ORIGINAL ARTICLE

Helping parents to tell their children about the use of donor insemination (DI) and determining their opinions about open-identity sperm donors

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Abstract

Objective. To look at the level of compliance with Swedish law whether or not parents intend to tell their child about donor insemination. We also wanted to look at the parents’ attitudes towards open-identity sperm donors and at relationships within the family.

Method. All parents who were treated and gave birth to a child through donor insemination from 1997 to 2003 were included in the study. Sixteen of 20 couples (80%) were willing to take part in an interview, where the men and women were interviewed separately. The children of these couples had an average age of 2.9 years.

Results. Three of the 16 couples had told their child about donor insemination and 9 couples intended to tell the child when he/she was older. Thus 12 couples (75%) had disclosed or planned to inform their child in the future. Fourteen of 16 couples had told others about the donor insemination. The majority (21 of 31 individuals) had a positive attitude towards open-identity for sperm donors and 16 of 31 would have chosen an open-identity sperm donor if they had had the choice between that and an anonymous donor. All the parents felt they had an equal relationship with their child.

Conclusion. Couples who conceived a child through donor insemination are open about the donor insemination, both to other people in their surroundings and in their intention to tell the child. These families seem to be functioning well with relaxed attitudes towards the donor insemination process.

Key words: Open identity, donors, parents, opinions

Introduction

Donor insemination (DI), the process whereby a fertile woman has sperm inseminated from a man other than her husband in order to get pregnant, is the oldest method of assisted reproduction. In 1985, Sweden was the first country to make a law that said identifying information about the donor must be recorded, so that the child, when old enough, may learn about his or her genetic origin (1). In order for the child to utilize these rights the parents must first of all tell the child that the DI process was used. The way this is done, and especially when it is done, has been of interest to many clinics and social workers in Sweden.

In a study in 2000 at two fertility centers in Sweden, it was found that only 11% had disclosed the information to their children, but 41% said they intended to tell their children in the future. Fifty-nine percent had told other people about the DI (2).

Another question concerning DI that has been raised in Sweden is the feeling of inequality that might arise in the parents’ relationship with the child, as only one of them is the biological parent (3).

Since 1997, DI has been practiced at the University Hospital in Linköping. Before starting the treatment, thorough information is given to all couples about the law and that the law states that it is the couple’s responsibility to tell the child about the DI in the future (3). The clinic’s policy has been to encourage the couples to tell the child when he or she starts to ask questions about where a child comes from. The team has also supported couples who want to inform the child about DI even when the
child is so young that it is impossible for the child to understand the meaning of a statement such as “we used sperm from the hospital” i.e. to practice giving this information to the child.

We wanted to look at the level of compliance with the law and to determine how early the parents begin to try to inform their children. We did this by asking whether or not the parents intend to tell their child about the DI or if they had started the process of telling the child. We also wanted to look at the parents’ attitudes towards open-identity sperm donors, and at their feelings about the importance and nature of equality of parenthood in the family.

**Method**

All parents who were treated and gave birth to a child through DI at the University Hospital in Linköping from 1997 to 2003 were contacted. That gave us 20 couples with children from 1 to 7 years old. We used a semi-structured interview with the women and men separately. Of the 40 individuals (20 couples), 31 were willing to take part in the study. The average age of the children of these couples was 2.9 years (Table I).

All couples but one were living together at the time of the study. The 16 couples who were in the study had 18 DI children altogether (one pair of twins, and one couple had two children). Three of the couples had additional children such as a foster child, step-child and children from earlier relationships.

We asked the following questions:

- Have the parents told their child about its origin?
- If not, do they intend to do so?
- If the parents decided not to tell the child, why do so?
- What are the parents’ attitudes towards open-identity sperm donors?
- Does each parent feel that he or she has the same relationship with their child that the other parent has?

The study was approved by the Regional Ethics Committee for Human Research of the Faculty of Health Sciences, Linköping University.

**Results**

*To tell or not to tell*

Three couples had disclosed to their child that DI had been used. Nine of the remaining 13 couples said that they intended to tell the child but felt their child was still too young (1–4 years). None of these couples had practiced the “early start”, i.e. attempting to tell the child even if they knew that the child would not understand the meaning of the information. Altogether, 12 of 16 had either told their child or intended to do so. The most common motives given for wanting to disclose DI to the child were that the child could otherwise hear about DI from someone else, the child has the right to know about its origin, it is important to tell the truth and that it had always felt natural for them to tell the child. The four couples that were not sure or did not want to tell the child said they wanted to forget about the whole procedure or that it did not feel important to tell the child, as they still were the true parents. The three couples that had disclosed the information to their child had all done it when the child was around the age of four. Their ages at the time of the interview were 4, 6, and 7 years. In two cases the child had asked questions about where babies come from and the parent (mothers in both cases) had taken the opportunity to introduce the subject about DI. In the third case the parents felt it was time to start to talk about it. All of them reported that the child was either neutral to the subject or did not show any reaction.

Of all couples, 88% (14 of 16) had talked to other people about the DI.

*Open-identity sperm donors*

In ten of the couples, both parents had a positive attitude towards open-identity sperm donors. They said it was good for the child if he/she wanted to find out more about the donor later in life. For the other six couples opinions differed between the women and the men, with more negative attitudes reported among the men (Table II). If there had been a choice between open-identity and anonymous donors, 16 of 31 (10 women, 6 men) had chosen open-identity. More men preferred anonymous donation or were unsure (Table III). Comments from the ones that had chosen anonymous donation were that “in that case we would have kept it for ourselves and not told

<table>
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<th>Age (years)</th>
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<tr>
<td>1</td>
<td>3</td>
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<tr>
<td>2</td>
<td>5</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
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(Mean age: 2.9 years)
Equality in their relations with the child

Concerning the inequality that could arise because only one parent is genetically connected with the child, 18 of 31 (10 women and 8 men) had not been concerned about this either before or after the child was born. Thirteen parents had been thinking about it, and ten men had had these thoughts during pregnancy or just after the child was born but as they got to know the child all their worries disappeared. Their main concern was whether they would be able to connect with this child. No one experienced an unequal relation at the time of the study, but three parents stated that they worried about this when thinking about the future.

Discussion

To tell or not to tell

In our study, only three couples had so far disclosed DI to their child. Considering the mean age of the children (2.9 years), this was not unexpected. The interesting finding in our results was that 12 of 16 couples (75%) had a positive attitude toward disclosing DI. This is a high percentage both from a national and international perspective. In the Umeå-Stockholm study from 2000, 53% had disclosed or intended to disclose DI (2). Brewaeys (4) concluded from a review of 23 studies from 1980 to 1995 that the great majority of parents had not disclosed DI to their child (70–100%) and did not plan to do so in the future either (47–92%). Why are the parents in our study so positive to disclosing DI? One possibility has to do with changes in attitudes in Swedish society since the year 2000. In the Umeå-Stockholm study 59% had told others (2) and in Brewaeys’ review 13–77% had told others. As in Gottlieb’s study (2), there are couples that have told others but do not plan to tell the child.

The fact that 21 of 31 persons had a positive attitude to open-identity sperm donors shows that the legislation in Sweden reflects the attitude of the majority, but everyone does not agree on the subject. Even though 21 persons were positive, only 16 of those would have chosen an open-identity sperm donor if they had had the choice. This shows that it is a delicate subject and it appears that this is a serious question, especially for the men. In general, they equated the practice of not revealing the donor with the practice of not telling the child. If the donor was assured of anonymity, then the parents would also keep the donation a secret. These connections, between open-identity sperm donor and openness, and anonymity and keeping DI a secret, are supported in other studies (4).

All parents felt they had an equal relationship with their child and that the process of DI had not had any effect on the relationship of each parent to the child. They could not imagine that anything would be different with a biological child.

The low number of subjects is a weakness with this study. Therefore, no general conclusions can be drawn. We wanted to study this small group in order to see what effect the work at the fertility clinic in Linköping has had on the parents’ attitudes and what we can do to improve our services in the future to help these people. We believe that the personal interviews gave more depth in the answers than a questionnaire would have, and the fact that the women and men were interviewed separately made it easier for each of them to express their personal opinions.

Table II. Opinions about open-identity sperm donors

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>11</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>No opinion</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

Table III. Women’s and men’s preferences for open-identity or for anonymity of the sperm donor

<table>
<thead>
<tr>
<th>Preference</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open-identity</td>
<td>10</td>
<td>6</td>
<td>16</td>
</tr>
<tr>
<td>Anonymous</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>No opinion</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
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References