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SPERM DONOR, CHOOSING A

This entry describes how prospective parents choose sperm donors to help them have children. Research on choosing sperm donors is limited to studies with heterosexual couples, lesbian couples, and single women (primarily heterosexual, with some bisexual- and lesbian-identified women). The entry focuses on lesbian-identified women but also

integrates knowledge from other participant samples. It begins by briefly describing donor-related options for having children, including sperm donation with known donors. It discusses how social and legal factors have historically influenced the availability of unknown donation or donor insemination (DI) for single and/or nonheterosexual women. The entry then reviews how donors are chosen and factors that influence these decisions. By having extensive information available about sperm donors, lesbian prospective parents are able to make choices that benefit their future children long-term, both physically and psychologically. Yet education is also needed, especially at programs with unknown donors, to better educate prospective parents about having donor information and the potential for donor contact. These can help discussions about the family's donor origins and provide offspring with updated information and contact for their health and identity development.

Choosing a Sperm Donor

In her 1993 book, *Lesbian Mothers: Accounts of Gender in American Culture*, Ellen Lewin describes motherhood as a defining feature of womanhood, unifying women despite their possible differences in sexuality. There is a variety of ways that those who identify as lesbian, bisexual, trans, and queer (LBTQ) can have children outside heterosexual relationships. As a result, the number of LBTQ-parented families is growing. For example, based on U.S. Census data, 1 in 5 female same-sex couples had children in 1990; by 2000, the number had risen to 1 in 3. While the majority of family-building research is limited to lesbians, we would expect the desire to have and parent children will also extend to many bisexual, transgender, and queer (BTQ) individuals as well as gay men.

Historically, lesbian, gay, and bisexual (LGB) parents most commonly had their children while in heterosexual relationships, only later to openly identify as LGB. With the rise of the Gay Rights Movement in the 1960s and 1970s, alternatives for parenthood became more accessible to the lesbian community, often with same-sex couples

finding a friend to be a “known” sperm donor willing to help them have a child. In addition, a known donor could be an acquaintance or a stranger introduced to them through a mutual friend. Conception would occur through heterosexual intercourse or, more commonly, by “self-insemination” in which the sperm sample was collected by the donor and inseminated by the prospective birth or gestational mother. Once the child was born, the extent varied to which the known donor participated in the child’s life: from not at all to taking on a familial role. Later, having children also became possible through adoption—either through the child welfare system or by public or private adoption.

While these forms of family-building still occur, most recently those individuals and couples who identify as lesbian, bisexual, and transgender (LBT) are accessing sperm banks to use DI to have children. DI is much like self-insemination, except that donors are unknown to prospective parents and have been recruited by a sperm bank instead of directly or through a mutual friend. DI was originally developed for and limited to heterosexual couples faced with male infertility. It was considered a medical “treatment,” despite only being a substitute for the male partner’s sperm. By being considered a medical treatment, it was also accessible only to infertile heterosexual couples, thereby denying lesbians and others access. Interestingly, after 1996, when the advanced infertility treatment intracytoplasmic sperm injection (ICSI) was developed that preserved the genetic link between the infertile male and his child, sperm banks lost the majority of their clientele. This was significant because almost all American sperm banks were for-profit and therefore needed to replace their client base. Mounting scientific evidence also indicated that children raised in LGBTQ families were well-adjusted. These changes, along with increasing societal acceptance of sexual minorities, gave LGBTQ individuals access to sperm banks (and, later, to assisted reproductive technologies [ARTs] in general) to use DI to have children.

As with the research on family-building, much of the research on choosing sperm donors has been

conducted with lesbian (and heterosexual) prospective or current parents in the context of DI with unknown donors. Less is known about known donation, and almost no research is available about how BTQ-identified people choose their sperm donors. The following sections focus on lesbians choosing known and unknown donors.

Choosing Known Donors

Having children with the assistance of a known donor has both advantages and disadvantages for lesbian parents and their children. Known donation provides individuals with autonomy from medical providers and sperm banks (where they might experience discrimination) and can have greater chances of conceiving compared to DI (in that it involves “fresh” sperm rather than frozen, which DI requires due to health quarantines). Choosing a known donor also gives resultant offspring access to information about their origins and possibly to the donor himself. Disadvantages include no automatic medical screening of donors and, later, the potential for disagreement between parents and donors over parenting, parental rights, and access to children, sometimes to the point of custody challenges, which are discussed further next.

By choosing a known donor, parents and children can access information and potentially create ties not available from choosing DI with unknown donors. Because a known donor is often a friend or acquaintance, prospective parents, and later children, can know who he is as a person—what he is like, where he came from, and whether he is likely to be someone with whom one can cooperate and interact long-term. He may also provide ongoing health information, in addition to initial information to check for medical and genetic incompatibilities. Among partnered parents, a known donor is sometimes the sibling or relation of the genetically unrelated mother, which can help solidify the resultant family through not only affectional and social ties but also traditional (heteronormative) blood ties—all further reinforced by visible similarities among family members. When prospective parents

seek an unrelated donor, they often look for someone who physically and personality-wise resembles the genetically unrelated mother (in couples), and/or one's family (especially among single parents), for similar reasons: that is, resemblance signals kinship. In addition, some parents feel that matching the donor ethnically and/or racially avoids a potential second layer of discrimination against the child who already may face homophobia. Further, having a child who looks like the parent(s) can help evoke positive feelings of "familiarity" among family members and, to outsiders, increase their similarity to traditional, biologically related families, making day-to-day interactions easier, with fewer obstacles for the child. When parents try to conceive subsequent children, they report wanting the assistance of the same known donor again, for these same reasons.

Choosing a known donor is critical to parents who hold the belief that their child has the right to know her/his paternal origins and possibly have the donor in her or his life. They want to avoid difficulties a child might experience not knowing half of her or his origins. Although prospective parents, especially couples, do not usually want the donor to act as a coparent, a known donor can be involved as an "uncle" or close family friend. Consistent with this, some research indicates that lesbian parents are most satisfied with their decision to use a known donor when he is ultimately actively involved in their child's life. However, it can also be difficult to balance the donor's involvement with the parents' boundaries. Historically, lesbian mothers—especially those biologically unrelated to their child—were reluctant to choose known donation out of fear of losing child custody to the donor, if disputes arose among them. In determining legal parentage, judges could give genetic ties more importance than social bonds and experiences. They too might judge lesbians as less fit mothers, giving custody to the known donor. (Research on lesbian families arose primarily out of the need to address such homophobia.) These fears continue to persist. Whereas many prospective parents will establish legal contracts to protect against this, there are still ambiguities in

the law where the donor can be considered the legal parent based on his genetic link to the child. For these reasons, women may choose gay donors, because these men are less likely to be awarded custody than heterosexual men (for the same homophobic reasons). It also gives gay men the opportunity to have children—men who may be more committed to the child than heterosexual men who have more opportunities to have children and therefore may not be as invested in a child conceived through known donation.

Overall, strong reasons exist for choosing a known donor. Whether or not lesbian prospective parents take this route ultimately depends on finding a person whom one can ask for help creating a child and with whom parents can agree on levels of future contact with children; who is willing to provide accurate health information (and is a good match); and/or who shares similarities to the genetically unrelated mother (among partnered lesbians), the inseminating mother, and/or their families.

Choosing Unknown Donors

Social and legal challenges associated with known donors lead many lesbian prospective mothers to use DI with unknown donors. Clear disadvantages associated with unknown donors exist, however, in that parents and future children may need to accept never knowing who their donor is and having little information about his background. Indeed, many donor-conceived young adults and adults report that they want to know who their donor is, what he is like, what he looks like, and if he shares similarities with them—they want to know where they come from. But in the 1980s, enough lesbian parents lost custody of their children that this risk drove prospective parents to seek DI programs that provided better legal safeguards. In addition, HIV/AIDS was gaining prominence as a sexually transmitted health risk, as well as taking many LGBTQ community members' lives, so it became increasingly difficult to find men willing to be known donors. Within this context, the first independent sperm bank—The Sperm

Bank of California (TSBC)—was created by and for lesbians, such that its policy of nondiscrimination gave access to individuals previously denied because of their sexual orientation, gender identity, marital status, and other reasons. More generally, then and now, DI programs medically screen donors and require that they surrender to the prospective parents all rights and obligations to resultant children (Uniform Parentage Acts, both federally and by state, now provide additional legal protections). These conditions helped address prospective parents' legal concerns and difficulties finding a donor.

Historically, using DI as a medical treatment for heterosexual couples with male infertility, medical providers chose a sperm donor to physically match the genetically unrelated parent, and treated the donor as of no further significance to the recipient family. Physical matching and, later, personality matching enabled these DI parents to avoid disclosing their infertility and lack of genetic tie between father and child. Lesbian parents, however, could not as easily hide a child's donor origins, and their familiarity with different forms of creating family likely helped them recognize that the donor might be important to their child. As a result, sperm banks serving lesbians and other queer-identified individuals began to collect and provide considerable donor information—in the form of physical descriptions; written profiles; and, most recently, staff impressions—with which prospective parents or “recipients” could choose their donors and later answer their child's questions. The autonomy for DI prospective parents—including heterosexual couples—to make choices based on considerable donor information is a change that lesbians contributed to American DI practice.

Findings from studies on choosing an unknown donor consistently show that women—lesbian and others—value a donor's and his family's good health; specific physical features, such as greater height and physicality; and, similar to known donation, features (e.g., eye, hair, skin coloring) that match their family and the genetically unrelated parent (when partnered). Choices are also

made based on a donor's character (e.g., interests, hobbies, abilities, intelligence). Whereas the former makes sense in terms of trait inheritance, why personal characteristics matter is less clear. Now that we know personality and related characteristics are heritable to some extent, some women explain that they are chosen for the benefit of their children (e.g., extroversion, amiability) and/or because they themselves may not possess them (e.g., choose an arrogant donor for his high self-confidence). Findings also indicate that donors can be chosen because they give the impression of having “good character”—having qualities of a good, well-rounded person, of being kind, understanding, considerate, affectionate, and so on—similar to when women choose long-term mates. This has been interpreted in a number of different ways. If there is a chance that the donor will become knowable in the future, having good character is valuable; if not, some traits underlying good character may be passed on to children. It is also easier to positively describe such a donor and why you chose him to resultant children. But beyond serving these functions, several studies have shown that how women choose a donor is also partly influenced by evolved reproductive decision-making strategies used in choosing a long-term partner. In these studies, despite knowing that the child would never know the (anonymous) donor and believing that traits related to good character would not be passed on, prospective parents still showed preferences for a donor's good character. Choosing a donor may not be as straightforward as it looks.

A potentially problematic influence of DI on how donors are chosen involves the logistics of obtaining sperm samples. Prospective parents sometimes prioritize the availability of sperm samples, foregoing preferences for physical or personality characteristics and even the availability of donor information. The necessary focus on conceiving can overshadow long-term considerations of how choices will affect the future child. As such, DI programs must provide prospective parents with education as well as donor information from which to make choices. The need to focus on the

family's and child's long-term well-being also contributed to the development of open-identity donor programs.

Choosing Open-Identity Donors

DI with unknown donors, to a large extent, addressed prospective parents' concerns around maintaining the integrity of their family and added the benefit that donors were medically screened. But many lesbians still wanted their child to have the option to know her or his donor. In response, in 1983, TSBC established the first open-identity donor program in the world. Open-identity donors remain anonymous to recipient families until the child reaches adulthood, to help reduce any possible risk of lesbian parents losing child custody. At age 18, the donor-conceived adult has the option (it is not automatic) to obtain the donor's identifying information and can potentially contact him. This option combines benefits of known and unknown donation, with the tradeoff that the child has to wait until adulthood to identify the donor. The majority of same-sex couples and single women (lesbian, bisexual, and heterosexual) choose open-identity donors over those who remain anonymous, with their popularity rising now in heterosexual couples as well. Whether open-identity donors are chosen appears to depend on whether (1) laws and social practice exist (e.g., recognition of biologically unrelated parents) to protect the integrity of nonmarried, nonheterosexual parented families, and (2) parents plan to tell their child of the family's donor origins. In some countries (e.g., United Kingdom) and states (e.g., Victoria, Australia), anonymous donation is now banned, so prospective DI parents have no choice about using open-identity donation, if they use DI in that location. While some parents express concerns about possible effects on their family, a longitudinal study of lesbian parents who had used unknown donors reported being more satisfied when their child had the option at adulthood to obtain the donor's identity.

In sum, prospective parents face multiple decisions when choosing their sperm donor. Their

ultimate decision is based on a balance of the perceived need for the child to know her or his donor and origins, risk of legal and other outside interference with the family, health needs, and whether parents feel physical matching and blood ties will help solidify their family. Additional influences, from sperm sample availability to implicit evolved influences on decision making to DI program education also play roles in choosing a donor. Overall, however, it appears that the majority of prospective parents are choosing sperm donors in ways that they believe will have the best outcomes for their children.

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See also Families of Choice; Gay Sperm Donors; Legal Rights of Nonbiological Parents; Nonbiological, Nongestational Mother; Relationships With Families Who Share the Same Donor; Self Insemination; Sperm Donor Selection and Race/Ethnicity; Sperm Donors, Known; Sperm Donors, Unknown; Sperm Donors' Involvement in Children's Lives

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SPERM DONOR SELECTION AND RACE/ETHNICITY

Racial and ethnic considerations often affect LGBTQ individuals and couples when selecting a sperm donor for donor insemination (DI) to conceive a child. *Race* is broadly defined as a group of people with distinctive physical traits, such as skin color or facial features. *Ethnicity* refers to membership of a group often defined by ancestry, language, or shared cultural values. Individuals, couples, and families in the LGBTQ community may state both a racial identity and membership with an ethnic group. The importance an LGBTQ individual or couple places on their racial or ethnic background often plays an integral role in how they select a sperm donor.

This entry discusses different ways LGBTQ people consider race and ethnicity when prioritizing characteristics for sperm donor selection. Following a brief description of the process of sperm donor selection, the entry will explore how LGBTQ people consider race and ethnicity in the donor selection process to define their family in a variety of contexts.

Sperm Donor Selection

Single women, heterosexual couples experiencing infertility, and female same-sex couples are the primary consumers in the donor selection process.

The donor selection process may be initiated in a clinical setting, such as a sperm bank, or people may choose to ask a friend to act as a donor. Negotiating formal or informal arrangements with known donors has the added benefit of providing access to specific knowledge about the donor, such as personality, values, and health issues. However, these arrangements with friends or associates can become challenging if the donor seeks legal rights to the child or if there was no prior discussion of potential roles of the sperm donor and the recipient. Because these informal arrangements may not necessarily be made public, research has primarily explored the experiences of individuals and couples who have selected a donor through a sperm bank or other medical facility.

In clinical settings, prospective parents can choose between anonymous or “identity release” donors, wherein the identity of the donor will be released when the recipient’s child reaches the age of 18. Selecting a known or “identity release” donor is often important for female same-sex couples when it eventually becomes obvious to their children that only one of their mothers can be their genetic parent. Many LGBTQ parents and families report that identity release is a valued characteristic in a donor because it allows the child the option to pursue additional information pertaining to his or her biological origins after he or she becomes a legal adult. Prospective parents often first decide if they want to pursue a known donor, identity release donor, or anonymous donor and then begin the process of prioritizing the characteristics they find most important in a donor in order to build their family.

Most sperm banks provide general information about donors, such as eye color, race or ethnicity, height, hair color, and weight. Some facilities also provide additional information that the donor reports, such as the donor’s hobbies, career, and known health issues. While little research has directly investigated *why* LGBTQ individuals, couples, and families select sperm donors, researchers have explored *what* specific information about the donor is important when initiating this process. When considering physical attributes of donors