

## Society's response to donor-conceived families: what do we know?

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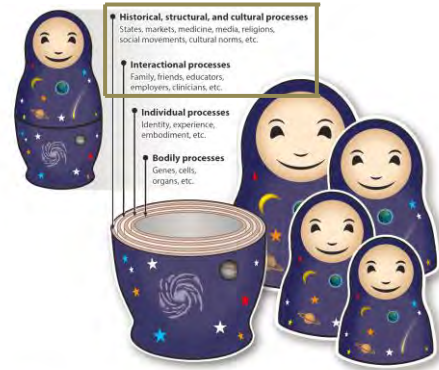


Figure 1  
Conceptual diagram of reproduction as a multilayered biological and social process.  
Almeling, R. (2015). Reproduction. Annual Review sociology.

INTRODUCTION Literature Data Discussion

**1978** (Nijs & Rouffa): "A technical intervention such as donor conception can only 'work' when it is psychosocially accepted within the couple which puts forward the request and within the society which forms the environment of this family."

**2008** (Hudson et. al): International research regarding public perceptions has focused on the acceptability of the technology of donor conception rather than on the families resulting from this technology.

**2015** (Frydman): "Don't forget the environment of our patients"

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I have no clue what people think of us. It feels a bit tricky to start talking about it as you don't know what to expect. (DI, father)

Most people have the foggiest idea about donor sperm or eggs. I feel I'm educating the masses. (DI, father)

The optician asked me about family predispositions and I told him that Marc was born after DI. "Oh, I'm sorry". Always these apologies. He felt much more uncomfortable talking about it than we. I just wanted to say "It is okay, we can talk about this". (DI, mother)

My science teacher actually wanted me to lead the lesson on it. But I told her to do some research...I don't want to speak in front of my class because I don't know everything...I just feel I know enough for myself. (DI offspring)

Q: Are your kids all from the same donor? Yes. Okay that is good. All these values all the time. (DI, mother)

INTRODUCTION Literature Data Discussion

### Contra-productive

- DC = technology
- Culture of secrecy & taboo

### Productive

- DC=DC is first and foremost about people. [...] People do not exist in isolation but within a web of relationships with one another: such webs extend out beyond the family into the wider communities in which people live. (Nuffield Report, 2013)
- Openness: societal values change and emphasis is more generally placed on openness and transparency

INTRODUCTION Literature Data Discussion

### Contra-productive

- Donor anonymity
- Heterosexual DC families are invisible

### Productive

- Donor
- Lesbian, single parent families are visible
- Increasing acceptance of more family diversity
- Simultaneous a trend to focus on genes
- Internet and ever-expanding communication technologies and social networking challenge boundaries of privacy

## Research focus

**Psychology**

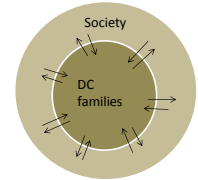
- Family well-being (Golombok et al.; Bos et al.; Buysse et al.; Lampic et al., ...)

**Sociology & families**

- Family diversity –lesbian families, new blended families, single mother families- in society (Centre of Sociological Research BE; European project FP7, Nordqvist, ...)
- Kinship (.....)
- Sociology & technology - Gamete donors markets, bio-objectification (Almeling; Waldby)
- ➡ Not on interaction between DC families & Society
- ➡ Yes on LGBT, adoption, stepfamilies, ...

## Societal response

- (Actual or perceived) Stigma? Fear for stigma? No stigma?
- Acceptance? Rejections?
- Social inclusion/ integration?
- Awareness?
- ➡ societal response is unclear



DC families ➡ Society  
Society ➡ DC families

Integration

*I decided to explain our daughter's teacher that she was [character-wise] very different from her dad and that he was not her biological dad. Later on I figured out she had understood that I had Elise as a single mother by choice, and that our son was from me and my husband.... And I thought I had explained it well. (DI, mother) Awareness*

## Where?

- **Daily life:** e.g. resemblance talk
- **Medical context:** e.g. doctor's consultations
- **School context:** e.g. sexual education, science class, social science class, ...
- **Media:** Communication channels through which news, entertainment, education, data, or promotional messages are disseminated. E.g newspapers, magazines, TV, radio, internet.

## Daily life

- "Resemblance talk"
- "You just have mummies hands and daddies chin"

Underlying assumptions is that children take after their parents or other biological relatives.

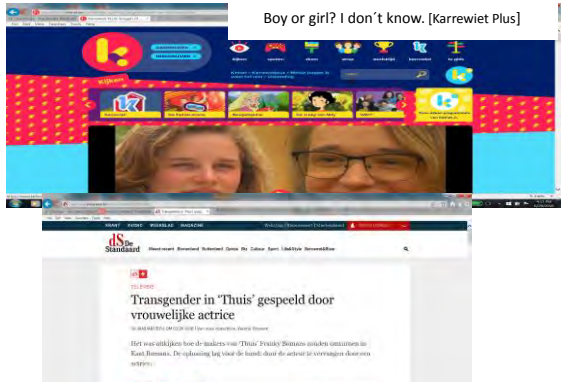
Lay belief that a child's genetic make-up comes 50 % from the father and 50% from the mother.

## Medical context

- Family histories of particular conditions are often assumed to be much more predictive than they really are. The Working Party heard of many examples where donor-conceived people or their parents had been asked for family history information that would not, in fact, have made any significant difference to the care provided. It is important that all health professionals, in their routine practice, regularly question the basis for seeking information about a person's family history, and only do so where this information will be genuinely useful in the person's care. (Nuffield report, 2013)

### Media

- Media can be a source of information
- The way the media frames issues can affect the public's interpretation of those issues
  - Enhance knowledge or create misunderstanding
  - Create stereotyping, stigma, normalization
  - Enhance acceptance or disapproval
  - Enhance or turn down discussion/ reflection
- E.g.
  - Pam Allred (1998) Making a Mockery of Family Life?, Journal of Lesbian Studies 1998: 2, 9-21.
  - Gannon K, Glover L, Abel P. Masculinity, infertility, stigma and media reports. Social Science & Medicine 2004; 59, 1169–1175.
  - Riggs D.W, Due C. Representations of reproductive citizenship and vulnerability in media reports of offshore surrogacy. Citizenship Studies 2013: 17, 956–969.



### School context

- School has an **impact** (LGBT literature):
  - The family is the principal context in which child development takes place, but school is a highly salient context as well
  - Positive parent-teacher relation → parents more involved in child's education
  - Parents/families should feel included, not stigmatized for being different
- It can normalize infertility - non-genetic linked families → enhance more aware and accepting community

### Pilot-study



### TEACHERS: Knowledge

- Very little knowledge: "I don't know"
- Definition: mix-up with IVF
- DC= Technology
- "Right for a child"
- SD>OD>ED
- Law (donor anonymity, egg donation & single mothers)
- Hetero/lesbian – Single mother

Introduction Literature **DATA** Discussion**TEACHERS: Awareness**

## TOPIC

- Newspaper/ documentary
- Magazines
- Sit-comes, movie, novel

## PERSONAL

- Knew lesbian, single or [DC] families **BUT** not in school/class
- Children young ➔ recent technology
- Less DC children than adopted children (“a few”)

## BEHAVIOR

- Not “talked about” or very superficial
- Relate to their own life
- Infertility = embarrassing, failure, M>F due to sexuality link

Introduction Literature **DATA** Discussion**TEACHERS: Attitudes**

- “The one who raises the children = parent” genetics is not important, social parent = biological parent
- Donor conception= ‘absent’, lesbian –single families stand out
- Standard = parents’ point of view
- Donor anonymity/ (non)-disclosure ➔tricky

Introduction Literature **DATA** Discussion**Barriers to inclusion** (LGBT literature)

- Private
  - Inappropriate to discuss with children (elementary)
  - Children are too young to be exposed to sexual issues involved in LGBT families
  - Lack of information or experience with the topic
  - Feeling uncomfortable with the topic
  - Feeling uncomfortable answering specific questions
  - May hold specific views, religion beliefs assumptions
  - Lack of exposure to LGBT/ DC families
  - Concerns about violating administration policies Fear that there would be objections from the parents
  - Not manageable within class
  - Not seeing the use/relevance of it
- Not seeing where it would fit in
  - What with a DC offspring in class, how will he/she react

Introduction Literature **DATA** Discussion**Development course pack**

- Links with existing curriculum
- To inform & to sensitize
- Exists of 4 modules
  - 1 Biology
  - 3 Social (nature&nurture, diversity, ethics&rights)
- (preliminary) Evaluation
  - Helpful to teach the topic
  - Positive for teacher and students

Introduction Literature **DATA** Discussion**PARENTS****Knowledge**

- Infertility is overlooked ➔ “you are a parent” ➔ grief
- Little knowledge regarding DC
- Few questions, if then they are focused on parents not on implications, less on children

**Reactions**

- Professional responses were often described as “clumsy”, they needed reassuring
- Receiving conflicting signals

Introduction Objective Methodology **DATA** Discussion**OFFSPRING****Knowledge**

- Little knowledge regarding DC (DCN conference 2014)
- It is not our job to educate them

**Reactions**

- Sympathy – misunderstanding
  - Regarding being donor-conceived
  - Regarding donor anonymity
- No direct name calling/bullying ➔ Freak
- Perceived as “One of few out there”

Introduction

Literature

Data

**DISCUSSION**

## Conclusion

### Societal Key Figures

Limited awareness  
 Limited knowledge  
 Focus on parents "right to have a child"  
 Acceptance without understanding  
 Little integration  
 Stigma?

### Parents

Ignorance - misunderstanding

### Donor offspring

Ignorance - focus on parents point of view - silencing

Introduction

Literature

Data

**DISCUSSION**

## Conclusion

- What?
- Whose responsibility? Voluntary and/or state sector .. / professionals?

"The state could take on a 'facilitative' role in promoting the well-being of people affected by donor conception by **encouraging a social environment where the creation of families through donor conception is seen as ordinary and included.**" (Nuffield report, 2013)

➡ Different cultures/different opinions

- What about the donors?

Thank you for your attention

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