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THE STORIES OF AUSTRALIAN SINGLE MOTHERS BY CHOICE THROUGH DONOR CONCEPTION

By

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Changing social mores and new assisted reproductive technologies have provided single heterosexual women with a chance to fulfil motherhood despite lacking a partner. Single women who have chosen an alternative path to motherhood such as donor conception are now frequently referred to in the literature as 'single mothers by choice'(SMC). Although single mothers by choice appear to be increasing in number and have been subjected to public scrutiny in Australia, the context in which they have decided to pursue motherhood remains relatively misunderstood. Their right to access Assisted Reproductive Technology (ART) has been much discussed in the media in Australia yet their voices were absent from these discussions.

This study explores the narratives of twenty-four Australian women who identify as SMCs and who have used donor sperm to create their family. Using an experience-centred narrative lens this qualitative research explores the decision making of the sample in regard to single motherhood, and how they make sense of, and shape the construction of their family type.

The major themes that emerged from the narratives of this sample were as follows: the dream of motherhood; the persistence and resistance with which women pursued their dream; the ethical decision making prior to conception and while parenting in the context of donor conception; and their strategies around openness and privacy in relation to their social networks. Overarching themes from the sample included management of stigma to protect a damaged identity, the personal nature of the journey with its difficulties, challenges and resolution, and the development and evolution of narratives regarding the family type.

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Finally I would like to dedicate this thesis to my mother who loved my daughter as only a grandmother can.

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Glossary

Artificial insemination (AI): A procedure where sperm is syringed into the vagina. The sperm may be the sperm of the woman's husband or partner. This was commonly used before the advent of IUI.

Donor Conception (DC): Assisted reproductive technology techniques relating to the use of donated gametes (eggs or sperm) or embryos to conceive children.

Donor insemination (DI): The installation of donor sperm into a woman's vagina for the purpose of conception.

Gamete: The male or female reproductive cells, or the sperm or the egg (ovum or oocyte).

Infertility: The inability of a couple or woman to achieve a pregnancy after one year of regular unprotected intercourse, or the inability of a woman to carry a pregnancy to live birth.

Intracytoplasmic sperm injection (ICSI): Sperm is injected into the ovum and then transferred. This is particularly useful where the sperm are limited in numbers or quality and is therefore used by heterosexual couples with male sub fertility.

Intrauterine insemination (IUI): The sperm are implanted within the womb through the cervix.

In Vitro Fertilisation (IVF): An egg is fertilised outside the womb and transferred to the womb or fallopian tubes.

Abstract

Changing social mores and new assisted reproductive technologies have provided single heterosexual women with a chance to fulfil motherhood despite lacking a partner. Single women who have chosen an alternative path to motherhood such as donor conception are now frequently referred to in the literature as *'single mothers by choice'* (SMC). Although single mothers by choice appear to be increasing in number and have been subjected to public scrutiny in Australia, the context in which they have decided to pursue motherhood remains relatively misunderstood. Their right to access Assisted Reproductive Technology has been much discussed in the media in Australia yet their voices were absent from these discussions.

This study explores the narratives of twenty-four Australian women who identify as SMCs and who have used donor sperm to create their family. Using an experience-centred narrative lens this qualitative research explores the decision making of the sample in regard to single motherhood, and how they make sense of, and shape the construction of their family type.

The major themes that emerged from the narratives of this sample were as follows: the dream of motherhood; the persistence and resistance with which women pursued their dream; the ethical decision making prior to conception and while parenting in the context of donor conception; and their strategies around openness and privacy in relation to their social networks. Overarching themes from the sample included management of stigma to protect a damaged identity, the personal nature of the journey with its difficulties, challenges and resolution, and the development and evolution of narratives regarding the family type.

Introduction

My motivation for undertaking this research arises from my own story of becoming a mother through donor conception. After fifteen years working as a family counsellor in child and adolescent mental health services, I found myself wanting to have a child of my own. I had assisted many families with parental struggles or children's problems, and yet as a single woman I remained without a family of my own, and without a partner to form a family with. My wish to become a mother inspired the beginning of my personal journey to motherhood.

My journey began with a difficult search for a fertility specialist prepared to provide a service to a single woman. It was through my social and professional networks that I found a doctor who accepted single women as patients for donor insemination. Indeed he was the only doctor I was aware of in Sydney who would treat single women. He checked that I was practically and financially prepared for single motherhood in a very short interview prior to commencing treatment. My single status was not mentioned again. However, there was a sense of 'permission granted' and a caution that I was on precarious ground given the conservative climate which privileges the normative heterosexual family. The clinic provided little information or support as I underwent treatment. This is not to say that staff members at the clinic were unkind. It was more that there was little recognition of the specific needs of single women. During that time I felt somewhat isolated from mainstream experiences of partnered women who were trying to conceive or who were pregnant. I attended the fertility clinic for two years undergoing donor insemination and later IVF in order to become pregnant. My wish to become a mother was fulfilled with the birth of a daughter.

After becoming a single mother I did consider writing about my journey, perhaps in the form of a book, to explain the complicated mindset associated with taking this path, and my consequent enjoyment of mothering. There appeared to be no information available to Australian single women wishing to pursue parenthood without a partner, although there was a book written in the United States of America and published in 1994 by Jane Mattes the founder of the 'single mother by choice' organisation.

As a single mother of a toddler I had no local support or access to information on parenting in the context of donor conception and so I joined the Donor Conception Support Group (DCSG) and attended a forum they held in Sydney in November 1997. It was a relief to be part of an audience listening to aspects of donor conception, and to hear that others' commitment to parenthood

included concerns with the implications of using a donor. However, there was an assumption that the audience consisted only of couples, and as such the forum was not always pertinent to my interests. In fact the membership of the DCSG was almost entirely heterosexual couples. My concerns or interests as a single mother were not central to the DCSG nor did my experiences resonate with those of couples. Although I enjoyed the opportunity to discuss the needs of donor conceived children with other families, I let my membership lapse only to rejoin in 2001, partly for contact with other families using donor conception, and partly because of my interest in legislative issues affecting donor conceived children. Through my membership in the DCSG I became more aware of political and legislative issues, and was a member of the committee for some time.

Meanwhile since becoming a mother the public commentary regarding single mothers who used donor conception had disturbed me. In the early 2000s I listened to debates in the social and political arenas regarding single women's access to assisted reproductive technology. The discourse on single mothers choosing this path was concerning. I felt strongly about the stigmatising language used in that debate and the lack of knowledge about the lived experience of the women discussed. My response was an increasing concern with prejudice and a growing interest in how other single mothers reacted to this discourse. I felt that the group of single mothers being discussed had little voice in the debate, and that their personal stories remained untold. As the single mothers who wished to use assisted reproductive technology were described in a derogatory way in parliamentary debates it became clearer to me that single mothers by choice (SMC) had become a marginalised and maligned group.

Ironically my Social Work career that had eased somewhat my ability to access fertility treatment, also contributed to my reaction to those stigmatising comments. My professional interest in social inclusion and social justice heightened my awareness of prejudicial judgements made about women, particularly mothers, without reference to the context of their lives. I was aware of the effects of prejudice to marginalised groups in terms of stigma and a potential sense of isolation. And yet here I was in an alternative family form, in a marginalised group myself, and feeling acutely sensitive about the unpleasantness of being an object of public discussion. The descriptions of single mothers and their purported attributes or motivations didn't fit with my experience. At that time I wondered whether my story would resonate with other single mothers by choice, but I had minimal contact with the single mother by choice community. Thus the timing of this research project was fuelled by my response to the political debates on single and lesbian women's access to assisted reproductive

technology (ART). The debate disputing the rights of unmarried women to access ART continued until 2002 with arguments that...

> *...either questioned the quality of single and same sex parenting, or else relied on the purported right of the child to be parented by a male*

The legal challenge leading to this debate is explained in Appendix 1. In summary, the debate contained a strong message by the Prime Minister regarding the potential harm to children who are not born into the traditional nuclear family. The debate brought to light the key elements of the predicament of single women who want children and who are considering the path of donor conception, and these key elements became the immediate background to my research interest:

- Dealing with community attitudes regarding the suitability of single mothers to parent
- Gaining access to assisted reproductive technology
- Considering the possible consequences for the child of father absence
- Considering the repercussions of not having a partner's support in parenting.

My increasing interest in exploring the issues of SMC in Australia culminated in my enrolment in a doctoral program of the School of Social Sciences at the University of New South Wales.

When I then embarked on a review of the literature on single mothers by choice, it became apparent that overseas studies often combined a variety of users of donor conception and this clouded the findings. For example, the combination of coupled lesbian women with single heterosexual women in a study assumed that the experiences of both groups would be similar, and that the outcomes would refer equally to all women in the study. Alternatively, lesbian women were classed in some countries as single women even though they might be partnered, and this made the research findings in those countries confusing. Wendland commented on the lack of substantial research on single mothers by choice pursuing assisted reproductive technology and observed that:

> *Although several authors have debated the ethics of inseminating lesbians and single women, most articles are based on case studies or ethical theory*. *In addition some authors have tended to lump together single heterosexuals, single lesbians, and lesbians with partners under the possibly misleading heading of "single women"'* (1995 p764).

This lack of specific material on single women using assisted reproduction (AR) appears to be the case in Australia today. My interest was specific to a group of women who might normally expect to have a child with a male partner but for whatever reason this had not occurred. I felt this was a very

different circumstance to that of a lesbian woman who may already have considered the use of donor conception whether she was single or partnered. Thus this study limits the sample to single heterosexual women to allow for an exploration of their specific issues; of wishing to mother despite the lack of a husband or partner, and finding the path of donor conception to fulfil this wish. I felt that a study with a specific criterion of being single and heterosexual would make the findings more pertinent and relevant to this group.

In choosing single motherhood women are challenging the assumption of this preferential model of the family, even though they may have wanted to form such a traditional family. They are asserting their capacity to adequately parent a child. So how are such single mothers faring? I wondered how single mothers by choice were responding to media reports about their family type. Were they aware of such debates and the political move to prevent them forming a family with the use of donated sperm? Most importantly I wondered how single mothers were experiencing life in this new family form and how they were talking about their family type to others as well as to their children. Little is known about the Australian single mother by choice family. I wanted to form a coherent story which would encompass key aspects of the single mother by choice family life.

Research aims and processes

This thesis presents the findings of a qualitative research project built on the narratives of single heterosexual women who became mothers through assisted reproductive technologies and the use of donated sperm. The following two questions are at the centre of the research.

> *What do the collective stories of this sample of single mothers by choice reveal about the contexts, processes and meanings of their decision-making prior to becoming mothers?*
>
> *How does this cohort of single mothers by choice make sense of, and shape, the construction of their family type?*

What I wanted to tell was the story of why single heterosexual women in Australia might contemplate having a child alone, and what might then be their experience of single mothering. I felt the collective stories of single mothers would personalise the experiences of single mothers by choice, and provide a voice for this group. To avoid their personal life becoming public, and the potential risk of disclosure harming children, a narrative encompassing the themes from many

individual stories was envisaged. I had a sense that there were many stories waiting to be told, all unique and varied in plot and tone. As it is impossible to understand all aspects of individual life stories it was hoped that an overall narrative would emerge from this study that would shed light on the shared experiences of this particular group of single mothers.

Given my interest in contextual influences I wished to give women volunteering for the study an opportunity to speak on varied aspects of their experience in relation to fertility clinics, and the media representation of single mothers by choice. It was hoped that the women in the sample could expand on those events that were particularly important to them.

The interview format was broadly grouped into areas reflecting the staged process of becoming a single mother by choice. To do this I planned a semi structured interview which would cover the decision making processes of women, how they envisaged family life, the ways in which they spoke to other people about their plans and choices, and how they talked to their children, or planned to, about the use of a donor.

A narrative lens matches well with my interest in women's personal stories of single motherhood; both how they started out as well as the ongoing nuances of parenting a donor conceived child. Regardless of the focus of individual stories a narrative lens allows for a reflexive stance in making meaning of these stories.

When I commenced this project I knew very few single mothers by choice and was unaware of how many single mothers by choice there were in Australia. There was some concern about attracting sufficient women to the study, particularly given the sensitivity of the topic. Fortunately, I had sufficient women volunteering for the study, and they lived in different States of Australia. Initial volunteers had younger children but through snowball sampling I was able to include mothers with children up to twelve years of age.

An explanation of frequently used terms

In order to ensure clarity I will briefly discuss the intended meanings for key terms and expressions used throughout this thesis. Terms that are specific to the area of assisted reproductive technology and the use of donor conception are provided in the glossary.

The definition of *single mother by choice* is itself difficult to pin down. In the literature review there are several studies with a wide definition of single mother by choice, including those who decided to proceed with an accidental pregnancy and where possible I have identified the definitions used by the original study. I occasionally use the umbrella term of *mother headed* families, to signify the key role of the mother in parenting children from an early age, frequently the first year of a child's life.

For the purposes of this study, I have chosen to use a narrow definition of *single mother by choice*; that is, a woman planning to have a child with no immediate intention or plan to co-parent with a male, whether he is a donor or an intimate male partner. This allows for the inclusion of single women who used a known donor through a clinic. The word 'choice' in single mother by choice implies the possibility of selecting between options. Within this study *choice* generally refers to selecting the option of having a child while a single woman rather than remaining childless.

Donor conception refers to the use of donated sperm or eggs to conceive a child. For single women donor conception is an alternative way of achieving a pregnancy. The term *assisted reproductive technology* is an umbrella term that encompasses a variety of technologies primarily envisaged to overcome fertility problems, or as an aide to conception. Historically donor conception was a response to male infertility, with the use of donated sperm to achieve a pregnancy. Donor conception occurs within fertility clinics although self insemination may be conducted when no invasive technology is required.

An *anonymous donor* is generally recruited by a clinic or through a sperm bank, and consents to donate sperm with an assurance of confidentiality and lifetime anonymity. An *identity release donor, or identifiable donor*, is one who consents to donate his sperm and to have his identity revealed to offspring on their maturity. Neither is legally regarded as a father. A *known donor* is recruited by a woman personally and if he contributes sperm through a clinic and signs consents he is also not regarded as a father.

An outline of the thesis

The thesis is divided into three sections. **Part 1** sets out the groundwork of the study in three chapters, beginning with two literature review chapters and the methodology chapter. *Chapter 1* portrays aspects of the Australian context pertinent to single women in their partnering and child bearing choices, reviewing research on the psychosocial functioning of SMC families, the perceived

disadvantages for single parent families, and qualitative research on SMC conducted outside Australia. *Chapter 2* examines literature in relation to psychosocial issues arising from donor conception practices. These include ethical debates pertinent to single women using assisted reproductive technology (ART) and the consequences of donor conception for donor conceived people. The changing landscape in Australian ART legislation and policy is outlined. *Chapter 3* discusses the rationale for the choice of narrative research as an appropriate qualitative approach, and proceeds to outline sampling methods, demographics of the sample, and collection of women's stories through in-depth interviewing. The chapter concludes with discussion of ethics, rigour and limitations to the study.

Part 2 presents in six chapters the key themes, understandings and meanings emerging from the women's stories. *Chapter 4* presents an overview of women's stories and how the chapters address the most salient aspects of the SMC journey as they arise. *Chapter 5* looks at the original expectations of family that women held, and how their dreams for family shifted over time. *Chapter 6* portrays the energy and persistence required to fulfil dreams of motherhood as women find specific ways to try to conceive, and to circumvent obstacles to this path, and then examines the resistance of the women to negative attitudes about single mothering. The next two chapters are linked by a crucial theme in women's stories, that of the ethical construction of the family. *Chapter 7* looks at moral aspects of the decision making process of the women. *Chapter 8* identifies the ethical aspects of care, presenting the attributes and caring experiences that women portray within their stories. *Chapter 9* illustrates the ways in which women protect and enhance their identity through disclosure decisions, and how women share narratives about their motherhood journey with family, friends and workmates.

Part 3 presents the final chapter, *Chapter 10*, which maps the contributions of this research to knowledge about the lived experience of SMC, and brings together a collective story. The chapter presents an overview of findings about the context and process of decision making in the journey to motherhood, the challenges for SMC families, the development of family narratives regarding family formation and the personal satisfactions of family life.

The next chapter begins the thesis with a discussion of aspects of choice and chance in the lives of single women, and thus provides an understanding of the contexts which influence potential single mothers by choice.

PART 1 - THE FRAME OF THE STUDY

Chapter One - Single mothers: Aspect of choice and chance

Introduction

This first literature review chapter provides a contextual frame for the study of single women who choose to mother alone, beginning with a brief outline of the Australian context. The first section explores the degree of choice available to women in their partnering and reproductive lives and the impact of social structures and life circumstances in limiting opportunities to partner and achieve parenthood aspirations. The second section discusses the prevalence of negative attitudes regarding single mothers which may influence single women contemplating solo parenting. Research and articles on the experiences of single mothers are then reviewed. The third section reviews a selection of studies on outcomes for single mother families using assisted reproductive technology, as well as outcomes for children in mother headed families from the beginning. Finally, literature on mother headed families is examined with a focus on single mothers by choice and their demographics. An overview of qualitative literature examines the motivations and experiences of SMC. Initially searches were conducted through the university databases using search terms of 'single mothers.' A range of databases were accessed. These included Proquest Social Science Journals, ProQuest Dissertations and Theses, Journals at Ovid Full Text, Applied Social Sciences Index and Abstracts, Social Work Abstracts, Family and Society Studies Worldwide and Sociological Abstracts. As the results were somewhat limited or peripheral to this thesis, snowball techniques were used to search for the most pertinent literature. With a goal to focus on the literature most relevant to the goals of this study, journal articles or books on single mothers through divorce or for other reasons were limited or excluded. For the literature review on donor conception the search term of 'single mothers' was used in combination with 'donor conception.' Additionally, there were some studies on donor conception where the definitions of singleness were uncertain, or the results were combined in such a way as to render them irrelevant, and such literature was likewise excluded.

The Australian context

An examination of Australian trends in partnering, divorce, and child bearing for women who wish to become mothers provides information pertinent to this study. The social environment may influence the process of making life choices, particularly patterns in relationship building. The Australian context of partnering, de facto relationships, the prevalence of divorce, and trends to later childbearing, may all have shaped women's lives and potential choices (De Vaus, Qu et al. 2003).

Expectations of a clear path from marriage to having babies are no longer commonplace in Australia. Weston and Qu (2001) showed from the Australian Life Course Survey of 2700 respondents, that women born between 1952 and 1956 were more likely to enter relationships via marriage and proceed to have children than those born between 1967 and 1971. Women aged 25 born in the latter cohort were twice as likely to enter relationships through cohabitation and over the next four years *"marriage and separation seemed equally likely to occur"* (2001 p5). Therefore women cannot with any certainty anticipate relationship pathways or child bearing. The impact of relationship changes on decisions to have children was explored in a longitudinal study of 2500 Australian people aged eighteen to thirty four years old based on the Australian Family Formation Project. The intentions of participants to have children were surveyed in 1981 and then at 1990 (Weston and Qu 2001). Of the 783 people without children, those who remained with the same partner or found a partner were more likely to have had children than those who separated. Only 3% of people who remained single were successful in fulfilling their wish to have children. In the second stage they were again asked if they intended to have children, and *"the most likely to express uncertainty about this matter were the continuously single (23%)".* This indicates, perhaps obviously, that for single people, of those who have recently separated, a decision or intention to have children may not be straightforward. The authors conclude that...

> *Childlessness applies to a heterogeneous group and its reasons can be complex. The inability to find a partner or the experience of relationship breakdown can prevent individuals from fulfilling their ambitions to have children* (p11).

The rising age for women having their first child would give many women, including single women, a hope they can still have children in their later years. The National Perinatal Statistics Unit reported that *"women aged 35 years or older accounted for 22.3%"* of Australian births in 2007 and *"the average age of women who received ART treatment was 34.1 years"* (AIHW National Perinatal Statistics Unit 2007). Between 1980 and 2008 the *"fertility rate for women aged 40-44 years more than tripled"* (Australian Bureau of Statistics 2008).

Section 1: Choice and Chance

This section explores the degree of 'choice' women have in major life events and transitions. It is argued that circumstances and availability of reasonable options had a considerable impact on women's choices and therefore influence their complex life patterns. The voluntary nature of singleness and of childlessness is likewise questioned. The section concludes with an introduction to early literature on unmarried mothers, which frequently refers to the SMC group.

Being single, having children – Is it choice or chance?

The word 'choice' in the term 'single mothers by choice' most frequently refers to the 'choice to mother' despite the lack of a cohabiting partner. Yet 'choice' is the trickiest aspect to pin down. Segal-Engelchin et al assert that *"motherhood is the state chosen by these women rather than maintaining their single status"* (2005 p8). The whole notion of choice in lifestyle is vexed. Popular literature emphasises the theme of 'choice' in motherhood, generally assuming that women can easily make choices while neglecting to analyse the *"the impersonal forces conditioning and constraining those personal choices"* (Michaux and Dunlap 2009 p154).

Brannen and Nilsen critique an emphasis on individuality, and encourage the recognition of contextual issues on people's supposed agency (2005). They believe that the influences of structural and contextual forces may not be self evident to people, and are therefore less likely to be discussed. Changes in traditional patterns of life, with a focus on individual choice, lead people to assume more individual responsibility for how their life works out. If their argument is applied to women who remain single, a single woman may assume she made poor choices, or was without the capacity to form intimate relationships. When problems are individualised, a failure to form a long term partnership can be perceived as a woman's deficiency as an adult. Single women may worry that their lives are incomplete or lacking simply because they are unmarried (Anderson, Stewart et al. 1994). On the other hand, single women may well want to avoid such a view of deficiency in their personal narratives. Women may explain their singleness as a choice rather than concede a view that they were passive and not chosen by men (Reynolds, Wetherell et al. 2007). Whether women use ideas of choice or chance to find comfortable explanations for being single, they may neglect to recognise general and shared problems for women in finding satisfactory relationship outcomes.

Choices in childbearing

The advent of the contraceptive pill provided women and couples with some choice about the timing of child bearing (Australian Bureau of Statistics 2008). But the degree of choice women have regarding the circumstances of their childbearing is difficult to say. When abortion is available, there is an assumption that it is a woman's choice to have the child, thus neglecting men's responsibility in the reproductive area and their influence on women's decision making. A study of single mothers who had unplanned pregnancies explored contraception, pregnancy, and parenting within the context of gender relations (Davies and Rains 1995). In their interviews the women reported that the men left responsibility for contraception with them, sometimes refusing to use condoms, yet expected the women to have an abortion when a pregnancy ensued. Given the lack of male responsibility in contraception the women felt that it was their choice to proceed with unplanned pregnancies. The male partners frequently reacted with anger to this choice, showing a difference in expectations as to who had the choice as to whether to proceed. These findings point towards the complex contexts in which the choice to have a child occurs.

In a larger sample of fifty older, unmarried mothers in Israel, a similar theme of being pressured into abortions by sexual partners arose (Linn 1991). Almost half the sample decided to proceed with accidental pregnancies after previously being pressured to have an abortion within the same relationship. A large majority of the male partners were already married and so marriage was not an option for the women. The women more actively decided to pursue the second pregnancy, despite pressure from their partners to terminate the pregnancy. The two primary reasons for this choice was the wish to have a child from the relationship and a wish for motherhood.

Even for women who are in stable de facto or married partnerships their choice in the timing of having children is questionable as partners may be reluctant to commit to fatherhood when the women feel the time is right for them. Mundy (2007 p257) responds to popular American views of those who use assisted reproduction as career driven women who procrastinated with child bearing:

> *While ambivalent, procrastinatory women clearly exist, their numbers surely are equalled by ambivalent, procastinatory men, who are one major reason why tens of thousands of women seek refuge each year in the procreative willingness of anonymous sperm donors.*

For many women, Mundy states, *"the choice is between parenting alone or not parenting at all"* (p162). So while women have chosen single motherhood rather than remaining childless, it may be that other paths to motherhood were sought out first or did not exist.

The tendency to delay marriage or partner in de facto relationships adds to the numbers of women without a committed relationship when they wish to have children and feel that time is running out (ABS Births 2008). Finding men with whom to have children may pose difficulties as women reach the end of their reproductive lives. Clarke (2003), a Melbourne psychologist, cited by McLean (2004 p294), surveyed 152 clients aged over 35 years who were seeking fertility treatment. She found that childless women gave the lack of a suitable relationship as a main reason for late childbearing. Cannold (2000; 2005) also found that many Australian women would choose motherhood if they could only find men willing to commit to fatherhood, and named these women 'thwarted' mothers. Women who focus on careers after finishing their education may find they have left it uncomfortably late to have children (McLean 2004).

An emphasis on individuality and personal choice dismisses the social context and relationship histories of women who are childless or single. A woman's choice to remain single or childless may in fact arise from circumstances, chance, and social context, not just her personal choice or lifestyle.

Childlessness

This subsection explores aspects of childlessness within international and Australian literature and pertaining to both partnered and single women. Childlessness can be a positive choice, made possible by contraceptive technology and women's increasing participation in the work force. Voluntary childlessness can result in pressure from family, friends, co- workers and others, yet... .

> *...decisions to remain childless are based on a number of interrelated factors and motivations. Moreover the decision making process takes place within the context of changing life events and relationships* (Hird and Abshoff 2000 p354).

Women's diverse life paths and relationship history influence whether women will remain childless or become mothers. Research on the voluntarily childless community expands our understanding of women's real choices. Wheeler (2005) interviewed sixteen Australian women between 29 and 42 years of age who self identified as childless by choice. Around a third were 'early deciders', often independently committed to childlessness before meeting their current partners, and with a view

that motherhood would compromise the benefits of their current lifestyle. The remainder had postponed having children and were influenced by financial circumstances or relationship events. Park (2005) interviewed American men and women who were childless by choice and found that unhappiness with one's own experience of being parented was cited as one influence in decision making along with personal attributes that were not conducive to satisfaction in parenting. Around half of the women were lacking any real interest in children while another consideration was the difficulty of combining career or work satisfaction with parenting demands.

Assisted Reproductive Technology (ART) has transformed the choices available to men and women as well as the contexts in which they might have children (Gillespie 2001). Ironically ART may have increased the pressure felt by some ambivalent women to try to have children (Letherby 2002).

An increasing tolerance towards people electing to stay childfree was noted in Australian adults, the majority under forty, who were interviewed regarding their experiences and understandings on family formation (Carmichael and Whittaker 2007). Carmichael believes that categorising women as voluntarily childless "*implies an agency that may not exist"* (p114). One member of a couple may be infertile, or choose to be childless, thus rendering the partner circumstantially childless, a common issue for her informants. Some had chosen husbands or partners who in the long term had not been suitable for parenting because the relationships were unstable or the men were lacking in commitment. The 'career woman' might delay decision making about partnerships and childbearing until finding suitable relationships was difficult, and informants appeared to be quite understanding of those who had left it too late (2007 p128-133). Childless women encountered views that they were 'intimidating' to men because of their success, or overly confident, or 'fussy' about the type of men they would consider suitable fathers. There is a diversity of reasons for women remaining unintentionally unpartnered and childless, and possibly feeling miserable about it. Childlessness was also seen by Carmichael (2007) as being men's responsibility, as amongst the pool of partnerless men there would be those who have deliberately avoided marriage and children.

Stigmatising attitudes towards the voluntarily childless emphasise their selfishness and deviance, while the involuntarily childless face a more sympathetic and supportive view (Gillespie 2001). When questioned about their voluntary childlessness many develop strategies to manage their stigmatised identity (Park 2002). Park recommends that future research explore stigma management of other groups who deviate from dominant norms, including the SMC group (p40).

The studies above illustrate the complexity of women's life paths, the circumstances which influence decision making about childlessness and the ease with which women can fulfil their wish to have children. Although many women may experience ambivalence or feel conflicted, a large number do not elect to remain childless.

Choosing single motherhood

Within the single mother group there are loose definitions of what constitutes a choice in becoming a single mother. Weinraub et al suggest there may be less difference in life experience between women who choose to stay single after finding themselves pregnant, and those whose title as an SMC implies a more conscientious and responsible choice (2002 p127):

> *To what extent is this SMC category a socioeconomic, socio-political distinction, based solely on a mother's access to resources? To what extent is the SMC category an attempt on the part of some women to distance themselves from stereotypes of poor and adolescent single mothers?*

Both groups of single mothers may well wish for a suitable co-parent, with the more advantaged SMC differing primarily in how much they prepare for motherhood.

Earlier writings on single mothers by choice used wide definitions which referred to the unmarried status of participants rather than their living circumstance. For example, in her book Renvoise (1985) included partnered lesbian women, women who chose suitable men to father their children, some women whose partnerships failed, and a handful of single heterosexual women who used the paths of artificial insemination and adoption. In many cases women in de facto relationships were regarded as single because their *'choice'* was to have children outside a legal marriage. Even in a more recent SMC study in Israel, coupled lesbian women were included in the sample as they were formally defined as single (Weissenberg, Landau et al. 2007) .

In another early book on single mothers, a group of women considered single mothers by choice included an ...

> ... o*lder, better educated, financially stable group. Many planned their pregnancies, and other found themselves pregnant and decided to continue the pregnancy and raise the child on their own* (Mechaneck, Klein et al. 1987 p265).

Thus the choice to continue with a pregnancy arose because there was no option of the fathers' involvement.

Early writers were interested in single women who chose to pursue parenting alone regardless of when the choice was made. Weinraub (2002) used the term solo mother for women who self define as SMC, as well as for other women who were parenting alone from birth or soon after without a male partner. The term 'single mothers by choice' thus provided a distinction between separated or divorced mothers and those who were parenting alone from the birth of the child or shortly after.

A pioneering and very well known single mother by choice provides a strong definition of SMC. Jane Mattes is the creator of the SMC support group in the United States of America and the author of "Single Mothers by Choice; A Guidebook for Single Women who Are Considering or Have Chosen Motherhood" (Mattes 1994). Mattes herself was a mature woman who was considering adopting a child as a single woman when she accidentally conceived with a lover and expressed her delight at being pregnant. In 1982, about two years after the birth of her son, Mattes created an informal support group for single mothers that became a non-profit organisation called Single Mothers by Choice. Her definition of single mothers by choice is used by the SMC organisation she founded and is often quoted in the literature.

> *A single mother by choice is a woman who starts out raising her child without a partner. She may or may not marry later on, but at the outset she is parenting alone. This definition excludes unmarried couples, heterosexual or homosexual, because although they are not legally married they will be co-parenting and it also excludes women who became mothers while they were married and then later were widowed or divorced* (Mattes p4).

Generally then, the group of women termed single mothers by choice contains both pre planners and post planners, a distinction based on whether single women decided to go solo before or after pregnancy.

This discussion on choice and chance explored the complex life patterns of women. An emphasis on individuality was shown to exclude contextual influences on people's agency, such as an unexpected lack of support from partners following unplanned pregnancies. Women wishing to have children often found their partners to be unwilling to have children or considered their partners to be unsuitable (Carmichael 2007). The group of childless women included women who decided early on not to have children as well as those who were influenced by financial circumstances or relationship

breakdown. Cannold (2005) alerts us to the presence of Australian women who waited for "Mr Right", and unfortunately missed out on their desired motherhood.

Historically the term 'single mothers by choice' refers to women who proceed with unplanned pregnancies and women who plan in advance to parent alone, called post-planners or pre-planners depending on the timing of the choice. Definitions of single mothers by choice emphasised the feature of parenting alone from the first year of the child's life rather than a choice made prior to conception.

Prior life events and knowledge of options for motherhood may determine who becomes a mother. Additionally, single childless women who wish to be mothers might do so if only they had the means, confidence and knowledge of other paths to motherhood. As single childless women consider their options societal attitudes towards single motherhood may influence their decision making. A discussion on attitudes to single parents, and in particular single motherhood, begins the next section.

Section 2: Exploring single motherhood

This section begins by exploring societal views towards single mothers which may influence women's willingness to proceed with single motherhood. A selection of literature on the experiences of women who parent alone from the beginning of their child's life is then reviewed.

Attitudes to single motherhood

The following discussion examines literature regarding attitudes towards single mothers. There are very real difficulties faced by many who mother alone from the first year of a child's life, such as financial disadvantage when not working and the sole responsibility of parenting an infant child. A further burden is coping with stigmatising attitudes to single parent families. In their communities, single women may encounter a variety of views on alternative family types, and may hold negative views of single mothers themselves. They may be concerned about disapproval of their choice to become a single mother, as actions that do not conform to traditional family values may invoke disapproval from others. Educated and informed single women would be well aware of negative portrayals of women who choose single motherhood and may wish to avoid such a negative identity for themselves. Such views are initially explored in terms of media reports, attitudes of politicians, and surveys of the attitudes of ordinary people.

Historically the decision of single women to become single mothers has provoked censure. Criticism of nonmarital child bearing remained constant in representative samples of magazines and scholarly journals throughout last century, thus indicating less tolerance of solo mothers at that time (Usdansky 2009). Usdansky attributes this intolerance to a continuing ideal of marriage within American family life and a conservative concern for harm to children in single parent families remained a prominent theme throughout the century. In contrast to this view, Bock reported that negative sanctions experienced by solo mothers in her study softened between the sixties and nineties (2000). Cherlin (2009) anticipates that within a generation there will be higher levels of acceptance of non marital child bearing, partly due to already changing views amongst low income women about this practice.

In 1992 the former Vice President of the United States of America, Dan Quayle, criticised a fictional television character, Murphy Brown, for her 'morally incorrect' decision to have a child after an accidental pregnancy (Goren 2009). Goren believes that this portrayal of a wealthy established

single woman deciding to parent alone illustrated that choosing single motherhood had become more socially acceptable.

This depiction of a political leader using his position to moralise about a single woman's choice to have children mirrors the involvement of the former Prime Minister of Australia, John Howard, in a family values debate about the suitability of single women parenting children alone (Bennett 2000). The challenge to laws in Victoria began in 1999 when Leesa Meldrum, a single woman from Melbourne, approached her fertility specialist, Dr John McBain, who could not treat her because of her marital status according to that State's law. The Prime Minister attempted to amend the Sex Discrimination Act to prevent its use against state laws that prohibit fertility treatment for single women and lesbians, stating that the main issue of concern to Cabinet was...

> *...the right of children in our society to have the reasonable expectation, other things being equal, of the affection and care of both a mother and a father* (Metherell and Whelan 2 August 2000)

The view that non-traditional families are deficient is seen as a reaction to social changes which challenge men's centrality in family life, as well as their power and privilege (Silverstein and Auerbach 1999). Despite the view that families with fathers are essential for the well being of children, there are increasingly sympathetic media reports of the circumstances and distress leading to choices of sole parenting (Rodriguez 2002; Benady 2004; Egan 2006; Goodchild and Woolf 2006). Additionally, tolerance towards SMC in Australia has increased somewhat over the last decade, with popular press showing a sympathetic understanding of the single woman's decision to parent alone (Lumby 1997; Vaughan 2000; Yamine 2005; Freedman 2008). A survey of Australian community attitudes towards IVF found an increasing approval of single women having access to donor sperm from 18% in 1993, to 38% in 2000 (Kovacs, Morgan et al. 2003).

An early feminist view depicts SMC as adaptive and as an example of *"solo pioneers"* who are...

> *"...autonomous in their personal identity and are able to construct meaningful lives for themselves outside of the context of marriage"* (Primakoff 1988 p66).

Such pioneers are contrasted to dependent single women who may miss out on life opportunities while waiting to be chosen. Primakoff believed SMC to be skilled in developing social networks with female friends in order to provide continuity and intimacy in their lives, hence focusing on the agency of those who go it alone.

Aware of the perceptions that single women choose to have a child to compensate for poor childhood relationships and consequent poor adjustment as adults, LeBlanc compared maternal and paternal adjustment, adult security and adult psychological adjustment of SMC to other groups of women (LeBlanc 2001). Attachment was measured through the Adult Parental Acceptance–Rejection Questionnaire (PARQ). Adult psychological development was measured by the Personality Assessment Questionnaire (PAQ). The sample of 28 SMC was compared to similar sized samples of partnered women, with or without children, and to single women without children. There were no significant differences between the four groups on these measures confirming that parenting alone was not a choice linked to poor adjustment or negative childhood relationships.

Some studies differentiate between types of single parent families and attempt to provide a counterbalance to negative stereotypes of single parent families. The children of 49 SMC recruited from the SMC organisation were compared with 24 divorced, and seven intact families in Alabama. Scores from the Achenbach Child Behaviour Checklist, the Piers-Harris Children's Self-Concept Scale, the Parental Authority Questionnaire and the Parent-Child Relationship Inventory showed that family structure and type did not have a significant bearing on any scores, with children from all family types doing well (Lindman 1998).

Studies in the United States of America examine the views of ordinary people towards choosing single motherhood. Mechaneck (1987) surveyed the attitudes of 151 middle class people in the state of New York. The predominantly white subjects were 56 men and 95 women between 14 and 71 years of age with single and married people equally represented. Participants favoured single women using adoption rather than having sex with an unknown man, with the option of artificial insemination or conception with a known man being rated in between. Men in particular saw the children of single mothers as disadvantaged. Women were more likely to consider *"situational and personal context and characteristics of the mother in question"* (p266). Of the female respondents, 40% had some familiarity with a woman in this situation, perhaps accounting for the tendency of women to be more supportive and empathic. Several participants asserted that a child still needs two parents, thus supporting the mainstream views that the nuclear family is less risky for children.

In a study of stigmatisation and social comparison, a group of 51 single mothers viewed themselves as stigmatised and 51 married mothers also thought that single mothers are stigmatised (Siegel 1995 1). Both groups saw younger single mothers on welfare benefits as more stigmatised than older

financially stable single mothers. Comparing oneself favourably with others was seen as a way of reducing negative affect related to being in a low status group and the single mothers were more likely to do this, and to deny that their stressors were worse than those of other mothers.

It is clear from this discussion that attitudes towards single parent families, single mothers and towards single mothers by choice vary. More sympathetic reports from the popular press and in the community over time indicate an increased understanding of the plight of single childless women. Similarly an American survey indicates more sympathy towards single mothers by choice although traditional beliefs remained, such as the view that a child needs two parents. Results of studies on SMC indicate lessening stigma towards the turn of the century, while research results show normative psychological adjustment of SMC and positive outcomes for their children. This section concludes with research on the experiences of single mother families, with frequent references to SMC in this literature.

Experiences of women who 'go it alone'

There is diversity within the broad group of women who are termed single mothers. The experiences of unmarried mothers, especially mature women, are explored in relation to decision making about pregnancy and motherhood.

SMC terminology was initially inclusive of women in de facto relationships, indicating that the word single referred to the unmarried state. A sample of so called single mothers from Britain, America and Holland included a small number who used donor conception or deliberately planned a pregnancy with a known man, and therefore could be described as pre planners (Renvoise 1985). Those who chose ahead were portrayed as independent but reflective of whether they were selfish for choosing single motherhood and as...

> *...independent, intelligent, determined women who liked their own company, relished solitude, and were not going to give it up for anything less than a first class marriage. What may surprise is their liking for solitude, considering they have, after all, chosen to have babies* (p96).

This apparent contradiction indicates that a desire for motherhood is a distinct longing, somewhat separate to a wish for an intimate partnership, and that for some women these two are not so strongly linked.

In a study of over a hundred unmarried mothers living in Chicago about half the sample chose to parent through adoption or became pregnant deliberately, while the remainder either 'invited' an accident or became pregnant accidentally (Merritt and Steiner 1984). The increased willingness to parent outside of marriage was attributed to women's increasing financial and emotional self sufficiency, combined with uncertainty as to whether marriages would last. The upward trend of single motherhood was attributed to a 'marriage squeeze'; that is, higher numbers of single women than the older men they expected to marry, primarily due to losses in World War II.

Siegel (1995 2) compared 51 single mothers with 51 demographically matched married mothers, and found that both groups were strongly motivated by motherhood but held different views towards the compromises necessary for marriage and the benefits of marriage.

Despite this, Siegel expressed surprise that...

> *...the single women could not be characterised as feminists or progressive thinkers as a group, even though there were many in each group who individually fit this description. Some of the single women were quite traditional in their values – motherhood being part of this tradition* (1995 p209).

Siegel concluded that increased options outside of marriage were the most likely contributor to higher numbers of single mothers.

With the same sample Siegel (1998) compared pre-motherhood concerns and consequent satisfactions of married and unmarried mothers. Father absence was of more concern to the single women who had adopted or used donor insemination than for those who conceived through sexual intercourse, specifically in thinking this created difficulty for the child. The single mothers reported concern with finances and gave more thought to being single than married women gave to being married. Those single mothers who used donor insemination reported the least chronic stressors and everyday hassles, while those with unplanned pregnancies had higher levels of stress and depression. The adoptive single mothers rated themselves as more highly satisfied with life perhaps due to a lower experience of stigma and adoptive mothers being seen as "*some sort of saint"* (Siegel 1998 p2).

Mechaneck (1987) interviewed twenty single mothers primarily living in the state of New York. The mothers were mostly white, college educated, and heterosexual women. Decision making about being a single mother lasted on average four years with around half acknowledging the influence of the women's movement in their life choices. Those who had unplanned pregnancies and who expected shared parenting were dissatisfied while the remainder expressed happiness with the outcome of their decision to go it alone. Some had previously been married and most considered a future marriage desirable. Their social networks included other single mothers and support from the SMC organisation founded in the United States of America. A majority of the mothers planned to share the story of how they became single mother families with their children. The mothers expressed concerns about father absence, social isolation, financial difficulties and telling the children about their situation.

In Israel Linn found that 50 older single women confronted with unplanned pregnancies, mostly to long term sexual partners, decided to proceed with pregnancies, inspired by the biological clock and expressing a wish to at least have a child if marriage was not going to happen (Linn 1991). The women were careful in their planning, with a majority having suitable housing and stable professions. In the sample 90% expressed satisfaction with their pregnancy. They experienced an increasing autonomy through expanding social relationships, and felt an expanded sense of self. Many attempted to foster a connection with the father of the children by informing him of the pregnancy and later talking to the child about the father. The women reported economic worries, fears that *"something would happen"* to them as mothers and concerns that the children might experience stigma related to having a single mother. Despite these concerns 80% of the sample wanted to have another child.

In New York City Jones (2008) explored the complex decision making processes of eighteen younger, never married, and less financially privileged single women electing to proceed with unplanned pregnancies. Twelve participants identified as Black, three as Latina, one as White and two as bi-racial. Although aged 29 on average at the time of birth of their first child, in their cohort they were considered as older mothers. Despite their low incomes, somewhere between poor and middle class, they were all employed full time. Some of the women were fleeing unhealthy relationships and unacceptable behaviours of partners. Others were hoping that relationships with the fathers would develop. A theme of morality was evident in their decision making, with women considering their capacity to manage, as do SMC in more financially able positions. Unlike older single women who planned in advance, the women in this sample felt a *"comfort zone of single motherhood";* that

is, although they wanted relationships with the fathers to continue, they did not agonise about proceeding with having children. They chose to proceed even when their hopes for a relationship did not materialise, or were flexible when they realised the relationship needed to end in order to protect their children. Despite the 'comfort zone' noted by Jones, these single mothers experienced a sense of autonomy and agency similar to other SMC.

It appears that solo mothers desired motherhood and expressed satisfaction with the outcome of motherhood regardless of whether their decision to have children occurred before or after a pregnancy. The increasing numbers of women going it alone have been variously attributed to lower numbers of available men, and increasing options for motherhood, including self sufficiency and independence in women. Single women show similar motivations for motherhood as married women. Although those with unplanned pregnancies frequently attempted to establish connections with the fathers, they also expressed less angst in not providing a father, perhaps because they had not deliberately become single mothers.

Section 3: Outcomes for single mother families

This section of the chapter begins with reports on psychological and psychosocial outcomes for children conceived through donor conception and their parents, using both quantitative and qualitative methods. Samples occasionally combine SMC with other non traditional family forms such as lesbian mother families or compare outcomes between different family types who used the pathway of donor conception. The section continues by reviewing studies on families where the mothers have been parenting alone from the first year of the child's life, and as such have not been affected by conflict and divorce.

Outcomes for single mother families using ART

A seminal study of outcomes for children conceived by donor insemination found that household composition or parental sexual orientation did not result in negative outcomes (Chan, Raboy et al. 1998). The sample of 80 families selected from the clients of the Sperm Bank of California included lesbian and heterosexual mothers, either partnered or single. Behavioural problems were related to the parent's own adjustment, the existence of parenting distress, or dysfunctional parent-child interactions rather than to family type. There were no concerns for the wellbeing of the nine single

heterosexual mothers or their children, nor any indication of lower psychosocial adjustment of the children for the combined group of 30 single women.

A sample of 27 single mothers by choice and 50 comparable married mothers who used donor insemination were recruited through fertility clinics in the United Kingdom (Murray and Golombok 2005). Infants of the mothers were between six and twelve months old. The two groups were similar in terms of expressed warmth, emotional involvement, enjoyment in parenthood, feelings about their parental role, and in maternal attachment. Anxiety and depression scales showed no differences in parenting stress scales. SMC tended to have slightly more practical support from their families. Most SMC gave reasons for their choice as time running out, would have preferred to parent within a relationship and considered donor insemination more morally acceptable than casual sex. The decisions of the SMC involved much forethought and planning. In the SMC group 93% of women planned to inform offspring of their conception compared to less than half of the married mothers. SMC were significantly more open with family and friends than married mothers, which was attributed to their obvious lack of a partner and to confidence in donor conception as a method. Married mothers found children to be more fussy/difficult or unadaptable, with a slightly higher level of interaction with infants and greater sensitivity which was attributed to their perception of children's more difficult temperament and the support of partners. The authors conclude that solo donor insemination mothers were "*generally functioning well*" (2005 p250).

Higher health needs of mothers as well as health difficulties of children associated with multiple births were reported in a sample of unmarried older women in Israel, on average aged 43, using ART (Weissenberg, Landau et al. 2007). Parenthood is highly valued in Israel, and recipients of ART are able to access treatment until 45 years of age, and 51 years if using donor eggs. Women living alone frequently sought extra help to manage, especially those with twins. Another Israeli study of eleven unmarried mothers on average 46 years old at birth, and who used both egg and sperm donors, found parenting and child development to be unproblematic, although with the stress normally associated with parenting of infants (Landau, Weissenberg et al. 2008). Two of the three women who bore twins found coping alone difficult. The singleton children were all reported as healthy, with minor emotional or behavioural difficulties reported by three mothers, and three twin children reported as having minor attention problems. All the mothers reported a high level of satisfaction with parenthood.

Outcomes in mother headed families from birth

The inclusion within single motherhood of separated or divorced women, women who became pregnant accidentally, and women who were living outside marriage with a partner, has complicated the investigation of SMC and their differences to other single mothers (Potter and Knaub 1988). Thus the outcomes of studies of single mother families will be influenced by lower financial capacity following separation, or conflict prior to separation, according to family history or family structure of participants. A recent study comparing mother headed households from infancy with two parent heterosexual families found some advantages for the former, thus confirming the benefits of more strictly separating the types of family in research (Golombok and Badger 2010).

Early studies of single mother households reported negative outcomes for children, with income loss occurring after separation seen to partly account for children's lower achievement (McLanahan and Sandefur 1994). However, the anger and resentment following parental separation do not occur in SMC households; nor does the loss of resources following family breakdown (Morrissette 2005). Additionally, a mother's education and income are key indicators of outcomes for children, and the mother's capacity to cope is generally well thought out by those contemplating single motherhood. There is an increasing acknowledgement that factors of poverty, family conflict and separation from family members are not applicable to those who plan single motherhood in advance (Golombok 2000; Golombok 2004; Jadva, Badger et al. 2009). Although the stress and demands of solo parenting from the beginning are additional difficulties that separated mothers may not encounter, this is mediated to a large extent by how much social support single mothers receive (Golombok 2004).

An English longitudinal study of children who were raised in mother headed families examined outcomes in childhood, early adolescence and early adulthood and found that children are not adversely influenced in their social and emotional development by the absence of a father (Golombok, Tasker et al. 1997; Golombok and MacCallum 2004; Golombok and Badger 2010). Of the parents, 30 were lesbian (15 single and 15 partnered), 42 were single heterosexuals, and 41 were two parent heterosexual families.

In the first stage the children were aged between three and nine years and were raised without the presence of a father within the home since the first year of life (Golombok, Tasker et al. 1997). The mothers' psychological adjustment, emotional involvement with children, and levels of stress were

similar to those in father present families. The children in father absent households perceived themselves to be less cognitively competent than children from father present households, yet they had secure attachment with their mothers and felt accepted by mothers and peers. In the second stage the adolescents in father absent families perceived greater maternal involvement, availability and dependability than those in father present families (Golombok and MacCallum 2004). There was a greater level of disciplinary aggression in the father absent families with slightly more for single heterosexual mothers, possibly linked to the increased likelihood of partner support for lesbian mothers. Although the severity of disputes was considered greater by mothers in father absent families, the adolescents in the different family types did not report a difference in the quality of discipline. The socio-emotional development of adolescents was similar between all groups.

At young adulthood the mothers in father absent families showed higher emotional involvement and less anxiety about adolescent distancing (Golombok and Badger 2010). Solo mothers showed less disciplinary indulgence, and less severe disputes than in lesbian families. Differences in style of managing conflict for the single mother families could be related to the constancy of the parenting role and consequent stress, as well as to the sole mother needing to carry authority without support. The young adults' interviews and questionnaires showed similarities between family groups on attachment levels and relationships with peers. Those raised in female headed households showed more self-worth, scholastic competence, romantic relationships and sense of humour than those from traditional families, and also significantly less alcohol use. Although these studies have relatively small samples, with only 27 single heterosexual mothers remaining in the final follow up, the research contributes to a positive view of outcomes for solo mother families, as well as of lesbian headed households.

In a review of single parenthood the most important risk factor identified for children was parental stress, even in more advantaged families, with the degree of social support considered another important factor (Weinraub, Horvath et al. 2002). Both stress and social support have an effect on parental behaviour. The findings above indicate that outcomes for children depend on multiple factors in the single mother family, rather than the structure of the family itself as Weinraub concludes:

> *...children from solo-parent families with low stress do not appear to be at any increased risk* (p129)

This section concludes with two quantitative studies which attempt to discover specific attributes of SMC. On occasion studies aim to reveal personality characteristics that might differentiate SMC from other women. An Israeli study compared 60 married women, 63 single mothers, and 53 divorced women, demographically matched, on 'hardiness' as measured by the Hardiness Scale devised by Kobusa (1979), and found no significant differences (Segal-Engelchin 2008). Both divorced women and single mothers showed higher levels of fear of intimacy perhaps indicating the emotional costs of previous relationships. The author surmised that single women with successful lives may be reluctant to lose the benefits of freedom, self-determination and a sense of control if potential partners were likely to interfere with this. In a study with the same sample, no differences were found in perceived quality of life between the three groups as measured by Shye's Quality of Life Questionnaire (Segal-Engelchin and Wozner 2005). However, a more involved birth father or higher economic status was linked to higher levels of psychological and physical quality of life.

This section provided a picture of research on single mother families, finding no concern for psychosocial outcomes in SMC families using donor conception when compared with other family types. Indeed SMC families appear to be functioning well. There were self-reported rates of poor health of older mothers and their children in Israeli studies which were attributed to the risks of older maternal age and multiple births (Weissenberg, Landau et al. 2007; Landau, Weissenberg et al. 2008).

Poor outcomes of low income or otherwise disadvantaged families were differentiated from those where families are headed by mothers from the first year of life. These latter families are seen to avoid the effects of changing socio-economic conditions as well as conflict in the marriage. A longitudinal study provided evidence that in adolescence and young adulthood, the families of SMC were securely attached and provided a positive view of how well SMC families are doing (Golombok and Badger 2010).

Section 4: Explorations of single mothers by choice

This section reviews a selection of qualitative theses which explore the lives of SMC. The section concludes with a recent large scale international survey of SMC, along with a selection of articles exploring the family construction of SMC.

Two qualitative studies of single mothers in Wisconsin, USA elaborate on aspects of the SMC life. Firstly, Mannis (1999) aimed to clarify the decision making processes of ten single women choosing to parent autonomously. Financial capacity, as well as family and social supports, allowed them to make this choice. The primary findings were that the women had a strong desire to nurture, and great satisfaction with motherhood. This was juxtaposed against the difficulty inherent in parenting alone, as exemplified by one participant's comment in the Mannis study.

> *I think the reason I agreed to do the interview [was] the need to talk about it – because I don't think people understand how difficult it is* (1999 p126).

In the second study, Bock (2000) viewed SMC as particularly vulnerable to attacks on their morality, as their actions detract from the centrality of the father in the traditional family. Her sample was drawn from the SMBC organisation and consisted of 26 primarily white educated women who used donor insemination, adoption or had sexual intercourse with a friend aware of their intention to parent alone. SMC prepared answers for those who might be critical of their decisions, in the knowledge that teenage mothers and those on benefits were viewed harshly. Bock saw the distancing of SMC from other less well off single mothers as a way of avoiding the stigma of single motherhood. The women resorted to single motherhood if Mr Right did not appear and legitimised their choice by referring to their positive social attributes; that is, age, responsibility, emotional maturity, and fiscal capability. The author found integrity to be a key element of the participants' emotional maturity.

Fill (2002) explored the decision making processes of fifteen SMC in California, USA, finding participants who used donor insemination or adoption to be thoughtful in considering their options. Participants who received negative responses to their choice to parent alone reacted with apathy or hurt. However, life satisfaction was extremely high within the group, except for two participants who reported financial strain and isolation as a problem. For those who use donor conception there was a uniform belief in the necessity to disclose this to their children.

> *One unanimously agreed upon assertion among the respondents was that one loving parent can successfully raise a child. Although no participant claimed to be able to do it without assistance, all participants had confidence in the single mother by choice family structure and were deeply committed to raising their child/children* (Fill 2002 p80).

SMC experiences were explored in a large scale survey of 291 women who accessed online discussion forums, namely "Choice Moms" or "Single Mothers by Choice" (Jadva, Badger et al. 2009). Of the respondents, 213 lived in the United States of America, while 29 lived in Canada, 24 in the United Kingdom, 12 in Australia, 4 in Israel and the remainder in Latvia, South Africa, and European countries. Donor conception was the most common method of achieving motherhood (74%), with a minority in this group using a known donor or self insemination. Adoption, either international or domestic, was used by 12% of the sample. A large proportion of women (76%) stated they had been in previous long term relationships and gave reasons for not having a child in that relationship as; 'the relationship was not right', 'the timing was not right,' and for a quarter of the sample, that 'the partner did not want a child.' Mothers reported receiving as much support as was needed (51%), or some support (42%), primarily from family or friends. Most did not report having more difficulties than other mothers in parenting. The single mothers made preparations prior to final decisions being made. These findings provide useful information on SMC who are connected with their online cohort.

A particularly interesting aspect of SMC studies in Massachusetts, the United States of America, is a focus on single women's construction of their family type following the use of donor conception (Hertz 2002). The mothers used information from the donor profile provided by the sperm bank to create an image of the father for their children. Narratives created by the mothers regarding the birth history reinforced the role of the donor in helping the mother create the family and included a sense of gratitude for the gift from the donor. Some mothers had made extra efforts to discover information regarding the donor, or in selecting donors who might more easily be traced at a later time. Those who used known donors were keen to have an actual man for the child to meet, with tensions arising between the wishes of the mother, the donor and the child. The entire sample was honest with their children regarding donor conception and assisted children with understanding their family form. With a larger sample that also included single women who adopted or proceeded with accidental pregnancies, Hertz and Ferguson studied kinship networks and self sufficiency of single mothers (1997). They proposed that women developed strategies to maintain independence from

both the fathers and state welfare through the assistance of friends and other close ties, thus enabling them to be self-sufficient to an extent.

Ben-Ari and Weinburg-Kurnik (2007) conducted in-depth interviews with thirteen Israeli SMC who adopted children in their forties. The single mothers experienced personal power and autonomy in their decision to parent alone, yet felt a challenge in family relationships, feeling they had to justify their choice to adopt as a single mother. They expressed some concerns with the differentness their children would feel regarding the absence of a father in their lives. The single mothers tended to minimise the emotional differences of the adoptive mother child relationship. On the other hand the women reflected on a complex array of emotional experiences regarding their experience of single motherhood.

This final section of the chapter explored qualitative studies of the experiences of SMC. A large survey indicated that failure to find an appropriate partner is a common reason for women to choose single motherhood (Jadva, Badger et al. 2009). Linn also found that a partners' reluctance can influence decisions to partner alone (1991). Although motherhood brought joy as well as difficulty in managing parenting alone, many women did not feel parenting to be harder for them than other mothers (Mannis 1999). SMC frequently need to counter criticism of their family form (Bock 2000; Fill 2002), although many women deny an experience of criticism (Fill 2002; Jadva, Badger et al. 2009). This could indicate changing views towards single motherhood over a relatively short period of time. Single women had thought hard regarding their decision to parent alone (Mannis 1999; Bock 2000; Fill 2002) and had made practical arrangements prior to embarking on single motherhood Jadva (2009). Once they became single mothers, women's concerns included the impact of father absence on children. Mothers of boys were particularly concerned about boys missing a male role model, not engaging in male type activities, and not developing healthy relationships.

Conclusion

This literature reviewed in this chapter portrays a context in which single women's choices in partnering and childbearing are not clear-cut. Complicated relationship histories have altered the traditional paths of marriage and child rearing. Increasing options for contraception have contributed to a tendency for motherhood at a later age where women increasingly rely on assisted reproductive technology as a backup plan. For a diversity of reasons women may find they are single and childless yet with the biological clock ticking.

Research on the wider group of single mothers, including those who proceeded with unplanned pregnancies as well as women who had separated from partners, found specific factors within family functioning affect outcomes rather than the family structure itself. Less socially disadvantaged single mother families had a similar risk to families with partnered parents, although there was a slightly higher risk noted for sole mothers who were particularly isolated and experiencing stress.

Qualitative research portrays SMC as women who have thought about their choice carefully and who appear well equipped to manage motherhood. Even within the larger cohort of women who are identified as single mothers by choice, single women who plan ahead to have children alone are distinct. Even more distinct is the use of donor conception, particularly through a clinic, a course of action requiring financial and emotional commitment.

The next chapter provides an insight into the recent history of donor conception with a particular emphasis on the psychosocial aspects of this practice. It also discusses the way in which the Australian context of legislation for Assisted Reproductive Technologies influences single women as they plan to use donor conception as their path to motherhood.

Chapter Two - Contexts: Donor conception, legislation and policy

This second literature review chapter is divided into two sections. The first section discusses the Australian legislative framework for Assisted Reproductive Technology and the use of donor conception, particularly those aspects which are likely to impact on the sample of single women in this research project. Therefore the information is relevant to the time period during which participants conceived, and focuses on literature and research more pertinent to diverse family forms. The second section of the chapter emphasises the ramifications of using a third party, the sperm donor, by reviewing a selection of literature on diverse families using donor insemination, outlining studies on psychosocial outcomes for children conceived through assisted reproductive procedures and exploring ethical and psychosocial issues related to donor conception practices. Research on the use of donor conception by two parent families is only included as part of a background history on donor conception, and to contrast the practices of traditional families to those in alternative family forms. This chapter does not attempt to review all literature pertaining to the experiences of heterosexual couples except for the purposes mentioned above. A further exception is in the exploration of family narratives on the use of donor conception. A small number of articles which explore such narratives in two parent families are included as they place the building of narratives on donor conception for SMC families in a wider context and are indicative of general issues potentially arising for all families who use donor conception.

It is important before proceeding to introduce and comment on terminology relating to Assisted Reproductive Technology (ART) and to donor conception. The terminology used within assisted reproduction (AR) reflects current social views and assumptions about family. *Donor conception* refers to the practice of using gametes, i.e. sperm or eggs, donated by a third party. Historically the major recipients of donor insemination were heterosexual couples where the male partner was infertile. Definitions of infertility have been pertinent in debates around access to ART as they are used to limit access to fertility services to normative family types. *Social infertility* was a term used in the debates on single heterosexual women and lesbian women accessing ART in Victoria, and referred to the personal or lifestyle preferences, or life circumstances, leading to the request for AR services. This term marginalises single heterosexual women or lesbian women who do not fit traditional family patterns. The implications of using donated gametes apply to both child and adult offspring born through ART, and hence the term *donor conceived person* is adopted. This term reflects the ongoing impact of donor conception on people throughout their lives.

Section 1: Australian legislation and policy

This section focuses on two major concerns arising from legislative issues, and thus pertinent to the construction of SMC families and this research project. The first concern is that of access and eligibility to ART services for single women, without which many single women would not seriously consider single motherhood. The second concern relates specifically to the role or place of the donor in the family. Legislation impacts on the donor conceived person's right to knowledge about the donor, the potential for contact with the donor, and the ability to from relationships with other offspring of the donor. More detailed information on Australian legislation which pertains to these concerns is provided in Appendix 1 on ART, where tables outline the situation on a State by State basis.

Policy and legislation may be influenced by changing public opinions, particularly with regard to ART being used to create diverse family forms. Inequities in access to ART and in access to information on biological parentage for donor conceived people remain. The legislative framework within Australian States and Territories has far reaching implications for recipients, their offspring, and the donors.

Access to Assisted Reproductive Technology

Single women wishing to pursue a pregnancy through ART have to contend with a potential lack of access to such services dependent on where they live in Australia and the time at which they are attempting to conceive. A complicated and ever changing legislative field can be difficult to understand and to navigate for single women wishing to become pregnant through donor conception. This section attempts to convey the potential impact of legislation and policy on single women during the times this study's participants were attempting to conceive, therefore beginning in the early 1990s and concluding in 2006. Due to the ever changing nature of this field it may be impossible to accurately convey the situation single women in this project confronted, and in fact the participants in this study may not have been fully aware of the legislation and policy influencing their situation.

State Legislations on ART in Australia are changing rapidly as a consequence of legal challenges to criteria for eligibility. Australia has three tiers of government with both Federal and State tiers having relevance to ART practices. ART is currently regulated by specific legislation in four states.

These legislations are the Western Australian *Human Reproductive Technology Act (1993),* the Victorian *Assisted Reproductive Treatment Act (2008)* formerly the *Infertility Treatment Act (1995),* the South Australian *Reproductive Technology Act (1998),* and the NSW *Assisted Reproductive Technology Act (2007).* State legislation prevails over both the RTAC Code of Practice and the NHMRC Guidelines.

In the time period relevant to this study, there were legislative barriers to single women's access to ART in Victoria and South Australia, and limits to the use of IVF in Western Australia. The National Health Medical Research Council (NHMRC) Guidelines do not specify directions on access and eligibility issues but advised that where conflict between State legislation on ART and the *Commonwealth Sex Discrimination Act S4* (1984) exists, ART programs *"may seek exemption from this Act by application to the Human Rights and Equal Opportunity Commission"* (Bennett 2000 p629). In States without legislation fertility specialists could decide on issues of access to lesbian and single women. Therefore differences in legislation and clinic policy across the nation created unequal access to ART services.

In States with legislation single women sought routes to circumvent the restrictive criterion of marriage. For some single women this meant interstate travel to access ART if this was denied to them in their home State (Cohen 2005). The criterion of medical infertility can be met if single women are unsuccessful with donor insemination in another jurisdiction. They are then considered eligible for access to IVF in their own State. Single women in unlegislated States can search for local clinics willing to accept them for treatment, as the fertility specialists make their own decisions on eligibility.

Opposition to single and lesbian women accessing ART was debated, reviewed and challenged in Australia (Seymour and Magri 2004; Victorian Law Reform Commission 2005). This began in 2000 with a Federal Court case regarding the Victorian legislation prohibiting access of a single woman to ART. Following this court case there was *"an unprecedented media frenzy nationally"* and a reaction *"engendered by the challenge to the traditional concept of the family and parenting"* with consequent legislative changes (Szoke 2002 p473). Restrictive legislation attracted debate earlier than 2000 however, with articles reporting on discrimination within the law and critiquing the enforcement of social norms (Porter 1997).

In the United Kingdom the Warnock report included a requirement that the *"welfare"* of the child be considered *"including the need of that child for a father"* in decisions regarding access to ART (Peterson 2005 p281). This was also the case in Australia where the principle of the welfare of the child has been used to limit eligibility for women without partners, a criterion Tobin considered irrelevant to a person's ability to care for a child (Tobin 2004). In a Victorian Law Reform Commission paper, Tobin argues that considering single people to be unsuitable parents contradicts the regular practice in Family and Children's Courts in Australia of determining single people to be fit to care for children. However, social views of family types and suitable mothers have been powerful in limiting access to assisted reproduction (Smith 2003). Smith considered the debate on access to IVF to be *"about the governing of women, and in particular, the governing of motherhood identities"* (Smith 2003 p65). She explored the discourses which positioned single or lesbian women as *"deviant"* compared to the "*normal"* family, and a risk to the *"unborn"* child.

In Victoria the Infertility Treatment Act, which requires a woman to be *"unlikely to become pregnant,"* was interpreted differently for married and single women (VLRC 2005). The privileging of the traditional heterosexual family within AR was relatively unquestioned. However, since the success of legal challenges to discrimination against single and lesbian women, current laws are beginning to reflect equal access, and clinics are wary of being challenged about their discriminatory practices.

Single women may be exposed to negative attitudes as recipients of ART. Discriminatory views of health professionals to diverse family types may reflect wider societal views. Nevertheless they have implications for single women's experience of stigma. For example, health professionals in New Zealand fertility clinics expressed conflict between their own views about the suitability of single and lesbian women to become parents and the legislation allowing such access (Hargreaves 2001). They expressed concern about children being born into fatherless households, blaming women for their singleness and their incapacity *"to form relationships,"* believing they were motivated *"to fill the void in their life"* (p201). Such views are not supported by research which shows that SMC using donor insemination have similar functional attachment to married mothers (Murray and Golombok 2005). It is unknown whether such views have an impact on the treatment of single women accessing ART in Australia.

In addition to inequitable access to ART for single women in Australia, single women have unequal access to donors. It is not uncommon for donors to be asked to select which groups of recipients

may use their donated sperm, and donors may therefore elect for their gametes to be used by married couples only. The exclusion of single women as recipients effectively limits the number of donors available for single women and increases the waiting time for donors. One solution to the shortage of sperm is the importation of donor sperm by fertility clinics. According to NHMRC 2005 guidelines overseas donors must also have consented to identity release. Prior to 2005 the imported sperm was primarily from anonymous donors.

This section has discussed the limiting of access to ART for Australian single women, and continues with the issue of precluding rights of donor conceived children to knowledge of their biological heritage.

Donor identity

The lack of rights to genealogical information for those born through ART is an issue of importance to many families using ART and led to the formation of a lobby group for parents within the Donor Conception Support Group. Donor conceived people formed the Australian Donor Conception Forum for donor conceived people. Both lobby groups have been instrumental in highlighting issues. Many organisations including Solo Mums by Choice Australia made submissions to the national enquiry on donor conception practices lobbying for uniform practices in Australia and a National Register. Up until 2005 anonymity of donors was the general approach in the absence of specific legislation supporting identity release donors. The majority of people who were donor conceived prior to that time had no retrospective right to the identity of the donor.

Identity release donors consent prior to the donation of their sperm or eggs to the release of their identity to offspring. The practice of using identity release donors has extended with seven European countries banning anonymous donations, and they are in order of legislation; Sweden, Austria, Switzerland, the Netherlands, Norway, the UK, and Finland (Blyth and Frith 2009). In New Zealand identity release of donors has been a voluntary practice for some time.

The NHMRC Guidelines 2005 provided guidance on issues for States without legislation such as those of access to donor identity for children born through donor conception (Szoke 2002 p3). These Guidelines specified that clinics should only use sperm donors who consent to their identity being released and recommended recording identifying information on the donor for offspring once they reached maturity. This requires clinics to take donors consents for identifying information to be provided to offspring. Dependent on relevant legislation donor conceived offspring may have access

to such information at the age of 16, in WA for example, or more commonly at 18. States with Statutory bodies to manage such information provide more certainty for donor conceived people. The other States are reliant on fertility clinics to manage the recording and disclosure of such information. As of 2010 four States, Victoria, Western Australia, South Australia, and New South Wales, have given legislative support of compulsory registration of such information with the specific purpose of facilitating disclosure of the donor's identity.

Clinics have not routinely upheld advice regarding identity release donors, and have been "caught out" using anonymous donors as reported by media (Cohen 2005). Additionally recipients have been informed their donor is identity release and later discovered that is incorrect (Legal and Constitutional Affairs References Committee 2011 p22).

In some cases clinics may arrange contact between donors and recipient families prior to the offspring reaching maturity with the consent of both parties. This is the case with Victorian practice where contact between siblings from the same donor can be facilitated at the request of families. In other locations legislation prohibits such contact. The Donor Conception Support Group recommended to a national enquiry on 'Donor conception practices in Australia' that siblings with the same donor *"be able to share information or make contact with each other on a voluntary basis through a register"* (Legal and Constitutional Affairs References Committee 2011 p45).

Section 2: Donor conception practices

The second section of this chapter focuses on the psychosocial aspects of ART, in particular donor conception, and begins with an exploration of diverse family forms created through the use of donor conception. The section continues with a selection of studies on outcomes for families using assisted reproductive technology. Finally, practices of disclosure or secrecy within families who have used a donor are explored, as well as the role of the donor, and the inclusion of the donor within family narratives.

Donor insemination in diverse family forms

Studies on lesbians and single heterosexual women using donor insemination as a method to attain a pregnancy focus both on women's motivations to use donor insemination and the outcomes for these groups. The trend towards single women using donor insemination, despite limits to access

fertility programs remaining in many countries, was attributed to a widening acceptance of this practice by single women who could not wait any longer to have children (Lasker 1998).

A survey of "non-traditional" mothers using donor insemination included a majority of single heterosexual women (Leiblum, Palmer et al. 1995). The main considerations reported in the decision making of women were feeling secure in their employment, a feeling that they had worked through concerns about parenting but that time was running out, and that they had sufficient support. A majority of the sample wanted more information on the donor once pregnant and all planned to disclose to their offspring. Women acknowledged a concern with how the child would deal with the absence of a known designated father. Wendland found a similar preference for information about the donor in a sample of single women, lesbian couples and heterosexual couples receiving donor insemination through an infertility clinic based at the University of New Mexico (1995). Additionally, a large proportion of the sample specified a wish to have the donor's identity disclosed. In Wendland's study single women were found to be the most open with other people about donor insemination.

With increasing representation of diversity within society donor conceived people may develop a sense of identity that can incorporate a legitimate family form. McNair (2004) expressed concern that children of SMC families through donor conception may experience prejudice. A study of young donor conceived people did not support this assumption (Scheib, Riordan et al. 2005). In fact the young people from SMC families felt that reactions from their immediate family, relatives, friends and even teachers, was more positive compared to young people from lesbian and heterosexual families.

In Hanson's study of donor insemination single women, a third of a sample of 66 women, wanted to have a child before they were too old and did not envisage "Mr Right" appearing in time (2001). Attitudes towards donors reflected a belief in the ongoing standing of the donor, rather than just as a means to an end, frequently considering him as a father to the child. A portion of the single women expressed benevolent feelings towards the donors and chose them as they might have done a partner or husband. While some single and lesbian women wished to achieve full autonomy from men in using donor insemination, single women appeared to regret missing out on the traditional family.

In her study of women using donor insemination Wood found that the women had not envisaged the consequences of anonymity and later struggled with their powerlessness in relation to fertility specialists, considering them to be the keepers of knowledge about the donors (2001). A similar finding emerged from Lang's study of four single mothers using anonymous donors where two mothers expressed regret regarding donor anonymity and wondered if it was fair to their children to have no identifiable father (Lang 2000). All four women expressed concern with how their children would explain the lack of a father in their lives. Mothers assisted their children in explaining when and with whom the children would share their donor conceived status, and felt quite protective in this matter. Women themselves could become more private about donor insemination as time went on. Discussing issues relating to the biological father was not ongoing, with long gaps where children appeared disinterested in the topic.

In a sample of single mothers in Israel only half of the women with children aged four or over had disclosed the use of a donor (Landau and Weissenberg 2010). This variance to results of other studies may be related to easier access to AR, yet with limited social support or counselling provided, and a consequently less informed group of recipients than is customary in other countries.

In a study of donor recipient families who used a matching service to find other families using the same donor, single women were overrepresented providing some evidence that matching was a way to create an extended family for their children (Scheib and Ruby 2008). This study reported that single and lesbian women were more likely to choose open identity donors than heterosexual couples.

As shown above, women in diverse family forms generally show a preference for disclosure to offspring and openness with others regarding donor conception, while those who use anonymous donors struggle with their inability to provide information to their children.

The following subsection provides an outline of psychosocial outcomes for recipients of assisted reproduction and their families, and finishes with a brief reference to the risks for recipients and the potential stresses involved.

Outcomes of assisted reproduction

A longitudinal study of families using assisted reproduction demonstrated a better quality of parenting compared to that of families with a naturally conceived child (Cook, Golombok et al. 1995). At age 12 the adolescents conceived by donor insemination were developing well both emotionally and socially with mothers expressing greater warmth than in other families (Golombok, MacCallum et al. 2002). Children were well adjusted despite non disclosure to children of their conception. In young adulthood the positive warmth between mothers and children in both IVF and donor insemination families was still apparent (Owen and Golombok 2009).

In families using egg or sperm donation the lack of a genetic relationship had no negative outcome on parent's marital and psychiatric state or quality of parenting or on children's socio-emotional development (Golombok, Murray et al. 1999). Those families with a social mother showed more positive outcomes than other family types. The authors conclude that a higher motivation to parent with a consequent greater enjoyment in parenting might account for this.

A review of outcomes for parents and children following various AR technologies showed no worrying outcomes for families using IVF, but reported less research into families using ICSI, a more recent technology (Golombok and MacCallum 2003). A European study recruiting heterosexual couples using either IVF or donor insemination showed positive outcomes for families created through this method as compared to naturally conceived or adoptive families (Golombok, Brewaeys et al. 2002).

A group of families who had conceived through IVF showed no significant differences on self-reported or adolescent-reported parenting style, adolescent behaviours nor on parenting stress compared to naturally conceived adolescents, aged fifteen to sixteen years (Colpin and Bossaert 2008). Further, a majority of their sample had informed children of their IVF conception with no significant differences in psychosocial adjustment or behavioural problems related to disclosure.

Young donor conceived people who perceived their parents as avoiding topics, particularly regarding donor insemination, were also likely to perceive a lower level of family functioning in their family thus confirming a link between disclosure patterns and family functioning (Paul and Berger 2007). A majority of the 69 young people became aware of donor conception as teenagers or older. Views of young people from families where disclosure was early indicated a stable sense of self and less

discomfort regarding the mode of conception (Jadva, Freeman et al. 2009). Research on the experiences of donor conceived people point toward a benefit from early disclosure.

The studies above show that psychosocial outcomes for families using AR are generally positive and that specific AR technologies are by and large not related to adverse outcomes. However, there are some studies that show concerns related to the method used, and the age of the parents. The following paragraph reviews a small number of studies reflecting such concerns.

In Israeli the adjustment of 50 school aged children born through IVF was compared with that of 50 naturally conceived children and no significant differences in physical and neurological status or cognitive measures of IQ, visual-motor coordination, visual memory, and verbal comprehension were found (Levy-Shiff, Vakil et al. 1998). Lower scores on measures of socio-emotional adjustment in school and on self-report measures of anxiety, aggression and depression for the IVF children were partly attributed to the older age of the parents using IVF, their experience of anxiety after lengthy periods of trying to conceive, and the resulting impact on parenting style.

Hammarberg, Fisher and Wynter (2008) reviewed research articles on psychosocial aspects of ART on pregnancy, childbirth and early parenting, finding similarities with control groups on well being in pregnancy, but signs of early difficulties in parent-infant relationships and lower self confidence. The authors surmised that parenthood might be idealised for successful users of ART thus interfering with early adjustment and parental confidence. A review of studies on physical and psychosocial health outcomes in adolescents and young adults conceived by ART found some differences in physiological outcomes while cognitive function and psychological and social adjustment are similar to that of comparison groups (Wilson, Fisher et al. 2011). Considerable anxiety occurred for women undergoing IVF at the time of egg pick up and while waiting for pregnancy results (Verhaak, Smeenk et al. 2007). However, any depression experienced during treatment resolved once a pregnancy was achieved. However, there are risks for women who use assisted reproduction which may increase with age and with complications arising from prematurity and multiple births (Olivennes, Fanchin et al. 2002; Van Steirteghem, Bonduelle et al. 2002; ESHRE Capri Workshop Group 2005; Middelburg, Heineman et al. 2008; ESHRE Capri Workshop Group 2009). Despite such risks older mothers were found to be better educated, to have higher incomes and to take fewer risks during pregnancy, and there was no negative impact on child well-being on measured emotional and behavioural factors (Boivin, Rice et al. 2009). These results appear to be conflicting at times, and it is not within the scope of this study to provide a full review of findings on ART.

In an Australian study, recipients of AR procedures found costs were difficult to manage, and reported that they were uninformed of the high risks of complications and felt the perceived rates of success were incongruent with the reality (Bell 2006).

Secrecy, privacy and disclosure within donor conception

Despite the generally positive outcomes for users of AR shown above, there remain concerns for the potential distress experienced by donor conceived young people who were not informed of the genetic origins at an early age (Golombok and MacCallum 2003) and for offspring in diverse family structures who may feel 'different' (McNair 2004). This section portrays key psychosocial issues in donor conception, such as the role of donors, their place in family narratives and the meaning of the donor for people conceived from donated gametes.

The role of donors

The role of donors has historically been minimised or ignored, with doctors frequently opposed to recruiting identifiable donors (Daniels and Taylor 1993). Lasker believed there needed to be more understanding of the reasons for doctors' views (Lasker 1993). The views of donors in the United Kingdom were sought regarding identifiable record keeping and anonymity, the rights of offspring to identifying information and whether identity release would affect donation (Daniels, Lewis et al. 1997). More mature donors and those who had children already were generally more open to being identifiable. Daniel's review of research on donors and potential donors, particularly their attitudes to anonymity or identity release, found that it was possible to recruit donors willing to be identified and they were more likely to be older or a family man already (2007).

Despite claims that it is hard to recruit identity release donors, the Sperm Bank of California (TSBC) established an identity release policy in 1983 in response to requests from clients (Raboy 1993). Raboy advocated the practice of identity release which she believes "*helps empower recipients to speak more openly with their children"* (p191). The Sperm Bank of California has been able to recruit identity release donors and has been a key participant in research on families who use donor conception.

In a study of views towards identity release of donors in Western Australia, slightly less than half of the 45 potential sperm donors would still donate if their identity was revealed and a large proportion were unsure and those with children were less negative about meeting offspring (Godman, Sanders et al. 2006). A lack of willingness to be identifiable may be attributed to public representations of the donor, the negative associations with the aspect of sexual pleasure and masturbation, and the overtone of assumed adultery (Kirkman 2004). Additionally those who feel motivated to help others have a child, and who are interested in offspring and their well being, may nevertheless feel reluctant to have a relationship with their offspring in the future.

The place and status of the donor in diverse family forms is explored in the following review of disclosure patterns.

Parents and children: changing disclosure practices

An examination of the literature finds that infertile heterosexual couples tend not to disclose the use of a donor to their children (Daniels and Taylor 1993; Raboy 1993; Cook, Golombok et al. 1995; Adair and Purdie 1996; Landau 1998; Brewaeys, de Bruyn et al. 2005; Rosholm, Lund et al. 2010). There has been a strong history of secrecy within donor conception but an impetus from counsellors and others to advise children of their form of conception, for example (Rumball and Adair 1999; Daniels, Thorn et al. 2007) . In a study of families using assisted reproduction those who used donor gametes did not disclose to offspring aged four to eight years, variously to protect the father, the child , or the mother, yet the absence of a genetic relationship itself did not lead to early difficulties for children or parents (Golombok, Murray et al. 1999).

Legislation adopted in 1985 in Sweden enables the release of identifying information to offspring at maturity. Swedish research found that despite advice that disclosure to children at an early age is easiest, a large number (41%) had delayed informing their children and only 11% had told their children (Gottlieb, Lalos et al. 2000). A follow-up found that 61% respondents had disclosed donor conception to their children but not necessarily their right under legislation to information on the donor's identity (Lalos, Gottlieb et al. 2007). There was a link between healthcare staff encouraging disclosure and rates of disclosure. The results indicated a trend towards increasing openness over time given that some couples had disclosed despite receiving little encouragement from staff.

Secrecy of donor conception has been compared to the early practices of adoption. Infertile couples did not inform children of their origins and relinquishing mothers were advised to forget their children. Similarities and differences between adoption and donor conception have been explored (Blyth, Crawshaw et al. 2001; Feast 2003). Feast argues that parallels between the two practices indicate the need for donor conceived people *"to grow up knowing their origins" (2003 p99)*.

Greater openness in donor insemination has been advocated for some time, see (Daniels and Taylor 1993), partly pushed by the wish of donor conceived people to know more about their biological parentage. The manner of disclosure has been a difficult task for many parents and it could be assumed that this is one reason for avoiding the issue. Sharing information with donor conceived children in an inclusive manner that focuses on the family story rather than the child's conception is recommended (Daniels and Thorn 2001). This *'family building'* narrative approach aims to prevent the marginalisation of the child as special or different (Daniels 2004). Lesbian and single women families have included donors in their family narratives for some time with publications written specifically to aid the building of such stories, for example 'My Story' (Offord, Mays et al. 1991).

Kirkman speculates on the outcomes for people as they struggle to construct stories for children and *"revise their own narrative identities to incorporate the necessity for a donor"* (2003 p2239). Many participants in her research expressed uncertainty in how to tell their children. One SMC participant in Kirkman's study noted her personal feelings of being attacked when the Prime Minister had argued against access to AR for anyone other than heterosexual couples. Kirkman notes that this mother must construct a story to *"take account of the public discourse condemning single motherhood"* (p2236).

A questionnaire sent to 176 men and women from a private infertility practice in San Francisco found a link between the experience of stigma, and disclosure to others of donor insemination (Nachtigall, Tschann et al. 1997). Disclosing to offspring was associated with less stigma about the child, and the researchers surmised that disclosing parents may have either had more positive views on donor insemination generally, or a higher value on social vs. biological parenting. In the second part of this study those disclosing cited honesty as an important value with a concern that secrecy could lead to diminished family trust (Nachtigall, Becker et al. 1998). The non-disclosers expressed confidentiality and privacy as central to their decision, with a concern regarding the threat of social stigma. This research highlights the importance of the parent's value system and family protectiveness in decision making.

Research on couples using donated gametes found that parents who had disclosed or were planning to disclose used two major strategies, termed either '"seed planting" or "right time" and a variety of narratives in discussing donor conception (MacDougall, Becker et al. 2007). "Seed planting" normalises and integrates the use of donor gametes within the child's life history and avoids the "break in trust" that might eventuate with delayed disclosure, and a climate of secrecy in donor conception. This strategy led to more ease with in family narratives about family formation. The "right time" strategists timed telling according to the child's cognitive development. Telling focussed on the medical and technical aspects of procedures. Parents using this strategy expressed more anxiety, framed disclosure within a special episode, and worried that children might reject them or question their decision. In narratives used by both groups the "helper" stories focussed on the parents needing assistance in order to have a child, including the role of the donor and/or the doctor. The "spare parts" narrative focussed on infertility, or on "missing" or "broken sperm". The "families are different" approach sought to normalise donor conception within the context of diverse family forms including adoption, blended, single, gay and lesbian families, etc. The "labour of love" narrative focussed on the parents' efforts to form a family due to wanting a child so much and with few other options available. A majority of participants expressed a difficulty in finding resources to assist with "telling the story." Research on disclosing UK couples found they primarily used the "seed planting" strategy described above (Blyth, Langridge et al. 2010).

This section reviewed changing disclosure patterns for parents using donated gametes. Although counselling alone does not alter disclosure habits, practices are changing over time (Lalos, Gottlieb et al. 2007; Blyth, Langridge et al. 2010). This is influenced by encouragement from clinic staff, and the views of parents regarding honesty and development of trust with children. Nachtigall (1997) confirms the link between stigma and secrecy. MacDougall (2007) advances our understanding of family narratives by studying couples' methods of disclosure. Participants in that study had difficulty in finding resources on how to tell their children about donor conception. Such difficulty has implications for providers and policy makers. There is strong support of the need for counselling as well as psycho education regarding the repercussions of non disclosure. Most early discussions on the ethics of donor conception examined the need to be provided with information on their genetic heritage and the impact for donor conceived people of remaining uninformed about their biological heritage. The views of donor conceived people are now explored.

Views of donor conceived people

There are limited studies regarding the views of donor conceived people due to the earlier history of secrecy surrounding the practice of donor insemination and the fact that donor conceived people frequently remain unaware they are donor conceived. However, in a landmark study of donor conceived people, a small sample of adult offspring of heterosexual couples from the United Kingdom, the United States of America, Canada and Australia shared feelings of loss, shock, and a mistrust of their parents following disclosure later in life of their mode of conception (Turner and Coyle 2000). They expressed a need to discuss their feelings about being donor conceived with others and to re-evaluate relationships with parents, in both positive and negative ways. All sixteen adults had made initial enquiries about how to find out more about their donors. The Australian publication "Let the Offspring Speak" records the views of a group of donor conceived people and speaks strongly to the need for openness in donor conception (D.C.S.G. 1997).

A study of the views of 85 donor conceived people who learned of the conception when aged over 18 found that 87% of respondents would like to meet, obtain identifying information on their donors, or develop relationships with donors, and encourage the use of identity release donors (Mahlstedt, LaBounty et al. 2010).

Donor conceived young people with identity-release donors were comfortable with the use of a donor and felt loved and wanted (Scheib, Riordan et al. 2005). Young people from SMC families experienced a slightly more positive reaction from immediate family, relatives, friends and teachers than those from other households, thus diminishing concerns of stigma for this group. They were more likely to wonder if the donor was like them and why he had decided to become a sperm donor. The majority of participants were curious about and appreciative of the donor, and were more likely than other groups to want contact with the donor. This curiosity could be seen to be quite natural and not a threat to the mothers. Differences were more noticeable between young people from coupled families, whether heterosexual or lesbian, and single parent households. It could be expected that those born into coupled families may wish to protect the non biological parent from hurt. Previous studies felt that lesbian and single heterosexual mothers would be similar with regard to openness and this encouraged the tendency to combine the two types of alternative families in studies relating to donors and psychosocial outcomes. However, the presence of co-parents seems to dampen expressed interest in donors.

In a Belgian study half the sample of children of lesbian parents denied ongoing conversation about the donor with their mothers, while mothers reported gradually adding to the story of the child's conception from an early age (Vanfraussen, Ponjaert-Kristoffersen et al. 2001). This discrepancy could reflect the greater importance of the donor to the child or that children wish to protect their mothers by remaining silent.

A study on the parents' perspective to open identity donors found SMC families were more varied in what they called the donor, using such terms as donor, biological or birth father, or father/dad (Scheib, Riordan et al. 2003). SMC families reported their children to be the most positive towards the donor although all types of families recognised their child's curiosity about the donor. Despite the lack of a father in the home, both single and lesbian women headed households regard the donor as a father.

Donor conceived members of the Donor Sibling Registry (DSR) from different family types felt curious about their donor and those who found out at an older age were more likely to experience anger (Jadva, Freeman et al. 2009). A large proportion of the sample, 38 of the 165 respondents, was from single mother families, with 25 from lesbian mother families. All the single mother families had told the children, primarily at a young age, with almost half of this group reporting they had always known of their conception. Around a third of all respondents used the term "father" or "dad" in describing the donor and this was more likely in offspring of single mother families; as one male respondent commented, he had no *"other man as father"* (2009 p7).

Donor conceived people wish to have a greater knowledge of their origins, and where openness exists children are freer to express their curiosity and discuss such issues with their parents (Turner and Coyle 2000; Lorbach 2003). However, parents often want help from outside the family as to how best inform their children of their donor conception (Kirkman 2003). This is paralleled by the wish of donor conceived people to discuss issues with parents. In Australian research, Kirkman reports that the twelve donor-conceived people in her study all *"argued the necessity of developing an identity that accurately reflected their conception, and a chance to negotiate its meaning with their parents"* (p2238). The view that young people would benefit from being informed of donor conception at a younger age was supported by 25 secondary school students from the general population who also felt that both adolescents and parents might need assistance in dealing with the emotional ramifications (Kirkman, Rosenthal et al. 2007).

The final section of this chapter has presented a selection of studies regarding the experiences of diverse families using ART. Research on outcomes within AR shows primarily positive outcomes for families using donor conception. However, key issues within donor conception emerged, such as the right of donor conceived people to know they are donor conceived and to have access to their donor. Changing practices of donor conception include an increasing openness to others about the use of a donor and a trend towards using identity release donors. The views of donor conceived people support open disclosure of donor conception and parents using these methods indicate their need for support in building family narratives. Single mothers by choice tend to prefer openness and young people from these families experienced positive responses from others about their family type. Single mothers by choice are more likely to use identity release donors and to find other families using the same donor if that avenue is open to them.

Conclusion

In Australia there has been considerable debate regarding the use of donor conception by SMC. However, there is little documentation of the ongoing experience of single women choosing to parent alone through donor conception and who have navigated a complex and changing framework of legislation and policy. That such women exist in Australia can be evidenced by the reported proportion of single women accessing fertility clinics or belonging to the Solo Mums by Choice online forum www.smcaustralia.org.au. This thesis will help address the gap in understanding the creation of SMC families through donor conception by explaining the narratives of single mothers accessing donor insemination in Australia. The next chapter outlines the methodology and research design constructed for the study.

Chapter Three - Methodology

Introduction

A qualitative research lens has been chosen to explore the stories of a sample of single women who used donor conception to have their children. This research seeks to develop a holistic understanding of the stories of this group of women; hence a narrative lens guides the project. This chapter explicates the insider status and feminist position of the researcher as well as the personal and professional influences on the research process. Within the narrative tradition the semi structured in-depth interview is portrayed as a natural and common choice of data collection (Squire 2008). It is regarded as a fitting and sensitive method to respectfully gather the stories of participants. Recruitment methods through purposive and snowball sampling are outlined. The sample and its demographics are demonstrated through discussion and illustrated by tables in Appendix 5. The process of reflexivity in analysis of the narratives is detailed. Issues of ethics, rigour and limitations to the study conclude the chapter.

Rationale and Aims

The systematic review of the relevant literature in the last two chapters covers many themes, yet still reveals little evidence of what drives single women to decide on donor conception as their path to motherhood. Nor is there an adequate understanding of the everyday lives of SMC in Australia. As such, the overall aim of this thesis is to discover the frequently hidden narratives of single mothers by choice, thereby giving them a voice. Although individual single mothers by choice may wish their stories to be heard and understood, the public telling of such stories by people in a marginalised group has attendant risks. It exposes the narrator of the story to potential judgement of her life choices by others, and this judgement can lead to a further experience of stigma. This project therefore aims to illuminate the aggregated stories of this particular group of SMC while protecting each individual's privacy.

By interviewing single mothers who chose an alternative path to motherhood I have endeavoured to uncover how this group of single women make meaning of their experience and how they construct their family life. In so doing, the telling of their stories is intended to shed light on the motivations or hopes that inspired their journey. Additionally the personal beliefs or viewpoints of the women in the sample regarding the benefits or difficulties of single motherhood in the context of donor conception can emerge. This research will explore the experiences and ideas arising from SMC life

stories and through an understanding of these stories will illuminate key themes and meanings for the women. These narratives of motherhood journeys occur in the context of State and National legislation and policy regarding the use of ART across Australia.

The study investigates the following research questions:

1. *What do the collective stories of this sample of single mothers by choice reveal about the contexts, processes and meanings of their decision-making prior to becoming mothers?*

2. *How does this cohort of single mothers by choice make sense of, and shape, the construction of their family type?*

It is envisaged that this research will add to an understanding of the lives of single mother by choice in a variety of social circumstances, and confronting an array of problematic situations, although as is often the case with qualitative research with small samples this cannot be generalised. The research project is not primarily problem oriented but rather sees women as agents of their lives, who are able to contribute positively with their ideas about pertinent family issues. The study will explore material from single women's stories reflecting the different stages of the SMC family life cycle; the decision making stage ; the process of seeking fertility services, women's efforts to conceive, and finally their experiences of mothering with a donor conceived child. Knowledge of the SMC perspective of family life can contribute to the pool of information available to policy makers, to counsellors in fertility services, and to professionals interested in the well being of diverse family types. In addition, the parenting skills and knowledge explored within this study may be helpful to other single mothers by choice or to counsellors in child and family services.

With an interest in principles of social inclusivity I anticipate that the findings of this research will add to a more realistic understanding of the SMC family type and help prevent further marginalisation of this group. Although there is not a specific goal for social change, it is hoped that such an understanding may assist in development of appropriate service provision within ART.

Choice of qualitative method

For a social work professional with a keen interest in contextual influences on people's choices and lives, a qualitative approach is an appropriate choice. Due to the lack of prior research into the single mother by choice experience in Australia this research is necessarily exploratory. A narrative lens informed the research, given the explicit wish to focus on the personal narratives of a sample of women. Narrative and feminist research methods are compatible with a qualitative method, and as such strongly influence this research project. This section begins by discussing qualitative methodology and then outlines the feminist principles, narrative lens and insider perspectives that influenced the formulation of the study. In-depth interviewing is considered a fitting method to facilitate the hearing of participants' stories.

Qualitative approaches emphasise people's lived experience and the meanings people place on particular events or aspects of life (Miles and Huberman 1994). Thus they are well suited to an exploration of how people connect their experience with the social world around them. Additionally qualitative research frequently aims to highlight the meanings attributed to contextual aspects of the participants' lives (Bryman 2008). A focus on context of experience is highly pertinent to the research project.

Qualitative research commonly takes account of the socially constructed nature of meaning within stories. Social constructivism assumes the possibility of multiple meanings rather than an 'accurate' or 'factual' rendering of reality (Crawford and Marecek 1989). Social constructionism also seeks to uncover the complexity in the views of participants rather than "*narrowing meanings in a few categories or ideas"* (Creswell 2003 p8).

The principles of narrative research, particularly its interpretive frame, fit well with the research goals of this project. The diversity of narrative approaches means that it is important to define how this term is used. Narrative research broadly refers...

> ...*to any study that uses or analyses narrative material* (Lieblich, Tuval-Mashiach et al. 1998 p2).

Narrative research can focus on specific past events or focus on experience centred work, both of which strongly resonate with the research aims of this study. In addition both approaches assume

that narratives provide an external expression of "*the individual, internal representations of phenomena"* (Andrews, Squire et al. 2008 p5). Narrative research can equally focus on co-constructed narratives which are dialogically constructed (Tanggaard 2009). 'Stories' can be considered as the phenomenon we study through our narrative research (Connelly and Clandinin 1990) or alternatively, that in all narrative inquiries "*researchers and the phenomena they study are inseparable"* (Spector-Mersel 2010 p216).

Borrowing from these traditional approaches a narrative lens with an interpretive frame is employed to investigate the topic of this thesis. Attention is paid to a variety of pertinent events within the life story of a select group of single women, the particulars of their individual stories leading to a holistic understanding of the phenomenon being studied.

Narrative researchers are advised to pay attention to the voices of the narrator, the theoretical framework, and to maintain reflexivity while interpreting the material as this assists in building understanding (Lieblich, Tuval-Mashiach et al. 1998).

Squire (2008 p50) advises that the narrative approach to analysis is distinctive from thematic analysis in that it attends to the...

> *... sequencing and progression of themes within interviews, their transformation and resolution*

This is a relevant point for this study which aims to unravel the social and personal processes pertinent to SMC at different stages of family life. Ongoing issues important to raising a donor conceived child are likely to be inferred from interviews. Thus there will necessarily be a focus on the impact of events or happenings over time, and how women in the sample resolved the issues arising at different points of time.

Hence, the narrative approach chosen supports an active examination of participants' narratives as they discuss important life experiences pertaining to their choice of single motherhood, and their construction of the SMC family type.

Feminist qualitative research shares similar principles to narrative research with its emphasis on experience, and its goal to make visible the "*the subjective experience of women* (Neuman 2006 p311). The use of feminist lens is also advocated by Bryman as allowing a "*a feminist sensitivity to come to the fore"* (Bryman 2008 p396).

The development of the project is strongly influenced by such a feminist lens. A feminist position acknowledges the values of the researcher and aims to minimise the power differential between the researcher and the participants in the research (Punch, 2009). My interest is in gathering women's stories in a respectful way that privileges their own voices. Feminist approaches aim to establish a more equal role with the participants where their views are highly regarded (Minichiello, Aroni et al. 1990; Neuman 2006). A more equitable relationship which privileges women's voices is more likely to render the research findings as faithful to their lived experiences. A feminist lens was influential in the design of this research project, encouraging the researcher to maintain a respectful stance in relation to participants and their narratives. Additionally, a narrative lens has been central to the choice of research questions, and to the conduct of the researcher in interviewing, such as an emphasis in quoting directly the words of the participants.

A feminist approach advises the interviewer to attempt some kind of reciprocity with the interviewees (Bryman 2008 p463). My efforts to give back to the participants are discussed in the ethics section of the chapter. Feminist principles also encourage an awareness of how important the researcher's values are in formulating and conducting the research project, and the researcher's values are more comprehensively discussed in the subsequent section, 'Insider status.'

Insider status

In addition to a feminist lens the researcher has the benefit of being an insider to the single mother by choice group. I was one of the first single mothers by choice in NSW to be actively involved in the Donor Conception Support Group. As noted in the introductory chapter I was a support person for single women approaching the DCSG for advice or peer support, encouraging other SMC to attend functions and join the organisation for support. Connection with the DCSG, including my membership of the National Committee, extended my understanding of Australian issues regarding the regulation of donor conception practices. Additionally my personal experience of navigating the complexities of legislation and policy on ART provided useful knowledge.

These insider networks and perspectives are an advantage at many stages of the research process. For example, an insider status influences the development of rapport. I was sensitive to the many difficulties of parenting alone as I had experience in starting out in a new and alternative family type in Australia. As some SMC may hesitate to share sensitive information with outsiders, my insider status was likely to increase the comfort of participants within this study. A further methodological advantage of the insider position is the capacity to see social reality through a particular lens and thus...

> *...to ask questions and gather information that others could not* (Zinn 1978 p212).

On the other hand an insider stance provides the risk that participant narratives are filtered through the personal lens of the researcher. Olesen argues that feminist researchers see bias such as this as a misplaced term, and consider the researcher's views as resources in the research process but also asserts the need for both sufficient reflexivity and "*a full account of the researcher's views, thinking, and conduct"* (1998 p165). Hence the researcher has an obligation to be clear about where they stand on issues pertinent to the research topic. In this study reflection was encouraged through an active supervision process where supervisors questioned my assumptions regarding participants' narratives. The use of italics to indicate participants' comments kept their own words clearly separate from my voice as a researcher. A particular goal of the study is to document the voices from the women's shared stories.

A further issue regarding insider research is that of an assumed duality. Dwyer and Buckle (2009) explore the concept of being both 'insider' and 'outsider,' as there is not sameness within any group. This was certainly the case within this sample, as some participants had used known donors, albeit through a clinic, others had more than one child, and two women had a child through a relationship before using donor conception for their subsequent children. This meant that I was unfamiliar with those aspects of their life stories, and as such an outsider to their experience.

However, being an insider to the SMC group enhanced the ease of recruitment, as discussed later in this chapter, and influenced the relationship with participants. In keeping with feminist concerns about power imbalance between the researcher and the participants, it was considered more equitable to be open about the researcher's similar life circumstances. Thus all participants were informed that the researcher was a single mother who had used donor conception. Participants can be influenced by the researcher's own ideas or by their wish to please or agree with the researcher. In an attempt to avoid undue influence on responses to questions, I told participants I would not

volunteer my own views during the interview. However, having no reciprocity in the dialogue can create a power imbalance. With this in mind I did respond to specific questions and I did discuss topics in more detail if a participant wished to. General information on my personal experience was offered in a more informal discussion towards the end of the semi-structured interview. In this way I hoped to avoid influencing women's responses while remaining conscious of not remaining too aloof from participants. These issues of positioning oneself as an insider in research projects are not uncommon (LaSala 2003; Macartney 2005).

Sampling methods

This section outlines how the research aims affect the selection of the sample as well as providing information on recruitment strategies. This study aims to explore the experiences of a sample of single heterosexual women who elected to have children while single, and through using donor conception. For this group of single women the absence of a 'suitable' male partner at the time when they wish to become a mother is the common thread. In other words it is their decision to form a family without a 'social' father, and through donor conception, that defines the group. The child is then situated in a single mother family and their biological father is a sperm provider recruited through fertility clinics or through overseas sperm banks. The donor is not legally defined as a father; he is not placed on the birth certificate, and has no legal rights to custody or financial responsibilities. The definition of 'single' in this study is that a woman does not have a partner with whom she plans to co-parent at the time she uses donor conception. There may have been previous intimate relationships as well as relationships subsequent to conception.

To participate in this research, the participants had to satisfy the following inclusion criteria:

- Be single at the time they used donor conception
- Identify as heterosexual
- Have children conceived through donor conception
- Have no plan to co parent with the male donor

Recruitment of participants

I initially hoped to recruit at least twenty participants through purposive sampling, and arranged an advertisement through the newsletter of the Donor Conception Support Group (DCSG). The advertisement was placed on the website and in the regular newsletter of the DCSG (See Appendix

2). A small number of members replied to the newsletter, with at least one person already aware of my role as an SMC contact person in the organisation. Several women responded to the advertisement on the website. A minority of participants were searching the Internet for assistance on how to tell their children about donor conception when they found the advertisement on the DCSG website. On hearing from these women, some basic ideas on information about 'how to tell' were offered so that participation was not contingent on this. When women contacted me they were provided with information and a consent form via return email (See Appendix 3). I explained the research project in more detail to potential volunteers who phoned me, and elaborated on the criteria for participants prior to sending written information.

Thirteen of the twenty four women participants responded directly to the DCSG Newsletter or the DCSG website advertisement, including women already known to the researcher. The remaining participants were recruited via snowball sampling methods. Initial respondents who knew of other single mothers fitting the criteria of the project provided my email or phone number to their contacts. My dual role a member of the DCSG and a contact person within this organisation for single women facilitated recruitment in two ways. It may have reduced hesitancy to volunteer for the project as I was 'known' to the SMC community. Additionally potential participants may have expected a more sensitive and understanding hearing of their experience from an insider. Those recruited via snowball methods were sent a copy of the original advertisement as well as the consent form and information. Negative case sampling became appropriate towards the end of interviewing as mothers with older children were under represented at that time. In order to elicit a diversity of parenting experience across different developmental stages of family life I sought out participants who had older children.

All participants were genuine volunteers, and very few women who responded to the initial recruitment advertisement decided not to proceed. However, a small number of interested women did not fit the inclusion criteria. Once I had a breadth of participant involvement through negative case sampling, data collection had reached theoretical saturation and participation was capped at 24 women.

The Sample

This section provides demographic information on the sample with displays of tables situated in Appendix 5. These tables provide detailed information on the age, location, educational level, employment, and relationship history of women. Details of conception and type of donor are also provided along with the age of children.

Participants were located in capital cities, or close by, in five States and the Australian Capital Territory *(Table 1)*. The majority were from Western Australia, New South Wales and Victoria. There were no participants from Tasmania or the Northern Territory. As IVF was not available to single women in Western Australia at that time, all the participants who conceived there had used donor insemination or IUI. The fact that women volunteered from different States in the country adds to the variety of legislative contexts of SMC in these States. As explained in the literature review on donor conception, single women's access to ART across Australia is dependent on State or Territory legislation. Consequently it is anticipated that the findings from this study will be of relevance nationally, thus conforming to the idea of Mason who states:

> *If we sample strategically across a range of contexts, we increase our chances of being able to use that very detail not only to understand how things work in specific contexts, but also how things work differently or similarly in other relevant contexts* (2002 p112).

The sample was skewed to a high level of education *(Table 2)*. The majority of women were in employment at the time of interview, and the type of employment is provided in *(Table 3)*. A small number of the women were on maternity leave from their usual employment. The level of income was not requested from participants. However, five women cared for their pre-school children at home and received at least some income support from the Federal government.

Ten of the mothers had been married or in de facto relationships *(Table 4)*. The remaining fourteen women were evenly split between those who named their relationships as serious or long term and those who denied having such relationships.

The age of participants at the time of birth of their first donor conceived child ranged between 29 years to 49 years, and was clustered at around 40; half the sample, twelve women, was aged between 39 and 41 years. A further eight women were between 35 and 37 years old at that time. Three women were 43 or above, and the youngest woman was aged 29 *(Table 5)*.

In terms of age of children and family composition, four of the mothers had infants under the age of one. Eleven mothers had children of school age *(Table 6)*. Seven families had more than one donor conceived child. Two families had an older child who was not donor conceived child.

The sample consisted of twenty four women who had used donor sperm. One of these women had also used a donor egg. As regards the assisted reproductive technologies used by the sample, eleven of the 24 participants used IVF to achieve a pregnancy, while the remaining women used donor insemination or IUI *(Table 7)*. Four women travelled interstate due to Victorian Legislation prohibiting access to ART.

Two women used known donors and had minimal contact with them. One woman had used two different sperm donors for her children as sperm from the first donor was unavailable at the time she was trying to conceive a second child.
Five women disclosed that they had knowledge of, and had met with, half siblings of their child. Another woman had communicated with the identity release donor and was aware of the existence of half siblings. Following completion of the interviews at least two more participants reported to the researcher that they had contact with their donor, with the assistance of the clinic in one case.

Those who used ART before the 2005 NHMRC Ethical guidelines were written have donors who are anonymous. A majority of the participants, twenty, reported that their donors were anonymous, and this includes seven with donors who expressed that they were willing to be identified, although legislation may never support the release of their identity . Two women in Victoria had donors who consented under State legislation to being identified to mature offspring *(Table 8)*.

Collecting the stories

The in-depth interview is a qualitative research tool which enables the researcher to highlight the diverse stories of women while allowing for common meanings or threads to emerge. It assists the researcher to gather stories about the challenging and diverse aspects of their life. In-depth interviewing is an approach chosen for its emphasis on...

> ...*seeing though the eyes of the research participants* (Bryman 2008 p366)

It is an approach which can encompass both complexity and a variety of contextual influences, and is essential to capturing participants' experiences as it provides...

> *…the greatest opportunity to find out what someone thinks or feels, and how they react to various issues and situations* (Bouma 2000 p180)

Interviewing with flexibility enables respect to be shown for the feelings of the participants, where more formal methods may be inappropriate (Padgett 1998). This topic can elicit disclosure of emotional responses to life situations, and concern about the portrayal of sensitive information. Thus the interview style needs to allow for sensitivity to such emotionally laden situations. A more equitable approach within the interview provides participants with an opportunity to voice any hesitations or concerns about the research project (Neuman 2006 p311). An experience of stigma or oppression in the interview process may thus be averted which is particularly important when gathering the stories of marginalised sub-groups.

Semi-structured interviewing is prevalent in experience-centred narrative research (Squire 2008). A semi-structured style enhances the comfort of the interviewees and is more likely to elicit honesty in narratives of life experience and yet achieve a rich contextualised account (Scourfield 2001). Further the order of the questions can be altered as appropriate, while the data remain more *'systematic and comprehensive'* than would be the case for a more loosely organised interview framework (Minichiello, Aroni et al. 1990 p52). Taking account of the complexities of women's rich and varied lives maintains adherence to the aims of the research while a formulaic approach is discouraged. Thus this style of interview provides a full picture of the diversity and ambivalence within everyday lives and allows women's narratives to unfold in a more natural way. It can capture feelings, memories, reflections and understandings at an important point in life, while enabling the interviewer to aptly capture the women's viewpoint.

Interview schedule and process

There were several experiences influencing the formation of the interview schedule (Appendix 4). One was my personal experience of using assisted donor conception to become a mother. Secondly I had an extensive understanding of family functioning, parenting capacity, and family relationships which developed through my professional Social Work career in child and family mental health. Finally, the literature review informed areas of relevance to my topic and appropriate to this thesis.

The interview schedule allowed for a thorough exploration of participants' experiences throughout the process of decision making, seeking fertility services, and in living as a mother of a donor conceived child. Thus the ordering of questions is deliberately chronological as it was felt that would

assist the participants to recall the flow of memories along their journey. However, there was a backward and forward process as during the telling of stories the participants would often recall snippets of experience that alluded to previous questions, and then expand on these stories.

Prior to the commencement of the scheduled interview I explained the process to participants. Frequently my position as an insider was referred to by participants and there were occasional references to the travel I had undertaken in order to hear their life stories in relation to motherhood as single women. Dependent on the setting and the time of the interview children were sometimes present, playing in the backyard, sleeping nearby, or minded by relations in another part of the house. If not we had a brief chat about the child or children.

A short questionnaire was implemented with the aim of gathering basic demographic information such as: educational level reached; the number and age of children; how children were conceived; the kind of donor used; and the age of the participant. Once the demographic information was completed, no further notes were taken during the interview. This enabled the interviewer to fully relate to participants in a respectful and attentive manner, while the audiotape recorded the interview. I informed participants that I would send transcriptions for them to check once they were transcribed.

According to the interview schedule, women would first answer questions on early decision making and later their experience of trying to conceive through donor conception. In the remainder of the interview the questions focussed on parenting children conceived through donor conception. In the first few interviews some participants indicated specific reasons for contributing to this research. A further question relating to participants' reasons for volunteering was therefore added.

In my professional Social Work career I had developed skills in a style of interviewing which was neither intrusive nor leading, but rather allowed space for women to express their own views. These helped in drawing out stories which are extensively quoted in the research report, thus minimising researcher bias. To encourage ease in telling stories about the different stages and aspects of experience, I had probes ready to prompt further exploration. These were generally not needed as women's stories flowed easily, facilitated by my familiarity with many of the issues and concerns discussed. This familiarity can in itself create a tension for an insider; that of staying connected to the participant in discussion, while remaining distant enough to question one's own assumptions about assertions made (Kanuha 2000 p443). Despite this subtle tension for the interviewer, a more

relaxed style of conversation enabled participants to recount experiences that were central to them. This approach encourages the telling of narratives more naturally, and the emergence of meanings attributed to them, as participants deviate onto an area of particular consequence. This did not detract from the research process as questions had been addressed in a sequence more natural to the participant. The participant and interviewer checked at the end that the schedule had covered important stages and areas within the story.

On average the interview took around 1 ½ hours with some participants describing this as fatiguing but invaluable to them. They reported that their interview had encompassed their life story as an SMC in depth and that they had not had an opportunity to reflect with such concentration on this before. It is possible that the emotional investment in processing past experience was facilitated by talking to an unfamiliar interviewer, with whom there would probably be no future contact. It is likely that participants felt less risk in disclosing in this way. It is also likely that the researcher's insider status contributed to a more frank and in-depth exploration of their experience and concerns.

I wrote notes following the interview about the manner in which women presented their stories, their expressed emotion, and the strength of their opinions or ideas. I I also recorded the most crucial concerns reported by participants, or my impressions of any themes that sounded particularly pertinent. Additionally, I wrote brief summaries of the life stories of each participant so that I could more easily recall them. This was particularly pertinent when several interviews were conducted within a short time and my detailed impressions could easily be forgotten.

Examining the stories

I transcribed many interviews myself, thus increasing the rigour of the research and retaining the authenticity of participants' narratives. Transcribing interviews helped me become familiar with the individual life stories. The university was able to pay for the transcription of the remaining interviews which saved considerable time. All transcripts were sent to participants so that they could correct any mistakes in the transcript, fill in missing words that could not be understood from the audiotape, and confirm that the meaning of the text was truthful. A majority were returned with some clarification of small pieces of the transcript that had been difficult to transcribe.

Reading the text was straightforward if the interview schedule was adhered to, as the text followed the order of the questions. My first analysis of the data was somewhat descriptive. Initial coding of

the stories into the areas of content or context was uncomplicated and extremely useful at further stages of analysis. An interview code and page number were noted as I cut and paste each excerpt. An example of contextual influence was when single women encountered discriminative or prejudicial comments from health personnel, either at fertility clinics or when seeking referrals. Any episodes of similar events were collected.

During the time I was transcribing and coding the material from stories, I wrote memos regarding any trends or differences within the stories, or general themes that I was beginning to see across multiple narratives. Writing ideas, and recording links between data, has been highly recommended by several authors in qualitative research methodology, for example Coffey and Atkinson (1996), Strauss and Corbin (1998), and Charmaz (2006). During the two years in which I interviewed, I wrote regular memos regarding the themes emerging from women's stories, and this continued until two months after the final interview when transcription was complete. After that point I spent considerable time organising the data, immersing myself in various ways of examining the stories. This included mapping on large sheets of paper the major themes I had noted in stories, and pondering over the connections between them.

From the beginning of the collection of data I began the process of coding. Both manual and electronic coding is time-consuming, especially given the requirement to become acquainted with a software package, and to a large extent the choice comes down to preference (Basit 2003). I chose manual coding, partly as a preference for working directly on paper with the raw data, and also to gain maximum familiarity with the data. As the categories and sub categories were typed into a word document, retrieval of data was easily enabled through the use of the outline method. Some material was coded into different categories and this was noted at the time it was documented.

Developing an understanding of the stories

Initially I coded similar excerpts from the stories according to content or context, and named these using the words of the participants if possible. They were grouped according to the time frame the narratives referred to, either pre-conception or following the birth of the children. The broad pre-conception categories were related to the contemplation of single motherhood, the consideration of options other than donor conception, the experience of finding clinics, the choice of donor, any discrimination encountered, and the support received from family or friends during this process. The categories occurring after the birth of the child were multiple and included narratives on talking to

children about donor conception, sharing the story of the family with others, thoughts about how the children coped with being donor conceived, and concerns about contact with the donor. There were multiple categories encompassing participants' reflections on the benefits and disadvantages of single motherhood through donor conception, and their feelings about the identity of the SMC family type.

Emerging themes were named or labelled according to the actions, beliefs and meanings that were expressed. For example, one excerpt was titled 'consideration of known donors.' This referred to the thinking and ethical considerations in the early decision making of participants. 'Rejecting a known donor' referred to a decision based on the anticipated risk of the donor becoming too intrusive or demanding. Further interpretation of these excerpts led to a greater understanding of their meaning to the participants; that is that mothers wished to protect their children from any emotional hurt and felt some anxiety as to how best to do this. This interpretation was later elevated to a more overarching theme of ethical considerations based on concern for future children. This is congruent with the idea of analysing material from the top up and bottom down (Squire 2008).

In reflecting on the material in the category titled 'talking to children about the donor' I began to see that these narratives contained an emotional and rational stance of protecting the family or self from the judgements of others. These codes were then subsumed within a wider theme of 'protection of the family,' and other data that related to the theme of protection was sought. Within the broad area of 'sharing information' some of the women reported on how they managed conversations, such as by disclosing one's experience in a particular way. Hence these reflections were explored within an overarching theme of 'openness and privacy.'

During my multiple readings of the stories I compared similar cases, for example those women who had used known donors, or those who had children at a similar developmental stage. I explored the common experiences that participants shared in a particular social context, and how they believed that specific strategies could help; for example, once children were attending school the issue of preparing them to 'deal with questions' from others. This was developed into a theme of 'caring for children in the context of their donor conceived status.' *Caring* was a key notion within a major ethical theme.

Some aspects of this analysis focused on contextual aspects of the participants' experience, such as on legislation which regulates the release of information on donors. Such interaction between

context and experience in family life has repercussions for construction of the family and is therefore central to this study. The generation of data across different States of Australia increases the worth of the findings and their generality.

After gaining some distance from specific information within the stories I returned to the overall themes. These themes appeared to more broadly encompass key aspects of life stories. Overarching themes emerged which encapsulated experiences from different stages of the journey.

The first two data chapters were somewhat interrelated and they both focussed on experiences in the early stages of the single mother by choice life. The first theme explored the weightiness of the decision making process, and the multiple factors that women explored over a lengthy period. The second chapter reflected two major themes; the persistence shown by women on the journey, and the resistance they demonstrated as they contended with prejudicial or discriminatory attitudes regarding single mothers using donor conception. A major theme that emerged from the data was that of the moral thinking that women undertook as part of their experience as a single mother by choice. This theme was explored over two chapters, the first reflecting on the ethics within the decision making, and the second on ethical aspects of parenting a donor conceived child. The other important theme that ran through the narratives of the participants was that of their openness and privacy as explored in the final data chapter. Further to this, the findings chapter presented an overall view of the narratives of single mothers by choice with a more sequential analysis of the SMC life story.

Rigour

As already noted there was some diversion from the order of the interview schedule so prior to completion the researcher checked that relevant aspects of the stories had not been missed. Participants could add further reflections if they wished, or return to an earlier event for further discussion of its meaning for them. The majority of the participants were keen to read and check the transcript, making corrections, or clarifying their intended meaning.

Exact quotes from the transcripts exemplified the diversity of experience in the narratives. This strategy was aimed at maximising participants' voices and minimising interpretative error. Due to the amount and breadth of data I referred back to the research questions to keep a focus. While writing about the material and my understanding of the stories, I often checked the original

transcripts to ensure the quotes used were true to the meaning conveyed within the interview. On occasion I listened to the audiotape again to ensure that I had captured the true tone of the participant's reflections.

Selecting the major themes was somewhat difficult. I felt immersed in the data and needed to step back a little and choose the central themes. At that point the themes emerged as interconnected and intertwined in a complex way. In retrospect the themes seem to be apparent and startlingly clear.

The research was conducted in most States of Australia. This enabled a thorough examination of how the varied locations affected the experience of participants as they followed their chosen path. Additionally, material was gathered at different stages of the family life cycle; for example, as women were trying to conceive, or when they were learning to manage the challenges of living in a non traditional family formation.

Ethical issues

Ethics approval was sought from the Human Research Ethics Committee (HREC No 05174) at the University of New South Wales and approval was granted in 2005. Consent forms and information sheets were submitted as part of the application for ethics approval and complied with HREC requirements.

In considering potential harm to participants it is relevant to note the concerns of a small number of participants who volunteered. They were apprehensive about how the information they gave me could be used either for or against single mothers by choice as a group. They had previously told their stories to journalists or social commentators and had been unhappy with the outcome. Others were disenchanted generally with the glibness of television documentaries which focused on a single aspect of the SMC experience, such as how they chose donors, thus portraying SMC as superficial. Such a concern is understandable and I agreed with the views of the participants that sensitive information can be used in order to criticise or stigmatise a social group. These concerns place me in a position of responsibility towards the participants and the wider group of SMC in Australia. As part of this responsibility I was very careful about the information on this research that I provided to a journalist writing an article about single mothers by choice. I read the quotes from my interview about this research prior to publication and I was happy with the respectful tone of the article. I have an obligation to be honest in my reporting of the data while at the same time honouring the

sensitivity contained these stories. Additionally I have endeavoured to ensure that no harm will result from this study.

A handful of participants wanted the profile of single mothers by choice to be opened up to the public so that their situation would be better understood. At the time of their interviews they felt that their experience was still somewhat unique in their communities and they had to explain their choices. The necessity of such explanation could lead to a feeling of separation from others. Being in such a marginalised or unknown group led participants to become somewhat guarded. One participant stated she would be angry if reactions were negative to my research. It took her some time to feel comfortable enough to sign the participant consent form. Her trust increased as our rapport developed and she felt that the information she provided would be used with integrity. My status as an insider therefore increased the likelihood of participation, as there was confidence that I would not express prejudice against the single mothers by choice group.

If information or assistance was requested about issues related to donor conception I offered links to pertinent websites or in the literature. On occasion I facilitated contact with local SMC for those participants who felt isolated from the SMC community post interview.

Confidentiality

As is common in qualitative research the participants' identity is protected through the use of pseudonyms. Special consideration of confidentiality is imperative in this study. As indicated above the participants did not like the SMC group being an object of curiosity nor being presented in superficial ways. If they had been recognised personally in reports by journalists and in television documentaries, they had found this distressing. It is important therefore to protect participants from easy identification and the possibility of unnecessary emotional distress.

An ethical consideration is that presentation of data from a small community of potential respondents makes it more difficult to guarantee anonymity. Researchers may well choose to omit specific identifying data even though that means losing some of the "*data's richness"* (Squire 2008 p51).

There were participants who knew each other due to common membership of the Donor conception Support Group, through attendance at the same fertility clinics or by chance. I recognised that if

participants read the research report, they would easily recognise other local participants if complete contextual information was provided. Full case studies or individual case summaries are therefore not provided as they would increase the possibility of recognition. I feel this decision is necessary to protect the social networks of single mothers by choice and to leave the situation as much as possible as I found it, in keeping with ethical principles. However, direct quotes are provided along with sufficient information to contextualise the data as much as possible.

Limitations to this study

The findings of this study are contextual and specific to the time in which interviews were conducted. The interviews took place between 2005 and 2007. The legislation regarding ART has changed in some States since that time. Additionally, social attitudes may have altered in relation to those changes, as once legislation supports more equitable practices, public perceptions may likewise vary. The findings therefore are situated in the socio-political climate for alternative family types at the time of the interviews. However, it is expected that the experience of single women and single mothers by choice has not substantially altered in this time.

This sample cannot claim to be representative. There is no way of ascertaining why some single mothers by choice volunteered and others did not, or how many single mothers by choice would have seen the advertisement for this study. As for all qualitative research I cannot generalise to the wider population of SMC but these findings provide some insight and food for thought regarding the satisfactions, experiences and challenging aspects of the single mother by choice life.

Due to snowball sampling a range of participant stories was elicited. For example, the sample includes people of varied educational level, two participants with chronic or serious health issues, two participants with difficult life experiences that impacted on their choice to parent without a partner, and participants from a majority of the States of Australia. However, the life stage of the SMC families represented in this study is one limitation as there are no SMC families with adolescents in the sample. This spread reflects the recent trend and incidence of this family type in Australia, and a scarcity of single women using donor conception in Australia in the 1990s. Additionally, the sample does have a cross section of families that many former qualitative studies on SMC noted in the literature review did not. Several of those studies were predominantly comprised of mothers with infant children, and confined to one State or area. Thus this study can add to the understanding of life experiences of SMC families.

At the time of the interviews less than half the sample had regular contact with a group of single mothers by choice. Around a third of the participants knew of only one or two other single mothers by choice, apart from the interviewer. About a quarter of the sample had no face to face contact with other SMC. However, they may have been members of the DCSG, or joined online SMC support groups. A small number of participants had not met other SMC prior to our interview. It is possible that the findings may be less applicable to isolated SMC, although ultimately of benefit to all SMC. Those volunteers who were seeking information on the website of the DCSG were proactive in their approach to family construction and this may skew the sample somewhat to those who consider more deeply the complexity of the SMC family life.

Summary

This chapter has addressed key areas of the research methodology, explaining the choice of a qualitative approach applying a narrative lens. The benefit of in-depth semi-structured interviews to gather material on complex life stories situated in multiple contexts was explicated. A feminist perspective and an understanding of social constructionism informed the formulation of this research project. Sampling techniques and information on participant demographics have been provided, and further details presented in the appendices. Ethical issues, aspects of rigour, and limitations to the study completed this chapter.

This chapter on the research framework concludes 'Part One' of the thesis. 'Part Two' presents the rich and complex life stories of the women in the sample.

PART 2 - THE STORIES OF SINGLE MOTHERS BY CHOICE

Chapter Four: An Orientation to Part 2 - Presenting the Stories

Part 2 provides the reader with a coherent overview of the stories of this group of single mothers by choice, presenting their experiences and respecting their individuality as well as the complexity of their lives. Using a narrative lens, different layers of meaning became evident in the stories. Some themes were immediately evident, while others emerged in discussion with women as they pondered questions during the interview and clarified their thoughts about important features of their stories. This brief orienting chapter outlines how the collective stories of women are analysed and then describes the way in which the chapters flow to present an overall picture of women's experiences.

There are three layers of analysis in the stories presented. The first layer explores the early stages of the single mother by choice life journey with an intention for the women's stories to be centre stage. Clear themes emerged early in the interviews, such as the transitional aspect of participants' lives prior to their becoming single mothers which is explored in chapter five. Arising somewhat from the earlier contemplative stage is the vigorous persistence of participants to achieve motherhood and their resistance to attitudes which might impede success in becoming mothers as explored in chapter six. The second layer of analysis is more theoretically based in response to the strongly emergent theme of women's morality. This moral thinking was evident not only in the early decision making of the participants, but in the ongoing attention to parenting with diligence and with awareness of the repercussions of such decisions. Hence chapters seven and eight explore the building of the single mother by choice family with reference to the theories of Gilligan and Held. These theories both speak strongly to participants' narratives. The third layer of analysis was an examination of the overarching theme of women's privacy and openness. This theme was pervasive in the narratives of participants, and resonated with their daily lives and everyday communications in various social networks.

Chapter Five presents the shifting dreams of women, a time which could include disappointment, contemplation and finally a resolution to take action in order to become a mother. The beginning story for this group of women portrays the problem of wishing to have children, yet being without a partner, and for many a sense of running out of time to have a child. The concept of a transitional stage is introduced, in which the women moved from a place of grief or disappointment at lost dreams for family, to a decision to try for children in an alternative and independent fashion. This is a contemplative stage in which women weigh up the different options through which they might

become mothers, and then finally decide on donor conception as their preferred path to motherhood. This chapter gives the reader a sense of the diversity of relationship experience within the sample while also showing the commonalities in values and preferences regarding motherhood.

Chapter Six moves from the more contemplative experience of the previous chapter to a more active stance taken by women in the group. This chapter examines two themes, those of persistence and resistance, which surface in the early stages of the SMC story although they are not entirely confined to that time. Persistence refers to the continuing efforts the women make in order to overcome obstacles in fulfilling the dream of motherhood. Women's persistence in becoming mothers is compelling as they search for services, circumvent restrictive practices in ART, and manage issues of loss or grief while trying to conceive. The second theme explored in this chapter is the resistance of the women to negative views on single motherhood or on their deliberate choice to parent alone. For example resistance is indicated in the stance women take when confronted by dismissive, discriminatory or confronting remarks about their choice to parent alone. Aware of public views of single mothers by choice, women argue against negative stereotypes of single motherhood and against ideas of damage to children from growing up in a single mother household. Persisting and resisting are inevitable aspects of taking a path that was so at variance with more familiar routes to motherhood at that time.

Chapters Seven and Eight have a different tone, with a strongly emergent theme of the participants' ethical considerations presented alongside select theories on women's morality. These chapters are titled 'ethical architecture,' as they focus on the building of the family by women in a considered way that noticeably encompasses an ethical stance. The depth of thinking related to the family type was prominent in narratives, and a key feature of decisions at all stages of their journey. Thus this theme was divided into two chapters, the first focusing on ethical thinking as it pertains to decision making, and the second on the ethics of caring for children adequately within the single mothers by choice family type.

Chapter Seven uses Gilligan's theory on women's morality as a basis for exploring women's decision making processes. This chapter provides a rationale for the choice of Gilligan's theory, particularly its relevance to women's relational focus in decision making, and then explores various aspects of women's decisions from this perspective.

Chapter Eight explores parenting within the constraints created by the SMC family type and the method used to become a mother. This chapter refers to Held's theory as explained in her book, The Ethics of Care. The chapter begins by outlining issues that are pertinent to women as they parent children in the context of a single mother family and the use of donor conception. For example, women's thoughtfulness about the importance of the donor for the child leads to careful collection of available information on the donor, or decisive actions to advocate for children's right to such information or even contact with the donor. A large portion of the chapter explores the attentiveness and sensitivity taken by women in constructing family narratives that are positive and enhancing for their children.

Chapter Nine explores in detail the issue of openness and privacy and argues that disclosure decisions are made by women with reference to developing a positive motherhood identity in the face of stigmatizing views of single mothers by choice. Women build strategies over time which avoid negative views of their family, and instead enhance their regard for the family type they have constructed.

Chapter Five - Shifting dreams and expectations of family

Introduction

The stories of this group of single women begin with their shifting dreams, assumptions and expectations regarding motherhood. Early expectations or assumptions of a traditional pathway shifted for this sample during adulthood, leading women to consider single parenthood through donor conception.

Stories in the first section reveal the context of decision making for participants, for example, changing family trends, and the availability of Assisted Reproductive Technology (ART). The influence of the 'biological clock' and the absence of other options are revealed as primary factors for this sample. On occasion important and unique life experiences can influence a choice to parent alone; examples of such experiences are shown. Making the shift can be untroubled or discomfiting, but for this sample a strong desire to become a mother provides the impetus to begin on the journey to motherhood.

The second section of the chapter investigates more fully how women make sense of their individual journey to an alternative path. The importance to women of personal life histories and circumstances is examined for two emergent groups: women who were previously partnered prior to becoming mothers and those who were primarily single during their adult life. This second section tells their stories of shifting dreams, including the circumstances of two women who were already single mothers prior to using donor conception.

Section 1: Context, influence and contemplation in narratives of shifting dreams

The stories begin with the early dreams of women in the sample. They continue with further contemplation about motherhood which shows the context and influences of the shift in dreams. In particular the influence of the 'biological clock' and changing trends in partnership and childbearing are highlighted in women's narratives. A range of transitional experiences are portrayed as women begin to let go of the traditional pathway to motherhood. A lack of other options for motherhood, and the growing awareness and acceptance of ART, pointed participants in the direction of donor conception as their preferred pathway to single motherhood.

Early expectations

A majority of this sample reported on prior assumptions that a husband or partner was a critical element of family formation. Susan laughs at her previous naïve image of easily and naturally forming a family:

> *Ever since you're a little girl; it's your dream isn't it? I had this picture. You just get married and have children and live happily ever after.*

Ten women clearly named their original dreams as including the traditional marriage. For example, Natalie speaks of her anticipation of a traditional path to having children:

> *[I] always imagined there would be a conventional relationship, a partner and support in having those children.*

Participants may make assumptions about their likely life path, with notions that generally include personal partnerships, followed by marriage and the family formation.

A common expectation in the sample is exemplified by Georgia, who entered de facto relationships but never married:

> *I'd like to be married and have children by the time I'm 25.*

Lola's image of family life with children was less defined:

> *It wasn't something I thought about until my late twenties probably. I always thought it would happen but I didn't consciously think, 'I really want children'.*

One woman who had not partnered recollected her early hopes and her simple acceptance of this common predicament:

> *I hoped that I would get married, but it just didn't happen.*

Not one woman in the sample reported a sudden or unexpected realisation of wanting children. All expressed an earlier image of anticipated family life, even though that might have been a simple assumption that they would one day have a family.

Biological clock

Women may hold latent or hidden expectations of family formation and when biological time restraints become obvious some experience an urgency to revisit earlier dreams of motherhood. All but one of the participants was thirty five years or older when their first child was born. Age and a lack of available partners may place pressure on single women contemplating single motherhood as in the following two examples.

The first example is typical of many stories in which women realise they cannot wait any longer to find a partner with whom they can have children. Chris had some hopes of children resulting from a relationship in her mid thirties:

> *I suppose, it crystallised when I was 36 or 37. I was in a relationship for about a year, which wasn't going anywhere, and I ended the relationship basically; because I could see that it wasn't going to go anywhere and I was running out of time; and that cliché – a 'clock', became very obvious all of a sudden; that I couldn't afford to muck around anymore with a bloke who was too unsure - because I needed to move on. I needed to find the right bloke, and get married and have kids.*

But this is not the same as a long term relationship with specific hopes for children and in quite a down-to-earth way she relinquishes that possibility:

> *That's when I began to think; 'I've got to start thinking about other ways to do this - my fairy tale vision isn't going to happen'.*

Participants often considered single parenthood in response to prolonged self reflection on their single and childless state. Ursula's story exemplifies the pioneering nature of the forerunners of this Single Mothers by Choice (SMC) group. She conceived her child in 1994, after difficulties in navigating the path to single motherhood through donor conception. Her age added extra complexity to the journey. Ursula initially had conventional expectations for a family:

> *I would meet Mr. Right; I'd have a happy family and three children, and be a stay at home Mum.*

Ursula's shift to considering single parenthood was prompted in her late thirties after a "*disastrous break up of a relationship,"* when a friend suggested she needed to take action herself and *"make it happen":*

> *And he put that idea in my head I suppose. 'Cause I hadn't been prepared to contemplate going it alone before then.*

Instead she had found her earlier expectations just did not materialise:

> *It was just a succession of Mr. Wrongs who didn't want to have children, couldn't have children, had already had children, didn't like children; and time was running out. I was in my mid forties. Really the traditional way of doing it, which I kept hoping would happen - that I would meet Mr. Right and everything would fall into place - just didn't happen.*

Ursula recalls a dream she had around the time of her sister gave birth. Although she believed the dreams to be symbolic, the birth dream in particular affected her deeply. She describes experiencing her dreams as prophetic:

> *It was shatteringly vivid and it was like a birth, and in the dream I knew who was giving birth but when I woke I didn't. I had a lot of dreams seeing myself push a pram, and pregnant, and so on. So I thought – [pause] My sister having her third child was a trigger.*

Ursula knew of no one in Australia attempting the SMC path. She spoke of searching for overseas fertility clinics, and locally for a known donor, but initially with no success. It was following her dream that Ursula discovered an Australian clinic that agreed to assist her.

These stories reflect the growing awareness for women of "*time running out"* and the need to *"move on"* with plans to *"make it happen."* Anticipation of family transforms to worry as childbearing years decrease and there is less likelihood of desired outcomes. For the majority of this sample declining fertility was seen as a major issue affecting their decision making.

Changing times influencing decision making

As patterns of partnership and childbearing changed over time, new expectations of possible life paths for this cohort were created. Childhood expectations of the ideal marriage and family may have altered once women achieved maturity and were able to see the realities of their own lives and the outcomes of marriages around them. Examples of such influences are given.

Staying single rather than marrying any available man was certainly considered to be a reasonable decision by several women. Katrina for example had been in several dating relationships, but indicated her dislike of marriage solely to have children. She describes the conversations she had with friends before making her decision:

When we talk about having kids and getting married I usually make a comment that I'd be happy to have one on my own rather than marry someone just for that.

Fran had the view that a relationship had to be of a certain standard before she would consider parenting with a partner:

I'm not settling to be in a bad relationship.

The decision to bow out of unsatisfactory relationships leaves single women without a traditional family structure in which to parent. Despite relinquishing some possibilities for partnering, over half the sample specifically mentioned marriage within their early dreams of family. The remainder noted at least a partnership or relationship as a part of their early vision.

Jan describes this subtle shift; from a dream of 'marriage,' to having a partner and children:

Early on it was to get married. Later on I realised I wasn't that committed to marriage, but that I would have a partner and have children.

When the majority of these women were entering relationships the incidence of de facto relationships was increasing, and so this change of expectation is unsurprising. Jan's view may indicate the declining importance of traditional pathways to women. Knowing there are so many single parent families in the population may disabuse single women of the notion that a father is essential. Most women would be acquainted with lone parents, and could therefore envisage or countenance this as an alternative for themselves.

Indeed, two women who were themselves raised in single mother households had flexible and open attitudes towards lone mothering. Olivia is comfortable with single parenting and links this to her choice to parent alone:

I was raised by a sole parent. It wasn't anything odd to me to raise a child on my own.

Jan does not make such a direct link to her mother's example, but nevertheless reflects on her as an influence:

I had one of those mothers that said, "You know you can do anything you want."

The above examples indicate that women were influenced by societal changes in experience of, and attitude to, family life. This influence was evident in descriptions of their own family experiences and

their views on relationships and single parenting. A substantial number of women had left unsatisfactory partnerships thus reducing the likelihood of having children the traditional way within their remaining fertile years.

Making the shift

These shifts and changes in partnership and parenting are a precursor to further changes and considerations of alternate family types. This chapter continues with an exploration of two women's stories of making the shift to single motherhood. They tell of differing levels of comfort and distress in choosing to parent alone.

Ann appears to feel resigned to her situation. Her initial dream had been similar to others, but as the possibility of partnership receded she began to wonder how she would achieve motherhood which occurred….

> *… probably in my early to mid thirties. I was in Perth; I had a group of friends who were starting to get married, have children; I wasn't in a long-term relationship.*

She was mindful that her desire for children had been placing pressure on forming new relationships and she hadn't been interested in anyone special for a while:

> *They talk about the dream is over and all that sort of stuff. I don't know if I ever went through this big mourning period. I know a lot of people that go through that. I suppose I just kept on thinking it would happen. Not necessarily that I'd get to this age and have kids, but just that I'd have a child, somehow or other.*

She recognised that she *"wanted a child more than anything"* and felt she needed to act before she "*couldn't"* have a child. In recounting her story and the context of her decision, there is neither a dogged insistence for partnership, nor the distress that some women expressed at the lack of such a relationship. In fact her positive comments reflect a more realistic appraisal of changes to her single lifestyle rather than anguish at missing out on a partner:

> *I've always been fairly independent. I've lived on my own for about 10 years before Juliette arrived. It was just that it would change my life; but only for the better I suppose. And that was what I wanted, and I knew it wouldn't be a bed of roses. I wanted a child more than anything. I was just willing to put up with - no overseas trips. How many years will it be till I go overseas again?* (Laughing)

As in Ann's story those who were accustomed to living as a single adult shifted their expectations of a nuclear family and more comfortably envisaged single parenthood.

Bettina's story on the other hand demonstrates distress at the failure of her early dreams. During her adulthood the dream of partnering and motherhood was 'at the *back of her mind*' along with '*a sense of having a lot of time.'* There was no '*hanging out'* for marriage, but on the other hand she had assumed children would happen in *'the natural course of things, at least in a de facto relationship.'* She had spent seven years in a relationship '*figuring that would be the path we'd take,*' and it was three years since then before she attempted having a child on her own. Bettina expressed distress while sharing her story:

> *Gee, this stuff gets you upset doesn't it? Didn't think it would now. It reminds me of the book where it says that you have to grieve the loss of the dream first. I think that's what you have to do.*

Bettina story showed how she relinquished a relationship single despite her readiness:

> *I couldn't see us together forever. Some people might have felt, 'this is our last chance, and something is better than nothing'. I was of the opinion that I was better off being single and content than with someone not right. I hadn't met the right person and the biological clock ticking. I didn't want to miss the boat.*

She terms her picture of a family life with the wrong person as '*an ugly trap',* but acknowledges the essential nature of her wish for motherhood:

> *[I'm] not missing out on having a child though, with or without a partner.*

Her teary description of *"the loss of the dream"* exemplifies the grief that some women may feel when letting go of their early dreams of a traditional family.

Not all women within the sample feel the same angst or regret about shifting their expectations from the traditional family structure. Regardless of the discomfort in making the shift, there was often a lengthy contemplation of this process and a consideration of various options to achieve motherhood.

Considering all possibilities

Most women didn't feel they had reasonable alternative options for becoming mothers while single, despite having considered a range of possibilities. The primary alternative considered was substitute care, that is, the care of other people's children via adoption or fostering. Casual sex was rejected as an alternative for ethical reasons and due to safety concerns.

Half the sample noted their consideration of fostering or adoption as a route to motherhood. Kat's reluctance exemplifies common concerns of would be adopters:

> *I considered adopting but the waiting list is so long and I don't know whether single parents would be considered. Overseas adoption costs a lot.*

Elizabeth considered the alternative of fostering inspired by a family history of this practice. She assumed adoption was unlikely to be successful for her as a single woman. Although she stated that having her own children was not essential, she certainly felt giving birth to a child was her priority:

> *I wanted to have my own children, I think most people do*. *If that doesn't work I'll consider fostering*.

Even for Ursula who considered fostering the requirements of the foster agency were difficult to meet, especially with the financial implications:

> *They implied I'd have to be a 'stay at home' mum so they assessed me as unsuitable.*

In her determination to have a child Fran started with an adoption process. At the same time she tried to improve her health in preparation for the possibility of conception as she thought her fertility was not optimal. When she encountered obstacles in the adoption process, she tried donor conception and was pleasantly surprised when she became pregnant. She plans to adopt at a later stage if possible.

Danielle, who had dated a man with his own children, was the only one to mention the possibility of step parenting. She wondered...

> …i*f that would have met a lot of my needs*

At least a quarter of the sample mentioned their repulsion at the option of casual sex in order to achieve a pregnancy. Fran's succinct comment reflects such views:

I'm not into one night stands - I never have. Tricking men[is] not fair and unsafe.

These and other ethical considerations are further discussed in the chapters on ethical architecture.

Despite changing trends in partnerships and childbearing and the lack of other options, it is nevertheless a major shift to envisage single motherhood when early dreams and expectations had been fixed on a traditional family type. Many single women may relinquish family dreams and adjust to a childless state. But dreams form, shift and develop in a variety of patterns, and for a proportion of women the dream of motherhood becomes so powerful that they feel it must be pursued. For this sample the imperative of being a mother outweighs the consideration of doing without a husband. Such an imperative is noted by one participant:

I considered just not having a baby, but I didn't give that option a lot of time because it wasn't really acceptable.

Despite the consideration of different possibilities for achieving motherhood such as substitute care, women generally indicated a preference for having their own biological child but rejected sex outside a relationship as a means to this end. The strength of the dream excluded the option of staying childless for the women in this sample.

Considering donor conception

An obvious contributing factor in contemplating single parenthood is the awareness of assisted reproductive technologies (ART) such as donor conception as an alternative path to pregnancy. Awareness of ART also gave hope to older and possibly less fertile women. How single women come to consider donor conception is one aspect of the shift to a solid plan for single motherhood. The media was influential but other factors facilitated the choice as well.

For Natalie it had been the media that inspired her to investigate the availability of donor sperm:

I remembered listening to a radio show discussing a private sperm bank. I took myself off to the Women's Health Centre.

As women are moving through life, still hoping for a nuclear family to happen, there might be such a catalyst for action. If such a prompt has perceived legitimacy, women feel enabled to seriously consider donor conception.

Olivia, the youngest woman in this sample, became aware of donor conception for single women through her tertiary studies:

> *I was at Uni doing a unit, a presentation on something to do with conception, and there was this pamphlet about donor conception and about single women having donor conception. I was just like "wow!" that had never occurred to me before.*

It is not just the awareness of donor conception that prompts women to consider this option. In two cases a medical practitioner had made the suggestion. Terry had been told as a teenager that physically it would be *'risky'* for her to have a child due to health problems. Believing she couldn't have her own children she therefore applied for adoption. This process required a medical assessment. On examination her doctor informed her that there was no reason why she couldn't physically have children, asking her, "*Have you thought about donor conception*?" This prompted her to consider having her own children.

Wanda's decision to mother through donor conception was undoubtedly linked to a negative life experience. Prior to deciding on single parenthood she sought the services of a dating agency on the advice of her local doctor. However, her experience of being sexually assaulted as a teenager had affected her deeply:

> *I noticed I was mainly interviewing them to be a father, the traits of a father. I wasn't after the relationship for me..... My only interest in going out with guys was because I wanted to be a Mum.*

After dating men became untenable, her General Practitioner advised her to pursue donor conception.

Single women's access to ART may be portrayed in the media as unlawful, as noted in the literature review. Ironically as women witnessed the debates regarding access to ART they were able to envisage themselves on that course. This was despite the fact that there was great difficulty in access in many states. Alex, for example, initially thought access to ART impossible in Australia:

> *On TV [I saw] a woman desperate to have a child but she was single. They wouldn't let her do it in Melbourne. I thought I'd probably have to go overseas to do it.*

The media's depiction of legislative issues frequently informed women of the possibility of donor conception. The difficulty for single women wanting access to ART in Victoria is explained in Appendix 1 ART. Despite their awareness of such difficulties in access, they begin to explore and research this option.

In the next story we see a growing awareness and consideration of donor conception and a consideration of the merits of single parenthood. Susan's path commenced some years after Ursula's; in those intervening years single women became more of the option of ART:

> *I remember talking to someone and specifically saying, 'Oh, I wouldn't do that; don't think I could do that'. Until the time comes when it looks like a relationship isn't going to happen; or you might be with someone and it doesn't work out, and you'd think...*

Susan's optimism about meeting someone and becoming a traditional mother declined, although she held on to dreams for a relationship even as she considered donor conception:

> *Oh, I lie there in bed at night and think, "Okay, well if I meet someone now it might take this long and…" (Laughs) So then I started to think about it more.*

Despite her lingering hope she might meet a partner, Susan is attentive to fresh information on her options, and is conscious of her biological clock:

> *I actually did something about it when I was 38; but it had been on my mind for some years before that. I never thought I'd go down this path at all, until the old body clock starts ticking on and starts knocking, I mean (laughs).*

Once Leesa Meldrum's lack of access to ART in Victoria became public, women like Susan were clued-up on this somewhat controversial pathway to motherhood. Susan found the idea of pursuing this option quite challenging and sought out more information through conventional support routes before she gained the confidence to proceed:

> *So I thought I'd better speak to my doctor about it. And ended up going to see a counsellor from Family Planning who put me on to the donor conception one; and then to another one, another one, until I found the group [of single mothers using donor conception] and just went from strength to strength, finding information; really hungry for information about it. I think; I knew I wanted to do it. But I had to work out that I could; bring in finances and everything. I couldn't have - I mean I didn't buy this house till I was 35. I mean I wouldn't have done anything about having a child while still living at home. So I was 38 when I started looking, and it was the following year that I had my first appointment with the doctor.*

Her story outlines her initial reluctance but with dwindling hopes for partnership.

Susan considered herself to be a conventional person, and felt confronted by taking this alternative approach and the possible stigma that might result:

> *You're always worried by what people would think.*

However, her mother supports her plans for single motherhood:

> *I said "Mum- you know the story in the news about these ladies." And I said "if I wanted to have a child like that on my own, do you think that would be a selfish thing to do, 'cause I'm thinking of me so much and not the child?" And she said "Oh, I don't think so". She said "I think you've got a lot of love to give. I think that would be fine for you to do, if that's what you want."*

Susan's story shows that women do not make their decision to parent in isolation. They are influenced by an increased awareness of ART, knowing that other single women have been successful. The media's depiction of the predicament of single women, even when negative, appears to be influential.

The stories in this first section focus on the transition from early expectations of a traditional marriage and family to considerations of using donor conception and a plan to parent alone. The biological clock was a key factor, and women were influenced by changing patterns of relationships, and unwillingness to settle for unsuitable relationships. Focusing on the negatives or downsides of the relationships helped some women to accommodate their new plan for motherhood. The shift requires a letting go of the essential position of marriage or partnership, that is, a relinquishing of the *'husband, father of my children'* part of the dream.

Section 2: Stories of previously partnered or primarily single women

The complexities of women's lives include the interplay between personal experience and the context of societal changes. Stories of women who have been in previous partnerships, or who have been single most of their adult lives, tease out such complexities. The previously partnered group covers around a third of the sample and includes those who were married or in de facto relationship prior to becoming SMC. The latter group of primarily single women is more diverse. Many of them had been in intimate relationships, named by them as either serious or long term, but had not formed live in relationships. A handful acknowledged no serious relationships.

Previously partnered women

Within these subsections are the stories of women who had previously been married and who generally had an expectation of having children within that relationship. Also included are the stories of two women who had children from previous relationships but were intent on having further children to build a more complete family on their own.

Separation and reluctant partners

Many women had formerly held strong hopes or even clear expectations of having children within their relationships. Those who had anticipated a family experienced anguish at missed opportunities. Stories from Pene and Danielle show their distress as they move from a *'would be'* traditional mother to a single parent.

Pene talks about her early expectations of marriage:

> *I thought it was going to be very traditional. I was going to work for ten years or so; then in our early thirties we were going to have three children, two girls and a boy.*

Unfortunately this image was clouded by her husband's differing priorities:

> *He decided we could work a bit more so we'd be financially independent. I got to 37 and started to get very itchy about this taking too long. So we talked and he said he didn't want to have children.*

Pene tried to resolve issues within her marriage because she *"loved him to death, adored the ground he walked on."* It took another two years of counselling and attempts to resurrect the relationship before the marriage finished:

> *I hit 40, which is the time he actually left. It took a few months for me to realise, "Oh, my goodness. This means I'm not going to have children. What am I going to do?" I started going to counselling about being a childless woman and how you cope with that.*

Pene wished that she had insisted on the importance of her own dream for motherhood:

> *[I have] massive regrets; about not having a child with someone I love, that I have a stable relationship with; not having a child when I really thought it was the best time, which was in*

my early thirties. Because we were well off we didn't really need any more money. I should have said, 'this is important to me. I'd really like to have this child now.'

Danielle grieves the loss of the family that was planned for in her marriage:

We were planning for babies, right from before we got married. When everything fell apart, just at the time I thought it was about to happen, it was a big loss for me.

She could not foresee a future without children, considering her options even then:

I was 28 when I was divorced. I just said to myself, 'if I get to 35 and I haven't met anybody, I'll have IVF. I'll go to the sperm bank and have IVF. That's what I'll do if I need to, as a backup'. I never actually expected to have to do anything like that. It was almost a joke.

Danielle reported she was in despair at the possibility of failing to have a family and continues:

The thought of not ever meeting someone and not getting married again and having children was absolutely more than I could cope with.

With these strong sentiments it is unsurprising that she made serious attempts to find a partner and was extremely distressed at missing out on her dream:

I didn't ever seriously think it wouldn't work out. I just always assumed it would. Incredible isn't it? For someone like me who'd always wanted kids. I thought; "That doesn't seem too much to ask."

Women may be shocked at thwarted expectations resulting from sudden marriage breakups, or because partners are not found in time. Despite early assumptions about partnership and children, this shake up affects a shift in plans for motherhood. Two other previously married women had specific dreams with their partners; separating in their late twenties had allowed time for readjustment and a new image of family.

Harriet was married at the age of twenty, and states she "*definitely wanted children with him from the start."* However they never tried for children and she reports her sense that there were going to "*be problems"* and that he would not have children with her. Nevertheless, Harriet described his leaving as "*a complete shock."* In retrospect she believes her pressure for children "*pushed him out the door."*

Harriet's anguish is provoked by the thought of childlessness, rather than losing the whole package:

> *I was really, really distressed at the idea of not producing. I mean you have to be to do this. If you can take it or leave it, you wouldn't do it. I did it because I wanted it so badly. I'm a very maternal sort of person.*

Nevertheless she believes that the use of donor conception is a somewhat desperate act, and definitely not a preference:

> *I would rather have had a child with a supportive partner. I found myself just divorced, and my biological clock was ticking. I hit thirty five and thought; "Oh, my god. I'm still single. I want kids."*

It was following a friend's suggestion that she started to research her possibilities. After a year she made her decision and achieved a pregnancy when aged 36. She attributes her previous failure to have children to "*choosing a husband poorly, and staying with him too long*." Harriet's reflection on past circumstances and gradual acceptance is representative of the soul searching women in the sample commonly undertake. Such a process may precede contemplation of alternative dreams for motherhood.

The maturity and acceptance shown by Harriet in dealing with her lost dream is echoed in Ingrid's story:

> *I fell in love with my husband when I was 15, and married him at 22. There was never any doubt. We were just going to have children and live happily ever after.*

Jokingly she likens their family dreams to conventional images:

> '*Ken and Barbie*; *have a kiss and a smooch and end up with babies'.*

Unfortunately such dreams may be shattered by marriage breakdown:

> *We were about to start, and then he fell in love with his secretary. He married her and had a couple of kids with her.*

She recognises that their youthfulness at the time of marriage may have contributed to their break up, and thus is able to accept this life event, despite the added aggravation of her ex-husband having children with his new partner. Similarly to Harriet, Ingrid is able to reflect on her life course and gain some peace through this process:

We were very young. There was not a big chance it would work out. We changed. So I can't, even though he fell in love with someone else, be particularly bitter about that, because that was part of the change.

Like Danielle, as soon as the marriage failed she anticipated single motherhood:

I actually said to my Mum, well if I haven't found somebody else by the time I'm 30, I'm going to have a baby by myself, but of course that was upset and whatever kicking in; and I didn't start thinking about it until I was approaching 40.

This back up plan is an early recognition of the importance of mothering in her life plan, just as there was for Danielle:

But I did say that to Mum, just before 30, so obviously there was always that thing there; if I had to be by myself I was going to have a child, whatever way I could.

Both women waited to see whether they would form another partnership before entertaining other possibilities for single motherhood.

These stories show a variety of expressed distress, resignation and acceptance at missed opportunities of having children within marriage. The transition from divorce to a contemplation of single parenting required an adjustment to their changed life circumstances before they could be at ease in contemplating new pathways to motherhood.

Separated single mothers

Two participants were single mothers who had separated from their partners after having one child. Although mothers already, they both made decisions to parent again without a partner. The contemplation of donor conception rather than entering another relationship stemmed from unsatisfactory partnership experiences.

Alexandra had her first child within marriage at the age of twenty five but was separated at 27, and still wanting more children:

I had goals, and that was my plan, if I haven't met someone by the time I'm 35 - I want to have a child before then, because of the age gap with Nelson - that was ten years. And I'm not getting any younger.

This stand by plan is similar to that of Danielle and Ingrid. Alex had an initial preference to find another partner, but was thwarted by her ex husband's behaviour:

> *When I've had partners he [the ex-partner] makes it very difficult. To the point where the person involved expects me to choose between the child and themselves. It's been nine years of AVO's [Apprehended Violence Orders], harassment, constant criticisms, and solicitors.*

This intrusion has not just affected her chances of remarriage but of enjoying parenthood as she would like:

> *It's been very disappointing; a stressful experience. This is not what I wanted motherhood to be. I yearned to be a mother and have children and bring them up and that's probably why I have contemplated doing it by myself.*

This experience of an unhappy relationship and a difficult divorce propelled her to try for a second chance at enjoying motherhood without the difficulties previously faced:

> *I was really excited about it. I knew 'what I was in for', as they say.*

Her second child provided her with unexpected joy as she was able to bond without the burden of a troubled relationship:

> *It was just an overwhelming and joyous experience. I'd forgotten about when I'd had my other one, all the years of problems I'd had. It was just the most beautiful experience. It was really precious. He's just a gem, and a pleasure to me. [Even] feeding every four hours – it was exciting for me to get up and just see him.*

Lola on the other hand experienced disappointment with partners and their unwillingness to commit to parenting. She expected to have children conventionally, even after two fruitless relationships, but finally met an older man willing to have children with her. In her humorous recounting she tells how she '*grabbed'* him, keen to take the opportunity:

> *We had difficulty getting pregnant, and we went through IVF and everything. We were together for about 6 years too. Funnily enough, we'd split up but we were still living together, and we got pregnant with Mindy about 3 weeks before I left, naturally. So we had 5 years of infertility.*

Lola laughs at the irony of trying so hard to have a child through IVF, only to fall pregnant accidentally:

> *I wanted children all along, had a battle to have them, ten years of trying really; including trying to convince my first partner. I was determined I'd have children one way or the other by myself. I'd given up on men really (laughing). I'm sure that's a big reason why.*

Lola and Alex knew in advance their capacity to cope as single mothers and hence had no misgivings in rearing more children. Yearning for motherhood may have been less acute than for motherless single women, but they portrayed an enthusiastic desire for further children nevertheless. Their motivation in becoming second time single mothers was at least partly explained by disappointment or difficulty in prior relationships. However, they adjusted to life circumstances and moved on to build a new life with more children.

The stories of previously partnered women indicated a preference for co-parenting with a husband or partner, but an ability to adjust to a single motherhood path. There was variation in the degree of comfort expressed at this change in life plans, with some women more easily adapting to their altered circumstances.

Primarily unpartnered women

Nearly two thirds of the sample had not lived with a partner before they decided to become single mothers. They had lived as single women throughout their adult lives, although half of them had been involved in serious or long term relationships at some point. Their stories reveal assumptions about how essential a partner was in plans to have children.

Only one participant described herself as "*a typical career woman."* Fran described a history of working long hours in her career. Her expectation of a relationship was "*never doubted or even put on the back burner"* but work was all consuming:

> *So I'm like that pop art image of "Oops I forgot to have a child." I just wanted to have a child before 40. That was a biggie.*

Additionally, Fran was not meeting the kind of men she would like to marry.

Several women specifically mentioned that they could not find suitable partners. This was a part of Chris's story too. She had a stimulating executive career, fulfilling part of her life plan, but had never

excluded the option of a family life. Her family is a happy one, and for her children had "a*lways been an expected part of my life."*

Her mother's emphatic advice was "*don't marry and have children early."* In her early thirties she returned to her home city to settle down and then found it difficult to meet men. She finished one relationship which she sensed would not lead to the desired family. This crystallized for her that her "*fairy tale vision"* of family wasn't going to happen. Her realisation was that having a child had become "e*xtraordinarily important,"* although she had been "*pondering it for some time."* The dream of a child was noticeably much more important to Chris than having a partner.

I realised I could live without a partner but I couldn't live without having a child.

Like others influenced by the media, Chris had seen a documentary that played a part in her thinking:

Oh, I can do this. It's something that can be explored.

A partner or husband was not a crucial part of the early dream for Elizabeth either. She had a less privileged life than Chris and Fran, and acknowledges that where she lives is "*not a high socio economic area*." Elizabeth had furthered her education by studying at evening college and travelled to pursue her interest in sports. Chris and Elizabeth both travelled and led interesting lives, and both resolved to have children in their mid thirties. Elizabeth recalls her thoughts on having children earlier in life:

I've never particularly had a strong desire to get married. A lot of girls I grew up with were really keen to get married and have babies whereas I wasn't. [But] I knew in the future I would like my own children.

Nevertheless, her early expectation was that marriage would be the pathway to children:

The way I was brought up was always that you got married and you had kids, you know.

However, there were disappointments in her relationships which left her feeling resigned to a single life:

The relationships I had early to mid thirties didn't last very long, or I found out a lot of lies were being told. I decided that that wasn't going to be my luck.

Elizabeth reflects on her independence and how this influences her in becoming a single parent:

I've never been in a true partnership. I've never lived de facto or anything like that. I've always done everything on my own anyway.

In regards to donor conception she says "*I didn't feel odd about doing it that way"* but nevertheless she found contact with couples at the infertility clinic quite awkward:

> *I remember I'd sit in the in the waiting room and I would watch all these married people come in and I'd think - like almost, like - not false pretences - but they've got a fertility problem. I haven't got a fertility problem; I've got a partnership problem. I felt like I was in the wrong place.*

Like Elizabeth, around a quarter of the sample had not been in relationships that they described as serious or important. Ursula, mentioned earlier, had experienced disappointment that the men she met seemed unavailable and unwilling to commit to family. Such disappointment is echoed by other women in the sample.

Unlike the previous two women, Katrina had dated quite a bit, sometimes long term, but had been disappointed in men's general unreliability. Katrina had not had specific dreams of marriage apart from the normal "*knight in shining armour*" when she was younger. Nor did she have a specific wish for children at that time. However as a young adult she had told her friends that she "*would not mind having children on her own."* She clarifies her views on suitable partnerships:

> *I think having a stable family life with even just one parent is better than having a dysfunctional relationship. I didn't want to start out that way knowing it wasn't a proper loving relationship.*

She spoke less of soul searching than other participants; instead she voiced a straightforward wish to have a child. The period of contemplation was relatively brief, and Katrina expressed surprise at the ease of access to ART. The degree of comfort she portrayed was an exception in the sample. In taking on single parenting she indicates minimal distress at missing out on marriage, despite an untroubled family life. Her disappointment in dating unreliable men did not appear intense and she appeared matter-of-fact about forming a family without a man:

> *Well, I need to share my life with someone.*

Katrina emphasised her '*readiness'* and what advice she would give to other women contemplating SMC:

> *You have to be ready, and if you're not, then don't do it. I'm sure there'll be a lot of times when you resent it.*

She recognised her readiness to forgo a previous lifestyle in the interest of rearing a child:

> *Well I guess it was more, whilst you might think that staying at home with a baby is a rut, but I think filling up your social calendar can be as well. Catching up with the same friends and having the same conversations.*

I ask her more about her wish for sharing, and what she means by readiness. She clearly describes the great appeal of living with the unpredictability of life with a child:

> *Yeah, and the variety that would naturally engender as well; like, you know, no day is the same. I guess as kids grow and every age is different; like I mean when they're little and you think you have it all figured out, then the next week it's different again. So you know I think that it brings you back to your own childhood in a way, and you do things you wouldn't dream of doing. As far as saying you're ready.*

In describing this absorption with a growing child, she indicates a readiness for intimacy and immersion in motherhood, and presents an enthusiastic rap on motherhood.

Two women noted their shift from envisaging children in a relationship to fairly suddenly altering their outlook. This shift came while they were pondering their childlessness while single. Vivienne was in her late thirties when the idea of a relationship and children '*pinged apart*':

> *My desire to have children was of itself a desire. It wasn't a package and it wasn't logically subsequent to a relationship. The experience was elation and freedom and liberation. I could get on with it.*

Olivia likewise notes that when she "*had this idea, it was an enormous relief."* Both these women pursued tertiary education and appeared forward-thinking as they discussed life decisions regarding career and partnerships. Both had mentioned how their family had shaped their life path. Parents had been influential and generally supportive of their individuation.

These stories of primarily partnered women complete the chapter on how this group of women shifted from the dream of a traditional family to a realisation that having a child as a single woman was a viable option.

Conclusion

The shift from early expectations of a traditional family to a consideration of single motherhood is made with lengthy contemplation by the women in the sample. This shift occurs in a context of changing patterns of partnership and child bearing, and with women's increasing awareness of the 'biological clock' and the availability of assisted reproduction. The stories of individual women reveal a complex interplay between the above factors.

Certainly there is not a uniform response to the transition which many women in the sample made with resignation rather than distress. For some women this transitional stage began with resolution of their disappointment in not having a child within a relationship. It was following that they were able to consider having children independently and through an alternative path. Women's own words demonstrate their unique paths to single motherhood. They portray themselves as being in a predicament which caused varying levels of distress and discomfort. The majority of the sample was more or less confounded at the need to try an alternative path.

The next chapter follows on from this transitional stage to the efforts of women as they follow their dreams for motherhood.

Chapter Six - Persistence and resistance

Introduction

This chapter explores two strongly emergent themes of women's stories. The first theme is the persistence of women as they pursue their plans for motherhood. At the time the women in this sample wanted to conceive many encountered obstacles or impediments in accessing Assisted Reproductive Technology (ART). In that circumstance, women needed to circumvent any legislative restrictions to follow their preferred path to motherhood. The women showed persistence in their efforts to become mothers despite such obstacles, and in the face of the financial and emotional costs of pursuing this path to motherhood. The second prominent theme emerging from women's stories is resistance to negative attitudes or stereotypes regarding single mothering and female headed households. In order to feel comfortable with their single mother status a substantial number of women in this sample argued strongly against such negative views.

The chapter begins with women's views on their primary motivation for persistence, that is, the longing for motherhood. The next section highlights stories of persistence in planning, in finding clinics, overcoming legislative requirements to access ART, and falling pregnant when fertility is sub optimal. Two individual stories exemplify how women persist in achieving their goals despite specific obstacles in their life path. The second section explores the narratives of women as they resist stigma, showing how they argue against discriminative and judgemental attitudes regarding their family type. Resisting negative views about single motherhood or donor conception results in a capacity to more positively evaluate the experience of their chosen single motherhood. The degree of satisfaction experienced in mothering is a counterpoint to the initial difficulties.

The impetus: maternal longing

Women's narratives show that the longing for children drives the decision to become mothers. Yearning to be a mother is overwhelmingly the motivation for single women to become parents despite their singleness. Women in this sample refuse to give up on the dream of motherhood. Instead they are inspired to attempt an alternative way to have a child. Examples are given of the distress some women experience when confronted by a failure to achieve motherhood. Ideas women have about maternal longing are explored, including the complete ordinariness of maternal

longing. Primarily women argue against minimising or derogatory comments on single women's yearning for motherhood.

Some women in the sample expressed strong feelings about the possibility of missing out on motherhood. For example, Pene describes her distress at being childless when she had expected to have children within her marriage:

> *I was desperate – for the last five years of my marriage I never went out on Mother's Day. When my friends had babies I had to steel myself to visit at hospital. The eternal purchasing of presents for other peoples' children is a real drain. It's like real torture.*

She later felt considerable regret she had not insisted to her husband that *'I'd really like to have this child now.'* Her strong yearning propelled her to have a child in her forties, and she exhibited enormous tenacity in achieving a pregnancy through many attempts and setbacks.

Like Pene, Natalie experienced strong feelings in response to her childlessness. Her initial response was of anguish, with resulting self doubt:

> *I was getting more and more distraught about not having a child. A younger sister announced that she was pregnant. I went to work and was just overwhelmed with grief, and sadness and desolation and I just put my head down on my desk and sobbed. Those feelings of 'but it should be me.' As time went on I was affected on two levels; one that I wasn't in a relationship and you start thinking 'Well, what's wrong with me?'*

Natalie in using those words '*but it should be me',* declared not just her extreme sadness, but her protest at not achieving a pregnancy like her sister. Her words also indicate that she felt some responsibility for being single. Later Natalie asked an old friend to be her donor.

Chris experienced less distress at the time she was trying to conceive, but is aware how differently her story could have ended:

> *I'm extraordinarily grateful for it. To think I could have lived in another age where I would have been a shrivelled up spinster with her cat so to speak. (Laughter) looking at that caricature. Then this is just wonderful and I'm just so grateful that I have the opportunity to pursue this course of action, because I could have been a seriously twisted and unhappy person if I hadn't.*

Alex's narrative explains a common predicament of many single women who desire a child but who would have preferred the presence of a father:

The focus isn't just having a baby. You've got a child for a lifetime. Ideally, I'd like for there to be a father, a nuclear family, but it just isn't possible all the time and there is this overwhelming desire for women to have children and it's a way for them to do it.

Maternal longing was considered by several women in this sample as a normal state which pushes women to plan for motherhood. The preceding examples show the distress that may occur if this yearning remains unfulfilled.

A small number of women in the sample feel there is a lack of respect and understanding about women's longing for children. Melanie for example, disputes a negative portrayal of maternal longing:

Articles about desperate women as if longing for a child is really pathological – maternal longing is portrayed as this neurotic thing; as if men are pretty lucky to get away with it; as if women will eat you alive; 'they just want babies.' That horrifies me.

Melanie thought deeply about the absence of men's role in discussions about maternal longing, clearly aware that male partners have a role in women remaining childless.

In her story Ursula recounts how potential partners have been unavailable as fathers because they...

...didn't want to have children, couldn't have children, had already had children, didn't like children...

She angrily rejects societal attitudes which advocate an acceptance of childlessness:

Why should single women have to deny their maternal impulse? I find it outrageous that society can be so cruel to women to say 'OK you haven't been able to find a partner, you poor old spinster you; just accept your bloody lot.' (Laughing) For me the maternal impulse is so strong. I'd be denying probably the most basic part of my being; my existence.

What unites all the women in this sample is a resistance against accepting their '*bloody lot'*, and their persistence in reaching the goal of motherhood.

One woman's experience of seeking assistance to cope with her childless state ended painfully. Ingrid encountered a disdainful and patronizing attitude from her counsellor.

She [the psychologist] told me to go up to Mt Isa and find myself a bloke; there are lots up there. I took her to the Health Care Complaints Commission over that flippant remark to a distressed patient.

Ingrid resisted this view that minimised the plight of single women wanting children. She argued for an appropriate professional regard for her dilemma as a single woman longing for motherhood. Although she remained angry with this response to her distress, Ingrid resisted this invalidating view of her childlessness and continued her plan for motherhood.

Section 1: Stories of Persistence

Planning

A large part of the beginning stories of women in this study included their systematic planning for motherhood. They sought resources to build on their knowledge of donor conception before making a final decision. They also contemplated the benefits and pitfalls of the path ahead. Some of that contemplation process is more fully explored in the Ethical Architecture chapter on decision making. This section reviews the persistence shown in planning, and the personal attributes that participants believe assist them to proceed with such plans.

Decision making was commonly undertaken in a methodical manner as Ann states:

I did a fair bit of research via the web, went to my GP, talked to friends, and then went to the clinic.

Bettina's decision is made at a time of declining fertility, when she realised she had to act *"now or I'd miss out."* Danielle similarly checks all aspects of her planning and research:

I talked to a lot of people. I wanted to make sure I had thought about everything; whether it was positive or negative.

A considerable length of time is commonly taken to plan, as Elaine reports:

It took me about two years to finally say 'Yes, I'll do it.'

A large majority of the sample spoke of the lengthy decision making process. Two women however, believed their decisions were based primarily on maternal longing, as opposed to a rational process. For example, despite planning and research, Georgia implied early decisiveness:

> *I thought about lifestyle changes and financial aspects but I didn't really let any of that impact on what I'd decided.*

Although mindful of the repercussions, she prioritised her determination to have a child:

> *I thought about what impact that will have on the child. I pretty well ignore that too; I'm hoping everything will turn out for the best.*

Georgia's complicated life story is further explained in the Ethical Architecture chapter.

Although Harriet planned well, she also acknowledged her strong yearning; this overcame her concern about children being raised in fatherless families:

> *It's a very thoughtful decision; DI, that's the one I settled on. It worked out really nicely. They don't have a father and that's a disadvantage. That was the main reason I thought I wouldn't do it. But I did it anyway because I wanted it so badly.*

Both Georgia and Harriet acknowledge the primacy of their desire for motherhood, and reflect courage in their persistence to reach for their goals, even though planning does not allay all their concerns.

Confidence is frequently referred to by women in terms of pursuing motherhood. Participants mention the qualities that empowered them to continue on this path; they variously describe themselves as *capable, strong, self sufficient, independent,* and *a risk taker*. Others cite personal attributes they see as beneficial for a single mother. For example Elizabeth describes herself as "*a very organised person"* who thought she'd *"be able to cope"* with the demands of single motherhood. Jan believed that her personal growth contributed to her confidence:

> *I did all this research, the net, books, contacted SMBC, before I presented it to all the people who supported me. After I'd split up – in the next 2 years, I grew stronger in myself. I really like myself now. That gave me a lot of confidence to pursue it. I had a lot of kudos in my work. I never wavered in my decision but there were setbacks. I'd see a little hurdle – I'd figure out what I was going to do about it*

Olivia, who was raised by a single mother, is certain she can manage sole parenthood, and her upbringing may well have shaped this self-reliance:

> *It never occurred to me I couldn't cope. I was raised around ideas of 'create your own reality.' It was like, well, do it then!*

She describes her path to donor conception as straightforward, supported by friends, and with easy access to ART:

> *Every door opened. If the door had been shut I don't know whether I – it just happened like that, so I did.*

Her comment suggests uncertainty as to whether she would have persevered if there had been any barriers. However, her story did include an earlier delay which deferred her actual attempts for a year or so.

Katrina also reflects on the unexpected ease of access at the time she was trying to conceive, more than a decade after the forerunners in this sample:

> *It was, 'I'll see how I go; see how far I could get." I was really actually quite surprised at how easy it was. I was only going to give it two tries. I just thought fate. I didn't want to get too worked up about it either.*

Her story included the phrase, '*whether I'd be allowed',* indicating a presumption of obstacles. In contrast to those who had researched thoroughly, she seems both less informed and more light-hearted about her attempts to become a mother. Changes in ease of access may well alter the persistence required for single women to become mothers.

The stories show a lengthy phase of planning as single women in this sample prepared for single motherhood. Additionally their understanding of relevant issues built courage to pursue an alternative family path, to resist cultural norms and to take on the task of raising children alone. The examples above show a determination to pursue single motherhood despite knowledge of drawbacks or downsides, thus demonstrating the strength of maternal longing. Several women in the sample believed that awareness of their personal attributes as well as growing confidence strengthened their resolve to proceed.

Gaining access to ART

Half the sample lived in States that at the time prohibited single women from accessing either donor insemination or IVF, that is, in Victoria, South Australia or Western Australia. In other states individual clinics chose to exclude single women. Despite these restrictions women persisted with attempts to access ART. This section shares women's stories on in finding ways around legislation, and begins with personal responses to difficulties in accessing ART.

Elaine heatedly objects to the restrictions in access to ART:

> *I think the barrier of having to be defined as infertile is totally and utterly crazy*

Legal restrictions in her state led to problems with her GP giving a referral:

> *My GP wouldn't refer me; because I needed a referral to go there - interstate. She was concerned that she was breaking the law; me being a single woman accessing the program.*

This resulted in Elaine having an extra hurdle of finding another doctor to refer her for treatment interstate, with the risk of further refusals.

Harriet is indignant about the legislation favouring partnered women:

> *I was really offended at the legislation in Victoria. It says you can't use ART unless you're in a relationship with a man. I think it's a form of discrimination. It's not even like the government paid anything.*

Discriminatory legislation resulted in women travelling interstate to gain access to treatment, with associated costs in money and time.

Susan objects to constraints on her legal right to access IVF:

I didn't like - the government wanted to stop single women accessing IVF. I don't want someone to say 'you shouldn't be able to'.

Rosa notes the distinction in access for single women between less invasive methods and the more costly IVF:

> *At the time we were trying donor was available, not IVF – the big furore of single women using up IVF – they weren't aware of all the issues.*

Her final phrase suggests that the legislators are ignorant of salient issues for single childless women. The preceding comments reflect some uniformity in women's reactions to the legislative barriers to accessing ART.

On a more personal level Vivienne discusses her experiences of being observed and judged in the public domain. After posting an internet request for people to support a change in legislation a colleague challenged her views via email:

> *His view was that children need both parents and IVF is not right – I felt really judged.*

She explores the meaning of that exchange:

> *It's not direct or overt discrimination, but that email is an example of having to deal with someone's views about something; that you're not of the majority. You receive people's ideas of what is right or wrong.*

Vivienne had difficulty in falling pregnant through donor insemination. She found a way to access IVF with the clinic's agreement:

> *'If I were married at this point would you be recommending IVF?' and they said, 'yes.' The law then said you had to be married or in a de facto relationship. They agreed to pretend we were in a de facto relationship. So he went in and we played this charade and because I was in a de facto relationship according to their records I could have IVF.*

Vivienne feels discriminated against in her efforts to access IVF, and by circumventing the legislation she opposes restrictions on her access. Unlike the previous situation where she was subjected to *'others' views',* in this situation she feels there is direct discrimination:

> *It is just so wrong - the years that I spent as a single woman and being discriminated against; that's why I sound a bit aggro. I don't talk about it now. It was horrible to go through.*

Vivienne contrasts the burdensome process of accessing ART with her initial excitement of going it alone:

> *It was very liberating, exciting, to decide to have a child and not be dependent and not be tied to this idea that you had to find a person, the right person or they had to find you - that you can just do it. What happened after that probably reflects how big a thing it is to do. It's very weighty - that probably brought that weightiness to me.*

This may reflect the duality of the SMC path to motherhood; of enjoying the independence but encountering difficulties and complications along the way.

A small number of women in the sample travelled in order to access donor gametes as they were prohibited from ART in their home state. For example, Elaine noted that "*because I had no fertility issues I couldn't enter the program."* The cost of interstate travel excluded Fran who would not use donor insemination for her second child "*because of the cost of going to Sydney for treatment."*

Harriet described travel requirements as quite demanding due to work commitments:

> *It was very stressful. Just the logistics were horrendous – you don't know what day in advance – running off (interstate), cancelling appointments.*

Although extra costs and time involved must have added considerably to the burden of trying to conceive, these extra pressures were often minimised in stories about successfully having a child. Comments from women above showed strong objections to such restrictions. These limitations led to finding ways to circumvent legislative restrictions by travelling interstate to access ART or pretending to be with a partner.

Obstacles and setbacks while trying to conceive

It is not only in gaining legal access to ART that women have difficulties. Overcoming obstacles is an issue in dealing with clinics; they might refuse service, or restrict access to the available donors. In her first attempts to secure ART services, a young woman receives uncalled for comments regarding the impact of her decision:

> *It was a private Obstetrician. He said, "You know no man will want you. Have you thought about that?" It was very old school.*

Olivia dismisses this comment, considering the doctor to be out of touch with community norms about partnerships. Ironically she was one of the few participants to enter a relationship after her child was born. However, she did delay her plans for a while after this encounter with an unwilling provider.

Jan had initial success with finding a willing specialist:

I went through counselling & then they said 'nup, we're not going to work with single women now' so that was just this huge devastating blow.

Fortunately the specialist helped her find another clinic. Upon finding another clinic Jan found the logistics of donor conception difficult to manage:

Travelling each day – [giving a] *reason I was late for work - quite a taxing juggle emotionally; hiding secrets from work. I found the management of it quite hard; trying to get pregnant. I just kept going. I was determined.*

Natalie uses a known donor, an old friend, to circumvent exclusions of single women from IVF:

With my child's father, he'd had to travel [in order to donate sperm]. *I'd more or less had to indicate that I was in a partnered relationship.*

Her donor agreed to the pretence of partnership, as most clinics in her state were refusing to provide a service for single women even though there was no specific legislative restriction.

Ironically at least a couple of women were prepared to justify their right to access clinic services and were surprised at how easy access was. For example, Ingrid expected she would have to give good reason for her actions:

I was amazed just how easy it was. I was quite shocked, the professor just said to me it was just perfectly acceptable – totally normal for me to want to have a child and under the circumstances that I've held on for so long waiting for Mr. Right to happen; and I thought that I'd almost have to justify myself and I didn't.

Her experience was similar to Ann's, who in attending clinic counselling "*felt like she was taking to a friend"* instead of having to justify herself. Clearly not everyone had to battle against restrictive practices or obstacles at clinics. These more recent examples occurred in a state without prohibitive legislation, where clinics have the freedom to broaden their criteria for inclusion, and additionally were beginning to have a large clientele of single women.

Wanda was considered to be infertile due to psychological difficulties related to child sexual assault and was requested to undergo a psychological assessment before being granted access to ART:

'Cause I was in my thirties and it wasn't just a whim, I stuck out this process. Half of the hurdles that they put in, is to see how determined you are, and how realistic you are in actually wanting to be the mum.

Once granted access to ART, some single women encounter obstacles in gaining full access to available donors. A small number of participants noted the lack of choice when selecting donors. Elizabeth describes the practice of donors being allowed to exclude specific groups of women:

The way the governments got around it - the donor makes the decision. Most of the donors took that option – only go to married couples.

This strategy to restrict single women's ease of access to donated sperm has been quite controversial and described as discriminatory by social commentators.

In another State, Lola's felt unable to assert her wishes when the clinic nurses decided on her behalf what donor would be suitable for her:

I felt I didn't have much choice in it. They decided for me that these (donors) *are suitable for me. I felt a bit vulnerable being maybe one of the first in the situation. I didn't feel I had many rights in a way. I felt a bit nervous that at some stage they might revoke their decision. It's a big country town here - I felt I couldn't assert myself as much as I might want to.*

Acting against social norms left women feeling quite powerless to contest clinic practices, leading them to make do with what was available rather than fight an unwinnable battle.

Apart from clinic practices women face other impediments; these result from impaired fertility, whether age related or otherwise. Some participants found falling pregnant straightforward. However, nearly half this sample required IVF even though the majority started with simpler procedures. Even those who used the simpler technology of donor insemination had their setbacks. Such setbacks could potentially cause women to quit, but the women in this sample persisted despite emotional upheavals. Two of the women using donor insemination had miscarriages along the way, one woman describing this as a loss '*I found quite devastating at the time*.' Despite their distress both these women persevered. Even being told of the low probability of success was extremely distressing for Susan:

[When the clinic] told me my chances were really low I just burst into tears; I thought my world had fallen apart.

Of those using IVF several talk about the length of the procedural difficulties, mentioning that '*it seemed to take forever*' or the '*increasing sense of panic*' they felt as time went on. Danielle describes further her emotional state while undergoing IVF:

> *I felt I'd left it too late then. I wished I'd started sooner. Grief! I just didn't want to have to talk about it.*

Women frequently discussed the lengthy procedures they endured. When birth was recent, the anguish was still quite fresh. Persisting in the face of constant disappointments was not considered harder for single women. Wanda in fact believed trying to conceive as a single woman was easier:

> *Because I'm single I think I actually coped with the process better. I didn't have the worry about the other person, their feelings.*

In dealing with clinics women resisted negative attitudes to single women and persisted in finding clinics that would treat them. More recently, two women were surprised at their acceptance by clinics. In one State, single women were prohibited from full access to available sperm donors. They did not fight against this discriminative practice. Those needing IVF frequently spoke of the added dimension of multiple attempts, and the distress of failed cycles. In finding clinics to treat them and becoming pregnant, women frequently persisted despite ongoing setbacks and the distress of a lengthy path to pregnancy.

Overcoming specific obstacles

The stories below are selected because of the extra obstacle these women faced with illness and disability. However, their experiences typify the complexity inherent in pursuing plans for motherhood.

Georgia had been trying for years to find a partner willing to have a child with her, and her resignation in choosing single motherhood is apparent:

> *To be a single mum; that was the only way I was going to be able to do it.*

Georgia had breast cancer in her mid thirties. Just before trying donor conception she found another lump requiring further surgery. This did not deter her from her plans:

> *While I didn't actually change my decision about how to do it, the second coming, so to speak, really highlighted that, you know – you don't know what's going to happen. So just*

take the opportunity to do what you can and to – no time to make any decisions about it - just do it because you don't know what's going to happen.

Georgia describes her motivation to have a child as the primary impetus:

I just decided that I did want to have a child and I wanted to – I wanted to experience that whole wonderful process. I mean, particularly at that point, I was really keen. I wanted to be pregnant. I wanted to know what it felt like and go through all of that.

Once Georgia found there was a possibility she moved ahead with her plans:

Then I just sort of did it from there. I always knew it was going to be difficult and there was going to be issues financially. But I just felt that I was going to be ready to deal with that and the restrictions on your life and all of that.

At the point of starting treatment she met a man who considered being her donor…

..but he's already got five kids. So he just couldn't do it emotionally he said. And as it turned out he decided he couldn't handle the lifestyle with a young child.

Georgia underwent treatment as a single woman and found she "*didn't have any problems with the practicalities*." She reflected on the difficulties with ART procedures and indicates her perseverance even with failed attempts:

The IVF with the injections – the first time I had to do that it was a bit nerve wracking; but after that it was pretty straight forward. It didn't stress me out particularly; any of it really. I mean the worst time, of course, every time you'd do it and it didn't work; time after time.

Her distress was compounded by the loss of one pregnancy before a successful procedure:

I did actually get pregnant my last IVF attempt at [clinic name] - *it was a freeze thaw. But I lost it at 7 weeks and that was devastating. But then the next one, just as I was about to say, 'I think this is it' – it just worked. It wasn't easy emotionally.*

Georgia's attempt was complicated by a recurrence of cancer, and by the presence of a partner who did not wish to be either a donor or father. Her strong desire for a child motivated her to proceed despite illness and disappointments along the way.

The following example shows a more cautious approach. Terry is more wary about deciding on this path to motherhood at least partly due to health problems. However, Terry's early dreams definitely focussed on children:

> *I've always wanted to have them. And I wanted to have more than one.*

Her initial contemplation was lengthy, as it was for other participants:

> *It actually took me probably about two years from talking to my doctor to actually go to the clinic. A long time thinking about things and talking to people; just to, to get up the courage to do it I suppose you could say.*

Although a friend and a relative knew what she was contemplating, the decision was "*made alone really."*

Terry informed her mother of the plan, anticipating her decision might be criticised, but prepared to deal with this:

> *Initially I found it quite hard just to broach the subject with her. I thought it was a bit scary, but it was fine. I probably panicked more than anything about how she was going to react- but she was very accepting and very good.*

After gaining some support for her decision she takes time out, to be certain:

> *I went on a trip to Asia. I just felt that I needed some space. But then I confirmed in my heart that I made the decision and then when I came back I took action and went to the clinic.*

When Terry was finally ready to start the process of donor conception she expected difficulty at the clinic and found attending the clinic *"daunting."* She discusses her contact with the administrator:

> *The first time there was quite hard. He insisted on going through all of the medical forms with me, and I felt that was quite intrusive. I would've quite liked to have just filled out the form myself. And then when I went to see the doctor there, I was a little bit concerned that I might be turned back. Um, but he - the doctor I saw was great and the nursing staff were great, so I didn't have any sort of problems at all.*

Despite this initially uncomfortable experience, her concerns were disproved. Her comments about dealing with clinic staff are typical. Frequently women in this sample shared times when they were

more assertive and others where they felt powerless to contest the procedures or attitudes of clinic staff. In this case Terry's health concerns lead others to doubt her capacity:

> *I had some problems when I had Mandy in hospital initially with the staff; every staff [member] that would come in would say, "how are you going to manage?"*

And in fact she did have practical challenges, particularly with her first child, requiring some assistance. Consequently she experienced some anxiety about mothering:

> *I had lots of insecurities about being a new mum and everybody said that's quite normal, most new Mums do have that. But I think it was exaggerated for me.*

It is unsurprising that these extra practical difficulties lowered her confidence:

> *It was quite bad really to the point where I wouldn't go out with Mandy like if, um, if it was near a feed time; even when she was on the bottle we'd stay at home a lot. I didn't go and join the new mothers group or anything like that.*

Despite these initial insecurities, she proceeded to have another child. She wanted the same donor, and asserted herself with the clinic staff:

> *All the sperm ran out, so I said to them, 'could I write to the donor?' And they said 'yes, that would be fine.' So I wrote to the donor through the clinic; and he lives quite a way away; and he was supposed to go in on a few occasions and didn't. But I actually phoned him up and he came in and he donated. And I offered him a letter if he wanted to know anything about us or have contact.*

With her growing confidence she is able to pursue her goals, particularly in negotiating with the clinic to so she could secure the same donor. This confidence extended to caring for her second child:

> *When I had Jinni it was quite liberating. It was, um, totally different- I felt that I was confident.*

Terry gained confidence as she had more experience parenting her children and felt she "*was just like any other parent then really.*"

Terry found this path daunting for complex reasons, including limitations in what she can manage due to her health. Here she observes other's judgements on her single parenting:

I mean some people think it's wonderful and they go on, like Mandy's teacher, how it's a courageous decision. Others will compliment me managing. But it's got nothing to do with how the children were conceived. I think if there had been a father on the scene then they would've assumed that the father would do a lot of the actual day to day stuff.

Many women in the sample expressed a similar view to Terry; that being single was of more consequence in their day to day life than the way in which they became mothers. Terry's health concerns impacted on her initial plans to mother, as well as her experience of mothering. However, the complexity of her experience shows an inner confidence as she persists with her plans, despite times of uncertainty.

This section has provided examples of two women who persisted on this particular path to motherhood despite life circumstances that placed additional hurdles in their way. Although their stories are unique, they nevertheless reflect the determination of many women in this sample who persevered despite many hurdles along the way. The narratives in the second section of this chapter reflect the self belief that women experience as they resist and challenge views that diminish or criticise their path.

Section 2: Stories of Resistance

Resistance to judgements and stereotypes of single women

Women's narratives show how they object to judgements on single women, in particular those who pursue single motherhood. Ideas about the SMC family type are discussed, as well as ideas regarding single mothers in general. Women refute the idea that the presence of fathers in families is consistently beneficial.

In choosing single motherhood women wish to distance themselves from negative stereotypes of single women. Vivienne considers her responses to how single women or single mothers are portrayed publicly:

More often now its images of single women, mothers, that I get confused by, and object to, and have that experience of; 'you don't know what you're saying, because you aren't living it, and you don't know.'

This echoes Susan's earlier comment regarding discrimination against single women in access to IVF. They both object or contest the right of observers to comment on matters they have no experience of. Several women in the sample had wanted this research to increase an understanding of the issues for women like themselves. They expressed some discomfort in hearing others comment about the social status of single mothers. For example, Rosa responds to media reports of single mothers who are deemed to live off the welfare system:

> *The single women they interviewed [in the media] were always the low socio economic types who have four or five kids; but if you look at our group we're all supporting ourselves; we're not bludging; we're just people who wanted to have children.*

Rosa lives in a low socio economic area herself, but uses her employment to distance herself from women she knows are described as '*bludgers*.' Rosa identifies quite strongly with the local group of SMC who she admires, and this builds her confidence. The SMC in this sample who use child care benefits while their children are young appear committed to providing their infants with in-home care.

Olivia discusses her use of government financial assistance following her son's birth:

> *I went straight onto a sole parent pension. I admit I had every intention of doing that. I think parenting is a really important role and fortunately in our society we support people, women, to stay at home when they have children; so I would take advantage of that fact.*

Alex resists accepting the stigma of single motherhood by keeping quiet about being single, or on the other hand alerting people to the deliberateness of her actions:

> *I don't broadcast it. There's a bit of a stigma to being a single mother so sometimes I make sure they're aware it's IVF with donor.*

However, a large portion of the sample expressed anger that choosing to parent alone was frequently criticised or seen as unacceptable, while those who became single parents unintentionally were not demonised. Elaine exemplifies such a reaction:

> *It's hard to get positive press about active choosing to be a single parent. If you fell pregnant from a one-night stand they wouldn't think anything of it. Because you choose to make an educated decision about it, it's taboo.*

In challenging such a view women resist the notion that they are incapable of making sensible decisions. Jan expresses her dislike of media portrayals of single women, particularly single mothers by choice:

> *All promoting single women in a negative vein accessing this; [there is] a generalisation of single parents. Once it comes to single mother by choice it tends to be even more negative.*

She specifically criticises John Howard, then the Prime Minister of Australia, a politician who voiced strong opposition to single women accessing ART:

> *I just think he views single parents appallingly; his view is totally archaic.*

She dismisses his '*archaic*' view, judging his attitude to be irrelevant. Vivienne also expresses anger that religious opposition to single women who access ART is not based on any knowledge of the actual women involved:

> *The Catholic bloody bishops being so mean minded without any knowledge about who we are. Not even just declaring their views; but going to the bloody High Court with all the money that entails, and getting a voice there. That riles me.*

She alludes to the battle between the '*mean minded'* bishops *'with all the money*' who pit themselves against unknown single women with no voice. Chris is likewise angry about assumptions made regarding single women, such as the supposed lack of thought regarding their use of ART. She mimics the views of politicians:

> *'We acknowledge that families become single parents; you're just not fit to do it initially.' The presumption [is] that we just do it lightly; [that] there's no huge thought about the commitment.*

The view that single mothers by choice are generally quite thoughtful is well supported by the data in this chapter, and also explored in the chapter titled Ethical Architecture.

A large number of women in the sample paid attention to media commentary which represented a generally negative view of mother headed households, as exemplified by Ursula:

> *Media reports are often polarised. And they're often in terms of how the child will suffer the lack of a father figure.*

Ursula angrily described her personal encounter of discriminatory and negative views during a medical consultation:

> *When he found out I was a single woman using donor conception he said; 'and I suppose you're planning to sell your story to the Women's Weekly are you?' And I said 'No. My baby's privacy is very important to me.' And I thought – 'the assumption, the stereotype!'*

His extraordinary presumption was certainly provocative and hopefully uncommon. However, this is an example of the responses women receive when their actions challenge convention.

A handful of women in the sample were less assertive about discriminatory behaviour:

> *I was at a Catholic school at the time and I told the principal when I was 3 months. He said the day you're noticeable, I'll wink at you and you'll have to leave that day. I'll have to ask you to resign.*

Pene generally concurs with Catholic doctrine and therefore concedes to his request that she leave. Wanda, a teacher, likewise complies with the school principal's directive to keep the manner of conception hidden from the children and their parents:

> *The principal said she does not want that to get out into the community; because I was single we wanted to keep it from them. I was the first starting out as deliberately a single parent; not all staff would come to congratulate me*.

Her compliance suggests that she agrees there is something to be hidden too, although it is also possible that did not feel she could challenge the principal's wishes.

Elizabeth attended counselling with a social worker and based on her comments decided to keep donor conception a secret at her children's school:

> *The social worker I had to see prior said 'there are going to be a lot of people in society who will totally shun people who go down this road. You've got to also think about your children and how they'll be accepted at school 'cause children can be very cruel'; so I don't think the school knows.*

A majority of women in this sample are aware of negative views on SMC. Several women express anger at discriminatory legislation, regardless of whether they are personally affected. A minority appear to fall in with societal norms for the traditional family and comply with discriminatory

practices; thus a small number of women affirm the conservative view of the traditional family or perhaps feel less confident in asserting their position.

Challenging views of disadvantage or damage to children

In their narratives a majority of participants disputed negative views related to the SMC family. The first idea is that of damage to children who are born following donor conception. The second is that of disadvantage in single mother families. Olivia challenges the ideas of damage to children through donor conception and expresses anger at what she believes are the misconceptions of critics:

> *The thing that really annoys me; the issue is that they didn't tell the child. And then they 'la, la, la, donor conception – the horrors of it'; when it's as clear as day that the issue here is about honesty and hiding things in the family. That really is such a shame because they miss the point entirely.*

Quite aware of the research on this area, she knows that the majority of donor conceived people with heterosexual parents were not informed about the use of donor gametes until later in life, it at all, and were frequently angry with their parents keeping this secret.
Nearly all participants in this project share the story of their conception with children or have prepared stories for babies and infants. Their strategies to deal with benefits and pitfalls of donor conception will be discussed in the Ethical Architecture chapter.

Susan argues against stereotyping of single parent families:

> *Reports in news; [that] children growing up in single families are not well adjusted enough. I thought, 'they can't put everyone in the same bucket.'*

She resists generalised negative views, as does Ursula who questions negative attitudes regarding children of single mothers:

> *They make assumptions about how damaged children of single parents will turn out; I think that's often stereotyping and prejudice. I look at my child, and other children of single parents, and the ones I know are doing pretty well.*

Ursula forms a view based on personal experience of children of single parents. She continues to take account of individual circumstances rather than accepting that economic hardship is common in all single parent families:

It depends on the socioeconomic status of the women; if the woman is employed and has a reasonable income. I know I really struggled when I was on the pension. That was a very difficult experience. It really depends.

Ursula further argues the benefit for children of single mothers who have a strong relationship with one parent:

The single mothers I mix with, [there are] not a lot of them; the kids are quite independent, reasonably self confident and sociable. There may be a benefit to being the apple of your sole parent's eyes. There seems a very strong mother child bond to me. I remember one boss saying to me 'you and Lindy are just so bonded together', or close, or something.

Ursula continues to examine the pros and cons of the single parent family; the economic struggles and the social maturity of the child:

It's hard to generalize. It's always a struggle. It's a matter of the degree of the struggle. Lindy relates well to a lot of people; she relates well to adults because she's been around them. She's quite mature for her age.

In seeming contradiction, Ursula concedes that the SMC family type is not her ideal:

I think donor conception should be available to single women. It doesn't mean that I regard that as the best option, the most desirable. It was my default, my fallback position. I'm so glad it was available.

Elaine describes the pessimistic views of fatherless families in the media:

They're quite judgemental; you're doing terrible damage to your children if there's not a male around.

Her own views on the SMC life are quite positive, as she expresses her enjoyment of parenthood with confidence and optimism for the life ahead with her preschool aged son:

You know I think it's fantastic to have that option available to you. I think Billy and I have a great life. I'm confident that he will grow up well adjusted and be grateful that he's part of people's lives, and people are part of his life.

The preceding comments argue specifically against ideas of damage to children. The remaining examples are indicative of the great assurance women feel in recounting the pleasure and happiness within their own SMC families.

Amanda refutes the belief that the SMC family offers poor quality parenting. She speaks of the deliberation of the planned SMC family leading to a readiness and commitment to parenting:

> *The advantage is that they are really wanted.* (Laughs) *It is a very deliberate choice. And I think one of the big advantages is the process of choice usually means; I'm making assumptions; you would know about this. But it usually means that people look at their lives very closely, and whether they are ready financially, emotionally and so on. So I think they are very wanted, and I think most parents in these circumstances are very committed.*

She positively affirms her feelings about parenthood, allowing for mixed parental emotions and thankfulness for having that child within one's life:

> *From my own point of view, there is a sense of incredible gratitude and um, as much as Jenny drives me nuts, I don't think there is a single day goes by where I'm not so thrilled she's here, so there's a sense of really appreciating her in a big way because of what she nearly wasn't.*

The final phrase accentuates the significance of having this child, given that becoming a mother was such a close thing for her. Her positive view refutes negative stereotypes of neglectful single mothers.

The majority of this sample volunteered their joy in parenting and their satisfaction with their children. Women with school age children generally spoke more confidently about their family type. Having witnessed their children's successful development they believe, like Ursula above, that their children are faring well. Fran is happy with her path to motherhood:

> *I'm really secure in what I've done and why I've done it and thank God - I've got the best child.*

Jan describes her lifestyle with her young son in glowing terms, showing a conviction that this is a good life for her boy:

> *I've got lucky. I got a child who's like me; we like the beach, like music, we go to concerts; we have so much in common it's easy to parent him. I dreamed we would travel; I would show him different cultures and lifestyles and we'd go to music together. We're doing all those things so the dream has come. It's not perfect but sometimes its heaven. It's a pretty damn good life. It's the best decision I ever made.*

Similarly, Olivia reports her enjoyment of the life she and her son share, and continues to note the benefits of the sole parent family. Many women in the sample stated that when contemplating single motherhood they had reassured themselves their children would not suffer from marital conflict or the instability incurred through separation:

> *Darren has had the most stable upbringing. He is a fantastic kid. Eight; it's the most beautiful and innocent and delightful age. He's so bright and intelligent and inquisitive, and so reasonable as well. I have never enjoyed parenting more.*

This section concludes with examples of women challenging ideas that idealise the advantages of nuclear families. For example, Terry challenges the idea that having a male around would be a benefit to her, based on personal experience of caring for two children alone for several years:

> *In some respects I find it's easier not having a male at home, 'cause I think there's a lot of caring and doing things; and there are some really great dads and husbands out there, but there are a lot that aren't and they would be an additional workload in some respect. I'm quite happy being single.*

Lola echoes these sentiments, while also seeing the benefit of independent parenting:

> *I feel, [for] sole parents in general, I feel it's easier to be on your own sometimes. You don't have an adult with different parenting style; you don't have that sort of issue. I can do what I want. Yes, I don't have to worry about another person's views.*

Her views are shared by many women in the sample. Independent choice in parenting is strongly valued and possibly for Lola counterbalances the domestic load of caring for young children with minimal support:

> *I feel we're quite a close family really. I don't know whether we're closer because it's only me here. I feel close to my children because I don't have to share my time with an adult. It would be a different dynamic really, I feel. During the night I sleep with all of them, rotate; you have that closeness. I long term breastfeed, and I've heard about some of my friend's partners really protesting about that, and making them wean. I wouldn't have been really happy with that I don't think.*

These views of experienced single mothers about family life are uniformly positive. The women in this sample have a real enjoyment of motherhood and express gratitude that they had this possibility. At the same time they argue successfully, based on their own familiarity with the SMC life, against discriminative and stereotypical attitudes towards single mothers.

This chapter has focussed on the efforts of single heterosexual women to become mothers and their joy in mothering attests to their persistence being worthwhile. There has been less of a focus here on the hard work that arises when parenting young children. A large majority of participants were working at least part time, with children being cared for by family or in formalised child care situations. A third of the sample works full-time and struggles to balance work life, and time with children. A minority received either part or whole Government pension for single mothers, primarily when children were infants.

Conclusion

The narratives of the women in the sample reflect a belief in the naturalness of maternal longing. The combination of maternal longing with a thorough contemplation of the benefits and pitfalls of single parenting gave these women the confidence and strength to pursue this path to motherhood. Planning in a thorough way empowered them to resist social conventions that might dissuade them from becoming single mothers, and to persist despite obstacles as they tried to conceive.

This non traditional path was considered confronting by many participants, particularly with legal barriers in some states or the refusal to offer a service to women by some clinics. The yearning for children propelled women to persist despite such difficulties.

This chapter explored the second stage of women's journeys, showing the trepidation, the courage and the energy of women as they followed their dream for motherhood. Women were aware of the commitment made by the SMC cohort, and expressed pride in that commitment. To reach their goal of becoming a mother, women in many cases had to persist on a difficult path. Additionally, they resisted stigma associated with single motherhood, or with the practice of donor conception, as they encountered negative views towards their actions. Of course, these themes are not only reflective of the early stages of the SMC story. Women's persistence is also evident when they become mothers as they make efforts to protect children from stigma or advocate for their rights to information on the donors. Resistance to negative views on single motherhood through donor conception continues throughout their life stories, even though it may be more spasmodic and subtle.

Chapter Seven- Ethical architecture Part 1: Decision Making

Introduction and structure of Chapters 7 and 8

When the women in this research first envisioned single motherhood they pictured a life which primarily focused on the relationship between themselves as mothers and their future children. Beginning with these initial dreams of motherhood and continuing with plans to become a single mother, women gradually built on their vision or design of a family. The creation of the SMC family type encompasses the dreaming, the vision, the planning and then the construction of this family. This part of women's stories is thus termed the 'architecture' of the SMC family to indicate the style or manner in which the single mother by choice family is both planned and constructed.

Prior to acting on their dreams, the women in this sample undertook a 'thinking about' or 'mulling over' process, indeed a moral rumination on the various aspects of this anticipated family. This included determining the most suitable way to have a child without a partner. They considered different paths to motherhood, and the advantages, risks, or merit of these, to establish the best course of action. As they undertook this process, they also speculated about the potential benefits or detriment to children. Thus this moral deliberation occurred from the time of initial contemplation to the actualisation of motherhood. In this thesis 'ethical architecture' refers to the process of single women envisioning single motherhood, and then bringing this vision into reality, within an ethical framework where moral considerations were considered and resolved.

The theme of ethical architecture is necessarily divided into two chapters. Definitions and explanations of terminology pertinent to the theme of ethical architecture begin the first chapter. Following this is an introduction to the theory frame that will be used to explore the ethical architecture of the family. Particular moral theories based on women's experiences, those of Gilligan and Held, have been chosen, as these theorists matched well with the aim of privileging women's voices. The content of stories speaks directly to these theories. Gilligan's theory on women's moral development is explained, along with its relevance to women's narratives on decision making. For ease of reading Held's theory will be explained in the next chapter rather than here next to Gilligan. This first chapter on ethical architecture explores narratives which reflect ethical aspects of decision making. Part of the women's planning includes choosing a path to motherhood they consider safe for them and with better outcomes for their children. For example, women consider their capacity

to parent, the supports available to them, and the type of donor that is best for the child and protective of the family.

The second chapter on 'ethical architecture' examines the experiences of caring for children within the SMC family through the lens of moral thinking. The chapter begins with an account of Held's 'Ethics of Care,' a theory of ethics particularly applicable to exploring aspects of caring within family relationships. Held's theory has a focus on aspects of caring, such as the attributes of being attentive, sensitive and responsive. These attributes are explored with particular attention to the constraints and idiosyncrasies of this family type. The SMC in this sample continue to consider the repercussions for their children of growing up within the SMC family type. Ethical issues arise in grappling with ongoing and everyday issues specific to the family type. The endeavours of SMC in caring responsibly for their children are analysed.

Foundational Definitions

This section contains definitions of terms used throughout the two chapters on ethical architecture. Terms and concepts defined include values, ethics, morality, ethical dilemmas and decision making. The majority of the definitions are taken from Loewenberg and Dolgoff's 'Ethical Decisions for Social Work Practice'(1992).

In this book there are multiple definitions of the word 'value', such as John Dewey's reference to the '*element of appraisal or preference',* and Kluckhohn's definition that a value is a preference *'which is felt and/or considered to be justified*' (Loewenberg and Dolgoff 1992 p19). Social scientists have elected to use the word value in the context of '*guides or criteria for selecting good and desirable behaviours'* (p19). So that although ethics are deduced from values, they are concerned with what is '*right and correct*' rather than what is desirable. Loewenberg defines ethics as *'that branch of philosophy that concerns itself with human conduct and moral decision making'* (p20). Thus ethical issues occur when proposed actions are able to be considered or judged in regards to their rightness.

Ethics and morals are terms which are frequently used interchangeably. Morality is defined as *'consisting of a set of general rules that apply to everyone in a society*' which are '*accepted and changed by general consensus*' and which *'define the relationship between the members of a society'* (p21). Moral conduct is that which society considers as good or desirable. Loewenberg believes that ethical dilemmas occur when there is a choice '*between two or more relevant, but contradictory,*

ethical directives, or when every alternative results in an undesirable outcome for one or more persons' (p7).

Decision making is described as *'a process or series of thoughts that occur over time and that result in a person or group acting (or not acting) in a particular manner'* (p53). In ethical decision making the individual has responsibility for decisions, but decision making occurs '*within a social setting which influences, rewards, or guides certain behaviours and which limits, sanctions, or disapproves others' (p184).* This contextual definition is particularly appropriate to this first chapter's focus.

Choice of theory

The moral theories of Gilligan and Held are used to frame this discussion on ethical architecture. Their theories are situated in the following discussion of contemporary feminist moral philosophy, which includes a range of authors well known for their contribution to theory on women's morality and women's styles of moral thinking.

This discussion on women's moral theories begins with Ruddick who talks about a *'mother's mentality*,' arising out of female traditions and practices, meaning her considerable thought and concern for her child's social development (1980). Although Ruddick uses the term *'maternal thinking,'* she believes *'maternal'* to be a social category and does not emphasise biological parenting. She sees maternal practices as beginning in love, and including a sense of reproductive power and a developing sense of maternal competence. Ruddick believes that women's experience of being daughters alerts them to the values and costs of maternal practices. A mother's thinking includes the judgments she makes, the attitudes she assumes, and the values she affirms in her social world. Societal demands placed on mothers include the preservation and growth of the child and as such govern maternal practices to some extent. Although mothers are governed by these demands, maternal practices vary widely. A third demand Ruddick explores is that of a mother ensuring her child will be considered acceptable to her group by parenting attentively with appropriate guidance and love. Ruddick persuasively extols the benefits of paying attention to the child, seeing the child's reality, and considered such attention to be a discipline requiring effort.

In 1982 Gilligan, an educational psychologist, published her seminal work 'In a Different Voice' on the moral development of young women. Gilligan discussed an ethic of responsibility which she saw as central in women's moral concerns. In their moral development she proposed women moved from an outlook that considered their needs or wants to be selfish, to a standpoint that considered such

needs or wants as legitimate and important. She believed this development contributed to their sense of agency. Gilligan spoke of the way in which women conceptualised moral concerns and noted:

> *Sensitivity to the needs of others and the assumption of responsibility for taking care lead women to attend to voices other than their own and to include in their judgment other points of view* (Gilligan 1982 p16).

This tendency, she believed, led women to become passive rather than active in decision making, while the development of women's rights encouraged women to value their own needs. Gilligan suggested that when women move to include their own voice they develop a sense of their responsibility both to self, and to others thus leading to the final stage of moral development.

Gilligan's 'In a Different Voice' is considered an important work in the early development of women's moral theory. Tronto believes that it is 'the most widely read work on women's moral development' and one which 'is often associated with an ethic of care' (1989 p101). According to Hekman it is 'unquestionably one of the most influential books of the 1980s' (1995 p1). Hamington and Miller (2006 pxi) consider this landmark book, and Nel Nodding's 'Caring: A Feminine Approach to Ethics and Moral Education' (1984), to introduce an ethical approach 'that emphasised relationships, empathy , and compassion over formulations of principles.'

Gilligan's relational method allowed her to 'hear' silenced moral voices and enabled her to articulate 'the beliefs, self-representations, and self-interpretations that many women bring to their moral dilemmas' (Hekman 1995 p24). Hekman further states that Gilligan 'can hear the different voice as moral because her conception of morality encompasses the realm of the particular and the personal' rather than focussing on abstract judgements (1995 p29).

Held considers Gilligan's seminal work to be important with its suggestion...

> *... of alternative perspectives through which moral problems can be interpreted: a 'justice perspective' that emphasises universal moral principles and how they can be applied to particular cases and values rational argument about these; and a 'care perspective' that pays more attention to people's needs, to how actual relations between people can be maintained or repaired, and that values narrative and sensitivity to context in arriving at moral judgements* (2006 p27).

Noddings' (1984) concept of ethical caring focuses on the family and private realm and is based on a sense of obligation to someone we have a relationship with. Unlike natural caring which is spontaneous and requires little or no sense of duty, Noddings believes that in 'ethical caring' there may be a choice to care, and even a resistance felt. However, given the relationship between the carer and the cared for, that is, their reciprocity and capacity to accept caring, there is an obligation to act. Noddings answers criticisms of her previous use of the word 'natural' in relation to caring for a child (1990). She asserts that she had meant to focus on women's experience and socialisation in her original argument, claiming a substantial difference between men and women's experience and socialisation. She argues that her ethic of care 'incorporates a procedure for self governance,' based on responsibility and monitored through consulting our own 'ethical ideal.' This ethical ideal is a 'reflectively constructed set of memories of caring and being cared for' (1990 p154). Noddings suggests however, that an ethic of care also requires a person to be open and sensitive to others' guidance or ideas (p155).

In relation to Gilligan's work, Noddings believes that the 'different voice' has been wrongly attributed as a woman's voice (1990). It is instead a voice that is 'different from the one that speaks exclusively or emphatically in terms of rights and justice' (Noddings p150). They are considered to be women's voices, according to Noddings, because they were heard in conversation with women and can be traced to women's experience and their socialisation. Indeed Gilligan asserts that this different voice she describes 'is characterised not by gender but by theme' (Gilligan 1982 p2).

In ethical theory Tronto (1993 p102-3) portrays *care* as connoting some kind of engagement rather than just an interest in a person or issue. The use of the word *care* implies a reaching out to something other than the self and suggests that *care* will lead to some action. The basis for action, according to Tronto, is the concern with the needs of the other. Tronto (pp105-8) describes four phases of caring; 'caring about,' 'taking care of,' 'care giving' and 'care receiving.' The first stage is recognising a need; the second assuming responsibility and determining how to respond, which involves notions of agency and responsibility. The third stage is the contact with the object of care, an aspect that distinguishes care from simple provision of money to a charity for example. Care receiving is the final phase in which the receiver responds and the carer has a capacity to understand any dilemmas arising from the caring act, and is able to assess the merits or appropriateness of the care.

The edited book, 'Feminist Ethics,' debates the merits of the care approach compared to the justice approach, and concludes with questions on whether we must choose between justice and care (Gatens 1998). 'Justice and Care' broadens these debates on care and justice, expresses concerns

about substituting an ethic of care for an ethic of justice, and questions whether these two values can be integrated or reformulated (Held 1995).

Held is a feminist philosopher who argues that feminists focus on quite different issues to mainstream moral philosophy, constructed from a male point of view, and to a large extent excluding women's experience. She argues that care ethics is a distinct moral theory with a focus on people as relational and interdependent (Held 2006). This diverges from the notion of autonomous independent thinkers within dominant moral theories. Held proposes in her 'Ethics of Care' a moral theory based on the '*compelling moral salience'* of attending to and meeting the needs of the *'particular others'* for whom we take responsibility (Held 2006 pp10-13). Further, the ethics of care *'values emotion rather than rejects it,'* and suggests that emotions such as sympathy, sensitivity and responsiveness give impetus to moral actions and help with understanding what is best to do in particular situations.

The depiction of moral theories by the authors above and their focus on the ethics of care and women's morality are all pertinent to this thesis. The moral theories of Gilligan and Held are chosen to frame the discussions in these two chapters on 'Ethical Architecture' as they provide a good fit with the data and are pertinent to data analysis. Gilligan's seminal work, based specifically on women's thinking in moral decision making and the relational aspect of morality, is especially applicable to an exploration of SMC decision making in Chapter 7 (1982). Held's more recent 'Ethics of Care' is particularly relevant to the exploration of caring practices in the SMC family type, especially with its guidelines for examining *caring practices* (2006).

Part 1 of ethical architecture begins with a more detailed discussion on Gilligan's theory. An explanation of Held's theory is situated in the next chapter as already stated.

Ethical architecture: Decision making

Carol Gilligan's theory

An ethics of care was originally named by Gilligan in her writing on young women's moral development (Gilligan 1982). Gilligan criticised Kohlberg's theory of moral development based on a study which excluded women from the research sample. Kohlberg (1969) argued that the highest level of morality was a more abstract level of thinking in which universal concepts of justice and fairness were arrived at. The more abstract concept of justice was considered to be impartial and therefore more likely to arrive at a just outcome. Whereas Kohlberg's theory proposes a universal

development of morality based on a study of men's thinking, Gilligan argued that women think differently, with a focus on those they relate to. Women consider the justice of decisions but within a focus on relationships; that is, the aspect of caring for others within particular relationships. This contrasts with the more abstract manner of looking at rules and rightness favoured by the ethics of justice.

Gilligan proposed three stages of moral development which show '*a sequence in the development of the ethic of care*' (Gilligan 1982 p73). The sequence begins with a focus on '*caring for the self in order to ensure survival,'* followed by a transitional stage where women judge their actions and regard them as selfish. Goodness is valued in the caring of a '*maternal morality*' where the needs of self are excluded. The third stage of moral development is that in which women incorporate '*a central insight, that self and others are interdependent*.' Women shift to an understanding of the connection between self and other which is expressed in terms of responsibility to both parties. To achieve this, women need to resolve the issue of inequality when placing others' needs ahead of their own. Such resolution requires the development of commitment to understand the self well and to accept responsibility for choices made. Such commitment and responsibility to self contributes to a sense of agency, which arises from a new understanding and honesty about the self. Consequently women develop a capacity for decision making that is *'not only honest but fair'* (1982 p85). One of the three studies used by Gilligan as a base for her theory of moral development was a study of young women's reflections on abortion decisions. In this Gilligan asserted that morally developed young women included their own needs in their decisions.

Gilligan's focus on interdependence and agency is highly relevant to the experiences of the participants in this study as they contemplate the building of their family and attempt to resolve ethical dilemmas they face in so doing.

Planning the SMC family

This section on ethical architecture focuses on single women's decision making while taking account of individual and personal contexts. An 'ethics of care' encompasses the needs and interests of those in relationship to each other as well as the relationship itself. For example, the prospective mother values her future child's needs and anticipates how her actions and decisions may affect the well being of her offspring. An important part of this process is imagining how she might attend within their relationship to particular needs arising from the child's conception. An analysis of such concerns and deliberations will shed light on the ethical architecture of the SMC family.

Women in this sample are architects or designers in the planning and construction of a family, which in the case of Assisted Reproductive Technology is a very deliberate act requiring considerable forethought, financial commitment and emotional energy. In the planning of a sole parent family, the single women in this sample reflect on the effects of such a plan on themselves, their contemplated offspring, and to a lesser extent their own parents and other relatives. The reflections encompass values regarding family and motherhood, as well as the moral understanding of their obligations to their offspring. These moral deliberations are lengthy despite time pressures related to their biological clock and distress about childlessness. As women imagine mothering a child alone, they consider the needs of the child in a fatherless household. They also consider the role of the donor, where social connection, indeed even information about him, may be limited. In summary, the women in this sample are architects of a specific family type, and they exhibit a strong ethical component within their decision making.

The first section begins with the moral justifications used to exclude certain paths to motherhood. Women's stories also show the thoroughness and long term deliberations of this sample as they decide to embark on donor conception. The chapter continues by exploring the impact of family experience and support on the decision making process, and the inclusion of others in moral deliberations. Women's narratives show that the aspect of fatherlessness in the single mother by choice family creates a dilemma in decision making for women. The final sections of the chapter explore how women reflect on the donor's role, including women's attempts to make the best possible choices regarding an appropriate donor for their family.

Excluding other options

The single women in the sample initially consider a range of options to become mothers. This includes efforts to find a partner and potential co parent. When a partnership seems increasingly unlikely they begin to consider other ways to have children. Women's narratives include various rationales for discounting undesirable options. A sizeable portion of the sample expressed their repugnance at the thought of casual sex or affairs to conceive a child, valuing more straightforward and genuine human relationships, as exemplified by Belinda:

> *There are all sorts of options. Some people might take the path of tricking a partner, or going out having one night stands, which you have risks [with]. But aside from being medically dangerous, um, that was never an option for me. It just didn't seem fair to do that. So this was the cleaner, more responsible way; a more clear-cut, legitimate way to do it I guess. And also, not having any connection with anybody; like not being asked at any point… No one could come along and say*

she's half mine that I didn't already have some sort of invested emotional interest in. Yes, some protection.

In discarding the option of deliberately seeking pregnancy without the male's awareness, Belinda's expression, *"it just didn't seem fair,"* acknowledges his rights. Here she combines a concern for self with a concern for others. Although considering her protection as a legitimate concern she also takes into account the point of view of the potential father. This is indicative of Gilligan's notion that women reflect on aspects of justice or fairness and consider the other person's point of view in their decision making process. Belinda includes herself in the equation acknowledging her wish to avoid unwanted intrusion, or unnecessary negotiation with a stranger. In the absence of a committed relationship with an appropriate father, she would prefer to manage parenthood without interference.

Her views are echoed by other women in the sample. Chris viewed a Canadian documentary which '*canvassed a range of women',* including those attempting to find males for purely procreative purposes:

[This program] affirmed for me that I couldn't go down any of the routes that [others use, like] advertising privately, or going out and trying to find someone at a bar, or a one night stand.

A handful of women noted their preference not to chance a stranger, like Fran who additionally takes into account her future child's emotional reaction to a birth story including casual sex:

I did what was morally and ethically the right thing 'cause I didn't have to trick someone. I didn't have a one night stand. That would be even worse for a child; you know "where did you come from? The pub on the corner; don't know his name; don't remember much, tequila induced..." [Laughing]

On facing her father's initial negative reaction to her unconventional choice of single motherhood, Susan sent an email defending her actions:

Look Dad, I made a conscious decision to do this. I didn't just go out and sleep - have an affair with a married man. This is something that I really want, and I hope that will make our family happy.

Thus she indicates her clear belief in this course of action as appropriate for her, showing confidence in her decision making, and a willingness to discuss the moral aspects of her actions with her father.

This section has focussed on the ethical reasons women have for choosing one option to motherhood over another. Such choices reflect a belief in the need to protect oneself, to avoid deception, and importantly to include the needs and viewpoints of the other affected by the choice; namely, the child, the biological father, and family members. Such choices relate to Gilligan's notion of a developing morality, where women are able to consider needs of the self as important, while also considering the impact of their actions. Preferring the child to have an acceptable birth story was one example, and the concerns with fatherlessness and choosing donors wisely are others.

Thoroughness of the decision

Much of the thinking and decision making occurs before women begin trying to conceive and leads them to negotiate for the best outcomes through their clinics. Women wonder whether they can cope with the responsibilities of single motherhood, and whether having a child alone is fair to both child and mother. This inclusion of women's own needs and responsibility to the self is an important basis of their moral decision making.

Decision making is an important process and highly valued by the sample. Elaine had a strong need to persuade herself that this path was *'right'* for her. Her description of the decision making process exemplifies this stage of the journey for the sample:

> *I sought counselling, I spoke to family and friends, I worked with a naturopath, I read everything I could read, I thought about every scenario I could think of. It was very much a holistic approach to; "Am I really gonna do this?" And then I just got to the end point and said, "Yeah, I am." I've had several visits to the clinic, several conversations, just tried to obtain as much information as I can about everything and then made the decision based on that.*

This forethought is not only common within this sample, but such an honest and thorough look at one's capacity is a clear indicator of women's moral thinking; that is, confirming whether they can achieve their vision and comfortably take responsibility for their actions and their consequences. This helps women like Elaine to feel confidence as they proceed to deal with obstacles:

> *I had never doubted that I made the right decision. I've had really hard days and I've thought "can I cope with this?" but I've never once doubted that it's the right decision. Like, I'm confident that I would do it again. So I think that inner strength enables you to deal with the shit that sometimes presents.*

Perhaps the term '*inner strength*' refers to her capacity to manage such challenges. It appears that considering different viewpoints and information contributes to a maturing process; one that leaves her feeling capable even when confronted with challenges.

Belinda faced up to the difficulties in an unsatisfactory relationship in which she had expected to have children. The couple were thinking of settling down but Belinda could not envisage them being *"together forever":*

> *Some people might have felt this is our last chance, and something is better than nothing. I was of the opinion that I was better off being single and content than with someone not right.*

She believes that she is entitled to an adequate and stable relationship and should not sacrifice herself to an unsatisfactory family life. Such a resolution responds to Gilligan's idea of moral development; that is, considering the needs of the self, and not just the needs of the other. Belinda recollects an "*almost overnight*" decision to proceed with her plans for single motherhood about three years following that relationship. Despite this defining moment, Belinda acknowledges that:

> *Once I made the decision I did a lot of research and I looked into it before I actually started the process. I read a lot about it, and I thought a lot about it. It wasn't to help me make the decision. It was more to make sure I had considered everything in making the decision.*

This process of considering all the possible repercussions for her family leads Belinda to feel certain she can manage single mothering:

> *I think I'm a strong person. I figured I'm OK financially, although I don't have a lot of support locally. I didn't think that would be a problem. I knew it was something I would certainly manage to do both financially [and] emotionally…*

Such certainty assists both Elaine and Belinda in to proceed confidently, and contributes to their sense of agency.

Fran includes both rational and emotional aspects in her planning:

> *The amount of love, thought and commitment that go into that process – you don't do it lightly. I went into it really logically. I made sure all of my bases were really covered.*

Initially Fran considered whether she could cope with the financial obligations of providing adequately for a child:

> *My father had died and I was running the business. I gave myself a year to see if I could earn enough income just with my father's business and a small project, and I thought; "well let's see, that'll be the test." I managed really well and I thought, "Okay – let's just barrel ahead." So I went into it really logically. Look, I made sure that all of my bases were covered.*

Through this exercise, Fran's confidence in undertaking an alternative family path increased:

> *It was fine. I just did it. When I was pregnant, I never doubted. I always knew I was doing the right thing.*

This expression, *'doing the right thing,'* refers to her capacity as well as her certainty that this was the right decision for her. Fran affirmed her conviction:

> *No. I'm really secure in what I've done and why I've done it and – it's done now anyway so whatever they say, it's not going to change anything. But no – I will never ever think I've done the wrong thing.*

Nevertheless, she saw the path ahead as a challenge:

> *I'm one of those people when faced with obstacles or new challenges; I just go on in, do my research, take a deep breath and do it.*

Fran's '*deep breath'* points to a gathering of courage perhaps, before setting out.

The single women in the sample indicate a great commitment to themselves and their future children in their painstaking examination of the decision to become single mothers. Their attention to the process is an indicator of their commitment to self as well as others, which Gilligan considered such an important part of women's moral development.

Family support and influence

Although several women in this sample were financially independent and mature, quite a few included their immediate family in the decision making and planning stages. The following discussion exemplifies both the inclusion of family and the influence of family in decision making.

Elaine expressed the comfort and warmth of her family life, and how her mother in particular tended to encourage openness and a 'can do' attitude. Elaine's brother was adopted and the family considered the adoption as part of his life story. As such her family held the view that there are different ways to have children. Elaine recognises her family's experience as influential in choosing an alternative route to parenthood where a biological parent is absent:

> *It gave me the confidence that, you know – I've got a sibling who's well adjusted and perfectly okay about it.*

Elaine regards having children an essential part of her life:

> *Well I mean I always knew they'd be there.*

She believes that childlessness would have brought her considerable distress. The strong and positive attachment in her family may indeed have lifted her expectation and hope of achieving motherhood while marriage appears to be a lower priority:

> *I would like someone to be in my life. But if it happens, it happens. If it doesn't, my life is good; where I felt much stronger about whether children were in my life or not. If I didn't have a child or didn't have children involved in my life I would have been devastated (laughs). I don't feel that about having a life partner. Nice but not essential (laughs).*

The role of the family in assisting women to make decisions is important. Positive discussion with the family provides legitimacy for the proposed course of action. It also provides some certainty that there will be emotional and possibly practical support from the wider family network. As a consequence, positive family responses are important to the security and well being of the future family.

Elaine felt her family to be "*incredibly supportive – really, really, unbelievably supportive*." She links her foreshadowed identity as a mother to acceptance of her plans by family and friends:

> *It was always going to be a part of who I was, it's not like I've turned around and said "I'm gonna have a baby". It wasn't something that came out of left field. It wasn't something that shocked anybody. It was like, 'oh, you're really gonna do it. Well fair enough.' (laughs) Yeah so I've been extremely lucky.*

Belinda, like several other participants, was confident of her mother's support. In fact Belinda recalls her mother saying, *"That's what you should do,"* even many years earlier. For women who value motherhood, their own mother's support is important. This support may in fact build courage for those treading an unknown path such as Belinda, who...

> *...didn't know anyone who had donor conception before I went down that path.*

Feeling trepidation about the future may increase dependence on support from the family. Belinda's parents were "*very close to each stage of it," with* her father expressing some concern:

> *I think my father's first reaction was, "it's going to be tough, you know." Not a moralistic approach.*

Family support appears to add legitimacy to the decision. Mothers were frequently involved in the decision making process and were positive about grandchildren entering their lives. A handful of women noted that they informed their fathers later than their mothers, sometimes not til later in the pregnancy. The reactions of their fathers were important and of a different nature to maternal support. Fathers took on a more protective role with their daughters. A couple of potential grandfathers had told their daughters they found it difficult to understand the donor's rather removed role.

Even extended family occasionally had a role in taking the single mother by choice path. For example Libby's grandmother was influential in her consideration of single motherhood, informing her of single women using donor conception. Libby was thus emboldened to engage her family in conversation with her Aunt who *"brought up her two boys on her own",* and her mother who was single following divorce:

> *Aunty Mary said to me, you know; "any man in your life?" And I said "no, no- I've given up on that idea." And I said, "but actually I've been thinking about going to a clinic and getting donor sperm," and my Aunty says "oh, that'd be fantastic;" And my Mum just sort of sat there, (laughs) in stunned [silence].*

Her strategy of connecting her singleness with their single status builds a link and legitimises her own position as a potential single mother. Libby appears to enjoy her mother's surprise, and takes comfort from their shared single identity as she begins to plan ahead.

For the women above the inclusion of family during this process of decision making provides emotional support. It also indicates that the family network will provide support if needed to the SMC family. Additionally, some women in the sample, like Belinda above, did not have access to the company of other SMC, thus increasing the importance of other supports. This inclusion of the wider family is indicative of Gilligan's idea of moral thinking that includes context and relationships with others.

"She doesn't have a Dad"

Narratives in the previous sections reflect a commitment to self and a willingness to include others within the process of decision making. In this section women's narratives prioritise the potential repercussions for children born into this family type. The majority of participants initially envisaged a partnership leading to parenting. Hence this change of plan to single parenting unsurprisingly provokes thought on how important the issue of fatherlessness is.

Belinda's comments below exemplify how the issue of fatherlessness can linger after the original decision making phase. Her reflections leave her feeling emotionally unsettled:

> *The only disadvantage I can see is the potential impact on the child because you're making a choice for them not to have a father, and they had no say in that; and that could go one of two ways, potentially, in their reaction to that. There's a bit of ... not the guilts, but a bit of... Oh, I don't know what it is; feeling sorry for her [because] she doesn't have a Dad.*

Despite her discomfort, Belinda does not avoid responsibility for the decision. The unresolved nature of this issue shows the importance of forethought regarding all aspects of approaching single motherhood. Prolonged disquiet about fatherlessness could diminish comfort and confidence in parenting a donor conceived child.

At the time of interview participants call to mind difficult aspects in their original decision making. Melanie articulates the huge dilemma she faced in choosing to have a child who would remain fatherless. She describes the predicament of conflicting values:

> *I had a huge moral issue with it because, I don't think its right; and yet it was right for me. I was absolutely clear that this was what I wanted to do and needed to do. My values just didn't fit with my impulses* (laughs). *Yes, there was this absolute clarity, this sort of primal clarity. I think I still have some issues. I think kids deserve to have fathers, but – but, (laughs) you know, life just doesn't pan out in this nice, neat way that fits those values.*

This is clearly a quandary for women who cherish traditional family values and yet must act contrary to these values in the pursuit of motherhood. Remaining childless, missing the experience of a mother child relationship is considered an intolerable outcome. They resolve to try for what they so strongly desire; and yet they may regret that their children do not have a relationship with their biological father, which is the case for a majority of the sample who used anonymous donors.

Libby believed that a child had a right to know about their parents. A documentary that she watched portrayed the use of donor sperm by married couples and the variety of emotional responses of donor conceived people. She talks about her thoughts after she had watched this show:

> *A lot of what they were talking about were the same issues that adopted children were having and I thought, "Well you know, history for ever says that that adopted children have issues with where they belong to and that sort of thing. Some cope with it; some don't." So, I think it's just a matter of balancing it, because that was an issue with me, knowing the father. And I thought "well, adopted children generally never find their parents. You know, up until recently that's always been kept very secret".*

The differences in how adopted people cope with "*not knowing*" are sometimes used as a point of reference or comparison to how donor conceived people may cope with lack of knowledge about biological paternity.

Considering single motherhood appears to be particularly difficult for those who strongly value the two parent family. Prior to decision making about donor conception some participants had endeavoured to follow the traditional path.

As discussed in the first chapter on 'Shifting Dreams,' Danielle had been married and expected to have children within that marriage. After her divorce Danielle had tried very hard to form a partnership rather than go it alone. Her priority had been for a traditional family. Being a single mother definitely "*wasn't the first choic*e:"

> *I did everything I could to try and speed up, like I did some internet dating, and I did some newspaper column dating, and dinner club and stuff, I just wanted to make sure I'd really looked hard.*

Danielle expressed some satisfaction that she had made every effort to find a partner and hence provide a father for her future children. In making her decision she wanted to be sure that she *"had*

thought about everything, whether it was positive or negative." An important part of her decision making seemed to be "*about whether or not it was a reasonable thing to do for the kids."* This intense process of deliberation shows the strength of her caring. Not only has she paid attention to the outcomes for her children ahead of time, but she continues to be mindful of potential consequences for her children of being fatherless. Her evident enjoyment of her children, in her words and expression, in the manner of her relationship, indicate the continuing payback for her of being a mother. The process of falling pregnant was lengthy, with many disappointments, and on reflection she felt she "*could easily have missed out*." She experiences relief at managing to have children at all, and satisfaction that she had done her best to achieve what she considered to be the best possible outcome in her circumstances:

> *Maybe just wanting everything, wanting the whole picket fence thing* - [It] *looked like I was going to miss out altogether and I was really sorry that I'd left it so long. It worked out really well. It gave me a bit of a shock. I feel like I didn't miss any chance to find someone. But I just got through by the skin of my teeth. Honestly, I really feel like I could easily have missed out.*

Although she feels great relief she also remains mindful of the children's loss, and weighs this against her needs to be a mother:

> *I wish there was some way around not having a dad, but, you know, better than not at all. That's an easy decision, but not my ideal. I gave it a lot of thought, really for a long time; probably longer than I should, nearly tragically too long. But I think I'm doing the right thing.*

Doing the right thing cannot be a certainty for anyone who has struggled with ethical dilemmas. By definition ethical dilemmas entail choosing between alternatives that may each result in undesirable outcomes. These stories reveal the strong emotion and concern the women in this sample feel for their future children, and how they struggle to manage ethical dilemmas.

The stories in the next section illustrate the decisions made regarding what type of donor to choose. Most women are aware that they could use the sperm of a man known to them, though they may know less about the legalities of this option. Few are well informed regarding the different consents that potential donors can sign.

Considering a known donor

Almost half the women in this sample reported that they at least briefly considered using a known donor; most women discounted the possibility, particularly if there was no obvious candidate in their social network. Narratives of two women are explored; one is a woman who proceeded with a known donor. The other is a woman who discounted the possibility early on in her decision making. In both cases the women consider what they believe to be the best outcome for the future family.

Vivienne mulls over her views about a suitable type of donor, and takes into account a friend's outlook regarding the best interests of the children:

> *I remember thinking at that time that an anonymous donor would be an appropriate or accurate way to do it because I was going to be this child's parent and that was most representative of that, it was most reflective of that, to have somebody who contributed the sperm but wasn't involved. I remember an old friend saying, "It would be good for your child to know, wouldn't it?" I trust her sense of life. My mother said when I came back, "but it would be good to have somebody who would love the child as much as you do." That influenced me too, although 'donor' is a different status.*

After thinking over these ideas, Vivienne decided a known donor would be best, and found a friend willing to donate. Thus her original view altered as she listened to the wisdom of important family and friends in her network.

Chris also considered using a known donor. Her GP had recommended she talk to another woman who had used a very close friend as a donor. This woman was in a lesbian relationship, a slightly different circumstance, but nevertheless alike in the need for donor sperm. She describes the situation of the other woman…

> *…that had started off very well and initially his wife had been quite OK with it; but after a while it all went very bad. And so she basically said it's not the best way to go. The father starts out with certain … he may have no absolutely no claim or interests, or he's happy just to provide the sperm and go. And I think it was as simple as that with her. Then it gets nasty for a whole range of reasons. In this case it became awkward for her daughter to see her father because the wife was very unhappy with that relationship. But I met another woman at work who had used her ex-partner; but that seems to be working OK; he seems to be quite happy. I mean he – Eva knows he's the Dad, calls him Dad, all of that, but otherwise he's happy to be quite separate from it.*

Chris takes into account the experience and viewpoints of others, and places weight on the potential disappointment of a child if the relationship with the donor were not to continue.

Chris and Vivienne have both included other people in their decision making process, and developed different rationales for their decision on the donor. Vivienne considers the benefits of having a known father, and Chris the possible emotional harm if the relationship with the donor were to change. Both signal a concern with the best possible outcome for the child.

"I believe the child has a right to know the parent"

The use of a donor unknown to the women, but willing to be known by their offspring is a strong consideration for a handful of participants. Once single women decide to proceed with single motherhood they continue to consider the needs of their future offspring. This planning phase of decision making has an extra intensity for those who pursue the most suitable type of donor for their needs. Searching for the best way to protect future offspring emerges as a strong motive. A small number of women in the sample were acutely aware of the different consent forms signed by donors. Along with this knowledge came an awareness of the benefits to offspring of more information about the donor, or possible contact with him in the future. Armed with this understanding they attach importance to the right of the child to know about the donor's identity either during childhood or at maturity. In planning for their family these women consider the child's access to detailed information on the donor, and possible contact with him, as valuable. Their decision making occurred at a time when offspring's rights were gaining more consideration by legislators and the community. A brief review of the legislative situation at that time is provided prior to exploration of these issues.

The term, identifiable donor, refers to a donor who signed a consent form prior to donation of his sperm stating a willingness to be identified to any resulting offspring when they reach a particular age. This age is eighteen in the NHMRC Guidelines. In New South Wales and Victorian legislation the age is also eighteen while in Western Australia and South Australia the age is sixteen. Such a document gives children the right to know the identity of the donor on reaching maturity. Signing of such consent forms was recommended within the "Ethical Guidelines on the Use of Assisted Reproductive Technology in Clinical Practice and Research, 2004" (NHMRC 2004). Some clinics, aware of these approaching guidelines and the potential for State legislation to change, requested

donors to sign consent forms stating that if the law changed they would be willing to be identified to offspring. Once the Guidelines were in place, clinics only accepted those donors who signed consent forms agreeing to be identified.

Three women in particular clearly expressed their attempts to find the best type of donor to proceed. For example Danielle, who featured in the previous section on fatherlessness, strongly valued her future children's rights to donor information. She had visited a clinic, prior to the release of the 2005 Ethical Guidelines in ART, and this clinic had donors willing to be identified. On returning to her favoured medical clinic she stated her strong preference for a donor who was likewise willing to be identified and successfully negotiated for such a donor:

> *...so that's who I picked. I mean it's very important to me to keep the kids' options open as much as possible. I don't know that I ever need to know, but I sure as hell, when they're older, want them to have that option. They may choose not to but I want to make sure I've left it as open as much as you possibly can.*

In this way Danielle acts to protect the rights of her future offspring. Despite this advocacy she has lingering concerns for the future:

> *Hopefully he'll be happy to see them when the time comes. I hope he's available. I hope he's not died or moved overseas or in some other way not available to them.*

Danielle shows a strong concern for her child's rights and sees the donor's status as central to her family:

> *That was the single most important thing, the donor, and everything else was not terribly important.*

Harriet also has a strong value for the right of the child to know the donor and like Danielle and Melanie below, used donor conception prior to 2005:

> *There were a few factors that were important. The primary one, which was non-negotiable and that's why I went [interstate], is that he will be prepared to be identified to Nathan when he is an adult.*

However, she also is aware of the tenuous nature of these rights. Her use of the word 'non-negotiable' refers more to her strong preference, rather than a belief in the certainty these rights will be upheld:

> *This is all voluntary cause there's no laws – so he could change his mind, this guy. So there is a risk he could say "no forget it, I don't want the information released," and withdraw his consent. [But] he did indicate at that time of doing the profile that he would be willing to be contacted.*

Melanie likewise speaks of how important it was for her that the donor "*was prepared to be identified later."* The donor she chose had written a positive statement about contact:

> *"Yes, I believe the child has a right to know the parent."*

Her clinic however had persuaded her to sign a document stating that she *"would never pursue information."* This was a major concern for Melanie and she spoke with distress about the situation she had found herself in, of pursuing a strongly felt value, but finding herself powerless against the clinic's procedures:

> *I know when I looked into it with the clinic before I signed those things, I was upset about it and I looked into legal things. I rang some legal organization and I rang the donor support group and just looked at the whole legal situation and basically I didn't have any recourse. And at that stage, that and [another clinic] were the only clinics that I could go to, and the other clinic is too far away, really, so I was stuck. It was either sign the paper or don't do it. So I signed the paper. But no, I'm not at all happy about the lack of information.*

These stories illustrate a strong ethical intent in choosing donors. All three were well educated women, likely to be aware of legislative rights and more likely to have the necessary skills to advocate for their children's rights. The concerns of the women above denote a strong focus on concepts of justice and rights for children, and as previously noted, Gilligan states that such concepts are often incorporated within women's moral thinking.

Conclusion

A key theme in women's narratives was the ethical component of decisions made prior to forming a family. This process encompassed many aspects of moral thinking that comply with Gilligan's theory of women's morality. In line with Gilligan's theory the women in this sample considered their own

needs and strong desire for motherhood as well as the needs and perspectives of others, such as the donor, the child, and the immediate family. Women considered their safety while trying to conceive, their family's views and support, the impact of fatherlessness, and the type of donor that would best protect the child's needs.

In considering a variety of options for achieving motherhood all the sample reject methods that they consider unethical in some way, thus indicating maturity as well as a capacity to consider their own needs and the needs of their anticipated children.

This chapter argues that the single women in the sample demonstrated moral thinking in thoroughly considering pertinent issues prior to proceeding with single motherhood. Concern with fatherlessness was a dominant theme, with a powerful emotional component and strongly held societal values around family life. Participants considered whether it was fair to have a child in the absence of a social father; that is, a father that would not be involved in the child's daily life. A majority of the sample expressed concern about fatherlessness, and their stories show how they courageously face up to the ethical dilemma they faced.

The inclusion of family in their thinking supports Gilligan's theory that context and relationship are important aspects of women's moral thinking. For women with close family ties there appeared to be a weight and influence from the family which nevertheless did not override their sense of personal responsibility.

Children's access to donor information was seen as critical by a handful of women. The women in this sample acknowledged a strong motive to actively pursue a family through donor conception. They appear to be just as motivated to understand and manage the realities and complexities of mothering in an alternative or 'new' family structure. Hence the successful construction of this family type persists after the child's birth as ethical issues re-emerge, such as how open to be about issues relating to information on the child's donor, and whether to pursue contact with the donor for the child's sake.

In the following chapter stories regarding the donor and how he is incorporated into family narratives are explored, along with other aspects of parenting within the SMC family.

Chapter Eight - Ethical Architecture Part 2: Caring

This chapter is divided into four sections, beginning with an account of Held's 'Ethics of care' and its relevance to this chapter's theme of 'caring' by SMC. The second section begins with an overview of general issues of concern to SMC in this sample. These reported concerns are somewhat balanced by the mothers' beliefs in their children's capacity to cope. Fatherlessness is an important issue for a majority of this sample, with a related motivation for children to have sufficient access to appropriate male role models. The third section focuses on the significance of the donor to the family, including contact and information issues. The most substantial topic in caring is that of building narratives with children about the family's beginnings and its structure. The chapter therefore concludes with multiple aspects of the way in which women talk to children about their family type.

Section1: Use of Held's theory

Held's moral theory proposed in "The Ethics of Care"(2006) is used to frame the discussion of this chapter's theme. This ethics of care values conscientious care for others by those who are neither primarily self interested nor altruistic, but who wish to preserve or promote the relationships they have with others (Held 2006 p13).

The moral guidance of care ethics is required in the private domain of family as there are unequal relationships within the family and an existence of dependency. Held does not discount the importance of justice, which is needed in both the family and the public domains. However, she considers *care* to be the most basic moral value, and that caring persons can, and should, demand justice within it. From a care perspective which is relational we can choose to focus on the rights of people within the family, thus not excluding the concept of justice.

Held considers *Care* to be both a practice and a value, pertinent to family and private realms as well as political and global contexts. However, her focus on personal relations within the family sphere is particularly relevant to this chapter. Held describes the caring person as possessing particular attributes, such as sensitivity or empathy, and believes that examining these attributes may assist in evaluating or understanding caring practices. Held talks about a moral subject, someone with a personal awareness *'of being saddled with moral responsibility,'* and who can respond to *'proposed recommendations with acceptance or rejection and [who is] capable of being responsible for many of*

our choices' (2006 p45). This assertion of moral responsibility provides a good fit with the exploration of care within this chapter. Further, an understanding of caring relations between people with unequal power makes the ethics of care particularly pertinent to SMC families, where mothers have more power than their children. With its emphasis on caring practices, *care* frames an exploration of SMC practices, particularly the management of ongoing concerns and situations pertaining to the family type.

As part of this exploration, the caring relations within the SMC family are emphasised. The characteristics of these relationships are explored as they emerge in the data. The values of sensitivity, empathy, responsiveness and taking responsibility described by Held as important in caring relations are central to the discussion in this chapter. The development of trust within caring relationships is emphasised by Held as arising from good caring practices. Further, the influence of parental and family support is of importance in the social development of a person. Caring relations are cultivated over time, and we can check the value of caring relations by examining how responsive a person is to the needs of another.

Section 2: Concern and Care

This section explores the sensitivity with which the mothers in this sample care and parent within the context of the SMC family. SMC have created a new family type where following conception the biological father has limited parenting responsibilities, and all likelihood of no involvement with their offspring. That being the case, the mother takes sole parenting responsibility for care of her child, and this includes more than providing for basic needs. Narratives in this chapter reveal sensitivity to possible negative factors emanating from the family type, and responsibility to assist children to cope with these effects.

Single mothers by choice report the difficulties that children may confront in their social worlds. Generally, they considered it important that the child "*doesn't see himself as different."* Given the variety of contemporary family types, most felt their child would not "*be the only kid who just had a Mum."* The degree of confidence experienced in talking to children about such issues appears to be linked to social support or isolation as discussed in the final section.

A small number of mothers worried about the child's reactions to their family type as they grew, wondering for example if the child may see their conception as a "*hindrance*," or *"have issues"* with

it. One participant wanted to avoid her children having "*a sense of it being embarrassing or [something to be] ashamed of."* These worries were more apparent in those with infants or preschoolers who anticipated future challenges. Such concerns show these mothers care about their children's emotional responses to their family type, particularly as they contemplate the future with uncertainty.

At the more extreme end of worry one participant expressed the fear that the child might "*hate me because he didn't have a Dad"* or that he would "*rather not have been born."* Another anticipated that the child might when more "*independent"* think, "*Why did you do that?"* or that the mother had "*done the wrong thing."* These examples reflect a real worry that their decision to become a SMC might negatively influence the relationship between mother and child. This concern reflects a commitment and motivation to the mother child relationship and a reasonable wish to avoid damage to this relationship.

Despite these expressed worries, however, the majority of the mothers in the sample felt confident about how their children would cope. For example Susan felt that her children would not be "*uncomfortable"* as long as she was "*open and honest,"* and that they "*would understand."* In a similar way Liz had clear hopes for her children that, based on a good relationship with her, they would...

> ...*feel confident in themselves and how they have been produced and know I did it because I wanted a child desperately; they are 'out of' love.*

This shows an assurance that the caring relationship itself will lead children to feel comfortable and confident about their family beginnings. Such confidence is a reflection of the mothers' belief in the worth of good caring relationships. The women in this sample with school aged children predicted good outcomes for their children, drawing on their relationship with the child and their belief in the child's abilities. Such narratives will be discussed in the section called "strength of children to cope."

A lack of resources in parenting was a common concern, although only three mothers specifically mentioned financial disadvantage for their family type. Georgia was concerned that her child might not be able to "*do what other children can."* Natalie had already noticed resentment from her son regarding their financial position.

Finally, Vivienne's comments depict the realities of solo parenting:

> *[With] the structure of sole parenting you can be working or looking after your children but not both. You don't have two people to be doing two separate things and you certainly can't have two incomes.*

Despite having only one income, most participants were accepting of their financial restraints. Three women however were aware of the vulnerability of the sole parent family, expressing fears for the future of their children:

> *'What if something happens to me?' It scares me.*

They had begun to consider issues of guardianship and financial security.

Further restraints related to the limits of energy and time for of sole parents. Ingrid felt it was unfair to children that as an older parent she became more tired. Terry likewise felt her children would not have "*an escape or safety valve"* because they only had her. Having only one set of available grandparents and family concerned Pene and Wanda, the latter stating...

> *You haven't got one half of the family tree to call upon; you're restricted by that.*

About a third of the sample, predominantly those with pre-schoolers, anticipated the teenage years as a time of "*identity crisis"* when boys might "*be looking for a male figure,"* or a time of a "*teenage clash"* with Mum where the daughter might say "*you did this to me.*" One mother felt that at this time "*a significant male input would be very vital"* for her son.

Some specific issues of caring were not so widespread within the sample but nevertheless pertinent to the family type. For example, an issue of potential concern for two women was the differing birth circumstances of siblings, where one child was conceived naturally, and the other through donor conception. One of these women, Lola, expresses her concerns about sibling rivalry and provocative comments from the naturally conceived child:

> *I sort of worry that she'll say that she's got a Daddy and Alicia hasn't. I'll just have to watch that. I think Chrissie feels that I'm a bit more – [that I] overcompensate maybe.*

Her comments indicate insight into the workings of sibling relationships, and her need to be wary of donor conception being used as a weapon in rivalry. With increasing numbers of single women using ART such circumstances may become more common. Fran, for instance, plans to adopt in the future to add to her family:

It'd be a fantastic mix for both of the girls - it would be a girl I'm adopting - because when one questions, then the other one would say 'hang on, me too' and 'I'm from a different start in life'. So I think the two girls would strengthen from that blend.

Her comments indicate sensitivity to children's potential fragility about their beginnings.

Mothers may worry about the future as they cannot predict the ways in which children may respond to perceptions of family difference or financial disadvantage. A few participants in the early stages of parenting expressed a concern that the relationship with the child may be affected by such perceptions. There is both vulnerability and strength of emotion in the early mother child relationship particularly as good mothering is such a strong construct or value within society.

A small number in the sample expressed concerns specific to sole parenting or anticipated adolescence as a difficult phase in family life. These concerns are a shadow of the original decision making stage where the women attempted to cover all possible repercussions pertaining to future family life.

The concerns of many in this sample reflect empathy to current issues that may affect their children and sensitivity to future implications for children in this family type. Such sensitivity is considered by Held to be a key attribute of caring relations.

Strength of children to cope

Knowledge of their children's strengths or personality traits enables women to confidently predict their children's capacity to cope with their birth history. However, mothers of school aged children wonder whether the family type might be a challenge for their child.

Fran believes that because her daughter "*doesn't know anything else"* her conception history will not be challenging for her. She relies on their mutual trust, and on her daughter's attributes:

[She is] bright and *mature*. *I'm very up front with her and she just takes it on board. She's very mature. She's just amazing.*

Jan likewise is confident her son will comprehend some aspects of the donor situation:

> *He's a smart little cookie in that he uses language very well, and I think that he will understand - ah, not so much the process, but be able to take the characteristics on board and at least keep them somewhere in here.*

Melanie is equally sure of her daughter's capability to seek information on her donor, and to cope with her birth circumstance:

> *She's the sort of personality. She's a real go getter and I think if she wants the information she'll go get it (laughs). She'll be out there doing what she needs to do. She's fairly robust. I'm not saying it wouldn't affect her but she'll cope with it.*

Olivia similarly believes her child is *"robust,"* although will shy away from difficult territory with friends. Her comments reflect an understanding of the complex interplay between her son's capacity and their straightforward approach to sharing his history of donor conception:

> *We just went straight down the line with the truth, which is in some ways good because you don't have an issue with it. But then you've got to be pretty strong if someone's got an issue about it - you've got to be willing to cop it. He seems fine and robust about it.*

Two women saw contact with other SMC families to be of benefit to children in coping with their atypical family structure. Katrina for example, felt...

> *It will be good for him to know other kids through the single situation, but personally for myself I never really need that.*

This focus on children's abilities and strengths indicates the trust that these women have developed in their children's capacities. Such trust reflects the development of a relationship based on honesty and openness. Again this is fitting with Held's focus on a trusting relationship as a prime aspect of caring relations.

The chapter continues with a focus on narratives about fatherlessness, an important matter for the entire sample showing a wide variation of views. Included in this are related concerns about male role models for children.

Fatherlessness

This section begins with stories of new mothers in this sample as they first confront the issue of fatherlessness. In the early days one mother reported that it *"was quite sobering when he first asked me 'Where's my dad?"'* One woman worried how she could "*protect them from that loss"* and felt sad about them *"missing that Dad type relationship."* Another acknowledged she felt *a "bit defensive"* about justifying that *"that's how our family is."* Many reported that they felt there was a disadvantage for the child because "*they don't have a father,"* or felt concern about the impact of fatherlessness.

Olivia experienced her young son's initial expression of fatherlessness to be "*like a knife in my guts."* Her distress was echoed by others, particularly at times like the celebration of Father's Day, when children at child care or school are encouraged to make cards celebrating that relationship. Ursula expressed distress about the impact of Father's Day on her daughter when she was younger:

> *She used to voice some sadness she didn't have a Dad. She really felt out of it and it used to upset me, but I thought she had a perfect right to feel that way.*

Natalie also felt especially emotional about this:

> *I burst into tears. It was a real gut-wrenching thing. I thought how do I handle this?*

Natalie believes that having a male figure in her son's life was "*important to him":*

> *He's wanted me to find a Dad. When he was four, five, six, seven, this was verbalised a lot. Even recently he was still saying he hoped that I found someone.*

Both Ursula and Natalie speak with empathy and respect for their children's experience. This ability to understand a child's experience, and deal with it appropriately, is a reflection of good caring relations.

Most SMC appear comfortable with their single parent life but amongst the sample a handful of women still wished they had their child within marriage because then the child "*would have had a father in his life."*

Danielle's close friend is also a good role model for her children but she nevertheless regrets the absence of a father:

> *It makes me sad that they won't have that dad type relationship when I see other people's dads - little kids with their dads. You never know, I guess somebody else might turn up in the picture later or it's possible, I suppose, that Richard will continue to do this for a long time*

which will be great; in which case he'll fulfil a big part of that need without actually having a label. I'm sad that they haven't got that, and they won't have the whole deal.

Vivienne wonders about the possibility of negative repercussions and conveyed a hope that...

...my children are going to be all right, especially the first, from having this on them. I have given them this to manage. I wonder whether there'll be a point where they wish it were another way; they'll wish they'd had all those years with a father.

Vivienne's concern is tempered by her feeling that her children are well cared for by her.

Belinda on the other hand is concerned regarding...

...the potential impact on the child. You're making a choice for them not to have a father and they had no say in that.

She resolves to move on from *"feeling sorry for her – [that] she doesn't have a Dad."*

The SMC in this sample who had developed skills and knowledge in parenting and who understood their children's experience of the family type appeared confident, and to have resolved anxieties they had in earlier days of parenting. However, a majority in the sample remained mindful of this issue of fatherlessness and indicated a willingness to remain open and empathic to children about this. Two thirds of the sample articulated views about the absence of a father and had discussed this with their children**.** The following stories show empathy and understanding for the child's distress about fatherlessness.

Jan understands her son will not easily be consoled regarding his wish for a father:

It was hard last year hearing Mitch say, 'But I want one.' And I said, "Look if I can get you one, Mummy will, but not right now." I'm unsure yet when he'll understand. Even if I explain to him that the donor replaces the Daddy I think he'll go "Yeah, that's great but I really want a Daddy."

She values the very close links her son has with family members, touching on the issue of male influence:

He's just had this exposure to men that I think are really good.

She is yet to build a narrative including the donor's role and his place in their lives.

Melanie has a daughter of a similar age to Jan's son. She explained to her the donor's temporary role in their life:

> *I just gave her the basic information, and she was very upset. She said "I want him to come back" and she didn't like it. I was obviously very upset for her. She has virtually never asked since, until very recently.*

The issue of the absent father and the role of the donor are considered important by this sample. A somewhat related issue is that of male figures in a child's life.

Male role models

Melanie recently married thus adding a stepfather to the family. Her daughter has since publicly "*presented him as her father."* To her surprise Melanie recently overheard her daughter speaking more openly to a friend "*about having a donor father"*:

> *I was kind of thinking, well how come now she's telling; but maybe she's secure that she has a father figure, so then it's not as - she doesn't feel as threatened by it.*

Melanie believes that having a stepfather enables her daughter to more comfortably discuss the donor.

She is not alone in believing that the presence of males is beneficial to children. Around a third of the sample shared this view and the issue appeared more acute for those with sons. Lola is therefore happy her previous flatmate remains involved with the family:

> *He's still a big influence in our lives really, and his Dad as well.*

A handful of participants lived with male partners or flat mates, and have easy access to a male influence. Although not necessarily sharing a household, several participants clearly valued the presence of close male friends or relatives in their children's lives. For example, Susan's young sons have a good relationship with their grandfather providing an assurance they have a male influence:

> *As long as they are happy and well adjusted enough and know that they are really loved and have a stable family life, I don't see it as being a real issue.*

On the other hand, Vivienne denied a concern with this issue:

> *He's had his grandad if you take the view that one needs that. I don't worry for my kids in that way.*

Harriet planned to involve relatives with her infant son so "*it's not a big issue for him."*

Terry worries that her daughters ...

> *...don't see me interacting with a male so they're missing out there. People say it's really important for boys to have that father figure- but I think for girls it's just as important.*

Nevertheless she is pleased that her daughters have contact with male relatives.

A small number of women with sons worried their boys would lack in the sports area or the "*rough and tumble."* For example Katrina worried that as a mother at sports...

> *I won't measure up. Hopefully Grandad, someone, will be there for him.*

The assumed disciplinarian role of a man in the house was mentioned by two participants: Rosa worried about her children needing extra discipline*;* and Alex was concerned her son might *"go a bit wayward."*

Concerns about the lack of a male presence are primarily expressed by women with sons, and do not appear to cause distress. Indeed, around half the sample expressed no concerns on this matter and many women had brothers and male friends involved in their day to day lives.

The next section explores more fully the significance of the donor to the SMC family. SMC frequently exhibit sensitivity to their children's attempts to make sense of the donor father issue. As they reflect on the child's point of view, they develop ideas on the meaning of the donor and father to the child.

Section 3: The donor father

Responses to a documentary on donor conception, shortly after its screening on the program 'Four Corners,' provide insight into the value these women placed on the donor in relation to the children. On the show a single mother was asked about her children's response to fatherlessness. Danielle quotes with some disdain the mother's reply:

> *Oh, no; why should they want a father?*

Danielle feared that this dismissive view might be regarded as typical of single mothers who use donor conception:

> *She didn't do the cause any favours. I think it was a shame that she came across as so glib. I don't want to be tarred with the same brush.*

Harriet's is similarly disparaging of the woman's views:

> *She didn't see why her child would want to find out about the donor; she thought something would be lacking in the child's life if they did. I thought that was stupid because I think they're entitled. It's understandable they'd want to know when they get older.*

Her comments normalises a children's yearning to know their heritage and show an understanding that a happy family does not necessarily quash this yearning.

Georgia is likewise frustrated in this neglect of the child's perspective:

> *She brushed over the issues that every one of us struggle with to some degree; getting to know the donor and how important that is to the child. I took particular exception with that. It's hard to see somebody not taking that into consideration; as if that doesn't count.*

Elaine is more vehement in her rejection of this woman's attitude:

> *The single woman there did every other single woman a total disservice. Her absolute disregard for the donor, saying the child won't want to know about them, I won't have to tell him. It's really appalling! Whether you like it or not it takes two people to create a child and you can't make assumptions about how her child's going to react. She's incredibly selfish. But a part of me says 'well you didn't get up there and put your hand up to be known'.*

These uniformly critical responses indicate developing attitudinal norms within this group which highlights the importance of children's rights to genealogical information. No one in this sample expressed views demeaning the donor's role. Although some women in the sample had not yet included the donor in family narratives, there was a uniform concern to manage this well, pointing to a shared value for this sample at least. Another issue arising from these narratives is the additional concern with how single mothers by choice might be seen by the viewing public.

This next section explores women's views regarding access and information on the donor, and actions taken to facilitate contact with him or seek more information about him.

Contact and information

Many of the women in this sample had little choice in choosing identity release donors as prior to 2005 the NHMRC Guidelines did not support identity release. This means that many can only hope for contact, and try to balance this hope with a realistic outlook. Jan, for example, remains hopeful that *"access can only improve,"* although she would like the opportunity for contact "*now actually."* Chris is also hoping for *"enlightenment"* in relation to registers and contact. She is confident that her clinic is good about keeping records, and knows that even with progress there is "*no guarantee that the father will want to have contact."* She has postponed that worry as something that she *"will deal with when it arises."*

Like others in the sample Ursula states *"I don't need that contact; but she might like it at some point."* She believed that changes to legislation were *"not going to be retrospective."* In an honest and frank way she told her daughter contact with the donor *"would not be possible because they were anonymous"* stating that she "*didn't want to raise false hopes in her."* Providing such realistic information about donor contact indicates a respect for children as well as the donor. Katrina also accepts the reality that the child probably *"won't ever meet"* the donor and respects it's *"their decision."*

On the other hand Lola initially appeared hesitant about potential contact:

> *I think I'd like them to have the chance to meet him. Yes, I would. I don't feel threatened.*

For those in states where there were voluntary registers, there was the possibility of reciprocal interest from the donor, or from other families who used the same donor. Otherwise SMC had to

consider ways they might advocate for their children. Such advocacy is explored in the following section.

Advocating for contact or information

The majority of participants with anonymous donors expressed little hope of retrospective changes to legislation regarding contact with donors. Some intend to assist children to search out donors as does Ingrid:

> *All I can do is offer to help her. I will facilitate anything that she wants. I've got the money put away for her to travel and start tracing it from there.*

A handful of women chose donors who were open to contact and had approached clinics to pursue information on behalf of their children. Ann began with a tentative plan to ring the clinic and ask if she could send a thank you letter to her donor:

> *I don't know whether they might send them on. I don't have a huge desire to be in touch at the moment. If I wasn't prepared to accept that, I don't think I would have done donor conception in the first place.*

Despite the awareness her plan may fail, her goal is to give her daughter the option of being "*put in touch."*

Georgia was successful with her request to her clinic for contact with her identity release donor:

> *The first email that he sent was just unbelievable – gorgeous. Incredibly (teary with emotion) – it was fantastic just to see that. And you know he's been great. And his attitudes; he's really supportive of the whole process so that really just helped such a lot. And for her sake, to have this contact - to know so much about him*

She explained her delight in regards to her choice of donor because of...

> ... *his social commitment to this whole process. He wants people to experience parenthood if they can.*

His involvement and willingness to be part of the family has been quite meaningful for her and in her mind gives him a real place in her family. She expresses her emotional response:

[It] sort of really helped to get over this issue about no father or the occasional doubt that you have; have you done the right thing? It just helped that he was so open about it and so touched himself.

Such a successful outcome is dependent on legislation, as well as clinic procedure and principles. More commonly the search for information or contact is unsuccessful.

Susan's experience was very disappointing. Her clinic used imported sperm and she hadn't realised how "*very anonymous*" the donors were. Her letter of request to the sperm providers overseas was emphatically rejected. This obstacle has not defeated her totally; she now sees voluntary registers as a potential point of contact. A lack of knowledge about the donor impacts on mothers as well as children, with Susan remaining curious about the donor's side of the family:

It leaves a bit of a hole there- I like to think that something would happen someday for them to meet him.

One participant believed she was misinformed about legislative reform, being told that...

It's highly likely to change, and that your child will be able to gain access

When the legislation changed she was initially "*thrilled"* but later "*furious"* to realise it was not going to be retrospective. Feeling quite distressed about this, she pursued the clinic and was informed that the donor was aware of changing laws and had signed his willingness for contact. Although this gave her some hope, the clinic would not contact the donor on her behalf:

He might have a better chance when he's eighteen and he wants to make contact; to try and access that record.

Alex had deliberately chosen an anonymous donor due to the influence of past domestic violence. When she heard about the anger of adult offspring regarding a lack of access to genealogical information she reported she...

...felt really guilty that I had picked a non-identifiable father.

Frightened her child might have a similar reaction to donor anonymity she now wonders about other methods of contacting the donor:

> *You could set up a website. You could seek the father, because I've got a limited amount of information. If it was important to the child, whether or not you'd be successful, you could at least try.*

Several participants also wanted their children to have access to half siblings from the same donor. Those who were aware of siblings had pursued contact between them and believed this to be of benefit to their children's sense of well being.

Fran was thwarted by legislative restrictions, yet feels that her daughter...

> ....*has a right to know she's got siblings.*

Elaine advocated for contact between siblings and had some acknowledgement of the issue from her clinic, finding out that there had...

> *...already been one pregnancy. They've now agreed to create a donor register – like a sibling register.*

Elaine wants her son to know of her advocacy. She has contributed to a book on donor conception, and advocates when requested by the DCSG Consumer representative:

> *Because I'd love the law to change; cause I think the children have a right to know their identity. There's a missing gap – there's just a blank in their life. And it doesn't mean they have to see the father but you know. Like the baby book, it would be nice to have a picture and a bit of information other than this little card.*

In addition to advocacy, the majority of this sample felt an obligation to openly discuss the donor situation with their children. The remainder of this chapter examines the efforts and methods of this sample in constructing a story for, and with, their children.

Section 4: Constructing a story

This section explores how women develop family narratives with their children. It explains women's attempts to enhance their children's comfort, to build a positive identity in relation to their family type, and to protect them from feeling marginalised.

Honesty of story

Around a third of the sample reflected on the benefits of honesty in talking to children about donor conception. Women were informed about the disadvantages of "*family secrets*" and guided by principles of honesty as promoted by donor conception and adoption experts. In the early days Harriet understands the imperative to explain rather than prevaricate to her young child:

> *I can't just not say anything about it. The only other choice is just to tell the truth.*

The building of trust regarding family information is an ongoing process within the relationship, dependent on the parent and child remaining open to discussion. Many participants sought education about how to convey information to children. Elaine attended a Donor Conception Support Group seminar titled, 'Telling children about their conception.' She heard two donor conceived people speak of their discomfort with the practice of donor conception and felt...

> *...that was probably the only time that I sort of said, 'Well. What have I done?'*

However, she understood that family secrets may well have contributed to their negativity:

> *Both of those women were told when they were older. And for me I see that as a real trust issue. It totally destroys any trust you've had. It makes you think, "Well, what's this life I've been living?"*

Ingrid was informed by documentaries showing the offspring's perspective, and consequently believes in honesty from an early age:

> *... The ones that found out when they were older; teenagers middle or above; were the ones who were very bitter and who were saying it shouldn't be allowed. Whereas the ones that had known all their lives, um, obviously still have certain issues- but they weren't cranky and they felt that they were really loved.*

Ann summarises a common view of participants who studied this area:

> *Research seems to show that the well-adjusted children knew from the beginning.*

Chris anticipates that donor conception will not become an issue for her son as it was for those in "*an era that didn't talk about it all":*

> *I would hope that because I plan to be as open as possible about it and I will do whatever I can to help Jon, it will be less of an issue than if we had done it in secret.*

These narratives reflect SMC values regarding the rights of children to genealogical information, as well as their intention to be honest with children.

"There was no Daddy around"

In addition to honesty about their donor conception, SMC may also explain to children why they chose single motherhood. Fran, who had been disenchanted with the dating scene, draws on this experience while talking to her daughter:

> *I said "I wasn't going to wait to find out if I could find anyone that was good enough to be your father."*

A few participants had children who expressed unhappiness with the lack of a father. Jan responded to her son's disappointment:

> *When I really, really wanted you there was no Daddy around, you know. I had to decide, wait, or have you, and I decided to have you.*

Vivienne's use of the same words, '*really wanted',* portrays the strong motivation that women in the sample feel and later share with children:

> *"I really, really wanted you and I didn't have a husband. What was I going to do? I asked Harry and he helped me have you." That's basically the shape of it. He loved that story.*

Terry incorporated stories about the family's beginning into bedtime stories:

> *I'd say "Mummy really wanted a baby, she went to a clinic; she didn't have a husband."*

Two SMC with infants have specific plans for their family story. Harriet includes the role of the doctor, a figure that even young children would be familiar with:

> *I really wanted you and there wasn't a man to be the daddy. So a nice man gave some cells and the doctor helped me to get pregnant.*

The majority of explanations highlighted the mother's strong wish for a child, and her lack of a partner as a main story line in response to children's awareness that there is no father within their family.

Age appropriate explanations

In an effort to use age appropriate explanations of donor conception and family type some mothers use published books to read from, or use these as a template for creating their child's own story book.

Jan is content with her son's simple responses to questions about his father from peers:

> *He says, 'well I just don't have one'. And I feel that that's an age appropriate response for him, rather than saying, 'I've got a donor', and at three, and at four, I felt that that was really appropriate.*

Several participants started story telling about their family's origin early on, aware that starting the narrative early benefits children, by assisting them to understand and integrate the story. Many participants with infants referred to books published specifically for SMC children. Vivienne develops her own simple story:

> *What's the truth has to be my guiding principle with my kids. And also when are they ready to hear what. I decided I would talk to Jordan before he could understand words and tell him the story about his donor, partly to practice, and partly so he would have no point in memory that he would suddenly hear, so that it would be really integrated into his life.*

Such examples reflect the sensitivity of mothers in telling their family story in a way that is easily comprehended by young children.

"There are different families"

Several mothers use the concept of diverse family forms, such as Terry:

> *We say there are different families – we are one sort.*

Melanie normalises the absence of a biological parent within the home:

> *I also introduced the idea of adoption too, just to reinforce this idea that sometimes kids are in situations where there is a biological parent but they are not necessarily with that biological parent.*

Natalie informs her son about the diversity of families who use assisted reproductive technology, like IVF:

> *He's aware he's not unique, that other children are born by IVF. Some people have problems conceiving; other people don't have a partner around all the time; some are in lesbian relationships. They don't have a Dad around.*

The common occurrence of single parent families in the community assists mothers like Liz to highlight diversity:

> *There was a man, a sole parent, dropping his son off. It made it very easy to explain to my children. "Sometimes you just have a Mum, and sometimes you just have a Dad."*

Olivia appreciates living in an area which is *"more diverse":*

> *In the same class there was another donor kid. It just loosens the whole thing up.*

These SMC use straightforward methods to enhance children's comfort about living in a different family type.

"Why don't you know his name?"

The donor is mostly an unknown figure, except for the very few in the sample who used known donors, or who have contact with identifiable donors. This section highlights the effort in choosing appropriate terminology for the donor; that is, what to call the donor and how to explain his role. Mothers with pre-schoolers anticipate these issues, such as Bettina who will refer to the donor "*as her father biologically."* Chris thinks that although she "*struggles with"* the use of the word donor,

which seems *"a bit emotionally removed,"* she ruefully acknowledges *"that's exactly what he is."* Two other women use the word struggle in discussing this terminology.

Georgia describes the situation rather than using a specific term:

> *"The Daddy who doesn't live with us that helped me to have her" is as close as we're going to get for now.*

Susan plans to replace the word Dad with the term "*donor daddy,"* but points out laughingly her young children's indifference.

> *I've peppered the air with the donor father thing. I've got a book, 'Our Story,' about how to tell. So I mention it and they'll say, "Oh Mum, can I have another bickie?"*

To protect their privacy Jan wanted to avoid her son inadvertently using the word donor early on. Now she struggles with how to introduce this term:

> *I've always intended he should know the term donor. I don't know how I'm going to broach that.*

Such experiences may indicate the complexity of developing a story, especially when there are concerns with privacy.

Olivia wanted to avoid "*this expectation that there was this fantasy Daddy somewhere when there's not"* and therefore chose to use the term donor. This results in some confusion because "*people ask about his father and we talk about the donor."* Olivia explains the donor role positively in their family story:

> *He really wanted for you to be born, and I really wanted you to be born and so; he was a generous person who knew exactly what he was doing to help people like me make a baby like you.*

Rosa likewise labels the donor's act as helpful, while acknowledging that he will be absent from their lives:

> *There was this nice person who had a family, has his own life, but wanted to help someone else out; but he didn't want to be around.*

There was a similar use of terminology in families with known or anonymous donors. Of the two families with known donors one "*described his father as a father"* whereas for the other family *"it's donor dad."* However, the issue of anonymity brings further complications as mothers attempt to explain anonymity in plain words. Fran wrestles with her daughter's desire to know the donor's identity and quotes their conversation:

> *"I'd love to tell you [but] I don't know. The doctor who helped mummy get pregnant knows. But the government won't let the doctors tell us."*

Although her daughter seems "*upset"* Fran considers "*she's taken it on board*." Fran certainly has hopes that New South Wales changes the law which she considers to be "*just archaic."*

Melanie's daughter recently asked a lot of questions about her donor*:*

> *This last week I gave her a lot more information and she started saying "well, why don't you know his name? How come they don't give you his name?" And I explained why and I explained about laws and things like that.*

The development of a shared family narrative is a staged process. A handful of participants with young children have delayed sharing some information with their child until they are older:

> *I s'pose all I can do is keep talking to her. I haven't actually yet shown her the pieces of paper that I have.*

These stories about the use of terminology reflect the complex concerns of mothers regarding the role and place of the donor in family narratives.

Developing a story

Danielle found a book written by an SMC helpful:

> *Jane Mattes points out that it's a good idea to talk about it very early, so you get comfortable with it, and I can retell it if I figure out that's not quite what I meant to say, how I want to phrase it.*

She ensures she's carefully recorded the information in preparation for future conversations about the donor.

I've tried to write every single little thing down, and a couple of the things the nurses said, complimentary things about what a good person he was, so I could tell them later that this is all I know. I'm their mother and I'm doing everything I can.

This reflects her motivation to do the right thing for her children and supports the development of a trusting and honest relationship with them.

Georgia, who has contact with the donor, sought assistance with talking about his role:

The hardest thing I find about this is - finding out how to talk about it. There's nothing really that tells me, but hopefully there will be more and more information.

Ingrid has explained the absence of a Daddy in their family, and read books to explain the role of the sperm donor.

Prior to commencement of school Ann was keen for her child to have "*the right answer"* to such questions as *"What does your Dad do?"*

Similarly Wanda worries about how her daughter will discuss the donor at school:

I know they will also hit a unit about who's in your family. I'm hoping she'll be so conversant with it that she'll be able to talk about [the fact] she has a donor.

Those with older children appeared more complacent, noting that "*it depends on your communication and their personality"* or merely that it becomes...

... Increasingly complex because they want to know more layers of it

Single women in the sample reflect a consistent wish to share information appropriately with their children. They wish to create a story that will help children to feel comfortable about the way their family was built.

"How do I tell them how it happened?"

Single mothers by choice with little opportunity to share parenting strategies specific to donor conception may feel uncomfortable or even delay telling their children about their origins. Around a third of the sample reports little or no contact with other SMC. This section explores both the impact of isolation from other SMC families, and the benefits of contact.

Lola has not met any local SMC and is unsure what to do when her daughter calls her flatmate "Daddy". Lola requested advice about the process of telling:

> *She's getting a bit confused. I realise that I'm going to have start discussing it with her soon. I don't really know how to go about doing it. I don't want to do it now when she's just started school.*

Liz also wonders how to name the donor and struggles with developing a suitable narrative or explanation. She has searched on the internet to gain further knowledge and found the advertisement for this research project. She shared her difficulties in talking to her daughter comfortably:

> *My daughter asked from a very early age and I've said he is very special to me. She wants to know where he was. I wanted to know more about how do I tell them how it happened without making it sound horrible; to know how other people dealt with that, and figure out the best way for me. I call him her Dad. [Pause] What do I call him? He's not a Dad in the emotional or physical sense. I don't think she would understand any other sort of Dad. It's bothered me calling him Dad.*

Her questions are understandable, and regrettably she had not had contact with others before who could help her "*to make it right now."*

Melanie first talked to her daughter about the donor when *"she was nearly three."* Once her daughter knew about another donor conceived child she expressed more interest:

> *Very recently she actually asked a lot of questions about it. I had mentioned that you were coming and that you have a daughter from a donor father and suddenly all these questions came out. That's the first time in ages. I have mentioned it every now and again and she's been very disinterested.*

Contact with other SMC is of potential benefit to children in developing familiarity in discussing the family type. Feigned disinterest may simply reflect an absence of shared discourses regarding donor conception.

Ingrid hopes that contact with other SMC families in a natural social setting will assist with her daughter's understanding and comfort about donor conception:

As she grows the term donor will come into it because I intend to start going to the picnics and social days. So it will just start to become part of her vocabulary and understanding.

The young son of one participant knows that he has local half siblings with the same donor father. Rosa believes he doesn't fully understand this, but considers contact to be beneficial nevertheless.

He knows we're all single mums [with] no Dads on the scene. He knows that he's got half sisters. That's quite good for him too.

For those with little or no contact with other SMC there seems to be hesitation and uncertainty in discussing donor conception issues. Developing narratives may be particularly difficult for those who are isolated or struggling emotionally. An ability to develop strategies in talking to children reflects motivation and emotional investment in helping children adjust to their family type, as well as appropriate access to information.

Assisting child to tell story

Assisting children to develop a comfortable or appropriate narrative is a collaborative venture, which occurs in day to day conversations between mothers and children. Three mothers reported that they assisted their children to discuss the role of the donor. Fran helps her daughter by explaining the absence of a father in the school setting:

If the kids at school ask where her daddy is, when she doesn't answer or the other kids are confused by her answer, the parents come and ask me.

Young children find it difficult to explain their family type, as in Terry's case:

There's an assumption that all families are like your own family. Then you go out in the world and find it's different. She has a hard time describing it to her friends. It's a bit embarrassing I think.

On reflection Olivia feels she needed better narratives to assist her son to discuss the place of the donor in his life:

What he's done from an early age is say, "Well I haven't got one", and that hasn't been the most helpful thing. What I needed to do was to give him a few more strategies for that whole peer thing at school.

The building of narratives tends to be shaped around circumstances and the child's age. As children ask their mothers for assistance to discuss the donor, they imply a trust that their mothers will understand the situation and support them. The mothers' responses indicate a capacity to consider emotional and social components of their children's lives that relate to their family type.

There are several aspects arising from this topic. In constructing a story for children the mothers in this sample show: a valuing of honesty with children; a wish for children to understand how their mothers chose to parent alone; skills and understanding in discussing the family type in an age appropriate way; and a developing array of methods and terminology utilised by this family group. The SMC in this sample are motivated to assist their children in understanding the role of the donor. Their confidence in so doing may be diminished if the family is isolated from other SMC. Family narratives change over time in ongoing collaborative efforts. Children's requests for help in discussing donor conception and their mothers' responses illuminate the mutual interest in forming comfortable family narratives. This process is indicative of the 'caring relations' theme within Held's theory.

Conclusion

In Held's view, a morally developed woman can take responsibility for her actions. Narratives in this chapter reveal attributes of responsibility and sensitivity regarding the repercussions of using donor conception. There was a high degree of reflection within the sample on how to best facilitate good outcomes for children in the context of their family type, despite feelings of uncertainty for some in the early years about how to handle relevant issues. Mothers held strong beliefs about the role and place of the donor in the child's life and maintained an optimism and readiness to assist their children through advocacy related to donor conception. A keen awareness of any disadvantage for their children leads to vigilance in overcoming perceived losses for children.

Mothers were empathic when developing strategies to assist their children with awkward or difficult situations related to the family type, and prepared their children to cope socially and emotionally with such issues. Educating children about their donor conception and their family type is an area of competence for the SMC in the sample. Awkwardness or unwillingness to discuss the donor's role may be a sign of uncertainty for mothers without the opportunity to learn from their cohort. The task of skill building in the context of this family type may be significant for the well being of the single mother by choice family type.

Chapter Nine - Stories relating to openness and privacy

Introduction to openness, privacy and disclosure issues

This chapter explores how women in the sample disclosed their path to motherhood and what this meant to them. As women shared their stories of having a child with their family and friends, part of the experience was the response from others. In many conversations their own thoughts and feelings about becoming a single mother surfaced.

The narratives about disclosure revealed themes of self protection in early stages of planning or when women were pregnant, and the importance for many women of announcing their very alternative way of having a child. Despite the planning, and frequently the inclusion of others in planning, there was still a select number of people involved in the decision making process. Deciding to become a single mother is a somewhat private process, as it can be unexpected and therefore not usually publicly discussed or announced. This contrasts to the situation for a married woman or one in a long term partnership, where others might anticipate that she was considering motherhood at some point, and may directly ask about the timing of starting a family.

There were two aspects of their single mother status that women might disclose in conversation. The first was the simple fact that they were without a partner. The second was the method of conception that led to motherhood. This latter aspect divulges the deliberateness of becoming a single mother, while not necessarily indicating to others the context in which this decision was made. Given the unusualness of planning single motherhood at the time this sample had their children, there was an expected hesitancy in announcing the use of donor conception. Section 1 explicates these various aspects of disclosure.

This chapter also has a focus on how women understand their decisions to reveal or keep private various aspects of their family type in relation to family members, friends, workmates and other people in participants' social networks. These processes are explored in Section 2. Section 3 explains how women consider the child's point of view as they make decisions about how open to be. Section 4 illuminates the changing nature of disclosure patterns for women as they become more confident over time, and wish for the family type to become more known about publicly.

This chapter examines the themes of openness, disclosure and privacy as characteristics in the single mothers by choice family life, and these terms are defined briefly below. Privacy refers to the act of keeping information concealed or confined to people immediately concerned, such as immediate family. Disclosure refers to the act of revealing information, or making information known to others, which might otherwise not be known. Openness in this chapter refers to a tendency to be frank or direct with others in conversation. Secrecy is an attempt to keep information about oneself or one's family hidden, especially if there is a concern about stigma. Openness does not necessarily lead to offering information in all social networks as participants discriminate when it might be safe or comfortable to share information.

Section 1: Disclosure decisions

Volunteering information

This section reports on how women volunteered information about their family type to others and how this information was received. Informing people that there was no partner during pregnancy was likely to result in questioning or conjecture. Avoiding the topic entirely could leave others wondering about the circumstances of a women's pregnancy. Regardless of potential speculation, several participants kept the method of donor conception private when their children were babies. Harriet, for example, expects to receive little reaction from others in announcing she is single:

> *I say "I'm a single parent." It's so common people don't bat an eyelid."*

However, she hesitates to discuss the method of becoming a single mother:

> *I wouldn't volunteer it was donor insemination, but I didn't care if they knew that I was single.*

Harriet's expectation of a calm response to her singleness is echoed by Katrina. Her responses to questions from others exemplify the strategies used by many women in the sample; she answers in a considered and open way rather than revealing information indiscriminately:

> *I don't volunteer it because to me it's not relevant, but if someone asks, "What does your partner do?" I say, "I don't have a partner." And I say it in a way that I'm not embarrassed and they don't need to be either and it doesn't matter. So when the issue does come up I can answer frankly and [be] straightforward and hopefully in a way that they can see I'm not ashamed of it. I think people tend to get embarrassed if they see you embarrassed.*

The use of the word 'embarrassed' in this narrative indicates potential unease in such an announcement, especially in the early days of motherhood.

Fran denies an experience of stigma in her identity as a single mother:

> *I don't see the stigma that's attached to it. Well in some circles there's probably still a stigma attached to being a single parent. But in my social circles, whether it be the single crowd or the married crowd, or even the business associates I still have - no big deal. [It] didn't really affect me.*

I clarified with Fran whether they also knew about the method of conception:

> *They knew. Yeah, because I've never done flings; I've never done one night stands. To me it's either a proper relationship or it's not on. So they know. Yeah.*

Fran's comment confirms a common view, that donor conception is a more ethical and acceptable path to motherhood than a casual relationship.

In a similar way, Olivia expressed surprise that disclosure of her choice to be a single mother might provoke speculation, or lead people to wonder about her marital state:

> *It would never even occur to me. Now that you mention it I suppose people think I'm separated but I wouldn't even give it a thought.*

Nevertheless Olivia acknowledged awkwardness in saying "*there's no father.*" In these narratives women deny potential stigma and portray confidence in their identity as single mothers.

For a couple of participants the mention of donor conception was particularised to IVF. This is perhaps due to the complexity and intrusiveness of IVF procedures as well as the greater financial commitment required for IVF. Wanda specifically identified as an IVF mother, and was frank to others about using assisted reproduction:

> *I'm fairly open. I don't mind being single. I refer to her as my IVF miracle. I don't hide the fact that she's IVF donor [conceived].*

During the interview many participants shared their experiences of trying to conceive through IVF, possibly due to the degree of emotionality and stress stirred up during a potentially long process with its related procedures and medications.

In being identified as a single mother some women underplayed receiving any stigmatising or judgmental attitudes regarding their single mother status, or any experience of shame or embarrassment. Yet concealing the use of a donor implies an awareness of potential awkwardness. On the other hand, women may consider the use of donor conception to simply be a more private aspect of their journey to motherhood**.**

The following sections explore the development of narratives with others about the family type and the ways in which participants counter unwanted intrusion into their privacy. Initially women report on how they disclose their decision to use donor conception and in what circumstances. The stories include a range of responses to such disclosures, how disclosures are received, and what meaning participants attribute to such responses, if any.

Responses to disclosure

In the previous stories the women had not alerted their listeners to the use of donor conception. The range of responses to those who do disclose is quite varied and includes surprise, curiosity or admiration, and even on occasion shock. The reported conversations occurred more commonly in the early days of trying to conceive or pregnancy.

Over a quarter of the sample specifically mentioned curiosity as a response to their disclosure of donor conception. Belinda felt a sense of weariness in needing to respond to other's curiosity:

> *A lot of curiosity to start; it just is now. You get tired of answering the questions.*

Nevertheless she understands the curiosity about how single women achieve a pregnancy through donor conception:

> *It still seems very in the forefront; a bit of an unknown. "What does that entail?"*

Some participants developed a clear rejoinder to continuing questions as exemplified by Ann who clearly stated:

> *I'm going to tell you all once. I'm happy to answer questions but I don't want to tell it over and over again. This is [my child's] story.*

In this way she assertively limits to conversations around her alternative path.

Being questioned about the method of conception is not uncommon. Chris reported curiosity about motivations for single motherhood as well as the actual process of ART:

Quite often they're keen to know a bit more about why and how.

In disclosing her use of IVF Chris experienced considerable support and received sympathy for her difficulties while trying to conceive. She recognised how prevalent the experience of infertility was in her community and shared with other women the common experience of grief and trauma during repeated unsuccessful procedures. Given the lack of local SMC that Chris might relate to, it is unsurprising that she identifies with local infertile women in the early years of motherhood. Her story is reminiscent of Wanda's experience mentioned earlier.

Curiosity was not only related to the procedures of assisted reproduction but to the donor role as Katrina commented:

People ask about the donor. They have a natural curiosity.

People unfamiliar with the use of donor conception would be largely unaware of the lack of information provided on anonymous donors at that time. They therefore expressed interest in donor information as they might for any father.

The limited information Danielle has about the donor leaves her wondering too:

I'm curious when I look at her face. Sometimes she looks like me, and others not. But I don't want to discuss it in public.

Danielle's reluctance to publicly discuss the donor leads to her "*to gently discourage"* such questioning:

People say "what do you know about him?" [the donor] and I politely deflect questions. Sometimes I just avoid it.

Two women in the sample more actively resisted the curiosity of others, such as when Natalie avoided satisfying the avid curiosity she encountered:

I felt it was mostly my business, except for a few people I trusted. There was a lot of hedging and fishing, trying to work it out. They were all a bit amazed, but very supportive. I was surprised by how supportive they were.

Natalie was a forerunner of the SMC cohort in Australia and her path to motherhood would have been relatively unknown.

Around a decade later Ingrid expresses frustration with such curiosity:

> *People asked questions like 'who's the father?' and I'd say, "It's none of your business". It's incredible! People who weren't even my close friends and work associates [ask]; "so doesn't he want anything to do with it?" They would actively grill me.*

Susan's initial worry about responses to her news was allayed when she instead elicited positive feedback:

> *People really praise me for being courageous and doing it.*

Harriet likewise was also heartened and encouraged by the reaction to her disclosure:

> *I was stunned by how positive everyone was. Admiring, like; 'Oh, my god, that's so brave' - [this experience] has been a real buzz.*

In a more measured way Liz recognises a benefit to more public knowledge of her circumstances. This helped her avoid conversations she might find onerous:

> *I dare say it spread a bit. It takes the pressure off me because I don't have to bring it up or answer difficult questions.*

The time when people conceived seems to have a bearing on reactions to their disclosure, and hence on the experience of relating to others openly. Participants' children were conceived between 1993 and 2005. In this relatively short space of time there were numerous shifts in legislation across the States, and in public perceptions of single mothers using donor conception. This influenced women's expectations about how their choice of becoming a single mother would be received.

Katrina, for example, conceived at a later stage than other participants, and had expected a tolerant and accepting response:

> *No one's been negative about it. I think everyone these days should be open minded enough to accept it.*

However, Ursula, one of the earliest participants to conceive in the sample, felt demoralized by the response when she disclosed her plans to be a mother:

When I did confide in a couple of friends they were so horrified and shocked. I was really upset by the negative reaction.

Very few single women were accessing ART in Australia in the early 1900s, and her plans were certainly out of the ordinary. Both forerunners in the sample were met with amazement when they announced their unusual path to motherhood. These early responses to women when they disclosed had an emotional impact easily recalled even many years later.

Emotional aspects of disclosure

The previous section outlined women's reports of their conversations that emerged following initial disclosure of single motherhood or the use of donor conception. A handful of participants articulated more explicitly the feelings that emanate from these events. Chris acknowledged sensitivity to being single and needing to use assisted reproductive technology:

I was a bit ashamed I couldn't get pregnant or find a partner; [that] I had to resort to this to have a child.

Pene also reflects on what her disclosure practices reveal:

I often dwell on the fact that I'm not open with everyone about his heritage. It has something to do with the fact I was left by my husband for a young pretty girl. Is some of the 'not telling' shame about my own issues?

Both these women felt discomfort related to being single and using assisted reproduction. Such discomfort could point toward challenges to a positive identity. However, both these women were very well educated, articulate and successful in their chosen careers. Their reputation and self regard would support them in articulating their emotions and in adjusting to such challenges. They portray self-assurance and a capacity to reflect on identity issues.

Others were less articulate in discussing their discomfort. For Lola there is a sense of awkwardness in talking about her family type. She had minimal contact with other SMC and therefore little opportunity to discuss issues pertinent to the SMC peer group. She acknowledges uncertainty in identifying her family type:

I'm a little bit aware, a bit self-conscious about it, I must admit. I'm trying to overcome that, to be a bit more open. I don't want them [my children], to think I'm ashamed of what I've done.

Women may wish to avoid misinterpretation of their single status. Danielle thought that others might make assumptions on seeing a woman may be alone with very young children:

When I see they're awkward I say something quickly so they know I'm here because I chose to be, not because something awful has happened to us.

In avoiding unwarranted sympathy she adopts a stance of independence, rather than a victim status. This is in keeping with her presentation as a highly functional person, both professionally and personally, with a clear assertive manner.

Acknowledging that a child is fatherless can be confronting also. Elaine ruefully recalls talking to a doctor who was treating her son:

Sometimes it just gets you from the feel. I said, "He doesn't have a father." Then I thought, "That's awful to say that, he actually does have a father."

This story indicates her discomfort with the depiction of her son as fatherless and her sensitivity to this interpretation. Additionally she expresses uneasiness in how to frame this figure of the donor father. Such disquiet is not unusual for SMC with young children, who have minimal experience in explaining their family circumstance.

There can be changes in emotional responses to disclosure dependent on the social setting involved. Susan, who had enjoyed the support she received at work when pregnant, later recollected her reticence in disclosing her decision and her anticipation of a critical response:

I didn't tell too many people; [I] didn't want that negative feedback, or to be judged.

Emotional responses described range from fear of censure, to feeling excited by praise and encouragement; from shame about singleness or infertility, to assertiveness in framing their story.

The who and when of disclosure

This section explores how women decide on an appropriate degree of disclosure, who they decide to share information with, and in what circumstances. They may lean towards privacy or openness dependent on what sharing mean to them.

Some participants reported consistency in practices of privacy and openness, making decisions based on the strength of the relationship or the *'feel'* of the interaction. For example, Fran does not want her standing as a reputable person to be damaged by poor first impressions:

> *I usually let them get to know me first and what I'm like so when I do tell them it's like "oh yeah fine." Because if they don't know me and I tell them up front they might have little danger flags going up or something.*

This emphasis on initial privacy therefore protects her from potential stigma in new friendships. Her general manner is quite private and she therefore tends to evade direct questions:

> *'Where's her father?' I don't want gossip to get around so I just say that he's not around.*

Ingrid bases her openness on the way she is connecting with people she meets:

> *I don't think enough about being single that I have to go and explain when I meet people. It doesn't even depend on whether I think they'll be receptive; it just depends on whether I'm relating to them as a person.*

Ingrid is guided by her sense of relationship with another. This essentially is a more private position, where disclosure is limited in a somewhat planned way.

In a similar way Rosa has a preference to tell people who she feels an intimacy with. Thus she plans to alert people to increase their understanding and sensitivity about her son's donor father:

> *I won't tell everybody, but if someone's close I'm quite happy to do that because I'd prefer them to be aware and know how to respond [to my son].*

Olivia's stance is comparable although she expresses little wish to divulge her singleness. She leans towards privacy and her sense of what fits in the social situation:

> *I've never told anyone unless it seemed appropriate. I feel fine with it in appropriate circumstances.*

Melanie reports that in discussing her circumstances she has over the years had a policy of *"pick and choose"* regarding who she tells. This indicates an approach where each incident of possible disclosure requires an element of decision making.

It is not only the 'who' and 'when' of disclosure that needs to be decided but within 'what' social setting women will be comfortable to disclose. Pene wonders how she is going to confide in her friends from church:

> *Having a child, single through donor conception; they would think what an odd, strange thing to do. I will probably never tell because I would not be talked to.*

A couple of participants noted that their openness decreased in particular social groups. Harriet remarks...

> *I've been selective about who I've told. My mother's group, I didn't tell the women there.*

Susan similarly does not disclose at her mothers' group where she wishes to be considered similar to others in the group:

> *I just felt normal like everyone else. It's just the mums and we talk about baby stuff. I didn't like to stand up and say 'I'm a single mum'.*

Thus her preference is to participate on a similar footing to the others as they discuss general mothering issues. Thus she protects her inclusion in an enjoyable and important social group, and protects her identity as a *'normal'* mother.

Not all mothers fend off questions or avoid from satisfying the curiosity of others. More private women expressed a general tendency to stay silent about their circumstances but did not deflect particular questions. For example, Natalie has a sense of it being her *"business"* but responded to questions if *"people asked."* Belinda also answers direct questions feeling that "*it's easier than trying to hedge around it."* Ursula, although describing herself as open, responds in a similar manner:

> *I'm pretty open about the issue if I'm asked. I don't generally volunteer.*

Thus although participants may feel an attitude of openness to discussion and explanation they do not disclose indiscriminately. What and how they disclose is dependent both on the situation and whether they feel a degree of comfort in the relationship. The tendency to provide details when asked reflects a degree of openness although donor conception may be regarded as a private matter.

In many cases people may already be aware that a woman has no partner and thus disclosure is confirming their choice to become a single mother.

Melanie expressed caution in allowing her small conservative community to know her circumstances, aware that they assumed her recent partner was the father:

> *I never enlightened anyone; I just said. "I'm not with anyone anymore. I'm having this child on my own." I let them speculate.*

Alex is likewise aware that others may assume a separation, showing a natural tendency towards privacy with strangers:

> *I don't openly go about it, but if it just comes up in conversation [I might talk about it]. Sometimes I don't elaborate. They can assume that the relationship's broken up.*

During her pregnancy Alex had initially *"kept it quiet"* at work. When she did reveal her pregnancy, her comments reflected an attitude of openness about her situation:

> *When I did announce[I was pregnant] people were "oh my God. Who's the father?" And I said, "Its donor father. I'm having this baby by myself." That's what I'd say. Everyone knew I was doing it by myself.*

Although Alex tended to be private, her excitement at announcing her pregnancy and the degree of closeness shared with her colleagues led to more openness. Discrepancy in disclosure patterns is not unusual. Participants occasionally avoid informing others of donor conception, yet at other times the level of intimacy diminishes the risk of awkwardness and they are more inclined to share freely in that context.

Terry was generally open and straightforward but expressed discomfort when managing how much information to offer casual acquaintances:

> *"Oh your daughter is quite tall. Does she get that from her dad?" Well how do you answer that? Do you divulge everything or do you just say no. Sometimes I feel that it's not really relevant and why should some people know personal facts when they're not really important in your life? How much do I divulge and to who? That can be an issue sometimes.*

This is at the core of the disclosure issue. Participants can both value privacy but also believe in honestly presenting their circumstances. This may create a tension in relationships within the wider

community. When others assume a father somewhere, SMC are placed in a position of either ignoring this assumption or choosing to more publicly disclose their family type.

Section 2: Disclosing in social networks

Disclosure may be more pertinent in particular social networks, and experiences in three such social networks are explored. The first area is family relationships; the second the workplace; and finally the school community. The degree of openness differs in these communities and participants may use a variety of strategies to manage personal information to their satisfaction.

Disclosure to family

This section focuses on disclosing plans for parenthood in the context of family relationships. A majority of the sample initially received at least tentative acceptance from their parents, who were either actively involved during the in planning and trying to conceive stages, or more commonly involved as grandparents who helped with child care. However, several participants felt that family members reacted to the news of an approaching pregnancy or birth of a child with shock rather than enthusiasm.

Ingrid reflects on her family's reactions to her having a child without a partner:

> *Some have issues with the way I fell pregnant. My brother's comment was "Why can't you do it normally like everyone else?" The biggest thing that they found hard was that I was deliberately and consciously choosing to be a single mother.*

This censure of an alternative path to parenting was not uncommon. Ursula was hurt by the negativity attributed to her planning:

> *My brother thought I was obsessed. I really didn't confide in many people at all at that point.*

Her caution may be related to the out of the ordinary nature of her taking the SMC path at the time as she was the first of this cohort to be trying to conceive.

Vivienne likewise felt criticised for her decision to parent alone:

> *My sister in law's response was "a child needs a father; two parents."*

Both Ursula and Vivienne indicate a discomfort with these critical responses.

Despite expecting similar judgement of her decision Lola felt the presence of family problems at the time ameliorated the effect of her announcement:

> *At the time they [my parents] were having trouble with my elder brother so this news didn't seem that bad in comparison. They were OK about it.*

She believes that her parents prefer to attribute fatherhood of the children to her ex partner rather than a donor, and appeared to understand if not condone this fabrication.

Protection is a common theme in the openness and privacy of participants and their families. Family members can worry about stigma attaching to their SMC family member. This may lead to variation in the way family members manage openness and privacy. Mothers of two participants worried about their daughters' reputations.

Fran contrasts her degree of openness with that of her mother's. Her mother's belief that perceived promiscuity is a greater stigma than donor conception leads her to explain more than her daughter feels necessary:

> *My mother makes it openly public. Somebody, like a stranger, asks, she'll volunteer it all. She says, "Well I don't want people to think that you slept around."*

Fran is "*very up front about it,"* but limits public discussion of her family type:

> *If they ask I'll tell them. It's not something that you volunteer; it comes across as neurotic if you do. I mean my mum's very conscious of my being a single mother, that people will talk, and frankly I don't care.*

In contrast to openness used to deflect incorrect assumptions, at least two participants commented on their family keeping a secret of their pregnancy. Rosa, for example, was perplexed by the response from her family at the time she was first pregnant and attempts to understand their reticence:

> *It was difficult in that my parents never said anything to anybody. I think they didn't know how to approach it. My Dad he's the sort – [he] doesn't know how to say things. I just think they didn't know how to go about it.*

Georgia on the other hand attributed her mother's secrecy to the family's conservatism and pride. To avoid potential awkwardness at an extended family gathering Georgia delayed the announcement of her pregnancy:

I knew that she would not take this well. So I chose not to tell her.

The initial disclosure to the family can result in shock, or concern with potential stigma for the family. The stories highlighted here reflect hesitancy and discomfort in family discussions. However, for many in the sample there was support and involvement from potential grandmothers in particular, who were delighted about having grandchildren, and who sympathised with their daughters' yearning to be a mother.

Workplace disclosure: "The tom toms got beating"

All the participants were in paid employment prior to conception so that there was inevitability in their upcoming pregnancy being discussed in the workplace. Colleagues may assume there is a husband or partner, or if they know a woman is single, they may wonder about the circumstances of her pregnancy. Therefore deciding how to handle personal information about one's single status and the method of conception becomes a particularly pertinent concern. Once they have children, SMC may not be questioned regarding their marital status given how common separation and single parenting is in Australian communities.

A number of participants use their discretion, and tell details of the method of conception to only a select group, as Ann notes:

Work colleagues, a couple know how she was conceived. Most other people just know I'm a single parent.

A handful of women commented on the interest in their pregnancy at work. Danielle was happy enough to answer direct questions from clientele at work:

If they ask I tell them. I just answer direct questions. Some are a bit shocked.

On the other hand she occasionally uses diversionary tactics to hide the method of conception. When people at work ask her about whether the children look like their father, Danielle chooses not to disclose their donor status:

I say I don't know who they look like. I don't tell anyone an untruth.

Such a diversionary tactic was used by other women in the sample as they respond to traditional assumptions of a two parent family.

Women reported that they were an object of conversation in the workplace. Natalie felt she was *"tonight's headline news"* for a while, and that people found it so exciting that *"the tom toms got beating."*

Danielle recounts a similar experience:

> *It sort of filters through because it's such a good story, a good gossip. That's why people know and I'm quite happy with that.*

In contrast to Danielle's story, Liz felt quite confronted by the directness of questions:

> *One secretary said "Did you go to a donor sperm bank?" I said "I don't really think that's your business is it?"*

Liz was upset by this intrusive questioning although she may feel unable to adequately articulate and defend her choice.

Six of the participants shared the experience of resenting direct questions in the workplace. Two of these women informed their managers that they were trying to have a child as a way of eliciting support, yet asked their managers to keep these attempts private. For Belinda the decision to disclose was "*because I needed them to understand what I was going through."*

Likewise Chris informed the manager about her IVF procedures. The manager suggested she seek help with the stresses of IVF, which turned out to be a good move for her:

> *Sessions with her [the counsellor] made me realise I had to expand my network of support. That did ease the pressure.*

Following her son's birth Chris joined a different work setting where she kept her birth history private:

> *I'm just another single mother; you are just entering into the standard prejudices and concerns about single parents.*

In this instance Chris appears unconcerned with her single mother status, and potential disclosure of her use of a donor is not considered pertinent.

Disclosure issues were more relevant in the time women were trying to conceive or during their pregnancy. It was at this time that women frequently considered how open or how private to be. Elaine felt comfortable as she acknowledged she was *"doing it on my own."* However she was unwilling to disclose the details of how she became pregnant:

> *About how; I brush it off but don't lie. Sometimes I think they've worked it out. I mean how obvious is it? But it's not really*.

Elaine states the reason for maintaining privacy is related to her professionalism and she wishes to avoid people seeing her differently due to the use of donor conception:

> *I want to be treated in a professional manner and not viewed in any particular way. I suppose it's a bit like your sexuality.*

This tendency to keep personal matters private is echoed by Katrina who describes a boundary between her professional self and her private life:

> *It comes back to workplace professionalism I guess. My private life is my private life and not something I willingly discuss around work.*

This leaning towards privacy at work may be a more general inclination rather than particularly linked to singleness or donor conception. However, for a few participants like Jan, the issue of her professional standing has stronger implications. She recognises the possible repercussions of her story being divulged at work:

> *They're straight upper class people who have traditional views of family. I don't say anything. I'm scared of the professional repercussions for me.*

A keen awareness of job insecurity can lead to secrecy rather than a simple preference towards privacy. Jan's fear is not unfounded. Two participants were confronted with difficult situations when pregnant. In one case a participant was asked to resign from her position. Another woman was subjected to awkward discussions in staff meetings when the principal of her school insisted on secrecy regarding her family circumstance. Those who chose privacy at work developed tactics to avoid unnecessary disclosure of the use of donor conception.

Some participants used specific phrases to block further questioning from work colleagues as does Harriet:

> *"I raise him totally on my own" and that seems to stop it going any further.*

Katrina reported on her experiences of fending off questions from people at work:

> *People said "Who's the father," and I said "He's not going to be involved." That was the answer to that and most didn't ask any further.*

In the absence of a clear tactic to protect her privacy Terry struggled to ward off questions about her pregnancy:

> *I found it hard with two colleagues. They were trying to get information out of me and I didn't want to give it. They knew why I left; that I was pregnant, but we didn't discuss how or what.*

Although the majority of the sample were somewhat circumspect about their privacy at work, several participants seemed more comfortable about disclosing circumstances of their pregnancy. Like Alex in the preceding section, Susan was happy with the interest in her pregnancy expressed by workmates:

> *Only one said "I think you're mad." My boss was really supportive. Some of the guys were really interested and said "Good on you."*

Susan's openness did not continue to new workplaces, however:

> *Most people know you as a mum; they probably just think that there is a father around somewhere.*

This is similar to Chris's situation, already mentioned, of allowing new workmates to assume a prior relationship with the father of the child. Thus the level of intimacy with colleagues, as well as the excitement of announcing a pregnancy, can influence levels of disclosure in the workplace. SMC with older children naturally blend in with the wider single mother cohort, as their family circumstance is less conspicuous.

Contextually then, women feel more cautious in the workplace about openly discussing their intentions to become pregnant, or the methods of achieving pregnancy. On the whole women were much more private at work than in general social situations or with friends. This is not surprising as they may wish to protect their workplace identity.

The school setting

The school community is another area of women's lives where issues of disclosure are faced in everyday life. At the time of children starting school, mothers are confronted with their first major decisions on how much explanation to provide the school regarding their family type. Children will generally be spending many years within school and once details of donor conception are disclosed they cannot easily be retracted. The first decision is what to write on school forms. Secondly, women have to decide how much explanation to give to principals, class teachers and administrators about the family circumstances. However, there are opportunities at many times to become more open or remain private about the family circumstances.

One motivation in being open within the school environment is to help overcome possible discrimination by educating the teacher and others about their family type. Katrina, whose child is still an infant, has no definite plans to approach the school, but on reflection thinks...

> *Maybe I would mention to teachers "there is no father figure." If they can be a bit sensitive, making sure he knows it's OK, nothing weird about it. I think it's important he doesn't see himself as different.*

Advocacy stories such as this were explored more thoroughly in the ethical architecture chapter.

Several participants were approached by other parents from school who requested clarification about the child's father after their children expressed confusion. Fran for example is happy to explain the use of a donor:

> *And so I tell the parents and there's been no problem whatsoever.*

A high degree of comfortable disclosure in the school environment is common in the sample. A desire to protect the child is prominent within the mothering role and contrasts to protection of the work identity.

Vivienne discussed recent changes in her disclosure about the donor as significant. It "*wasn't too unusual*" for her to be quite private in the area of work, but she felt inspired to be more open with her child's teachers and in the school community:

If it comes up I tell them that my kids have a donor dad; I use that word. So, we're a 'Mum and kids' family, that sort of approach. My reluctance to do that before was because I didn't want assumptions to be put on us. But now I'm taking the view that I want to be who we are. I think this might be the way more than not saying it because people will assume that he had a Dad at home if I didn't tell them otherwise. On one level it just feels so normal to be here as a family but I forget that people will assume something else. So I've done that and that feels fairly positive.

When asked if she felt this new approach might continue to high school she responds cautiously:

Yes, but it's measured. I don't say it 'willy nilly.' I do perceive a 'hmmm,' a fascination from people and that's a kind of separation.

Clearly this experience of separation results in disclosure remaining a considered process.
A wish to be honest and open about the family type may be motivated by a desire to foster a positive family identity and illustrates a considered approach to openness. This is at variance to the strategies participants use on a more ad hoc basis.

What to discuss at school, and with whom, can have repercussions for privacy in the community. For example, Terry felt that it was important to formally record the situation on school cards but later wondered who knew what at school:

I put it on her school things 'cos I thought it was relevant but then I didn't want the whole school staff to know. And I assumed that they might because I think some people gossip. But then I'd made a wrong assumption because the class teacher really didn't know.

She also wondered what other parents might know about her, leading to uncertainty in conversations. For SMC, not knowing who has information about their family type can create ambiguity in conversations and in social situations.

Nearly half the sample had school aged children. Initial disclosures were prompted by a desire for sensitive handling of the family type for the child's protection. The majority of mothers appeared to find discussions within the school environment straightforward, while a small number found ongoing discourse around their family type to be awkward at times. The women developed strategies about disclosure in the school setting and this appeared to add to their degree of comfort in the SMC family identity.

Section 3: Considering the child's point of view

A child's story

Who has ownership of the story regarding the origins of the family is a salient point in deciding how open to be. The following participants of preschoolers are quite thoughtful about whose story it is. They consider the story belongs more to the child than to them, and this influences how comfortable they feel in disclosing the SMC background. Danielle describes her dilemma on this topic:

> *I don't want everyone to know, particularly for the kids. I think their business is their business. It's mostly their story. On the other hand I want to make sure that she always knows and there's never a situation where other people know and she doesn't.*

She plans to give her children the option of disclosure as they grow:

> *I'll lean a bit more towards privacy as the kids get older, it's their story and I want them to choose.*

This choice may change at different stages of development. In late primary school Natalie's son had indicated to her that he had not wanted his donor conception story broadcast, and she needed *"to take his feelings into account."*

Two or three participants articulated the value they place on their children's privacy. Pene in the following quote indicates some discomfort with the issue of disclosure:

> *Now it's become his story; so in a way I feel like I'm in a real dilemma here. I don't think I'm going to tell anyone else until he gets old enough to understand. It becomes his story, and he can tell whoever he likes with a bit of guidance from me.*

She is also influenced by the "*veil of secrecy*" in her family life where information was kept secret from her, where it felt like everyone knew but her:

> *That sits with me now with my son; that people might know about stuff before him.*

Ingrid has a view that her child might value privacy regarding donor conception in the future and this causes her to consider her own tendency to be open:

> *I've wondered whether I should stop talking because as she gets older, she should be the one who decides whether I give that information out. She might not want everyone to know that I did that. I have to find a way of holding back.*

Georgia on the other hand places a high value on honesty and therefore discloses the use of a donor. This was particularly pertinent when a male partner might be assumed to be the father:

> *I'm being quite open about the donor. If it's an issue I'd say she's not my partner's child.*

In discussing how other single mothers tend to keep their child's story private, Georgia wondered whether "*that would have been a better option".* However during the interview she reflects that such an emphasis on privacy would not have suited her personal style and hence balances her natural tendency to openness with respect for her child's privacy:

> *I think it's not really in my nature. It's a fact, it's out there. So to be private about it, I think, makes it more awkward. You've also gotta be careful about what you're saying to people, because things just slip out. So I don't actually think it will change. The only reason it would is if she decided that she didn't want people to know about it.*

A compulsion to be more private because it was the child's story was not a common view, and was more likely to be expressed by mothers of infants. This idea of "the child's story" has strong implications for the way in which women feel about disclosure of donor conception. Considering the rights of one family member over another can lead to a feeling of some conflict. Katrina sums up the issue of conflicting needs for privacy or honesty within her family:

> *My openness and privacy about it will more reflect his needs rather than my own. It could be a fine balance.*

Georgia sits at one end of the spectrum valuing her own inclination to be open and *"out there."* The majority of the sample with older children tends to favour openness after some time and this indicates a resolution of issues regarding disclosure.

Protecting children

It is relevant here to note the impact of protectiveness on privacy. A few participants expressed a concern that their children might be labelled according to their manner of conception or seen as different because of their fatherlessness. Participants who have pre-school children clearly wrestle with disclosure decisions. For Danielle there is a concern that her daughter might be emotionally affected when she reaches the time of talking about her family situation. This inspires her to be more open in her daughter's presence, despite her concern with privacy noted earlier:

When she talks I'm worried about how that's going to go. I try and be as up-front about it with everybody as I can now, so that she doesn't have a sense of it being embarrassing or (something to be) ashamed of.

Worry about children feeling different from others is a common theme. Alex, like Danielle above, wants her children to have a comfortable identity and considers the tactic of fabricating an absent father rather than an overseas donor:

I don't want it thrown in their face all the time that they're different, or people fascinated, curious. "Your Dad lives overseas." Maybe that's how I manage that. I don't want them to manifest this "Oh, my God, we're different. We don't have a father and we're not worthy." I'm really conscious of that.

Generally participants developed comfortable narratives over time. However, they may be guarded with who is entitled to this information and in what settings. Protectiveness may lead to the development of strategies to fit the context. SMC wrestle with competing concerns in disclosure. They may privilege a sense of pride in the family, or protect children from intrusive questioning or becoming an object of pity or curiosity.

Section 4: A wider view of openness

Going public

SMC may volunteer information about their own circumstances for specific purposes such as participating in research projects like this one. Despite the risk of public exposure at least three women in this sample had already been interviewed for print media or television. Additionally, some of the women had been invited by their fertility clinics or through other social networks to discuss their experiences with women considering the SMC path. In this case there was generally a more formal discussion than would occur with curious strangers or associates.

Olivia for example had heard of another woman considering donor conception and had offered to talk to her. She explains her motives:

I really only do that because to be out there, feeling completely like you're the only person on the planet who's ever thought of this and everyone else seems to be happily married (laughs) with a gaggle of kids but not me. It's just not true. But I would never promote it. I think it's really such an individual decision.

Wanda's purpose in volunteering for this research project is her wish for more public understanding of single women who use the path of donor conception:

> *I want to be open about it [by] participating in studies showing that it's not just an isolated incident, so the information gets out there. It's not taboo. It's not just an option for people who want to have their career first. It allows the wider community to be more educated.*

This wish to educate people about why single women tread this path is not uncommon. Challenging stereotypes and correcting misinformation about SMC may well diminish stigma attached to the single mother by choice family type.

Changing over time

Those with school aged children felt that openness would remain the same over time. When the tentative disclosure of their plans initially met with good responses their openness became a general style. This was the case for Ann who began sharing her plans for single motherhood early on:

> *I mentioned it to one or two friends who were supportive.*

Once pregnant she told a group of people at a dinner party and was pleasantly surprised at their reactions:

> *I got such a good response from this group of strangers that I thought I'm telling everyone.*

Harriet, whose child was still an infant, felt that as he became verbal her openness about his birth circumstances would grow:

> *Once he knows and he's talking about it, I'll probably be a lot more open about D.I. (donor insemination).*

On the other hand, Pene had been guarded during her pregnancy, and now wishes that she had been more open:

> *My line was "I'm single, I'm pregnant, and that's all there is to it." I wish I had told nearly everybody from the start I had an IVF donor child. Now I feel like I'm keeping something private from some friends I really would like to tell.*

Pene heard another SMC openly stating that they had a child on their own and reflects:

"I wish I could be like you." So the secrecy, privacy thing still sits with me.

There can be considerable anxiety felt about disclosure issues when children are little but this alters once women have experience in refining narratives with and for their children and are satisfied with the outcome.

Elaine contemplates on her increasing openness since her child's birth:

I'm more open in these three years. [There are] more references to the donor in conversation.

Rosa has a preschooler and a child at school. She feels increasing comfort in disclosing her situation and attributes this to coming to terms with becoming a SMC:

I'm now very relaxed by what I've done.

Jan, whose son was beginning school, felt his developing maturity would influence her disclosure practices:

I think it'll get easier when he's old enough to be discerning about who he tells. I prefer to tell rather than not to.

Even with a natural tendency towards privacy as an individual, Terry notes her conscious decision to become more open:

I can say we've become a lot more open since when she was first born. I mean our friends knew, but it was quite a private thing. And then I decided; I thought openness was the best way to go.

In the early stages of the family life cycle single mothers by choice may develop a position regarding openness. This position may alter according to the child's developmental stage or due to difficulties encountered. This sample of SMC was able to reflect on strategies and how they altered or adapted to problematic social situations involving their children.

One motivation for increased openness is to increase awareness of donor conception and hence benefit donor conceived children. Melanie assumes that public knowledge and debate about donor conception will highlight the rights of donor conceived people, and result in more access to genealogical information on donors:

I think a lot of donor children and adults are becoming more vocal and active about their rights. That gives me great hope that things will change.

Generally the women in this sample choose to become more open over time and to identify more comfortably with their family type.

Conclusion

What was considered to be private and what could be shared publicly varied between participants and altered somewhat in relation to the social setting. Women were also guided by concerns about possible prejudice regarding their choice. Concern about reputation and risk was more prevalent for the women in work settings. In specific groups which provided ongoing social support like mothers' groups or church, women were discerning about disclosure to preserve the benefits of such support.

The women expressed a concern about reactions from family members and friends, and were aware of the potential stigma attached to single motherhood. Even those who denied such a worry nevertheless used discretion in disclosing details of their family type. Women considered the ongoing implications of disclosure, such as the benefits of wider knowledge of the SMC family type.

Disclosure of the family type is guided by protectiveness, both of the woman's motherhood identity, and the child's. Most participants with school aged children become more open over time about their family type. Mothers were motivated to assist children to discuss their family type adequately at school. In this way the SMC in this sample strived for a positive family identity.

PART 3 -

CONCLUSION

Chapter Ten - Conclusion: An overview of the single mother by choice journey

This study was inspired by my own journey to motherhood through donor conception and my growing interest in the experiences of the Australian single mothers by choice that had also used this path to motherhood. Public debates in Australia regarding the legitimacy of single women to access assisted reproductive technology excluded the women discussed thus marginalising them as a group. I wished to redress this exclusion by making public the previously hidden voices of single mothers by choice. By talking to a group of women about their lived experience as single mothers by choice I aimed to present a collective story of the group.

The narratives of this group of women provided articulate and varied views on the single mother by choice family. It was exciting to hear the energetic responses of women to the discourses which positioned them as deviant and unsuitable to parent due to the lack of a father. They presented a strong counter narrative which positioned them as thoughtful and caring about the repercussions of creating a family without the presence of a father. Although there were divergent views as to how essential a father was for a child's well being, the majority of the group felt it important to have a male influence but not necessarily a father. Those who had older children appeared confident that their children had developed well socially and were fully supported by them. The women had well formed views on their deliberate and somewhat controversial choice of single motherhood. They asserted that there is a lack of understanding about their commitment to good mothering and the depth of thought drawn on in making that decision. They expressed anger about the stigmatising views of single mothers and argued against the negative attributes assumed in those views. Some women were personally offended by assumptions made about them with no knowledge to support their views. In fact they were motivated to volunteer for this research to help build a base of knowledge on SMC in Australia. Therefore the understanding provided by this study adds to a larger body of literature on single motherhood and in particular the single mother by choice family type.

The study found a great deal of commonality within the group on values about parenting practices in the context of donor conception. This was particularly so in terms of the rights of donor conceived people to have information and access to donors. A portion of the sample using anonymous donors advocated strongly for clinics to provide as much information as possible about the donor and to put them in touch with other families if possible. Such advocacy has been part of a wider shift in values

regarding this aspect of donor conception and has perhaps encouraged small but valuable shifts in the practices of clinics. Additionally women included donors in their family narratives in a respectful way. The development of meaningful family narratives over time, and the tendency for those with school aged children to disclose their use of a donor, indicates an increasing confidence for this group of single mothers by choice. Much of the research on disclosure habits of families using donor conception focus on whether families disclose or not, or what they disclose, rather than the process of developing confidence in such disclosure. As such the meaning and significance of donor conception to SMC families, as well as the nuances of disclosure to people outside the family, is well placed in the international literature on donor conception practices.

The next section of this chapter addresses the research questions of the thesis beginning with the first research question. It explores the overarching themes of women's stories, and considers them in the context of pertinent literature.

Addressing the first research question

> *What do the collective stories of this sample of single mothers by choice reveal about the contexts, processes and meanings of their decision-making prior to becoming mothers?*

All the single mothers in this sample undertook an intensely personal journey to fulfil their dreams of motherhood. A majority of the single women in this sample contemplated with concern being single and childless at a time when their fertility was waning and when they believed a suitable intimate partnership was unlikely to develop.

Hurdles in the early contemplation of single motherhood

Two themes were evident in the stories of women at the time they were deciding whether to become single mothers. Women had envisaged a partnership and a traditional family life prior to consideration of 'going it alone.' The first theme was the letting go of prior dreams or expectations of having a traditional family. This experience led to considerable grief for women who expected their marriages to result in children. Other women acknowledged the unavailability of suitable and willing men to have children with. Fill (2002) found SMC preferred having children within a partnership and turned to donor conception or other methods as an alternative.

The women in this sample who had less experience of relationships in their adult life occasionally expressed regret regarding missed opportunities, yet a portion of the sample remained hopeful of having a relationship in the future. In an online survey the specific reasons that women did not have a child in previous long term relationships were reported as; 'the relationship was not right,' 'the timing was not right,' 'I was too young' and 'the partner did not want a child' (Jadva, Badger et al. 2009 p179). Such reasons resonate with the stories of two thirds of the women in this sample who were in prior relationships.

Regardless of relationship history, a large majority of the sample were driven by their biological clock, considered having a child more important than having a partner and felt they should not delay childbearing any longer due to their waning fertility. Such concerns were well founded as while trying to conceive through ART nearly half the sample needed to use the more invasive IVF technology. A sense of time running out was a recurring theme in other studies of SMC (Leiblum, Palmer et al. 1995; Hanson 2001; Fill 2002; Jadva, Badger et al. 2009).

The second theme was the angst felt in taking an alternative path to motherhood. In many stories women expressed some apprehension about treading an unknown path, or acting outside expectations of marriage before children. In fact, the majority of women reported at least some experience of stigma as they shared their beginning plans to have children as a single woman and this was in the form of shock or disapproval from others. At opposite ends of the continuum, two women reported that their decision to have a child on their own led them to feel liberated from such norms, while a small number expressed disinterest in how others saw their actions.

The decision to proceed along this path was underpinned by both rational and emotive reasoning. It was common in the early contemplation stage for women to pay attention to the views and attitudes of family and friends regarding their choice. In making an intensely personal decision, women nevertheless listened to the advice and views of their immediate community. While women took full responsibility for their choice, they interacted with family members regarding shared or disparate views about such an alternative path to motherhood. Several women had full support of their own mothers, yet in other stories initial shock and opposition from family members was noted. The tendency to seek the views and support of family members was also reported in a large scale survey of 291 SMC who discussed their choice with friends, mothers, and siblings (Jadva, Badger et al. 2009 p178). This relational process in decision making is characterised in Gilligan's theory of women's morality as discussed in Chapter 7 (Gilligan 1982).

Women considered their options in Australia for adoption and foster care, but considered adoption too expensive alongside the acknowledged restrictions on the numbers of single women able to adopt. However, a small number in the sample considered applying to foster a child if unsuccessful in their attempts to conceive. Other studies also found that SMC who used donors contemplated various options and discounted adoption due to high costs and difficulties, and a wish to experience birth and pregnancy (Ferguson 1999; Fill 2002).

A handful of participants expressed a particular wish to experience pregnancy and childbirth if possible and to have a biological connection to their children. However, there was a theme of protectiveness in rejecting casual sex, not only as a distasteful option, but also as an ethical consideration, one of potential harm to the children and to the man who would unknowingly become a father. Wendland also reported that women found the option of intercourse with a man unaware of their plans for pregnancy to be morally unacceptable (1995). The ethical stance decision making is evident in this study, with considerable emphasis placed on this aspect within narratives.

In their personal networks single women whose family and friends were critical of their plans engaged in dialogues with hope of resolution. The most important dilemmas and challenges however related to stigma and to concerns with fatherlessness. The political and public media debates focussing on single women's rights to form non-traditional families added a further dimension to their trepidation in taking an alternative and criticised path to motherhood.

The majority of the women spent considerable time contemplating their capacity to manage single motherhood prior to having a child. They investigated various aspects of single parenting and frequently learned about the outcomes for children in single mother families. They compared the single mother by choice family with families whose parents had separated, outlining the possible repercussions of separation on children and the potential difficulties for children of being brought up with parents in conflict. This comparison increased their confidence in pursing the path of single motherhood. In family and friendship circles women wanted to present their situation positively and preferred to be open about their decision to have a child on their own. However, this could lead to critical and negative responses at worse, and at best to supportive and understanding comments. In all social networks a disclosure of their decision to proceed with single parenting could be met with a range of responses and the women initially found dealing with this confronting.

Contexts and resources

Another contextual issue was the challenge and anxiety created by Australian ART legislation itself. When women were making their decisions between 1990 and 2005, access to ART was prohibited for single women in some States and variable elsewhere. The few participants who spoke of the legal attempts to block single women's access to ART rejected the notion that they should just accept childlessness. Aware of public objection to single women using donor conception, the participants were nevertheless inspired to take this path, refusing to succumb to such constraints on their actions. Nevertheless they indicated awareness that ART legislation might create difficulties in fulfilling their dream for motherhood.

In considering donor conception the single women in the sample sought information from a variety of sources, such as books and the internet, as well as directly seeking information from fertility clinics, medical practitioners, counsellors and community information centres. The decision making process also took account of the donor who would be the biological father of the child. Half the sample considered using a known donor, yet only two women found suitable donors known to them. The remainder felt that using a clinic donor was more straightforward and provided protection from unwanted intrusion from a known donor in the future. Two other studies found that single women chose anonymous donors to avoid complications or legal difficulties (Jadva, Badger et al. 2009) or due to a concern that the donor might want more involvement (Ferguson 1999).

Nearly all the participants sought information on the social implications of donor conception prior to conception as well as afterwards. They learnt the benefits of early disclosure and honesty in developing a family narrative as well as methods of telling the child about donor conception. There was a uniform belief in the right of the children to know about donor conception, with a majority favouring more information being available to children about the donor and preferably at an earlier age. Women sought the best donor possible for them, looking at his attributes or his stated motivation in donating sperm. They considered access to information and contact with the donor but their choice was limited by legislation or by clinic policies, procedures and practices. The anonymity of donors, with minimal information available and no possible contact, was a predicament for this sample. The option of identifiable donors was unavailable until the ruling out of anonymity was imminent, just prior to the release of the 2005 NHMRC Ethical Guidelines. Women conceiving with donors around that time were aware that the chance of their future children having contact with the donor had increased. A small number of women sought out potentially identifiable donors.

Ferguson also found women using donor conception sought donors willing for contact when children attained a majority (Ferguson 1999).

Women in the sample could feel powerless at fertility clinics. The absence of real choice between anonymous or identity release donors had a real bearing on the construction of the family. Additionally, some women felt that clinic staff appeared to know less about social aspects of donor conception than they did. This experience was fortunately not widespread with several women finding counsellors and other staff helpful and respectful. The women were motivated to ensure positive outcomes for their children in relation to the use of a donor, their preparation helping them make choices about their future family life in a measured and ethical way. Their sense of agency, resilience and confidence in the chosen path developed as they acted to fulfil their goal of motherhood.

The next section answers the second research question in relation to three issues. These issues are the challenges to identity, the development of family narratives, and the experience of living life as a single mother.

Addressing the second research question

How does this sample of single mothers by choice make sense of, and shape, the construction of their family type?

Challenges to identity

Participants faced challenges in the social domain where they could be cautious about identifying their family type, and this was particularly so in the workplace. The tendency to let others assume a separation presumes that choosing single motherhood is more stigmatising than having a failed relationship, or would draw unwelcome attention to their out of the ordinary circumstance. Thus despite their agency and their persistence in pursuing a potentially quite difficult path, the damage to one's reputation, if not identity, restrains full openness in all social networks. New mothers were more protective of their identity through variable disclosure of their choice to be a single mother. As confidence increased in presenting their family type publicly, those with older children more proactively presented a positive family identity in social networks. A third of the sample wanted the SMC family to be more familiar in their community so that there would be less need for explanations.

The SMC in this sample argued against stereotyping and labelling of single women pursuing motherhood. Public prejudice and stigmatising opinions reported by the media question women's positive identity, and render them a silenced and marginalised minority. The women in this sample defended their deviation from the traditional family formation. They contended with the influences of public debates about single mothers by choice, as well as interpersonal experiences of dealing with judgements from others. A small number of participants in this thesis reported strong emotions in response to the heated debate regarding access to ART by single women, especially the Prime Minister's assertion that children need both a mother and a father. As described in Chapter 1, this debate echoed the criticism of the former Vice-President of the United States of America in 1992, Dan Quayle, of a fictitious single mother, Murphy Brown, for her choice to parent alone (Bock 2000). Both discourses involved political leaders of the country and focussed on the legitimacy of single women to have children without the presence of a father. In Bock's study the mothers drew on their financial capacity, maturity, and responsibility as attributes that made their choice to have a child without a father reasonable (2000). The women in this study valued the stability of the SMC family and disputed the pessimistic views that they are necessarily a poor alternative for children or a source of inevitable lower functioning. Their comprehensive understanding of the diversity within

single parent families enabled women to more comfortably embrace their own choice. A small number of women in Fill's sample showed a similar ability to argue against criticism of their choice to parent alone, these results also highlighting the implications of participants' education, and access to research in developing this capacity (2002). Thetford (2004) also found a benefit for mothers who were from a higher socio-economic status yet stigmatised due to their Hepatitis C status. They countered stigma through their positive social attributes, or their stronger support networks.

Mothers with young children were more likely to express concern about having a child who was fatherless and the potential impact of minimal male influence in the children's lives. Around a third of the sample spoke of the contact children had with male relatives or friends. The benefit of a male influence is addressed in the wider SMC community, with two guidebooks written by SMC providing advice about male role models (Mattes 1994; Morrissette 2005). A majority of participants in an international survey rated availability of male role models as very important (Jadva, Badger et al. 2009).

Generally the literature on SMC has not explored the difference in experience across the stages of family life, nor recognised the possibility of change in the women's practices of parenting as the children grow. Mothers with younger children in the studies of Fill and Bock are potentially more vulnerable to criticism (Bock 2000; Fill 2002). Perceived stigma may lessen in importance over time as single mothers learn strategies to manage challenges to identity. The single mothers in this sample with school aged children, nearly half of the sample, tend to express concerns about stigma less, and this may indicate a qualitative difference for more experienced mothers. It is likely that anxiety surrounding the implications of the family type for children dissipate over time.

The experience of stigma surrounding the use donor conception appears to be culturally related with those in more diverse communities reporting less exposure to criticism (Fill 2002; Shehab, Duff et al. 2008). Reports from an international online survey of SMC show that similar proportions of the sample either acknowledge or deny any experience of stigma (Jadva, Badger et al. 2009 p181).
Single mothers in this study are able to dispute views of damage to children and are able to defend themselves; they hold legitimate positions in society and follow a normative lifestyle in other ways. Performing positive social roles within the community enables SMC to weather the storms of actual or perceived stigma related to their family type. For the families in this research, once family life is well established their positive experiences render the challenge of fatherlessness less relevant on a day to day basis.

Many women in the sample connected with other SMC in their area gaining support and an opportunity to reflect on aspects of mothering specific to their family type. This assisted the development of a positive shared identity among the SMC group. Social networks were significant in enabling this group of SMC to receive support and encouragement as they developed acceptable social narratives. Developing family narratives which are suitable to share publicly diminishes potential stigma. The development of such narratives is expanded in the next section.

Family narratives and the place of the donor

The majority of this sample had a strong ethical emphasis on developing a positive family identity which led them to be proactive in the development of narratives. Participants wished to tell a meaningful and acceptable story to their children. Either through written stories or verbal narratives, the mothers created an atmosphere of acceptance and respect for the way in which the family was formed.

Generally women discussed the family type with their children from an early age. They developed narratives for their children to use at school and helped children by explaining their family circumstance if requested, such requests pointing towards the trust built between them. In developing such narratives women aimed to avoid sensitivity or stigma about their different family type. An exception to this trend of openness occurred when women were isolated from SMC peers. Additionally living in extended households appeared to diminish open discussion of the family type. One mother was fearful that an older child, not donor conceived, would use the absence of a social father for her sister as a weapon in sibling rivalry. This worry regarding the consequence of having children differently conceived was also noted by Shehab, Duff et al (2008).

Donor conception was a major aspect of life for the single mothers in this sample, and particularly when children become verbal and developed an understanding of 'family' and 'fathers.' At this point the donor was more meaningful in family narratives. Mothers assisted children to understand the role and place of the biological father, and to have a positive attitude towards their family type. At times of transition such as starting child care or school, the issue of disclosure became central for mothers, whereas older children expressed their own views or wishes regarding privacy. The single mothers in the sample prepared children to confidently discuss their family type and hence have positive social connections. However, anonymity was considered to be confining and frustrating, and

so women did their best to advocate for greater information about the donor. A small number sent letters to the donor through their Fertility Clinics to thank him for his assistance and to share their pride in the child.

Participants considered it normal for donor conceived children to express curiosity about the donor and considered access to information to be their right. When it seemed there could be a positive result the participants pursued contact with donors or with half siblings from the same donor. Resolving the restraints and restrictions created by anonymity of donors is an ongoing predicament but the single mothers in this study exemplify a capacity to manage their frustration with restrictions and restraints imposed.

The repercussions of using donor insemination are shown in Lang's qualitative study where the four SMC in her sample found that their satisfaction in mothering was tempered by regret regarding anonymity (2000). Wood's study of five Canadian women using anonymous donor insemination found that women experienced frustration when the doctor they had initially trusted withheld information about the donor (2001). Wood described doctors as 'gatekeepers' of such information. The efforts of participants in this study who retained details provided by clinic staff to develop a more comprehensive description of the donor echo a qualitative thesis focused on kinship within SMC families (Ferguson 1999). Ferguson found that single mothers using anonymous donors preserved any information about him they had. Participants in both samples pursued contact with donors, or with half siblings who have the same donor, by leaving letters at clinics indicating their interest. This interest in pursuing a relationship with the donor is also seen in families using open-identity donors, where adolescents reported being positive about the donor and expressed interest in future contact (Scheib, Riordan et al. 2005).

Since the mid nineties studies of SMC disclosure practices show a similar belief in the benefits of honesty, when mothers in non-traditional families planned to tell the circumstances of their conception (Leiblum, Palmer et al. 1995) and SMC believed children had a right to know (Wendland 1995). Lang's study of four SMC using donor conception showed honesty in responding to questions when children asked (Lang 2000). SMC who wished to avoid children feeling shamed by the mother's decision to parent alone preferred honesty (Fill 2002). A large scale online survey of donor conceived people recruited from the Donor Sibling Register shows a high rate of early disclosure (Jadva, Freeman et al. 2009). Additionally, Scheib, Riordan et al (2005) found that young people in SMC families had positive attitudes regarding their identifiable donor and an increased likelihood of open discussion about their interest. An Israeli study of SMC reported a contrasting reserve in disclosing

donor conception even for mothers with children over four (Landau and Weissenberg 2010). It is possible that the continued practice of anonymity in that country contributes to non-disclosure. Well educated Californian heterosexual couples based disclosure on honesty as a guiding principle, with educational advantage or life experience appearing to increase awareness of disclosure issues, and community acceptance of the use of ART increasing the ease of disclosure (Shehab, Duff et al. 2008).

Despite anonymity and limited information on the donor, the SMC in this sample made great efforts to develop a positive narrative, providing a respectful acknowledgement of the donor's role in family construction. The development of positive regard for the donor and his inclusion in family narratives confirms a trend of honouring the donor's role in family life rather than keeping him secret. Additionally, the single mothers in this study acknowledged to children in an authentic way their own responsibility to proceed with motherhood despite the lack of a 'Daddy.' Their receptiveness allows children to express disappointment about the absence of a father and to request information or contact with the donor. This capacity of mothers to respond to disappointment or to children's wishes for contact with the donor may well encourage healthier outcomes for SMC families.

The life of an SMC

Living the life of an SMC appears to be satisfying for this group of women. The times in between major life transitions were enjoyable, and women reported that *'it's a good life'* or that it *'just is.'* Several of the mothers emphasised their pride in children. Mothers of infants became immersed in the joys of being a mother and developing a bond with the child. A small number of women conveyed great relief that this opportunity to parent was available to them when the dream of a traditional family life grew fainter. Importantly, a large portion of the sample expressed great satisfaction in mothering. Despite occasional worries about the impact of donor conception on children, their skills in parenting within this context were high.

During phases of life when donor conception faded into the background, any concerns expressed were related to sole parenting: either the enormity of practical tasks or the financial disadvantage experienced compared to two parent families. "*Doing everything"* while also working was considered to be "*relentless."* Twenty of the twenty four participants were in paid employment while the remainder cared for young children at home. The stress of managing alone with a baby, or when sick, was seen as a disadvantage.

The independence of SMC noted by Fill (2002) and Mannis (1999) is present in this study. However in this sample single motherhood is not an entirely solo venture as families or friends step in to help, or share the load. Those whose family or friends lived nearby were often assisted with child care on a regular basis, while on the other hand two women had the extra responsibility of elderly frail parents to contend with. In contrast to this, a small number of participants avoided asking for help as that would open them to criticism for choosing to go solo. Despite these stated difficulties there were no regrets although four women reported it was harder than they expected. Six women felt isolated and saw limits to an active social life as a disadvantage.

'Sharing the load' was also a focus for Hertz and Ferguson, who emphasised the self sufficiency of a hundred SMC using different paths to motherhood (Hertz and Ferguson 1997). Their sample employed a variety of strategies, such as sharing resources with family and friends, to remain independent of government assistance. Although the SMC in this sample desire independence there is less emphasis on the importance of self sufficiency. For example, those who value infants being cared for at home work part-time until children are closer to school age and may receive supplementary financial support from the Federal Government.

Jadva et al (2009) recruited SMC from online websites. In their sample, and 62% of the women found raising a child to be easy rather than difficult (Jadva, Badger et al. 2009). Additionally, 40% of their sample felt it was 'quite important' or 'very important' to meet someone in the future. In comparison the single mothers in this sample are less committed to the goal of the traditional family. However, half the sample hoped they *'might'* form a partnership after having a child. They were not actively seeking partners as they were protective both of children and their autonomy as sole parents. The majority of the sample examined the benefits and disadvantages of sole motherhood, analysed the contribution a male could make to their own lives, and felt they were not much worse off being single. The realities of day to day life included reports of the tiresomeness of household jobs as well as the pleasures of mothering.

In Fill's qualitative study the majority of SMC reported high levels of life satisfaction (2002). They enjoyed independent decision making, regretted having no assistance with practical tasks and felt that time restraints impinged on their availability to be with infants. Mannis also reported the difficulty of parenting alone, yet SMC had no regrets and loved their children (1999). The mothers in Lang's study described their children as happy, secure, and strong, planned to prepare their children to have a strong identity and highlighted the love existing within the family (2000).

One SMC in this sample spoke eloquently of her wish to develop a new vision of the single mother by choice family type. She was not alone in wanting this. A third of the sample volunteered for this study specifically to increase the profile of the SMC family type, including its difficulties. In discussing the benefits of being an SMC some spoke of the closeness of the mother child bond with only one parent in the home, and half the sample reported their satisfaction with independent planning in family life. Along with independence, the stability and intimacy of the family group was valued. There is an interesting contrast between the experience of stigma for these women in making their choice, and their consequent fulfilment in motherhood. They acknowledge pride in their children successfully coping with life and appear satisfied with continuing efforts to parent within the context of the family type. Along with increased confidence in dealing with donor conception issues was an obvious enjoyment of family life.

Limitations and future considerations

This research is of course set within a particular time in the history of donor conception when access to ART by single women was debated. Additionally, there was a climate of increasing regulation of services and an interest in the social repercussions of donor conception. The study of a specific cohort who pioneered the use of donor conception by single women is both a strength and a limitation of the research. Some of the difficulties that these SMC pioneers confronted have been partially resolved by legislative changes. However, although access to ART is now more widely available, barriers for single women remain, such as the criteria to be deemed medically infertile in some States. The declining numbers of local donors in some States may be a disincentive for those single women wishing for connection with the donor. The lack of a National Register available to donor conceived people and donors remains a concern. Differing State regulation continues so that users of donor conception have varied rights to information dependent on their residence. Many current SMC wish to have contact with the donor, and even though that practice may be supported in some States such as Western Australia, there is variable assistance provided by clinics. The NHMRC Guidelines do not advise proactive contact of siblings by clinics, which can restrict families who wish to pursue such contact. There are other obstacles facing SMC in some states, such as those of listing prior donor conceived children on birth certificates.

The sample of women on which this study is based was for the most part a highly educated group, who had sufficient practical resources to undertake an alternative path to motherhood. This could

mean that they are a particularly resilient and hardy group of women. It is possible that later cohorts of SMC may be more varied demographically, and have fewer resources. Therefore, they will have potentially greater challenges if they are less prepared for the rigours of sole parenting, or in dealing with parenting children in the context of donor conception. Single mothers by choice are becoming more familiar to the community and this hopefully reduces the experience of stigma or prejudice.

The combined wisdom and thoughtfulness of the women contributing to this study are its main strength. The women who volunteered for this study offered valuable insights into their own personal experience, including perspectives on ways in which they might do things differently. They preferred to tell their stories with the protection of confidentiality, yet were prepared to discuss their experience in depth and to reveal their vulnerability by so doing. They have also acknowledged a realistic picture of being a solo parent, and the less acknowledged but obvious difficulties of going it alone. Some of the concerns the women divulged may give pause for thought to single women contemplating this path. The story of this group of SMC will broaden the understanding of the issues confronting those who would become single mothers by choice.
It is hoped that single women now considering the path of single motherhood through donor conception will be inspired by these stories as I was, and may learn from those who have gone before them. Although their challenges may be different, they will no doubt benefit from hearing other women's strategies in areas such as talking to children about donor conception.

Further discussion of the difficulties confronting this group of single mothers by choice will be of interest to the wider cohort of single women. It may be of particular benefit to those women who are less likely to join online or face to face support groups. They will be able to gain information on pertinent issues they might encounter on the journey to motherhood. In the future single women may feel less constrained by concerns about selecting donors knowing that anonymity is no longer sanctioned in Australia.

As for future research, one worthwhile topic would be a focus on the SMC practice of building relationships between families linked by a common donor. Five of the participants in this study had some contact with other families using the same donor, and it is likely this practice will increase if legislation allows for it. This research has also highlighted that the experience of SMC in talking to children about the family type varied across the sample. Those with younger children indicated an initial hesitancy and even dismay in their first discussions with children, while those with older children showed more comfort and had developed a range of strategies and family narratives to use

in everyday life. It is surmised that there are stages of comfort and expertise in parenting in the context of donor conception. Longitudinal research may well investigate the development of stages relating to such issues for SMC, by studying their experiences in the early years and then again when children are older. Additionally, the sample of single mothers in this thesis included families with children up to twelve years of age. A third topic for future research could be on the experiences of SMC with adolescents and young adults, to uncover issues emerging for families at this developmental stage.

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It has been a delight to meet with this group of single mothers by choice, to hear their stories and to see their outlook on the SMC family. The perseverance of women as they overcame difficulties with access to fertility services was inspiring. To hear how women persisted in the face of grief over missed opportunities, miscarriages, or problems with conceiving was moving. Additionally, the strong voices of the women volunteering for this study add a powerful influence on the view of the single mother by choice group.

REFERENCES

Adair, V. A. and A. Purdie (1996). "Donor insemination programmes with personal donors: Issues of secrecy." Human Reproduction **11**(11): 2558-2563.

AIHW National Perinatal Statistics Unit. (2007). "Australian Mothers and Babies 2007." Retrieved 25.02.2010, from http://www.preru.unsw.edu.au/PRERUWeb.nsf/page/ps23.

Anderson, C. M., S. Stewart, et al. (1994). Flying Solo: Single Women in Midlife, W. W. Norton & Company.

Andrews, M., C. Squire, et al., Eds. (2008). Doing Narrative Research, Sage Publications

Australian Bureau of Statistics (2008). Trends in National Fertility Rates. Catalogue 3301.0 Australian Bureau of Statistics Canberra.

Basit, T. V. (2003). "Manual or Electronic? The role of coding in qualitative data analysis." Educational Research **45**(2): 143-154.

Bell, K. (2006). "An Overview of Assisted Reproduction in Australia and Directions for Social Research." Australian Journal of Emerging Technologies and Society **4**(1): 15-27.

Ben-Ari, A. and G. Weinburg-Kurnik (2007). "The Dialectics Between the Personal and the Interpersonal in the Experiences of Adoptive Single Mothers by Choice." Sex Roles **56** 823-833.

Benady, S. (2004). Solo moms do fine with donor-inseminated kids. Medical Post. **40:** 41.

Bennett, B. (2000). "Reproductive Technology, Public Policy and Single Motherhood." Sydney Law Review **22**(4): 625-635.

Blyth, E., M. Crawshaw, et al. (2001). "The implications of adoption for donor offspring following donor-assisted conception." Child & Family Social Work **6**(4): 2995-2304.

Blyth, E. and L. Frith (2009). " Donor conceived people's access to genetic and biographical history: an analysis of provisions in different jurisdictions permitting disclosure of donor identity." International Journal of Law, Policy & the Family **23**(2): 174-191.

Blyth, E., D. Langridge, et al. (2010). "Family building in donor conception: parents' experiences of sharing information." Journal of Reproductive and Infant Psychology **28**(2): 116-127.

Bock, J. D. (2000). "Doing the right thing? Single mothers by choice and the struggle for legitimacy." Gender & Society **14**(1): 62-86.

Boivin, J., F. Rice, et al. (2009). "Associations between maternal older age, family environment and parent and child wellbeing in families using assisted reproductive techniques to conceive " Social Science & Medicine **68**: 1948-1955.

Bouma, G. D. (2000). The Research Process, Oxford University Press.

Brannen, J. and A. Nilsen (2005). "Individualisation, choice and structure: a discussion of sociological analysis." The Sociological Review: 412-428.

Brewaeys, A., J. K. de Bruyn, et al. (2005). "Anonymous or identity-registered sperm donors? A study of Dutch recipients' choices." Human Reproduction **20**(3): 820-824.

Bryman, A. (2008). Social Research Methods, Oxford University Press.

Cannold, L. (2000). Who's crying now? Chosen childlessness, circumstantial childlessness and the irrationality of motherhood, Dept. of Learning and Educational Development. University of Melbourne. PhD Diss.

Cannold, L. (2005). What, no baby? Why women are losing the freedom to mother, and how they can get it back, Curtin University Books.

Carmichael, G. A. and A. Whittaker (2007). "Choice and circumstance: Qualitative insights into contemporary childlessness in Australia " Eur J Population **23**: 111-143.

Chan, R. W., B. Raboy, et al. (1998). "Psychosocial adjustment among children conceived via donor insemination by lesbian and heterosexual mothers." Child Development **69**(2): 443-457.

Charmaz, K. (2006). Constructing grounded theory : a practical guide through qualitative analysis Sage Publications.

Cherlin, A. J. (2009). "The Origins of the Ambivalent Acceptance of Divorce." Journal of Marriage and Family **71**(2): 226-229.

Coffey, A. and P. Atkinson (1996). Making Sense of Qualitative Data: Complementary Research Strategies, Sage Publications.

Cohen, J. (2005). Secrets of the Fathers: donor-conceived children battle a secret system in the search for their biological fathers. Four Corners. ABC Australia. 24 Oct 2005.

Colpin, H. and G. Bossaert (2008). "Adolescents conceived by IVF: parenting and psychosocial adjustment." Human Reproduction **23**(12): 2724-2730.

Connelly, F. M. and D. J. Clandinin (1990). "Stories of Experience and Narrative Inquiry." Educational Researcher **19**(5): 2-14.

Cook, R., S. Golombok, et al. (1995). "Disclosure of donor insemination: Parental Attitudes." American Journal of Orthopsychiatry **65**(4).

Crawford, M. and J. Marecek (1989). "Feminist Theory, Feminist Psychology: A Bibliography of Epistemology, Critical Analysis, and Applications." Psychology of Women Quarterly **13**: 477-491.

Creswell, J. W. (2003). Research design: Qualitative, quantitative, and mixed method approaches, Sage Publications.

D.C.S.G., Ed. (1997). Let the Offspring Speak.

Daniels, K. (2007). "Anonymity and openness and the recruitment of gamete donors. Part I: semen donors." Human Fertility **10**(3): 151 - 158.

Daniels, K., P. Thorn, et al. (2007). "Confidence in the use of donor insemination: an evaluation of the impact of participating in a group preparation programme." Human Fertility **10**(1): 13 - 20.

Daniels, K. R. (2004). Building a Family with the assistance of donor insemination, Dunmore Press.

Daniels, K. R., G. M. Lewis, et al. (1997). "Information Sharing in Semen Donation: The Views of Donors." Soc. Sci. Med. **44**(5): 673-680.

Daniels, K. R. and K. Taylor (1993). "Secrecy and Openness in Donor Insemination." Politics and the Life Sciences **12**(2): 15-170.

Daniels, K. R. and P. Thorn (2001). "Sharing information with donor insemination offspring." Human Reproduction **16**(9): 1792.

Davies, L. and P. Rains (1995). "Single Mothers by Choice?" Families in Society **76**(9): 543-550.

De Vaus, D., L. Qu, et al. (2003). "Changing patterns of partnering." Family Matters **no 64**: pp 10-15.

Dempsey, D. (2008). "ART eligibility for lesbians and single heterosexual women in Victoria: how medicalisation influenced a political, legal and policy debate. " Health Sociology Review **v.17**(no.3): 267-279

Department of Human Services, S. A. (2009) "Reproductive Technology Legislation and Regulation in SA."

Egan, J. (2006). Wanted: A Few Good Sperm. The New York Times. 19 March 2006.

ESHRE Capri Workshop Group (2005). "Fertility and ageing." Hum Reprod Update **11** (3): 261-276.

ESHRE Capri Workshop Group (2009). "Intrauterine insemination." Hum Reprod Update **15**: 265-277.

Feast, J. (2003). Donor-assisted conception: what can we learn from adoption? Assisted Human Reproduction:Psychological and Ethical Dilemmas. D. Singer and M. Hunter. London, Wharr Publishers.

Ferguson, F. I. (1999). Kin Keepers and Gatekeepers: Kinship and Family Identity Among Single Mothers by Choice. The Faculty of the Graduate School of Arts and Sciences, Brandeis University - Sociology. Dissertation.

Fill, S. K. (2002). Single mothers by choice: An exploratory study, Dept of Social Work. California State University**:** MSW Dissertation.

Freedman, M. (2008). Women are looking for standing ovation as curtains threaten to close on fertility. The Sun-Herald. 16 March 2008.

Gatens, M., Ed. (1998). Feminist Ethics. The International Research Library of Philosophy, Dartmouth Publishing Company Limited.

Gillespie, R. (2001). "Contextualizing voluntary childlessness within a postmodern model of reproduction: implications for health and social needs." Critical Social Policy **21**(2): 139-159.

Gilligan, C. (1982). In a Different Voice, Harvard University Press.

Godman, K. M., K. Sanders, et al. (2006). "Potential Sperm Donors', recipients' and their partners' opinions towards the release of identifying information in Western Australia." Human Reproduction **21**(11): 3022-3026.

Golombok, S. (2000). Parenting: What really counts? London, Routledge.

Golombok, S. (2004). "Solo mothers: quality of parenting and child development." International Congress Series (1266): 256-263.

Golombok, S. and S. Badger (2010). "Children raised in mother-headed families from infancy: a follow-up of lesbian and single heterosexual mothers, at early adulthood." Human Reproduction **25**(1): 150-157.

Golombok, S., A. Brewaeys, et al. (2002). "The European study of assisted reproduction families: the transition to adolescence." Human Reproduction **17**(3): 830.

Golombok, S. and F. MacCallum (2003). "Practitioner Review: Outcomes for parents and children following non-traditional conception: what do clinicians need to know?" Journal of Child Psychology and Psychiatry and Allied Disciplines. **44**(3): 303-315.

Golombok, S. and F. MacCallum (2004). "Children raised in fatherless families from infancy: a follow-up of children of lesbian and single heterosexual mothers at early adolescence." Journal of Child Psychology and Psychiatry **45**(8): 1407-1419.

Golombok, S., F. MacCallum, et al. (2002). "Families with children conceived by donor insemination: a follow up at age twelve." Child Development **73**(3).

Golombok, S., C. Murray, et al. (1999). "Social versus Biological Parenting: Family Functioning and the Socioemotional Development of Children Conceived by Egg or Sperm Donation." Journal of Child Psychology and Psychiatry and Allied Disciplines **40**(4): 519-527.

Golombok, S., F. Tasker, et al. (1997). "Children raised in fatherless families from infancy: family relationships, and the socioemotional development of children of lesbian and single heterosexual mothers." Journal of Child Psychology and Psychiatry and Allied Disciplines **38**(7): 783-789.

Goodchild, S. and M. Woolf (2006). Sperm and the single girl. Independent on Sunday. 5 March 2006.

Goren, L. J., Ed. (2009). You've come a long way, baby: women, politics, and popular culture, The University Press of Kentucky.

Gottlieb, C., O. Lalos, et al. (2000). "Disclosure of donor insemination to the child: the impact of Swedish legislation on couples' attitudes." Human Reproduction **15**(9): 2052.

Government of South Australia. (2007). "Reproductive Technology and Legislation in SA." from http://www.dh.sa.gov.au/

Hamington, M. and D. C. Miller, Eds. (2006). Socializing Care: Feminist Ethics and Public Issues. Feminist Constructions, Rowan & Littlefield.

Hammarberg, K, J. R. W. Fisher, et al. (2008). "Psychological and social aspects of pregnancy, childbirth and early parenting after assisted conception: a systematic review." Hum Reprod Update **14**: 395-414.

Hanson, F. A. (2001). "Donor insemination: Eugenic and feminist implications." Medical Anthropology Quarterly **15**(3): 287.

Hanson, F. A. (2001). "Donor insemination: Eugenic and feminist implications." Medical Anthropology Quarterly **15**(3): 287-311.

Hargreaves, K. (2001). Constructing families through donor insemination. Department of Sociology, University of Canterbury. Phd.Diss.

Hekman, S. J. (1995). Moral Voices, Moral Selves: Carol Gilligan and Feminist Moral Theory, Polity Press.

Held, V., Ed. (1995). Justice and Care. Essential Readings in Feminist Ethics, Westfield Press.

Held, V. (2006). The Ethics of Care: Personal, Political and Global. Oxford University Press.

Hertz, R. (2002). "The Father as an Idea: A Challenge to Kinship Boundaries by Single Mothers." Symbolic Interaction **25**(1): 1-31.

Hertz, R. and F. Ferguson (1997). "Kinship Strategies and Self-Sufficiency Among Single Mothers by Choice: Post Modern Family Ties." Qualitative Sociology **Vol. 20**(2): p187- 209.

Hird, M. J. and K. Abshoff (2000). "Women without Children: A Contradiction in Terms?" Journal of Comparative Family Studies **31** (3): 347.

Jadva, V., S. Badger, et al. (2009). "'Mom by choice, single by life's circumstance...' Findings from a large scale survey of the experiences of single mothers by choice." Human Fertility **12**(4): 175-184.

Jadva, V., T. Freeman, et al. (2009). "The experiences of adolescents and adults conceived by sperm donation: comparisons by age of disclosure and family type." Hum. Reprod. **1**(1): 1-11.

Jones, S. (2008). "Exercising Agency, Becoming a Single Mother." Marriage & Family Review **42**(4): 35.

Kanuha, V. K. (2000). "Being" native versus "going native": Conducting social work research as an insider." Social Work **45**(5): 9.

Kirkman, M. (2003). "Parents' contributions to the narrative identity of offspring of donor-assisted conception." Social Science & Medicine **Volume 57**(Issue 11): 2229-2242.

Kirkman, M. (2004). "Saviours and Satyrs: ambivalence in narrative meanings of sperm provision." Culture Health and Sexuality **6**(4): 319 - 334

Kirkman, M., D. Rosenthal, et al. (2007). "Families working it out: adolescents' views on communicating about donor-assisted conception." Hum. Reprod. **22**(8): 2318-2324.

Kittay, E. F. and D. T. Meyers, Eds. (1987). Women and Moral Theory, Rowman & Littlefield.

Kovacs, G. T., G. Morgan, et al. (2003). "Community attitudes to assisted reproductive technology: a 20-year trend." Medical Journal of Australia **179**: 536-538.

Lalos, A., C. Gottlieb, et al. (2007). "Legislated right for donor-insemination children to know their genetic origin: a study of parental thinking." Human Reproduction **Vol.22**(No.6): 1759-1768.

Landau, R. (1998). "Secrecy, anonymity and deception in donor insemination: a genetic, psycho-social and ethical critique." Social Work in Health Care. **28**(1): 75--89.

Landau, R. and R. Weissenberg (2010). "Disclosure of donor conception in single-mother families: views and concerns." Human Reproduction **25**(4): 942-948.

Landau, R., R. Weissenberg, et al. (2008). "A child of "hers": older single mothers and their children conceived through IVF with both egg and sperm donation." Fertility and Sterility **90**(3): 576-583.

Lang, D. (2000). Donor insemination: A longitudinal study of single mothers and issues of disclosure, University of Northern Colorado**:** Dissertation.

LaSala, M. (2003). When Interviewing "Family": Maximising the Insider Advantage in the Qualitative Study of Lesbians and Gay Men Research Methods with Gay, Lesbian, Bisexual and Transgender Populations. W. Meezan and J. Martin, Harrington Park Press.

Lasker, J. N. (1993). "Doctors and Donors: A comment on Secrecy and Openness in Donor Insemination." Politics and the Life Sciences. 12 (2).

Lasker, J. N. (1998). The users of donor insemination. Donor Insemination: International Social Science Perspectives. E. Haimes and K. Daniels, Cambridge University Press.

LeBlanc, C. L. (2001). Retrospective attachment, adult security, and psychological development in single mothers by choice: A comparative study, Fielding Graduate Institute**:** Diss.

Legal and Constitutional Affairs References Committee (2011). Donor conception practices in Australia. The Senate, Commonwealth of Australia.

Leiblum, S., M. G. Palmer, et al. (1995). "Non-traditional mothers: single heterosexual/lesbian women and lesbian couples electing motherhood via donor insemination." Journal of Psychosomatic Obstetrics and Gynecology **16**: 11-20.

Letherby, G. (2002). "Childless and Bereft?: Stereotypes and Realities in Relation to 'Voluntary' and 'Involuntary' Childlessness and Womanhood." Journal of Sociological Inquiry **72**(1): 7-20.

Levy-Shiff, R., E. Vakil, et al. (1998). "Medical, Cognitive, Emotional, and Behavioral Outcomes in School-Age Children Conceived by In-Vitro Fertilization." Journal of Clinical Child Psychology **27**(3): 320-329.

Lieblich, A., R. Tuval-Mashiach, et al. (1998). Narrative Research: Reading, Analysis, and Interpretation, Sage Publications.

Lindman, L. S. (1998). Family Structure, Parenting Style, and other factors in relation to healthy child adjustment. The Department of Psychology, University of South Alabama**:** Diss.

Linn, R. (1991). "Mature Unwed Mothers in Israel: Socio-moral and Psychological Dilemmas." Lifestyles: Family and Economics Issues **12**(2): 145-170.

Loewenberg, F. and R. Dolgoff (1992). Ethical Decisions for Social Work Practice, F.E. Peacock Publishers.

Lorbach, C. (2003). Experiences of Donor Conception. London and Philadelphia, Jessica Kingsley Publishers Ltd.

Lumby, C. (1997). Women who go it alone. Sydney Morning Herald. 9 May 1997.

Macartney, B. (2005). "Opportunities and challenges of being both researcher and coparticipant in openly ideological, emancipatory research." Qualitative Research Journal **5**(2): 58-76.

MacDougall, K., G. Becker, et al. (2007). "Strategies for disclosure: how parents approach telling their children that they were conceived with donor gametes." Fertility and Sterility **87**(3): 524-533.

Mahlstedt, P. P., K. LaBounty, et al. (2010). "The views of adult offspring of sperm donation: essential feedback for the development of ethical guidelines within the practice of assisted reproductive technology." Fertility and Sterility **93**(7).2236-2245.

Mannis, V. S. (1999). "Single mothers by choice." Family Relations **48**(2): 121-128.

Mason, J. (2002). Qualitative Researching, Sage Publications.

Mattes, J. (1994). Single Mothers By Choice: A Guidebook for Single Women Who Are Considering or Have Chosen Motherhood, Times Books.

McLanahan, S. and G. Sandefur (1994). Growing Up With a Single parent: What Hurts, What Helps. Cambridge, Harvard University Press.

McLean, S. (2004). Late Babies: having a baby after 35, Bantam.

McNair, R. (2004). Outcomes of children born of A.R.T. in a diverse range of families. Melbourne, Victorian Law Reform Commission.

Mechaneck, R., E. Klein, et al. (1987). "Single Mothers By Choice: A Family Alternative." Women & Therapy **6**(1/2): 263-281.

Merritt, S. and L. Steiner (1984). And Baby Makes Two: Motherhood without marriage, Franklin Watts.

Metherell, M. and J. Whelan. (2000). "PM fights IVF for singles." Sydney Morning Herald 02 Aug 2000.

Michaux, M. B. and L. Dunlap (2009). Baby Lit: Feminist Response to the Cult of True Motherhood. You've come a long way, baby: women, politics, and popular culture. L. J. Goren, The University Press of Kentucky.

Middelburg, K. J., M. J. Heineman, et al. (2008). "Neuromotor, cognitive, language and behavioural outcome in children born following IVF or ICSI - a systematic review." Hum Reprod Update **14**: 219-231.

Miles, M. B. and A. M. Huberman (1994). Qualitative Data Analysis, Sage Publications.

Minichiello, V., R. Aroni, et al. (1990). In-Depth Interviewing: Researching People. Melbourne, Longman Chesire.

Morrissette, M. (2005). Choosing Single Motherhood: The Thinking Woman's Guide Be-Mondo Publishing

Mundy, L. (2007). Single Mothers by Choice, and the Magazine Article That Made Them. Everything Conceivable: How the Science of Assisted Reproduction Is Changing Our World Knopf.

Murray, C. and S. Golombok (2005). "Going It Alone: Solo Mothers and Their Infants Conceived by Donor Insemination." American Journal of Orthopsychiatry. **75**(2): 242-253.

N.S.W Government (1983). Human Tissue Act. www.austlii.edu.au/au/legis/nsw/consol_**act**/hta**1983**160/

Nachtigall, R. D., G. Becker, et al. (1998). "The disclosure decision: Concerns and issues of parents of children conceived through donor insemination." American Journal of Obstetrics and Gynaecology. 178(6) 1165-1170.

Nachtigall, R. D., J. M. Tschann, et al. (1997). "Stigma, disclosure, and family functioning among parents of children conceived through donor insemination." Fertility and Sterility **68**(1): 83-89.

Neuman, W. L. (2006). Social Research Methods: qualitative and quantitative approaches, Pearson International Edition.

Offord, J., A. Mays, et al. (1991). My Story, Sheffield, Infertility Research Trust.

Olesen, V. (1998). Feminism and Models of Qualitative Research. Strategies of Qualitative Inquiry. N. Denzin and Y. Lincoln**:** 158-171.

Olivennes, F., R. Fanchin, et al. (2002). "Perinatal outcome and developmental studies on children born after IVF." Hum Reprod Update **8**(2): 117-128.

Owen, L. and S. Golombok (2009). "Families created by assisted reproduction: Parent-child relationships in late adolescence." Journal of Adolescence **32**(4): 835-848.

Padgett, D. K. (1998). Qualitative Methods in Social Work Research: Challenges and Rewards.

Park, K. (2002). "Stigma management among the voluntarily childless." Sociological Perspectives **45**(1): 21-45.

Park, K. (2005). "Choosing Childlessness: Weber's Typology of Action and Motives of the Voluntarily Childless." Journal of Sociological Inquiry **75**(3): 372–402.

Paul, M. S. and R. Berger (2007). "Topic avoidance and family functioning in families conceived with donor insemination." Hum. Reprod. **22**(9): 2566-2571.

Peterson, M. M. (2005). "Assisted reproductive technologies and equity of access issues." Journal of Medical Ethics (31): 280-285.

Porter, D. (1997). "The Regulation of In-Vitro Fertilisation: Social Norms and Discrimination." MurUJELaw 4: (3)

Potter, A. E. and P. K. Knaub (1988). "Single Motherhood by Choice: A Parenting Alternative." Lifestyles: Family and Economics Issues **9**(3): 240-249.

Primakoff, L. (1988). "Solo Pioneers: Single-Minded Rationality." Journal of Rational-Emotive and Cognitive-Behavior Therapy **6**(1): 66-80.

Punch, K. (2009). Introduction to research methods in education Los Angeles; London, Sage.

Raboy, B. (1993). "Secrecy and Openness in Donor Insemination: A New Paradigm." Politics and the Life Sciences **12**(2): 191-192.

Renvoise, J. (1985). Going Solo: Single mothers by choice, Routledge & Kegan Paul.

Reynolds, J., M. Wetherell, et al. (2007). Choice and chance: negotiating agency in narratives of singleness.(Author abstract). The Sociological Review. **55**(2**):** 331.

Rickard, M. (2001). Is it Medically Legitimate to Provide Assisted Reproductive Treatments to Fertile Lesbians and Single Women? Information and Research Services. Social Policy Group, Commonwealth of Australia.

Rodriguez, C. (2002). Baby Makes 2 a Decade Later, 'Murphy Brown' Examples On Rise. Boston Globe Newspaper**:** Oct 17, 2002.

Rosholm, R., R. Lund, et al. (2010). "Disclosure patterns of mode of conception among mothers and fathers–5-year follow-up of the Copenhagen Multi-centre Psychosocial Infertility (COMPI) cohort." Human Reproduction **25**(8): 2006-2017.

Ruddick, S. (1980). "Maternal Thinking." Feminist Studies **6**(2): 342.

Rumball, A. and V. Adair (1999). "Ethics and Society. Telling the story: parents' scripts for donor offspring." Human Reproduction **14**(5): 1392-1399.

SA Health (2011). Fertility Treatment Fact Sheet. Government of South Australia.

Sandor, D. (1997). "Children Born from Sperm Donation: Financial Support and Other Responsibilities in the Context of Discrimination." Australian Journal of Human Rights **23**.

Scheib, J. E., M. Riordan, et al. (2003). "Choosing identity-release sperm donors: the parents' perspective 13-18 years later." Human Reproduction **18**(5): 1115.

Scheib, J. E., M. Riordan, et al. (2005). "Adolescents with open-identity sperm donors: reports from 12-17 year olds." Human Reproduction **20**(1): 239-252.

Scheib, J. E. and A. Ruby (2008). "Contact among families who share a donor." Fertility and Sterility **90** (1).

Scourfield, J. (2001). Interviewing Interviewers and Knowing about Knowledge. Qualitative Research in Social Work. I. Shaw and N. Gould. Sage E book**:** 61-72.

Segal-Engelchin, D. (2008). "Fear of Intimacy and Hardiness Among Single Mothers by Choice: A Comparison to Divorced and Married Mothers." Journal of Family Social Work **11** (2): 95 - 116.

Segal-Engelchin, D. and Y. Wozner (2005). "Quality of Life of Single Mothers by Choice in Israel: A Comparison to Divorced Mothers and Married Mothers." Marriage & Family Review **37**(4): 7-28.

Seymour, A. P. J. and S. Magri (2004). ART, Surrogacy and Legal Parentage - A Comparative Legislative Review: Occasional Paper. Victorian Law Reform Commission.

Shehab, D., J. Duff, et al. (2008). "How parents whose children have been conceived with donor gametes make their disclosure decision: contexts, influences, and couple dynamics " Fertility and Sterility **89**: 179-187.

Siegel, J. M. (1995). "Looking for Mr Right? Older Single Women Who Become Mothers." Journal of Family Issues **16**(2): 194-211.

Siegel, J. M. (1995). "Voluntary Stigmatization and Social Comparison: Single mothers view their lot." Journal of Applied Social Psychology **25**(22): 1953-1972.

Siegel, J. M. (1998). "Pathways to single motherhood: sexual intercourse, adoption, and donor insemination." Families in Society: The Journal of Contemporary Human Services, **79**(1): p75.

Silverstein, L. and C. Auerbach (1999). "Deconstructing the Essential Father." American Psychologist **54**(6): 397-407.

Smith, J. L. (2003). "'Suitable Mothers': Lesbian and Single Women and the 'Unborn' in Australian Parliamentary Discourse." Critical Social Policy **23**(1), Feb): 63-68.

Smith, M. (2007). "Revisiting old ground in the light of new dilemmas: The need for Queensland to reconsider the regulation of assisted reproductive technologies." QUT Law and Justice Journal **24**.

Spector-Mersel, G. (2010). "Narrative research: Time for a paradigm." Narrative Inquiry **20**(1): 204-224.

Squire, C. (2008). Experience-centred and culturally-oriented approaches to narrative. Doing Narrative Research, Sage Publications.

Strauss, A. and J. Corbin (1998). Grounded Theory Methodology. An overview. Strategies of Qualitative Inquiry. N. Denzin and Y. Lincoln, Thousand Oaks, Sage Publications**:** 273-285.

Stuhmcke (2002). "Limiting Access to Assisted Reproduction: JM v QFG." Journal of Family Law 16 (3).

Szoke, H. (2002). "The Nanny State or Responsible Government?" Journal of Law and Medicine **9**: 470-482.

Tanggaard, L. (2009). "The Research Interview as a Dialogical Context for the Production of Social Life and Personal Narratives." Qualitative Inquiry **15** (9): 1498-1515.

Thetford, H. C. (2004). Reconceiving the Spoiled Female Identity: Childbearing and Motherhood among Women with Hepatitis C. Research School of Social Sciences. Canberra, Australian National University Doctor of Philosophy.

Tobin, J. (2004). "The Convention on the Rights of the Child: The Rights and Best Interests of Children Conceived Through Assisted Reproduction." Victorian Law Reform Commission.

Tronto, J. C. (1989). Women and Caring: What Can Feminists Learn About Morality from Caring? Justice and Care: Essential Readings in Feminist Ethics. V. Held, Westview Press.

Turner, A. J. and A. Coyle (2000). "What does it mean to be a donor offspring? The identity experiences of adults conceived by donor insemination and the implications for counselling and therapy." Human Reproduction **15**(9): 2041.

Usdansky, M. L. (2009). "A Weak Embrace: Popular and Scholarly Depictions of Single-Parent Families: 1900 – 1998." Journal of Marriage and Family **71** (2).

Van Steirteghem, A., M. Bonduelle, et al. (2002). "Follow-up of children born after ICSI." Hum Reprod Update **8**(2): 111-116.

Vanfraussen, K., I. Ponjaert-Kristoffersen, et al. (2001). "An attempt to reconstruct children's donor concept: a comparison between children's and lesbian parent's attitudes towards donor anonymity." Human Reproduction **16**(9): 2019-2025.

Vaughan, A. (2000). Single IVF Mum knew how much she could give. smh.com.au 2 Aug 2000.

Verhaak, C. M., J. M. J. Smeenk, et al. (2007). "Women's emotional adjustment to IVF: a systematic review of 25 years of research." Hum Reprod Update **13**(1): 27-36.

Victorian Law Reform Commission (2005). Access to assisted reproductive technology, donation of gametes and embryos, and posthumous use of gametes.

Weinraub, M., D. Horvath, et al. (2002). Single Parenthood. Handbook of Parenting. M. Bornstein. **3**.

Weissenberg, R., R. Landau, et al. (2007). "Older single mothers assisted by sperm donation and their children." Hum. Reprod. **22**(10): 2784-2791.

Wendland, C. L. (1995). "Donor insemination: a comparison of lesbian couples, heterosexual couples and single women." Fertility and Sterility **65**(4): 764-770.

Westmead Fertility Centre. (2009, 03 May 2009). "Frequently Asked Questions." from http://www.westmeadivf.com.au/treatment/faq.html.

Weston, R. and L. Qu (2001). Changing Patterns of Relationship Formation: Implications for fertility. Australia New Zealand Population Workshop. Canberra, Australian Institute of Family Studies.

Wheeler, J. (2005). Decision-Making Styles of Women Who Choose Not to Have Children. 9th Australian Institute of Family Studies Conference, Melbourne, AIFS.

Wilson, C. L., J. R. Fisher, et al. (2011). "Looking downstream: a review of the literature on physical and psychosocial health outcomes in adolescents and young adults who were conceived by ART." Human Reproduction **26**(5): 1209-1219.

Wood, K. A. (2001). What are the experiences of women who choose anonymous donor insemination to conceive a child?, University of Victoria (Canada). (Diss) **MSW**.

Yamine, E. (2005). Karen's IVF baby: a quest fulfilled. The Daily Telegraph. 8 Aug 2005.

Zinn, M. B. (1978). "Field Research in Minority Communities: Ethical, Methodological and Political Observations by an Insider." Social Problems **27**(2).

APPENDIX 1: ASSISTED REPRODUCTIVE TECHNOLOGY IN AUSTRALIA

This appendix outlines relevant State legislation and briefly describes any pertinent issues in States or Territories without legislation. Three tables provide current information on legislation, donor consents and access to identifying information on donors for donor conceived people. Although there is no Federal Act governing assisted reproductive technology, the National Health and Medical Research Council (NHMRC) provides "Ethical guidelines on the use of assisted reproductive technology in clinical practice and research." The guidelines, referred to as NHMRC Guidelines, have a bearing on the operations of fertility clinics whose licenses are contingent on meeting the requirements set out. The Reproductive Technology Accreditation Committee (RTAC) sets standards for clinics offering fertility services under the auspices of the Fertility Society of Australia. The Australian Health Ethics Committee (AHEC) is the principal committee through which the NHMRC issues guidelines (Legal and Constitutional Affairs References Committee 2011).

Access to States with legislation on Assisted Reproductive Technology

Access to ART in Victoria

The *Assisted Reproductive Treatment Act 2008* provides access to single women. However, there was no access for single and lesbian women to ART in Victoria prior to that time. Bennett notes that "*in mid 2000 the Australian community engaged in a national debate over access to infertility treatment services"* (Bennett 2000 p.625). The debate was initiated when a single women's access to such reproductive technology was denied. A successful legal challenge to restrictive practices occurred in July 2000 when Justice Sundberg in the Federal Court ruled that the *Infertility Treatment Act (1995)* was not able to impose a marriage requirement, as this was inconsistent with Section 22 of the *Sex Discrimination Act (1984)*. The debate continued until 2002 and resulted in controversy on a national level. The Prime Minister of Australia attempted to amend the *Sex Discrimination Act*, thus allowing its use against state laws that prohibit fertility treatment for single women and lesbians (Metherell and Whelan Sydney Morning Herald 2 August 2000). The *Sex Discrimination Amendment*

Bill was never voted on. The 2000 ruling in Victoria regarding right of access to ART was challenged unsuccessfully by the Catholic Bishops conference in the High Court in 2002 (ABC News April 18 2002).

Since then single women could access treatment but the criterion of medical infertility remained. As fertile women were unable to access donor insemination it was difficult to prove infertility. Single women in Victoria frequently travelled interstate to access ART and if attempts were unsuccessful, they could receive treatment based on medical infertility. This situation has recently been resolved with discriminatory criterion removed from the legislation and single women now having equal access to ART.

Access to ART in South Australia

A criterion for eligibility to IVF in South Australian law was that a woman be married. A legal challenge by a single woman, Gail Pearce, in 1996 regarding the inconsistency between the Reproductive Technology (Clinical Practices) Act (SA) and the Federal Sex Discrimination Act ruled that *"the marital status requirements were invalid and should not apply"* (Sandor 1997). The *Assisted Reproductive Treatment Act (1988)* has since been amended and the criterion of marriage or a de facto relationship no longer applies. However, medical infertility remains a criterion for accessing IVF. An eligibility fact sheet indicates that single women need to provide proof of infertility in the form of a referral from the local doctor to access IVF (Government of South Australia 2007). A Health Department fact sheet also defines infertility as follows: *"This usually means 12 months of unprotected intercourse or an inability to carry a pregnancy to term"* (SA Health 2011).

Access to ART in Western Australia

In Western Australia access to artificial insemination was permitted to single and lesbian women, while access to IVF was prohibited under the *Human Reproductive Technology Act 1991.* This was amended in 2002 in accordance with the *Acts Amendments (Lesbian and Gay Law Reform) Act (2002)* which stated:

> *"Single women, lesbian couples and couples with male factor infertility issues can use donor sperm and access artificial insemination to attempt to achieve a pregnancy, under the direction of a licensee."*

Effectively this gives single women who are infertile eligibility for IVF. The Reproductive Technology Council of Western Australia provides information to consumers of ART which states that *"IVF is accessible in cases where a woman or a couple is unable to conceive due to medical reasons."*

Access to ART in NSW

The Human Tissue Act (N.S.W Government 1983) provided guidelines for medical suitability of donors in NSW. Although access to services for single women was not restricted through legislation in NSW, single women were often refused serviced by fertility clinics. The *Assisted Reproductive Technology Act* 2007 *(NSW)*, proclaimed in 2010, does not specify a criterion for marriage or medical infertility to access ART. In this sense it leaves decisions to the fertility services that conform to the NHMRC guidelines. NSW clinics are also influenced by legal precedents in other states regarding discriminatory practices. The *Assisted Reproductive Technology Act (2007)* requires consent procedures to be conducted by counsellors attached to clinics, and has guidelines regarding the registration of information on donors.

States and Territories without legislation

Unlegislated States and Territories follow the NHMRC Ethical Guidelines on Assisted Reproductive Technology 1996 and the Fertility Society of Australia's Reproductive Technology Accreditation Committee's Code of Practice. As stated before, the Guidelines do not currently provide recommendations on issues of access to ART although there was originally a reference to an accepted family. In some States single women have access to ART, while other States have the *"requirement that clients be infertile to access infertility treatment"* (SA Govt 2007).

Fertility clinics in unregulated States, both private and public, may present themselves as unfriendly to single women. For example, in 2009 a Sydney Fertility Clinic has a statement on their website reflecting their attitude to single and lesbian women.

> *"Mostly WFC treats married or de facto couples as we concur with majority community opinion that this is in the best interests of the potential child. However, we recognise under Commonwealth anti-discrimination regulation single women cannot be refused treatment"* (Dempsey 2008; Westmead Fertility Centre 2009).

Access to ART in Queensland

Queensland is dependent on the NHMRC Ethical Guidelines on Assisted Reproductive Technology in the absence of State legislation. In areas where the guidelines have been silent, such as in this area of access, the clinics have developed their own policies (Department of Human Services 2009). This approach allows for inconsistencies between clinics, hence single women must first approach a fertility specialist to ascertain whether ART services will be provided.

In the mid nineties a lesbian woman, JM, claimed she was denied access because of her sexuality. An initial finding of discrimination was overturned, with the court ruling that there was a necessity for medical infertility. The Anti-Discrimination Tribunal held that the doctor had denied treatment on the basis that the woman was fertile rather than because she was a lesbian (Smith 2007 p6). In effect the Queensland Supreme Court decision rejected social infertility as a basis for access to ART , instead focussing on the need to treat infertility in an acceptable sexual partnership (Stuhmcke 2002).

Access to ART in Australian Capital Territory and Tasmania

As for Queensland the Australian Capital Territory and Tasmania follows the NHMRC Guidelines for ART practices. Fertility clinics provide access to single and lesbian women. Single women from Victoria travelled to the ACT or to Tasmania for ART treatments.

Access to ART in Northern Territory

ART services in Northern Territory were provided by South Australian clinicians and operate under guidelines consistent with South Australian legislation. However, access was denied for single women in the Northern Territory as it was "deemed that legislation regarding reproductive technology is exempt from their Sex Discrimination Act." Single women currently travel interstate for treatment.

Tables on Australian Legislation

The tables in the following pages outline both current and recent legislations on assisted reproductive technology within Australia. State legislation has more bearing on the issue of access despite the role of the Federal Government in the debate on access to IVF in 2000.

Information within these tables is based on material provided by the Reference Committee publication on “Donor conception practices in Australia” (Legal and Constitutional Affairs References Committee 2011)

Table 1: Legislation around Australia

STATE	LEGISLATION
NSW	• Human Tissue Act 1983 • The Assisted Reproductive Technology • Act 2007 (NSW)
Victoria	• Infertility Treatment Act 1995 • The Assisted Reproductive Treatment Act 2008 (Vic)
Queensland	• NHMRC Guidelines
South Australia	• Reproductive Technology (Clinical Practices) Act 1988 (SA) • Reproductive Technology (code of ethical clinical practice) Regulations 1995 • Amendment of name to Assisted Reproductive Treatment Act 1988
Western Australia	• Human Reproductive Technology Act 1991 & The Acts Amendment (Lesbian & Gay Law Reform) Bill 2001 • Human Reproductive Technology Amendment Bill 2007
Aust Capital Territory	• NHMRC Guidelines
Tasmania	• NHMRC Guidelines
Northern Territory	• SA Legislation used as a guide

Table 2: Access to ART services

STATE	ACCESS TO ART SERVICES
NSW	• Access is possible by single women. • Individual clinics' guidelines. • Legislation does not impose eligibility criteria for accessing ART.
Victoria	• Since 2000 women, regardless of their relationship status, can access treatment. • The requirement for medical infertility remains??
Queensland	• Individual clinics have their own policies relating to access.
South Australia	• Since the Pearce judgement in • 1996 the RTA is interpreted • under the Commonwealth Sex • Discrimination Act. Hence single women can access treatments. • The requirement for infertility remains. • ART is not to be used to extend a woman's natural reproductive life.
Western Australia	• Access to ART allowed for infertile people regardless of their marital status. • Infertility is not a requirement to access donor insemination. • Age cannot be the sole reason for treatment.
Aust Capital Territory	• Access by single women is possible. • Individual clinic guidelines.
Tasmania	• Access to ART by to single women is possible.
Northern Territory	• Access by married and de facto couples only. • (Exempt from NT Sex Discrimination Act)

Table 3: Access to identifiable donors

Since 2005 the NHMRC Guidelines recommend that all donors consent to identity release to offspring at 18 years. All states are meant to comply with these guidelines.

STATE	ACCESS TO IDENTIFIABLE DONORS
NSW	• Donor's details kept as medical records by clinics prior to **1995**. • ART (2007) has a central register with a voluntary register for those conceived prior to 2010
Victoria	• Access to identifiable donors from 1998 via Infertility Treatment Authority (ITA) which has been replaced with the Victorian Assisted Reproductive Technology Authority (VARTA) • A voluntary register exists for donations prior to 1998.
Queensland	• Donor's details kept as medical records by clinics prior to **1995**.
South Australia	• Prior to 2004 offspring had access to non-identifying information about the donors once they reach 16 years. Identifying information about donors can be released with the consent of the donor. Prospective parents receive non-identifying information at the time of donation. • Since 2010 the Minister empowered to establish a donor conception register
Western Australia	• A Voluntary Register was established in 2003 to enable non identifying information to be released to offspring aged 16. From December 2004 donor conceived persons at 16 have access to donor identifying information provided they have undertaken approved counselling.
Aust Capital Territory	• Donor's details kept as medical records by clinics prior to **1995**.
Tasmania	• Donor's details kept as medical records by clinics prior to **1995**.
Northern Territory	• Donor's details kept as medical records by clinics prior to **1995**.

APPENDIX 2 - ADVERTISEMENT

Volunteers Needed for Research

Volunteers are required for a study on the experiences of single heterosexual mothers who have used donor insemination or donor gametes to create a family. It is hoped that such research will increase appreciation of single mothers' decisions, and perceptions of their family life. Although there will be no direct benefit to participants, the research findings may assist others who have used donor conception, or those contemplating such a path. Mothers with children of all ages are invited to respond.

Volunteers will participate in a 1-2 hour interview in the first instance and may then be invited to take part in a focus group to be organised at some time in the future. Identifying information will be kept strictly confidential.

If you are interested in contributing to this study please contact Cheryl Fletcher, a PhD student at the University of New South Wales, on (02) 9569 1436 to obtain a copy of information on the study. Alternatively, you may email me. If you decide to volunteer you will be contacted to arrange an interview at your convenience. The researcher is planning to travel to Canberra, Melbourne, Adelaide and Perth over the next 6 months.

APPENDIX 3 – CONSENT FORMS

THE UNIVERSITY OF
NEW SOUTH WALES
SYDNEY • AUSTRALIA

Approval No: HREC 05174

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM

Single mothers through donor conception

You _____ are invited to participate in a study of single heterosexual women who have chosen donor conception to become mothers. We, Cheryl Fletcher and Jan Breckenridge, hope to learn about the satisfactions and experiences of women who have used the path of donor conception to create their family. You were selected as a possible participant in this study because you are a single heterosexual woman who successfully used donor gametes to become a mother.

If you decide to participate, we will ask you to talk about your decision to become a single mother using donor conception, and your consequent experiences as a single mother. Cheryl Fletcher will conduct this interview, and with your permission, the interview will be audio taped. It is expected that interviews will last 1-2 hours. All identifying information will be deleted from the transcripts. A transcript will be sent to you so that you can check its accuracy. At a later date you may be asked to participate in a focus group. Participation in the focus group will be entirely voluntary.

Risks to you are minimal, although you may be prompted to think about issues that may or may not be clear for you. Although it is most likely that you will have thought about the focus of the interview, it is possible that the discussion may introduce new ideas or stimulate further thought in this subject area. If you experience any discomfort you will be offered a referral to an appropriate counsellor.

We cannot and do not guarantee or promise that you will receive any benefits from this study. However, we hope that an increased understanding of single mothers by choice decisions and experiences will be helpful to the Donor Conception community, and to professionals or policy makers who have interest in this area.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential, and will be disclosed only with your permission, except as required by law. If you give us your permission by signing this document, we plan to publish the results in a PhD thesis and in journals, and to furnish a summary of the results to participants and to the Donor Conception Support Group, to be accessible to members of that group. In any publication, information will be provided in such a way that you cannot be identified.

Complaints may be directed to the Ethics Secretariat, The University of New South Wales, SYDNEY 2052 AUSTRALIA (phone 9385 4234, fax 9385 6648, email ethics.sec@unsw.edu.au). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

Your decision whether or not to participate will not prejudice your future relations with The University of New South Wales. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

If you have any questions, please feel free to ask us. If you have any additional questions later, Cheryl Fletcher 0418 457802 or Jan Breckenridge (02) 9385 1863, will be happy to answer them.

You will be given a copy of this form to keep.

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM (continued)

Single mothers through donor conception

You are making a decision whether or not to participate. Your signature indicates that, having read the Participant Information Statement, you have decided to take part in the study.

…… ……

Signature of Research Participant Signature of Witness

…… ……

(Please PRINT name) (Please PRINT name)

…… ……

Date Nature of Witness

……

Signature(s) of Investigator(s)

……

Please PRINT Name

REVOCATION OF CONSENT

Single mothers who have chosen donor conception

I hereby wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with The University of New South Wales, or the Donor Conception Support Group.

…… ……

Signature Date

……

Please PRINT Name

The section for Revocation of Consent should be forwarded to Jan Breckenridge, School of Social Work, Level 15, Matthews Building, The University of New South Wales. NSW 2052

APPENDIX 4 – INTERVIEW QUESTIONS

Interview schedule

Interview No: ___ Date: _____

1. Have you always wanted to have children? What were your thoughts at that time (earlier in life) about how you would have children? Prompt - did you have dreams about what it would be like when you had a family? At what point did a change in your thinking occur about what you would like?

2. Can you tell me about that time when you were making the decision to parent alone? Were other people involved in your decision-making? Did previous life circumstances influence you?

3. What was it like to be choosing to parent as a single mother?

4. How do you think other people (work, friends, family, etc) understand, and support your decision to parent alone? Are other people's attitudes likely to become more relevant at any particular time? When do you expect you will need the most support?

5. Are you aware of any media reports that describe or discuss issues for single women accessing donor conception? What are they? Do you agree with their descriptions/comments? How are you personally affected by these reports? What about as a parent?

6. In social situations have comments been made about your family situation – what has been said and how has that affected you? What about attitudes of professionals?

7. How and why did you decide on donor conception? Were other options considered, tried? Once the decision was made, what was it like to become a mother through donor conception? How open were you able to be about your singleness during the pregnancy? And the method of conception?

8. Regarding the donor. If a choice was available, can you describe how you chose the donor? What is the current situation in relation to the donor - access to information or contact? How satisfied are you with this? Explain. How would you like the relationship or situation with the donor to progress? This could be how you plan to discuss him or how he is included in your life. Have you received any support/counselling for this?

9. Your child What do you think you will do in relation to 'the daddy issue'? Do you plan to talk about donor conception? How and when? Have you considered how you will talk about the donor? Are there any ages where you think this will be more or less of an issue?

For those with older children How did you handle the 'daddy' issue when your child was younger i.e. no father in the family? Have you talked about the method of conception? If so, how? What has it been like for your child having a donor rather than a father? In what way do you talk about the donor now? Do you believe there is any stage in your child's life where issues around your family type will be more pressing or challenging?

10. Do you believe there is any stage or age in your child's life where issues around your family type will be more pressing or challenging?

11. Do you explain your single status to others? How do others respond to this? Do you anticipate that your openness or privacy about this will change over time? How is the donor identified (if at all) in your wider family and social network?

12. Looking back to your original comments about what you would have wanted as a mother, you said that …… Is there a difference between your ideas then and your experience now?

13. What are your beliefs about the benefits and/or disadvantages of donor conception for single women and their children? Have these beliefs changed over time? (Only if negative - Would you become a single mother again? Would you choose donor conception again?)

14. What advice would you give to other women considering this path?

15. Why did you volunteer for this research?

APPENDIX 5 – TABLES ON DEMOGRAPHICS

Table 1- Location of participants in Australia

(N=24)

Location	Number
Western Australia	7
New South Wales	6
Victoria	5
South Australia	3
Australian Capital Territory	2
Queensland	1

Table 2 - Highest educational level attained

(N=24)

Education level attained	Number
Lower high school	1
Senior high school	1
Certificate/Diploma	5
Graduate	7
Post-Graduate	10

Table 3 - Employment

(N=24)

Employment category	Number
Medicine	2
Nursing	2
Education	4
Other Professional	2
Marketing	3
Policy	2
Public Servant	2
Administrative	4
Self employed	1
Management	2

Table 4 - Relationship history prior to donor conception (N=24)

Relationship history	Number
Divorced	5
De facto	5
Serious or long term	7
Short term or not serious	7

Table 5 - Age of mother when first donor conceived child was born

(N=24)

Age	29	35	36	37	38	39	40	41	43	47	49
No	1	1	2	3	2	4	4	4	1	1	1

Table 6 - Age of children

(N=32)

Age	0	1	2	3	4	5	6	7	8	9	10	11	12
No	5	2	4	6	4	2	2	4	1	0	0	1	1

Table 7 - Type of conception

Procedure	Number
Donor insemination	13
IVF	11

Table 8 - Status of donor consent

(N=24)

Donor consent	Number
Anonymous	13
Anonymous but willing to be Identified	7
Legal consent to identity release	2
Known donor	2