Going it Alone: Stories of New Zealand Women Choosing Single Motherhood

Rochelle Trail and Sonja Goedeke
Auckland University of Technology, New Zealand

Increasing numbers of women in New Zealand are choosing to become single parents via donor insemination and may be referred to as Choice Mothers. However, the issues these women face have yet to receive much research attention and thus little is known about them and their lives. This research explored the experience of being a Choice Mother in New Zealand using semi-structured interviews. Data was analysed thematically, and identified that despite variations within their individual situations, there were similar aspects to their experiences. These included: their determination to become a parent, grief at not having achieved the "traditional family unit", challenges of partner absence, difficulties in explanations of their family unit, managing complex family structures, and their pride at having taken action to achieve their family, albeit unconventionally.

Keywords: Choice Mother, Grief, Donor, New Families, Support

Introduction

The term 'Choice Mother' refers to unpartnered women who opt to become single mothers through donor insemination or adoption. These women tend to differ from other single mothers not only in the way in which they plan for motherhood, but also their typically older age, their more advanced educational level and their employment and financial status, which makes them a relatively specific and homogenous subset of single parents (Murray & Golombok, 2005a). Since the number of Choice Mothers in New Zealand is increasing (Bilby, 2015), a better understanding of their experiences and needs and their alternate family form within the New Zealand context is required.

The numbers of Choice Mothers in New Zealand are hard to gauge since women may conceive without the involvement of a fertility clinic, or may travel overseas for fertility treatment. As of 1993, following a complaint to the Human Rights Commission (NZ Law Commission, n.d.), all fertility clinics must accept single women and those in lesbian relationships for donor insemination. However, sperm donors are able to select recipients for their sperm, and thus single women are likely to wait longer to access sperm than partnered heterosexual women. Further, compared to other countries, in particular, the United States, the demand for sperm outweighs supply in New Zealand (Ainge Roy, 2016) which can limit the number of single women able to access donor sperm or result in long waiting periods.

Nonetheless, in 2015, of the 300 women treated by donor insemination at Fertility Associates, New Zealand's biggest fertility clinic, the largest group (52%) were single women. While the numbers of heterosexual and lesbian couples undergoing treatment using donor sperm have remained about the same, the reported numbers of single women accessing donor insemination have almost doubled in the past three years, from 80 in 2012, to 156 in 2015 (Bilby, 2015).

The rise in Choice Mothers may be due to several factors, including what has been termed in the press as a "Man Drought" in New Zealand, or a shortage of available men (Callister & Lawton, 2011). Population estimates for June 2011 suggested that there were around "50,000 more female than male residents aged 25-49, with the greatest imbalance in the prime relationship forming and childrearing age group of 30-44" (Callister & Lawton, 2011, p.1). 2013 Census data showed a similar pattern with the ratio of men to women between 25-49 years old estimated to be 91 men to every 100 women (Callister & Didham, 2013). Along with the low levels of children available for adoption in New Zealand (Adoption Option, n.d.), the increasing acceptability of using assisted reproductive technologies to build families, and the emergence of more diverse family structures, this situation may contribute to an increasing number of women contemplating becoming parents in the absence of partners.

Being a single parent may still be accompanied by stigma however (Marriner, 2016), as evidenced by research conducted in the United States, where 61% of study participants stated that a child needs both a mother and a father to grow up happily (Heimlich, 2011).

Indeed, some initial research that explores outcomes for children in single parent families has suggested that children of single parents do not fare as well educationally and occupationally (Waldfogel, Craigie, & Brooks-Gunn, 2010). Furthermore, these children were reported to have been at greater risk of having emotional and behavioural problems, as well as an elevated risk of poor health, child abuse and neglect (Waldfogel et al., 2010). While the reasons for this are not well understood, it has been assumed that the absence of a father is a major contributing factor (Mackay, 2005). Much of the stigma associated with Choice Mothers may be similarly intertwined with assumptions about normative heterosexual families and children's healthy

development. Yet some research has indicated that factors related to parental separation, such as inter-parental conflict, which are not relevant to Choice Mothers, have been more strongly associated with adverse effects (Mackay, 2005) than paternal absence itself.

Indeed, Choice Mothers may represent a more distinct and homogenous subgroup as compared to the more diverse umbrella group of 'single parents'. They tend to be older, have more advanced educational levels, employment and financial statuses (Murray & Golombok, 2005a; Jadva, Badger, Morrissette, & Golombok, 2009). Choice Mothers are women who have actively sought to become single mothers from the outset. While parenting alone tends not to have been their first choice, neither were they prepared to form relationships with men solely for the purpose of building a family (Murray & Golombok, 2005a). Research gives strong support to the fact that Choice Mothers are a specific sub-group of single parents, and that they and their children are doing well (Murray & Golombok, 2005a and 2005b). For example, research which focused on the parenting quality and emotional and behavioural wellbeing of children of Choice Mothers reported positive results for both parenting quality and the wellbeing of the offspring (Murray & Golombok, 2005a and 2005b). Similarly, a recent study on children between four and nine, reported that both the Choice Mothers and children were doing well and that children of Choice Mothers were experiencing similar levels of parenting quality to those from two parent families (Golombok, Zadeh, Imrie, Smith & Freeman, 2016).

The distinction between single and Choice Mothers is not without controversy, however, with Seals Allers outlining how this may create a certain hierarchy within single motherhood, possiblyfurther stigmatising single mothers by virtue of how they achieved their single status, "glorifying some while demonising others, mostly across racial and socioeconomic lines" (Seals Allers, 2016). Choice Mothers, distinguished often by their age, economic security and the fact that most are middle-class, may be placed on the higher rungs of single motherhood above younger, poorer and coloured single mothers (Seals Allers, 2016).

And yet on the other hand, Choice Motherhood as a form of modern family-building may also carry stigma stemming from other reasons. In New Zealand, an opinion poll carried out by Daniels and Burn (1997), found that "a majority of New Zealanders feel that lesbian couples, single women and couples where women were past the age of menopause should not have access to AHR (fertility) services" (Hargreaves, 2001, p.196). While this research is now somewhat dated, more recent overseas research in the United Kingdom and Australia suggests continued societal stigmatisation of single parents, including Choice Mothers (Marriner, 2016). Part of the stigma associated with Choice Motherhood may come about as a result of how this group of 'single mothers' became Choice Mothers – intentionally, and usually through the use of donor sperm.

In New Zealand, unlike in some other jurisdictions, gamete donation must be on an open identity basis and donors may not be anonymous. This means that donors must register their identifying information and be willing to have this disclosed to offspring at the age of majority or earlier by application from donor-conceived children or parents on behalf of their children (Human Assisted Reproduction Act - HART Act, 2004). The HART Act, drawing on Māori cultural perspectives (Daniels, 2007) also has as one of its principles that donor offspring should be made aware of and have access to information about their genetic heritage. This ties in with Māori valuing of "whakapapa" or family relationships, regarding knowledge of ancestry as critical to a sense of identity and an understanding of ones place in the world (Daniels & Douglas, 2008).

In following the path to parenthood, Choice Mothers may be faced with significant issues and challenges, both related to being a single parent as well as to the means of conception. These include the fact that for many, embarking on single parenthood is not their first choice and there is often some grief associated with that (Ainge Roy, 2016). In addition, donor conception brings with it challenges such as the timing and method of disclosure of the conception to the child and navigating the relationship with the donor and the donor's family network, which may include his immediate and extended family and that of other donor offspring (Daniels, Kramer, & Perez-y-Perez, 2012). Deciding what to call the donor, and the level of information exchange and contact may be part of the complexity.

Research suggests that donor offspring may struggle with their origin and identities, although also that early disclosure tends to promote wellbeing and healthy identity formation (Crawshaw & Montuschi, 2013; Mahlstedt, LaBount, & Kennedy, 2010; Turner & Coyle, 2000). Disclosure is likely to be easier for both the parent and the offspring, if there is never a time when the child can not recall not knowing about their family formation (MacDougall, Becker, Scheib, & Nachtigall, 2007). In the New Zealand context, cultural considerations such as the construct of whakapapa underscore policy guidelines which encourage openness and early disclosure to children (Fertility Associates, n.d.). While these are issues confronting other families in which donor conception has been used in family-building, some research has suggested that donor-conceived children of single or Choice Mothers appear to be "hurting more" (Marquardt, Glenn, & Clark, 2010). While concerns have been raised about the quality of some of this research (Blyth & Kramer, 2010), it is important to develop a better understanding of this type of family formation and its outcomes.

Much of the current research on Choices Mothers and donor insemination has been conducted overseas, with different societal norms and regulations, which make it difficult to extrapolate findings to the New Zealand situation. For example, most research in the United States has focused on women who have used an anonymous donor, thus research relevant to the New Zealand context in which whakapapa and knowledge of one's own heritage is respected, is needed. Further, studies have tended to focus on parenting relationships between children and their mothers, and outcomes for the children, rather than the experiences and wellbeing of the Choice Mothers themselves. This study aims to address this gap through conducting semi-structured interviews with Choice Mothers. It explores how women choose to make the

choice to build families in the absence of partners, the factors that drive them to make this choice, the process they undertake, the support structures in place, the challenges they face and how they describe their lives.

METHODOLOGY AND METHOD

Recruitment

Participants for this study were recruited through an advertisement on the private New Zealand Facebook group SMBC (Single Mothers by Choice) page. Eight participants emailed the researchers directly to indicate their interest. All potential participants met the research criteria which included, having used a donor to conceive, currently having a donor-conceived child or children, having been single at the time of conception and currently residing in New Zealand.

All potential participants were sent an email with the participant information sheet informing them of the research in more detail. In total, seven participants took part in this research project as the eighth participant was unable to be interviewed due to time restraints. Of the seven women interviewed, three had used donors known to them previously. Two of these conceived via self-insemination and the other via the fertility clinic. Three of the remaining women used clinic-selected donors through New Zealand clinics, with the fourth woman using egg and sperm donors from an overseas clinic. Six participants identified as Pakeha, and one participant identified as Māori/Pakeha.

Data Collection

Semi-structured interviews were used beginning with a broad open question asking the participant about her experience of being a Choice Mother. More specific questions were asked around experiences of undertaking this route to motherhood as follow up where needed, and included questions around factors leading to the decision to parent alone, experiences of raising a child without a father/partner and issues regarding disclosure and openness. Each interview took around 60 minutes to complete. Interviews were audio recorded and later transcribed by one of the researchers. Participants were offered the opportunity to review the transcripts to ensure their accounts were as accurate as possible, as well as to comply with ethical guidelines. Only minor changes were requested to be made to the transcripts.

Epistemological Approach

Interpretivism reflects the view that the context is all important in order to make sense of people's perspectives and views of the world. The researcher is an active participant and seeks a relationship with the research participants in order to obtain insight into their actions, beliefs and explanations (Grant & Giddings, 2002). Thus, the researcher's subjectivity is not ignored but actively acknowledged as contributing to the results in this study. The interpretivist paradigm is informed by social constructionism, where truth and meaning arise out of engagement with the world, and there is no one reality, rather multiple realities (Crotty, 1998). The researcher and participant work together to create the results; values and biases are unavoidable and acknowledged; the design is emergent, and findings may be inductive (Polit, Beck & Hungler, 2001). It is thus important to note that the themes identified in this research were not regarded as a single truths to be uncovered, but as possible constructions viewed through the lens of the primary author. In this study an inductive approach to the data was used to generate an understanding of the world or in this case, of these women's experiences, rather than any prior theories (Dew, 2007).

Data Analysis

Data analysis was conducted using Thematic Analysis (TA). TA is useful in under-researched areas where the perspective of the participants is not well known (Braun & Clarke, 2006), as is the case for Choice Mothers. TA can be applied to provide a rich, detailed description of themes across the entire data set, and TA is also useful where the research question is broad and exploratory with no pre-determined hypothesis (Braun & Clarke, 2006), again, as is the case in the current study.

Thematic analysis is a theoretically flexible method (Braun & Clarke, 2006) and is compatible with the constructionist paradigm within psychology. Thematic analysis conducted within a constructionist framework, attempts to understand the cultural and sociological context that shape people's explanation of their experience (Braun & Clarke, 2006). Furthermore, thematic analysis is an inductive process in which codes are assigned to the data without trying to fit them into a pre-existing theory or match the researcher's preconceptions (Braun & Clarke, 2006). These themes reflect the entirety of the data set, providing a rich descriptive analysis of the findings (Braun &Clarke, 2006).

Data was processed using the six steps outlined in Braun and Clarke (2006): familiarisation of the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. While some of the themes identified in the data set related to the general journey and challenges of single parenting, these areas were not a research focus, rather an attempt was made to identify and analyse what was unique about the journey of being a Choice Mother. These themes related to the meaning that these women shared around their decision to become a single parent, some of the challenges that have related to this experience and those which they are currently navigating.

Ethical and Cultural Considerations

Participants were made aware that all information collected during the course of the interview was subject to confidentiality, all participants were de-identified and participants chose pseudonyms for themselves and all other persons referred to in their interview. Given the size and nature of the community however, it is possible that participants may be identified by other members of the community. This risk was acknowledged in the consent form. Further, and given the potentially sensitive nature of the subject matter, participants were made aware that they could access counselling from AUT's Counselling Clinic in relation to distress brought about by participating in the research.

New Zealand is a bicultural society, and as such research needs to be considered relevant to the needs of

Māori. Culture and diversity were respected by enquiring as to any special considerations that the interviewer needed to be aware of, such as inviting whanau to be present during the interview. In particular research needs to incorporate the three Treaty of Waitangi principles of partnership, participation, and protection (Hudson, Milne, Reynolds, Russell & Smith, 2010). Due to the use of semi-structured interviews, the participants played a critical role in contributing their stories in a mutually collaborative manner. Each participant had the opportunity to review and approve their own transcript once transcription had taken place. Finally, informed consent was obtained from all participants prior to the commencement of their interview and the purpose of the study made transparent to them. It was stressed that participation was voluntary, and the participant could withdraw from the study until data collection was completed. In order to further support each participant during the interview process, effort was made to provide a supportive interview environment including simple interview protocols and ensuring ample opportunities for breaks if necessary.

Ethical Approval was obtained from the Auckland University of Technology Ethics Committee on 6 May 2016 (AUTEC Reference number 16/154).

ANALYSIS

Six main themes, as outlined and illustrated below, were identified in the data analysis. Themes relate to women's experiences from the time of contemplation of becoming Choice Mothers, through conception to parenthood. The first of these was "Determination and Desire" and identified the similarities between the women interviewed including personality characteristics, a 'refusal to settle', and maternal yearning. The second was "Loss of the Dream" including sub-themes of letting go of the fairy-tale of having a child within a relationship. The third theme identified was "All on our own", reflecting Choice Mothers' isolation in the experience, including on the path to pregnancy, and in child-rearing. The fourth theme identified was "Challenging Conversations' and included subthemes of disclosure (to the child), openness (to others), and managing stigma. The fifth theme identified was "Redefining families" and related to terminology used to describe the donor, defining roles and relationships, and contemplating future partners. The sixth and final theme was "Living the New Dream" and included the subtheme, lucky families.

Determination and Desire

With an increase in the number of single women undertaking this route to motherhood, it was interesting to identify factors that women described as defining characteristics of those that choose single parenthood, and which may distinguish them from other women, such as, other single mothers and other single women who do not opt to pursue motherhood. Commonalities identified included similar characteristics, a refusal to choose a partner for the purpose of achieving motherhood, and a strong desire to be a mother.

In addition to a degree of financial security or, as Tina described it, "being reasonably well organised financially", women described themselves in terms of key personality traits they deemed critical to making the decision to embark on this path to parenthood. For example, many of the women described themselves as 'self-reliant' (Rachel), 'determined' (Cara), and 'resilient' (Katie), in order to become Choice Mothers. Katie commented, "you need to have it together and be prepared for the ups and downs and you need to be really well informed" reflecting a belief in a need for stability and preparation. Women also identified that Choice Mothers needed to be individuals who could cope with the challenges associated with doing something that goes against the norm, and to thus have an ability not to care too much about what others might think. Tina, for example, stated, "it does take a level of confidence and maturity of thinking to deal with, to have enough spine to go, actually I don't care what others think. And Eliza reflected that "it takes a certain amount of strength and strong will to go against something society considers to be normal'.

Women also spoke of not having compromised and engaged in a relationship solely to have a child. Ultimately their preference was to go it alone rather than be in a relationship for the wrong reasons. Lucy explained her relief at making this choice:

> *I look at my friends, my baby groups and just go, wow there is a reason we didn't just pick one up off the street and take him home… I said I'm not going to settle.*

Fiona similarly spoke of friends who "might not have been 100% happy with who they were with but they were with them at the time they thought they were having kids", and how she felt she'd, "rather do what I've done and be happy, rather than feeling like I've settled for or compromised on the person just for the outcome".

All of the women spoke of a strong desire to be a mother. This strong desire may be one of the key determining or differentiating factors between those women who choose single motherhood and those who decide not to follow this unconventional route. For example, Eliza spoke of her longing for a child despite her single status:

> *For me the urge to have a child was so strong that it was very hard to leave it and I just felt that was what I wanted. And I think a lot of women are like that whether they're in a relationship or not. That urge is just there.*

Similarly, Rachel spoke of her determination saying that even when she was younger, she felt that, "I will have a child some day and if I don't find anyone, I will do it on my own."

Loss of the dream

This theme represents the inevitability of declining fertility along with the aging process and the ensuing pressure on women to find a partner in order to create a family while they are still biologically able to do so. Most of the women spoke of having always wanted a family and assuming that it would come about in the conventional way. When they realised this might not happen, there was an inevitable sense of loss and grief at the 'loss of a dream' along with a fear about potential regrets later in life. Fiona, for example, commented on her decision to act to become a Choice Mother:

… I didn't want to get to 45, 50, when it was too late and suddenly go, I wish, if only, I should've, would've, could've, kind of thing…

There was also a realisation that meeting a potential partner and father of their much-longed-for child was becoming more urgent as their fertility deadline approached. However, there was also a recognition that this could add pressure to dating and developing relationships. Tina reflected on the fact that rushing into a relationship in order to have a family, could have resulted in her making poor choices:

I was starting to kind of rush relationships, or rush, and it was starting to put the wrong pressure on new relationships. In my view a new relationship needs time to nurture and grow and not have the tick tock, tick tock, tick tock, in the background.

Fiona similarly reflected how the prospect of intended parenthood at more advanced age could put a, "huge amount of pressure on an early relationship" asking, "first date, second date, when do you bring it up?"

Most of the women spoke of holding out for the 'dream' of doing things the conventional way and that Choice Motherhood had not been their first or preferred choice. However, each woman reached the point where she realised she needed to separate the ideal of having a partner with whom to have a child, from having a child. Eliza describes her challenge to make peace with her choice:

To tell you the truth, I haven't always made my peace with it you know. There are times when it really bugs me and really gets to me …. because I really didn't want it to be the way that it was you know.

All on our Own

Along this pathway to motherhood, there were some challenges that had to be managed and women reflected on how they needed to confront these on their own. Despite their varying experiences, common issues were around how they selected their donor, experiences at the fertility clinic, and the need to access support throughout.

Women spoke of their difficulties in selecting a donor, with some approaching their friendship groups or advertising, and some choosing from clinic-recruited donors. Whichever approach they took, women spoke of feeling isolated and described the selection process as "overwhelming" (Tina), "consuming" (Katie) and "hard work" (Lucy). For Katie this meant that she reached a stage where she "was so exhausted" that she felt she "needed to get on with it" and "couldn't just keep looking for the right donor". For her it was difficult not to have a partner with whom to share the decision, and who could say, "Come on, let's just make a decision".

All five of the women who went through the journey with a fertility clinic spoke of some of their difficulties in navigating the system as a single person. One participant spoke of her feelings of powerlessness of being a patient within the fertility system where the patient is vulnerable and dependent on the clinic's services for a positive outcome. For Katie, her experience at a clinic when she attempted to freeze her eggs showed a lack of sensitivity in the process of notifying her, as a single woman, about her results:

You come out of your surgery… in this communal recovery room, and then this doctor… she basically told me that they were no good. And I can remember, I was still half asleep, I can remember lying there, tears streaming down my face, as she goes to the couple next door to tell them how great theirs were.

So not only did she feel unsupported by the manner in which she received the bad news, Katie also had to deal with it on her own while the couple next door were given a far better result.

Similarly, Cara felt that the clinics "just take your money. They don't seem to look at individual circumstances". For Tina it was difficult not having someone to confide in as she waited to find out if her pregnancy was viable, stating that "it was the centre of her world" but that she struggled, "not having a lot of people to talk to about it."

The absence of a partner in relation to rearing a child solo was also noted by the women. This seemed to be more often identified as a lack of emotional rather than practical support. Rachel who had an eight-year-old daughter stated:

I think the hardest thing I find is more on an emotional level. There isn't anyone else I can turn around to and… someone who feels that exact same sense of pride in what they've done… being able to go isn't she great? And have someone go yeah, didn't we do well? So, from that point of view, that's probably my hardest challenge. Just feeling like I don't have that other person…

Accessing support was portrayed as a critical part of the journey to become a Choice Mother. In the absence of a partner, single women spoke of needing to get support while initiating the process, during pregnancy and after the birth of their child. Most of the women reported that their families and friends had provided some assistance, but many, especially those without local family support, spoke about the role of connection with other Choice Mothers as significant. Katie described attending a coffee group for Choice Mothers:

Yeah, I can't tell you how amazing it was to walk into that coffee group on that first day. Like I just wanted to burst into tears. It was so weird. Like I thought you're flipping kidding me this whole room, like I thought I was one of the first women in New Zealand to do it. I had no idea.

Fiona spoke about how support from other Choice Mothers was "really awesome" not only for her but also, "for the kids growing up, knowing that there are kids in a similar situation".

While the journey of Choice Motherhood was described as a challenging one, women also spoke about some of the advantages to being single parents. Fiona commented that, "I didn't feel like I had to maintain a relationship with another person", and Lucy that, "in some ways it's going to be easier because I don't have to factor a third person in."

Challenging Conversations

Choosing to bring up a child as a single parent from the outset involves a specific set of challenges, identified as the extent to which the mothers were willing to be open

with their children about the manner of their conception, how to talk to others about their situation and how to manage their reactions.

Because all but one of the children of the Choice Mothers in this study were primarily pre-verbal, most of the women had yet to have a conversation with their children about their conception or family structure. However, it seems that most had conducted research into how they would go about this, had books they could refer to for guidance or spoke of approaching experts for advice. Cara's approach seemed centred around that some families are created differently, rather than the fact that there was something (or someone) missing:

> *I want to bring her up that all families are different…because I don't want her to think that she doesn't have a Dad, I want her to think that some people don't have Dads.*

Choice Mothers in this study planned to tell their children early in their lives, with Eliza commenting that, "I think we'll just weave it into life…to the point where it's seamless", and Katie saying that she wanted "to do all the right things and be open from the outset".

Once they had their child, most of the women talked about varying degrees of openness with others regarding sharing their situation as Choice Mothers. Lucy spoke of how she "was not going to hide it" saying it was "nothing to be ashamed of". Eliza likewise commented that she was "not ashamed to talk about it with other people, or if anyone asks me or it comes up in conversation". Rachel spoke of her daughter's right to share her story, "I won't ever ask (my daughter) not to say, because it's her story". However, there was an almost tentative nature about most of the women's sharing of information with others.

While most of the women denied that they had experienced societal stigma, most had had experience with less than positive reactions. This included speculation from others as to the nature of conception, with Tina describing how men at her workplace speculated, "was it a one-night stand at the pub or something?" Rachel described her experience with a religious aunt, "and drove all the way to my house so she could come and tell me that she disapproved terribly about my decision". And Cara told of a woman at her church who enquired about her daughter's conception:

> *But this one lady said, I need to ask you, how did she come about? And so, I told her. And she said, I don't agree, I don't agree with that. She said I don't agree with sperm donation. And I said, Oh Ok.*

Eliza similarly described the reaction of her stepmother as Choice Motherhood as a violation of social norms, saying that "that's not how it's meant to happen."

Finally, women also described a prejudicial view of the type of women who choose to become Choice Mothers. These included that Choice Mothers are "all in their forties, white women" (Eliza), "all ten tonne, hideously unattractive" (Cara), that they're "man-haters" (Katie) who "say all men are arseholes" (Cara). Nonetheless women believed it was their and their children's right to share this information, with Rachel saying that her daughter "had as much right to talk about it as any other child does".

Redefining families

Families formed through donor conception are inherently more complex because of the involvement of a party outside of the family unit. Many of the women seemed to be navigating their paths to their particular family dynamic as they unfolded and spoke of having to clarify for themselves the definitions and terminology they wanted to use to explain, and manage, the complex family relationships. This appeared to be an evolving issue particularly as the children were currently mostly pre-verbal. Tina talked of her concerns when she first met with the donor and he referred to Harry (her son) as his son:

> *He (the donor) referred to Harry as his son. And he referred to other sons and daughters (via donor conception) and that has bothered me. And I need to say something to him about it. Because I don't consider Harry his son… And it's a fine line, but it's just, it's 'father', 'son', they're emotionally-connected words. They infer a role in life versus it's a transaction.*

While Choice Mothers were uncomfortable with donors assuming the role of father, they seemed less concerned about donors' children being defined in terms of siblings in relation to their child. Cara commented that, "At (donor's daughter's) birthday party, (donor) introduced us to everyone as this is Cara and (her daughter), (donor's daughter's) sister, half-sister". She reflected that, "she wasn't too fazed by this. If that's how he wants to introduce her then that's OK."

For those who had used known donors, the role of the donor in their lives was not without some complexities. This included possible emotional conflict for the child in having a relationship with the donor, but also recognising that the donor is not fulfilling the role traditionally ascribed to that of a father. Fiona described some of the benefits of a known donor but also identified potential risks due to the fact that he might suddenly "go off the rails" or "demand custody":

> *So, I guess it's quite different from when you go through and you have an anonymous donor. There's kind of a lot more issues and I guess it's quite risky.*

Fiona preferred the role to be more akin to "something like an uncle", thereby distancing the donor's role somewhat, and likewise, Tina reflected that she wanted a relationship but not "too close".

Only one of the seven women interviewed is currently in a relationship. Some were open to that possibility in the future and yet others felt that it would only happen under very special circumstances, or not at all. For them, having a child involved additional considerations that needed to be considered in forming new relationships, including how to introduce the new partner into their already more complex family dynamic. Eliza, the only woman currently in a relationship, contemplated:

> *But I do wonder with the guy that I'm seeing, I'd like if we stay together, if he's comfortable that he'd be called Dad. That's a conversation that I need to have with him if we stay together...*

Living the new dream

While women spoke of the challenges of Choice Motherhood, there was also a sense that they felt blessed and grateful to have made the decision to take this journey into single motherhood. Many of them described themselves as lucky, particularly with regard to the nature of their child. There was also a sense from some of the women of not allowing circumstances to control their fate, but being willing to take action to achieve their parenting desire.

Eliza, who had talked of struggling to make peace with the situation, managed to have a philosophical view of her situation:

> *And I wouldn't be without (her son), he's such a special little kid you know… I think it must have been meant to be and everything happens for a reason…I'm really proud of myself for making that decision and taking control of my life and not sitting back…*

While building a family in this way may not have been a first choice for Choice Mothers, there was also a sense of being fortunate to have been able to have this option. As Cara reflected, "I think it's far the superior, if you really want children…isn't it far better to go this route than not have any?"

DISCUSSION

Results from this study suggest that Choice Motherhood, while experienced as rewarding, may also bring with it a unique set of challenges for women becoming parents in this way in the New Zealand context. At each stage of their journey from contemplation, conception, through to parenthood, there are significant challenges to be negotiated by Choice Mothers largely on their own, and they may need information and support to promote positive outcomes both for themselves as well as their offspring.

Choice Mothers in this study appeared to be similar to the subgroup of single mothers identified by other research (Murray & Golombok, 2005a, Jadva et al, 2009). For example, while they appeared similar due to being older mothers and having a certain degree of financial security, they shared personality traits, such as determination, a refusal to settle for the wrong relationship, and a strong desire to do what was needed to become a mother.

Most of the participants also talked of how Choice Motherhood was not necessarily a first choice or preferred option. Within this group of women, some were reconciled to this situation, while others, like in other research, appeared to continue to grieve or experience challenges with 'going it alone' (Ainge Roy, 2016). In addition, while some of the women remained open to meeting a partner in the future, for others this appeared less important now that they had become mothers, or even not necessarily desirable given their family make-up and the challenges of integrating a new person into what was now their 'new normal'.

Some of the women had a long journey to reaching motherhood and spoke of this process as very isolating. Many spoke of the fertility procedures as challenging due in part to having to make significant decisions and wait for results, all on their own. This sense of sole responsibility can continue through pregnancy and child-rearing and may be complicated by Choice Mothers' experiences of stigma. Despite the fact that they may be regarded as having an 'elevated status' in the single parent hierarchy (Seals Allers, 2016), the majority of participants had experienced less than positive reactions from others and were able to recall responses indicative of stigmatisation.

Risk of possible judgement or stigma may be one reason that women find it difficult to be open about the use of donor-insemination (Landau & Weissenberg, 2010). Daniels (2007) highlights the importance of assisting fertility clients in managing actual or perceived stigma, as this also increases the likelihood of honesty and openness with their offspring. Connection with other Choice Mothers may be an important way of addressing isolation and coping with stigma. This highlights the potential role of groups, such as those organised by Fertility New Zealand (FNZ), in meeting the needs of both Choice Mothers, and their children. FNZ has a designated support person, and regular support meetings are organised for women investigating or undergoing treatment to become Choice Mothers in Auckland. A Facebook group allows women from other regions to also connect and share support and information, including ways in which to talk to others and their children about the child's conception.

Most of the women in this study had researched how they might manage disclosure conversations with their children, despite most of their children being pre-verbal. All of the participants seemed to be committed to open discussion with their child, as backed by research which indicates there should never be a time when the child does not know of their origins (MacDougall, et al., 2007). Disclosure, openness and honesty, and healthy identity formation are held to be closely linked, with most of the research to date which cites negative outcomes for donor-conceived offspring being conducted in jurisdictions with less open legislation, or on partnered couples where deception of the offsprings' conception history has often played a part. As the majority of women in this study had very young children, disclosure patterns and outcomes for children were not able to be explored. However, the intention to be open may bode well for future outcomes given the research underscoring the need for transparency.

Research has suggested that donor-recipient-offspring relationships can be complex, especially when the recipient is a single woman (Daniels, et al., 2012). New Zealand legislation has among the most open legislative requirements in the world and enables the recipient to request identifying information (i.e. the donor's name and other details) once a child has been born (HART Act, 2004). The only participant who had conceived outside of New Zealand spoke of the donor's openness to being identified as a key factor in her selection, and thus all of the participants had open identity donors, which brings with it the possibility of contact and relationship with the donor.

How to define the role of the donor and the relationships of the donor to the child remained a challenge however, and was discussed in relation to terminology used for the donor. In this study, participants were uncomfortable with ascribing a father role to the

donor, and yet were comfortable with sibling relationship terms and a more distant family connection between the donor and offspring. Establishing boundaries remained a challenge however and seemed to constitute unchartered territory, and indeed, Daniels et al. (2012) have suggested that women need to be counselled around how to manage these relationships and the importance of creating appropriate boundaries around levels of contact (Daniels et al., 2012).

In spite of the challenges reported by women, however, they all spoke positively of their decision to become Choice Mothers, with many reflecting on how fortunate they were. It would appear that having overcome the lack of a partner that they were able to reflect on how grateful they were to have this alternative form of family-building available to them.

Study Implications

This research highlights the need for more information and support throughout the Choice Motherhood journey. New Zealand clinics typically offer a number of counselling sessions for women electing to use donors. However, this support tends to be limited to the time period prior to conception, and more support could be offered to women both during treatment and in the post-treatment phase. For example, the Australia New Zealand Infertility Counsellors Association (ANZICA) guidelines suggest that a counselling session should take place with the Choice Mother prior to meeting with the donor (ANZICA guidelines, n.d.). However, women in this study who had met with their donor or a sibling family had not received counselled prior to meeting. Given the importance in managing the expectations around this experience, the potential for encountering someone who may react in unanticipated ways, and the consequences of this for family formation and relationships, (Daniels et al., 2012; Michelle, 2006), it would seem pertinent that this recommendation is followed.

More support could also be offered to manage grief around 'letting go of the dream', and then around disclosing the nature of their child's conception. While this may be part of pre-treatment counselling, grief may complicate adjustment (Lukse & Vacc, 1999), and furthermore, non-disclosure has been directly linked with a lack of counselling from fertility clinics specifically with regard to the process of disclosure (Hargreaves & Daniels, 2007). Opportunities to discuss this in a group situation might be useful for some women.

Further, it is also important to consider the access to information and support by those Choice Mothers who may follow unregulated channels to treatment. This likely occurs as a direct result of long waiting lists for sperm and expensive treatment. The limited access to donor sperm raises policy issues around donor recruitment, and cross border reproductive care. In 2016, the Advisory Committee on Assisted Reproductive Technology (ACART) recommended to the Ministry of Health that importation of gametes should occur subject to New Zealand legislation, including the need for open-identity donation, and that no payment should have taken place (Lawton, 2016). While such a move is not without its difficulties, it could potentially allow women to access donor sperm in a regulated manner from overseas. This recommendation is currently still being considered by the Minister of Health.

Study Limitations and Further Research

As discussed in the introduction, there are a range of pathways to Choice Motherhood which means that as a group Choice Mothers are not always easily accessible, which can complicate recruitment. A further challenge lies in the fact that given the size and nature of the community, it is possible that participants may be identified by other members of the community, which may further present challenges for recruitment. The sample size of this study is small with only seven participants, and extrapolation of results to the wider group of Choice Mothers need to be made cautiously. Small sample sizes are however, considered meaningful for thematic analysis studies (Braun & Clarke, 2013) such as this one.

All but one of the women in this study had children under two years of age which meant that they were all quite early into their experience of being a Choice Mother. This also meant that the children were mostly pre-verbal and thus the issue of disclosure was not particularly relevant yet. More research is needed to explore the ongoing challenges of Choice Motherhood at various developmental stages of the offspring.

A further limitation of this study was that only one of the women in this study identified as Māori/Pakeha. It is currently difficult (if not impossible) to access figures on the number of Choice Mothers who identify as Māori, however it would be useful to explore attitudes towards and experiences of Choice Mothers who identify as Māori further, also given the impact of Māori values and belief systems on New Zealand policy (Daniels, 2008). Few of the participants spoke specifically about the importance of whakapapa, which may reflect the mostly European heritage of the participants, or, since donor identifiability is key to New Zealand legislation, unlike jurisdictions where women are given a choice between identifiable and non-identifiable donors, it may be that this aspect of Choice Motherhood is taken for granted.

Conclusion

Choice Motherhood presents women with a set of unique challenges throughout their parenting journey. Women require access to information about the options available to them to become mothers and the implications of each of these options to make fully informed decisions. Throughout the journey, women also need support to help them navigate the process of donor selection, to manage the reactions of others, and to manage ongoing issues that may arise in the course of building their families, including disclosure of conception to their children and negotiating relationships with donors and their families. Further, as family structures become more complex, there is a need to ensure that the best interests of the children are managed so that stigma is reduced, and societal norms reflect this evolving diversity and inclusivity. With the right resources and support to promote their wellbeing, Choice Mothers and their offspring have the opportunity to thrive as an alternative family model in New Zealand society.

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Corresponding Author
Rochelle Trail
Email: rochelletrail@gmail.com