. I hope you get many responders. You never know when you send something out into cyberspace.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Narviar Calloway, Research Advisor

APPENDIX B
INFORMED CONSENT

Dear Participant,

Thank you for your interest in my research project on preferences of non-genetic mothers when selecting an anonymous sperm donor. My name is Carmel Drewes and I am a graduate student in the Smith College School for Social Work. The current research is being conducted in partial fulfillment of my Master of Social Work degree. The results of this research will be published as my thesis and may possibly be submitted for print in journal articles or for conference presentations.

Research participants in this project will complete a one-time survey instrument online using the program Survey Monkey. I expect that it will take most participants approximately 30 minutes to complete the survey. All participants in this study will be non-genetic mothers who are starting a family with another woman using anonymous donor sperm.

There are no major risks involved in participating in this study; however, it is possible that the survey may stimulate questions related to your donor selection process or other aspects of your life that you have not considered. I have attached a list of resources related to issues of LGBT parenting and I encourage you to utilize these resources should you wish to explore these issues further.

The benefits to participating in this research include both personal and societal benefits. On a personal level, you may find that, being the non-genetic parent, you have not had as many opportunities to share your views throughout the process of conception; this research aims to give voice to parents who are sometimes overlooked or whose role is minimized. You may find it enjoyable to remember back to the donor selection process and this may make you feel closer to your partner and any children conceived through this process. The larger society will benefit from the results of this research because it brings attention to the nuances of planning families in a non-traditional way. The results of this survey may be especially helpful for counselors and medical professionals who work with two-mom couples during donor-selection. There is no compensation for participating in this research.

Should you choose to participate in this research, your responses will be confidential; you will not provide your name or any other identifying information. My thesis advisor and a data analyst will see the raw data but no one will know which responses are yours. When

I share the results of the research, I will present aggregate data. If I use any quotes of specific wording, I will make sure it cannot be identified as a specific participant's response. All of the data collected in this research, whether on paper or in electronic format, will be stored in accordance with Federal guidelines. Paper files will be kept in a locked file box and all electronic files will be password protected. I will store data for three years and then, unless I am using it for publications or presentations, I will destroy it. If I store data past the three-year timeline, I will destroy it as soon as I no longer need it.

Participation in this research project is completely voluntary; you are under no obligation to participate. If you participate, you may change your mind and withdraw at any time up until the point that you submit your survey; it will be impossible to identify and exclude your particular survey after submission as they are anonymous. If you withdraw after partially completing the survey, any responses that you did provide will be discarded and not included in the research. If you have any concerns about your rights or any aspect of the study, I encourage you to contact me by phone or email or contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at 413-585-7974.

Thank you in advance for your time should you choose to participate.

Sincerely,

Carmel T. Drewes
cdrewes@email.smith.edu
office: 770-677-9376

PLEASE PRINT THIS PAGE FOR YOUR RECORDS

APPENDIX C
RECRUITMENT MATERIALS

Online / Email Solicitation:

I would like to ask for your help in finding participants for my Master of Social Work thesis research on anonymous donor preferences of non-genetic mothers. I am excited to have this opportunity to give voice to the experiences of women starting families in this way.

Participants in my research must meet the following criteria:

- (a) self identify as a woman starting a family with another woman,
- (b) neither woman in the partnership has previous children (i.e. through birth, foster-care, adoption, or step-parenting),
- (c) participants and their partners have selected an anonymous sperm donor in the past 36 months, and
- (d) participants are not/will not be the genetic (i.e. egg/ovum) parent. (Participant's partner is/will be the genetic parent.)

The research consists of answering an anonymous online survey which takes about 30 minutes. The survey can be found at <http://www.surveymonkey.com/NonGeneticMoms> It will be active until March 31, 2009 or until 100 participants have responded.

I encourage you to forward this information to any friends, family members, and other professional or personal contacts who you think might be eligible to participate.

Please feel free to contact me with any questions about this research.

Thank you in advance for your time.

Sincerely,

Carmel T. Drewes
MSW candidate, Smith College School for Social Work
cdrewes@email.smith.edu
(office) 770-677-9376

Email Contact to Queer/Feminist/Women's Bookstores:

Dear friends at _____,

I am wondering whether your store has an announcement bulletin board. I am soliciting research participants for my Master's thesis about two-mom families who use donor insemination. Being a huge fan of women's/feminist/queer bookstores, I am contacting several throughout the country to ask whether I could mail some flyers to be posted on an announcement board.

Below is a summary of my research solicitation; this is the information that I would include on any flyers.

Thank you for your consideration of this request,
Carmel Drewes
cdrewes@email.smith.edu

(Followed by the "Email/Online Solicitation on the previous page.)

Email Contact to Queer / People of Color Organizations:

Dear friends at _____,

I am wondering whether your organization has an announcement bulletin board or other way to publicize community information. I am soliciting research participants for my Master's thesis about two-mom families who use donor insemination and am specifically trying to reach more lesbian/bisexual/queer women of color. I am contacting organizations that work with LGBT people of color to ask whether I could mail some flyers publicizing this research opportunity.

Below is a summary of my research solicitation; this is the information that I would include on any flyers.

Thank you for your consideration of this request,
Carmel Drewes
cdrewes@email.smith.edu

(Followed by the "Email/Online Solicitation on the previous page.)

Paper Flyer sent to Bookstores and Organizations:

Research opportunity for Non-Genetic Parents in Two-Mom Families

- ★ **Do you self identify as a woman starting a family with another woman?**
- ★ **Did you and your partner select an anonymous sperm donor within the past 36 months?**
- ★ **Do neither you nor your partner have any other children (either biologically related, foster, adopted, or step-children)?**
- ★ **Are you the non-genetic mom (whether or not you carried the pregnancy)?**

If so, I am very interested in learning about your preferences in selecting your anonymous donor.

I am conducting a research study to learn more about the characteristics that non-genetic mothers prefer when selecting an anonymous donor to start a family. This research is part of my Master of Social Work degree at Smith College. It is done using an anonymous online survey that takes about 30 minutes. The survey will be active until March 31, 2009 or until 100 people have responded.

I encourage you to use this opportunity to help people better understand the dynamics in two-mom families. Please feel free to contact me by email or phone with any questions about this research.

Research Opportunity:

Anonymous Donor Preferences of Non-Genetic Moms
www.SurveyMonkey.com/NonGeneticMoms
Carmel Drewes, cdrewes@email.smith.edu
(office) 770-677-9376

Research Opportunity:

Anonymous Donor Preferences of Non-Genetic Moms
www.SurveyMonkey.com/NonGeneticMoms
Carmel Drewes, cdrewes@email.smith.edu
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(office) 770-677-9376

APPENDIX D
DATA COLLECTION TOOL

The data collection took place using the online program SurveyMonkey. The survey is shown below, divided into pages as it was online. Check-boxes indicate that participants were to select from the responses provided; blank rectangles indicate open-ended responses; tables with a list of choices indicate an option list from which the participant could select one item.

Page 1: Eligibility Criteria

Thank you for your interest in this research on the anonymous donor preferences of non-genetic mothers. In order to start, please review and respond to the eligibility criteria below.

Feel free to contact me if you have any questions: Carmel Drewes,
cdrewes@email.smith.edu, 770-677-9376.

Please indicate whether you agree with ALL of the following eligibility criteria:

- (A) I am a woman starting a family with another woman
- (B) Neither my partner nor I have any previous children (biological, foster, adopted, or step-children).
- (C) I am not the genetic parent (i.e. my egg was not used).
- (D) My partner and I selected an anonymous sperm donor in the past 36 months.

- Yes, I Agree
- No, I do NOT Agree

Page 2: Informed Consent

(See Appendix B)

Page 3: Process

1. Where are you in the process of starting your family?
 - Attempting conception
 - Pregnant (self or partner)
 - Child is born

2. Which cryobank(s) did you use?

3. Which method(s) of insemination did you use?

- ICI (intracervical, unwashed sperm, generally uses a syringe to inseminate)
- IUI (intrauterine, prewashed sperm, generally uses a catheter to inseminate)
- IVF (invitro fertilization, implantation of embryo)
- Unsure

4. How did you and your partner decide who would be the genetic parent?

Page 4: Category Importance

These categories are frequently used by cryobanks as search tools. Please indicate each category's importance to you ("you" the individual, not "you" the couple) during the donor search process:

	Very Important	Fairly Important	Somewhat Important	Slightly Important	Not Important
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Type / Texture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interests / Hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Background					
Family Health History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Longevity Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify category and level of importance)

--

The next series of questions asks about your preferences in your top five most important categories. You will be asked about traits or characteristics which you preferred and traits or characteristics which you wished to avoid. It is not necessary to respond to both what you preferred and wanted to avoid if it does not make sense to do so. For example, you may state that you preferred brown hair rather than stating that you wanted to avoid blond, red, and black hair.

Page 5: First Priority

All of the questions on this page relate to the donor category that was the VERY MOST IMPORTANT to you personally.

1. Which of these categories was the very most important to you?

Race
Ethnicity
Hair Color
Hair Type / Texture
Eye Color
Skin Tone
Height
Weight
Intelligence
Education Level
Profession
Religion
Athletic Ability
Musical Ability
Artistic Ability
Interests / Hobbies
Personal Health Background
Family Health History
Family Longevity Record

Other:

2. Why was this category first in importance to you?

3. In this category, was there a trait or characteristic that you preferred?

- Yes
- No

If YES, please complete 3A, 3B, 3C below.

If NO, please skip to question 4.

3A. What was the trait / characteristic you preferred?

3B. How similar do you feel that trait/characteristic is to YOU?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

3C. How similar do you feel that trait/characteristic is to YOUR PARTNER?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

4. In this category, was there a trait or characteristic that you wanted to avoid?

- Yes
- No

If YES, please complete 4A, 4B, 4C below.

If NO, please skip to question 5.

4A. What was the trait / characteristic you wanted to avoid?

4B. How similar do you feel that trait/characteristic is to YOU?

- Completely Different
- Somewhat Different
- Somewhat Similar

- Very Similar
- Exactly the Same

4C. How similar do you feel that trait/characteristic is to YOUR PARTNER?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

5. Did you and your partner have different opinions about preferences for this category?

- Yes
- No

If YES, please describe the difference of opinion and how it was resolved.

If NO, please continue on to the next page.

--

Page 6: Second Priority

All of the questions on this page relate to the donor category that was the **SECOND MOST IMPORTANT** to you personally.

1. Which of these categories was the second most important to you?

Race
Ethnicity
Hair Color
Hair Type / Texture
Eye Color
Skin Tone
Height
Weight
Intelligence
Education Level
Profession
Religion
Athletic Ability
Musical Ability
Artistic Ability
Interests / Hobbies
Personal Health Background
Family Health History
Family Longevity Record

Other:

2. Why was this category second most importance to you?

3. In this category, was there a trait or characteristic that you preferred?

- Yes
- No

If YES, please complete 3A, 3B, 3C below.

If NO, please skip to question 4.

3A. What was the trait / characteristic you preferred?

3B. How similar do you feel that trait/characteristic is to YOU?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

3C. How similar do you feel that trait/characteristic is to YOUR PARTNER?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

4. In this category, was there a trait or characteristic that you wanted to avoid?

- Yes
- No

If YES, please complete 4A, 4B, 4C below.

If NO, please skip to question 5.

4A. What was the trait / characteristic you wanted to avoid?

4B. How similar do you feel that trait/characteristic is to YOU?

- Completely Different
- Somewhat Different
- Somewhat Similar

- Very Similar
- Exactly the Same

4C. How similar do you feel that trait/characteristic is to YOUR PARTNER?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

5. Did you and your partner have different opinions about preferences for this category?

- Yes
- No

If YES, please describe the difference of opinion and how it was resolved.

If NO, please continue on to the next page.

--

Page 7: Third Importance

All of the questions on this page relate to the donor category that was the **THIRD MOST IMPORTANT** to you personally.

1. Which of these categories was the third most important to you?

Race
Ethnicity
Hair Color
Hair Type / Texture
Eye Color
Skin Tone
Height
Weight
Intelligence
Education Level
Profession
Religion
Athletic Ability
Musical Ability
Artistic Ability
Interests / Hobbies
Personal Health Background
Family Health History

Family Longevity Record

Other:

2. Why was this category third most importance to you?

3. In this category, was there a trait or characteristic that you preferred?

- Yes
- No

If YES, please complete 3A, 3B, 3C below.

If NO, please skip to question 4.

3A. What was the trait / characteristic you preferred?

3B. How similar do you feel that trait/characteristic is to YOU?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

3C. How similar do you feel that trait/characteristic is to YOUR PARTNER?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

4. In this category, was there a trait or characteristic that you wanted to avoid?

- Yes
- No

If YES, please complete 4A, 4B, 4C below.

If NO, please skip to question 5.

4A. What was the trait / characteristic you wanted to avoid?

4B. How similar do you feel that trait/characteristic is to YOU?

- Completely Different
- Somewhat Different

- Somewhat Similar
- Very Similar
- Exactly the Same

4C. How similar do you feel that trait/characteristic is to YOUR PARTNER?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

5. Did you and your partner have different opinions about preferences for this category?

- Yes
- No

If YES, please describe the difference of opinion and how it was resolved.

If NO, please continue on to the next page.

--

Page 8: Fourth Importance

All of the questions on this page relate to the donor category that was the **FOURTH MOST IMPORTANT** to you personally.

1. Which of these categories was the fourth most important to you?

Race
Ethnicity
Hair Color
Hair Type / Texture
Eye Color
Skin Tone
Height
Weight
Intelligence
Education Level
Profession
Religion
Athletic Ability
Musical Ability
Artistic Ability
Interests / Hobbies
Personal Health Background
Family Health History

Family Longevity Record

Other:

2. Why was this category fourth most importance to you?

3. In this category, was there a trait or characteristic that you preferred?

- Yes
- No

If YES, please complete 3A, 3B, 3C below.

If NO, please skip to question 4.

3A. What was the trait / characteristic you preferred?

3B. How similar do you feel that trait/characteristic is to YOU?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

3C. How similar do you feel that trait/characteristic is to YOUR PARTNER?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

4. In this category, was there a trait or characteristic that you wanted to avoid?

- Yes
- No

If YES, please complete 4A, 4B, 4C below.

If NO, please skip to question 5.

4A. What was the trait / characteristic you wanted to avoid?

4B. How similar do you feel that trait/characteristic is to YOU?

- Completely Different
- Somewhat Different

- Somewhat Similar
- Very Similar
- Exactly the Same

4C. How similar do you feel that trait/characteristic is to YOUR PARTNER?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

5. Did you and your partner have different opinions about preferences for this category?

- Yes
- No

If YES, please describe the difference of opinion and how it was resolved.

If NO, please continue on to the next page.

--

Page 9: Fifth Importance

All of the questions on this page relate to the donor category that was the FIFTH MOST IMPORTANT to you personally.

1. Which of these categories was the fifth most important to you?

Race
Ethnicity
Hair Color
Hair Type / Texture
Eye Color
Skin Tone
Height
Weight
Intelligence
Education Level
Profession
Religion
Athletic Ability
Musical Ability
Artistic Ability
Interests / Hobbies
Personal Health Background
Family Health History

Family Longevity Record

Other:

2. Why was this category fifth most importance to you?

3. In this category, was there a trait or characteristic that you preferred?

- Yes
- No

If YES, please complete 3A, 3B, 3C below.

If NO, please skip to question 4.

3A. What was the trait / characteristic you preferred?

3B. How similar do you feel that trait/characteristic is to YOU?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

3C. How similar do you feel that trait/characteristic is to YOUR PARTNER?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

4. In this category, was there a trait or characteristic that you wanted to avoid?

- Yes
- No

If YES, please complete 4A, 4B, 4C below.

If NO, please skip to question 5.

4A. What was the trait / characteristic you wanted to avoid?

4B. How similar do you feel that trait/characteristic is to YOU?

- Completely Different
- Somewhat Different

- Somewhat Similar
- Very Similar
- Exactly the Same

4C. How similar do you feel that trait/characteristic is to YOUR PARTNER?

- Completely Different
- Somewhat Different
- Somewhat Similar
- Very Similar
- Exactly the Same

5. Did you and your partner have different opinions about preferences for this category?

- Yes
- No

If YES, please describe the difference of opinion and how it was resolved.

If NO, please continue on to the next page.

Page 10: Family Experience

The following questions provide more information about your experiences and views related to your family.

1. How long have you and your current partner been together?

2. What term(s) do you usually use for your partner?

- Wife
- Partner
- Spouse
- Significant Other
- Lover

Other (please specify):

3. What is the status of your relationship with your partner?

- Legally married
- Legally partnered/committed
- Formally partnered/committed (i.e. a public ceremony, through not legally recognized)
- Informally partnered/committed (i.e. an agreement between the two of you without public ceremony)

4. Why did you and your partner choose this legal/social status for your relationship?

5. Which of these statements best reflects your view on starting a family?

- I always knew I would have a child
- I thought I would probably have a child
- I wasn't really sure whether or not I would ever have a child
- I didn't think I would ever have a child

6. How do you describe your role in the household?

7. Are you/will you be your child's gestational parent? (i.e. carrying the pregnancy)

- Yes
- No

8. Are you/will you be legally recognized as your child's parent?

- Yes
- No
- Unsure

Please elaborate:

9. Do you and your partner plan to have more kids?

- Definitely
- Probably
- Maybe
- Probably not
- Definitely not

If you and your partner have more kids, do you think you will be the genetic parent?

- Yes
- Maybe
- No
- n/a

10. How interested are you in someday having contact with your child's donor?

- Definitely interested
- Probably interested
- Maybe interested
- Probably not interested
- Definitely not interested

11. How interested are you in someday having contact with any other children conceived using the same donor?

- Definitely interested
- Probably interested
- Maybe interested
- Probably not interested
- Definitely not interested

12. How traditional was your family or origin?

- Very traditional
- Somewhat traditional
- Not traditional

13. What specific things made your family of origin traditional or not traditional?

Page 11: Experience of Ethnicity

The following questions provide more information about your experiences and views related to your ethnicity / ethnic identity.

1. How do you typically label your ethnicity?

2. How important is your ethnicity in defining who you are?

- Very Important
- Fairly Important
- Somewhat Important
- Slightly Important
- Not Important

3. Is your ethnicity a source of pride for you?

- Yes, always
- Yes, most of the time
- Sometimes
- No, not often
- No, never

4. How much of a problem is discrimination against people of your ethnicity?

- A very large problem
- A large problem

- A moderate problem
- A small problem
- Not a problem

5. How often have you personally experienced discrimination because of your ethnicity?
- Very frequently
 - Frequently
 - Occasionally
 - Infrequently
 - Never

Page 12: Experience of Gender

The following questions provide more information about your experiences and views related to your gender / gender presentation.

1. How do you typically label your gender?

2. How would you describe your gender presentation?

- Traditionally feminine
- More traditionally feminine than masculine
- Androgynous or mixed
- More traditionally masculine than feminine
- Traditionally masculine

3. In which of these settings do you feel comfortable and included, with regards to your gender presentation? (check all that apply)

- Family
- Neighborhood
- Larger community
- Social circles
- Employment
- Place of worship

Other(s) (please specify):

4. In which of these settings do you feel uncomfortable or excluded, because of your gender presentation? (check all that apply)

- Family
- Neighborhood
- Larger community
- Social circles
- Employment
- Place of worship

Other(s) (please specify):

Page 13: Experience of Sexual Orientation

The following questions provide more information about your experiences and views related to your sexual orientation.

1. How do you typically label your sexual orientation?

2. Do you think that strangers who see you correctly guess your sexual orientation?

- Probably
- Maybe
- Probably Not

3. How comfortable do you generally feel correcting people who incorrectly guess your sexual orientation?

- Very comfortable
- Moderately comfortable
- Somewhat comfortable
- Fairly uncomfortable
- Very uncomfortable

4. In which of these settings do most people know how you identify your sexual orientation? (check all that apply)

- Family
- Neighborhood
- Larger community
- Social circles
- Employment
- Place of worship

Other(s) (please specify):

5. In which of these settings do you feel like you need to be careful about expressing your sexual orientation identity? (check all that apply)

- Family
- Neighborhood
- Larger community
- Social circles
- Employment
- Place of worship

Other(s) (please specify):

--

Page 14: Demographics

Demographic information will be used in aggregate to describe the participants in this study.

1. How old are you?

--

2. In which state do you currently live?

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina

North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington (state)
Washington D.C.
West Virginia
Wisconsin
Wyoming

Other (please specify):

3. How would you describe the place where you currently live?

- Large city
- Medium city
- Small city
- Town/Village
- Rural area

4. How do you classify your current socio-economic status?

- Wealthy
- Upper middle-class
- Middle-class
- Lower middle-class
- Working class
- Poor

5. What is the highest education level you have completed?

6. Do you have partial study towards another degree (either past or currently enrolled)?

- Yes
- No

If YES, which degree?

7. Are you currently employed outside the home?

- No, not looking for work
- No, looking for work
- Yes, full-time
- Yes, part-time

8. What is your current job title? (If not currently employed, please provide your most recent job title.)

Thank you very much for your time and help with this research!

On the next page, please be sure to click the "Done" button so that your responses will be counted.

Page 15: Resources

Please be sure to select "Done" at the bottom of this page to finish the survey. (Selecting "Done" will close this page so please print it for your records first.)

The following resources focus on legal, social, and political aspects of LGBT family issues; I encourage you to contact them, should you desire additional information or support.

Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling:
Directory of member therapists, website also contains research on LGBT mental health issues
www.algbtic.org/therapst/index.htm

Family Equality Council:
LGBT family information: support groups, political activities, resources
www.familyequality.org
617-502-8700
info@familyequality.org

Gay Parent Magazine:
Information, support, and resources for LGBT parents
www.gayparentmag.com
718-380-1780
gayparentmag@gmail.com

Human Rights Campaign:
LGBT parenting information and political action opportunities

www.hrc.org/issues/parenting.asp
202-628-4160
800-777-4723

Lambda Legal:
LGBT legal information
www.lambdalegal.org
National office: 212-809-8585
Western regional office: 213-382-7600
Midwest regional office: 312-663-4413
Southern regional office: 404-897-1880
South Central regional office: 214-219-8585

Mombian Resource Directory:
LGBT parenting resources, compiled by members
www.mombian.com/resources

Proud Parenting Website/Blog:
LGBT parenting resources and personal stories
www.proudparenting.com