

Donor Conception and “Passing,” or; Why Australian Parents of Donor-Conceived Children Want Donors Who Look Like Them

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Abstract This article explores the processes through which Australian recipients select unknown donors for use in assisted reproductive technologies and speculates on how those processes may affect the future life of the donor-conceived person. I will suggest that trust is an integral part of the exchange between donors, recipients, and gamete agencies in donor conception and heavily informs concepts of relatedness, race, ethnicity, kinship, class, and visibility. The decision to be transparent (or not) about a child’s genetic parentage affects recipient parents’ choices of donor, about who is allowed to “know” children’s genetic backgrounds, and how important it is to be able to “pass” as an unassisted conception. In this way, recipients must trust the process, institutions, and individuals involved in their treatment, as well as place trust in the future they imagine for their child. The current market for donor gametes reproduces normative conceptions of the nuclear family, kinship, and relatedness by facilitating “matching” donors to recipients by phenotype and cultural affinities. Recipient parents who choose not to prioritize “matching,” and actively disclose the process of children’s conceptions, may embark on a project of queering heteronormative family structures and place great trust in both their own children and changing social attitudes to reduce stigma and generate acceptance for non-traditional families.

Keywords Assisted reproduction · Kinship · Family · Donor conception · Childhood

This article explores the processes through which Australian recipients select previously unknown donors for use in assisted reproductive technologies and speculates on how those processes may affect the future life of the donor-conceived person. I will begin by addressing donation practices in Australia, including three of the very few agencies through which Australian recipients may obtain unknown gametes for treatment within Australia. I suggest that gamete agencies function as “access points of abstract [expert] systems” which are “*deeply bound up with the mechanisms of trust in abstract systems*” (original emphasis Giddens 2013a, 83). As access “points of connection between lay individuals” (such as donors and recipients) and “abstract systems,” gamete agencies’ websites are “junctions at which trust can be maintained or built up” (88). Gamete agencies encourage donors to trust that their gametes are given to “worthy” parents and recipients to invest in the reliability of donors’ self-representations. Recipients trust that purchasing gametes from donors with specific characteristics (such as phenotype, cultural identification, paternal/maternal desire, medical histories, and personality traits) will determine future identities of the child and family unit. Parents may or may not wish their future child to be able to “pass” as their own genetic children, and I will argue that this issue of visibility, and parents’ approaches to it, are built on notions of trust, particularly,

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trusting the future child and the ways in which society will interpret their mode of conception. The decision to be transparent (or not) about a child's genetic parentage affects recipient parents' choice of donor, about who is allowed to "know" children's genetic backgrounds and how important it is to be able to "pass" as an unassisted conception. In this way, trust is both a present concern for those undergoing treatment, and a future imagined for the life of the child. In the case that recipients choose not to prioritize "matching" the appearance of donor to recipient, I speculate that families have the potential to queer heteronormative familial structures, while hoping for a future where understandings of kinship are less focused on genetic relatedness.

In the final sections of this article I will suggest that one of the reasons that recipient parents may wish to recreate the appearance of genetic relatedness within their families, is because discourses of child protection justify and legitimize parents' choices to protect the child from stigma. This discourse limits the extent to which the child may be understood as a competent social actor, capable to be entrusted with adult knowledges. There are many reasons why this has become a site of contention for donor-conceived people, but I will argue that one particular reason is the attention it draws to sexuality, and the problems parents face in giving their children competent critical understandings of sexuality. I will argue that "adult" knowledges of sex are often seen as "too much" for children, and become sites of governance in both children's and adults' lives. The desire to protect combined with an under appreciation of children's critical analysis skills, competencies, and agency limits the opportunity for children to negotiate narratives about theirs and others' conceptions. Donor conception practices which aim to "pass" as unassisted conceptions attempt to replicate the "ideal" nuclear heteronormative family, limiting any potential to queer notions of what the family unit is or could be.

Methodology

This article is based on discourse analysis of several donor gamete agencies (The World Egg Bank, European Sperm Bank and Known Egg Donors), popular media, and relevant literature on donor conception and child protection. The gamete agencies and popular media sources were chosen for

their availability to the Australian public, both online and in publication, and in the case of the gamete agencies, in the form of human tissue. There are currently no gamete banks for unknown donors located in Australia, requiring that recipient parents seeking previously unknown donors, and undertaking treatment within Australia, either import human tissue or engage donors in fertility tourism to Australia. As marketplaces for publicly available consumer products I suggest that gamete agencies, "[i]n the current bioeconomy," privilege "active consumers" as they "make (racialized) reproductive choices" (Schurr 2016, 1). Gamete agencies rely on establishing themselves as trustworthy agencies to both donors and recipients, invoking technical competency and positive relationships to demonstrate their reputability. Gamete agencies are an extension of the abstract systems of assisted reproduction already present within fertility clinics. As Charis Thompson has argued, "the clinic is one significant site of negotiation of kinship and is of particular interest because it articulates between the public and the private" (2005, 166). Gamete agencies extend this negotiation of kinship across international borders and increase the size of the public from the local to global. The popular media analysed in this article is understood as both reflective of and influential over public discourse on donor conception and indicative of recipient parents' decision-making processes about who should donate and the disclosure of information to future children. Questioning popular media representations of donor conception extends Sarah Franklin's project which asks "what IVF is reproducing in addition to, or at times in lieu of, biological offspring" (2013, 26). The answer in this article is that donor conception reproduces ideal narratives of the nuclear family, unless dominant ways of understanding kinship and relatedness can be challenged. Since this article speculates on how the heteronormative nuclear family could be queered through openness about donor conception, I also imply that public discourse, reflected in popular media, could change to accommodate alternative versions of family creation, kinship and relatedness. My analysis of the content on websites is qualitative, evaluating visual and written representations of gamete agencies, recipient parents, donors, and children.

Accessing Donor Gametes, Reimbursement and Trusting Recipients and Donors

Australian donor markets are heavily regulated, and it is illegal for donors to be paid for either egg or sperm donation. Donors have no legal rights or responsibilities for their donated gametes or any donor conceived children that may result from them. The most recent report from the Australian & New Zealand Assisted Reproduction Database (ANZARD) found that in 2013 there were 490 live births from oocyte and embryo donor cycles across Australia and New Zealand (Macaldowie, Lee, and Chambers 2015, 4). Since 2010 all donor conceptions are required to be entered on state-wide registries, so that donor-conceived people may access details about their donors in later life. If prospective parents wish to have treatment within Australia they currently have several options for obtaining donor gametes: known donors, clinic recruited donors, as in the case of Known Egg Donors, or importation of gametes from international banks, such as The World Egg Bank or European Sperm Bank.¹ Known donors include those who are recruited privately by recipients (through friendship and family networks or advertising) and are currently estimated to be the most common form of donor conceptions in Australia. The exact number of such conceptions is difficult to estimate, primarily because recipients requiring sperm donors commonly have private arrangements not monitored by fertility clinics. All donors must be reimbursed for any reasonable expenses, such as travel and time off work, but in private cases there is no regulation of what “reasonable expenses” entails, and recipients reimburse donors for all costs (other than medical costs paid direct to a clinic), largely without third party mediation.

Trust is an integral part of these exchanges, where the recipient trusts a donor’s altruistic intentions and honest declaration of expenses to be reimbursed. Donors, in turn, trust recipients will be “good” future parents and that clinics will manage donated gametes ethically. Applying Anthony Giddens’ notion of trust, donors and recipients would not need to trust one another if their “activities were continually visible” and “thought processes were transparent,” or if the workings of the assisted

reproduction system were “wholly known and understood” (2013a, 33). To trust is to acknowledge risk, “in the face of contingent outcomes, whether these concern the actions of individuals or the operation of systems”; donors and recipients are “moral hostage[s] to fortune” as they invest in the future of a child (Giddens 2013a, 33). Breaches of trust between donors and recipients are serious, especially in extreme examples, where the trustworthiness of clinics is also called into question. For example, on April 3, 2016 an article in *The Sydney Morning Herald* claimed that IVF Australia had transferred a clinic-recruited donor embryo to a recipient who had lied to the clinic (and donor couple), denying her pregnancy and the live birth of a son (Marriner 2016). The donation was made on the condition that the child would know the details of their conception, and this was particularly important to the donors since their own children were full genetic siblings of the newborn. The female donor in this case cited her treating doctor saying that “it looks like she’s decided to pass the child off as her own, and not inform anyone.” The recipient broke trust with both the clinic and donors, in order to “pass” the child as a natural conception, and her own genetic offspring. Had the embryo been donated anonymously, the recipient’s choice to conceal her child’s genetic parentage would not have breached that trust relationship—but this donation was not made anonymously, and therefore questioned the reliability of the entire system. The trust placed in the abstract system of the fertility clinic did not “supply either the mutuality or intimacy which personal trust relations offer,” leaving the relationship between donor and recipient as one of modernity’s “interaction[s] between strangers” which failed to mutually acknowledge each other as “whole people” (Giddens 2013a, 114, 88). Part of the concern raised in this article related to concepts of kinship and children’s rights: the donors’ own children were genetic full siblings of the recipients’ child, and therefore the children had a right to “know” each other. While this is an extreme example, it is worth noting that, at least in the case of sperm donation as late as 2014 “[s]tudies conducted in Australia and overseas suggest that the majority of donor-conceived children remain unaware that the person they know as their father is not their biological parent” (Wise and Kovacs 2014). Despite the shift towards openness in genetic and conception

¹ None of the three agencies mentioned here, Known Egg Donors, The World Egg Bank or European Sperm Bank are non-profit companies.

histories, many recipients maintain an overwhelming desire that their child should “pass” as their own.

In cases where recipients recruit unknown donors, agencies cultivate trust in themselves, as abstract systems, in lieu of trust based on interpersonal intimacy. Both donors and recipients trust that agencies have represented the identity of the other accurately. “‘Trust’” here equals confidence,” and the clinic must cultivate “at least an incipient feeling of ‘being trustworthy’” for donors and recipients to have a “generalized extension of trust to the other” (Giddens 2013b, 53). In Australia there are currently very few locally recruited donors, and the waiting time through clinic recruitment is usually several years. Therefore, most recipients who do not have known donors import human tissue from overseas or engage donors in fertility tourism to Australia (if undertaking treatment within Australia). Extensive study has already shown that recipient/consumers using unknown gamete marketplaces overwhelmingly seek donors(/products?) who look like them, even in cases where recipients are open about their children’s conception (Boulay 2008; Daniels and Heidt-Forsythe 2012; Harrison 2013; Inhorn and Birenbaum-Carmeli 2008; Payne 2015; Quiroga 2007; Roberts 1996; Scheper-Hughes and Wacquant 2002). As one recipient mother, Suzanne Pattison has stated publicly:

I chose a donor who had similar characteristics with blue eyes and blonde hair. Even though I am open about how Elke [her daughter] was conceived, I didn’t want to stand at the school gate and have everyone question, is she adopted? (*The Sydney Morning Herald* 2016a)

Here Pattison encapsulates the desire for limited disclosure of her daughter and family’s genetic relationship. “[C]omments about physical appearance” present an “ongoing threat” that “cast[s] doubt on the legitimacy of their [recipients’] family structure” (Becker, Butler, and Nachtigall 2005, 1300); Pattison and many recipient parents want to be able to “pass” as genetically related families when it suits them. Petra Nordqvist and Carol Smart have convincingly argued that news stories such as these “reflect the changing shape and structure of contemporary family life,” and help to “challenge, and ultimately may start to redefine, taken-for-granted assumptions about motherhood, fatherhood and what constitutes a ‘real’

or ‘proper’ family” (2014, 11). Yet even as “unusual reproductive arrangements” are redefined “in the effort to normalize them and make them more acceptable” (Franklin and Roberts 2006, 182), they may simultaneously reinforce heteronormative values and assumptions about resemblance within the “ideal” nuclear family. As Dorothy Roberts has observed, “these technologies rarely serve to subvert conventional family norms ... Rather than disrupt the stereotypical family, they enable infertile couples to create one” (936). I propose that one way of challenging heteronormative family values would be for recipient parents to devalue “matching” their donors.

Identity Representation and Value on International Gamete Markets

One of the ethical problems that arises from recipients’ desire to “match” is the effect on market value for particular donor gametes. An example of this was reported on February 15, 2016 by the *Australian Broadcasting Corporation (ABC)*, detailing how Queensland Fertility Group was working with a donor agency, Known Egg Donors, to fly South African women to Australia for the sole purpose of donating eggs (Brennan 2016). A similar article in *The Sydney Morning Herald* claimed that these donors were limited to “white” women only (2016b). The demand for white donors in Australia generated a market for white women from the global South to travel to Australia to donate. Media attention on this form of fertility tourism called its legality into question, wondering whether “any sort of inducement to donate such as a lucrative overseas trip” constituted payment as opposed to reimbursement. Known Egg Donors, unlike the World Egg Bank or European Sperm Bank, deliberately market their service as generating personal relationships between (previously unknown but already matched) donors and recipients, through dinners, counselling, optional social gatherings, and continued communication after the donation (Known Egg Donors 2016). This attempts to facilitate “[t]rust on a personal level,” as “a project, to be ‘worked at’” between the donor and recipient through a “vast extension of abstract systems (including commodified markets)” (Giddens 2013a, 121, 119). Marketing resemblance is essential in this project, as agencies like Known Egg Donors require donors and recipients’ stereotypical understandings of relatedness to “inextricably

intertwine” the “local and the global” (Giddens 2013a, 108) and “mobiliz[e] the idea of genetic ethnic” similarity to “assert genetic connection” (Thompson 2005, 169). In this framework phenotypical similarity is important not just because families want to be able to “pass” when it suits them, but because appearance connotes ethnic (rather than racial) categories that can be shared and cultivated to engender trust between donors and recipients. Being of the same cultural identity not only makes a donor seem more attractive but more trustworthy.

The ways in which donors are represented in gamete markets suggests that recipients choose donors based on assumptions about kinship—matching not just appearance but cultural values. The unregulated free market in donor gametes “exacerbates hierarchies of human value based on stratified norms of race, ethnicity, economic class, and gender” (Daniels and Heidt-Forsythe 2012, 720). Multiple studies have demonstrated how these hierarchies manifest on donor databases in similar ways to dating websites, where individual profiles represent the body and identity as a present and future (Almeling 2006; Boulay 2008; Harrison 2013; Mamo 2005; Payne 2015; Scheper-Hughes and Wacquant 2002; Schurr 2016). In the case of The World Egg Bank, the primary marketplace for the importation of donor oocytes to Australia, donors provide an image of themselves. In comparison the European Sperm Bank, one of the most easily accessible banks from which to import sperm to Australia, does not require donors to provide adult pictures. For a fee, recipients may purchase baby pictures of sperm donors, as well as audio interviews, personality tests, and a “staff impression.” The relative anonymity of sperm donors, compared to oocyte donors, suggests that male donors are not expected to have the same degree of continued (trusted) relationship with recipients. There is an explicit option for sperm donors to choose their “Status” in regards to the kind of continuing contact they would like to have with recipients: “Non-contact” or “Open.” However since December 2015, due to changes in Australian regulations, only “Open” status donors are available to be imported to Australia. Obviously, there are significant implications for how these different forms of representation in sperm and egg banks reflect gender stereotypes, but I will not have sufficient space to detail this

here, and Rene Almeling, among others, has already covered this extensively (2011, 52–83).

Both the European Sperm Bank and World Egg Bank conflate race and ethnicity, detailing donors’ eye and hair colour, height and weight, but the European Sperm Bank also provides a first name—signifying cultural identification. Before December 2015, recipients on the European Sperm Bank were given the very limited option to sort donors by only two racial categories: “Caucasian” and “Non-Caucasian.” Recently, this has been updated to allow sorting in four categories: “Caucasian,” “Asian,” “Black,” and “Other.” Even after this revision, it is clear that the racial characteristics are understood to imply ethnic ones, without providing space for differentiation. The World Egg Bank uses nine categories to sort race: “Asian,” “Black,” “Hawaiian,” “Caucasian,” “East Indian,” “Hispanic,” “Middle Eastern,” “Native American,” and “Other.” For both banks ethnic identity is only signified through donors’ specific references within their profiles. Apart from race, recipients can sort donors by education: oocyte donors by “level of education” and sperm donors by “type” of education. Oocyte donors with college education are in higher demand. In order to “match” the socio-economic profile that recipient parents desire, The World Egg Bank recruits college students, using a range of methods from “on-campus recruitment to Craigslist advertisements,” “the local CollegeTimes paper,” “community college campuses and ASU, to student neighborhoods” (The World Egg Bank 2015a). These two banks prioritize racial signifiers (appearance) and socio-economic signifiers (education) to aid recipients in their search for donors who are “like” them.

The relative values of donations are priced by the market they exist within, “[t]he price of eggs is determined by a racial [and socio-economic] supply-and-demand system” (Roberts 2011, 216). The European Sperm Bank, located in Denmark, compensates donors a flat rate of kr300 (Danish Krona), or approximately AU\$60 (Australian Dollars) for each approved donation, for a maximum of ten donations per month. The World Egg Bank, located in Phoenix, Arizona, reimburses oocyte donors between US\$3,000–\$6,000 (American Dollars), or approximately AU\$4,000–8,000 per cycle, for a lifetime maximum of six cycles. The World Egg Bank states that “oocytes are never to be treated as commodities” (The World Egg Bank 2015c, ¶8) and the rate at which donors are reimbursed is not based on the number of eggs retrieved, or their quality,

but “on the wage scale and cost of living in your state” (The World Bank 2015d, ¶3). Further, “sums exceeding \$5000 US require justification” according to the American Society for Reproductive Medicine (ASRM) guidelines (The World Egg Bank 2015d, ¶3). Oocyte donors on The World Egg Bank are reimbursed according to the market rate of their communities, rather than any biological determinants. Some women’s bodies are valued higher, and others lower, based on their existing value within a classed social structure. On Australian gamete markets “white donors are in greater demand than any others,” although studies outside of Australia have demonstrated that an increasing number of non-white recipients have created a demand for non-white donors (Roberts 2011, 216; Daniels and Heidt-Forsyth 2012). At least within cases of importation to Australia through The World Egg Bank or European Sperm Bank there is no evidence to suggest that reimbursement value has been based on market demand, rather than on the criteria detailed above.

When recipients choose donors they most often seek to reproduce families in their own likeness: through appearance (race) and cultural identity (ethnicity and education among other things). While “egg agencies and sperm banks work to recruit donors from a variety of racial, ethnic, and religious backgrounds to satisfy a diverse recipient population” (Almeling 2011, 57), as The World Egg Bank has put it: “some donors are never selected while other [sic] are selected multiple times. Recipients are most often, looking for genetics that match their family profile” (The World Egg Bank 2015b). The fertility market preserves “social inequalities” as “[t]he most advanced and expensive” treatments, such as donor conception, are “reserved for the wealthiest people and fall outside the reach of most women of color” (Roberts 2011, 222). The predominance of white recipients in donor gamete marketplaces means that, at least within Australia, “fertility markets involve themselves in the commercial reproduction of whiteness” (Cooper and Waldby 2014, 65). This means that donors are encouraged to increase their value within the marketplace by “isolat[ing] and transact[ing] the desirable aspects of their fertility according to a map of regional and global economic power relations, which itself maps onto older histories of race and empire” (65). In the remainder of this article I will speculate on how the value placed on resemblance might be challenged, and what the implications might be for alternative understandings of kinship and family. In doing so,

however, it is important to remember that devaluing resemblance does not solve social inequality: rather, it may risk further exploiting reproductive labour from the Global South, as other areas of the international fertility market have already shown, such as gestational surrogacy (Harrison 2013; Mamo 2005; Scheper-Hughes and Wacquant 2002; Schurr 2016; Thompson 2005).

Disclosure and Trusting Children

Investing in a donor invites recipients to imagine the future life of their child and family. Recipients choose donors by specific characteristics (as represented by gamete agencies) which they trust will provide the best possible outcome for both child and family. Laura Mamo has found this to be the case in both heterosexual and queer recipients, as “cultural and physical traits of the donors are re-materialized into the imagined potential offspring” (2005, 248). With both queer and heterosexual recipients, “[t]his serves as a kinship device” for the non-genetic parent “to envision their own social connection to the imagined child” (248). One of the most significant decisions that recipient parents consider in this process is whether to trust the child, and others, with information about the child’s conception. In “the past four decades or so, legislation and donor conception practices in Australia have evolved significantly to encourage greater knowledge and openness” (Wise and Kovacs 2014), yet this has not translated into evidence that greater numbers of heterosexual recipient parents are being open with their children about biological relatedness. For Sarah Wise and Gabor Kovacs,

What is surprising is that [Australian] parents’ behaviours have changed little over the twenty or so years during which this body of research has been conducted, despite the embedding of more enlightened principles in law and practice. There are grounds to believe that parental decisions not to disclose the donor conception relates to the imbalance between parents in biological relatedness to the child and a fear that disclosure would disrupt the child’s relationship with the non-biological parent (Wise and Kovacs 2014).

This suggests that recipient parents seek donors who “match” them because they do not trust the child to be

able to maintain a strong relationship with their non-biological parent, if they were privy to this information. This is not supported by the view widely held by “family therapists, counsellors and psychologists” that “family relationships and children’s welfare is compromised when donor-conceived children are unaware of their origins” (Wise and Kovacs 2014; Raes, Ravelingien, and Pennings 2016). Because the desire for resemblance “and disclosure decisions are frequently tied to each other, it is likely that if the public were more accepting of difference, parents would likely feel more comfortable with disclosure” (Becker, Butler, and Nachtigall 2005, 1300). Australian parents who are motivated to disclose donor conception to their children (whether they have or not) have cited “a belief that a child has a fundamental right to be told, wanting to avoid the burden of guarding the secret and a desire to prevent accidental discovery” (Kovacs, Wise, and Finch 2015, 395). Despite any “feelings of loss, search for self, or concerns about passing on one’s genes” parents who disclose “may contest normative definitions of kinship and family ... and, to some extent, rework their allegiance to cultural norms to suit their own needs” (Becker, Butler, and Nachtigall 2005, 1307). In trusting the child with this information, parents also trust that their children will be able to navigate any stigmatisation they encounter, and rework the primacy of genetics in relatedness. According to Wise and Kovacs, the push for further openness “is based on the idea that this contributes to the welfare of donor-conceived people” and is “considered to outweigh the interests of donors and parents, who may not want information shared with others” (Wise and Kovacs 2014). Similarly, Rodino, Burton, and Sanders’ in-depth study in 2011 usefully demonstrated that “donor-conceived offspring view all information as highly relevant and important to their view of self” but like all research in this area, could only include participants who already knew of their donor conception (2011, 309). As recipient parents are encouraged to be open with their children, they are encouraged to trust their children, not only with the competency to accept their family structure as an alternative to heteronormative sexual reproduction, but with the ability to form strong bonds with their non-genetic parent.

Disclosure of donor conception, to children and others, questions the boundary between public versus private information. In this way donor conception is somewhat dissimilar other non-traditional means of

family formation, such as adoption. Studies in adoption have been used to justify the need for openness in donor conception, seeking to eliminate “genealogical bewilderment” as “described within the adoption context” (Ravelingien, Provoost, and Pennings 2015, 504; Wise and Kovacs 2014). Yet it is problematic to treat donor conception in policy as if it were the same as adoption, because “gamete donors do not have a relationship with the child born of their donation in the way that relinquishing parents have with their child” (Nordqvist and Smart 2014, 23). Heterosexual recipients of donor conception are often able to replicate the external appearance of heteronormatively created families, through pregnancy and childbirth. The ability to conceal a donor conception gives parents the choice to trust both their child and the public.² Trusting the child means trusting that intimate familial bonds and the child’s self-identity will not be damaged by knowledge of the information. Trusting more publicly, including people outside of the family unit, is often more daunting, since it means relying on “social change” and that non-traditional ways of creating families will be destigmatized and “lead to greater awareness and sensitivity” (Becker, Butler, and Nachtigall 2005, 1307).

Trusting children and the public with donor conception information has the potential to queer the concept of the nuclear family, if we define queerness as “essentially about the rejection of a here and now and an insistence on potentially or concrete possibility for another world” (Muñoz 2009, 1). Secrecy about donor children’s conceptions relies on a fantasy of heterosexual reproduction to maintain kinship ties. If understandings of relatedness could change, then as José Muñoz has claimed, “the future [could] stop being a fantasy of heterosexual reproduction” (49). This could radically change the way that donor markets perpetuate social inequality (which is not to claim that gamete markets would be *better*, simply valued differently). Further, giving children detailed information about their conceptions could change the ways that children’s knowledges and competencies are valued, trusting that they have sophisticated understandings of issues that adults often see as too difficult for them.

² Of course the notion of choice is itself problematic within the context of assisted reproduction, where many recipients feel they have “no choice” as a result of infertility (Nahman 2006).

Children's Knowledges

There is currently a debate about how much information children should be entrusted with about their own conceptions, as Wise, Kovacs and Finch's work testifies to. "Expert" knowledge from psychologists, counsellors, and therapists claim that it is "the best thing for the child" that they know their conception history. Advocates for children's rights assert that there is a "moral and ethical duty of care" to reveal conception stories for the sake of "the well-being of any child created through assisted reproductive technologies" (Adams 2013, 371). I speculate that parents who do not disclose their children's conception rationalize the choice *not* to trust such "expert advice" through the rhetoric of child protection discourses, claiming that "keeping the secret protects the child" (Adams 2013, 372). There are many reasons this has become a site of contention, but one reason which I would like to focus on here is that disclosure of donor conception to children involves the disclosure of knowledge about sexualities. Kerry Robinson has discussed how sexuality has become one of the most obvious sites of governance for both children and adults (2013, 6). Robinson argues that the borders of adulthood and childhood are policed through knowledge and that innocence, in denying children information about the "adult-world" (such as sexuality), subjugates children's lives. In discussing the moral panic around children's knowledge about sex, Robinson claims that "developing their [children's] critical literacy and fostering their competencies, knowledge and agency will do far more to support their health and wellbeing" (7). Importantly, throughout the wider debate concerning the agency of children in negotiating sexuality "[c]hildren and young people themselves [have] been almost entirely absent" from the conversation (Valentine 2008, ¶4). We see this in studies of donor conception, where overwhelmingly only parents have been asked about their families' well-being, even in families where children know of their donor conception. This is, of course, more often the case than not in questions of consent, children's agency, sexuality, and representation—donor conception is no exception. In order to corroborate these initial observations future empirical work with donor conceived families (involving children and adults) would be highly instructive.

Connected to the idea of sexualities as a site of anxiety, it would be useful to investigate whether donor-conceived families experienced the desire to

maintain secrecy as part of a culture of body shaming. Parents who do not want to address alternative modes of reproduction with their children might especially feel mistrustful of public perception—that disclosure risks shaming both parent and child. Recipients of donor oocytes have reported "emotional pain and strife" during pregnancy, when confronted with disclosure of their infertility, and a "fear of stigma and the subsequent sense of embarrassment and abnormality" (Hershberger, Klock, and Barnes 2007, 291, 293). Donors too, may also feel body shamed, particularly if they experience criticism for "giving away their babies" or losing the opportunity to meet "their" children (as Simi Lampert blogs was her experience in *Why I Couldn't Donate My Eggs*, 2012). These forms of body shaming are a direct result of processes delegitimizing non-traditional forms of kinship. The bodies of donors, recipients and children, like all bodies, are sites of anxiety, individually concretized, as well as intensively symbolically significant. The desire for secrecy could be seen as a desire to protect the family unit from queerness, to maintain "[t]he family [a]s idealised through the narrative of threat and insecurity; the family is presented as vulnerable, and as needing to be defended against others who violate the conditions of its reproduction" (Ahmed 2014, 144).

Following Sara Ahmed, recipient parents, at the moment of donor conception, could be seen as facing up to a queering of their bodies, or how "it feel[s] to inhabit a body that fails to reproduce an ideal" (146). Recipients who maintain secrecy may be resisting this queering, concealing that their mode of reproduction was any different to heterosexual coupling. For these recipients choosing donors produces fantasies "of the child" as an individual, that "shapes [their] reproductive futurism" and reinforces the "absolute privilege of heteronormativity" (Edelman 2004, 2). Recipients who choose openness, to any degree, could be embracing queerness, and the opportunity to "educate others about families created with the use of a donor" (Becker, Butler, Nachtigall 2005, 1307). As recipients decide how they and their children "should" form kinship relations, they reproduce an "image of the Child, [which is] not to be confused with the lived experience" of any actual child (Edelman 2004, 2, 11). At the time of conception, the donor-conceived child is a "fantasy of the future" who is "immured in an innocence seen as continually under siege" (Edelman 2004, 11, 21). Some parents may try to protect the child's innocence, as a

most valuable commodity, denying children's critical literacies and competencies. Some parents may imagine the child as capable and willing to take on each siege and combat dominant modes of understanding relatedness. Many parents will navigate a course in between. Indeed, despite parents' intentions Nordqvist and Smart attest that many recipient parents feel shame discovering that it is "impossible to tell children about their conception and then ask them to keep it secret from strangers" (2014, 2), while Becker, Butler, and Nachtigall describe parents as indecisive or postponing telling their rapidly aging children (2005). Fear of (further) shaming comes from a lack of trust in public perception, or how "strangers" will view the family, and children's emotional capabilities to deal with those perceptions. Children (and we could also argue, bodies) "cross the adult shame frontier, and penetrate emotional danger zones which the adults themselves can only control with difficulty" (Elias 1994, 164). The issues of shame, attempts to control, mistrust of public perception and belief in children's critical literacies could be at the heart of donor conception, and inform how families think about race, ethnicity, and sexuality as well as the rights and protection of children.

Conclusion

The high value that recipients place on resemblance and being able to "pass" donor conceived children as unassisted conceptions creates the conditions for a gamete marketplace that reproduces social inequality. If notions of kinships and relatedness could be adjusted to no longer rely on resemblance and cultural affinity, we have the potential to change how donors are valued within the gamete marketplace and queer the concept of the "ideal" nuclear family. Further investigation would be useful to determine to what extent recipient parents struggle with revealing their children's donor conceptions due to notions of sexuality, shame, and control. By queering a heteronormative fantasy of reproduction, and concepts of kinship and relatedness, we have the potential to foster children's competencies and entrust them with information about sexualities. These conditions for recipient parents need to be further addressed and weighed against determinations for best practice in donor conceived children's welfare and well-being.

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