

Exploring diversity in lesbian-parented families Paper 1: Family formation and women's roles

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This is the first of a series of four papers to be presented. These papers will outline findings from a study of lesbian and bisexual women in 267 households who are currently parenting or intending to parent within 2 years. These women represent 157 families with 255 children, and 119 families planning children living in Victoria, NSW and South Australia. Two thirds of respondents were parents and one third were prospective parents, with a few women in both categories. This is the first survey in Australia that explores complex issues of decision-making for conception methods and related health issues, parenting roles and responsibilities, and social networks and support. It is also the first that compares findings across states. The study used a questionnaire design, with 55 closed question items, and 11 open-ended questions. Purposive sampling was used, using all known lesbian parenting and prospective parenting groups, mailing lists of lesbian, gay, bisexual, transgender and intersex (GLBTI) groups in each of the three states surveyed, advertising through GLBTI community media and via health clinics with GLBTI clientele. Snowballing was also encouraged, with all methods using a purposive rather than random sampling strategy recommended to access stigmatised populations.^{1 2} The sample is not representative of all lesbian families, nor does it enable comparison with heterosexual families. A more detailed methodology is presented in McNair et al (2002)³.

Study participants

Participants described their family, including their relationship status, and a broad range of demographic factors. Of 267 women and 210 partners, 88% identified as lesbian (93% of partners) and 9.4% identified as bisexual (4% of partners), 2 % as heterosexual. Nine participants were male to female transgender women, and 2 were intersex, with one other partner also intersex. Over one half of the participants were aged between 30 and 39, one quarter were 40 and 49 and a fifth were 18 and 29. Very few participants were aged over 50, possibly reflecting the eligibility requirement for the youngest child to be under 18. Proportions of women in each age range were the same in NSW and Victoria, however the SA sample contained more women aged 18-29 (35%), and less aged 30-39 (35%). This age distribution is also reflected in relationship status, with 88% of NSW, 77% of Victorians and 67% South Australians being partnered. Long-term relationships were

¹ De Vaus, D. (1995), *Surveys in Social Research*, Allen and Unwin, Sydney.

² Plumb M. Undercounts and overstatements: will the IOM report on lesbian health improve research? *American J of Public Health* 2001; 91: 873-875.

³ McNair RP, Dempsey D, Wise S, Perlesz A. Lesbian parenting: issues, strengths and challenges. *Family Matters* No. 63, 2002, pp 40-49.

common, with twenty percent of the sample in their current same sex relationship for 'more than ten years', 33% 'between five and ten years' and 29% 'between two and five years'. Twenty-two percent (59 women) of participants had been married and were now divorced or separated, 3% (8) were still married.

Only one person completing the questionnaire identified as an indigenous Australian and women from culturally and linguistically diverse backgrounds were under-represented. Seventy-nine percent of participants were Australian-born; 7% spoke a language other than English at home and 17% identified with an ethnic or racial group other than Anglo-Australian. Inner urban dwellers were over-represented in our sample (Table 1). This could relate to recruitment methods; however, the fact that big cities attract gay men and lesbians is well documented in the international literature.⁴ Education level varied significantly according to residential status. More urban dwellers had a University education (73%), compared with 47% regional and 51% rural, whereas only 11% of urban dwellers had an education up to year 12, compared with 29% regional and 33% rural. This did not vary according to state.

Table 1: Place of residence

	NSW n=82 %	Victoria n=155 %	SA n=30 %	Total n=267 %
Inner urban n=164	54	61	37	56
Outer urban n=54	14	23	51	23
Regional > 50 000 n=17	17	3	0	7
Rural n=33	15	13	12	14

Family formation

A number of possible methods of lesbian family formation are described in the literature. Step family formation is a common lesbian family structure, where children from the previous heterosexual relationship are brought to live with the mother and her lesbian partner.⁵ Increasingly, lesbians are seeking to become parents within the context of their same-sex relationship, with a Victorian survey showing that 41% of same sex couples

⁴ Weston, K. (1995), "Get thee to a big city: Sexual Imaginary and the great gay migration", *GLQ*, No.2, pp. 253-277.

⁵ Lewin, E. (1993), *Lesbian Mothers: Accounts of gender in American culture*, Cornell University Press, Ithaca.

were hoping to have children, with 63% of those under 30 planning to be parents.⁶ Some lesbian couples, single lesbians and gay men foster children, and foster care agencies are increasingly advertising within the lesbian and gay communities. Adoption is not currently a viable option in Australia for same-sex couples, who are excluded under all Adoption Acts with the recent exception of Western Australia.⁷

Two hundred and fifty five children are described within participant's families in this study. Forty one percent were conceived in previous heterosexual partnerships, 37% conceived within the current and 11% in a previous lesbian relationship. Four percent were conceived while single, 2% adopted or fostered. More South Australians had children within previous heterosexual relationships, and more NSW women conceived within a lesbian relationship, with Victoria between the two.

Table 2: Methods of conception

	Current parents	Prospective parents
Method	Children n =255 children (in 157 families) %	Attempting to conceive: n=89 %
Sexual intercourse (most within previous heterosexual relationship)	51	2
Self insemination (SI) ⁸	31	45
Clinic based insemination (DI)	17	40
IVF/GIFT	<1	11
Other	<<1	2
Total	100	100

Methods of conception were compared between those with children and those planning to conceive (Table 2). The majority of prospective parents (all of whom identify as lesbian or bisexual) chose methods other than heterosexual intercourse. Other studies have also shown that most women identifying as lesbians reject sexual intercourse as a conception option, due to health and safety concerns and also because they wish to remain monogamous with their partner.⁹ Methods of conception did not vary significantly according to age of participants, nor by state, despite the legal availability of clinic-based

⁶ Victorian Gay and Lesbian Rights Lobby. Everyday experiments. Report of a survey into same-sex domestic partnerships in Victoria, 2001. Website: <http://home.vicnet.net.au/~vglrl>

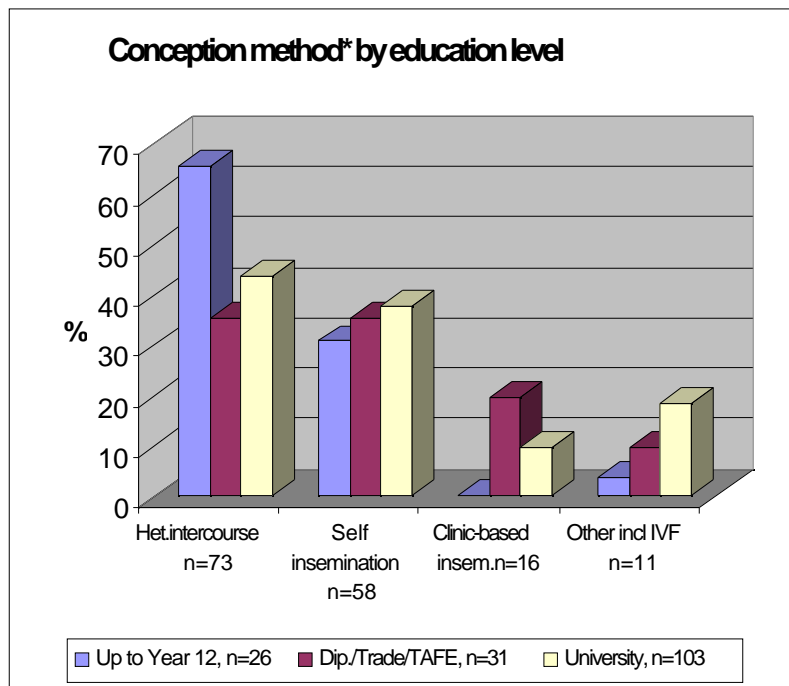
⁷ The Acts Amendment (Lesbian and Gay Law Reform) Act was passed in Western Australia on 21 March 2002. This is now the most progressive same-sex relationship law reform in Australia, opening access to both adoption and assisted reproductive technologies.

⁸ Self-insemination involves the collection of fresh semen by a known donor, then insertion of the semen using a syringe into the vagina of the woman by herself or her partner, at the time of ovulation.

⁹ Jacob MC, Klock SC and Maier D 1999. "Lesbian couples as therapeutic donor insemination recipients: do they differ from other patients?". J Psychosom Obstet Gynaecol; 20: 203-215.

insemination in NSW, and its lack of access in both Victoria and South Australia. This indicates that self-insemination is an active and slightly more popular choice, and not a default option for most women. Figure 1 shows the marked differences in choice of conception method according to education level (also reflected in residential area). Self-insemination was the most common choice for women with higher education levels, this being likely to reflect higher levels of political activism and access to information about the method, greater sense of autonomy and control over conception, and greater ability or inclination to negotiate with a known donor. Conception within heterosexual relationships was more likely for those women educated to Year 12, possibly indicating a later coming out process for these women, and/or earlier child-bearing. University educated women were over-represented amongst those using IVF, which could reflect the ability to afford such treatment, however clinic-based insemination does not follow that pattern.

Figure 1: Conception methods according to education level



*Choice of conception method was a multi-response question, therefore tests of significance cannot be performed

Reasons for choosing IVF

Current parents were asked the reasons for their choice of conception method (Table 3). All of the parents using IVF or equivalent methods had done so only after attempting other methods that were unsuccessful (e.g. DI and SI). Eleven percent of prospective parents were planning to use IVF, a proportion that approximates rates of medical infertility among the general population in Australia. The results indicate that lesbians

seek to use IVF when other less medically-interventionist forms of attempting to conceive are not successful.

Table 3: Method of conception and reason for choice (current parents only)

Reason for conception method <i>n=241 biological children</i> <i>multi-response question</i>	Sexual Intercourse n=115 %	Self insemination n=77 %	Clinic insemination n=43 %	IVF/GIFT n=6 %
Desire for the child to know identity of all biological parents	3	73	14	50
Cost/affordability of the option	1	52	2	0
Beliefs regarding women's rights to control their fertility	0	41	14	50
Ineligible for access to donor insemination program in Victoria	0	22	5	0
Desire to involve partner in the insemination	0	46	7	0
Opposition to medical intervention	1	42	2	0
Time urgency (i.e. age of biological mother)	1	14	19	50
Safety of the procedure (i.e. less risk of infection)	0	3	47	0
Desire for anonymous sperm donor	0	5	58	50
Other methods had been unsuccessful	0	4	33	100
Diagnosed fertility problem	0	0	23	50
Biological mother was in a heterosexual relationship or having casual heterosexual sex at the time	88	0	0	0
Other	10	13	14	0

Reasons for choosing self-insemination

Of 77 women choosing SI, 73% did so due to a desire for the child to know the identity of his/her biological father. This reason was more important for women with higher education levels, being listed by over 80% women with at least a post-high school qualification, but only 50% of women educated up to Year 12. Minimal cost was an important reason for 52% of participants. Reproductive autonomy (41%) and the desire to involve their partner in the reproductive process (46%) were the next most common determinants of SI choice. Partner involvement was more important to those women with University education (60%) than to school educated (25%). The participation of the same-sex partner in the insemination process has important symbolic and social

significance to some lesbian parents. It enables the non-birth mother to feel involved in the planning and conception of the child and may predict her future parental role in the child's life.¹⁰ A minority of women chose SI due to ineligibility to access DI, this varying according to state (Victoria 15%, SA 5% and NSW 2%).

Reasons for choosing clinic-based insemination.

Forty-seven percent chose DI for safety reasons, indicating participants' awareness of the risks of SI with fresh semen from known donors, unless the donor is screened and counselled very thoroughly to remain safe during the period of insemination. DI was chosen by 58% of participants due to a desire for an anonymous donor. Another 20% using DI felt donor identity was important. There would be some ambivalence about the policies of some interstate DI services for this 20%, where for the most part women cannot easily obtain information regarding any more than basic physical characteristics of the sperm donor. The emphasis on access for the children to information about their biological father is apparent in international studies involving lesbian participants. In a longitudinal lesbian family study in USA, 45% of participants elected to know the sperm donor's identity in the belief that this information may one day be of benefit to their child.¹¹ Increasingly, Australian donor-insemination clinics are moving to the use of identity-release sperm donors, a move that is legislated in Victoria, WA and SA, with NSW legislation pending, and clearly a move that would be welcomed by many, but not all prospective lesbian parents.

Reasons for choosing clinic-based insemination (DI) were very different to the reasons for SI, indicating that each method appeals to different subgroups of women. This lends weight to the need to ensure accessibility and support for both forms of insemination, in order to meet the diverse needs of lesbian couples.

Roles and responsibilities of lesbian parents

All current parents in this study were asked to list who they considered to be the parents of their child. Significant differences were found depending on the biological mother's relationship status at conception (Table 4). Three quarters of those conceiving within their lesbian relationship considered both the biological mother and her partner to be parents, while almost 10% also co-parented with the biological father, and only 5% considered themselves to be the only parent. A much wider diversity of parenting combinations are seen in those families conceived in heterosexual relationships, where, despite the fact that most biological mothers are now partnered by a woman, more than 50% of the partners are not considered parents. Over half of the women who conceived when single continue as sole parent, and of those now partnered, the majority did not involve their partner in a step-parenting role. The sample size of single women is not adequate to draw any conclusions.

¹⁰ Dempsey D. 'Reproducing intimacy and kinship beyond intercourse: lesbian couples practicing self-insemination', In Kirkman M, Maher J-M and Souter KT (eds.), *The fertile imagination; narratives of reproduction* (special issue), *Meridian*. 2002, pages 103-121.

¹¹ Gartrell N, Hamilton J, Banks A et al 1996. "The National Lesbian Family Study: 1. Interviews with Prospective Mothers". *American Journal of Orthopsychiatry*; 66: 272-281

Table 4: Who are the parents of your child? (according to relationship status at conception)

	Het rel. n=100	Lesb rel. n=116	Single n=9
Total number of children = 225			
You, n = 32	22	5.2	44.4
You and your partner, n =110	20	75.9	22.2
Other incl. biological father*, n = 83	58	19	33.3
	100	100	100
Total % relationship type	44.4	51.6	4

2-sided test $p = 0.000$, $\chi^2 = 74.570$

Other includes - you, your partner, the father and/or the father's partner;
- you and the father

Of the 255 children described in this study, 88% (204) were living with the participant. Five percent alternated households between the mothers and the biological father. When comparing living arrangements according to relationship status at conception, again differences are seen. Of those conceived in a lesbian relationship, 86% were living with both women, while there were a few families in which the father also lived with both women (1.3%). Only half of the children who were originally from heterosexual relationships lived with the lesbian couple. Living arrangements did not necessarily reflect parenting status, with, for example, many lesbian couples cohabiting with children but not considering the partner to be a parent. It is possible that the role of the non-biological mother as parent is very deliberately chosen by most couples when children are conceived as part of the lesbian relationship, but does not routinely evolve in step or blended lesbian family arrangements, despite cohabiting arrangements for most lesbian couples.

Parenting rights and responsibilities follow a similar pattern. For children conceived in the lesbian relationship, 68% considered they were equally co-parenting, whereas for children conceived in a previous heterosexual relationship, only 17% were equally co-parenting with their partner. The types of involvement with the child were compared across the biological mother, her co-parent (i.e. her partner, where she is defined as a parent) and the biological father. The biological mother and the female co-parent have very similar levels of involvement on child-rearing measures including day-to-day care, social activities, discipline and financial support, with over 90% of both women involved. This was also the case for long-term decision-making measures including choosing a name, medical treatment, schooling, and spiritual development. These findings on the individual measures of parenting responsibilities suggest that the majority of female co-parents are contributing equally to the parenting role, regardless of whether they had a biological relationship to the child. Deb Dempsey will report the comparisons with the biological fathers.

Satisfaction with the parenting arrangements in terms of roles and responsibilities were described using both a quantitative and an open-ended question. Table 5 shows that levels of satisfaction overall were very high, but significantly higher for those who had conceived the child within the lesbian relationship.

Table 5: Satisfaction with the division of parenting roles and responsibilities, according to relationship status at conception (Child 1 only)

	Het rel. n=59	Lesb rel. n=77	Single n=9	Total N=145
Very or quite satisfied	66.1	97.4	77.8	83.4
OK	18.6	1.3	22.2	9.7
Very or quite unsatisfied	15.3	1.3	0	6.9
% in parenting category	40.7	53.1	6.2	100

2-sided test = 0.000, Chi 2 = 26.033

Thematic analysis of the 65 written comments revealed a number of reasons for the high level of satisfaction. A large number of comments related to the equality of the parenting role between the co-mothers, and the success of their shared responsibility. Satisfaction commonly related to the success of a negotiated agreement regarding levels of involvement between the biological mother and her partner, or with the donor, no matter what the involvement was. For some this involved a contractual arrangement, and many crediting their success on their ability to be flexible. Another section of the survey collected information specifically about legal arrangements and participant's satisfaction with these. While only 47% had legal documents regarding their family arrangement, over three quarters of participants were satisfied. Others were pleased with their diverse parenting arrangements, involving other adults in some of the parenting roles.

Fifteen percent from a previous heterosexual relationship were unsatisfied, compared with only 1.3% from the lesbian relationship and no single women. Reasons for dissatisfaction related mostly to conflict with the ex (male) partner, with several comments indicating that the father or extended family did not accepting the mother's sexuality. Lesbian relationship breakdown was also a source of dissatisfaction, where some non-biological mothers were distressed by the difficulty in maintaining a parenting relationship with their ex-partner's children. A small number also discussed differing parenting approaches or unequal responsibilities as a source of frustration within their lesbian relationship.

Future considerations

This study has allowed a cross-sectional snapshot of the reasons underlying conception choices, however a longitudinal approach would allow analysis of the impact of expected legislative reform and improved infrastructure of support for prospective lesbian parents on such decisions. Blended families from an increasing array of previous family

structures are emerging, including blended families of lesbians who conceived children within previous lesbian relationships. The determination of who will be the parents for children in such families is complex, and clearly not necessarily related purely to living arrangements or biological ties. Most of the women completing the questionnaire in this study were biological mothers, and as such, they represent their own perspective when discussing their own and their partner's roles in their family. Exploration of the perspective of the non-biological mother and her roles and vulnerabilities within the lesbian step-family would guide not only the women themselves, but also improve the awareness within their support systems. Further, the roles and contribution to the family by the biological mother's partner who chooses not to be a parent require description and recognition. Finally, this study did not explore the role of other adults in the lives of these children, although several participants regarded these relationships as a strength of their families.

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