Are Two a Family? Older Single Mothers Assisted by Sperm Donation and Their Children Revisited

Ruth Weissenberg
Maccabi Health Services

Ruth Landau
Hebrew University of Jerusalem

This study follows 40 older single-mother families created with the aid of sperm donation using either insemination or in vitro fertilization. The study is based on qualitative data obtained from the mothers 3 years after a previous study with these families. The mean age of the mothers at this time was about 47 years and of the children 7 years. The findings provide insights into the mothers' and children’s current sociodemographic characteristics, physical health, socioemotional development and the children’s reactions to the absence of a father at follow-up time. The majority of the children raised by these older single mothers have good health. The salient result is that at follow-up, 45% of these older single-mother families comprise a family unit with more than 1 child, clearly demonstrating these families’ desire for a larger family than a mother–child unit. The desire and attempts of the mothers in the sample to give birth to additional children using assisted conception demonstrate the divergence in the fertility patterns of Israeli society from other developed countries.

In the postindustrial economy, women tend to invest in themselves and to postpone childbearing. Consequently, at the turn of the 21st century, fertility decline and subreplacement fertility (fewer than 2.1 children per woman) had become widespread in the developed world (Morgan & Taylor, 2006). More women are choosing childlessness or giving birth to only one or two children. Also, more women are deciding to use sperm donation and assisted conception technologies to become single mothers. As the economic rationale for giving birth is now frequently chosen by women, it seems that these single women’s decisions are based not only on the biological urges to reproduce but also on the implicit assumption that children create social capital by strengthening their position in certain social networks and establishing new relations with them and that raising a child can bring both predictability and meaning to one’s daily life (Morgan & Berkowitz King, 2001).

Data from the Labour Force Surveys examining trends in the living arrangements of Europeans aged 20–75 between 1987 and 2002 show that the percentage of women living as single mothers has increased throughout Europe, mainly during young and middle adulthood (Fokkema & Liefbroer, 2008). The percentage of women aged 40–44 living as a single mother increased in Belgium from 9% to 13% between 1987 and 2002 and in Spain from 3% to 6%. Yet, despite the increases, living as lone mothers (i.e., with dependent children but without a partner; Rowkingson & McKay, 1998) is still relatively uncommon at all ages (Fokkema & Liefbroer, 2008).

A comparative study of 24 countries focusing on family structure and children’s living conditions found that differences in household resources have implications for the children (Laftman, 2010). Data from nationally representative samples of school pupils in Europe, North America, and Israel revealed that children in single-mother households had lower support from parents, poorer health, and smaller material resources than children living with two original parents. Laftman (2010) indicated that it is not the family structure per se, but rather the day-to-day familial circumstances that matter. Single-mother households have on average a lower income than two-parent households. This may influence a wide range of child outcomes. Further, single mothers can be expected to provide and receive less social support than two parents who live together, partly because they have smaller social and kin networks than mothers in couples. Laftman (2010) cited sources claiming that single mothers are likely to suffer greater time stress than mothers who raise their children with a partner. A large body of research also claims that, perhaps as a consequence of their life circumstances, single mothers also show lower psychological well-being than mothers in couples (Dziak, Janzen, & Muhajarine, 2010; Laftman, 2010).

There has been little research on single women who actively choose to “go it alone” and become mothers using sperm donation. Murray and Golombok (2005a, 2005b) compared single-mother families created through donor insemination with married women using donor insemination. Based on data 1 and 2 years after the children’s birth, all of them singletons, the authors concluded that the parenting ability of the single mothers was not necessarily poorer than that of married women.
using sperm donation. The follow-up at age 2 of the children indicated that single mothers who had used donor insemination appeared to be more comfortable about parenting than married mothers who had used donor insemination. Overall, their parenting did not give cause for concern (Murray & Golombok, 2005a). However, as Murray and Golombok noted, the children in the study were still infants; it will be some time before we can ascertain their feelings about the fact that they will never know the man who was their sperm donor. In a follow-up study that consisted of 27 families headed by solo mothers, 20 by lesbian mothers, and 36 two-parent heterosexual families raising a child from infancy, Golombok and Badger (2010) found that the children functioned well as they entered adulthood.

Following a study of the inception and operation of an Israeli cryobank (Weissenberg, Menashe, & Madgar, 2001), we carried out an in-depth study of 62 older single Israeli mothers whose first birth was achieved either through sperm donation (Weissenberg, Landau, & Madgar, 2007) or donation of both egg and sperm (Landau, Weissenberg, & Madgar, 2008). Here we report on the 3-year follow-up on this sample.

In our first study, the mean age of the mothers in the sample at first birth was almost 43 years. In addition to sperm donation, about 60% of these single mothers had also needed in vitro fertilization, 18% also required egg donation. To achieve motherhood, the women had undergone an average of six fertility treatment cycles. Because of the need for fertility treatments and the subsequent high-risk pregnancies, less than one third had had a spontaneous birth. The 62 women gave birth to 74 children in their first birth, 80% singletons and 20% twins. About 10% of the women had successfully used donor sperm and assisted conception once more to achieve a second pregnancy. Almost one third of the children born after the first birth of the women in the sample were twins. Thus, single-mother families created with the aid of a variety of fertility treatments may consist of more than a mother and one child.

In our first study, as in studies focusing on the health of single mothers (e.g., Franz & Lensche, 2003; Roos, Burstrom, Saastamoinen, & Lahelma, 2005; Weitoft, Haglund, & Rosen, 2000; Whitehead, Burstrom, & Dideriksen, 2000), about a quarter of the single mothers had reported that they were on medication because of various chronic diseases, some of these contracted before their pregnancies, others resulting from them. As in Murray and Golombok (2005a, 2005b), the mothers in our sample had perceived their children as well adjusted. The large majority reported that the children were in good health, but there was a significantly higher rate of congenital malformations and developmental problems, particularly among the twins (see also Hourvitz, Pri-paz, Dor, & Seidman, 2005).

In Israel, in contrast to other countries such as the United Kingdom, a policy of full secrecy and anonymity of sperm donation is still effective. Although some nonidentifying information is provided to recipients of sperm donation in Israel (the country of birth of the donor and his parents, the donor’s religion, blood type, color of eyes, hair, and skin, height, and occupation), the mothers and resulting offspring do not have now and will have no access in the future to the sperm donor or additional information about him.

In our first study, we also examined whether and how older single Israeli mothers disclose to their children that they were conceived using a sperm donor and whether the donor conception causes them concern (Landau & Weissenberg, 2010). At the time of the first study, about two thirds of the sample had not disclosed the donor conception to their children. However, almost all the mothers intended to disclose the donor conception in the future. All the mothers who had not yet disclosed the donor conception to their children claimed that the children were still too young. Some of them shared with us that they did not know how to tell the children about their conception. A few used professional counseling; some intended to seek such help in the future. Those mothers who had disclosed the truth to the child about the conception felt relief afterward. Only one mother deliberately deceived her 7-year-old daughter, telling her that her father lives in another country and claiming that if her daughter knew “she is from a sperm bank” she would be less self-confident. We found that the children asked why they had no father in their lives, why their family unit was so small, and whether they would ever have the chance of meeting their father, sometimes placing the mothers in uncomfortable and painful situations. The children showed curiosity and eagerness for the tiniest pieces of information available about the donor that the mother was able to share with them. It is worthwhile to note that the mothers referred to the sperm donor as “the donor” but the offspring asked about their father.

The first phase of our investigation was conducted when the mean age of the children was about 4 years. The present analysis reports the follow-up of these families 3 years later, focusing on the changes in the lives of these formally single mothers and their children, particularly their current sociodemographic characteristics, physical health, socioemotional development, and the children’s reactions to the absence of a father.

Method

Participants and Procedure

In our first study, we interviewed 62 formally single mothers. According to the record of the sperm bank, one of the largest in Israel, during its first 6 years, frozen sperm from donors unknown to the women was provided on demand to 924 Jewish Israeli women. About 60% of them declared themselves as formally single. Following various types and numerous cycles of fertility treatments, 466 pregnancies were achieved. These pregnancies ended in 357 births. As married couples aided by sperm donation in Israel are very keen on keeping this fact in secrecy, our research focused on single women only. We were able to contact 104 of the mothers who identified themselves formally as single. They comprised about 50% of the formally single-mother families aided by this sperm bank. The mothers were initially contacted by one of the researchers through telephone, told about the research, and asked whether they agreed that a letter asking for their written consent to participate in the research might be mailed to them. Only four of the mothers did not give their consent to participate in the study, two because of a lack of time and two because of uneasiness. We made appointments for personal meetings with the study participants only after the signed written consents were returned. Then 62 of the single mothers were randomly selected from the list of those 100 mothers who agreed to participate in the study. According to
the information collected routinely by the sperm bank, the women interviewed in the study did not differ from those who were not (Weissenberg et al., 2007).

In this follow-up study, we interviewed 40 of the 62 formally single mothers with children conceived through sperm donation who participated in our first study. We recontacted the mothers using their telephone numbers from the first wave of our research. They were told that we were carrying out a follow-up study about the well-being of single-mother families aided by sperm donation. All of the 40 mothers we were able to contact were willing to participate in the follow-up study and were keen to share with us their experience. In the first study, the data were obtained from the mothers in face-to-face structured interviews that included mixed methodology, combining quantitative and qualitative methods, used to answer complex social research questions (Tashakkori & Teddlie, 2010). In the current study the data were obtained via telephone interviews that lasted 20–30 min and that were conducted by the two researchers. The approach we used in the current study was a constructivist phenomenological approach. The phenomenological approach to reality is based on the meanings people assign to life experiences (Guba & Lincoln, 1985), and it assists the researchers to be able to report as accurately as it is possible from the prerogative of the participant (Holloway & Todres, 2005). “Please tell me what has changed in your family life since our meeting 3 years ago” was the first question we asked our interviewees. Unstructured interviews focusing on the changes that occurred in the families of these older single mothers 3 years after the previous study enabled the researchers to elicit in-depth accounts of the recent experiences of the participants. Following the mothers’ reports, we asked additional questions based on a previously prepared interview guide to obtain updated data on variables that were examined in the first study. These included demographic, social, conception, and health-related variables, as well as information about the children’s current socioemotional development. We also asked our respondents to report about the first-born children’s reactions to the absence of a father. Each mother was asked only about those areas that were not covered by her initial account of her experiences in the last 3 years. In the data analysis of the verbatim reports, an iterative process, based first on a thorough analysis by each of the two researchers independently and then on discussions between them, was used to have an in-depth understanding of the participants’ current views (Lasch et al., 2010).

Results

Family Characteristics

The basic data summarized in Table 1 were collected from 40 mothers aged 38–59 years (mean age = 46.8). The children’s mean age at follow-up was 6.7 years (range 3.5–11 years). At 3 years follow-up, all 40 women remained formally single. Thirty-two of them were lone mothers, six were living in lesbian couples, and two had a male partner. Despite their full involvement in the work force and the challenge of raising the children alone, some of them started dating again. Yet there was one mother who noted that she feels uncomfortable to let a third person enter their family.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number of cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample size</td>
<td>40</td>
<td>100.0</td>
</tr>
<tr>
<td>Conception achieved by donor insemination</td>
<td>32</td>
<td>80.0</td>
</tr>
<tr>
<td>Conception achieved by donor insemination and egg donation</td>
<td>8</td>
<td>20.0</td>
</tr>
<tr>
<td>Mothers' Age at time of follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>46.8 (38–59)</td>
<td>years</td>
</tr>
<tr>
<td>Median</td>
<td>46</td>
<td>years</td>
</tr>
<tr>
<td>With good health</td>
<td>35</td>
<td>87.5</td>
</tr>
<tr>
<td>Living with male partner</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>at follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with female partner</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>With one child at follow-up</td>
<td>22</td>
<td>55.0</td>
</tr>
<tr>
<td>Children of first assisted conception</td>
<td></td>
<td></td>
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<tr>
<td>Mean age</td>
<td>6.7 (3.5–11)</td>
<td>years</td>
</tr>
<tr>
<td>Median age</td>
<td>6</td>
<td>years</td>
</tr>
<tr>
<td>Singleton</td>
<td>31</td>
<td>77.5</td>
</tr>
<tr>
<td>Twins</td>
<td>9</td>
<td>22.5</td>
</tr>
<tr>
<td>In good health</td>
<td>35</td>
<td>71.0</td>
</tr>
<tr>
<td>With congenital malformation</td>
<td>2</td>
<td>4.0</td>
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<tr>
<td>With sensory or mobility problems</td>
<td>4</td>
<td>8.0</td>
</tr>
<tr>
<td>With sociability problems</td>
<td>4</td>
<td>8.0</td>
</tr>
<tr>
<td>With attention deficiency disorder</td>
<td>4</td>
<td>8.0</td>
</tr>
</tbody>
</table>

Data on Conceptions

Thirty-one women bore singletons at the first birth resulting from assisted conception; nine bore twins. Eight of the 40 women had required in vitro fertilization involving both sperm and egg donation. All mothers felt that a one-child family unit was too small and that two or three children would be preferable. In their desire for a second or even a third child, some mothers had given birth following a second successful assisted conception at the time of our first study. Some mothers had tried but failed to conceive again, whereas a few others could neither afford another attempt to conceive through assisted conception nor handle the responsibility for another child. Four children were born within the 3-year follow-up period. At follow-up time, 18 of the 40 mothers (45%) had given birth to more than one child. As some of the mothers purchased from the sperm bank a number of sperm ratios from one (anonymous) donor and used those for further pregnancies, some of the siblings have the same biological father. There are, however, also siblings who have different unknown biological fathers. A number of mothers are still trying to conceive. One of the older mothers, who did not succeed in becoming pregnant again, adopted a second child from abroad.

Mothers’ and Children’s Health

Thirty-five of the mothers self-assessed their health as good. Three mothers of older children in the sample reported that their children explicitly expressed concerns for their mother’s health. The physical health of the children was also rated by most of the mothers as good. Still, 6 of the 49 children born as
a result of the first assisted conception were reported to have congenital, sensory, or mobility problems, four had psychological problems and difficulties in their relationships with others, and four children had attention deficiency disorder requiring appropriate medication. Some of the children needed the assistance of occupational therapists, therapeutic horse riding, or psychologists.

**Mothers’ Satisfaction and Concerns**

All mothers remained very satisfied with motherhood, expressing their pleasure in ecstatic statements like “I won!” “A dream fulfilled,” “Life’s gift,” and “I did the right thing and I recommend it to others too.” Many of them regret they did not become mothers earlier. However, 5 of the 40 mothers expressed definite worry about their demanding daily schedule and responsibilities. In many cases, much help was provided by the mother’s elderly mother. No request for financial support was made, although 22 of 40 mothers noted their need to work at more than one job. Some of the mothers expressed concerns for the child’s future in case they became ill. Although the majority of the mothers keep almost daily contact with their relatives, mostly their elderly mothers, some of them indicated that sometimes, particularly during weekends, they feel lonely. The most difficult thing in being an older single mother, one mother claimed, is that there is nobody to comfort her or make plans with. Although the parents of the mothers in general are very supportive, the health of some of them is deteriorating.

**Reactions to the Absence of a Father**

According to the mothers’ reports, all of the children in the sample desired a father. Three years after our initial data on disclosure about the donor conception (Landau & Weissenberg, 2010), the children were increasingly looking for a father figure, be it the grandfather, the mother’s companion or brother, or a family friend. Children frequently expressed wishes such as: “I want a father who jumps with me… lifts me… throws me up and catches me.” Other reactions of the children to the absence of a father in their family included: “I am the father in this family” (the boy in a pair of mixed twins); “Buy me a father!”; “Why didn’t you make more effort to get married?”; “I shall help you to marry”; and “But how did my father renounce me??”

Also, all of them desired siblings, even those who already had some. Considering the children’s age at follow-up (almost 7 years old on average), stories regarding their conception were much in demand. The most frequently encountered account featured “the doctor who put semen into Mom’s belly, where it met an egg which developed further.” By chance, many children’s books about the various forms of the modern family have recently appeared in Israel, presumably in answer to a growing interest. Two of the 40 mothers concocted a narrative about assisted conception for their children.

**Discussion**

A complex picture was revealed by the 3-year follow-up of 40 older single mothers who had used sperm donation, assisted conception technologies, and, in some cases, also egg donation to become mothers. Eighty percent of the mothers, now in their late 40s, raise their first-born children (whose mean age is about 7 years) alone.

**Mothers’ Satisfaction, Health, and Concerns**

The mothers reported that they derive a very high satisfaction and pleasure from motherhood. They enjoyed their maternal status and regarded the effort involved as worthwhile. Yet, in contrast to the first study, the mothers reported some worries about the future. These worries can be explained by the higher age of both mothers and children at the time of follow-up and the children’s awareness of their mother’s age, including her age-related limitations compared to the mothers of their peers. Most of the mothers reported they are in good health, yet in our first study, at least a quarter of the sample reported chronic diseases requiring regular medication (Weissenberg et al., 2007). Given their full involvement in the work force, the subsequent time stress they must face to meet their parental tasks, their current physical health, and their smaller family network, the mothers’ long-term physical and psychological well-being may be a source of concern. Similarly, in view of Laftman’s (2010) data on the implications of the mothers’ well-being for their children, there may also be concerns in this context.

**Children’s Physical and Socioemotional Development**

Consistent with our initial report and that of Golombok and Badger (2010), we found that, based on the mothers’ reports, the majority of the children raised by these older single mothers have good health. Even so, the current health status of the children revealed a relatively high rate of either physical or socioemotional problems requiring professional care both among singletons and twins. The children’s physical health problems may arise from the in vitro conception of these children and the concomitant increased risk of birth defects (Hansen, Bower, Milne, de Klerk, & Kurinczuk, 2005; Hourvitz et al., 2005). The socioemotional problems of the children may be viewed in the context of the recently published national mental health survey of Israeli adolescents (Farbstein et al., 2010). In contrast to previous studies showing that mental disorders increase with family size, this survey found that mental disorders were more common among boys living with a single parent and those with few or no siblings. The authors explained this finding by citing studies in which only children often reported feelings of loneliness and inferiority even in the presence of both parents. Farbstein et al. (2010) speculated that these feelings may be more pronounced in single-parent families, particularly in a society that values larger family size.

**Disclosure of Donor Conception**

As the children have grown, the issue of the absent father and the knowledge that because of the policy of full secrecy and anonymity of sperm donation in Israel they will never meet him has become more central in their life. They seek a father figure in their environment; some blame the mother for their being
fatherless; others urge her to marry. The current results on the children’s reaction to the absence of a father are consistent with our previous finding (Landau & Weissenberg, 2010) that there is no doubt that the donor and his unknown identity are part of the lives of all the single-mothers’ families. The children seek every piece of information about the donor they can find, while hoping to find a father for their family.

The Need for a Larger Family

In spite of more than half the mothers needing to work at more than one job, their reliance on the help of their elderly mothers, and the mothers’ and children’s physical health status, all the mothers felt the need for a family unit larger than mother and one child. Even though almost a quarter bore twins in their first birth, creating a rather difficult situation to cope with, especially without a partner, many of them opted for a second assisted conception. Although not all the mothers’ attempts to conceive again were successful, 45% of them had achieved a family unit with more than one child at the 3-year follow-up.

This result reflects primarily the pronatalist ideology of Israeli society. The desire for children in Israel is revealed in the mean fertility rate of 2.9 children per Israeli woman, significantly higher than in other developed countries. Because of its pronatalist ideology, the state provides access to and funding for assisted conception treatments of all types to all women in Israel up to the age of 51 (Landau, 2003; Sperling, 2010). The availability of fertility treatments enables the women in the sample to pursue their desire for more children in their families. Raising a family certainly strengthens a mother’s position by providing acceptance and entry to the wider community of families with children. It may also deepen the mother’s relationship with her family of origin (Morgan & Berkowitz King, 2001).

Considering that all the children also desire siblings, even those who already have some, it is not clear whether they want to compensate the absence of a father with more siblings or just to have a larger family resembling the family size prevalent in Israel. These children have a smaller social and kin network because of the absence of a father and his family. Thus, perhaps the children of these older single mothers intuitively seek to be part of a larger family unit that will shield them from loneliness.

Although the need to become a mother in Israel is obvious (Remennick, 2000), it is not clear whether the mothers in the sample opt for more children because of their own wishes, their children’s desire, or societal pressure to have larger families. Whatever is the reason for the desire to have a larger family than a unit of mother and child, considering that only 5% of the Israeli women aged 40–65 were childless in 2004, and 61% had three children (Ekert-Yaffe & Stier, 2009), the findings of this follow-up study show that in Israel, unlike in other developed countries, family size depends more on cultural than economic determinants even in older single-parent families. The desire and attempts of the mothers in the sample to give birth to additional children using assisted conception demonstrate the divergence in the fertility patterns of Israeli society from other developed countries. Moreover, this trend to higher fertility does not support the investment models of modern fertility, namely, the increased concerns about the production of socially and economically competitive offspring (Lawson & Mace, 2010).

Although we used a convenience sample, the sample was larger than other studies focusing on single women who gave birth through sperm donation, and, thus, the findings are valuable for showing some unique trends for Israeli society. Examining these trends in other cultures requires more longitudinal in-depth studies of the outcomes of older single-parent families created through sperm donation and assisted conception.

Keywords: older single mothers; Israeli mothers; single-mother families; assisted conception; sperm donation; constructivist phenomenological approach

References


