

Queer Parenting: a thriving endeavour

Ruth McNair and Deb Dempsey
Department of General Practice,
University of Melbourne

AIFS Seminar 21 February 2002

Families, health and reproduction: An exploratory
study of lesbian, gay, bisexual and transgender
parents in Australia

Preliminary data from Victorian Sample

Research Team:

Department of General Practice, University of Melbourne

Australian Institute of Family Studies- Sarah Wise

Bouverie Centre, La Trobe Uni-Amaryll Perlesz

Funded by Department of Human Services, Victoria

Background

- The lesbian family
 - Shift from ex-het to lesbian initiated family
- Evidence of outcomes for children
 - Tasker & Golombok, Gartrell, Allen, Parks, Patterson
- The unknown quantity
 - NSW surveys:
 - 1995- 20% lesbians had children, 14.5% wanted children
 - 1999- 22% had children, 19.7% wanted children
 - VGLRL survey 2000 (n= 670, 81% in relationships)
 - 21% had children
 - 41% wanted children, 63% those under 30 wanted children

Choices for family formation versus Legislative restrictions in Victoria

- Self-insemination with known sperm donor -NO
- Donor insemination with identity release sperm - NO
- Donor insemination with anonymous sperm - NO
- Adoption –local-NO,
- Overseas adoption-VERY LIMITED
- Fostering - YES
- IVF, GIFT, ICSI etc- YES

Aims

1. Inform social research and policy and assist with improving inclusion of alternative family structures
2. Demonstrate gaps in health promotion and support networks for people creating alternative families.
3. Provide accurate health information with regard to conception practices with a view to informing current Victorian and Commonwealth health policy initiatives

Questions

- How do lesbians (in conjunction with donors/fathers) achieve their families?
- Are there health risks associated with lesbians' conception practices in the absence of wide access to medical screening and fertility treatment?
- What role do men play as donors/parents both in their own right and in the lives of children in lesbian families?
- What kind of social and support networks sustain LGBTI families in a heteronormative culture?

Eligibility criteria

- ✦ Any lesbian, gay, bisexual, transgender or intersex person who is intending to have children by whatever means in the next 2 years
- ✦ Any lesbian, gay, bisexual, transgender or intersex person who is a biological or social parent, or lives in the same household with children who are under 18 years or age

Methodology

- An anonymous reply-paid postal questionnaire
- 55 Items-mostly quantitative including 11 qualitative questions
- Self-administered, 30-45 minutes to complete
- Designed for women and men (including transgender and intersex participants)
- Collects information on household groups as well as individuals.

Questionnaire- 4 Sections

- Section A- general information associated with the defined family and household
- Section B- health and medical issues
- Section C- Parental relationships and levels of involvement with children
- Section D -Social acceptance and support – with quantitative questions from AIFS and qualitative questions from Bouverie

Sampling

- Non-probability sampling-convenience, snowballing
- To households rather than individuals
- Via:
 - mailing lists of GLBTI community organisations-parenting and general
 - Selected health clinics with GLBTI clientele
 - Advertisements in gay and lesbian press
 - snowballing

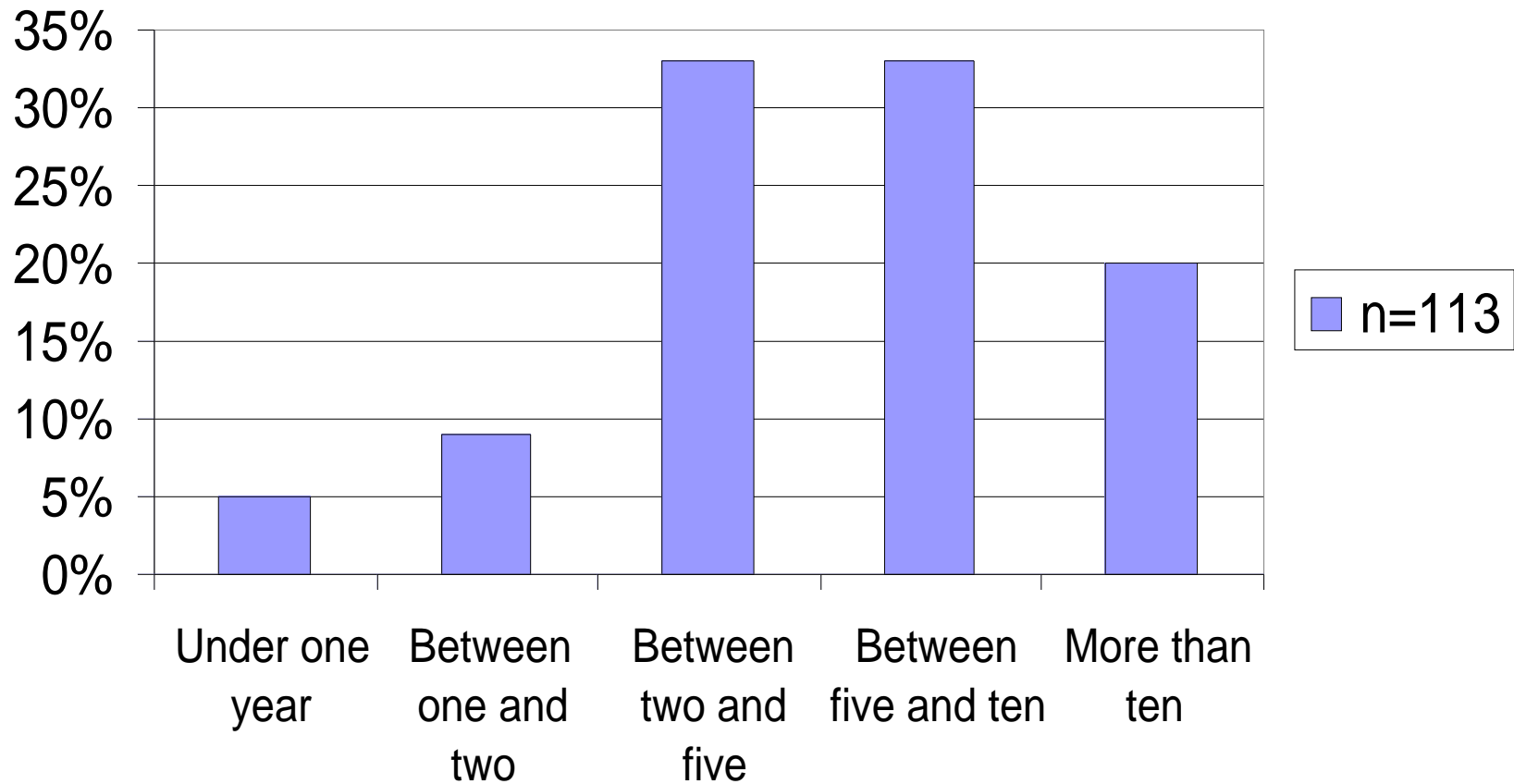
Returns

Source	F-In	F- sent	%	M-In	M- sent	%
Parenting mailing lists	56	215	26	7	65	11
General GLBTI lists	21	150	14	9	145	6
Clinics, health organisations	41	183	22	8	136	6
Advertising-requests	20	25	80	5	9	56
TOTAL	138	573	24	29	355	8

Gender and relationship status

- 136 women returned valid questionnaires
 - 5 male to female, 1 intersex
- 74% co-habited with same-sex partners
 - 15% single
 - 10% non-resident same-sex partners
 - 1% other
- 77% never married
 - 22% divorced or separated
 - 1% married

Length of current relationship

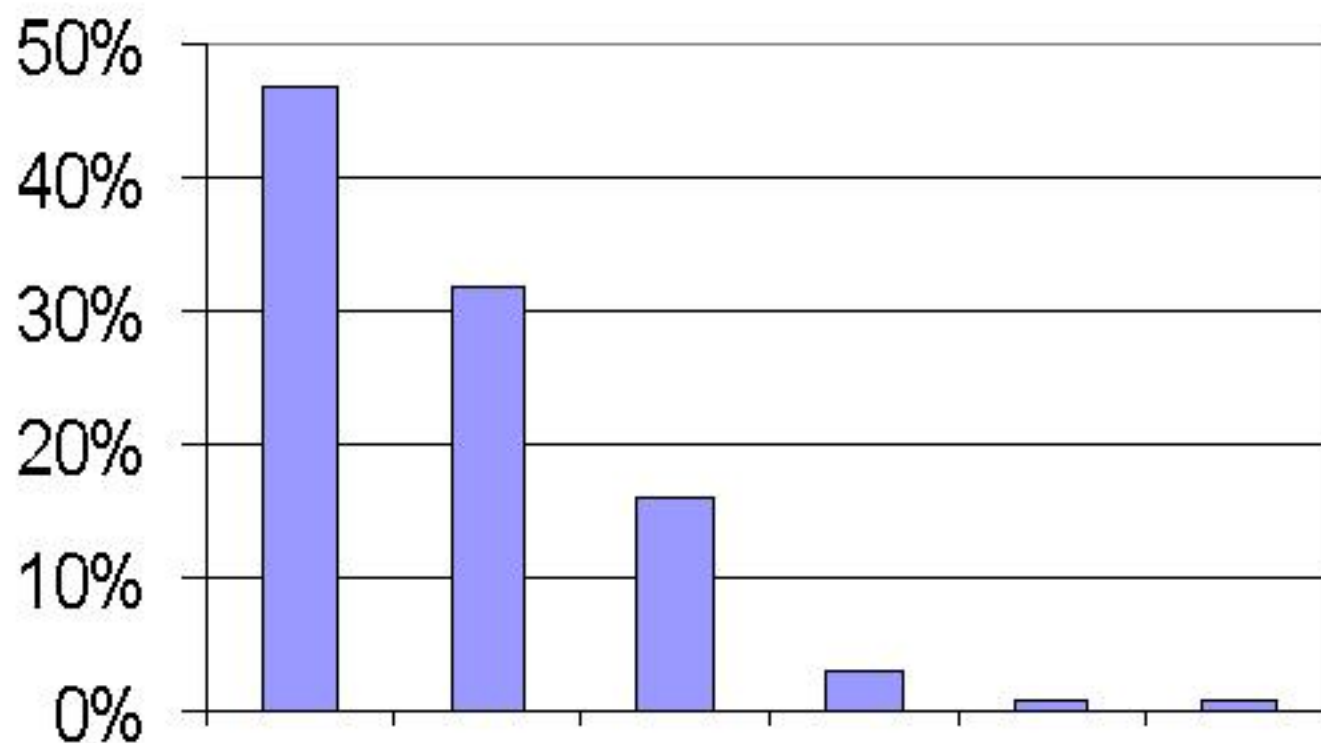


Parental status

- 48% of total sample (63) planning or expecting first child
 - 54% (73) parents
 - 7% (9) sole parents
- 56% planning first or subsequent children
 - 40% biological parents
 - 15% non-biological parents
 - 2% guardians or foster carers

Number of children: participants and partners

■ n=132



Prospective parent only

One child

Two children

Three children

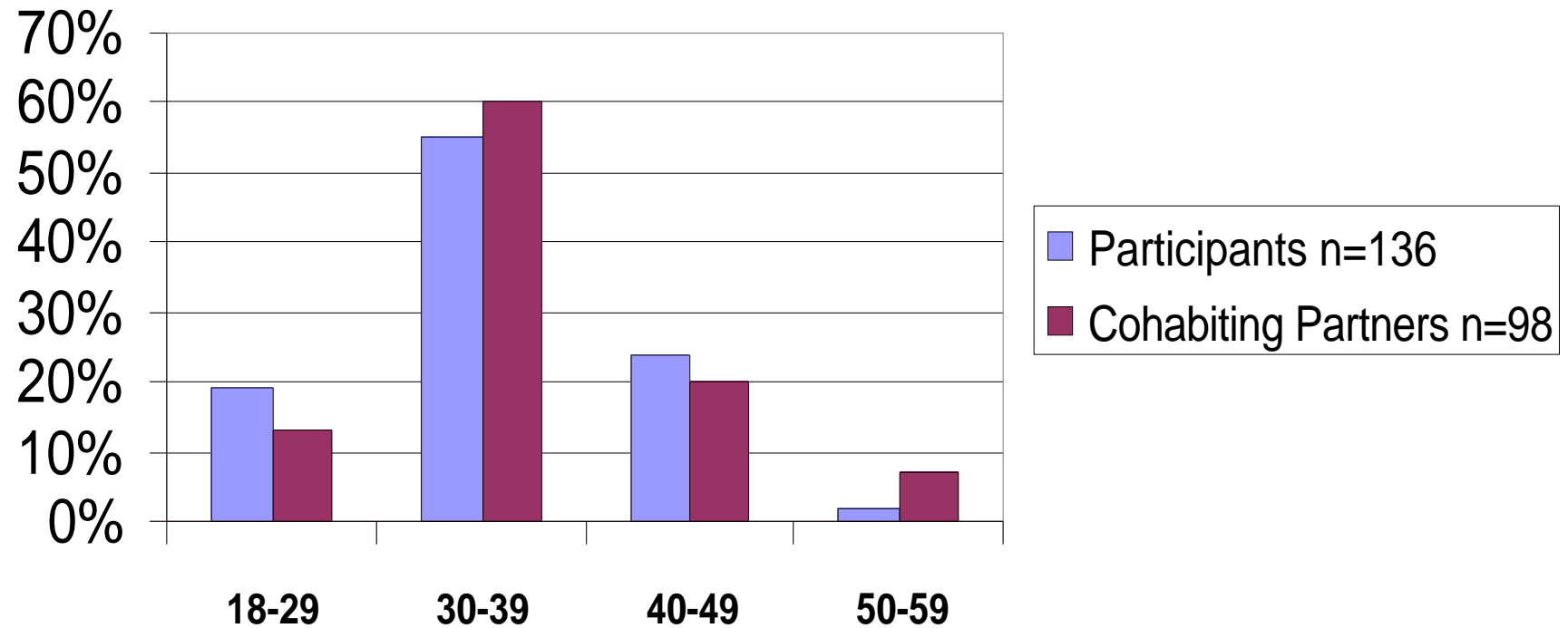
Four children

Five children

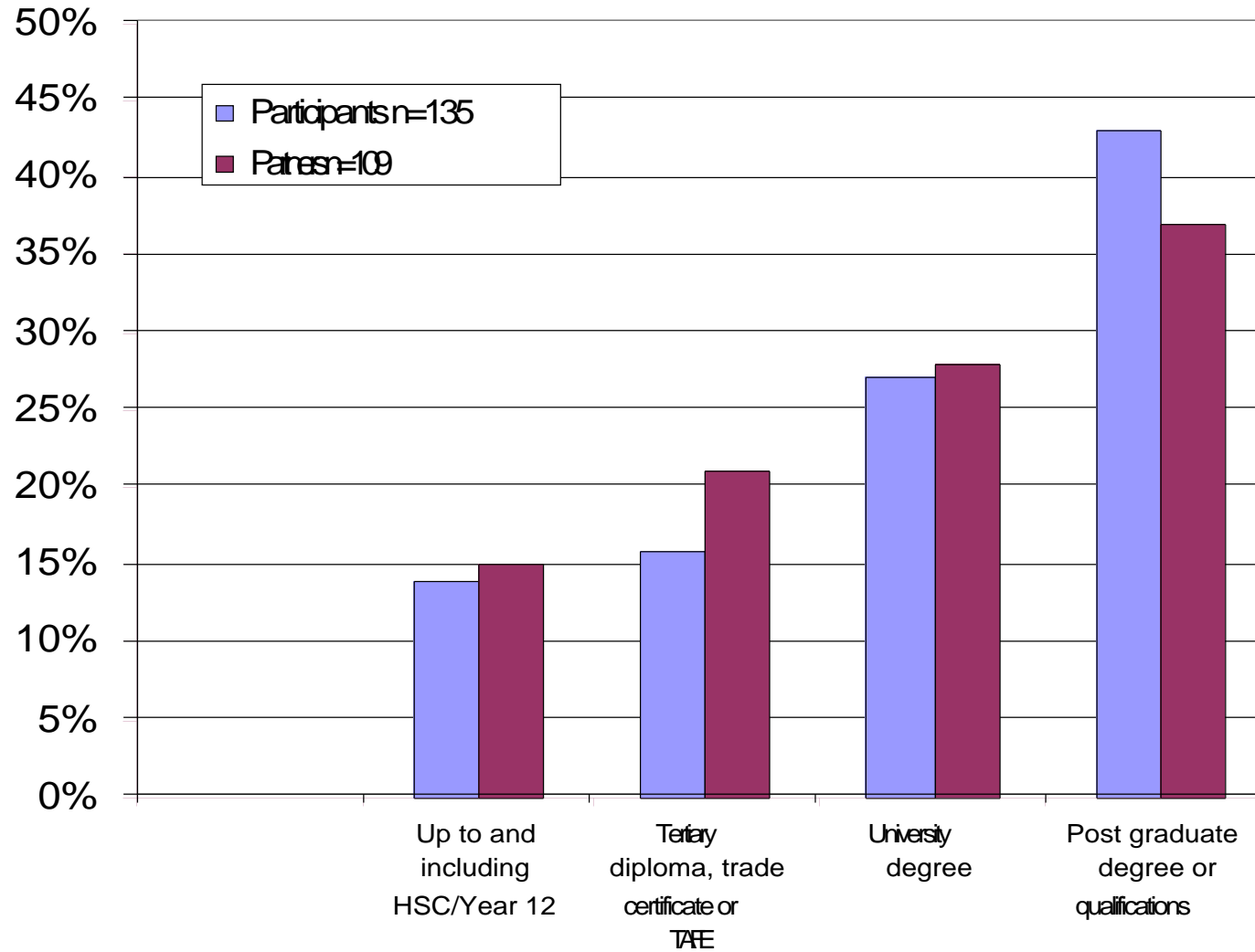
Ethnicity and COB: participants and partners

- No indigenous Australians
- CALDB under-represented
 - 82% participants and 87% partners Australian-born
 - 15% participants and 9% partners spoke language other than English at home
 - 15% participants and 16% partners identified with an ethnic or racial group other than Anglo-Australian

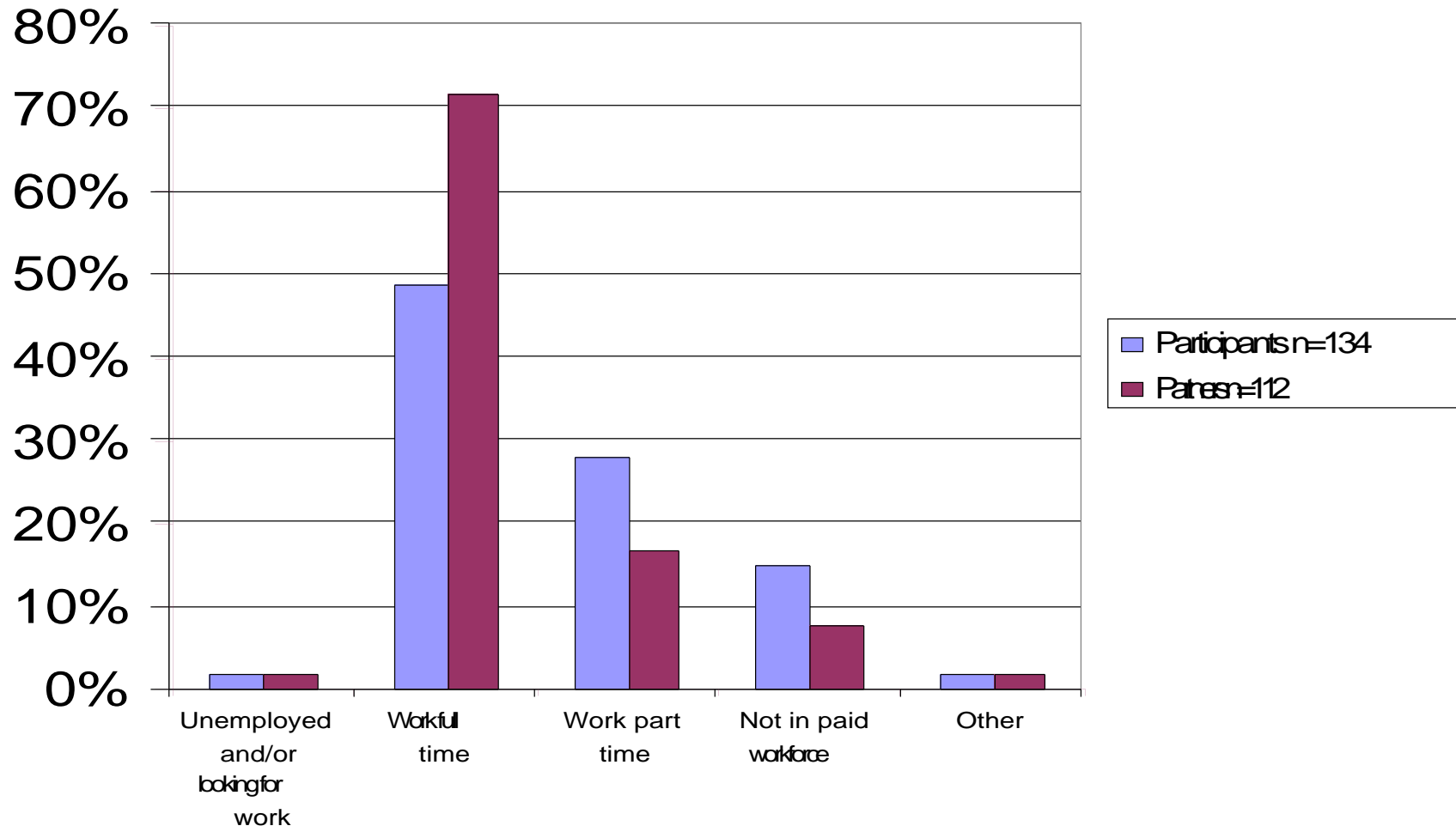
Age: participants and co-habiting partners



Education: participants and partners



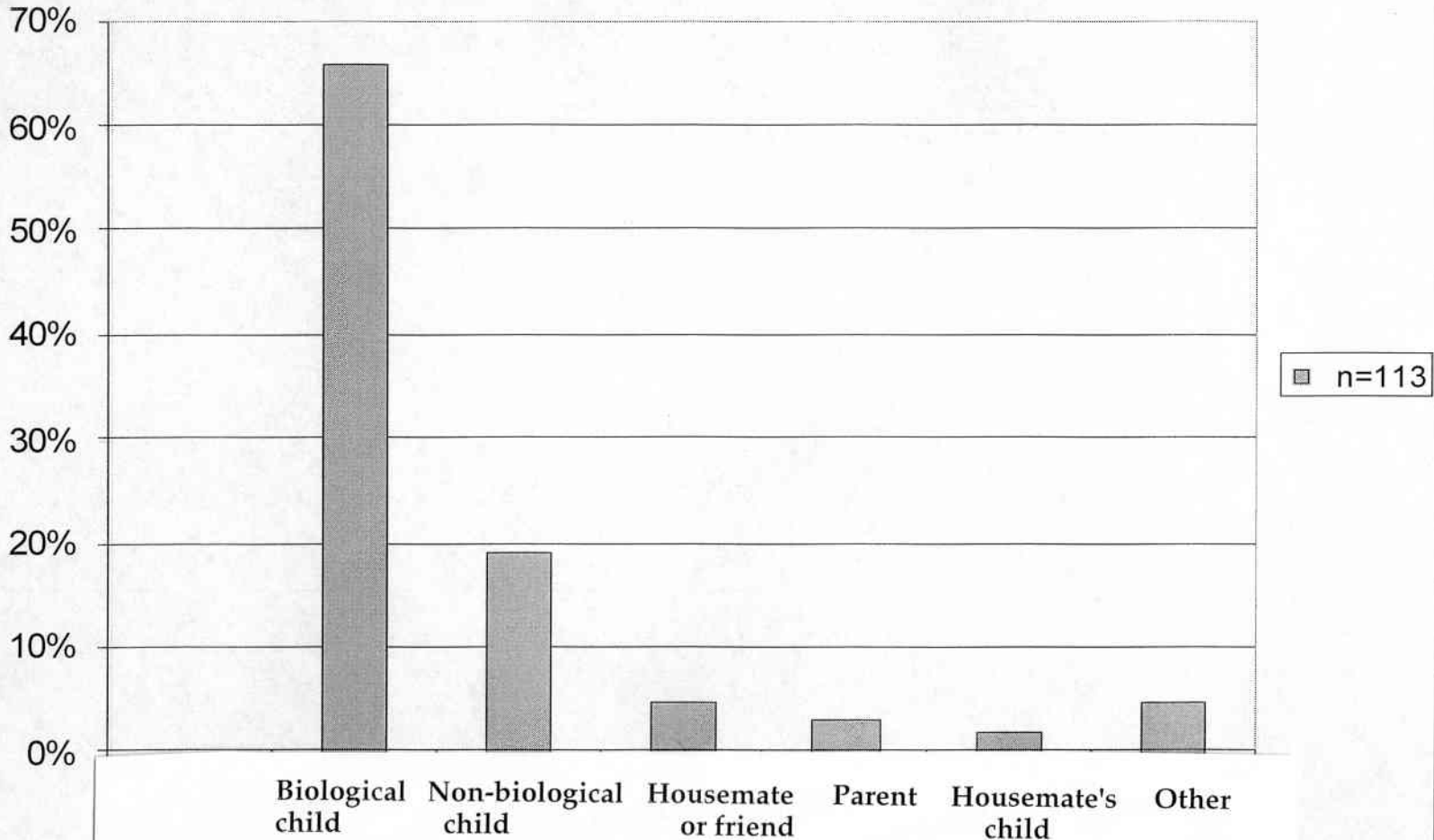
Work occupation



Area and type of accommodation

- Inner Melbourne 64% (n=136)
 - Outer suburbs 20%
 - Regional centre (>50000) 4%
 - Rural (5000-50000) 8%
 - Rural (<5000) 4%
- Mortgaged or owned property 56%
 - Private rental 31%
 - Other (public/community housing, accom. provided by family or friends) 13%

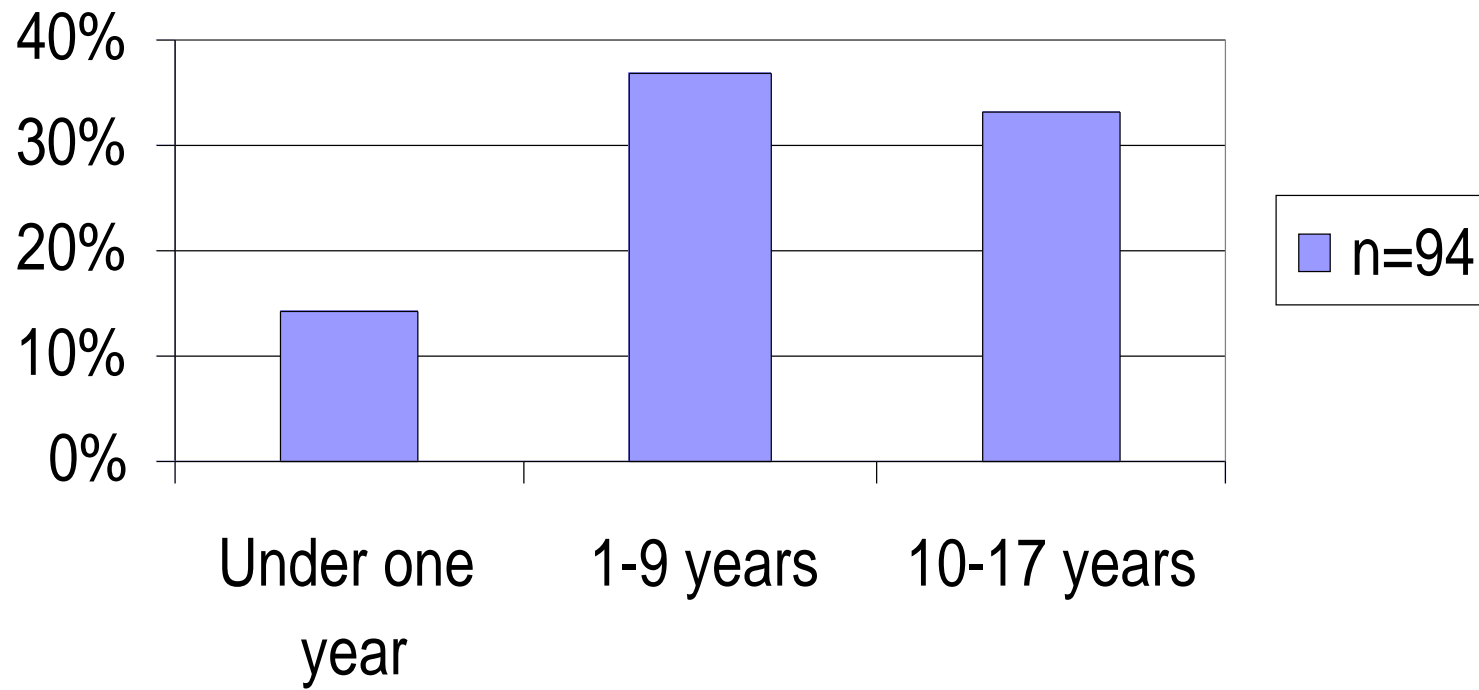
Relationship to participant of other household members (excluding partner)



Children's circumstances

- 115 children in total
- 83% (96) of the children lived with the participant
 - 75 'biological' children
 - 21 'non-biological' children
- 77% of participants with children were raising the children with their same-sex partner

Age of resident children under 18



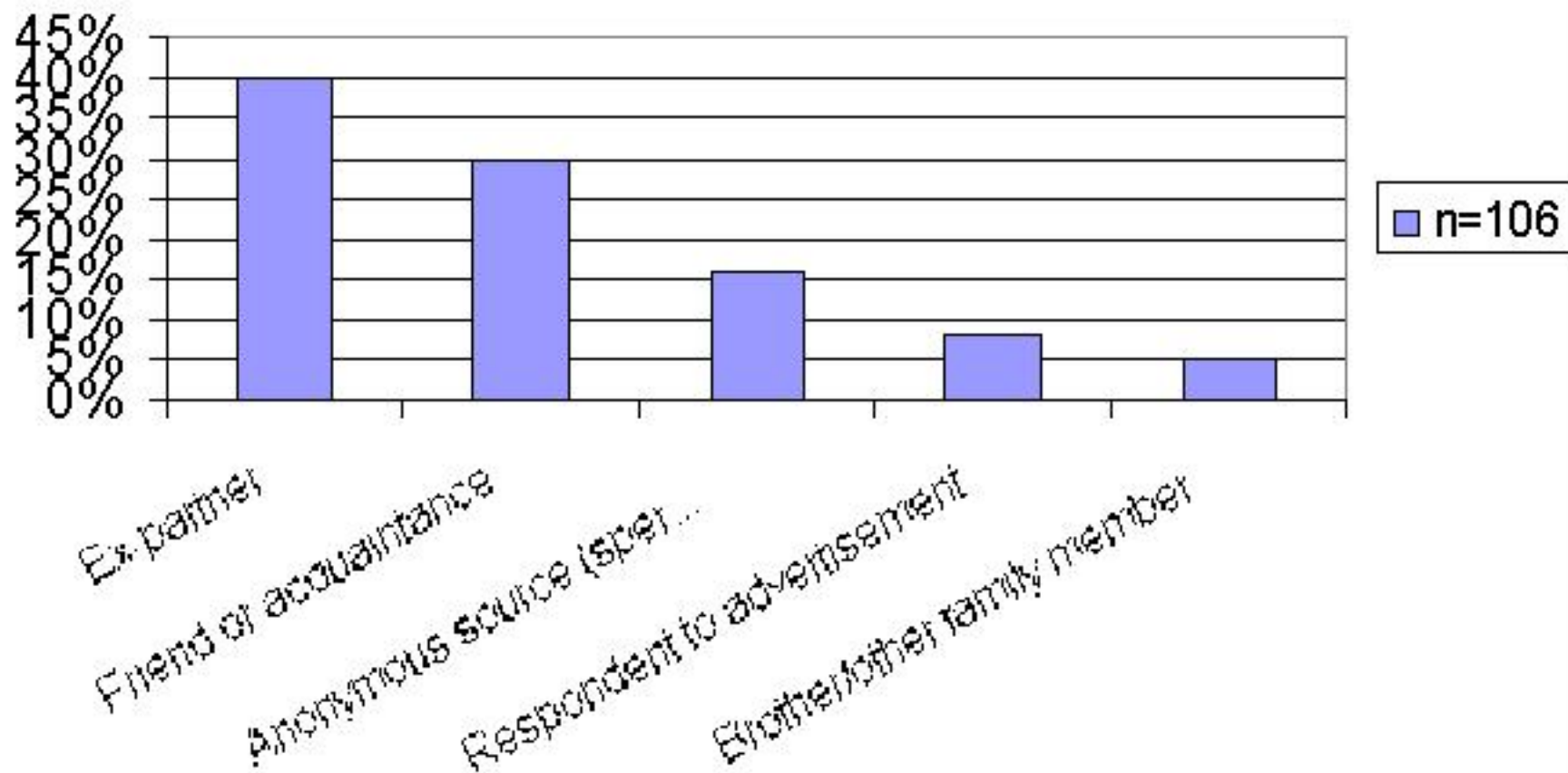
How did the children come into your life?

	n=115	%
Conceived in previous het relationship	51	44%
Conceived in current lesbian relationship	37	32%
Conceived in previous lesbian relationship	13	11%
Conceived when single	7	6%
Adopted	2	2%
Foster care	2	2%
Other	3	3%

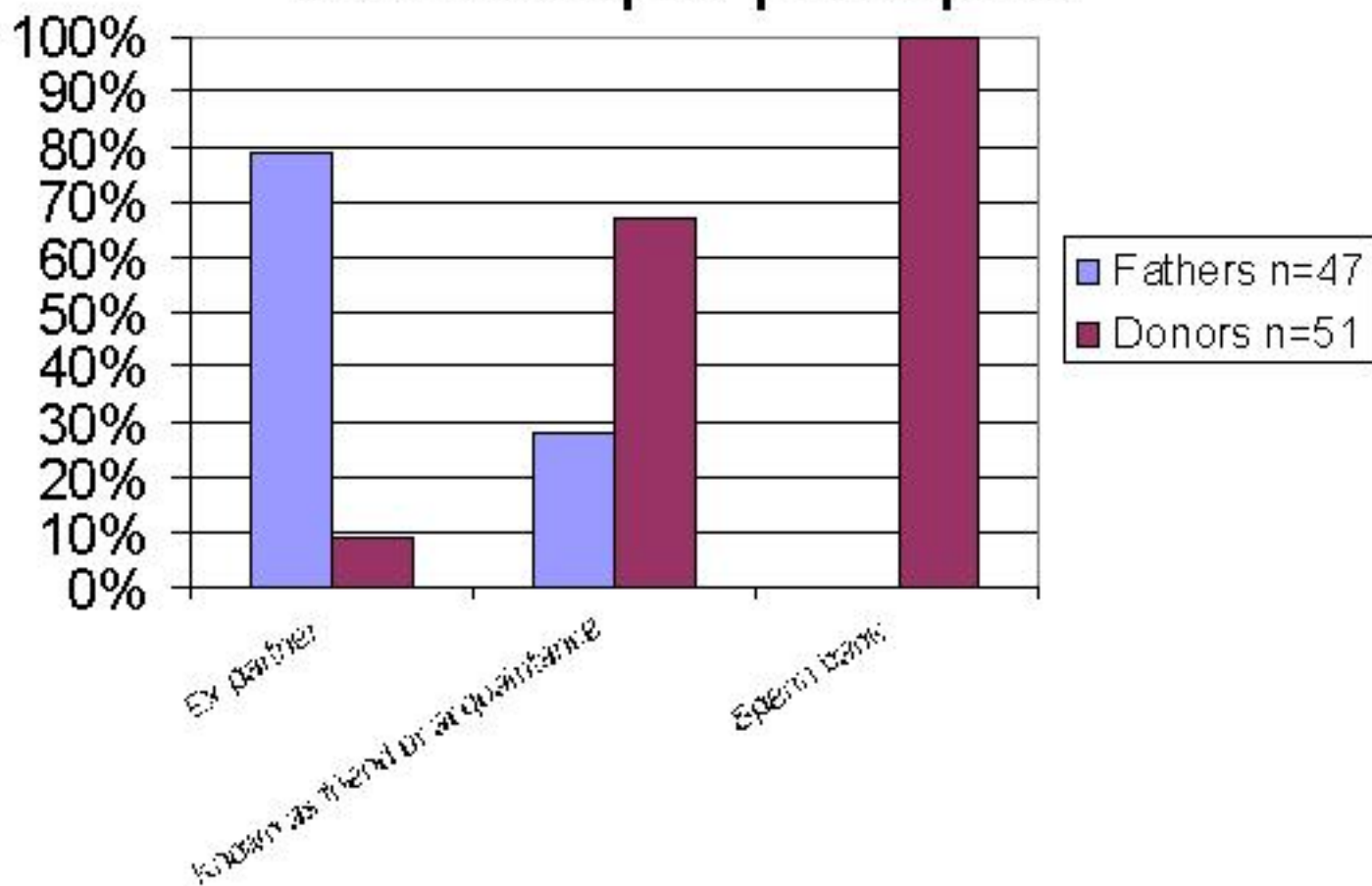
Fathers and donors

- 85 participants completed questions about fathers and donors
- 106 men, more than one father or donor in 25% of families
- Only two of these men co-habited with the women and children
- ‘Fathers’ 44% (47) ‘Donors’ 48% (51) ‘Other’ 8% (7)

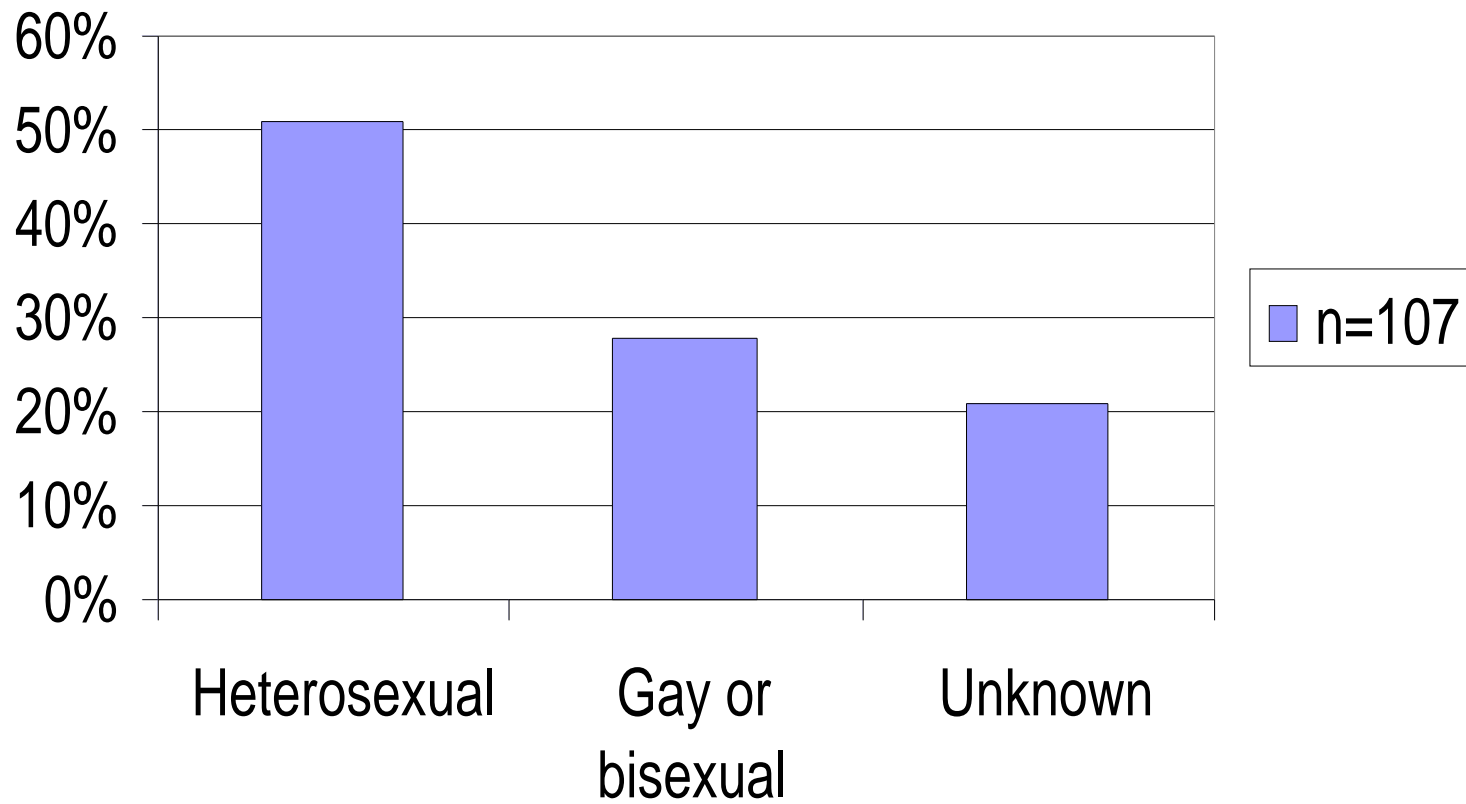
Relationship to participant of fathers/donors



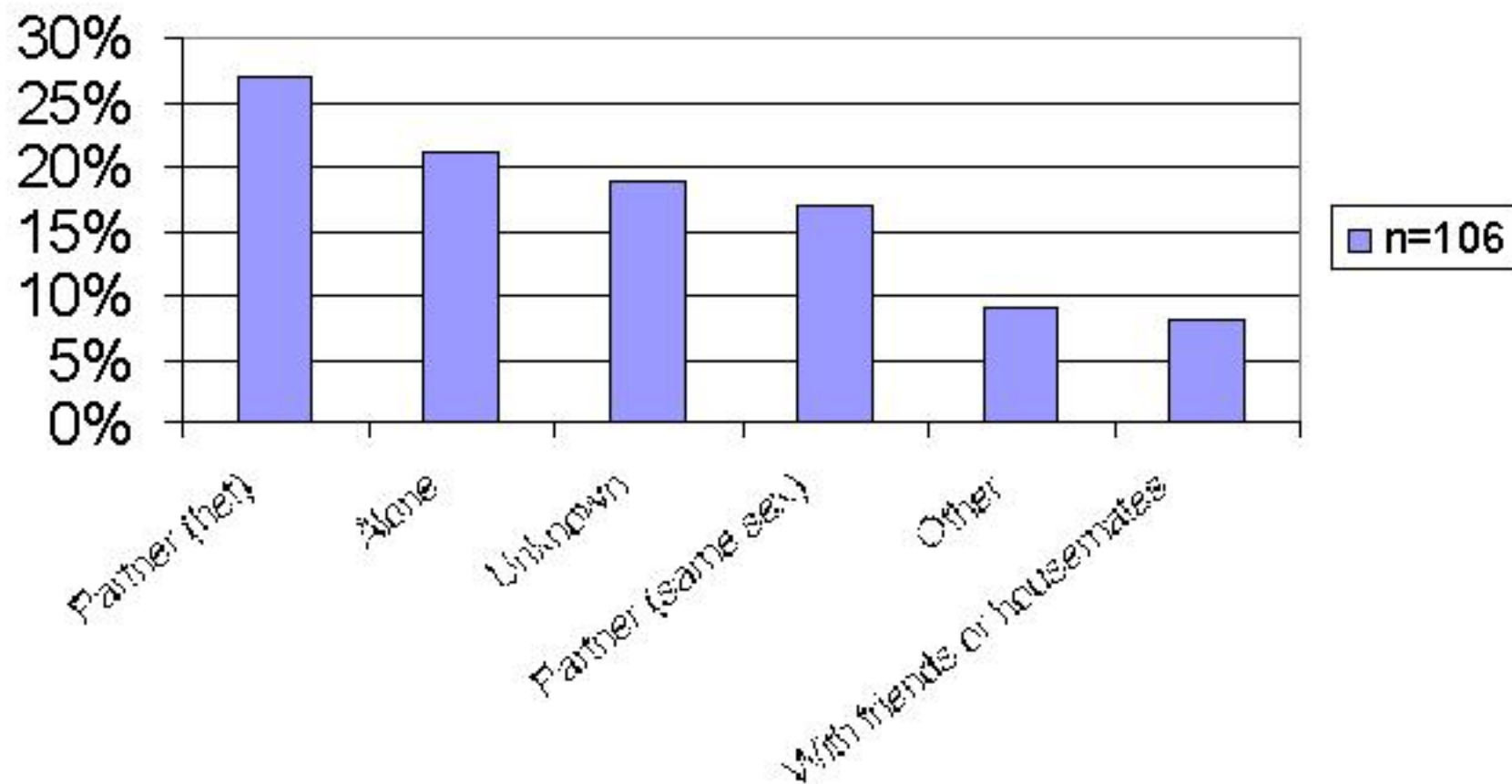
Definition as 'father' or 'donor' and relationship to participant



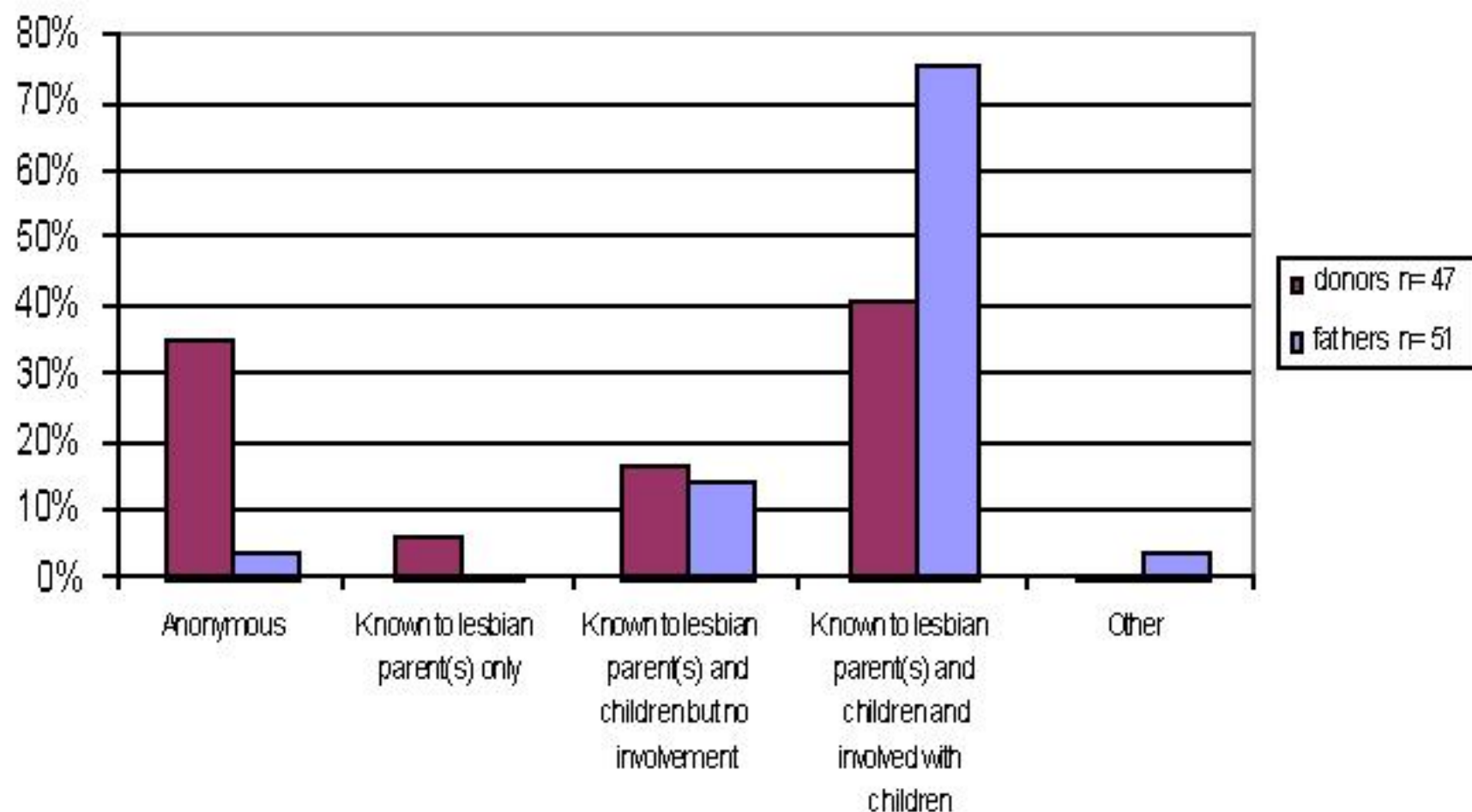
Sexuality of fathers/donors



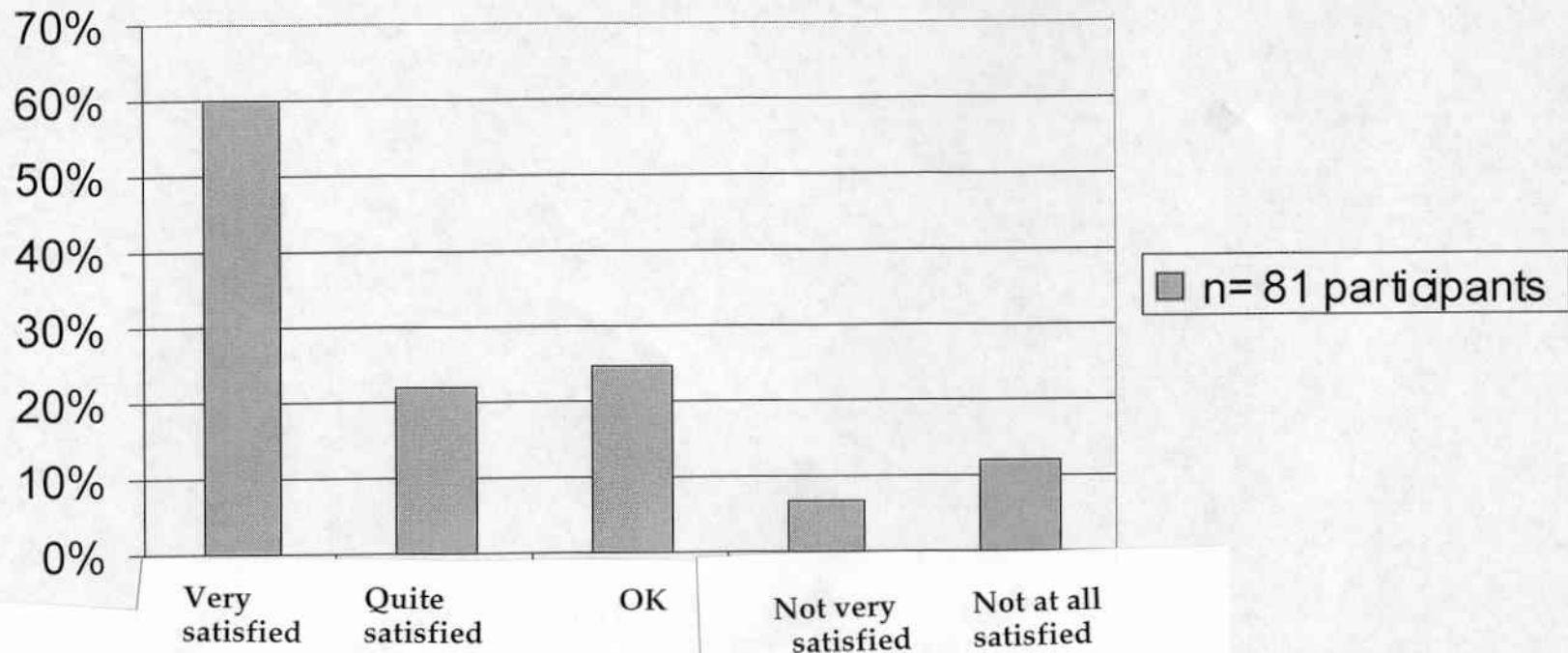
Living situation of fathers/donors



Involvement of fathers and donors with lesbian parent(s) and children



Levels of satisfaction with father/donor arrangements



Qualitative data: relationships with fathers and donors

- Participants tended to take the child's point of view when rating their satisfaction levels:

My son has a good relationship with the donor which is more important but I'm not so impressed with the donor's immaturity and selfishness. My son's other primary parent is my ex-girlfriend who he spends alternative weekends with. The donor was seen by the Family Court as being secondary to her and he makes things difficult sometimes, perhaps out of spite.

(‘Quite satisfied’, gay donor)

He has very little contact. It satisfies me but I would like more contact for my son's sake.

(‘Ok’, heterosexual father)

Satisfaction with fathers who are ex-partners

- Ability to maintain amicable relationship
for the sake of the children:

Children's father and I agreed to protect children from any anger/disagreements by never making put down comments about the other in front of the children. In the nine years since our separation we have become supportive friends and my ex-husband can now attend functions with my partner and our kids at our home.

(‘Very satisfied’, heterosexual father)

Dissatisfaction with fathers who are ex-partners

- Residual hostility displayed by ex-partner to participant's lesbianism:

The separation was bitter. He brainwashed the children telling them I was a lesbian slut. It took years to recover my eldest son's respect. So I fear my ex husband's tongue. He also outed me to members of my ethnic community. I know if I'm assertive with him he will retaliate via the children.

(‘Not very satisfied’, heterosexual father)

Satisfaction with known fathers/donors who are not ex-partners

- Donor shows interest in being known to child but no interest in day to day parental role:

Known to child as father and maintains contact at fairly low level. It's generally very stress free. He fits in very well with our wishes as parents.

(‘Very satisfied’, heterosexual donor, participant with co-habiting partner)

- Parenting negotiations have been amicable and rewarding:

We spent two years trying to get pregnant. There was plenty of time to discuss our wishes and expectations in regards to our son. We drew up a co-parenting agreement and so far things are going very well indeed.

(‘Very satisfied’, gay father, single lesbian mother)

Dissatisfaction with known donors/fathers who are not ex- partners

- Donor's level of interest in child less than child's in him (1 case)
- Donor took legal action rather than trust in the negotiated relationship with the lesbian couple
(1 case)

Satisfaction with donor anonymity or complete father absence

- Very few women expressed unreserved satisfaction with donor anonymity or father absence as they felt it may impact on the children in the future
- Donor anonymity
 - Fewer complications re. parental arrangements:
‘My partner and I will be this special baby’s parents’.(‘Very satisfied’, anonymous sperm donor from sperm bank, participant with co-habiting partner)
- Father absence
 - Considered satisfactory if it had always been the status quo
 - Considered satisfactory if sexual abuse of children had occurred in the past (three situations involving ex-husbands)

Dissatisfaction with donor anonymity or father absence

- Older child had shown distress regarding inability to know identity of donor (1 case)
- Difficult to explain to children father's lack of interest (1 case):
 - As he is an ex-partner and consenting/participating party to the children's conception, it has been difficult over the course of eight years to explain and justify to the children his lack of contact or financial contribution. It is a stress on our relationship at times.

(‘Not at all satisfied’, completely estranged ex-partner, participant with co-habiting partner)

Conception methods

Method	Current children n= 109 children 69 parents (49%)	Currently trying to conceive n = 43 (33%)
Sexual intercourse	55%	2%
Self insemination	29%	44%
Donor insem. (clinic) - Interstate	8%	31%
Donor insem. - Vic	0	2%
Combine Self and clinic insemination	0	2%
IVF/GIFT	6%	13%
Other	2%	6%

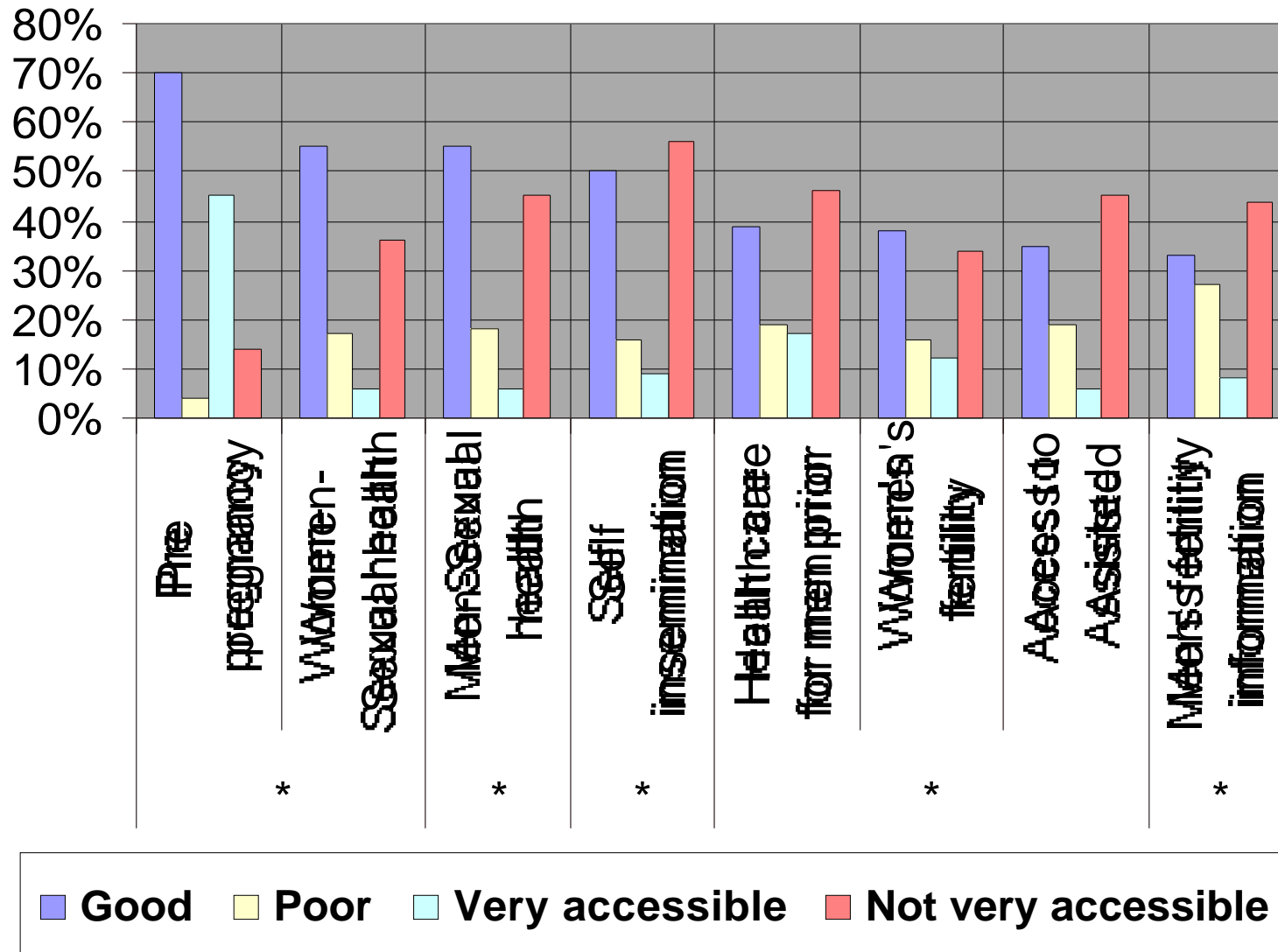
Reasons for method of choice (*?Self Ins. •?DI)

	<u>%With child</u>	<u>%Future</u>
<u>In a heterosexual relationship at the time</u>	<u>39</u>	<u>0</u>
<u>Desire for child to know identity of father *</u>	<u>29</u>	<u>84</u>
<u>Ineligible to access DI in Victoria*</u>	<u>0</u>	<u>78</u>
<u>Beliefs regarding women's fertility rights• *</u>	<u>17</u>	<u>76</u>
<u>Desire to involve partner*</u>	<u>16</u>	<u>65</u>
<u>Cost*</u>	<u>16</u>	<u>51</u>
<u>Opposition to medical intervention*</u>	<u>15</u>	<u>36</u>
<u>Other methods unsuccessful or infertility•</u>	<u>11</u>	<u>49</u>
<u>Safety of procedure (less risk of infection)•</u>	<u>8</u>	<u>60</u>
<u>Time urgency (age of mother)•</u>	<u>8</u>	<u>59</u>
<u>Wanted an anonymous donor•</u>	<u>8</u>	<u>35</u>
<u>Couldn't find known donor•</u>	<u>0</u>	<u>30</u>

**ART services would be interested in using
if available in Vic, n = 122, multi-response**

	%
Clinic-based insemination with sperm from own known donor	57
Storage of sperm from own known donor	53
Access to identity-release donor sperm	49
None of the above	19
IVF or GIFT (as first option)	17
Access to donor eggs	3
Assistance with surrogacy arrangement	1

Health information knowledge and access



Tests accessed prior to trying to conceive

n = 102, multi-response, %

<u>Pap smear</u>	<u>72</u>
<u>Test for Rubella immunity</u>	<u>69</u>
<u>Blood group</u>	<u>64</u>
<u>Hepatitis B</u>	<u>64</u>
<u>HIV/AIDS</u>	<u>62</u>
<u>Gynaecological scans or ultrasound</u>	<u>41</u>
<u>Chlamydia and Gonorrhoea</u>	<u>36</u>
<u>Tests for CMV (cytomegalovirus)</u>	<u>29</u>
<u>Tests for STIs (not sure which ones)</u>	<u>27</u>
<u>Alternative fertility treatment</u>	<u>25</u>
<u>Test for sperm quality</u>	<u>22</u>

Sources of support used % (n= 69), *self help
helpfulness (all 79-100% somewhat or very helpful)

<u>General Pregnancy/parenting books*</u>	<u>77</u>
<u>Advice from other parents/family members*</u>	<u>73</u>
<u>Advice from LGBTI parents and donors*</u>	<u>70</u>
<u>Support group for lesbian mothers*</u>	<u>67</u>
<u>LGBTI Pregnancy/parenting books*</u>	<u>65</u>
<u>General practitioner specialising in lesbian health</u>	<u>62</u>
<u>Other general practitioner</u>	<u>62</u>
<u>Gynecologist</u>	<u>48</u>
<u>Midwife</u>	<u>45</u>
<u>Fertility specialist</u>	<u>42</u>
<u>LGBTI websites and email lists*</u>	<u>42</u>
<u>Birthing centre</u>	<u>28</u>
<u>Fertility counsellor</u>	<u>26</u>
<u>Women's health information service*</u>	<u>25</u>

What health care system support was helpful

- Advocacy
- Affirmation of choices
- Accepting of non-birthing partner and of lesbian relationship
- Helped navigate a path
- Provide practical advice – timing insemination, tests, use of syringe, provide syringe
- Referral to knowledgeable service if required

“In preparation for my partner’s attempts to conceive shortly we have been very happy with the support we received from our local General Practitioner (not gay-specialist). He has been open, respectful and encouraging in his work as he helps us to navigate the path to extend our family.”

(inner urban)

“All professionals have been fabulous and appropriately treated my female partner as the other significant parent. This was despite the fact that we included the biological father in all meetings and appointments.”

(inner urban)

What was unhelpful

- Lack of recognition of lesbian relationship, invalidation of non-biological mother's role in the family
- Lack of knowledge, no referral networks
- Discriminatory comments
 - “what if the child is a boy?”
- Refusal to treat, reminded it was ‘illegal’

“When requesting a referral from GP to interstate reproductive clinic for donor insemination, the female GP was more interested in convincing my partner she would be bringing up the child alone and could not rely on my support. Unfortunately, work had prevented me from being at that appointment but I have not missed one since.”

(rural area)

“The hospital birthing centre (Hospital X) were very helpful and completely accepting of us as a couple, eg. Inviting me to cut the chord, putting both our names on the door so it was clear we were partners.”

(inner urban)

“Midwife in family birthing centre (Hospital X) referred to father instead of partner the whole way through the classes through to the last ‘taking baby home’ session. I have never felt so invalidated in my life.”

(inner urban)

Emerging Themes

- Strengths of family structure
 - Gift, love, strength, sharing, wish come true
 - Equality within relationship
 - Role development- not restricted by stereotypes, able to negotiated roles
 - Able to teach child to be tolerant, open

Emerging Themes

- Difficulties/Challenges
 - “tyranny of the biological”- non-biol mum not recognised, no rights legally, socially
 - Lesbian community not accepting parenting
 - Ignorance in general community
 - “Constantly feel under scrutiny”, invasive q’s
 - Roles- few role models, forging non-traditional path difficult, competition within lesbian couple
 - Anxiety that children will be harassed