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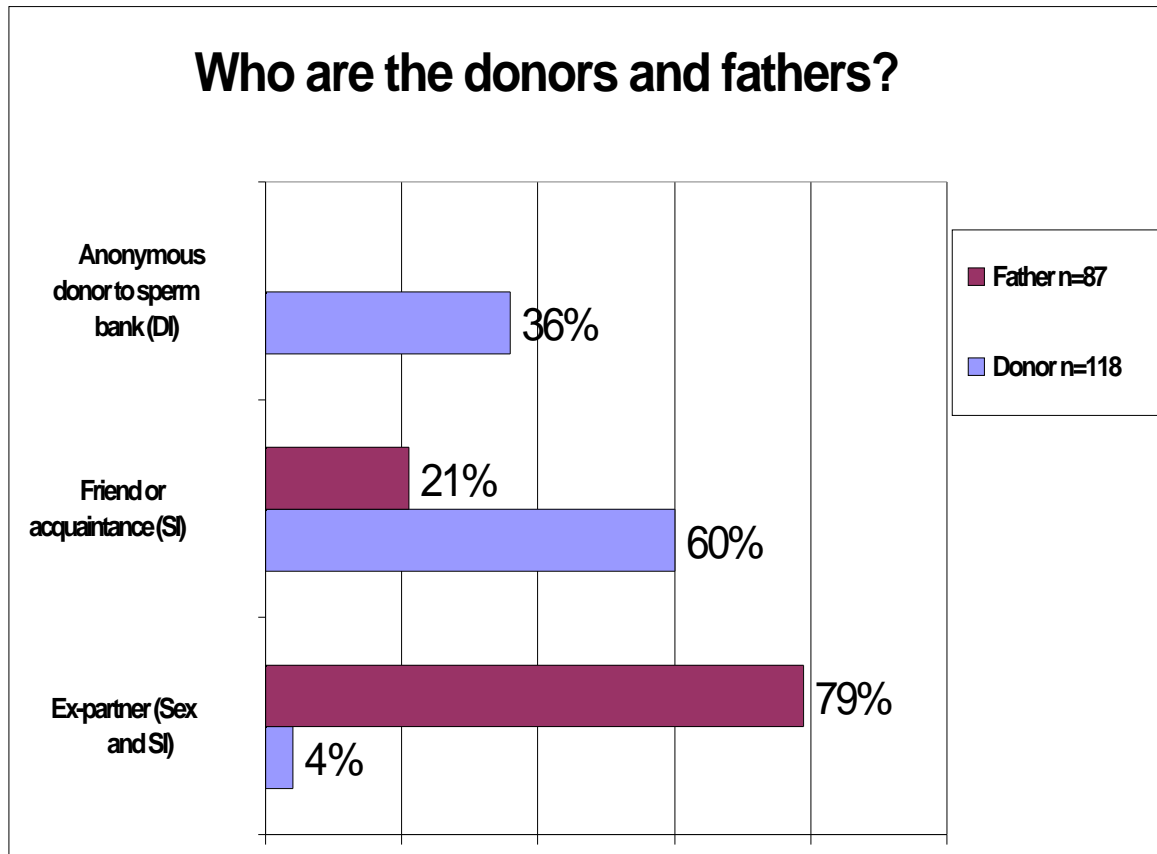
Paternity and lesbian-parented families

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In media coverage of lesbian families there is often a pre-occupation with ‘absent’ fathers . Today I want to shift the discussion to a focus on how paternity is conceptualised and enacted, from the perspective of the women, in the family life of lesbian parents and their children.

In this paper, I consider two key questions. In reflecting on ‘What is the significance of paternity to lesbian parents’ via three case studies assembled from qualitative data, I introduce Jeanette Edwards’ notion of relatedness and relationship. I propose this is a more meaningful conceptual lens through which to consider paternity in lesbian families than the purported ‘absence vs. presence’ of biological fathers. The second question stems again from analysis of qualitative data from which it became apparent that ‘father’ ‘donor’ and ‘parent’ are far from common-sense or self-explanatory concepts when utilised by lesbian mothers.

The data I look at come from two sources; the questionnaire Ruth has just outlined which contained a number of open-ended and closed questions regarding biological fathers within lesbians’ family structures and from my qualitative Ph D work-in-progress. My thesis is based on in-depth interviews with 37 Victorian lesbians and gay men who have chosen to have children as single parents or in the context of same-sex relationships and is informed by the disciplinary conventions of Sociology and Anthropology. I am explicitly concerned with how lesbians and gay men operationalise concepts of family and kinship in their reproductive decision-making.



To look first at who the donors and fathers are. The graph is based on data from the 180 questionnaire participants who completed questions about their children's donors and fathers. It shows whether the children's biological father was considered to be a father or a donor, the identity of the father or donor and how conception occurred. In a quarter of total families, there was more than one donor or father.

As you can see from the graph, seventy-nine percent of fathers were the ex-partners of the child's mother and the child had been conceived when the mother and father were either married or having a sexual relationship. However, 21% of fathers were friends or acquaintances of the mother and here, self-insemination (SI for short) was almost invariably the method of conception used. The presence or absence of a sexual relationship with the mother cannot entirely explain the difference between a donor and a father.

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When it came to men defined as donors, 36% of donors were men who gave sperm anonymously to a sperm bank, 60% of donors were friends or acquaintances and 4% were ex-partners of the birth mother. The 4% here reflects a phenomenon documented by Martin (1993) who reports that some lesbians approach an ex-partner or husband to give sperm. Overall, anonymous donors to sperm banks represent a relatively small proportion of the men.

The data introduced in the graph make it plain that we cannot assume a 'father' is a man who was sexually involved with the mother. We also cannot assume that a 'donor' is a man who has given semen anonymously to a clinic in order that a child be conceived. Next, with reference to the qualitative data I further explore the distinction made between fathers and donors. From hereon in my discussion is focussed on families where the biological father is a man known to the lesbian mother or parents.

The significance of paternity to lesbian mothers

Marilyn Strathern has observed, 'it is an axiomatic tenet of Euro-American [and Euro-Australian] kinship reckoning that everyone has parents in the biological sense, whether or not one knows who they are (1992:160). Jeanette Edwards (1997), in keeping with Strathern's observation, distinguishes between kin 'relatedness' which she takes to mean more abstract connections between people who are thought of as kin and kin 'relationships', socially- realised affective ties. In contexts where relatedness is emphasised, Edwards asserts, 'the connections do not necessarily do anything but represent much' (Edwards 1997: 63).

For example, the clinical model of donor insemination, as it is put into practice in Victoria, acknowledges that the symbolism of the 'blood' tie between biological fathers and children is important by virtue of a mandatory donor register. Sperm donors must be willing to provide identifying information in the future to their offspring in line with the principle 'children's right to know'. However, there is no assumption that donors engage in social relationships with the children or vice versa. I now want to look at three case studies which exemplify how lesbian parents enact paternal relatedness and relationships in their families.

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Karen's story

Karen, currently on parental leave, is the biological mother of Lara, four months. Karen shares parenting of Lara with Therese, her co-habiting partner, who will be Lara's primary carer next year when Karen goes back to work. Lara was conceived via self-insemination with sperm provided by Matthew, a man who answered Karen's advertisement for a sperm donor in a local gay and lesbian newspaper. Matthew has seen Lara once since she was born and has been sent photographs of her by the women, as per the agreement the trio reached before commencing inseminations. Karen and Therese were intending to obtain a Family Court order soon, with Matthew's consent, that would grant Therese day-to-day and long-term decision making rights regarding Lara's care.

According to Karen, Matthew, a single gay man, had political beliefs supporting lesbians' rights to become parents. Matthew was chosen to become Lara's biological father because he agreed with the women's conviction that they 'didn't want a dad and paternal grandparents for their child'. However, Karen did hope Matthew would want to visit Lara several times a year while she was still an infant, and be amenable to more contact if Lara wanted this as she grew up.

Karen drew an analogy between children conceived via anonymous donor sperm and children who have been relinquished in closed adoptions. She had decided to become pregnant with the assistance of a known donor because of concerns for her child's sense of identity. She explained:

Lots of children or adults who were adopted have talked about feeling like there's this hole in their lives because they don't know who their mother or their father is. I wanted my child to be able to have a full picture of who they were, where they had come from and why and I felt really strongly about that.

As this first case illustrates, when lesbians self-inseminate with sperm from a known man, his designation as 'donor' reinforces the assumptions inherent in the clinical

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model of donor insemination. In Karen's story, the significance of paternity is as a source of knowledge for her child about identity, *relatedness* rather than forming a *relationship*. In that there is no assumed paternal kin relationship, this is a self-help adaptation of the clinical model of donor insemination. In the stories told by other families with donors who had children older than Karen's, it was apparent that the child may know the donor as a friend of the family, but any social contact between the child and the biological father was on a par with that of other friends and at the discretion of the lesbian parents.

Although there were different ways of managing the donor relationship, Karen, and others, made it clear that their children would be told who the donor was when they expressed interest. It was also apparent that some children came to know their donors as 'dad' so, in this respect, it is the child who invents a father, rather than a father being assumed from the outset. The growing child's desires determine the social and kin significance of the donor as father.

Julie's story

Julie and Fiona have been in a co-habiting lesbian relationship for two years. Both women work part-time and each has a child from a previous marriage. Julie and Fiona were both their children's primary carers when they were married. Julie's son is six and Fiona's daughter is eight. Since divorcing, the women have been able to informally negotiate workable residency and contact arrangements with their children's fathers. Julie described herself and Fiona as the children's 'primary resident parents' with each being 'mum' to her respective child. The children's biological fathers had limited parental responsibilities, including input into decisions about medical care and schooling as well as financial support. Julie explained the residency arrangements and the rationale behind them:

The children live with us and spend alternate weekends with their fathers plus one night during the week. This is enough for the children to maintain the relationship with the fathers and for us to have some alone couple time as well as plenty of time with the children.

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A focus on the importance of a regular paternal relationship was more apparent in families, like Julie's, where the biological father was referred to by the women as a father. In these families, a father may be non-resident but is considered part of a child's family and is actively engaged in her or his upbringing. In Julie's story, as in those of other women with family situations similar to hers, the focus is on supporting relationships already formed within conventional nuclear families. Where women had had children in heterosexual relationships, the qualitative data collected in the questionnaires indicated most very much wanted to preserve as far as possible the relationship between father and child that had already been established before their parents separated.

The children's mothers are the post-separation primary carers echoing the pre-separation status quo. The lesbian parents have most day-to-day decision making power, whereas fathers tend to have involvement in long-term parental decision making and child support responsibilities.

Jill's story

There is a second context in which the importance of a regular paternal relationship with children comes to the fore. Jill and Marita are a co-habiting lesbian couple who have been together for ten years. The women live with their three year old son James. Marita gave birth to James and was his primary carer for the first two years of his life. For the past year, Jill has been James's primary carer and Marita has returned to work full time.

James was conceived via self-insemination with sperm contributed by Marita's old friend Steve, a single gay man. Jill commented that she and Marita could 'no more call Steve *a donor* than fly to the moon'. This couple believed it was optimum that children had the opportunity to develop ongoing social relationships with the men who they knew were their biological fathers. Steve was considered to be part of the family, although he lived in a separate household. James stays with Steve one day a week and occasionally on weekends as per the agreement made by the three adults when he was six months old. The women also consider Steve to be a third parent to James, although

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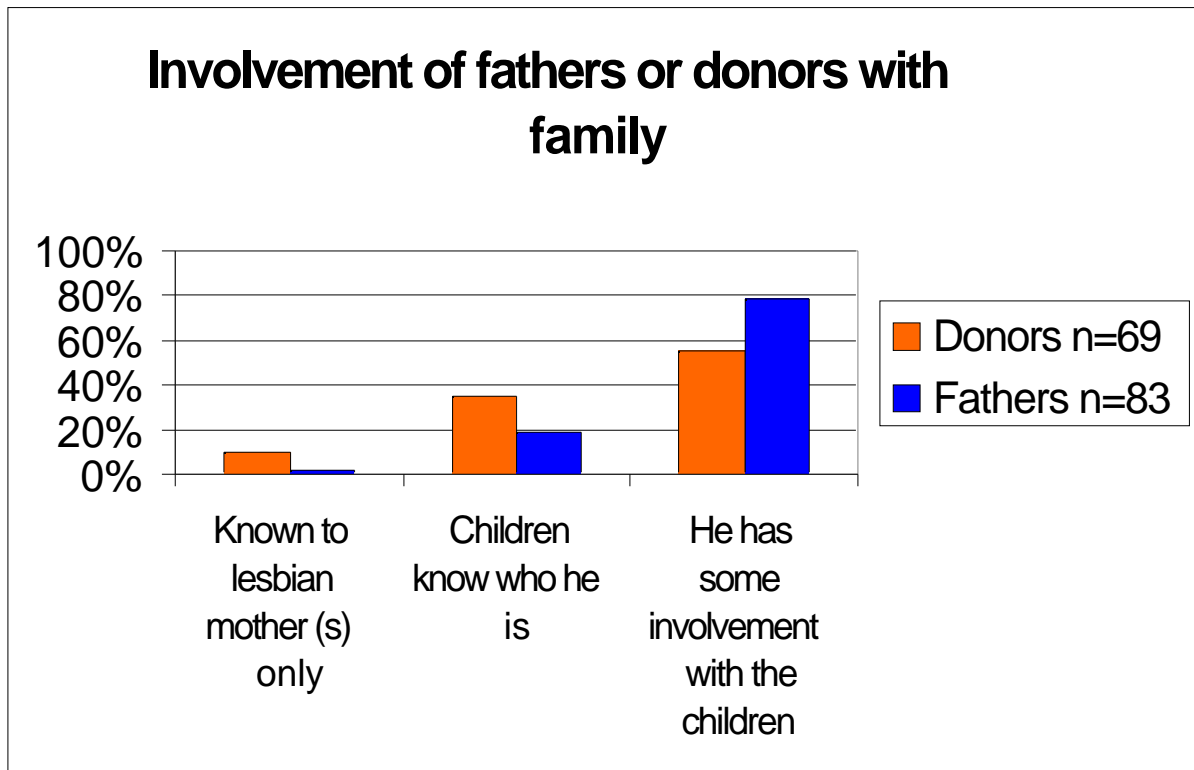
Jill and Marita are for the most part responsible for the toddler's day-to-day care, and decisions that affect him in the long-term such as schooling and medical treatment. Marita was soon to give birth to a second child, again fathered by Steve, and the trio imagined that similar arrangements to the ones they currently had would continue when this new child was born .

In Jill's story, a family with a father is created via self-insemination. The child has two mums as well as a regular *relationship* with his biological father . The father is known to the child as 'dad' and he is often a gay man in families such as these. The father's biological family, and that of his male partner's may also be recognised as the child's kin. In some families, the father via self-insemination is acknowledged as a third parent, although he may have legally relinquished parental decision-making power to the non-biological mother. He may also negotiate limited residency with the child or children, as in Steve's case, and some input into long-term decisions that affect the children.

Summary

What I hope to have established so far via these three cases is that where the biological father was acknowledged as a donor, the emphasis was more on paternal relatedness. When he was acknowledged as a father, there was more of an emphasis by the lesbian parent on the importance of the paternal relationship. However, depending on the child's wishes, donors may become fathers or even limited, non-resident parents. The quantitative data also supports the proposition that fathers are more likely than donors to be limited parents. In all three contexts introduced via the case studies, the women were largely responsible for the kinds of 'hands-on' support to children that characterises primary parenting, with more limited parental responsibilities such as part-time residency, financial support and participation in long-term decision making accruing to some fathers.

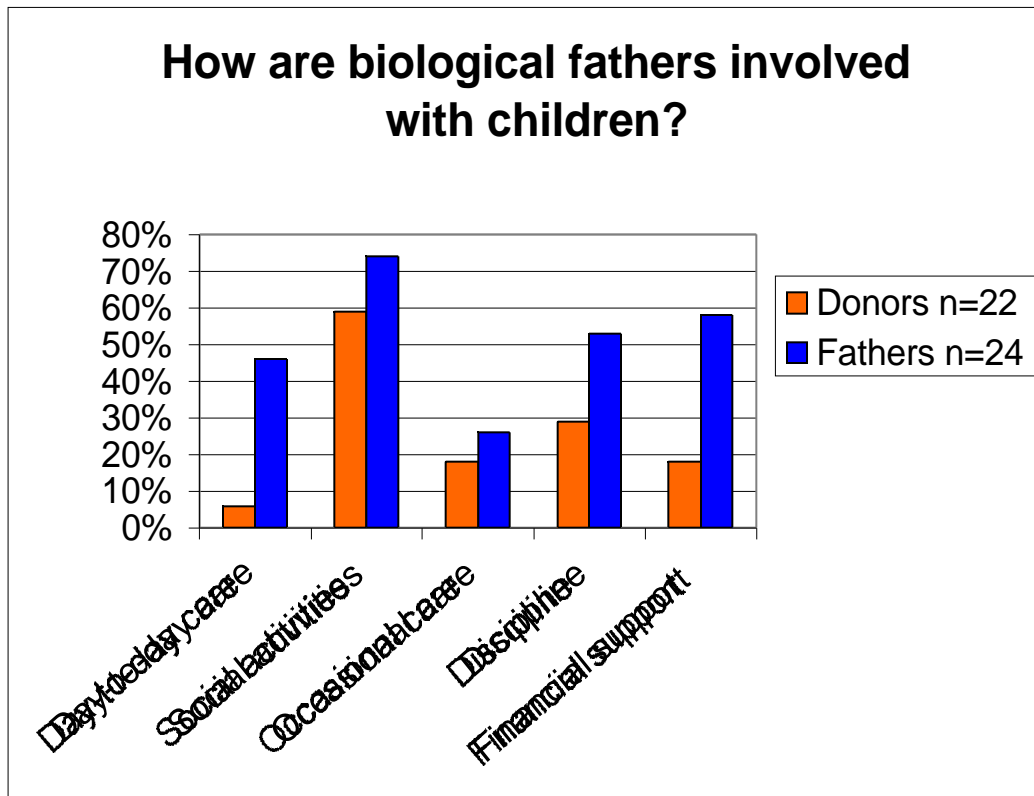
Involvement of fathers or known donors with the families



The last thing I want to briefly look at is the survey data that addressed how fathers and donors were involved with children. The first graph looks at whether the biological father was known to the lesbian mother, known to the children or actually involved with the children. 55% of donors and 79% of fathers were known to the lesbian mothers and children and also involved with the children in some way. 35% of donors and 19% of fathers were known to the children but not involved with them. And a relatively small proportion, as in 10% of donors and 2% of fathers were known to the lesbian mother only.

So although a higher proportion of fathers than donors were described as involved with the children, the largest category of donors were described as involved. It will be very interesting to look at how involvement of donors varies depending on the age of the children in the family, which we will definitely do when we get further along with the analysis.

How are fathers and donors involved with the children?



So what does involved mean in real terms. As part of the questionnaire, we asked participants to indicate how fathers and donors were involved in the following broad categories : Day-to-day care of the child, social activities, occasional care, discipline and financial support. Survey participants in NSW and SA were the only ones who had access to this question, hence the small sample size on which it is based. It is apparent from the graph that both the fathers and donors who were involved with children were most likely to be involved in social activities. These included attendance at birthday parties and other family events, taking children out, and taking them away on holidays. 60% of donors were involved in social activities, 30% in providing discipline and almost 20% in both occasional care and financial support. Only 5% were involved in the day-to-day care of a resident child.

For men described as fathers, 72% were involved in social activities, 60% of fathers who were involved with the children were contributing financially, over 50% were engaged in providing discipline and 46% were involved in the child's day-to-day care.

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The biggest differences between fathers and donors in terms of their involvement with the children were in respect of responsibilities which fall into the domain of parenting, day-to-day care of a resident child and financial support of children. All of which was consistent with the qualitative data.

Future considerations

Ongoing analysis of the in-depth interview data is in part exploring the question: 'To what extent do lesbian mothers and their children's biological fathers share assumptions about the meanings and entitlements of 'fathers', 'donors' and 'parents'? ', given that it is evident these distinctions are far from clear-cut and tend to emerge from trial and error and considerable ongoing processes of negotiation. The quantitative and qualitative research we have performed to date has also raised as many new questions as it has answered. For instance, How exactly are biological fathers 'involved'? We have limited quantitative information here and future studies should address this question in more detail. Finally, future work should also address the question of how paternal involvement unfolds in respect of mothers' emphasis on 'relatedness' vs. 'relationship' and, importantly, the children's perspective on this issue.

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