

Lesbians Making Babies: Why Research on Sperm, Space and Decisions Matters

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Abstract

This article examines research into lesbians making babies. There is a growing volume of research internationally, but very little research exists in Aotearoa New Zealand. In the limited body of Aotearoa New Zealand work about lesbian-led families the central themes are: the complexity of creating families; the diversity of family formation; and problematic access to donor sperm. Also notable is the very lengthy process, and the experience of homophobia and heteronormativity. International themes about lesbian-led families include: the importance lesbian parents place on creating ‘shared trajectories’ for their children; the limitation of language; and matching. Research driven by queer theory is necessary to provide not only fundamental demographic statistics and inform national decision making, but also to provide stories for established lesbian-led families, and guidance for those starting on the journey who may need information to inform their decisions. The article concludes with outlining an agenda for lesbian-led family research in Aotearoa New Zealand.

Keywords: Lesbian, Family, Baby, Sperm, Donor

Introduction

Lesbians¹ having babies is nothing new. The context, however, has changed, which means for some lesbians that there are more options than there have been historically. This article addresses the need for research on lesbian parents, or lesbians wanting to become parents, in Aotearoa New Zealand, and outlines the political, social, and individual benefits of such research. Drawing on my initial research for my PhD, I provide insights into theoretical approaches and possible research methodologies and trajectories.

There are currently an estimated 1,476 same sex families with a minimum of 2,514 children living in New Zealand (Statistics New Zealand, 2014). Of these families there are 1,170 female couples with children, that is 2,340 lesbians who are parents, and this figure does not include sole lesbian parents. Apart from these statistics, there is very little information or literature about lesbian-led families in New Zealand – what the formation of these families looks like, how they came to be, and what their experiences are.

This absence from public space contributes to the marginalisation of lesbians and their children, and this empty space is replaced by myths. *Amazon Mothers* (Saphira, 1984) was written to help inform the New Zealand family court at a time when lesbian mothers were leaving heterosexual relationships, and being labelled a lesbian meant custody of any children was often awarded to the father. The intention of *Amazon Mothers* was to debunk myths about lesbians (“[t]hey are said to be gruff-voiced pseudo-men who molest children, have hormonal problems and hate men” (p.5)). Similarly, twenty years later, the purpose of *Lavender Parents* (Henrickson, 2005) included deconstructing “some myths about LGB [lesbian, gay, bisexual] parenthood” (p.69). These myths are not inert, but have powerful

¹ Not all women in same sex relationships will identify as lesbian. There are a myriad of sexual identities these woman may identify as. Identities are not always stable either, as women may choose to identify differently at different times and in different spaces. In this research I use the term ‘lesbian’ to mean women in same sex relationships (and women who wish to be in same sex relationships), while recognising that its meaning is fluid.

negative consequences, some of which Power et al. (2012) discuss in their Australian resource for health care providers.

Information, knowledge and understanding of lesbian-led families is vital, as parenting by same-sex couples has emerged as an important issue recently in Aotearoa New Zealand. This is due particularly to the Care of Children Act 2004, the Civil Union and Relationships (Statutory References) bills, the Marriage (definition of Marriage) Amendment Act 2013, and considerations about adoption. New Zealand needs research in light of these statutory changes.

Lesbians need to share their stories, decisions and consequences with other lesbian parents, and those contemplating the path of parenthood. The absence of settler stories (Aizley, 2006) makes it more difficult to travel these territories. Embarking on pregnancy and parenthood may be fraught enough, without the added complexity of being in a same-sex relationship where parental choices and rights are affected by changing policy and legislation (Luzia, 2013).

These stories may incorporate experiences of insemination spaces such as fertility clinics. Spaces are not inert but rather produce and maintain cultural norms, in this case the assumption of heterosexuality (Hubbard, 2008). Pregnant lesbians are moving through a system that is structured for heterosexual women and their male partners, and these traditional heterosexual family frameworks often exclude lesbians and problematise non-pregnant women (O'Neill, 2011). It is important to ensure lesbians' experiences are recognised and included in these environments.

In what follows, I first outline research on bodies, sexualities and spaces. These feminist and queer geographies are framed within queer theories that trouble normative family formations. Second, I focus on the limited research conducted within Aotearoa New Zealand on lesbian-led families. Third, the focus shifts outwards to consider research

conducted beyond Aotearoa New Zealand. I conclude the article with an outline of a possible research agenda, one that pays attention to the possibilities and problems of lesbians making babies.

Queering family

Lesbian geographies have contributed to the understandings of the interaction between space and sexualities (Johnston & Valentine, 1995; Valentine, 2000). Recently geographers have begun to question and deconstruct the heteronormative analysis of family and parenting. Luzia (2013), in her seminal work on lesbian-led families in Sydney, Australia, found that these families had to work harder not to be a family, but rather to be recognised and protected as one. That is, the spaces of fertility and of legislation are heteronormative and make it difficult, and sometimes impossible, to fit as a lesbian-led family. Luzia (2008) also examined how media perpetuates heteronormative understandings of both how families are and where they should be, proposing that public spaces only accept those who fit within a heterosexual framework. For the most part, geographers have yet to explore sites of reproduction such as fertility clinics, wombs, placenta (but see Colls, 2013), and sperm, and also the ways in which power and norms may themselves be reproduced in these spaces (but see Longhurst, 2008), particularly with regard to lesbians.

Much of this existing research is framed by queer theory, which has been influenced by feminist and poststructuralist work. The basis is an understanding of identities as fluid and social constructs, that is, that they are learned and played out repeatedly within power structures which support (or seek to change) behaviours through a variety of ways, e.g. through social norms, expectations within certain settings, and laws. For example, language itself builds in constraint as it allows for what is imaginable (Butler, 1990). This is particularly applicable for lesbian-led families, where the mother who is not pregnant is often

referred to as the ‘other’ mother and is denied any socially sanctioned parental category (Gabb, 2005).

Families and familial relationships are formed and constructed in many ways. There are also normative hegemonic discourses that are supported and upheld through laws, legislation, and cultural practises. The dominant discourses of ‘what is a family’ include: families are related by blood or marriage; children are created by a man and woman having sex; the child has two parents; there are similarities (particularly in looks) between the family members. These ideas are challenged repeatedly by a variety of family types: one-parent families challenge the idea that a child has two parents; whāngai families and families who adopt or foster challenge the ideas that families are related by blood or marriage, that a family is similar in looks, and that a child has only two parents. Heterosexual families involving surrogacy or gamete donation (egg or sperm) also challenge this. Lesbian-led families also challenge these ideas and understanding, and do so visibly.

While many heterosexual families create their families outside these discourses, they can often do so and ‘pass’— that is, they can still fit in the expected mould. Lesbian-led families, by their very definition, cannot do this. In this way, international research often positions lesbian-led families as disruptive to normative hegemony (e.g. Ben-Ari & Livni, 2006). It is only extremely recently that another idea is emerging. While from the outside looking in lesbian-led families are regarded as disrupting and disturbing this ‘natural’ idea of family, from the inside looking out, research is showing that lesbians are making decisions that minimise this disruption and discord.

How do lesbian-led families align themselves within the dominant discourses of the heterosexual nuclear family? United Kingdom based research shows that lesbian parents place emphasis on matching donor physical characteristics with the non-biological mother, trying to create a child that looks the same as both of them (Nordqvist, 2010). This supports

the hegemonic notion of 'sameness' within a family. Lesbians seem to consciously support these hegemonic discourses, explaining that if their children look like them, it can potentially protect their children from unwanted (perhaps innocent) comments (Nordqvist, 2012). Lesbians not only recognise heterosexual norms, but choose to adopt them in order to make things easier, given being a lesbian parent or the children of lesbian parents presents enough challenges.

Aotearoa New Zealand research

Little has been written in Aotearoa New Zealand about lesbian-led families, but what has been written has common themes, regardless of the particular approaches taken. Saphira (1984) examined lesbian parenting in the mid-1980s, seeking to normalise lesbians as mothers. In the last 20 years, there has been little else that has addressed lesbian parenting. There has been some research from a health perspective, addressing the implications of pregnant lesbians and their partners for midwife care (Bree, 2003), and a national quantitative study of lesbian, gay, bisexual, and transgender people was undertaken in 2005 which included some questions around parenting (Henrickson, 2005). More recently, Gunn and Surtees (2009) examined the challenges and successes of how lesbians and gay men created families, and O'Neill (2011) investigated the impact of parenthood on lesbian couples. These studies demonstrate an increasing interest in queer parenthood and acceptance of their right to be in public spaces. This research also provides some context for further examination of the different ways lesbian-led families can be created, the decisions made in creating these families, and lesbians' experiences within fertility spaces.

One issue mentioned in all these studies was the presence of heteronormativity and the experiencing of homophobia in a variety of different spaces, and how this impacts negatively not just on the situation, but also on the relationship of the lesbian couple.

Heteronormativity privileges heterosexuality as normal and natural, and therefore operates on a presumption of heterosexuality.

In the quantitative study, the question was framed around places where children were negatively affected because of having queer parents (Henrickson, 2005). School was the most commonly reported place where problems occurred, followed by clubs and sports, health care providers, and sites of interaction with friends or friends' parents. The other New Zealand studies focused on the places where lesbians themselves encountered heteronormativity or homophobia whilst seeking pregnancy, being pregnant, giving birth, or during postnatal care.

The heteronormativity lesbians expressed were experiences such as people presuming they were married to a man, only allowing fathers into the theatre for caesarean sections, and continually being asked who the real mother was (Bree, 2003; Gunn and Surtees, 2009). Changes to legislation (The Human Rights Act 1993) meant it was no longer legally acceptable to discriminate based on sexual identification, however this legal change was not necessarily reflected in the attitudes and actions of services, and in Bree (2003) many women reported encountering homophobic gatekeepers in fertility clinics. The heteronormative idea that families should only be created through a man and woman and how this is internalised is highlighted in the following story: “[The social worker] said to me at one point, ‘Do you not think it would be better to go over to the West Coast and sleep with someone, and at least then your child would have a father?’” (Gunn and Surtees, 2009, p.19). In O’Neill, Hamer and Dixon’s study (2012) many women found that healthcare professionals and the general public tried to impose the dominant model of heterosexuality onto their lesbian-led family by asking who was the husband and who was the wife.

Other ways in which the lesbian-led family problematised the typical heterosexual nuclear family was the absence of a father, the framing of the biological mother as the ‘real’ mother, and how to address the ‘other’ (non biological) mother (Gunn and Surtees, 2009).

The lack of language to describe this role in lesbian-led families is recognised as inherent within a model that prioritises biology as a path to parenthood.

Another common theme is that lesbian-led families are diverse, and can take many forms. Gunn and Surtees (2009, p5) outlines four ways in which families were formed:

Firstly, families were created where parents planned children who were then born as a result of sperm donation (donor families); some parents chose a known donor and others an unknown donor to help them conceive. Secondly, families formed when parents with children from previous opposite-gender relationships re-partnered and planned further children born as a result of sperm donation (blended and donor families). Thirdly, families were created by bringing together parents with children from previous opposite-gender relationships (blended families). Lastly, families formed when they received children through whāngai relationships (whāngai families).

Henrickson's study (2005) includes these types above, and also includes families where children were the result of rape. O'Neill et al. (2012) extends some of these models of families by differentiating between families where one woman gives birth to all the children and those families where both women give birth to children. Bree (2003) also introduces families which include close friends.

Access to sperm is a topic frequently mentioned throughout these studies, and linked with time. There is not automatic access to sperm, and the process to procure sperm is typically long and frustrating. This is true regardless of whether sperm is sought through fertility clinics or through social networks (Gunn and Surtees, 2009). The process through a fertility clinic generally involves a mandatory six month wait, interviews with councillors (which usually require several weeks wait), and then waiting on the donor list for sperm to become available. For some, this last step took two years.

Using a known donor generally involved complex or lengthy negotiations in order to find a donor with whom lesbian couples were willing to attempt to conceive (O'Neill et al., 2012). The fact that this process takes time adds even more unpredictability, and potentially more time, to the experience. There are stories where after many months of negotiation the potential sperm donor changed his mind due to circumstances such as his relationship breaking up, beginning a new relationship, or getting a new job, which meant moving. Being aware of this potential added stress to the journey. One woman was taking a long time to become pregnant and she continually worried that the sperm donor would get frustrated and refuse to provide more sperm (Bree, 2003). For the majority of the participants the process of planning to have a family and finding sperm took around two years (Bree, 2003), and this excludes the process of getting pregnant.

The themes of Aotearoa New Zealand lesbian-led families' research include the complexity of creating lesbian-led families, the diversity of family formation, and how access to donor sperm is problematic. Also notable is the very lengthy process, and that heteronormativity and homophobia impact negatively on families. These issues are experienced in health settings (such as fertility clinics and hospitals) as well as public spaces such as schools. Some of these themes are reflected in research beyond Aotearoa New Zealand, as the next section highlights.

International research

There has been an increasing amount of research coming out of the United Kingdom, Australia, and the United States about lesbian-led families. The themes of diversity and complexity, and of time and heteronormativity in Aotearoa New Zealand research replicate some of the earlier research from other countries in the Anglosphere.

Internationally, however, other themes have emerged. Whether these themes are irrelevant in a New Zealand lesbian-led family context, or whether these themes have not been recognised and explored in New Zealand yet due to the infancy of research in this area, is unknown.

The first theme is the importance lesbian parents place on creating ‘shared trajectories’ for their children. While they can ensure that their children have similar experiences in utero (e.g. through the parents eating particular foods, doing particular exercises) for all their children, there is an emphasis on creating this trajectory from conception – through having the same sperm donor. Although initially wanting a large family, one couple decided to have just one child after the sperm donor for that child decided he didn’t want to donate sperm a second time (Nordqvist, 2014). When both lesbians in a couple decide to carry a child, the desire to have the same sperm donor increases (Nordqvist, 2012).

A second theme is the limitedness of language, which appears throughout international research on lesbian-led families. A common label or name for the non-biological mother is important in providing an understanding of the family, and when this is lacking, it leads to distress, frustration, and continued invisibility (Brown & Perlesz, 2008; Gabb, 2005). It would be interesting to know if this issue is common in Aotearoa New Zealand, or whether Aotearoa New Zealand is more accepting of the idea of two mothers.

A third theme observed across international research is matching. Matching is where lesbians choose the donor based on shared physical characteristics with the non-biological mother in order to increase the chances of the baby looking the same as both mothers (Nordqvist, 2011 & 2010; Chabot & Ames, 2004). Given that there can be no expectation that children of lesbian parents will look like both their parents, it is interesting that lesbian

seeking to be parents follow this path of physical matching. Do lesbians in Aotearoa New Zealand also do this?

There are also differences between countries overseas, due to varying legal and cultural contexts. For example, creating ‘shared trajectories’ for children requires using the same sperm. In both Aotearoa New Zealand and the United Kingdom, lesbians need to pay for and reserve the sperm. In Aotearoa New Zealand, lesbian couples are given 10 samples to create their families. Therefore, the number of children in any given lesbian-led family may not just depend on parents’ decisions but also on the success rate of pregnancy. In the United Kingdom, lesbians can choose how many samples to store and pay for, so families may be better positioned to plan for larger families.

It is clear from the review of existing literature, both in Aotearoa New Zealand and beyond, that a gap exists in knowledges about lesbian-led families. In my final section, I make a case for a research agenda on lesbian geographies of sperm.

Lesbian geographies of sperm: Towards a research agenda

I propose an Aotearoa New Zealand based research project guided by the following questions: how do lesbians make decisions and choices regarding donor sperm; how do lesbians construct, imagine and experience spaces of insemination; and what role does the state play in lesbian geographies of sperm and insemination? This project, and its queer theory framework and its theoretical framework of queer theory, lends itself to qualitative methods which allow for the voices of the respondents to be heard. This is an appropriate way to investigate how lesbians understand constructs such as family, biology and mother, their experiences of heteronormative spaces, how these spaces affect both their bodies and behaviours, and how the presence of a lesbian body can affect the space. Data collection may include interviews, both semi-structured interviews with parents, and focus groups with

members of queer playgroups. Textual analysis of an online lesbian parenting forum may provide routine, everyday, and extraordinary glimpses into queer family life. Relevant posts and stories from mainstream media and lesbian-related media may also contemporarily contextualise the research.

Given the dearth of information about lesbian-led families in Aotearoa New Zealand, quantitative data is also necessary. It is important to expand on Henrickson's quantitative study (2005) and the limited data available through the New Zealand Census. Several short surveys may provide many insights.

This proposed research will find out if there are issues that are common to pregnant lesbians, or female partners. And are there aspects of heteronormativity (and essentialised femininity) that benefit lesbians? Drawing from personal experience, after the birth of our child in hospital, my partner and I asked if partners were allowed to stay overnight. "No partners allowed! They get in the way!" was the emphatic response. Then remembering they were talking to a female couple, they said "Oh she's fine, she can stay".

What do the health professionals need to know to make experiences, such as fertility clinics and antenatal classes, more welcoming and sensitive to lesbians and their particular needs? Again, there is very little written in this area. Australia has developed guidelines for health care providers working with same-sex parented families (Power et al., 2012). Something similar could be developed in Aotearoa New Zealand.

Research into lesbian-led families in Aotearoa New Zealand will contribute to understandings of non-traditional family formations within an increasingly diverse and complicated social context of families. As part of their decision making about becoming parents, lesbians must make decisions about donor sperm, such as: where should the sperm come from? Should there be co-parenting with the sperm donor? The importance of these

questions lies in what people have learned— are there things that make co-parenting work?
What should be considered before contacting an anonymous donor?

There are understandings of what constitutes a family, and dominant ideas are represented through laws, legislation, and cultural practices. In Aotearoa New Zealand there is legislation that denies lesbian couples parental rights (the Adoption Act 1955) (though theoretically you can adopt as a single lesbian). Other legislation supports the notion of lesbian parents; two names on the birth certificate: ‘mother’ and ‘other parent’. Within these boundaries, in what ways are lesbian-led families in New Zealand supporting or disrupting the hegemonic understanding of family?

Opportunities need to be created to gather information about lesbians’ decision making and their spaces and experiences of making families in order to assist lesbians and providers of services. The creation of knowledge (rather than myth) is needed to inform political and legislative debates. Evidence-based research is vital for advocacy action towards making spaces and places (such as fertility clinics) inclusive for all that use them. Such research will strengthen debates and understanding from the body, to everyday family spaces, to clinic spaces, to Aotearoa New Zealand legislative and policy matters, and to international policies and practices.

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