

Queer Men's Pathways to Parenthood: Exploring Experiences and Decision-Making of Gay and Bi Men Navigating Surrogacy in the UK

Derek Batten

1st August 2024

Thesis submitted to the University of Hertfordshire in partial fulfilment of the requirements of the degree of Doctorate in Clinical Psychology

Word Count:

29,985 Words

*Excluding Abstract, Acknowledgements, Tables, Figures and References.

Acknowledgements

I would like to give a large thank you to the participants who bravely and openly talked about their experiences in this study. It truly touched my heart and it was an honour to be able to get to know your personal journeys and turmoil.

To my friends, Sophie, Steph, Jess, Rachael and Georgia, thank you for your eternal support. You have been my rocks throughout this process, giving me all the encouragement I needed to keep going with writing this thesis, and also helping me navigate my personal life which has been tumultuous. Thank you for being who you are!

To my project supervisors, Natascha and Kathryn, you have been amazing. You have validated my experiences and made me realise that this was possible to do. I never would have made it to the end of this without your support. Thank you again for putting up with my chaotic organisation.

To my parents, Mum and Dad, you never really understood what it is that I am doing with this degree - you just knew that it was a lot of work and that I would phone you during my meltdowns. You have always been supportive, offering both humour and encouragement.

To my fellow DClin family, Sade, Nisha and Sandro, it has always been amazing to speak to you all and just like my friends, you have always been there to encourage me and help hold me on a positive guard amidst my many freakouts. Your support has not gone unnoticed, and you will always be in my heart.

To Ana, my therapist, this work has been challenging and confronting for me. Thank you for offering a space to help me unpick all of this and make sense of those squishy parts of myself that I don't like to acknowledge.

Finally, to coffee, we have always had a stable relationship – thank you for both helping me persevere, whilst still encouraging me to take regular breaks.

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1. ABSTRACT

Background: There has been some research into queer men's procreative choices and decision making specifically focusing on adoption and surrogacy from an international context. The research highlights that decisions are influenced via several factors that are highly nuanced. It also speaks to the number of barriers queer men face when stepping into the procreative realm, legal barriers, wider societal barriers and internal barriers.

Aims: The aims of the present research study is to explore the decision making processes of queer men in the UK navigating surrogacy. Exploring what led to them choosing surrogacy in the UK, thinking about the negotiations that are made at an individual and couple level before reflecting on what facilitates or inhibits available decisions of queer men.

Methods: Reflexive thematic analysis was completed on thirteen (n=13) queer men who were currently in the process of navigating surrogacy in the UK.

Results: The analysis displayed a total of five main themes; Rationales behind opting for UK surrogacy routes, Surrogacy is a difficult, long and uncertain process, Dilemmas for queer prospective parents: questions for the future, about gender and connections, Factors that supported decision making: right time, planning and solid support, Addressing perceptions of queer men in society and of queer male parents.

Discussion: Much of what is covered within the present study resonates with the wider literature around queer men navigating surrogacy. It highlights the complex and nuanced social and psychological processes that inform decisions and determines experiences of queer men navigating heteronormative reproductive spaces. There are real barriers that queer men face in the form of discrimination and homophobia that they must navigate and justify continuously. It highlights that further work is needed to sensitise these systems that are currently in place that queer men enter in terms of fertility, midwifery and psychological service offers. The current study also highlights the unique context in which surrogacy exists in the UK which is still inaccessible for many queer men. Further research is needed to understand and expand on the findings about queer men's surrogacy journeys in the UK as there is minimal research currently.

2. INTRODUCTION

2.1 Chapter Overview

This research broadly focuses on the experiences of how cisgender queer men decide to become parents through various pathways, from adoption to surrogacy. Queer men will be used throughout this paper to refer to gay and bisexual queer men due to the inclusivity of both sexual identities. It will then narrow its focus onto how gay men navigate the varied decisions that are made when pursuing parenthood in the UK through surrogacy. The primary aim is to better understand how decisions are made and offer an exploration into what factors influence the decisions that are made. It will add to the existing knowledge base of how queer men embark on building families through surrogacy by situating the research in the UK context.

In this chapter, I will first introduce the options available to queer men to become parents and some of the key concepts that will be used throughout this report. Below I set out an exploration of the historical and medicolegal context of queer parenting in the UK. I will then situate myself in the research as well as define the epistemological position of this project.

2.2 Queer (Gay) male parenting, A brief history of surrogacy in the UK:

In the UK, in the context of queer/ gay (or male bisexual) same sex couples planning to embark on fatherhood, having their first child and build families together is still a relatively new phenomenon.

Legislation has played a large part in this. For instance, up until 1967 in England and Wales (Scotland, 1980 & Northern Ireland, 1982), it was still illegal for men to have sexual relationships or sexual acts under the age of 21 until the Sexual Offences Act was amended. From 1988, the Local Government Act was implemented and as part of that, local authorities were banned from teaching or being seen to promote 'the acceptability of pretended family relationships'; known as 'Section 28'. This resulted in schools not being able to talk about same-sex relationships in the education system thus eliminating same-sex relationships being able to be talked about or 'normalised'. This was only repealed in 2003. Following this there has been some legislative shifts with same-sex couples having their relationships recognised by law i.e. Civil Partnership Act (2004) and Marriage Act (2014). It wasn't until 2005 where same-sex couples could jointly adopt. However, there remained many debates around the abilities of gay men being 'suitable' enough parents, debates routinely been challenged within research (Golombok et al., 2014).

Queer men also had to contend with assumptions that a child needs a mother; throughout the 1980s and 1990s heteronormative assumptions of men not being 'natural' parents in contrast to women were widespread. Susan Golombok, a leading research psychologist researching same sex couples who parent, developed a study about gay parenthood in 2013. At the time, gay couples having children through surrogacy was very new. Golombok collaborated with American colleagues for this study and their findings are highly supportive of gay parent families (Blake et al. 2016, Golombok et al. 2018). Legislation in the UK for surrogacy through the Surrogacy Arrangement Act 1985 has not been revised since its inception. At the time of the introduction of this Act same-sex couples wanting children were less accepted and The Act is somewhat outdated and creates some uncertainty in the process still today. For instance, under current legislation, only one (usually the biological dad) can be registered on the birth certificate along with the surrogate mum as legal parents. It requires a period of at least 6 weeks from birth until both parents can apply for a parental order to become the legal parents within a same sex relationship. In 2023, some revisions were suggested i.e. allowing both parents from a same sex

relationship being registered parents from birth, but this has not been approved by parliament yet.

With the socio-legal context outlined above, in the UK many gay, bi or queer men grew up with thinking that being gay meant not having children. Possibilities and role models of gay male couples thinking about having children in their relationship were not present and is still only a relatively new phenomenon in wider society. Joint adoption has been available for the past two decades and surrogacy has been available for the past decade, with the latter being considered far out of reach due to the high costs associated with limited public funding available for same sex males wanting to start families. The first gay men in the UK to have children through surrogacy was in 1999; this couple were millionaires, and their surrogate lived in California. Over the past 15 years, some celebrity role models have emerged who have had children through surrogacy, such as, Elton John and his husband David Furnish in 2010 and more recently Tom Daley and his husband Lance Black in 2018. Although there has been some backlash in the media about them sharing this news, it has helped many gay or queer couples see that surrogacy is possible.

Overall, the number of children born through domestic surrogacy is still small. There are no official statistics on the number of children born through surrogacy in the UK. However, Ministry of Justice data reveal the number of parental orders (which transfer legal parentage from the surrogate to the intended parents), was 117 in 2011, rising to 444 in 2019. Two-thirds of applicants are mixed-sex couples often in their 30s or 40s, many of the remaining third (148) may be gay male couples (BBC, 2021).

2.3 Routes to Parenthood

When thinking about queer men's routes into parenthood and forming families, the main routes to access are through surrogacy, adoption and fostering. For their heterosexual (and lesbian) counterparts there is wider access either via traditional means of conception or through assisted reproductive technologies (ART).

2.3.1 Surrogacy – Family creation and the landscape so far

Surrogacy is not new and it has been used throughout history to help address childlessness because of infertility (Brinsden, 2003). A “surrogate” is defined as a woman who becomes pregnant, carries, and delivers a child on behalf of another person or couple who wants to have parental responsibility for the child that is born; the ‘intended parent’. Surrogacy presents an opportunity for people who are unable to conceive by conventional means due to limits in biology or medical reasons (Department of Health and Social Care, 2024). The use of a third party to aid with conception, gestation, providing eggs, sperm, embryos or surrogacy has ultimately contributed to helping with fertility issues to build families (Nordqvist & Gilman, 2022). The use of a third party is something that may be on the rise due to recent research indicating a global decline in fertility (World Health Organisation, 2023).

There have been reforms in legislation relating to surrogacy and changes in how surrogacy is regulated in the UK. In 2009, the Human Fertilization and Embryology Authority (HFEA) removed previous guidance that meant surrogacy was only accessible to infertile women. More recently, in 2023, a large-scale overhaul occurred making changes to the surrogacy law that was created in 1993, one of the biggest changes being the creation of a new pathway to legal parenthood for domestic surrogacy arrangements, it allows intended parents to be legal parents from birth rather than waiting several months before being able to change the birth certificate (Law

Commission, 2023). This has made it more possible for same-sex couples to access this pathway to parenthood.

2.2.2 Surrogacy – Altruistic, Commercial or International, traditional vs gestational ... what is the difference?

Surrogacy as an act remains the same, the context of the arrangements that surround the act changes its prefix i.e. Altruistic, Commercial/ International. Altruistic surrogacy is the only way that surrogacy can happen in the UK as it is illegal to advertise or pay for a surrogate. Altruistic surrogacy arrangements are where a surrogate does not receive compensation for her services, altruistic surrogates only receive money to cover medical expenses, other pregnancy-related fees like clothing, travel costs to and from appointments and agency/ fertility clinic fees. To note queer men have only been able to access surrogacy in the UK legally since 2010.

Commercial surrogacy refers to any surrogacy arrangement where the surrogate is paid for her services beyond the reimbursement of medical expenses. Compensating the surrogate for her time and energy, the sacrifices she makes and the many physical and emotional challenges that the surrogacy process generates. In addition to the arrangements related to the costs of altruistic surrogacy arrangements. It is illegal in the UK to pay a surrogate to have a child outside of expenses, commercial surrogacy is often referred to as international surrogacy and both are referred to differentiate surrogacy processes that occur outside of the UK context.

International surrogacy varies depending on the country in which the surrogacy agreement is arranged and the expected monetary obligations. Delving into this a little further, there are stark differences in legal obligations, with altruistic surrogacy being an agreement rather than a legally binding contract. In the UK, the surrogate mother can still up to 6 weeks after birth decide to keep the child. This is not the case for commercial/ International surrogacy. In altruistic surrogacy arrangements, intended parents (IP) after the 6 weeks must apply for a parental order (PO) to become the child's legal parents in the UK. This does not mean that it is any easier for IP to have children born through commercial or international surrogacy, as it wholly depends on how different law systems match up with UK law for the child to enter the UK as a citizen..

Further differences can be seen in access. Queer men can all access altruistic surrogacy in the UK, however, international or commercial surrogacy that is approved by regulators is limited to the United States, Canada, Colombia, Mexico and Cyprus. In contrast, heterosexual counterparts can access to other markets that exist within South and Southeast Asia, Georgia, Greece and Eastern Europe. Whilst altruistic surrogacy is somewhat more cost-effective it still requires significant monetary backing, costing an average of £20,000 – £80,000. International markets vary vastly but can range between £55,000 - £150,000. Both options are still relatively exclusive as most people within the UK with an average household income would not be able to afford this.

There are further differences with types of surrogacy i.e. gestational or traditional surrogacy. Traditional surrogacy refers to a surrogate becoming pregnant through sperm insertion in uteri, meaning the sperm fertilises inside the surrogate. Gestational surrogacy is where a surrogate

becomes pregnant via IVF, where an embryo is fertilised in a lab and then implanted into the surrogate's uterus.

2.2.3 Adoption and Fostering

Adoption is the legal process in which a child or children (siblings) who cannot be brought up in their birth family environment become full, permanent and legal members of their new family. Adopters will become that child's legal parent with the same rights and responsibilities as if they were that child's biological parents. Fostering is similar to adoption in that if the child or children cannot live with their biological parents or other relatives, while adopters will become legal parents of the child, foster carers will not. Parental responsibility for foster carers is generally shared between a local authority and a foster child's biological parents, although some decisions and responsibilities can be awarded to foster carers.

The introduction of the Adoption and Children Act 2002, gave unmarried couples including same-sex couples, the right to adopt, this became law in 2005. Meaning that same-sex couples are not required to be in a civil partnership or married to adopt but do need to demonstrate that they are living together in an 'enduring relationship'. Before this legislation, a single queer man could adopt but it meant that only one man in the couple could be the registered adopter. For fostering, there are less stringent rules, and it is shaped by the agencies involved in the foster care arrangement.

2.3. Statistics on pathways to parenthood for queer men.

For queer men pathways to parenthood are more limited in comparison to queer women, heterosexual men and women who wish to start families and embark on their parenthood journeys. When thinking about journeys to parenthood there are a wide range of options to consider like; traditional conception methods, in vitro fertilisation or other fertility treatments, traditional gestational surrogacy, adoption or fostering. Queer men only have access to the latter of these options mentioned. This is based on the biological limitations of men not being able to carry children and legal restrictions, queer men have only had access to adoption or fostering since 2005 and more recently only had access to surrogacy in the United Kingdom (UK) since 2010. For queer men, this means that entering the heteronormative and procreative realm is still new.

In 50 years or so there have been significant developments in procreation by artificial reproductive technologies (ART) these developments have presented a range of new opportunities for LGBTQ+ individuals and couples to become parents (Golombok, 2015). Surrogacy rates for same-sex couples are difficult to measure, currently, the best way to measure surrogacy rates in the UK is by looking at the number of parental orders that have been applied for. Parental orders are the legal process in which the intended parents of a child apply for legal responsibility and recognition of being a parent to a child that is born through surrogacy. In 2014 just 69 parental orders for same-sex couples were applied for in comparison to 2021 where 115 were applied for (My Surrogacy Journey, 2021). This shows a gradual increase showing how ART has been beneficial to the queer community in providing access to building a biologically related family.

However, for queer men there is research that suggests that adoption or fostering are the first steps towards parenting rather than surrogacy despite it becoming more prevalent (Golombok, 2015). The number of adoptions by same-sex couples has risen year on year; in 2022, 530 (17.7%) and in 2023 a rise to 600 (20.3%) adoptions in England were by same-sex couples (New Family Social, 2023). It is important to note that the data represents both female and male same-sex couples. For same-sex couples fostering in England, the data set is ambiguous and queer populations are not represented in official statistics. On the whole specific statistics on the proportion of queer men who are starting families through adoption, fostering or surrogacy are poor, so it is hard to grasp what the increase looks like.

2.4 Positioning in the Research

The research exists in the intersection between sociology and clinical psychology disciplines; it explores the many layers of social context that inform how queer men make and form decisions in parenthood journeys. It will critically explore how decisions are made within the UK surrogacy context by examining accounts of those currently navigating surrogacy through a qualitative study.

My positioning as the researcher, I identify as a gay cis man, from a working-class background and I dearly hope to start a family of my own one day. It is important to note this as Rose (1985) stated: *“There is no neutrality. There is only greater or less awareness of one’s biases. And if you do not appreciate the force of what you’re leaving out, you are not in full command of what you are doing”*. My identity and aspirations place me in the category of an *“inside researcher”* (Dwyer & Buckle, 2009), and has been essential for me to carry out this piece of research with an awareness of being attuned to my positioning (Asselin, 2003; Greene, 2014) to maintain reflexivity and reflectiveness throughout the research.

My positioning as a researcher places me as an insider and outsider researcher, my identity as a queer man places me within the same group as participants. But an outsider researcher in the sense that I am a queer man who is not embarking on a parenthood journey. This is something that will need to be considered throughout as this will have implications for the research, inherently it will shape how I engage with multiple aspects of recruitment, data collection, analysis and interpretation. This may allow me to approach the research phenomena with sensitivity and to attend to nuance more easily, but it may limit curiosity which will need to be constantly checked.

2.5 Epistemological Position

Research is often guided by a set of assumptions and beliefs that underpin the research processes Hays & Wood, 2011; Madill et al., 2000). For research, this connects to the researcher’s epistemological position (Crotty, 1998). Epistemology in essence is concerned with how certain knowledge and truths are developed, essentially detailing what counts as and can be defined as knowledge and truth (Willig, 2008). Epistemology in research is concerned with how findings can reflect reality (Harper & Thompson, 2012) and highlights the relationship between the reality explored by the researcher and the influence of this on the research methodology, analysis and quality appraisal (Carter & Little, 2007).

There are several epistemological positions; the big three are considered to be realism, critical realism and social constructionism. On one end of the spectrum realism suggests there is an objective and measurable ‘truth’ within a phenomenon, which can be found, openly explored and importantly suggests this can be separate from our own beliefs or understandings (O’Reilly

& Kiyimba, 2015; Ponterotto, 2005). On the other end of the spectrum sits social constructionism, which as an epistemological position suggests the ‘truth’ of a phenomenon is constructed within multiple contexts e.g. through culture, history, and language. This standpoint allows for multiple ‘truths’ to exist relating to a particular phenomenon depending on the context or how a person understands it (Burr, 2015). Critical realism sits in the middle of these two positions blending the two suggesting that there is a measurable ‘truth’ but this ‘truth’ can be shaped through both context and real-world evidence (Vincent & O’Mahoney, 2018).

For this research, I have approached this project from a realist social constructionist stance (RSC). RSC’s underlying assumption is that reality is both material and overlaid by meaning-making (Elder-Vass, 2007). In this sense arguing that individual experiences and beliefs are constructed around material realities via rules and norms that are socially constructed. Pathways to parenthood for queer men is something that has both material and constructed elements too, i.e. queer men have to navigate complex systems that are governed by law, health and social care for them to become parents. Parenthood identities, queer identities, their interplay, and expectations are all things that are shaped within differing contexts of culture, history and language. RSC therefore seems an appropriate epistemological position to take so that both the material and constructed realities can be fully appreciated.

Social constructionism was considered when initially planning the project due to its positioning in being able to fully explore how identities are formed in context. But using this position solely felt as though it would drastically ignore the actual realities of people physically navigating health, social and legal systems. A queer epistemological lens was considered to be made explicit but reflecting the position of being an ‘insider researcher’ who identifies as a queer man, it would be hard to argue that this research is not being approached with a queer lens due to my inherent identity as a queer researcher.

3. SYSTEMATIC LITERATURE REVIEW

3.1 Introduction to the literature review

Systematic Literature Reviews (SLR) are comprehensive, rigorous, and high-quality processes that aim to conclude an existing knowledge or evidence base around a particular topic (Siddaway et al. 2019). It’s important to note this SLR occurred alongside the empirical study before the analysis took place.

The previous section has outlined the context of the various routes to becoming parents or parenthood journeys for queer men, it highlights the prevalence of the different pathways to parenthood. However, this does not highlight the various experiences that queer men navigate when becoming parents, it does not capture the decisions made during this navigation period. Queer male experiences and decision-making processes when planning to become parents or becoming parents will be explored through a systematic review of qualitative literature relating to this area, highlighting gaps in knowledge, and providing a rationale for the empirical study.

The questions this SLR aims to answer are:

- What gaps in knowledge are there about how queer men make decisions about pathways to parenthood?

3.2 Search Strategy

A systematic literature search was conducted between January and February 2024. The following databases were searched: SCOPUS, PubMed, MedLine, CINAHL Plus and Google Scholar. These databases were chosen to include literature from disciplines such as medicine, nursing, social work, psychology and applied social sciences. A search of Cochrane and Prospero databases were run to ensure no similar literature reviews were in progress at the time. There were no similar reviews found on either database, likely meaning this is a unique SLR.

Boolean search terms were experimented with, like “Queer Men”, “Queer Fathers”, “Queer Dads” and “Queer Parents” but this generated too many search results and often included studies relating to other queer identities, sexualities, and genders. Replacing “Queer” with “Gay” included a wide range of results that were more closely related to the SLR questions. Similarly, other concepts were explored like “Pathway”, “Reproduction”, “Becoming Parents”, “Family Formation” and “Choices”, but these generated a range of results that did not directly relate to the SLR questions. See Table 1 for initial search terms.

Table 1. Initial Search Terms

Concept 1	Decision Making	OR	Choices
AND			
Concept 2	Gay Men	OR	Gay Fathers Gay Dads Gay Parents
AND			
Concept 3	Pathway	OR	Surrogacy Adoption Fostering
AND			
Concept 4	Parenthood	OR	Reproduction Becoming Parents Family Formation Fatherhood

With the concepts listed above, two different search strategies (Table 2) were employed based on which database was used for SCOPUS and the other databases (PubMed, MedLine, CINAHL Plus and Google Scholar). For Google Scholar the first fifteen pages were included in the search to ensure a wide enough range of papers were included. Different search strategies for SCOPUS and the other databases were used because they yielded too narrow or too wide a search. The final search strategies for the databases are outlined below as this ensured inclusivity in results more specific to queer cis-gendered male studies.

Table 2. Search Strategies for Databases

Database	Search Terms
SCOPUS	“Gay” AND “Parenthood” AND “Surrogacy” OR “Adoption” OR “Fostering” AND “Decision Making”
PubMed, MedLine, CINAHL Plus & Google Scholar	“Gay” AND “Parenthood”

The inclusion and exclusion criteria for the literature search are listed in Table 3.

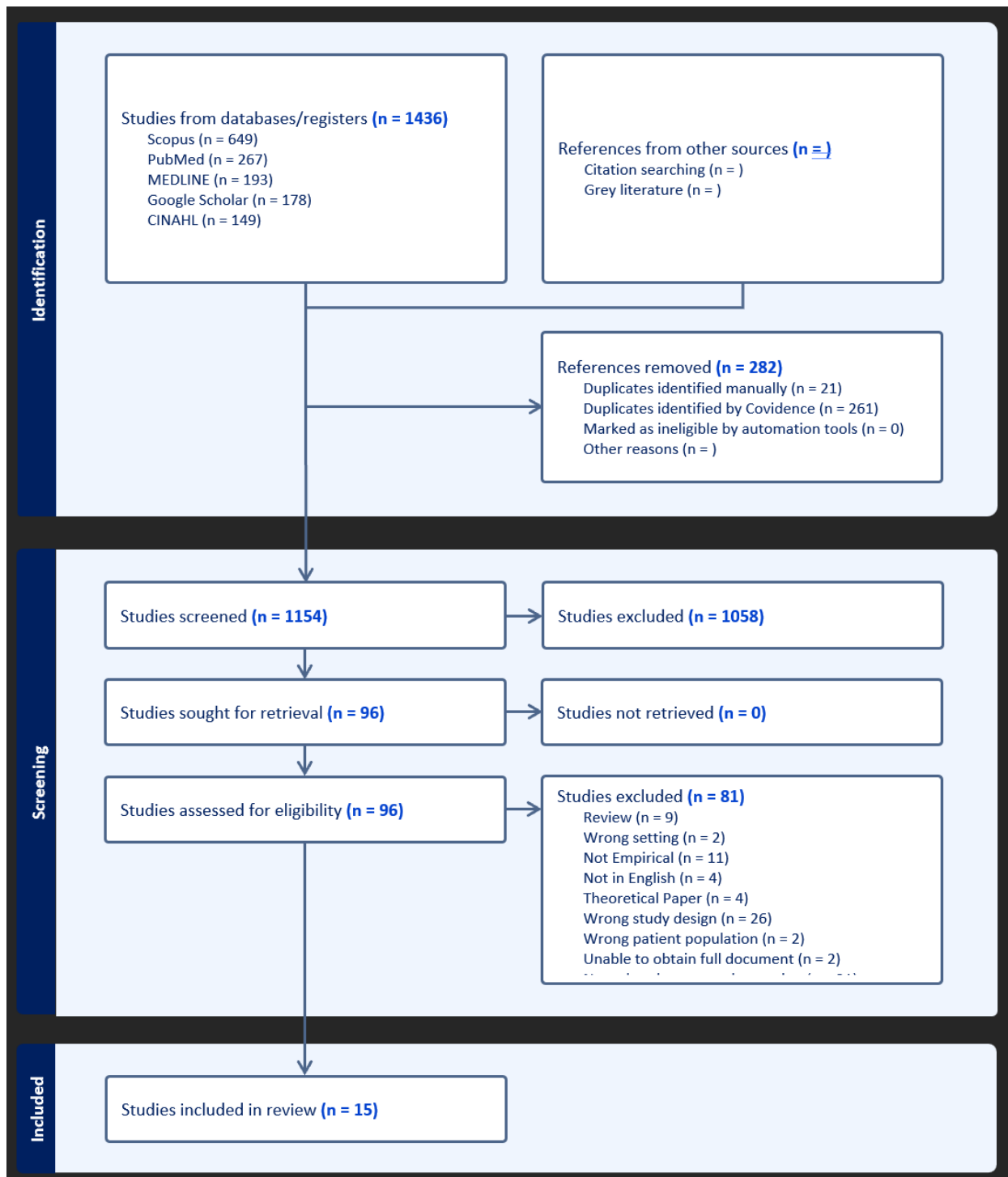
Table 3. Inclusion and exclusion criteria for systematic literature review.

Inclusion criteria for studies in the review (SPIDER)	
Sample	<i>Queer Identifying Cis Males: Gay, Bi, Queer, Other Adults of a working age ≥ 18 years old</i>
Phenomenon of interest	<i>Decision-making or choices made in pathways to parenthood i.e. Adoption, Surrogacy, Fostering</i>
Design of study	<i>Published and peer-reviewed qualitative research, or those with mixed methods, where direct experiences have been captured of queer men planning parenthood. Qualitative findings from these sources will be included in the data extraction phase of the review.</i>
Evaluation type	<i>Research with a focus on the impact of the phenomenon of interest on exploring the decision-making processes for people pursuing parenthood – themes that have arisen from qualitative data collection</i>
Research type	<i>Qualitative & Mixed Methods</i>
Exclusion criteria for studies not covered in inclusion criteria	
Any specific populations excluded, date range, language, whether abstracts or full text available, etc	
<ul style="list-style-type: none"> • <i>Individuals identify as queer and have had children in a previous heterosexual relationship.</i> • <i>Individuals who identify as bisexual who have had children outside of a same-sex relationship</i> • <i>Individuals who have created families outside of adoption, fostering or surrogacy arrangements i.e. in partnership with lesbian women or heterosexual couples.</i> • <i>Research that has focussed on queer parenting abilities.</i> • <i>Research that has a focus on other members of the LGBTQ+ community i.e. Lesbian, Trans, Non cis males pursuing parenthood with no queer male representation</i> • <i>Non-English papers.</i> • <i>Those where full texts are not available.</i> • <i>Systematic reviews, meta-analyses, theoretical papers and literature reviews.</i> • <i>Papers that only look at one specific decision i.e. sperm, egg donor, surrogacy arrangements</i> 	

3.3 Results

In total, the search yielded 1,154 studies once duplicates were removed, the inclusion and exclusion criteria mentioned in the previous section were used to screen titles and abstracts leaving 96 studies for full-text screening. Of 96 studies, 76 studies were excluded leaving 20 papers that were identified for the review extraction. The PRISMA flow chart (Moher et al., 2009) in Figure 1 outlines the process of selection of papers, which was carried out using Covidence, an application that assists with systematic reviews. Articles came from fields like Social Work, Psychology, Sociology and Nursing.

Figure 1. PRISMA Flow Chart



Full study details can be found in Table 3. The studies were conducted with participants across a range of countries; Belgium (1), Canada (1), France (1), Israel (2), Spain (1), Sweden (1), Taiwan (1), USA (7) and UK (2). It's important to note that these countries all have varying legislative

frameworks around queer relationships and parenthood. Fourteen studies used qualitative methodology with semi-structured interviews. One study used ethnographic methodology which included examination of field notes, semi-structured interviews and observations. All studies interviewed gay, bi or queer cis-gendered men. However, three studies interviewed lesbian, bi or queer women, one study interviewed lesbian and heterosexual men and women, and one study interviewed surrogates. These studies were included due to them featuring gay, bi or queer men with clear indications of these participants responses. There was a range of analyses used across studies, thirteen studies used thematic analysis, four used grounded theory, two used interpretive phenomenological analysis (IPA) and one used content analysis alongside quantitative measures.

Paper No.	Lead Author & Year	Research Title & Country	Participants	Pathway and Stage of Parenthood	Research Methodology & Analysis	Summary of Findings	Strengths and Limitations
1.	Tsfati 2019	Dualism, Tension, and Integration: Dialectics as a Theme of Integration in Daily Lives of Israeli Gay Men Who Became Fathers Through Overseas Surrogacy. (Israel)	39 Gay Men (inc. six couples), Jewish, 33 - 52 years old	Surrogacy (International – US, Canada, Southeast Asia, Mexico) All participants were fathers with children aged between 2 months – 8 years old.	Qualitative Semi-Structured Interviews, Interpretive Phenomenological Analysis (IPA)	This study highlights how gay men on their fatherhood journeys integrate multiple aspects of their identities in their pursuit of parenthood through surrogacy. It speaks to how societal norms compete with personal desires to become parents, the tension of internal dilemmas of their identities and how they integrate both of these aspects when making decisions to pursue international surrogacy and forming a new parenthood identity. It richly highlights the complexities these tensions and dilemmas pose when making any decision relating to becoming parents.	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - Offers an in-depth exploration of Israeli gay men becoming fathers through international surrogacy. - Highlights the voice of a marginalised demographic (Gay Jewish Men) and offers unique insights. - Contributes valuable knowledge to the complexities of gay men pursuing parenthood through surrogacy. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Potential sample challenges due to how participants were selected i.e. a specific or particular group selecting themselves to participate. - Limited to specific demographic i.e. specific to Israeli Gay Jewish Men.
2.	Berkowitz 2008	A socio-historical analysis of gay men's procreative consciousness (USA)	39 Gay Men (19 Childless, 20 Fathers), 19 - 53 years old	Surrogacy, Adoption, Fostering	Qualitative Semi-Structured Interviews, Grounded Theory	This paper draws on the experiences of childless gay men and gay fathers to understand how desires for fatherhood have been shaped through socio-historical transformations. It highlights that gay men's procreative consciousness i.e. the realisation and recognition that gay men can procreate are intertwined with historical and societal contexts that they grew up in. It explores how the transformation of what is considered a family through meanings and	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - Offers a unique theoretical perspective in the understanding of how gender, sexuality, and family dynamics all can shape decisions to become a father as a gay man. - Offers detailed insights into personal accounts, thoughts and experiences.

						<p>images of gay men has helped change their perceptions of fatherhood. It emphasizes how gay men are now becoming more active agents in transforming the social and cultural landscape of what it means to form a family, be a gay man and be a gay father. The study offers a nuanced theory of understanding how sociohistorical context shapes their identities and choices in becoming fathers.</p>	<ul style="list-style-type: none"> - High methodological rigour through the use of grounded theory. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Findings may not extend fully to all gay men, and theory would need to be tested or explored with a wider range of people. - Focus on the US setting, this may not translate globally in different cultural contexts.
3.	Malmquist 2021	Childless bisexual and gay men's expectations of obstacles and enabling factors for pursuing parenthood (Sweden)	14 Gay or Bisexual Men, Aged between 26 - 36	Surrogacy, Adoption	Qualitative Interviews, Constructivist Grounded Theory	<p>This paper explores the decision-making processes about parenthood for childless bisexual and gay men, specifically looking at factors that facilitate or hinder this process. Factors that seem to aid decision-making included having a motivational partner. Factors that hindered me tended to be related to navigating heteronormative spaces as a queer man highlighting how invisible queer men are in these systems and also internalised self-doubt on abilities to parent as a queer man. It offers a theoretical take on decision-making being like a pendulum, suggesting that decisions queer men make about parenthood is non-linear with many ups and downs like the swinging of a pendulum. It highlights the need to make both processes of adoption and surrogacy to be reformed at a societal and legal level so that it is a more supportive process for queer men.</p>	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - Offers a unique theoretical perspective about how decisions are made when choosing a pathway to parenthood for queer men. - Offers useful insights into enabling and obstructing factors when making decisions. - This offers a novel perspective on a research gap in bisexual and gay men's contemplation about parenthood. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Some focus could be given to involuntary childlessness i.e. what is the emotion attached to this or what dilemmas does this create between wanting a child and not being able to have one? - Findings may not be transferable to other contexts with differing legal and social contexts.

4.	Tsfati 2023	Israeli Single Gay Fathers' Choice of Lone Parenthood via Surrogacy: A Qualitative Study (Israel)	15 Gay Men, Jewish, 37 - 66 years old	Surrogacy	Qualitative Semi-Structured Interviews, Thematic Analysis	This study explores single gay Israeli men's experiences of accessing surrogacy. It shines light on the intricacies and complexities of decisions that are made when choosing surrogacy as a pathway to parenthood as a gay man. Namely, it highlights how societal norms, legal frameworks and policies, parental desires and motivations all shape the decision-making processes when accessing surrogacy. This study also explores the important role of how community support is crucial for navigating the complexities of accessing international surrogacy as a single gay man i.e. being able to offer advice or seek confirmation about the processes or steps involved in international surrogacy.	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - The study offers a unique in-depth insight into how single Israeli Jewish gay men decide and become fathers. - It offers a nuanced understanding of the motivations to parent, its challenges as a single man and the role of community support and engagement. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Purposeful samples can inherently be prone to being affected by researcher positioning. Does not state how the researchers were reflexive about this process. - Limited to specific population i.e. single, gay, Israeli, and Jewish men. - Reliance on self-reporting may introduce some subjectivity to the results i.e. does not highlight how potential researcher positioning may be addressed, issues around self-reflexivity.
5.	Murphy 2013	The desire for parenthood: Gay men choosing to become parents through surrogacy (USA, Australia)	30 Gay Men (12 USA, 16 Australia), Mid 20s - Mid 50s	Surrogacy	Qualitative Semi-Structured Interviews, Thematic Analysis	For many men in this research study it highlights that they had a pre-existing desire to have children and that they took very deliberate steps towards this goal of choosing surrogacy. The process itself involved very thorough and meticulous planning, research, analysis, weighing up and deliberation on which pathway to choose i.e. adoption, surrogacy or fostering. The	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - The sample is relatively diverse in terms of ethnicity, race and cultural background. - Offers unique insights into motivations to parents i.e. intentional choices that are made throughout lifetime.

						<p>study highlights how partner choice was also crucial when making decisions due to the number of early agreements that have to be made before embarking on a parenthood journey. Factors that influenced decisions were often external i.e. marketing, media and their partner. It also highlighted barriers in the form of access to reproductive technologies and legal systems due to surrogacy or reproductive technologies not being legal for gay men to use.</p>	<ul style="list-style-type: none"> - Highlights the complex process of surrogacy and international arrangements for this i.e. legal barrier. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - The sample is only restricted to California, USA and New South Wales, Australia. Experiences may differ in different law jurisdictions with different frameworks and legislation.
6.	Berkowitz 2007	Gay men: Negotiating procreative, father, and family identities (USA)	39 Gay Men (19 Childless Men, 20 Fathers), 19 - 53 years old	Surrogacy, Adoption, Fostering, Co-parenting	Qualitative in-depth Interviews, Grounded Theory	<p>This study explores the intricate details of gay men's procreative, father and family identities reflecting how these are considered when making decisions to become parents. It highlights how procreative consciousness, the realisation or recognition that gay men can procreate for themselves is shaped by a wide range of influences; interactions with lesbian mothers, caring for children of friends and relatives, bereavements and changing policies or practices all influence this desire to procreate. The study also explores the barriers in gay men's fatherhood journeys linking in with societal discrimination and legal frameworks. It also highlights how the extremely deliberate nature of becoming a father as a gay man requires a lot of negotiation and planning in comparison to heterosexual counterparts both with the aforementioned barriers and also the negotiation of a new identity as a gay father. Overall, it offers a nuanced understanding of the complex milieu</p>	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - Broad age range within the sample aged between 19 – 53 offering different generational perspectives. - Captures in-depth views and experiences of people at different stages of their fatherhood journeys. - Uses novel theoretical frameworks to understand this phenomenon i.e. symbolic interactionism and feminist sociological perspectives. This offers a more in-depth interpretation. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Lack of sample diversity, mostly white, professional-classed men which may make it more difficult to generalise to other communities. - More could be explored in terms of how procreative consciousness differs for gay men and their

						of social and psychological processes in decision-making in a world that prioritises heteronormative parenting norms.	heterosexual counterparts. - Research limited to two geographical areas in the USA.
7.	Goldberg 2012	Why parenthood, and why now? Gay men's motivations for pursuing parenthood (USA)	70 Gay Men (35 Couples), Mean Age 38.4 years old	Adoption	Qualitative Semi-Structured Interviews, Thematic Analysis	The research highlights the motivations of parents for gay men who choose adoption, it explores how decision-making is influenced on personal, relational and societal levels. Motivations are identified as psychological fulfilment, valuing family and wanting to provide a nurturing home to a child. Readiness to parents in this study has been thought of too many factors, age, financial and career stability, relational stability and living in a gay-friendly environment as all factors that influence decisions to become parents.	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - Offers unique developmental insight into parenthood trajectories for gay men. - In-depth exploration of how different layers of context shape parenthood desires i.e. personal, relational and wider societal factors. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - The sample is largely white, affluent and well-educated couples who sought adoption. ,There may be differences for single, working-class or those pursuing other parenthood pathways. - Recruitment strategy may have leaned more heavily on gay-friendly agencies which may shape their experience in a particular way i.e. more positive experience only being captured. - The geographical location of the sample is limited to one area in the USA. It may be different in other states in the USA with different legislation and also internationally to other contexts with differing systems.

8.	Downing 2009	Making the decision: Factors influencing gay men's choice of an adoption path (USA)	64 Gay Men (32 Gay Couples), Mean Age 38	Adoption	Qualitative Semi-Structured Interviews, Thematic Analysis	This paper explores the decision-making processes gay men make when choosing adoption as a pathway to parenthood. It highlights that many of the people who took part in the study weighed up the age, race and health of the child when making decisions relating to adoption, which is not too dissimilar from research in the field exploring heterosexual counterparts that are pursuing adoption. However, the key difference for homosexual couples pursuing adoption is the impact of societal discrimination and legal restrictions. It highlights that the process itself of navigating a heteronormative space as a homosexual creates unique challenges that require further support for gay men as discriminatory practices are heavily entrenched at multiple levels. It highlights the interplay between personal parenting desires and wider societal pressures or constraints.	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - A comprehensive exploration of the decision-making processes of gay men when choosing adoption. - Provides valuable and nuanced insights into how personal desires, societal pressures and legal regulations all intersect with how decisions are made. - Highlights discriminatory practices in agencies, US state and international levels in adoption processes. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Sample lacks diversity in terms of ethnicity and race so this only speaks to specific intersecting gay identities. - The sample is also well-educated and financially secure, which limits understandings of those accessing adoption with fewer resources and how this may shape decisions.
9.	Jennings 2014	Why Adoption? Gay, Lesbian, and Heterosexual Adoptive Parents' Reproductive Experiences and Reasons for Adoption (UK)	41 Gay Male Couples, 40 Lesbian Female Couples, 49 Heterosexual Couples	Adoption	Qualitative Semi-Structured Interviews, Thematic Analysis	This study explores the decision-making processes for adoption as a route to parenthood and compares the motivations and experiences of gay, lesbian and heterosexual couples. The study highlights that for heterosexual couples, adoption is usually chosen due to fertility issues, whereas for gay and lesbian couples this was not the case and were more likely to prefer adoption to other	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - In-depth analysis of the decision-making processes with adoption in the UK. Allowing explorations of societal attitudes, moral reasoning, and socioeconomic factors. - Large sample for qualitative research

						<p>routes to parenthood. The change in the legal framework in 2002 for adoption by same-sex couples has enabled gay and lesbian couples to access this pathway, although highlights that internal barriers and societal prejudice create barriers in decision-making. There were also societal expectations for same-sex couples to adopt to create a family. For all couples, it was highlighted that morality played a big role in deciding to adopt, and socioeconomic factors guided them towards the adoption decision as they did not have access to other pathways.</p>	<p>allowing for full saturation in the data.</p> <ul style="list-style-type: none"> - Able to compare and contrast experiences of gay, lesbian and heterosexual couples. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Sample is predominantly white, middle class and well-educated. - Socioeconomic factors and moral reasoning factors in decision-making could be explored more. - Specific to the UK context.
10.	Park 2016	How Law Shapes Experiences of Parenthood for Same-Sex Couples (USA)	24 Gay Men, 24 Lesbian Women, 3 Bisexual Women (21 couples, 9 Individuals)	Adoption, Surrogacy	Qualitative Semi-Structured Interviews, Grounded Theory	<p>The study examines how legal frameworks influence experiences of parenthood through adoption and surrogacy in California and Nebraska. It highlights how laws shape decision-making for same-sex couples. It highlights how regulations in the USA shaped how same-sex couples decided on adoption surrogacy or other routes to parenthood due to the frameworks that are associated with each parenthood pathway. For instance, some legal frameworks even helped shape where participants chose to live due to the access it allowed them to different parenthood pathways. It also explores how legal hurdles and social norms or expectations can impose barriers or help facilitate decisions around a particular pathway to parenthood and is crucial in understanding how same-sex couples access parenthood, for instance, legislation that doesn't implicitly exclude and also seeing other couples or LGBTQ+ people</p>	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - It provides a unique and detailed insight into how the legal landscape can shape decisions that are made around parenthood for gay, lesbian and bisexual people. - Contributes to the small research base about how gay people form families. - One or more geographical locations considered which diversifies the experiences that were captured. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Sample characteristics are very specific i.e. white, upper-middle-class families. Not able to tell us experiences outside of this. - Lack of representation of single gay, lesbian and

						accessing a particular pathway helped guide decisions.	<p>bisexual individuals accessing adoption.</p> <ul style="list-style-type: none"> - There was no addressing of differences based on sexual orientation within sexual minorities or how it contrasted between the groups in the paper. - Difference in how people were interviewed i.e. individuals or couples. No clear rationale as to why or how this perhaps could have limited what was being shared.
11.	Smietana 2018	Procreative consciousness in a global market: gay men's paths to surrogacy in the USA (USA)	37 Gay Men (17 Couples, 3 Single Men), 35 - 50 years old	Surrogacy	Qualitative Semi-Structured In-Depth Interviews, Thematic Analysis, and Ethnographic research through observations and interpretations of field notes.	This research explores the reproductive decision-making processes of gay men navigating the US surrogacy market. The paper illuminates how reproductive aspirations arise and evolve for gay men and explores the dilemmas of navigating the heteronormative notions of reproduction as a queer man. Decision-making is highly influenced by some factors, such as access to the fertility industry through economic means, social support and emotional values. It highlights the changeable nature of reproduction for gay men and that it is often a complex and elongated process of multiple decisions i.e. egg donors, surrogates, deciding parentage and legal processes. It also suggests the need for queer reproductive justice in providing support that helps gay men build procreative consciousness, which in this context is the idea of when gay men become aware they can build a family.	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - It offers a comprehensive exploration of gay men's reproductive decision-making in the USA. - Methods of data collection through interviews and ethnography offer rich data. - Offers unique insights into how reproductive aspirations evolve and inform decisions. - Examines the impact the global fertility industry has on reproductive decisions. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Positioning of the researcher, it is not addressed how reflexivity was paid attention to. - Diversity of sample, restricted to Europeans and Americans from a particular socioeconomic background.

12.	Messina 2018	Adoption by Lesbians and Gay Men in Europe: Challenges and Barriers on the Journey to Adoption (Belgium, France, Spain)	62 Participants in total, 26 from France (12 Gay Male Couples, 1 Lesbian Female Couple), 14 from Belgium (7 Gay Male Couples), 22 from Spain (4 Gay Male Couples, 7 Lesbian Female Couples), Age Range 33 - 56 years old.	Adoption	Qualitative Semi-Structured Interviews, Thematic Analysis	This study highlights the barriers Lesbian and Gay men face when choosing adoption as a pathway to parenthood and examines how this shapes the decisions that are made within the couple dyad. It highlights the differences in processes for people in different countries in Europe and the unique hurdles that LGBTQ+ people face when navigating heteronormative adoption environments. It highlights the role of self-doubt and internal emotional conflicts that arise from the heteronormative assumptions that are applied to them in these environments, often relating to child well-being, the impossibility of offering a mother and a father to the child and the tension between homosexuality and parenthood identities. These combined with sociolegal contexts make the decisions more complex and harder to be made requiring more deliberation and negotiation.	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - Cross-national study exploring and comparing lesbian and gay adoption as a pathway to parenthood. - Examines the sociopolitical context across three European countries. - In-depth accounts and analysis of personal self-doubts and internal emotional conflicts that arise from the adoption process. - Explores sociolegal barriers that lesbian and gay men face when pursuing adoption as a pathway to parenthood. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Absence of single parenthood journeys - Not compared to heterosexual journeys, so limits the understanding of the adoption process challenges faced by sexual minorities. - The EU countries selected are similar in terms of sociopolitical contexts, hard to generalise to less liberal contexts. - The sample was homogenous in terms of race and ethnicity.
13.	Fantus 2019	Motivations to pursue surrogacy for gay fathers in Canada: a qualitative investigation (Canada)	15 Gay Men, 6 Surrogates, Aged 22 - 50	Surrogacy	Qualitative Semi-Structured Interviews, IPA	This research delves into the motivations and the decision-making processes gay men, and their associated surrogates make. It uses	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - Provides a unique outlook on the interplay between gay men's decisions and

					<p>an ecological model to illustrate how the varying layers of context help determine or shape the decisions that are made. At the macro level, the visibility of gay parenthood and surrogacy helps increase awareness of different family formations by creating accessibility to decisions. It also speaks to legal frameworks supporting gay men to make these decisions. At the meso level, highlights the importance of relationships and interpersonal factors that shape decisions on the ground level which can be seen within the couple dyad or access to different communities. The study examines the continuum of decisions when gay men navigate reproductive realms often being decisions made as acts of resistance to assimilation. Overall, it offers a nuanced understanding of the interplay of individual desires, sociopolitical contexts, legal frameworks and societal influence.</p>	<p>the decisions made by surrogates.</p> <ul style="list-style-type: none"> - The ecological systems framework offers a good model to interpret the range of contexts that are involved in determining motivations to become parents. - IPA is a useful model for developing an in-depth and highly nuanced understanding of this topic. - Diverse range of participants, gay fathers, surrogates and matched triads from a range of different stakeholders. - Member checking offers credibility to the findings through participant feedback and expert-by-experience validation. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Questions were limited by not being able to ask about compensation, so it limits the understanding of how financial considerations are factored into this decision. - Homogeneity of participants, all participants share very similar demographics, similar incomes/ socioeconomic status and geographical location. So this speaks to very specific experiences of a particular population.
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14.	Wood 2018	Families beyond boundaries: Conceptualising kinship in gay and lesbian adoption and fostering (UK)	24 Participants (8 Gay Men, 16 Lesbian Women), 28 - 59 years old	Adoption, Fostering	Qualitative Semi-Structured Interviews, Thematic Analysis	This paper explores the experiences of gay and lesbian adopters in the UK aiming to build an understanding of how they create families through these parenthood pathways. The findings highlight the complex relationships between all people involved in a looked-after child's life. It examines both structural and conceptual barriers within the adoption and fostering frameworks in the sense of illuminating the need for professionals to embrace diversifying family structures. It also further reflects on the broader changing definitions of what a family is now that more non-heterosexual people are entering this pathway to parenthood and makes recommendations towards the social work profession to develop more inclusive practice with adoption or fostering procedures.	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - Offers a good and unique insight into gay and lesbian adopters and foster carers. - Displays a clear and in-depth review of this pathway to parenthood highlighting the many systems that are involved and how this governs choice, family/ kinship identity and the couple's relationship. - Highlights clear barriers and challenges for Gay and Lesbian adopters and foster carers, it also makes clear recommendations for practice. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Although it does highlight both gay and lesbian participant's responses, it does seem to suggest that experiences are the same. It does not dive into the nuances between different queer identities. - Narrow focus this may not apply to other LGBTQ+ identities or family/ kinship formations. - Limited scope on intersectionality of identities i.e. race or ethnicity not accounted for or considered in the analysis/ interview.
15.	Chen 2024	Taiwanese Gay Fathers' Queer Family Making: Toward a Temporal-Relational Path (Taiwan)	53 Gay Men, Mean Age 46	Surrogacy	Qualitative Semi-Structured Interviews, Thematic Analysis, Ethnographic Research	This paper explores the reproductive timelines of gay men in Taiwan who pursue surrogacy as a pathway to parenthood. The paper highlights the	<p><i>Strengths</i></p> <ul style="list-style-type: none"> - Provides a novel theoretical framework i.e. the temporal-relational

					<p>tensions and dilemmas of imposing heteronormative timeframes of procreation on queer men. The dilemma is queer male conception being far more truncated due to the extra steps it takes to make a biological child i.e. navigating legal constraints, assisted reproductive technology processes, locating egg donors and local restrictions in the transnational surrogacy market. The findings are presented in temporal-relational categories that aim to show the different approaches and driving forces for gay men choosing to become parents in this way. It explores the navigation of societal expectations and challenging reproductive narratives when making decisions which often are restricted to heteronormative binaries.</p>	<p>approach to understanding the nuanced experiences of gay fathers.</p> <ul style="list-style-type: none"> - Big sample for qualitative research, 53 in-depth interviews. - Offers novel perspective of experiences of Asian gay men navigating transnational surrogacy. - Shines light on the intricate dynamics of how gay fathers respond to heteronormative norms and expectations in reproductive realms. <p><i>Limitations</i></p> <ul style="list-style-type: none"> - Although novel in context the findings are limited to a particular group of people in Taiwan. - Limited diversity in the sample i.e. what about other LGBTQ+ identities or relationship formations. - Legalities in Taiwan possibly constrained the sample's experiences i.e. LGBTQ+ access to reproductive technologies is only accessible to heterosexuals in Taiwan limiting diversity in experience. This could be compared to other routes to parenthood.
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3.4 Critical evaluation of study quality

The quality of the fifteen qualitative studies included in this review was appraised using the ‘big-tent’ criteria for excellent qualitative research (Tracy, 2010), see Table 5 for details. This tool was selected due to its advantages in conceptualizing different qualitative methodological approaches, thus meaning it is appropriate in addressing research with different underlying epistemologies, collection methods and analyses in this review (Tracy & Hinrich, 2017). The Clinical Appraisal Skills Programme (CASP) was considered to appraise the included studies due to its ease of use for first-time reviewers and its high endorsement with Cochrane Reviews and implementation group (Long et al., 2020). Ultimately the CASP tool was not used due to it being less sensitive than the “big-tent” criteria in many areas. The in-depth appraisals can be found in Table 6.

Table 5. Tracy’s Eight ‘Big Tent’ Criteria for Excellent Qualitative Research

Worthy Topic	Timely, significant, Interesting
Rich Rigor	Uses Sufficient, Appropriate and complex theoretical constructs, data, samples, context and collection/ analysis
Sincerity	Self-reflexivity and transparency about challenges
Credibility	Marked by thick descriptions, showing rather than telling, triangulation, multivocality and member reflections
Resonance	Moves readers through aesthetic, evocative representation, naturalistic generalization, transferable findings
Significant Contribution	Provides a significant contribution conceptually, practically, morally, methodologically, and heuristically.
Ethics	Considers procedural, situational culturally specific, relational and exciting ethics.
Meaningful Coherence	Achieves what it purports to be about, uses methods and procedures that fit its stated goals, and meaningfully interconnects literature, research question, findings and interpretations.

Table 6. Systematic Literature Review Quality Appraisal

✓✓ - High Quality

✓ - Meets Criteria

? – Unclear if criteria met

X – Criteria not met

Paper No.	Lead Author & Year	Worthy Topic	Rich Rigor	Sincerity	Credibility	Resonance	Significant Contributions	Ethics	Meaningful coherence
1.	Tsfati 2019	✓✓	✓✓	✓	✓	✓✓	✓✓	✓✓	✓✓
2.	Berkowitz 2008	✓✓	✓✓	✓	✓✓	✓✓	✓✓	✓✓	✓✓
3.	Malmquist 2021	✓✓	✓✓	✓	✓	✓	✓✓	✓✓	✓✓
4.	Tsfati 2023	✓✓	✓	✓	✓	✓	✓✓	✓✓	✓✓
5.	Murphy 2013	✓✓	✓	✓	✓	✓	✓✓	✓✓	✓
6.	Berkowitz 2007	✓✓	✓✓	✓	✓✓	✓✓	✓✓	✓✓	✓✓
7.	Goldberg 2012	✓✓	✓	✓	✓	✓	✓✓	✓✓	✓✓
8.	Downing 2009	✓✓	✓	✓	✓	✓	✓✓	✓✓	✓✓
9.	Jennings 2014	✓✓	✓	✓	✓✓	✓✓	✓✓	✓✓	✓✓
10.	Park 2016	✓✓	✓✓	✓	✓	✓	✓✓	✓✓	✓✓
11.	Smietana 2018	✓✓	✓	✓	✓✓	✓✓	✓✓	✓✓	✓✓
12.	Messina 2018	✓✓	✓	✓	✓✓	✓✓	✓✓	✓✓	✓✓
13.	Fantus 2019	✓✓	✓✓	✓	✓✓	✓✓	✓✓	✓✓	✓✓
14.	Wood 2018	✓✓	✓	✓	✓✓	✓	✓✓	✓✓	✓✓
15.	Chen 2024	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓

Of the fifteen papers included in the SLR, they examined a range of different pathways to parenthood either one pathway or a range of pathways. A total of six papers examined just surrogacy alone and tended to focus on the commercial surrogacy market (Chen, 2024; Fantus, 2019; Murphy, 2013; Smietana, 2019; Tsfati, 2023, Tsfati, 2019). A total of five studies explored the pathway of adoption (Downing, 2009; Goldberg, 2012; Jennings, 2014; Messina, 2018; Wood, 2018) across a range of countries and systems i.e. government, private and charitable agencies. Two pieces of research focused on both surrogacy and adoption (Malmquist, 2021; Park, 2016) in different contexts, with one (Park, 2016) having more of a focus on the legalities and how this shapes the decision-making processes in the choice of parental pathway. Finally, two studies focused on all pathways to parenthood for queer men, namely, adoption, surrogacy, fostering and co-parenting relationships (Berkowitz, 2007; Berkowitz 2008) exploring multiple aspects of decision-making, experiences of these pathways and motivations for procreation.

Papers had a variety of ways they presented their methods, some particularly rigorously and some less so. For instance, more rigorous examples highlighted very detailed accounts of how data was collected (Smietana, 2018), how data was analysed and interpreted sometimes proposing a useful model or theory to understand what was captured (Berkowitz, 2007; Berkowitz, 2008; Chen, 2024; Fantus, 2019; Malmquist, 2021; Park, 2016; Tsfati, 2019). Most of the included studies had adequate sample sizes for the type of analysis in qualitative research. There was a particularly large sample for instance one study interviewed 130 couples together (Jennings et al, 2014). Some studies were able to draw on other theoretical constructs to help further develop their analysis of the findings, for instance drawing on ecological systems theory (Chen, 2024). Overall, the rationale and aims of the studies were clear although in some analysis methods were not clearly defined i.e. stating a particular model of analysis but not including a reference to a particular model or way of conducting analysis (Smietana, 2018). One paper did mention the use of member checking with their analysis (Fantus, 2019).

Although some studies explicitly included the positioning of the researcher i.e. sexuality, gender, and relationship to the research phenomena. In-depth self-reflexivity was not routinely written about and was implied i.e. studies that used more ethnographic approaches to data collection, inherently field notes may include interpretations, but this is an assumption rather than something that was explicitly stated. Many studies represented demographic data clearly with key identifiers that were easy to understand, adding to the transparency and sincerity of the research. All studies were clear about the challenges and limitations, often stating not to generalise the findings due to the specificity of sample characteristics. Some studies dedicated sections to this drawing attention to the gaps in research (Tsfati, 2019), but most simply included this in the conclusions.

All the research included covered ethical issues and procedures that were followed to obtain ethical approval from institutions i.e. informed consent, how confidentiality was maintained, anonymity and so on. However, many studies did not go in-depth about post-research support i.e. follow-up and debrief protocols. Most studies reflected the ethical implications of the research, i.e. placing the findings into a social context for queer men navigating the heteronormative realms of surrogacy and adoption pathways.

All the studies reviewed held significant contributions to this field in that they all offer unique and nuanced knowledge to the relatively small research field. All the papers included manage to represent the realities of navigating different contexts to become parents i.e. navigating the very real boundaries or forming a family through adoption, fostering and adoption highlighting the

barriers that queer people face (Berkowitz, 2007; Jennings, 2014; Messina, 2018; Murphy, 2013; Wood, 2018). A lot of papers touched on the navigation and transformation of an individual's queer identity to that of a queer parent identity (Chen, 2024; Messina, 2018; Wood, 2018), due to the sample demographics and size it would be hard to transfer this outside of these specific populations. Many studies highlighted in some way the need for reform of systems, representation within systems and support in their interpretations to help enable queer men to navigate the heteronormative sphere of adoption and surrogacy. Highlighting the need for more research in this area to be able to generalise findings.

3.5 Synthesis Method

A 'thematic synthesis' method (Thomas & Harden, 2008) was used to synthesise and summarise the findings of the final twenty papers. The process involved three stages: line-by-line coding, descriptions of themes and generating analytical themes which incorporates the main components of thematic analysis (Braun and Clark, 2013; Thomas & Harden, 2008). First-order constructs, meaning firsthand quotes of experiences of gay, bi or queer cis males in the studies were used to generate themes. The preference for direct quotes is to minimise the effects of assumptions from authors that are made with second-order and third-order interpretations of their experiences when being interpreted to make sense of the data (Malpass, 2009).

3.6 Synthesis Findings

The themes presented in Table 7 were constructed from the synthesis:

Table 7. Themes from the synthesis of findings of SLR

Theme No:	Main Theme	Sub-Themes
1.	Assumptions, barriers and reasons for parenthood pathways	<ol style="list-style-type: none"> 1. Assumptions of and barriers to Surrogacy 2. Assumptions of and barriers to Adoption 3. Reasons for Surrogacy and not adoption 4. Reasons for Adoption and not surrogacy
2.	Dilemmas of being or becoming a queer parent	<ol style="list-style-type: none"> 1. Dilemmas of being a queer prospective parent 2. Challenging or assimilating to heteronormative family ideals
3.	Homophobia, Social Stigma and Institutional Processes	<ol style="list-style-type: none"> 1. Gay identity is a barrier to becoming a parent and the integration of queer identities and parent identities. 2. Discrimination faced in adoption or surrogacy processes. 3. Societal reactions to queer men expressing parenting desires. 4. Societal attitudes change with time.

		5. Difficulties navigating surrogacy and adoption pathways.
4.	Contextual Factors that guided the decision-making process	<ol style="list-style-type: none"> 1. Positive early experiences of being a child and experiences with children as an adult. 2. Legal systems guiding decisions. 3. LGB representation enabling choice. 4. Being in a stable position in life.
5.	Internal or relational factors that guided the decision-making process	<ol style="list-style-type: none"> 1. Life stage or life cycle being a catalyst for decisions. 2. Always knowing that this would be a part of my life. 3. Partner leading the decision to start a family.

3.6.1 *Theme 1: Assumptions, barriers and reasons for parenthood pathways.*

This theme explores the widespread assumptions evident in the literature that relate to adoption and surrogacy pathways. It reflects on some barriers to access to either of these pathways and how queer men decided to choose each pathway i.e. what their reasons and motivations were.

Sub-theme 1: Assumptions and barriers in surrogacy.

This subtheme speaks to the assumptions made by participants about surrogacy as a pathway to parenthood. A total of six studies mentioned some assumptions that were made (Berkowitz, 2008; Messina, 2018; Park, 2018; Smietana, 2018; Tsfati 2019; Tsfati, 2023).

These studies all explore ideas or guilt related to choosing to start a family from the offset without a mother being involved.

“We discussed a lot about the absence of a mum in our family ... we thought that our kid would have felt sad about not having a mother in his adoptive family ...” (Messina, 2018. P.70)

The sub-theme covers the physical barriers to being able to access surrogacy financially as it is an expensive process.

“This route is suitable only for those who have money. And lots of money”(Tsfati, 2023, p. 12)

Another study evidenced reflections on the process towards surrogacy in later life when they had the means to do so as the initial barrier was that of a financial one;

“We were much younger and we didn't have any means to do anything, of course, so it was always a sort of abstract, in the future” (Smietana, 2018, p.105)

These six studies identified legal barriers to this route of parenthood that are based on assumptions or known barriers to becoming a parent through this pathway.

“but then there was one gay couple who responded by saying ‘Oh we're actually about to leave to the States for the birth of our twins...’ ... I was very sceptical, and then I called one of the guys and I think we spoke for an hour on the phone because I was really sceptical and apprehensive about ... is it ethical, is it ethically dodgy or not, and are there a lot of legal problems, and will it work, and is it very costly and is it... But in the end I was a kind of at ease with most of the things I was apprehensive about at first.”(Smietana, 2018, p.106)

“We kind of thought for us surrogacy was not possible, because it's not allowed in our country so it's not an option”(Smietana, 2018,p. 106)

There was also evidence of some wider assumptions made by participants' support networks around surrogacy.

“My mother and sisters ... for them the surrogate is an abandoning mother and they keep telling everybody that they have a mother who abandoned them. I hate it when they do that... because it is very important for me to make my children understand that they have no mother.” (Tsfati, 2019, p. 1296)

Sub-theme 2: Assumptions and barriers in adoption.

This subtheme speaks to the assumptions made by participants about adoption as a pathway to parenthood and some of the barriers around adoption. A total of five studies mentioned some assumptions that were made (Downing, 2009; Fantus, 2019; Malmquist 2021; Messina, 2018 & Park, 2016).

This sub-theme starts with exploring some of the assumptions made about how children end up being up for adoption, highlighting some of the expectations of what you may have to deal with.

“you have to be ready to take on some pretty heavy stuff with the kids that you are going to have available” (Fantus,2019, p.349)

“in a lot of domestic adoptions the parents have drug issues”(Downing, 2009, p. 263)

Participants in these studies also expressed some insecurities about what would happen once they adopt, for instance expressing that they felt it might be an insecure journey once they become parents.

“I jokingly used the fact that we had seen the Lifetime movies where someone stole [a] baby—and if you adopt from a local agency, what is to prevent this woman from swiping my kid at the grocery store the next day? So we initially thought [to pursue] international [adoption] for that reason because we would have no contact with birth parents.”(Downing, 2009, p. 262)

These five studies also evidence considerations of legal aspects as barriers to adoption being a pathway to parenthood for queer men, at points specifically mentioning international adoption processes not being available to queer men due to a country's legal system. This also speaks to a broader sense of countries in general not allowing gay or queer men to adopt.

“As far as international adoption, from what we were told it was pretty much a no-go anywhere else in the world for being two guys. There are a handful of countries that would do a single-parent adoption, but you have to lie. (Park, 2016, p. 123)

“Very few countries ... are allowing gay parents to adopt”(Fantus, 2019, p. 349)

“It is increasingly difficult to adopt internationally, especially for men. Single women can adopt internationally. Unless they are part of a straight couple, men can only adopt internationally out of luck.”(Downing, 2009, p. 265)

Sub-theme 3: Reasons for surrogacy and not adoption.

This sub-theme is linked to assumptions, but more so speaks to how participants operationalise those assumptions into decisions to form their reasons for choosing surrogacy over adoption as a pathway to parenthood. A total of six studies mentioned this idea (Berkowitz, 2007; Downing; Fantus, 2019; Maya, 2019; Maya, 2023; Murphy 2013; Smietana, 2018)

These studies all evidenced the choice of surrogacy based on not wanting to miss out on any part of a child’s development, often stating that with adoption it is very rare to have a child from birth through adoption.

“We feel really strongly that we would want to be [the child’s parents] from birth. We have a friend who adopted a baby in Guatemala and the baby was almost 4 months old by the time she got her, and even at that point—we feel that from the minute the baby is born there’s attachment issues that we feel have to be attended to”(Downing, 2009, p. 256)

“We wanted something more personal and I didn’t want to miss any opportunity. If I had gotten a 3-year-old ... I probably would have regretted not having the infant experience” (Fantus, 2019, p. 349)

Participants spoke about their reasons for surrogacy being that they wanted to have a genetic link to their child and for their children to resemble themselves and wanting to carry on genetic lineages.

“I would love more than anything to have a child. My own as well . . . If I am going to have a child, I want it to be a part of me . . . I want it to have some of my characteristics . . . I want to have a little piece of me ...I think that if anything, that is really what drives all of it. I do want to have someone, a little piece of me out there doing a little something to contribute to the world” (Berkowitz, 2007, p. 378)

I wanted children who looked more like us so that we wouldn’t have any of the extra social burdens out in public”(Fantus, 2019, p. 348)

Some participants spoke about surrogacy as being able to link siblings as the reason they chose this option, for instance, each partner having a genetic link to a child and the children having a genetic link to each other through the surrogate mother.

“Because if nothing else, you want the boys to be biologically linked together, which, you know if either of us has one biologically, let’s say, then you want a link, and the mother is the link.”(Murphy, 2013, p. 1116)

Others linked the importance of faith as leading their decision to pursue surrogacy as it is an important part of their faith to reproduce biologically.

“I wanted to have a child which will be biologically related to me. A child of my own. From my flesh and blood. After all I am a Jew and Judaism emphasizes biological parenthood.”(Tsfati, 2023, p. 10)

When speaking about reasons for surrogacy some stated that they had considered other options before, namely, adoption and ultimately their decision to pursue surrogacy was informed by having a negative experience with the adoption process or that they were lacking a sense of control.

“We sent an email to a gay parent mailing list, asking what experiences everybody was having ... And we got very negative feedback from people saying adoption was not working.”(Smietana, 2018, p.106)

“lack of control [with adoption]”(Fantus, 2019, p. 349)

Sub-theme 4: Reasons for adoption and not surrogacy.

Similar to the previous sub-theme this is linked to assumptions, but more so speaks to how participants operationalise those assumptions into decisions to form their reasons for choosing adoption over surrogacy as a pathway to parenthood. A total of three studies mentioned this idea (Downing 2009; Goldberg, 2012, Jennings, 2014)

Participants spoke temporally about the reasons for choosing adoption stating that they were not in the position to be able to take a lot of time off work to travel for surrogacy visits.

“Time-wise, neither of us, especially not me, has the luxury of taking a month to 6 weeks off in travelling 2 or 3 times to the foreign country to get the baby.”(Downing, 2009, p. 260)

Conversely to what participants said in the previous subtheme, participants spoke about reasons for adoption being chosen because they did not want to be there for the earlier parts of development.

“I don’t have the strong maternal feelings that a lot of people do. I don’t know, I wasn’t really excited about changing diapers and picking snot out of children’s noses.”(Downing, 2009, p.261)

Participants also spoke about choosing adoption based on moral reasons, for instance, the choice being motivated by wanting to provide a better life for a child who has not necessarily had the best start. It also taps into reasons for not choosing surrogacy by participants expressing that morally it feels wrong to pay for a child.

“We see so many kids that ... haven’t gotten a break. And you read the stories that are horrible, and we think, Wow, you know, we’ve been so fortunate. If, you know, we could make a difference in just one kid’s life, you know, wouldn’t it be sad if we didn’t?”(Goldberg, 2012, p . 165)

“Paying for a child just seems wrong, to be honest.”(Jennings, 2014, p. 219)

Another financial consideration evidenced was that participants discussed adoption as an accessible option in the sense that surrogacy is an expensive process and that adoption was a more convenient option for them to pursue.

“I think it was the most convenient. I mean I don’t have a womb, and renting one is expensive, it’s very, very expensive and this was free. And I was like well we can try it, I mean it doesn’t hurt to go through the process and be assessed and then, and then it was like oh, here’s the kid, done.”(Jennings, 2014, p. 217)

Thematic Synthesis

Overall, findings evidence varying assumptions, barriers and reasons for choosing a particular parenting pathway. For adoption, there are assumptions that children come from potentially damaging environments to be prepared for, which for some participants, but for some inspired a more moralist choice to become parents. For surrogacy, the choices were often motivated by biology and wanting to have a genetic link; a biological connection with a child. However, it is important to note findings that reported that the expense of surrogacy created a significant barrier thus deterring participants from choosing this as a pathway to parenthood, some participants also felt that paying for a child was immoral. There was evidence that a major barrier related to legislation and access to each pathway for gay or queer men internationally and domestically.

3.6.2 Theme 2: Dilemmas of being or becoming a queer parent.

This overall theme references the internal dilemmas that queer men are having to navigate when on their journey to becoming parents and when they are parents. For instance, exploring prospective parenting dilemmas of raising children as a queer man also speaks to how building a family this way both challenges and assimilates to heteronormative family formations. A total of six studies referenced this theme (Berkowitz, 2007; Fantus, 2019; Jenning, 2014; Malmquist, 2021; Messina, 2018; Tsfati 2019).

Sub-theme 1: Dilemmas of being a queer prospective parent.

A total of six studies made up this sub-theme (Berkowitz, 2008; Fantus, 2019; Jennings Malmquist, Tsfati, 2019, Messina, 2018). To start this sub-theme some participants spoke about the contemplation about whether or not they would be able to be good parents and realising that perhaps they have some good things to offer.

“We started off in honesty saying well we ought to see whether we are suitable, it may not be the right thing, it may not be the right thing for a child in particular because we clearly would be an unusual family and whether that’s the right thing to do and it took us quite a while to come to the conclusions that we potentially were good parents ... and actually could offer quite a lot to a child.” (Jennings, 2014, p. 216 - 217)

This sub-theme also speaks to concerns about the future adversities participants felt their child may face due to having two dads, whether it is a lack of a female figure in their life and whether this would create any difficulties for them as gay fathers raising children, for instance, how would two queer father support a girls development wholly or whether there would just be something missing.

‘we knew boy issues; we knew what to expect . . . we also thought girls were more difficult in terms of later on, with puberty and all that. (Berkowitz, 2007, p. 375)

“we were wondering if it was fair for the child, if we had the right to do it or if it was a selfish act on our part ... we asked what effect this maternal absence would have on our child ... we felt guilty, responsible for adding this lack in his life” (Messina, 2018, p. 70)

It also branches out to think about whether being a gay or queer father would add further difficulties to the child’s life, considering the intersection between having gay fathers and being from the global majority.

“We were wondering if our child would be discriminated against at school ... we knew that it would be an unusual situation: an adopted child, with two fathers and also Black ... we didn’t know how he would have been perceived, we worried a lot about eventual forms of racism and homophobia...” (Messina, 2018, p. 70)

Sub-theme 2: Challenging or assimilating to heteronormative family ideas.

This sub-theme speaks to the juxtaposition of both assimilating to heteronormative ideas of forming a family and not fitting into the heteronormative idea of family formation i.e. having two dads. The majority of the participants spoke about the subversion of this act and that it creates tension in being both in-group and out-group members. A total of eleven studies mentioned this idea (Berkowitz, 2008; Chen, 2024; Fantus, 2013; Goldberg, 2012; Jennings, 2014; Malmquist, 2021; Messina, 2018; Murphy, 2013; Tsfati 2019; Tsfati, 2023)

“Being a gay father means that you become like everybody else. Above all, you are a father. Yet, you raise your children without a mother in a unique family framework in a heteronormative family. This puts you in a special social position: you are like everybody else and different at the same time” (Tsfati, 2019, p. 1299)

“These two guys, they like went in and had a kid so they probably created a type of (.) yeah they sort of poked a hole in (.) that bubble of (.) “This is how a classic nuclear family should be”(Malmquist, 2021, p 334)

“We are different and similar at the same time. We are different and unique and we resemble all other families. We want to be integrated and to be separated in the heteronormative social order, at the same time. Therefore, we both differ from the social order and assimilate into it. We are a part of the dominant order and differ from that very order. We conform to some aspects of heteronormativity and challenge others.”(Tsfati, 2019, p. 1299)

Some participants further leant into subversion by wanting to completely reject the idea of being drawn into the ‘normal’ social order of things due to the impact it has on gay men.

“I don’t think that I as a gay man should be a part of the social order for all its defaults and drawbacks...and I am lucky to be gay so that I can be free from that order that perpetuates through marriage and institutionalized family and parenthood arrangements the economic and political order. This social order is based on rigid gender and social definitions that we, as gay men are liberated from. Besides, the heteronormative society is sick, this society is sick ...” (Tsfati, 2019, p. 1300)

Whereas others spoke about wanting to maintain traditional or more conservative ideals despite identifying as a gay man.

“I always had plans, before I came to the realization that I was gay, I planned to have a wife and kids just like my parents and their parents before them. And then, after I kind of

made that realization that I was gay, I tried to keep my plans as intact as possible. Um, you know maybe have a husband and 2.5 kids.” (Berkowitz, 2007, p.372)

“It was important to be married first in really old fashioned standing. ... I figured that would be easier for [the baby]. ... It makes it more like everybody else”(Fantus, 2019, p. 347)

Thematic Synthesis

This theme overall encapsulates the internal dilemmas queer men face when entering into a heteronormative space. It relates to doubting parenting abilities and highlights worries that participants feel their heterosexual peers are likely not to have thought of. It reflects what queer men are aware of when entering the procreative realm, straddling heteronormativity and queerness. The studies highlight the dance between these two mutually exclusive cultures, sometimes acting as a driving force to guide decisions and also creating a sense of doubt or unease. It highlights the extra emotional work that queer men face and it could be postulated as a reason why it takes longer for queer men to make decisions to start a family.

3.6.3 Theme 3: Homophobia, Social Stigma, and Institutional Processes.

This theme speaks to the wider societal discourses around queer men that have impacted participants trying to pursue parenthood. For example, how homophobia operates on the individual in the form of internalised homophobia and how it creates an internal barrier to parenthood or the community. It also speaks to how homophobia operates in other reactions to the parenthood desires of queer men and how they navigate different institutions to become parents. Conversely, it also highlights how temporally societal attitudes towards queer men have changed over time. A total of eleven studies formulated this theme (Berkowitz, 2008, Chen, 2024; Downing, 2009; Fantus, 2019; Malmquist, 2021; Messina, 2018; Murphy, 2013; Smietana, 2018; Tsfati, 2019; Tsfati, 2023; Wood; 2018)

Sub-Theme 1: Gay identity being a barrier to becoming a parent and the Integration of queer identities and parent identities.

The first sub-theme is evidenced by nine Studies (Berkowitz, 2008, Chen, 2024; Downing, 2009; Fantus, 2019; Messina, 2018; Murphy, 2013; Smietana, 2018; Tsfati, 2019; Wood; 2018) and exposes the challenges gay men face around trying to integrate their gay identities into a new parent identity of being a gay father. For instance, it highlights the challenging transition that participants face when integrating the two due to older societal beliefs that being gay means not being able to have children. It highlights the internalised homophobia that is in operation here and that it can create a barrier that needs to be overcome before embarking on the parenthood journey, referencing a grieving process of a lost preferred future or feeling like it disconnected the participant from both the LGB and heterosexual community.

“I am a heterophobic homonormative ...I live with this duality since I criticize heteronormativity but live according to its values of family, and children. I live with this contradiction so I am both queer in that sense that I criticize the heteronormative order, but I live within it and it has become internalized into myself.”(Tsfati, 2019, p. 1301)

“I feel that fatherhood has put me back in the closet again ... because it became the most important element of my entity and it excludes all other parts, including my sexual

orientation. I feel that this plight serves heteronormative ideology and I don't feel comfortable about it. ... I am sad that my sexual orientation became transparent and disregarded by everyone else and even by myself.”(Maya, 2019, p. 1299)

“For me being gay meant giving up the possibility of having children. When I came out, I directly thought that I would not become a parent in my future because I was gay and it was incompatible with the project of having children ... it was like a grieving process to me”(Messina, 2018 p. 71)

It also highlights the new creative ways that gay men often consider, as a way to navigate around this before embarking on their parenthood journey with adoption or surrogacy.

“One option was to have a child with a friend, with one of my best friends at the time. And we discussed this quite deeply, we considered this as an option ... And then she found someone, so she's just had a baby with her partner right now, so I'm happy for her, but I could see that wasn't really an option for me any more... We were talking about having a house together.” (Smietana, 2018, p. 106)

Sub-theme 2: Discrimination faced in adoption or surrogacy processes.

This sub-theme highlights evidence about the discrimination that is experienced as a result of being gay or queer and navigating the adoption or surrogacy processes. For instance, the total refusal of some agencies working with queer men who want to start families or that staff within the agencies express that they do not want to work with gay or queer men. A total of six studies made up this sub-theme (Berkowitz 2008; Downing, 2009; Fantus, 2019; Malmquist, 2021; Messina, 2018; Wood, 2018)

“We called a lot of local agencies [and] found out that most of them were open to the idea but that they hadn't had much success with same-sex couples. Some of them were honest and said, “Look, it's not our base; because of our funding we don't handle these cases.” Most of them said we're individually open to it, but we just haven't had much success. So we tried looking around again and we found an open adoption agency.” (Downing, 2009, p. 259)

“We don't understand why ... if we are married and we are a family. ... Why are birth parents allowed to discriminate [against] us because of our sexual orientation? This is very discriminating ...” (Messina, 2018, p. 73)

“There are some agencies that won't talk to us. There are people who won't even consider us.” (Downing, 2009, p.266)

Others spoke about the discrimination experienced once they had progressed through all the assessments and the judgements that are associated with this.

“They don't want to acknowledge it so much. They don't want to draw attention to it. So that's been a little challenging. There's a lot of pregnant pauses and innuendo, even when we're having a normal conversation. They might say “In your situation ... because of your special situation ...” I mean it's a little bit of euphemism that can be very frustrating” (Downing, 2009, p. 265)

“We felt hopeless at that moment, we knew that our profile will not have been accepted in most of the cases ... it was so hard, it conveyed a very negative image of ourselves ... as undesirable, deviant.” (Messina, 2018, p. 73)

Findings in these studies also reflected the lack of understanding or care they experience whilst being assessed by participants within systems for instance judging gay or queer prospective parents on the same footing as heterosexual couples. Often this meant not considering the intersectionality of being a gay or queer parent adopting a child or completing surrogacy with someone from a different racial background.

“...I was challenging her on this and asking her why and she said, naively in my view: “when you walk out of the door with your children you don’t want people to assume straight away that they’re adopted”. I looked at my partner and looked at her and said, “everybody will make that assumption about our kids!” Or that they’re from a previous relationship. Neither of us have gestated these children. So that made me think she hasn’t thought about what it’s like to be a child in a, for want of a better word, in a queer family.” (Wood, 2018, p. 160)

“[The Agency Declining Same-Sex Adoption] They justified this choice by indicating that it was intended to ensure the transparency, to better prepare us for what was coming, but I think there is something unwholesome in this discourse. This is equivalent to saying: We accept 20% of Black peoples, 80% of White ones ... it’s a great form of discrimination ... for me it was disgusting ...” (Messina, 2018, p.73)

Sub-theme 3: Societal reactions to queer men expressing parental desires.

This sub-theme is made up from a total of 4 studies (Berkowitz, 2007; Berkowitz, 2008, Tsfati, 2019; Tsfati, 2023) is distinct in the sense that it explores some experiences that gay or queer men have had when they have expressed their desires to become a parent and the impact it has had on them and how they have internalised the homophobia they have experienced. For instance, whether it is the denial of being able to start a family, or whether it results in doubting parenting abilities if one were to become a parent.

“Internalizing their own homophobia and society’s homophobia . . . not even realizing it . . . just assuming that as a gay person you can’t have kids . . . you just internalize it and you don’t even question it, especially back then” (Berkowitz, 2008 p. 180 - 181)

“what is all this bullshit . . . nobody is going to give you guys a baby” (Berkowitz, 2007, p.375)

“It was another generation and back then being recognized as a gay man meant that you would never become a father because gay men were regarded as incapable caregivers because of their gender and sexuality... Due to these social viewpoints, gay men were viewed as incompetent parents as ones who endanger the mental health of their children ... I even wrote a song to my unborn child that was related to being a gay man.” (Tsfati, 2023, p. 1294)

Sub-theme 4: Societal attitudes changing with time.

This sub-theme is made up of three studies (Berkowitz, 2008; Tsfati, 2019; Tsfati 2023) and highlights evidence that societal attitudes towards gay or queer men have for the most part and

improved in a multitude of ways recognizing that family formation or traditional notions of a family have changed.

“This neighborhood, you know they’re hip to it . . . they know that we’re gay . . . You know they know families with two daddies, two mommies, whatever, one daddy, one mommy, you know daddy in prison, mommy in prison, whatever. Like there’s, you know there’s so many different scenarios, it’s not the same thing anymore, it’s not, and you know, there are so many different families” (Berkowitz, 2008, p. 173)

Findings illustrate that ‘coming out’ as a phenomenon has improved in the sense that it is easier now and less restrictive in its assumptions i.e. being a deviant or a danger to society or that gay men are incapable of being caregivers.

“Social perspectives that focus on coming out of the closet, the championing of a core gay identity and gay pride, and the migration to gay urban enclaves are less descriptive of gay life today than they were years ago” (Berkowitz, 2008, p. 177)

“Culturally and institutionally as a gay man, we’ve gone from being, I’ve gone personally from being the pariah of men’s lives to now being esteemed . . . At least in an urban, metropolitan settings, so being an openly gay man now is a wonderful, wonderful, wonderful blessing. Whereas before I thought, you know, I was suicidal in high school because I couldn’t, you know, I couldn’t deal with it. If things continue to go about the way they are, despite the current administrations backlash, things are getting better, and better, and better, so, I’m rather optimistic about my personal future and the future of gay men in society in general.”(Berkowitz 2008, p. 177 - 178)

“It was another generation and back then being recognized as a gay man meant that you would never become a father because gay men were regarded as incapable caregivers because of their gender and sexuality... Due to these social viewpoints, gay men were viewed as incompetent parents as ones who endanger the mental health of their children ... I even wrote a song to my unborn child that was related to being a gay man.”(Tsfati, 2023, p. 1294)

Sub-theme 5: Difficulties navigating surrogacy and adoption pathways.

For the final sub-theme in this section, seven studies (Berkowitz, 2007; Berkowitz, 2008; Downing, 2009; Park, 2016; Messina, 2018; Tsfati 2023; Wood, 2018) evidence the lived difficulties of navigating a particular pathway. For instance, the dilemma gay men face about how much they reveal of themselves to professionals who assess them and what the implications would be if they were to do so at the risk of jeopardizing their chances to adopt.

“STEVE: As far as international adoption, from what we were told it was pretty much a no-go anywhere else in the world for being two guys. There are a handful of countries that would do a single-parent adoption, but you have to lie.

OLIVER: I am not a liar. I just don’t like the idea. Deception is just not a good thing. That’s just not the way I do things.” (Park, 2016, p. 123)

Another aspect identified, concerning adoption, is the legal recognition of the adoptive dad as this is often only one person from the couple. Often commenting on the internal turmoil this creates but also how it puts a strain on the couple’s relationship health.

“They don’t consider me as a father, at the same level as him ... and they consider themselves as the real grandparents, whereas my parents aren’t ... there is a great disparity between our families, and I think it depends a lot on this ambiguous legal status during the adoption procedure.”(Messina, 2018, p. 76)

“It was very difficult because in that moment we didn’t share the same experience, the same reality: He was completely involved in the adoption project, while I was in the shadow ... and this caused conflicts and put distance between us.”(Messina, 2018, p. 76)

For surrogacy, some of the challenges were different, findings reported on the truncated nature of becoming a father as a gay man indicating that it is a much more deliberate and possibly longer process.

“I think the biggest difference between us and straight dads is that there aren’t any mistakes or unwanted children . . . it is a really conscious decision that you have to jump through hoops to accomplish, either financially or legally . . . we might not be able to trace exactly when we thought about it, but once you do decide, it is like a mission to get it done.”(Berkowitz, 2007, p. 377)

There were also further dilemmas highlighted for surrogacy as a choice as it meant that one person would have to give up the hopes of becoming a genetic parent. Highlighting the potential worry or anxiety an individual may face about the bond they may have with their child in the future.

“It was a hard decision for me to give up biological fatherhood. It was complicated. ... I was afraid that the children wouldn’t love me as much as they would love my partner. So I went to therapy and I was relieved about that issue” (Tsfati 2023, p. 1295)

Thematic Synthesis

Overall, there are many aspects of how homophobia is operationalized and how these impact a gay or queen man’s experience of becoming a parent. It highlights the multilayered nature of homophobia and how it operates; whether it's societal reactions to the parenthood desires of queer men to the systems that govern who can become parents through adoption or surrogacy. It highlights the very real lived realities of queer men who face micro-aggressions and discrimination as individuals and as a couple that they have to overcome. Ultimately, this difficulty can be summated to impact on a person’s agency to make choices and it can be assumed that a lot of resilience is needed to push through these discriminatory barriers. Despite this, though there remains hope as there have been law reforms that have enabled gay or queer men access to becoming a parent and many have reported that they feel hopeful things will get easier.

3.6.4 Theme 4: Contextual Factors that guided decision-making processes.

The message that this theme communicates is the idea that factors outside that individual or couple that enabled them to feel that parenthood was a viable option i.e. good early experiences in childhood or experiences with children, legal systems making this possible, LGB representation and reaching a point in life where they felt stable. A total of studies made up this theme (Berkowitz, 2008; Chen, 2024; Downing, 2009; Fantus, 2019; Goldberg, 2012; Jennings;

Malmquist, 2021; Messina, 2018; Murphy, 2013; Park, 2016; Smietana, 2018; Tsfati, 2023; Wood, 2018).

Sub-theme 1: Positive early experiences in childhood and experiences with children as an adult.

For this sub-theme, five studies (Berkowitz, 2008; Goldberg, 2012; Malmquist, 2021; Jennings, 2014; Smietana, 2018; Wood, 2018) report that participants spoke of having good experiences in their childhood as being a reason that they had always considered being a parent as a gay man. Furthermore, the theme covers having continued experiences of being with children and enjoying this experience in adulthood that ultimately enabled them to think about and plan to become a father.

“I think a variety of reasons, but one is that I had a fun childhood. I was very close with my brothers and my parents and the whole sort of family atmosphere was so enjoyable and fun and neat. I want to try and recreate something like that, because I think that nothing can really replace the bond you have in a family scenario and there’s just so much love and fun and adventure that happens. In a way it’s kind of like another extension of being in a relationship; you’re just adding more people to your life that you love and care [about]”(Goldberg, 2012, p. 163 - 164)

“I felt loved and so I want to provide [someone with] a great childhood.” (Goldberg, 2012)

“Hanging around with my god-daughter is fantastic (Interviewer: Um-hm), we have lots of fun together (.) and we understand each other, we have a great time and laugh a lot and (Interviewer: LAUGHTER) so it’s, it affects you so you want to have kids even more, of course”(Malmquist, 2021, p. 333)

“I’ve always wanted to have children. I love being around children, I love teaching them things, I love learning from them. I love playing like a child.”(Goldberg, 2012, p. 164)

Sub-theme 2: Legal systems guiding decisions.

Although legal aspects are spoken about before in a sub-theme relating to barriers, this sub-theme focuses more specifically on the evidence around how legal landscapes particularly shaped decisions around places to live when starting a family. Or how legal processes such as the legalisation of marriage for gay men, adoption and surrogacy have helped participants feel enabled to choose to pursue parenthood. A total of eight studies mentioned this idea (Chen, 2024; Downing, 2009; Fantus, 2019; Jennings, 2014; Malmquist, 2021; Park, 2016; Smietana, 2018)

“the laws are so favourable. We chose California specifically because [joint adoptions for gay couples] was easy. California makes everything super easy for being a gay adoptive parent. I think that everything is just easier [in California]”(Park, 2016, p. 126)

“Now, with marriage and gay relations being legitimized, people actually think about commitment.” (Fantus, 2019, p. 350)

“But we’d talked about it for years, but always in the sort of abstract and then, of course, the law changed, which then meant that you know, being a same-sex couple couldn’t be

the ... a barrier to it and we'd succeed or fail on our own merits after that point, and then it was kind of like well we shall ... shall we give it a go" (Jennings, 2014, p. 216 - 217)

Sub-theme 3: LGB representations enabling choice.

This sub-theme explores how having LGB representation whether it's in mainstream media or knowing someone who has accessed this particular pathway, helped participants feel this was achievable. Ultimately making or enabling participants who were considering this pathway to operationalise their ideas into action. A total of ten studies mentioned this idea (Downing, 2009; Fantus, 2019; Goldberg, 2012; Park, 2016; Malmquist, 2021; Messina, 2018; Murphy, 2013; Smietana, 2018; Tsfat, 2023; Wood, 2018)

"It was having gay friends who'd adopted [who showed that] it can be done... It was only when my two gay friends adopted their three boys I realised that you can do this as a gay person" (Wood, 2018, p. 158)

"Nowadays gay parenthood is not an uncommon phenomenon. It has become very widespread and gay fathers have become a part of mainstream society. This, in addition to its visibility in media coverage, helped me decide to become a parent."(Tsfati 2023, p. 7)

"It's hard to imagine that we would have done it if we hadn't seen that it was possible for another couple to do it. You know, I don't, we might have but, just, yeah, I just can't imagine us suddenly thinking, "Hey, we should try to find a way to have children." (Murphy, 2013, p. 1113)

Sub-theme 4: Being in a stable place in life.

This sub-theme speaks to the temporal idea of having reached a point of stability or readiness to start a family. From participants who spoke about this, it can look like having stability in their careers, being stable financially and being in a place emotionally where they felt they had worked out their issues. It also speaks to ideas that stability is achieved in relationships and that participants are in a place to maintain a particular standard of living. A total of two studies mentioned this idea (Fantus, 2019; Goldberg, 2012).

"We've got a really nice house and we've both got good jobs. It is something that we both desperately want... We wouldn't want to spoil them a lot, but we can just financially and emotionally provide for a child"(Goldberg, 2012, p. 164)

"We've worked hard to make [our relationship] something that we're both really excited about and committed to and we feel 100% comfortable that it's going to last forever."(Goldberg, 2012, p. 167)

"We wanted to make sure we were financially stable. There's a particular lifestyle that we wanted to give our children, so we wanted to achieve the financial goals that we had set forth. We like a nice house, we like a nice neighbourhood, we like to be able to do things"(Goldberg, 2012, p. 167)

Thematic Synthesis

Studies identified for this theme highlight how the wider context can help enable decisions around parenthood. It taps into traditional ideas around the ‘ideal’ conditions to start a family. Examples include achieving stability in life before starting a family; how ‘good’ experiences as a child and being with children all help form that idea of a stable base in enabling participants to feel that they would be good parents and that they are worthy of stepping into this realm. At the same time, studies evidenced how other ideas of actual LGB representations and legal systems opening up help participants to actualise these ideals into something tangible. These contextual factors contributed to helping the participants feel empowered to embark on this heavily truncated pathway to becoming a parent as a gay or queer man.

3.6.5 *Theme 5: Internal or relational factors that guided the decision-making processes.*

The description of this theme refers to the internal factors of always knowing that parenthood would be a part of their lives, interpersonal factors within the relationship and contextual factors that influenced or enabled participants to feel that parenthood was viable. This theme is made up of a total of five studies (Berkowitz, 2008; Chen, 2024; Fantus, 2019; Goldberg, 2012; Murphy, 2013).

Sub-theme 1: Life-stage or life cycle being a catalyst for decisions.

This sub-theme speaks to findings where participants were reflecting on their age. For instance, reflecting on not wanting to be alone in later life or noticing the ages of their peers starting families and then reflecting on their age as a precursor to making the decision to pursue parenthood. Even mentioning wanting something to be passed onto the next generation. A total of five studies made up this sub-theme (Berkowitz, 2007; Chen, 2024; Fantus, 2019; Goldberg, 2012; Murphy, 2013)

“Part of it is maybe a little bit of selfishness... . It would be nice to have an offspring, if you will, somebody that, if something happened to Thomas, I wouldn’t be just alone.”(Goldberg, 2012, p. 166)

“I thought I was maybe too old, but I found out that some of my colleagues and friends started having children around my age. My sister had her second child at the age of 40. If women can do it, why can’t we?” (Chen, 2024, p.45)

“We actually wanted the blood line to be passed on. ... It’s something more personal”(Fantus, 2019, p.348)

It also highlights that perhaps particular events can act as a catalyst to opening ideas around parenthood for instance the death of a parent, or in these terms the previous generation no longer being around.

“contracted with the surrogacy agent a month after he [Drew’s father] passed away. It was kind of a kick in the ass, you know, like life is short, let’s go do it.”(Berkowitz, 2007, p. 373)

Sub-theme 2: Always knowing this would be part of their life.

Findings from a total of five studies (Berkowitz, 2007; Chen, 2024; Fantus, 2019; Goldberg, 2012; Murphy, 2013) identified in in this sub-theme reported participants who always had a

sense that they knew having children and starting a family would be part of their life course. Often being unable to pin-point where the idea came from and that ultimately this shaped many parts of their life like their choice of a partner.

“We started talking about kids really early on. I don’t even remember when we started but we both definitely wanted to have kids. In fact, I think it was one of the reasons why we ended up getting married. I mean I think because we had these sort of big life goals and ideas about what we wanted in life.”(Murphy, 2013, p. 1110)

“I just see [kids] as fitting in with the cycle of life. Having kids and raising them, and watching them grow up and watching them have their own kids, ... it’s a really important part of the way I see my life playing out.”(Goldberg, 2012, p. 164)

“It was always, “Ok, well I want to have a partner. I don’t want to do that alone.” But then none of my previous relationships lasted long enough or got to that serious level. It was something I would discuss with my boyfriends: “This is something that I want in my future” and “if that’s not what you want, then that finishes our relationship.”(Goldberg, 2012, p. 166)

Sub-theme 3: Partner initiating and leading conversations and decisions.

This final sub-theme is made of three studies (Fantus, 2019; Goldberg, 2012; Murphy, 2013) and speaks more to relational aspects that enabled or opened up ideas about starting a family or pursuing parenthood. Often participants spoke about it being the other partner leading the discussions, decisions, or research into parenthood for the couple. This often meant that the person speaking was initially indifferent but not opposed to the idea of becoming a parent but wanting to pursue the ideas as it was important to their significant other.

“I am doing it because I love Ray more than I love life itself. It was so important to him, and so I thought, ‘I want to do this and I want to be a part of it with him’”(Goldberg, 2012, p.165)

“I definitely didn’t think it was ever going to be an option for me to be a parent, because of all the obstacles. So it was not something I was really focused on, until, you know, Michael always wanted to have kids. He always thought that it would be a possibility so ... I came to see it as an option, something I want to do.” (Goldberg, 2012, p.165)

“He was a lawyer and an MBA so he had a kind of an analytical background, so he spent the whole night going through the different ways we could have children, adoption, surrogacy, foster parenting and the pros and cons of each and made a flow chart of it and when I woke up in the morning we went through the flow chart and said, “this is it, we want to do surrogacy”(Murphy, 2013, p. 1114)

Thematic Synthesis

This section highlights developmental factors that emphasise how ideas around parenthood come to fruition, an unfolding of how decisions come to be on an individual level and within a couple's relationship i.e. knowing on an individual level that parenthood desires existed from a young age or how one partner in the relationship brought the idea to the table. The studies here provide evidence that links to concepts of procreative consciousness, in that queer men can exist within a reproductive realm (Berkowitz, 2007). It also leads to ideas that the desire to become parents are driven by an evolutionary drive to procreate to survive to be looked after in later life or to maintain genetics.

3.6 Conclusions of Findings

The findings of this SLR suggest that queer men's decision-making processes are highly complex and influenced by a multitude of factors. Firstly, it highlights how queer men's parenthood desires or procreative consciousness are shaped by a wide range of contextual and individual factors and are layered with nuances. Contextual factors include legal systems, stability in life, having LGB representation in systems and having positive experiences of childhood or being with children help enable queer men to feel as though having children is a possibility. Findings from the research covered in this SLR also identify how these factors can create barriers to accessing the choice a queer person feels that they have. For instance, studies identify how queer men navigate these barriers in society and legal access despite legislation changing in some jurisdictions where queer men can adopt but private agencies refuse access. The research also highlights that in many international contexts socially and legally queer men experience barriers to access.

Individual and relational factors can be thought of as precursors or the driving forces towards becoming a parent as a queer man. But despite this the SLR highlights how fraught the process can be, queer men must navigate the internalised homophobia from their wider contexts and a new identity as a queer father which is often reinforced by having to navigate heteronormative systems. The research suggests that this causes some tensions that must be worked through as older societal discourses that queer men grew up with and that linger are still internalised for many. For instance, being a queer man meant having no children which often needs to be worked through before parenthood becomes a possibility. There is some hope as much of the research reported that societal attitudes are changing for the better, especially with more queer men choosing to procreate. More research could be beneficial in this area, as societal attitudes or discourses are changing but institutional processes appear to be lagging behind this progress.

The SLR mainly highlights the experiences of queer men making decisions to access commercial surrogacy markets. Therefore, this SLR highlights a gap in the research on how decisions are made by queer men in other contexts i.e. altruistic surrogacy in the UK.

3.7 Rationale and Aims for the Current Study

As the research has highlighted in the SLR, there are many aspects of what does or does not make the process of becoming parents possible for some queer men. It also illuminates some aspects that influence the decisions that are made, namely, legal access, societal discourse and representation in reproductive spaces. It highlights the processes that queer men make on an individual and relational level with their partners as they embark on their parenthood journeys, and whether they feel it is a viable option for them. However, there are still gaps in knowledge around how queer men make decisions to pursue surrogacy in the UK as the current research has largely focused on using international surrogacy in the US (Berkowitz, 2007; Berkowitz, 2008; Chen, 2024; Malmquist, 2021; Murphy, 2013; Smietana, 2018; Tsfati 2019; Tsfati, 2023), Canada (Fantus, 2019) and Australia (Murphy, 2013).

There is little to no research that has been conducted on queer men choosing the surrogacy process who have both been living in the UK, using UK-based surrogates and using UK-based surrogacy organisations. The impact of this research will hopefully raise awareness of the UK processes of altruistic surrogacy and will hope to elucidate the decision-making processes and

experiences of individuals and couples. With surrogacy rates increasing in the UK and more queer men becoming attuned to the idea that surrogacy is a reproductive option for some with economic means, it would be beneficial to understand the mechanisms of this choice and what supports this as a pathway to parenthood. So far it seems a very exclusive process with unclear guidelines of how to pursue this route to parenthood in the UK.

3.8 Research Questions

The study aims to address the following research questions, which relate to the experiences of queer men who are navigating the UK Surrogacy context;

1. What factors influence decision-making in choosing surrogacy in the UK?
2. What negotiations are made in the couple in becoming a parent in the UK via surrogacy?
3. What facilitates and inhibits available decisions in pursuing surrogacy in the UK?

4. Methodology

4.1 Qualitative Research Paradigm

The qualitative paradigm fits with the current study's research aims, and questions that explore in-depth, complex and multi-layered experiences of participants (Harper & Thompson, 2011). Quantitative research paradigms would not be the correct fit for this research paradigm, as it would not be able to answer the questions, as this research project does not aim to ascertain causality between phenomena or explore population trends (Roberts, 2014). Therefore, a qualitative methodology would be more fitting to portray and explore contextualised meanings than a quantitative design, as it could risk oversimplifying due to its reductive nature (Barker et al., 2015). Qualitative designs are generally thought to better explore under-researched areas (Moriarty, 2011) which fits with the aims of this novel piece of research.

4.2 Research Methods and Design

4.2.1 Sample Routes and Criteria

Participant prerequisites were that they identified as a cisgender male, and were queer in or out of a relationship as the research has a focus on how decisions are made within a couple as well as individually. Participants also had to be residing in the United Kingdom (UK) and choosing to pursue surrogacy in the UK, they could be at any stage of the journey, and actively pursuing this pathway to parenthood.

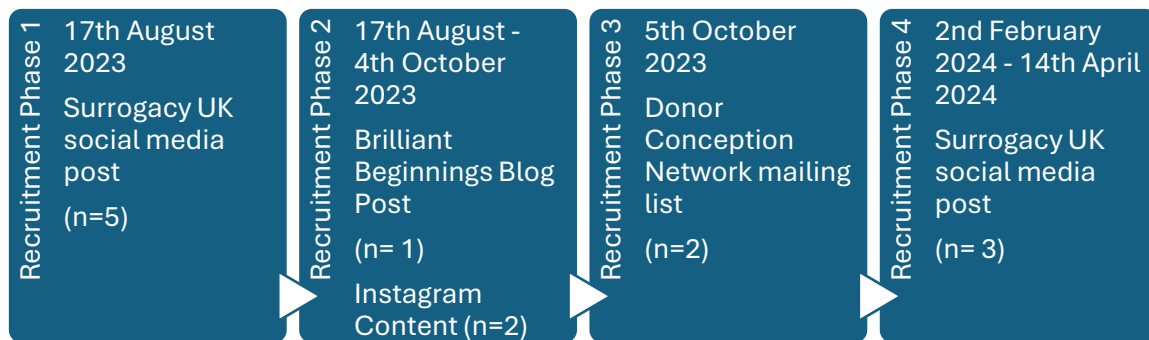
Men who could not take part in the study were men who had recently completed their surrogacy journeys and had become parents or who pursued surrogacy outside of the UK.

4.2.2 Recruitment

Participants were recruited through third-sector organisations who agreed to advertise the study. The third-sector organisations were Surrogacy UK, Brilliant Beginnings, and the Donor Conception Network. BioNews, TwoDads UK and My Surrogacy Journey UK were all approached but did not agree to advertise the research study. The organisations advertised through social media platforms as well as public blogs and newsletters that reach the intended population of people who could participate in this qualitative research. Initially, there was significant interest

from potential participants, with most recruitment originating from Surrogacy UK forum posts which rendered a total of eight participants. For full recruitment timeline please see figure 2.

Figure 2. Recruitment Timeline



Recruitment spiked rapidly following a new social media / blog posts or when mailing lists that were shared by organisations. The majority of the participants were swift to organise the virtual interview. Some participants required follow up, predominantly around the Christmas period. Participants that were recruited via social media, took longer to organise due to the participant's usage of social media. It was a challenge to balance how much to chase participants to take part in the study after showing initial interest. To manage this, I adopted some pragmatism in balancing other research demands alongside recruitment and agreed to follow a rule of two follow up emails with a final email confirming they had opted in. Potential participants ceased to receive further emails, with a total of three initially interested participants not responding to correspondence - Instagram (n=1), donor conception network mailing list (n=2).

4.2.3 Demographics of Participants

Eligible participants had a variety of questions asked at the beginning of each interview, in order to gain an understanding of participant's identities and to be transparent about the diversity of the sample. Participant demographic data is not linked to participant pseudonyms or codes, this is to ensure complete anonymity. Data was reported verbatim in Table 4.

Table 8. Demographic data of participants

	Age	Gender	Sexual Identity	Ethnicity	Nationality	Relationship Status	Geographical Location	Level of Education	Area of work	Average Household Income	Stage of the surrogacy journey	Recruitment pathway
P1	31	Cis Male	Gay	Caucasian	British	Married	East Midlands, UK	Undergraduate Degree	Care Home Manager	£150,000	Surrogate Matching	Surrogacy UK
P2	45	Cis Male	Gay	Caucasian	French	Married	Surrey	Post Graduate Degree	Financial Services	£200,000	Embryo Creation	Surrogacy UK
P3	42	Cis Male	Gay	Caucasian	French	Married	Surrey	Diploma	Interior Designer	£200,000	Embryo Creation	Surrogacy UK
P4	44	Cis Male	Gay	Caucasian	South African	Partnered	Kent, South East UK	Post Graduate Degree	Software Developer, Psychotherapist	£120,000	Embryo Creation	Surrogacy UK
P5	37	Cis Male	Gay	Caucasian	British	Married	Gloucestershire, South West UK	Undergraduate Degree, Professional Qualification	Accountant	£100,000	Surrogate Matching	Surrogacy UK
P6	38	Cis Male	Gay	Caucasian	British	Married	London, UK	Sixth Form	Theatre Director, Choreographer	£160,000	Pregnant	Brilliant Beginnings
P7	48	Cis Male	Gay	Caucasian	Greek	Married	London, UK	Master's Degree	Designer	£150,000	Embryo Creation	Donor Conception Network

P8	36	Cis Male	Gay	Caucasian	Welsh	Cohabiting	South Wales	Post Graduate Diploma	Teacher	£100,000	Conception Stage	Instagram
P9	41	Cis Male	Gay	Asian	British	Married	London, UK	Post Graduate Degree	Consultant, Company Director	£230,000	Embryo Creation	Instagram
P10	38	Cis Male	Gay	Caucasian	British/Italian	Single	London, UK	Undergraduate Degree	Head of Operations, Tech	£50,000	Matched with Egg Donor	Surrogacy UK
P11	41	Cis Male	Gay	Caucasian	Irish	Married	Northern Ireland	Doctoral Level Degree	Clinical Psychologist	£300,000	Pregnant	Surrogacy UK
P12	45	Cis Male	Gay	Caucasian	British	Married	Essex, South East UK	Undergraduate Degree	Managing Executive, Marketing	£80,000	Failed Transplant/Conception	Surrogacy UK
P13	35	Cis Male	Bi/Queer	Caucasian	British/Irish	Married	London/Wiltshire	Professional Qualification – MA	Family Law Barrister	£190,000	Surrogacy Matching	My Surrogacy Journey/ Donor Conception Network

4.3 Data Collection

4.3.1 Interview Schedule Design

The interview schedule (Appendix B) was developed through discussions and consultations with experts in the research field and experts by experience (EbE). The expert in the field, conducted ethnographic research internationally with gay men accessing the commercial surrogacy market and shared the resources he used for interviews. The expert by experience who had accessed commercial surrogacy mainly advised on topics and conversations to avoid during the interview and helped me develop questions that would fully explore the multi-layered process that is involved in becoming a parent as a queer man.

The schedule used a staged approach, starting with broad topics that explored how participants' experiences as gay men interacted with the new identity of becoming a parent and where this desire to become a parent had originated. Before specific questions that explored what other available options participants felt were open to them and how they came to decide to use surrogacy in the UK. Finally, several questions explored what supported or inhibited this decision. Questions were left intentionally open-ended for participants to not feel coerced in a particular way (Hugh-Jones & Gibson, 2012). The interview guide consisted of 8 questions to explore this; however, these were used flexibly depending on participants' responses. Follow-up questions and prompts were also added to encourage participants to expand their answers to develop rich data (Leech, 2002; Ryan, Coughlan & Cronin, 2009). There was a decision made to also lean into more discursive approaches to interviewing, allowing for questions to explore narratives that participants bring. These types of questions were planned to be taken note of after each interview as potential prompts to be asked in further interviews if it seemed appropriate.

4.3.2 Interview Procedure

A semi-structured interview were used, as structured by the interview schedule. These types of interviews are thought to be useful when exploring individuals' experiences, understandings and perceptions around a particular topic of interest. This is a particularly useful method of data collection for analyses like Thematic Analysis (Braun & Clarke, 2021). The mode of using semi-structured interviews was chosen for the amount of flexibility they possess in allowing a broader understanding of a phenomenon, as it gives the participant freedom to explore more personalized avenues of experience. Semi-structured interviews also allow the researcher to be able to explore these avenues, by using the participants' words and develop unique meanings (Willig, 2013). However, there is structure in the form of an initial point and standardised questions that relate to the research aims and allow the participant to develop a coherent narrative that can be analysed. Individual interviews were chosen to allow greater disclosure of experience, couples who both wanted to take part in the research were encouraged to partake in interviews in privacy away from their partner.

As previously mentioned, the interview schedule was modified throughout the process of interviewing as some questions participants found confusing to answer and did not generate new or different answers. The interview schedule prompting questions also expanded as interviews progressed to include questions that were helpful in generating richer answers which could be used if seemingly appropriate to the participant's narratives. Post-interview, participants were given time to explore how they found the process of interviewing and reflect on any issues that has arisen as a result of interviewing and what subsequent support they may

require. Participants were asked how they would like to hear about the findings of the study i.e., would they like a summary or a copy of the whole research project? once the research has been completed.

The interviews were conducted virtually with participants on Microsoft Teams Videocall, with interviews transcribed and recorded on this platform. The recording files and transcripts were stored securely on a password-protected computer and backed up on the University One Drive that only the lead researcher had access to. Interviews lasted between 38 – 82 minutes with a mean interview length of 60 minutes.

Interviews were conducted online for several reasons. Technological advances following COVID-19 have meant that it is possible to conduct interviews in research remotely and I chose to conduct interviews this way as a means of making engagement easier for participants. Due to how the study was advertised, participants could be anywhere within the United Kingdom and Northern Ireland, and online interviews have been found to increase long distance participation (Thunberg & Arnell, 2021). Further pragmatic benefits of conducting interviews online were also considered such as, reducing travel time and cost effectiveness for both the participants and me as a researcher which has also been reflected in the wider literature around online interviews (Gray et al. 2020). Although conducting interviews in person shows benefits in being able to elicit more rich conversations and reflections upon visual cues it does not necessarily change interview length or how the data is coded (Johnson et al. 2021). This was reflected upon and to mitigate the loss of richness this is why a flexible interview schedule was introduced alongside setting up interviews to be conversational with participants.

4.4 Data Analysis

4.4.1 Choosing Reflexive Thematic Analysis

There were a number of reasons why Reflexive Thematic Analysis (RTA) was chosen for the present study. Firstly, this method fit the current study's research aims and questions, given that there was a focus on how people conceptualised their experiences (Joffe, 2011). TA aims to identify patterns of meaning across participants' experiences (Braun & Clarke, 2021); therefore, it was considered to be a more appropriate than methods that used idiographic approaches that give a deep understanding of an individual's experience like Interpretive Phenomenological Analysis (IPA) (Biggerstaff & Thompson, 2017; Smith & Fieldsend, 2021). For this study I wanted to capture a broader range of experiences and from a larger number of people, IPA often has smaller samples of rich verbal accounts which can limit generalizability (Willig, 2013).

Secondly, TA is a very flexible approach that allows for both descriptive and interpretive accounts from the data in terms of what it semantically and latently captured. This fits best with the research aims and questions which are quite broad i.e., "What factors influence decision-making in choosing surrogacy in the UK?" which requires both descriptive and interpretive accounts for the data as it both has to describe the decisions that were made but also explores the underlying mechanisms and meanings that participants are drawing from for those decisions.

4.4.2 Transcription

Interviews were recorded and auto transcribed through Microsoft Teams, recordings were listened to and transcriptions were corrected so that they were as accurate. Basic punctuation was added to sentences when transcribing so that it would increase readability. Transcription

adopted a semantic position highlighting what was said rather than how things were said. Transcription was carried out by me the lead researcher, which in turn increased my familiarity with the data which is the first phase of thematic analysis. Once transcripts were completed, the interview was listened to again to assure accuracy (Parker, 2004).

All transcripts were anonymised, meaning that any personal identifiers of participants were replaced with participant numbers, and pseudonyms were used in place of their names. Other identifying information or third-party information were replaced with pseudonyms or general/brief descriptions. The transcripts were stored in a password-protected file, on a password-protected computer which only I had access to they were backed up on the University One Drive which I only had access to.

4.5 Thematic Analysis Procedure

The procedure for the thematic analysis can be seen in Table 9.

Table 9. The procedure of Thematic Analysis

Phase One: Familiarisation	This stage involves developing familiarity with the data (immersion). For the data that had been collected from interviews (n=13), it meant I already had some awareness about what each interview felt like at the time and had an idea about what I talked about in each interview as I had kept a reflexive log throughout the process (Appendix C). I also transcribed all the interviews which also aided with immersion, While completing the transcription process I also added notes to the reflexive log that I was keeping to note down initial ideas and further document effects or ideas which is in keeping with ideas around ‘critical engagement’ with the data (Braun & Clarke, 2021) so that I could make sense of the data from my perspective. Following transcription, I read and re-read each transcript and made further additions to the reflexive log.
Phase Two: Data Coding	I coded each transcript in turn, and this involved developing code labels which were inductively informed by the data, in which latent and semantic codes were developed. Codes were continually reviewed throughout the process, if there were overlaps between codes they were collapsed or merged. The reflexive log and conversations with my clinical research team and advanced research methods group were particularly helpful in thinking about the reasons behind the positions I was taking when coding the data.
Phase Three: Generating Initial Themes	This phase required me to ‘step back’ from the data, this is so that I could start to group the codes that were similar or related in some way to start to develop initial themes and sub-themes. These themes were based on in-depth knowledge of the data that had been developed in the phases before (Braun & Clarke, 2021). A list and map of initial themes can be found in Appendix D.
Phase Four: Developing and Reviewing Themes	This phase followed similar processes to the above, this involved looking at the themes as a whole and assessing connections between similar themes a reflection on whether the themes are distinct enough to remain separate or whether they needed to be merged. The use of thematic maps helped with this. This also involved reading full interview transcripts, and cross-checking that the transcripts each captured the multifaceted and nuanced of the

	full dataset (Braun & Clarke, 2021). It also involved discussing this in research team consultations, where meetings with project supervisors provided a space to process thinking around theme development. This aided in developing an understanding of the decisions I made to code and develop themes in particular ways. These meetings were recorded so I could listen back and reflect on the transcripts.
Phase Five and Six: Refining, Defining, Naming Themes and Writing Up	These were the final edits of the themes, which was more of a process that was a process that was intertwined with writing up the descriptions of each theme (this can be found in the Analysis section below). This mainly involved creating a short synopsis of each theme to ensure they remained discreet.

4.6 Consultation with Experts by Experience

At different stages, experts by experience were consulted, for instance at the start of the project, when developing and making resources for research and after analysis had been completed to reflect on dissemination strategies.

At the beginning of the project, I consulted an expert with experience in the field of research, which allowed me to understand some of the research contexts around parenthood journeys for gay men. He shared resources that were used in a similar research project that was conducted and also pointed me in the direction of key researchers in the field who would be helpful to look into at the beginning of the research.

For this research project experts by experience of people in this field of research were consulted when ideas were forming about the project. Experts with experience of people who have completed a surrogacy journey we involved in helping shape and develop the interview schedule.

4.7 Self Reflexivity as a Researcher

To maintain reflexivity throughout the research a reflexive log was kept (Appendix C), this mainly captured thoughts, reflections and ideas at different points of the research project i.e. after each interview and during/ after transcription. Reflections or thoughts that arose during coding were noted next to the codes/ recorded in a spreadsheet when linking themes together (Appendix E)

4.8 Ethical Considerations

4.8.1 Ethics Approval

All research procedures adhered to the British Psychological Society Code of Ethics and Conduct principles (Oates, The British Psychological Society, 2021), and ethical approval was granted for the research by the University of Hertfordshire's School of Health, Science, Engineering and Technology Ethics Committee in August 2023 (Appendix F), after which advertisement and data collection began where a recruitment poster was sent to organisations and a research Instagram account was created for recruitment (Appendix A).

4.8.2 Participant Information Sheet

A participant information sheet (Appendix G) included a researcher biography, explained research aims, inclusion/ exclusion criteria, why the research was being carried out, and described the research process and how their information would be used, stored and disseminated. Participants were informed how confidentiality and anonymity would be maintained and identified their right to withdraw their data from the study

4.8.3 Consent and Debrief Form

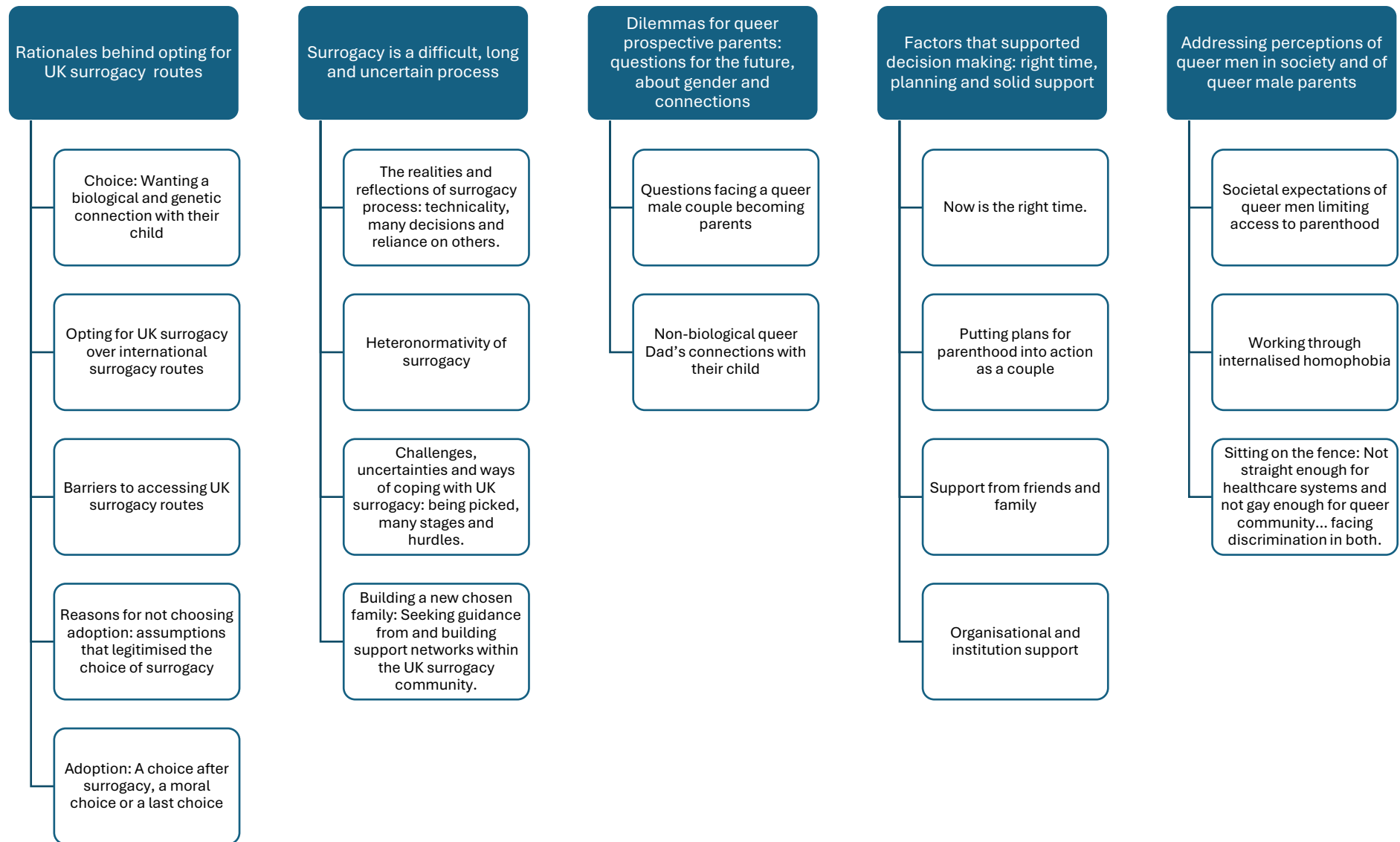
Participants were offered either a screening call or the participant information sheet to decide whether they would like to take part in the study before organising a time for the interview to take place online. Once a time was confirmed participants were sent a consent form (Appendix H) to complete before the interview, participants were encouraged to ask any questions about anything that remained unclear to them. A debrief form (Appendix I) was sent to participants within 24 hours after the interview, as well as a reminder of their right to withdraw.

5. RESULTS

5.1 Overview

In this chapter, I provide a summary of the thematic analysis of the 13 semi-structured interviews. Five main themes were created from the analysis using a reflexive TA method. The five main themes with their respective subthemes in Figure 3. These main themes and subthemes represent the experiences of participants navigating the UK surrogacy landscape, it explores how multiple factors decision making when embarking on their parenthood journeys and how multiple factors have managed adversity in this process. Each theme is described in detail, with selected quotes to evidence how interpretations were made.

Figure 3 Refined Thematic Map of Main Themes and Sub-Themes



5.2. Main Theme 1: Rationales behind opting for UK surrogacy routes

This theme highlights participants' reasons for choosing surrogacy in general and then explores reasons as to why they chose UK surrogacy over commercial surrogacy options. It also explores participants' relationships with other parenthood pathways i.e. how their assumptions around adoption helped lead them towards surrogacy.

5.2.1. Sub-Theme 1: Choice: Wanting a biological and genetic connection with their child

This sub-theme explores the reasons for choosing surrogacy over other parenthood pathways often for a variety of reasons, whether it is related to wanting to have a child that is biologically related to at least one person or both participants within the couple.

"We both would like to be biological fathers. So we would like ideally in an ideal scenario, we would have two children and one of us would be biologically related to each and again in an ideal world, aware that we're not living an ideal world." (Participant 11)

"But so for us, it wasn't a complicated thing. I'm not emotional about it, and it turns out I wasn't bothered about the biology." (Participant 6)

It also explores relationships with culture and religion driving the decisions to choose surrogacy, for instance, it being important to pass on genes due to religion or cultural considerations.

"I guess maybe the Italian genes part is really important to me as well like having blood relation in Italy is always super significant." (Participant 10)

"And I think I wanted a child that was generally related to me. I don't know why I felt quite strongly about it. And then my husband's parents are Jewish ... you know, was a very strong inherited element to Judaism. And so having a connection, I think felt right in some way." (Participant 13)

It also includes participants reflecting on the fact that they have the means to access this pathway now, whether it is legal or monetary access.

"We both like the idea of having a genetically linked child that we can say, oh, look, he's got my eyes and all that crap and that kind of feels special to us too. But yeah, the idea of surrogacy is it's available. We can afford it just about. So why? Why would we not want to do that?" (Participant 12)

5.2.2 Sub-Theme 2: Opting for UK Surrogacy over international surrogacy routes

This second sub-theme explores ideas participants had on why they chose to pursue surrogacy in the UK rather than internationally through commercial surrogacy arrangements. Often the data suggested that participants chose surrogacy in the UK due to the friendly and relational nature that the context provides i.e. it is often promoted in the UK for intended parents to form a close relationship with the surrogate.

"the UK version is much more and that's right, it's the UK version is much more about building that bond and relationship and finding somebody that wants to do it for you as

opposed to just buying a service acts. I can see it from both sides and yes, it is to a certain extent buying a service from somebody ... so yeah, it's certainly much a much friendlier, uh, friendlier option to do it in this country" (Participant 1)

"but I think it's also the approach ... It's you need to meet someone that you can be friends with. That someone can be a surrogate and that's how it works ... So it, yeah, it it's a bit different [to commercial surrogacy]" (Participant 2).

It also speaks to reasons why participants chose UK surrogacy due to relationships being important and commercial surrogacy feeling moral that a transaction does not align with their values.

"Like I said earlier, one of the things that appeals to us about surrogacy, just the UK in particular is the whole forming that lifelong relationship with the surrogate... in commercial uh, it's a transaction and it just it doesn't sit right with both of us like. Yeah, it would just feel like a transaction and that doesn't feel like a nice way to bring a child into the world." (Participant 5)

Furthermore, participants continued to reflect on the moralities and ethics about what the transactions in commercial surrogacy could represent i.e. commodifying conception and women's bodies. This uncomfortable feeling is why they did not choose commercial surrogacy.

"It's not far off slavery, and that's, you know, that's, I guess why in the UK you can't be a commercial transaction cause you're buying a human being like it's not allowed, which makes sense... It's become a commodity. The uterus has become a commodity to be traded" (Participant 10)

Participants also continued to highlight the transactional nature of commercial surrogacy potentially having an impact on the well-being of the surrogate.

"there's some of these countries where there's kind of a question mark over, you know, where are these women coming from, where you know, what are their life circumstances? Why are they going into this and could there be exploitation? Going on so that made both of us very uncomfortable. And I mean, you know, apart from the whole, you know, ethical and kind of complexities of it. And there's also like an on-the-welfare kind of of the of the woman." (Participant 11)

Further reasons highlighted in the data are that due to the relational aspects, this helps build a community within the UK surrogacy context. This community then comes with additional support which participants feel like they would lose with commercial surrogacy. This aspect is one reason why participants felt more drawn to choose surrogacy in the UK.

"You don't have that kind of community and I think in the commercial surrogacy ... you don't have that as well because it's commercial ... With the UK you get a community because on the group you can have some bad news, you know and. Everyone is supported each other, so that's a good thing." (Participant 3)

Participants also spoke about the importance of having a connection with the surrogate, which is integral in UK surrogacy. For instance, knowing a surrogate's intentions and motivations to do surrogacy was important, which is something participants felt they would lose by doing commercial surrogacy.

“I wouldn't be able to have that [connection] if the child is being born in Mexico, I wouldn't know what conditions there would be like, I wouldn't know... But I just don't know how these people, what the woman is thinking, what she's feeling and what my child is gonna experience [in the womb].” (Participant 9)

In comparison, the data often highlighted a degree of pragmatism as to why commercial surrogacy was not chosen, often due to the financial cost with UK surrogacy costing a lot less than commercial options. This financial barrier meant that UK surrogacy was chosen.

“I think, yeah. For example, I can tell you that for us in the US it's not possible because of the amount of money involved, which we don't have and in the UK, it is possible.” (Participant 2)

Finally, some participants reflected on the financial barriers to UK surrogacy even though it is more cost-effective it is still inaccessible for many who are not middle to upper class.

“There's no escape there as you are looking for at least £50,000, so this is not for every couple. This is not for everyone, so it's not cheap and you cannot get it by any chance or anything. So you know it's an expensive process.” (Participant 7)

“It makes me think that if you are a working-class, gay man. And you want to have a child, it's you have to. You have to live your whole life to do that has to be the one goal thing you want, and even then, it may not happen. And I that that feels very, very unfair. And I feel like people who are working within the industries that are supposed to be facilitating that don't give a fuck about that. You know, I don't think that the organisation are offering, you know, if you're from a low-income background, you get a free service.” (Participant 13)

5.2.3 Sub-Theme 3: Barriers to accessing UK surrogacy routes

For this sub-theme, legal barriers and how accessible information is about surrogacy processes could drastically impact the availability of choices is identified. For instance, within France and Italy, it is still illegal for queer men to access surrogacy in these countries.

“To be honest with you, surrogacy was always our first option or preferred option, but when we were so because we joined the UK in 2015, so eight years ago before that, we were in France and France, surrogacy isn't allowed. So you can't do it locally” (Participant 2)

“Italy, Italy's a very old school, I guess religious Catholic country. And so in Italy, at the moment, surrogacy as a process doesn't exist, it's not legal in any form at all, but a straight, heterosexual, homosexual thing or nothing.” (Participant 10)

It was also reflected that queer men are not allowed to access markets internationally for surrogacy and adoption. Often meaning that the more cost-effective countries were out of bounds for queer men.

“They did tell us about uh, Ukraine and things like that at the time... not very friendly towards same-sex couples. And you would have kind of had to nearly pretend you're in a straight couple to kind of do that.” (Participant 11)

“Therefore you have to go through either go in Ukraine at the time when we looked at it first, or the US, umm, and Ukraine is weird because technically it's not allowed to gay

couples... you can't tell them that you're married to a man and that you're gay.”
(Participant 2)

Furthermore, participants highlighted that the available information is conflicting and can feel overwhelming. Reflections were made that this availability of information can mean it comes at the wrong time.

“Sometimes like, ‘Oh my god too much’ ... No, all the information is always useful, even if it's difficult or confusing or complicated... I've found it a little bit difficult... it wasn't very clear to me from the very beginning all the different stages of the process, so I wasn't sure we were not always prepared for, OK, now this is what is gonna happen. This is the kind of decision we need to make. Or trying to understand the time frame as well.”
(Participant 7)

“I think that information, sometimes it's not what they want, not useful, but sometimes a bit premature in the process. You don't want to jump into you and say, oh, actually, do I need to buy a crib now and have the room ready for the time? Because it's, now is not the time, but it will be useful at some point.” (Participant 2)

Others highlighted that the information that is currently available does not help decisions to be made due to its conflicting nature.

“I don't think there's enough information there to kind of help you make decisions quicker. You know, if you are kind of, do I want to do this? Do I not? ... I don't think there's enough information there to help you make a decision.” (Participant 9)

Others highlighted that due to lack the lack of information or marketing of UK surrogacy they did not know that it was possible, so initially pursued adoption until the information became available to them.

“Adoption was the first choice... we weren't aware of the possibility in the UK to go through surrogacy.” (Participant 3)

Participants also commented on having to be from a particular educational background to be able to synthesise and deduce what information is useful to inform decisions in surrogacy. Thus it presents a barrier for those who aren't from highly educated backgrounds to be able to step into the procreative realm easily or without significant help.

“There isn't a sort of a state or a duty to educate or to have something which you can access. It feels quite overwhelming for a lot of people, and if it feels overwhelming for me, it's gonna feel overwhelming for people that don't sort of have the educational skills that I've picked up or had, but also who just don't have the basic intellect to be able to deal with this.” (Participant 13)

5.2.4 Sub-Theme 4: Reasons for not choosing adoption: Assumptions that legitimised the choice of surrogacy.

This sub-theme explores the wider assumptions and discourses around adoption which informed participants' reasons not to choose adoption as a parenthood pathway. Namely, there were a lot of assumptions about taking on traumatised, damaged or troublesome children.

“the only issue with adoption... it's not the 50s anymore. It's not like people put their children up for adoption because they're out of wedlock and that sort of thing. The type of children, unfortunately, that are in the adoption system out either damaged or have horrendous upbringings... It's an awful word, but they do come with our baggage from birth.” (Participant 8)

“if you are successful there is a high chance that the child is gonna be traumatized or damaged in some way because you know, they've they've had to be taken away from a bad environment.” (Participant 5)

Expanding on this, these assumptions made participants reflect on whether they would have the parenting abilities, implicitly highlighting their potential doubts about entering into parenthood especially when there is not a 'neutral start'. Which is something participants felt they would get with surrogacy.

“The only thing is that you know, you realize that. There is trauma there and there's the there's a lot of difficulties ... and to try to overcome the problems and you don't know whether you have the skills to do that ... the ability or the emotional energy to do that so you know that's something that it was a bit tough.” (Participant 7)

“I felt a bit daunted by the possibility of, as my first experience as a parent dealing with something that overwhelming, or potentially overwhelming. So yeah, I guess I did want to give myself the possibility of ... a neutral start if that's the thing that exists.” (Participant 4)

Linking to assumptions of traumatised children and wanting a neutral start, participants also spoke about not wanting to have to sort out the problems that have been created by heterosexual people as a reason for not choosing to adopt. Justifying that queer men should have access to a more 'neutral start' that they would have more chance of when choosing surrogacy.

“But at the same time. So we went to a surrogacy event and someone put it quite bluntly and I'm not sure I would agree with this completely, but they said, why should the gay men have to mop up the mistakes of the straight couples?” (Participant 5)

“And then a part of me kind of thinks, why should we fix all of those straight people's mistakes? Maybe they should. Kind of get a hold of themselves and not keep popping out kids in the 1st place” (Participant 12)

Participants highlighted that although they acknowledge children in the adoption system are in need, a major factor for not choosing adoption would be because they would not be able to claim their child was theirs biologically.

“There are some people that it fits with, and it just didn't sit right and then was like, yeah, OK, these children need help and support. But I want a child and it didn't feel like that was ever going to be possible for us to say this is our child.” (Participant 1)

Barriers to adoption also contributed to participants ruling out adoption, linking with the above about capabilities, people listed not having much experience with children as being a barrier in the adoption systems. A system that often places queer men at the bottom of the desirability scale in the system, which can look like being offered the 'least adoptable' children which is a reality in UK systems. Presented a predicament where experience with children is limited thus not being able to develop 'good parenting' skills which is a reason why adoption was not chosen because participants felt they did not have the necessary skills to parent children from this pathway and the system did not view them favourably.

"I think one thing, one factor is that when we went to the adoption information event, they were quite clear that you have to have experience with childcare to get through the process and I don't ... I guess it also made me reflect on the bar for entry like, you know" (Participant 4)

"adoption in the UK, so we had several with the Council, with charity, with various organizations to look through what options we have. As a gay couple with no children of our own, we always face the same difficulty, which is we need to get more childcare experience. So we can say yes, we have nephews and nieces. We have friends, and children that we can take care of, but our conclusion is that it's never enough and you always need to do more and in the end, it becomes pretty much impossible or very difficult because of the competition." (Participant 2)

"[In adoption system] the first is. Being judged on uh, just you know, few meetings and and and the sizing up of our life. Uh. And the second one is. You're gonna try to do as much as you can. It's not gonna be. It's never gonna be enough." (Participant 3)

Participants reflected on having the right things in place to be seen as desirable in the eyes of the adoption system i.e. stable finances to afford the correct home. To be able to consider adoption as an option.

"If you don't have the money, you're not gonna have a child, because even if you want to adopt, you still have to have a spare room, and with house prices or with rental prices... You know that is absolutely a barrier to a lot of people because you can't apply for adoption if you don't have a property." (Participant 13)

5.2.5 Sub-Theme 5: Adoption: A choice after surrogacy, A moral choice or A last choice

The final sub-theme explores some reflections participants made about adoption. This presents findings that suggest adoption may have been an option if the preferred option of surrogacy did not work out. It also illustrates how participants grappled with moral dilemmas of which route to parenthood to select.

"I think adoption is appealing cause I think there are lots of children in need and you know the the potentially caught up in very difficult situations that were completely out of their control and hence why they're up for adoption" (Participant 10)

Expanding upon this, participants more explicitly highlighted that adoption is perhaps a more moralistic choice in starting a family due to children not having the best start in life and being able to provide a better life.

"I mean, it's a very like it's it's uh. Socially desirable, isn't it? It's like it's very, you know, aren't they great? Aren't they great aren't those two guys great? They've, you know,

they've taken in that child and they're giving back to society... such a selfless thing to do” (Participant 11)

Participants highlighted that adoption was considered to be a back-up plan if surrogacy did not work out, or that it would occur after a successful surrogacy journey which would be decisions with a moral underpinning i.e. doing something good to improve the situation of a child.

“if our surrogacy journey doesn't pan out, we're probably more likely to do that [adoption]..., but if we were gonna help individuals life lives that weren't ours, I think we would take the ones that weren't under high demand.” (Participant 12)

“Although I have said to my husband that once we've had ideally two children via surrogacy if we want to have more children thereafter, I think it's unconscionable to then continue to create new children” (Participant 13)

5.3 Main Theme 2: Surrogacy is a difficult, long and uncertain process

The second main theme speaks to wider reflections that participants had on the realities of navigating the UK surrogacy context, the actual lived experiences of going through the many steps that it takes to conceive as a queer man and the challenges that this brings. There are also wider reflections on this difficulty in conceiving in comparison to heterosexual counterparts and explores how participants manage their own and other's expectations on this very long and uncertain step-by-step process.

5.3.1 Sub-Theme 1: The realities and reflections of surrogacy process: technicality, many decisions and reliance on others.

The first sub-theme was a significant reflection shared by many, it first starts by reflecting on the challenges of having to navigate every step of the process thinking about ironing out the many steps and what different participants want. It often looked like participants talking about the many steps sometimes feeling surprised or highlighting decisions that they did not even know they needed to make.

“It is very technical in a lot of aspects... in the beginning needing to find out a clinic... You see a list of the things that they provide and what they do, and they specialise in and specify everything in detail. Is like, Oh my God, I didn't even think that you have to do that little thing... but there's a hell of a lot more things to consider and I think there's a lot more steps rather than let's just get on with it and see how we go.” (Participant 7)

Participants continued to highlight that with these decisions there are also associated financial costs, costs that are not overtly clear from the beginning which were surprising for so many. Reflecting that this is something people need to be aware of as they are not explicit from the beginning.

“they don't talk about getting to know your costs or fees when you're kind of matching up as a team. They don't talk about the costs involved with a clinic to get you pregnant in the first place. So you need to have your eyes open and you need to be ready for it” (Participant 10)

“ It was hard to get a straight answer on things and especially things like we had no idea how much it was gonna cost [in the beginning] or what expenses we have to cover for the surrogate... And partly that's because there is no straight answer ... it would be nice

to just have a, well, on average, it costs this much ... that never seems to be available.”
(Participant 5)

There is also something to note here about the realities of UK surrogacy arrangements in the sense that the reality for queer men to procreate biologically there are many stakeholders involved. Participants often highlighted how draining and tiresome this was and linked with ideas mentioned earlier within this sub-theme around the many steps involved and financial steps in surrogacy. This involves many people coming into and out of queer men’s lives and can put queer men in a very vulnerable position.

“You're going to have to be incredibly patient... there are concrete steps you can take, but you rely on other people doing things an awful lot of the time. And that is a very it can make you feel very vulnerable because you're so reliant on others, though having patience, trusting that at some point it will go through is important, I think.” (Participant 13)

“If we're super honest, I think that both I and my husband are at like a very, very. Tired place when it comes to the constant need for other participants, like there is not a single thing yet, there's not. No, not one single thing we've been able to do to bring our daughter into the world that we haven't needed somebody else.” (Participant 6)

5.3.2 Sub-Theme 2: Heteronormativity of surrogacy

This second sub-theme is also built on reflections but differs due to the explicit nature of reflection on queer conception to heterosexual conception. Often participants reported the somewhat ease of heterosexual conception in comparison to the queer process of conception, which is often difficult, protracted and involves many stakeholders.

“It can quite easily just have happened by chance, can't it with a straight couple? Oh, we're accidentally pregnant. You know, that would never happen to be gay. With us, this isn't something that will happen without active investigation and a considerable amount of work, and ultimately we're paying for it. There's money involved, so it's a decision and it's something that you want and you're going out to get. So it's not the same as just accidentally getting knocked up so yeah.” (Participant 12)

Although there were some reflections on the heterosexual conception that empathised with fertility struggles, some participants reflected on how talking about surrogacy opened up fertility conversations.

“Well, maybe it is a bit different, but it's not different to like say umm, you know, a couple who are trying to conceive. You know, there are lots of sad stories. There are lots of, you know, stories of participants having, you know, miscarriages or difficulty conceiving, and you're seeing all of these things play out, but you still hold out hope that you know your situation will be different.” (Participant 11)

5.3.3 Sub-Theme 3: Challenges, uncertainties and ways of coping with UK surrogacy: being picked, many stages and hurdles.

Participants often spoke about the route into UK surrogacy being difficult i.e. legally not being able to ask a surrogate creates a longer wait than anticipated to be picked by a surrogate. This process could be seen as difficult due to the vulnerabilities that are exposed and the emotional investment of putting yourself out there to build a relationship with a surrogate.

“it makes it harder. Isn't just something you can just go and buy and it's, you know, it's about those relationships you build up... you still can't go and buy somebody to be a surrogate for you... it's still as much more it's it's a friend... but that makes it harder in this country.” (Participant 1)

“Even if the surrogate chooses finally, you know it's not. It's not the t other way around, it's the surrogates who will choose us. So yeah, I think that's the most. Difficult. Uh, things you know, it's just. Waiting and doing as much as you can to be chosen. If to be the one.” (Participant 3)

“It feels like you know it can be your, you know, there's a lot of IP to surrogates with the ratio wise, so you compete in some sense as well.” (Participant 4)

On challenges, participants commented on were about the length of the surrogacy journey. A journey that is overwhelming with the amount of information, and uncertainties about whether it will ever happen or if the next step will happen highlighting that it's a process of constant work.

“Yes, it is certainly deliberate and protracted and uncertain... at the beginning. Was also overwhelming. Like, there's so much information I didn't know what choice I was going to face with what's possible... now I've gone into it a bit. I don't feel that level of anxiety, but they still have the sense of like I have no idea whether it's even gonna happen for us or whether the person... gonna make an offer or not. Or you know you. It's the sense of like you're constantly working at it and you have no idea what stage you're at... That's quite a tough proposition to live with.” (Participant 4)

Building upon the length and commitment to the long process, the reality is it is not a certain process as there is a very real risk of losing embryos or pregnancies in the process. When this occurs it lengthens the process, furthermore, it also adds complexities of mourning the loss of a child. This will naturally impact on a person's ability to keep going through an already difficult process.

“It's not a quick process or it doesn't have to be a quick process and it's quite unfair when [people] just say, well, hurry the fuck up when you know you've just mourned the loss of one of your early embryos. It's just it's difficult.” (Participant 12)

Participants continued to reflect on what the stepped nature of the UK surrogacy process is like, often highlighting that with every step it somehow seems bigger. With yet another challenge to overcome and navigate.

“And as we go on our surrogacy journey, we keep thinking right, this is what we're wrong about now is the worst thing ever. And then the next step we're like, oh, no, this is what we're worrying about now. But and it and there's always going to be something... So it's gonna get more real and more scary as we go.” (Participant 12)

It was noted to help manage the potentially overwhelming nature of these steps, participants felt that reminding themselves to think of just the next step or goal helped them manage their and their support networks' expectations with the process as there are no guarantees in surrogacy with this many stakeholders.

“Honestly, we'll see. I think I think we're taking it step by step because it's it's a journey. It has a lot of hurdles. It's not easy. It can work. It cannot work. So our goal at the moment is to be matched with surrogates... after the next step, let's try to get IVF done... I'm taking a step-by-step not to be disappointed at some point.” (Participant 2)

“So it's gonna be a much more of a kind of day-by-day questioning process [from others], UM rather than saying look we know what the end goal is, but I'm not putting any kind of time scales or kind of a program to it. This is one part of my life I just can't control” (Participant 9)

5.3.4 Sub-Theme 4: Building a new chosen family: Seeking guidance from and building support networks within the UK surrogacy community.

This subtheme speaks to how participants manage the expectations of their wider support networks. It highlights that although their support networks had their best interests at heart there was a lack of understanding outside of the surrogacy context of how fast things would move. This is something that often creates additional pressures for participants in an already fraught process.

“like it's got to work for us before it works for everyone else. I think it's hard as well, though. It's like, you know, our family and friends and stuff like nobody else has been through it... So yeah, I mean they're fully behind us, but it's it's more us educating others I think for this year... that's the biggest challenge for the both of us.” (Participant 8)

“And they've shown interest, but I think that's probably the least supportive in the nicest way, although they didn't mean don't mean to be. I just think it's like then we ended up having to say to them both you know just we'll come to you and we'll tell you when there's something to tell you.” (Participant 1)

A way of managing these challenges was by building a community with friends who are navigating surrogacy in the UK. Something most participants spoke about links with the surrogacy community in the UK helped them navigate the challenges associated with the process. Participants spoke about this being a sustaining factor to keep going but also to bounce ideas off to make decisions.

“What I mean is make sure you kind of take advantage of that community because people are out there even if you're not with the organisation we are with. There were plenty of other surrogacy groups or gay dad groups or queer parent groups... Just don't keep it all to yourself because you're you'll just implode.” (Participant 12)

“we've got these friendships out of this. Who are at every stage of Surrogacy that live near us, that live across the country? Straight couples. Gay couples. We've got friends who have completed their journeys... literally at every stage and these are the people but you just learn from their experiences. And then they help guide your own opinions and knowledge.” (Participant 12)

Participants also spoke about how people within the surrogacy network had become vital forms of support in their journeys, something to keep them motivated and have conversations about surrogacy that they don't have to explain.

“after joining the organization when we decided that's what we wanted to do and you know, you meet people who are getting the same boat as you and that helps to have those conversations as well... But we've made friends with people... you know, they've become part of our support network. (Participant 5)

Participants also spoke to the idea of creating a 'chosen family' (Weston, 1998) of other surrogate parents. This perhaps mirrors queer men in wider society that do this to help manage discrimination.

“You don't know what you're missing. You haven't gone through those processes. You haven't met these people, and that's the family that you want, your family of your own making, isn't it? Is your chosen family and you've got we've got all these aunts and uncles now, all over the shop, all over the country that are rooting for us” (Participant 12)

The 'chosen family' idea is expanded upon, in that participants spoke about wanting to pass on this sense of belonging to their children as part of a network of people brought into the world through surrogacy.

“I was just going to say the organisation we are with is like, you know, the ethos is friendship first. It's a community. It's a community for life, you know, and that's just spoken to us like this idea that we're gonna have a family, hopefully. And we were going to have an identity as a family that's coming through, you know” (Participant 11)

5.4 Main Theme 3: Dilemmas for queer prospective parents: questions for the future, about gender and connections.

For the third main theme, this has more of a future focus, where dilemmas were shared around what the future will hold for participants as queer parents and what it would mean for their children growing up. It also reflects on bonds or connections a parent will have to the child if they are not the biologically related parent. Finally, it explores as a response to these concerns the building of communities queer men have done to safeguard these concerns and to also embed their children into a community where other children were conceived in the same way.

5.4.1 Sub-Theme 1: Questions facing a queer male couple becoming parents

The first sub-theme speaks to prospective dilemmas and challenges that queer parents are thinking about when their child arrives. Specifically mentioning the anticipation of gender dynamics of men preparing daughters and the anticipatory responses of having two dads navigating the world with their child.

“Because if we have a daughter that will be, they will have that will have feminine energy will need to go to tap into that to understand her needs and how she's gonna grow up. I wouldn't know how to deal with periods and various other things. Yeah, thinking all these things, we have had to think about and have said like, what if we have daughters? What? How would we deal with that” (Participant 9)

“I had to look after my niece when she was growing up and a lot of that was lovely, but logistically not that easy to just even like, take her swimming on my own. If the

swimming pool never had a family changing room by the time she's 6-7, she can't be in the men's and I can't be in the women's. So what would happen with my child?"
(Participant 10)

There were also some reflections on being queer and navigating other children's views about their child having two dads. Thinking about what conversations they would need to have with their child explaining their conception so that they can prepare their child for adversities they may face.

"I think it's more about. The child is accepted as having two dads or two moms. Actually, for a child of a lesbian couple, the way others would look at it was enough. I don't think I'm the problem. I think the problem could occur and appear when, for example, at school, someone tells you have two dads, that doesn't make sense. It's not normal. Also, you know the way that others would look at us?" (Participant 1)

"We can't protect her from the questions, but we can sure as hell make her happy to answer them in a way that she doesn't think the question is strange and she will. You know she will be frustrated as she gets older and we're gonna have to help her with that." (Participant 6)

Other practical considerations were discussed here with making choices on where to live i.e. in geographical locations that are more progressive to perhaps help mitigate the risks of the child having adverse experiences.

"But I've never seen those two dads in this area. Therefore I I don't know what, where, what there's a number of questions that I just don't know how we consider that because again discrimination. We don't want, our child, to be discriminated against more and in a kind of a village environment will our child be more accepted in a village environment and a community vibe? Or will they ostracise? Or do we, do we stick to a multicultural area? Where anything goes and who cares? But yeah, but then you paying 10 times the price, huh?" (Participant 9)

"So at the moment I'm in Italy, which is where my dad is from, I work remotely between London and Italy quite often, and it is a bit old school, southern Italy. It's a little bit homophobic still, so you know, thinking and when participants ask, where did you raise your child? And it's like, I don't know yet" (Participant 10)

5.4.2 Sub-Theme 2: Non-biological queer Dad's connections with their child

This sub-theme also explores some of the worries that non-biologically related parents may have about their child, specifically mentioning worrying or their partner worrying about it impacting the connection or bond they can make with their child or that there is increased value in being connected biologically.

"you know this will be my biological child. What if my partner has no connection with it and then isn't? You know participating because you know something triggers that, It's not my baby, and it could become a burden, etcetera, or vice versa." (Participant 9)

"I wouldn't like to call benefit or value but you know you are biologically linked to the baby as well... you are a parent since the day that the baby's born." (Participant 7)

Whereas some shared other reflections about biological connections.

“And our couple that we're friends with in America that have done this, they kind of helped me with that one because they've had, they've got two kids through surrogacy, both each of their boys were the same egg donor and the first one was born. And the dad said if you worry that you're not going to love a child which is genetically your partners and as much as a child that is genetically yours, he said no, this I prefer the child, which is genetically my partners, because all the traits, all the traits, I love about my partner I see in our child, which is genetically his all the traits that I don't like about myself I see in the child which is genetically mine. So he said it's the opposite of what you think”
(Participant 12)

5.5 Main Theme 4: Factors that supported decision making: right time, planning and solid support

The fourth main theme groups together data that explores the multitude of factors that supported decision-making at any point in time during parenthood journeys. To start it explores the impact of early life experiences, a person's life stage and seeing queer male representations of familyhood as being a precursor to embarking on parenthood journeys. It also delves into relationship factors that aided in initiating the journeys and making decisions along the journey. It then moves to how a person used their wider contexts to make decisions from a person's support network outside of their relationship or within their surrogacy agencies and other institutions.

5.5.1 Sub-Theme 1: Now is the right time

To start with the data highlights that having good early experiences within childhood or experiences that they lacked in childhood acted as a precursor to ignite a desire for wanting to create a family for themselves, therefore enabling and creating accessibility to decide to pursue parenthood.

“So I think I had a sort of caring instinct from a young age but no, not really. I mean I have a great relationship with my parents and I guess I sort of wanted to be able to continue after they got older maybe.” (Participant 6)

“I've always come through. I've come from a big family and that's what I've wanted.”
(Participant 9)

“I think an element of it is that I yeah, I want to recreate a family dynamic I didn't have that growing up, but it's still one that I would want to have. So in an ideal world, that's what we would do.”(Participant 13)

When thinking about life stage it is twofold, the data highlights that participants felt another factor that supported the decision to become a parent was that children or being a dad would always be part of their life cycle.

“So I think it's kind of, I've always known that I wanted to build a family, have children.”
(Participant 2)

“I have always wanted to become a parent. I think, you know.” (Participant 11)

This sometimes was influenced by culture from their family of origin.

“I think I've always known I wanted to have children. Umm. From a very young age, I was an only child in... big Irish Catholic family and whilst I certainly didn't want anything like that, I knew that I would. I'd always wanted to have children when I was 16.” (Participant 13)

It also highlighted that this desire also helped them choose a partner who would also be on board with this journey.

“the first day I met him, I said look, this is what I'm doing. And you're either along for the ride or you're not, because, in my previous relationship, I've made it quite clear to my previous partner that I wanted children.” (Participant 8)

What is unique to queer men, is the very stepped process throughout the life cycle that participants viewed when they felt more enabled to start their parenthood journeys. It was often spoken to that participants had to have particular things in place i.e. stability in a career and finances, being married or in a committed relationship.

“Yeah, we have like stable jobs and that kind of thing. So there's there's an environment, there's a a setup that allows for those conversations to happen. I think if we were both like struggling with other like fundamental life issues like employability or you know whether we are allowed to stay in the country or anything like that like that” (Participant 4)

“I don't know, but you know, sometimes you block your mind from thinking things that you know that you're not gonna have. So you don't think about that to know not thinking of having a family?... So before marriage it it never crossed my mind before... But you know, at some point I was like, yeah, I want to do that.” (Participant 7)

“I've always had this gonna get in my 20s were for, you know, figuring out what I want to do in, for work... setting up financial stability. And 30 was more, much more around my emotions... and yeah, building figuring out who I am... it got me to a place where I'm in my early 40s where I know who my friends are, I know who my life partner is. I know where I am with my career. UM, I'm satisfied with the number of areas and I know exactly where the gap and the void is [children]” (Participant 9)

The theme also explores seeing queer men pursue parenthood making the idea of pursuing parenthood as being viable or possible. Whether that is through mainstream media or knowing someone who has gone through the process so that participants could see it was tangible and within reach. Thus enabling this to be a choice.

“it sounds crass, but like Modern Family, seeing Mitch and Cam on Modern Family like, I mean, that's so cheesy and twee... even though they're, like, the representation is pretty bad. And they're terrible dads at times. But I like the comedic value. Is like it's that was important to that helped.” (Participant 6)

“I think it's been healing and powerful for me to see just the acceptance and that's just the kind of mainstreaming of, you know gay dads, gay women as parents, but as mothers and dads, sometimes and or. Yeah, there's just, you know, there's just so many different things. (Participant 11)

“I think what sparked my interest in maybe going down the NHS route is I think a gay couple in Scotland had had the whole thing done. The whole process, I think was done on the NHS and. Yeah. Maybe there we could go.” (Participant 8)

5.5.2 Sub-Theme 2: Putting plans for parenthood into action as a couple

The second sub-theme explores the nature of how a partner or one person in a relationship initiated the idea to start thinking about parenthood. Often meaning it was one person’s idea and then the other person in the relationship got on board with the idea to join them on the decision-making journey.

“yeah, it was already my. It was already my journey, so I'd already started the process and then my partner was along for the ride.” (Participant 8)

“I think my husband was on board, you know I think it didn’t, he didn’t take too much persuading, there was definitely, I was certainly kind of the driver behind it.” (Participant 11)

Another relationship factor that aided decision-making in the relationship was having a close relationship. What this looked like in the data was the idea of having open and non-blaming conversations and talking through things thoroughly.

“Well, sometimes it was the word difficult conversations. Kind of more emotional things that you can't control or you don't know why something bothers you or not, especially when you have to choose... one is gonna be biologically linked and the other one is not. And so that is a difficult thing...I think you need to be in a very good relationship... supportive and understanding. And we know what each one needs.” (Participant 7)

“The thing is just being open about it. Just, just talking about it and talking through each step and that sort of thing, it's being open and honest from the from the beginning, yeah.” (Participant 8)

“For us, definitely communication, open communication and but our best, our best chats are when we're driving or we're on the beach when we're walking on the beach with the dogs... I think transparency is most important, yeah.” (Participant 11)

It also was characterised by participants as partners sharing similar goals, points of view and values that enable decisions to feel easy when they need to be made along the journey.

“I think it was quick and a very quick and easy decision. It was not even a debate to say, it was let’s go. Let's go for surrogacy because that's what we that's what we want.” (Participant 2)

“always seem to be on the same page about it and I just continue talking about it. So not, not it’s something it’s something we both want and you know, it's just been going through it together.” (Participant 5)

5.5.3 Sub-Theme 3: Support from friends and family

This sub-theme spoke to the experiences of participants seeking support from their wider support network to guide decisions. This looked like seeking support from family or friends who encouraged them to continue with their journeys.

“you know what helped us was, I think a lot of our friends and family and people around us, we're very excited about the idea of us being parents cause, you know, it was nice to feel like they thought we were going to be good at it. So that was also quite meaningful for us.” (Participant 6)

“I do have a really good support network... I do need to talk it through with people... You know, my parents have known about it from the start, and they've been extremely supportive.” (Participant 10)

This also looked like seeking support from people who had been through the process already and them offering advice on the pathways and options that are available helping them to see it as being viable.

“He gave us, you know, quite some tips, some tips about what is surrogacy in the UK. we met with the charity, I was surprised, you know it's a friend of mine that we have in common. Told me. Do you know that daughter is, yeah, was born in the UK and my first reaction was no way, it's just impossible.” (Participant 3)

Participants also valued the discussions with people who had been through the process helped them process what decisions felt right for them, shaping a sense of what they did or did not want, and also the point of connection helped link people to useful organisations.

“This guy kept talking about it in detail. Seriously. And he kind of told us what we didn't want. You know, I think sometimes, you know, research is about as much about what you don't want as much as what you do want.” (Participant 11)

“So I reached out to them via the blog and then we had a video call and they were really lovely. Like answering all the questions and you know they connected very much with my journey... as in single gay man... They mentioned a few of the organisations... I did a bit of research and then I think I joined the agency I'm with.” (Participant 10)

5.5.4 Sub-Theme 4: Organisational and Institutional Support

The final sub-theme refers to how the agencies helped shape decisions or guide processes for making decisions. This often looked like providing access to professional advice or providing helpful checklists to work through all the decisions that needed to be considered at different stages of the surrogacy journey i.e. getting to know stage, IVF embryo creation, surrogacy agreements and post-birth.

“the agency and it was really good because this is an agency that has been set up by two gay dads and they had their two kids with surrogacy... they've got a lot of experience and it was really good to have the sessions. And you know, they were organising things for us... a session with a counsellor... with, you know, the nurses to find out, how the surrogacy actually works. And we had access to find out, you know, about different clinics and what is the best way to make a decision” (Participant 7)

“Our agency has offered a framework they'll supply and the details, the paperwork, the stuff to work through. They also supply UH, some counselling and well-being services as well, just to sort of talk you through some of the stuff that the surrogate has to go through that too.” (Participant 12)

5.6 Main Theme 5: Addressing perceptions of queer men in society and of queer male parents

The fifth main theme explores wider perceptions of queer men in society and of queer male parents, thinking about how queer men internalise this homophobia and need working through to form a new parenting identity. It also speaks to experiences of discrimination faced when navigating institutional processes at different points when pursuing parenthood.

5.6.1 Sub-Theme 1: Societal expectations of queer men limiting access to parenthood

The first sub-theme starts exploring general perceptions of queer men in society. Often being quite stigmatised around promiscuity and this does not fit with the perception that queer men can form families.

“gay men's identity is, is so and like sort of globally seen as sex as basically the sort of sexual worth and value and the promiscuity and the and all these things that seem to be the opposite end of the rainbow to there's a family and life.” (Participant 6)

If there are ideas that are shared by wider society, it is often the assumption that queer men only have adoption as an available option for them to create a family. Going on to highlight that if gay men don't adopt there is a judgement passed if surrogacy is chosen. A sense was conveyed that queer men have to justify their decisions to their heterosexual counterparts, which is something they never have to face in wider society.

“They don't think about anything else ... You could have adopted one, though these kind of questions. You do have it as a gay family and we have friends that have said that? Oh, why are you doing surrogacy? You could have go and adopted A child and that was people who had their children and they didn't adopt a child” (Participant 7)

“Whenever I told them about, you know what we were planning to do, and you're like, oh, yeah, well, would you not adopt? And I'm like, I just, it just really, you know, it kind of like. Fucks me off ... could I ask you the same, like, why didn't you adopt? And then they're like, well, well, it's because I can... well, so can I, you know.” (Participant 11)

Furthermore, once it is established that queer men can create families. Participants spoke about this inviting very invasive questions which often results in queer men having to continue justifying their decisions in light of others' expectations of them in society. Which looks like being asked about biological relatedness.

“I mean we're like at social events bumping into somebody's random cousin and like alright so which one of you is a dad then you're like I'm sorry, what do you mean? And then I go, you know, which one is you? That which one of you is the dad and it's like we're both the dads... Are you talking about which one of us is biologically related to our child?” (Participant 6)

This also translated to when queer men have looked after children in general, that there are expectations in wider society that there should always be a mother involved. Naturally, this is not part of the family formations for queer fathers, but this is something queer fathers are already contemplating on how to negotiate. Another factor justification that will need to be made when not fitting into the heteronormative idea of a 'family'.

“When we even when the two of us have gone out and babysat one of our nephews, you get participants just randomly off the street going, Oh, Where's where's his mother? Like

how rude to start... that will be something that we end up facing. It will be participants's unconscious prejudices or conscious prejudices when the two of us are out pushing your buggy or whatever.”(Participant 12)

Expanding on gendered ideas in families, this also applies to assumptions made by heterosexuals to queer men in relationships by assigning gender roles to the couple. This is a well know rhetoric in the queer community. Perhaps it could suggest future challenges when navigating the world as queer parents who do not fit into societal expectations of gendered parent roles.

*“It's like some people ask me are one of our neighbours again just totally ignorant and just silly. But you know, uh, you must be like the wife because you're we were doing the gardening one day and like he was doing the hedge, cutting the leaves on the hedge... I was hoovering up the leaves and she came and she's like, alright, alright, you must be like the wife because you're kind of doing the hoovering, you're hoovering up.”
(Participant 11)*

Participants also made reflections on the history of the queer community in the UK with section 28, highlighting how limits available choices of being able to become a parent.

“I grew up in the section Section 28 era. although we did get repealed in 2000... still it was like as a gay person, I knew I was gay...I came out later... I was thinking, well, how does somebody like me become a parent when, you know, when you couldn't even talk about two guys being together?” (Participant 8)

There were also reflections made on the HIV/AIDS pandemic in that perhaps some of the shadows of this stigma of limited life span still inhibit the available decisions of queer men. The participants in this sample are still part of the first generation in the UK who are creating families through surrogacy as much of the queer community from the generation before died due to AIDS/HIV.

“That stigma {HIV/AIDS} follows you, that stigma... I think I remember even, like, seeing some of the ads on TV... you know, headstones and, really just kind of floated around... it was a disease that did impact and devastated the gay community.” (Participant 11)

However, there was some hope that these damaging parts of queer history are easing with many participants noticing it is different for younger generations who are freer to navigate parts of their identities in wider society. It can be intimated that perhaps it could make it easier to embark on a queer parenthood journey.

“But my neighbour, she's got a son who's 12... who identify as all sorts of different things that aren't the typical male or female that we've sort of been brought up with... There was no comment to make on it because, it's just what it is, so it reassures me that you know things are just, it's just becoming the norm now.” (Participant 1)

“for younger people... being gay is boring now... but it was exciting in the early days, but now you've got pansexual, transsexual, all sorts... and it's like, what's the flavour of the month?.. But I think for younger participants, umm, because there's no pressure to have any identity anymore. I don't think that pressure. They won't necessarily have to. Have an identity crisis to to then say. OK, well, I'm ready to be a parent.” (Participant 9)

5.6.2 Sub-Theme 2: Working through internalised homophobia

This sub-theme builds on the previous one but is differentiated due to how wider societal stigma has turned into internalised homophobia. Taking the form often of believing that being queer meant a life without children. An experience that many reported having to mourn.

“UM, and that was probably before I became aware of being gay. Umm, but I think I connected being gay with not being able to have children as a. As a teenager, I grew up in South Africa in a very morally conservative climate and very homophobic climate.” (Participant 4)

“I would have been 16 or 17 [when I came out] and I think it was the fact of knowing that I couldn't become a parent, that was difficult” (Participant 8)

“It was back in the the the 90s and it would have been, you know, you're effectively, you know, you're not going to have a family, you know, that's that's kind of just not gonna be possible.” (Participant 11)

It also proposed that internalised homophobia operates in a way that for many queer men before feeling like parenthood was even an option many internal hurdles needed to be worked through on an individual level to be able to merge the idea of a queer identity to becoming a queer parental identity.

“You know, I'm 42 next month, so you know this was an early 2000s where you will still so far, you know from participants's minds. Umm, so you know I I because of where I was in time and society, that was my challenge that I need to identify as who I am before I can think about being a parent” (Participant 9)

“I think, to participate in in changing the world in that direction. I think that. It does involve overcoming some sort of internalised homophobia that there's a sort of strong message what's for me that gay people are perverse and that that person would be replicated if they were to have children and so on.” (Participant 4)

However, some acts of resistance were noted within this theme and personal characteristics were noted to be a saving grace in being able to maintain a queer parent identity throughout. For instance, indicating that a strong personality enabled participants to withstand societal stigma. Or even taking a stand against assumptions made about parenthood desires.

“my dad is quite old school Italian and years ago, knowing this was the road I was gonna go down probably about five or six years ago. And I said to him, I was like, either you figure it out and do you have a life where you see your grandchild or you don't figure it out and we say goodbye and see you once a year at birthdays like, it's your choice. It's happening regardless.” (Participant 10)

5.6.3 Sub-Theme 3: Sitting on the fence: Not straight enough for healthcare systems and not gay enough for queer community... facing discrimination in both.

The final sub-theme highlights the discrimination that is faced by queer men navigating heteronormative spaces as it challenges traditional ideas of family formation. It touches on institutional processes not being fit to work with queer men navigating that space in the processes of surrogacy. It can happen at every step of the process in fertility clinics where routine tests are missed.

“All the tests that we needed to have done because they have to be very different testing and that's fine. They have to do it because of the HEFA. That's what's acceptable. I specifically checked... then how many weeks later they contacted me and said Ohh I'm sorry. We forgot you have to have an HIV test and you know... you knew we were a same-sex couple.” (Participant 13)

At midwife appointments.

“then going into the NHS, we've never had any homophobia or complications. But you're not in Kansas anymore... you're two men and a pregnant lady. And you know, like every time you walk towards the scan room, there'll be some nurse to go. No, just one person. Just the dad. And then every time we say or, we're both dads, we're a surrogacy journey.” (Participant 6)

Also in the delivery room.

“ [the IPs] weren't allowed in and the surrogate was then encouraged to take the baby home.... she knew that and then told the intended parents and the dads took the baby home in the end. But it was all against the wishes of the medical staff” (Participant 12)

All of these processes show that queer men have to advocate for themselves constantly in these heteronormative spaces as they don't see them as 'normal' procedures, and highlights that policies and procedures are not regularly adhered to. It indicated that no matter how much a queer man tried to assimilate into the process they will never fit into heteronormative spaces. Conversely, trying to assimilate into this space also can create a distancing within the queer community by being perceived as straight by their peers.

“our other gay friends like me and my husband have... you know, in a sort of fun, jokey, teasy way... make fun of us... in many ways we are a heterosexual couple like so many things about our lifestyle is very 2.4 children, owning a house, owning a car, you know, getting married quite young, being in a monogamous relationship and wanting children.” (Participant 6)

“I think when we spoke to our family and friends, everyone's very supportive... nobody is... telling us that there could be an issue with this, but I'm more about the fact that society, the Community and the people we are living around, we should accept this.” (Participant 2)

6. DISCUSSION

This chapter summarises the study's results within the context of other research. A critical appraisal of the study is made before exploring the implications of the research for clinical practice and future research ideas.

6.1 Summary of Findings

This qualitative study aimed to explore queer men's pathways to parenthood through surrogacy in the UK. The study aimed to explore what aspects influence queer men's decisions to become parents from a UK perspective, reflecting on the negotiations that are made as individuals and within the couple when navigating the UK surrogacy context. It also offers reflections on factors that inhibit or facilitate the decisions available to queer men in becoming parents. The thematic analysis revealed five main themes with eighteen sub-themes, all themes were created with a

mixture of inductive, deductive, reflexive and narrative types of analysis. The findings of this study will be considered with the primary research questions.

6.1.1 What factors influence decision-making in choosing surrogacy in the UK?

The present study has highlighted the complex dynamics that are involved when deciding to choose a particular parenthood pathway. This section will explore what pre-cursors are in place to enable decisions to become more available before moving on to how participants weighed up the options that were available to them, i.e. adoption, international surrogacy or domestic surrogacy.

The analysis highlights a pre-cursor to a decision being made is formed in an early part of a queer man's life, with participants stating that children or parenthood would be part of their life course. It illuminates that having good childhood experiences, good experiences of being parented and experience with children as factors that enable decisions. It links with the research in the field that examines procreative consciousness (Berkowitz, 2007), when a queer man becomes aware they can create a family. It may mean for some queer men who had difficult early experiences that the option to become a parent never becomes available, or it may inspire them to do better with their children.

A novel finding of the current study links with wider literature about how seeing queer men succeed in becoming parents through this route is an enabling factors for choosing surrogacy (Park, 2016; Smietana, 2018; Tsfati, 2023). Participants said that knowing someone who has been through the process helped them to choose surrogacy more generally. It allowed participants to weigh up whether this was the right option for them or to ask for guidance about what is needed to succeed which is something the existing literature does not explicitly highlight.

Legal accessibility also makes decisions more possible, the fact that surrogacy is legal means that it makes it possible for queer men to be able to choose surrogacy which is reflected in the wider literature (Berkowitz, 2007; Berkowitz, 2008; Park, 2016) and the current study. For instance, participants spoke about surrogacy being legal, enabling them to take a 'why the hell not' attitude towards their decision. Other factors that also influence the choice of surrogacy is being in a place of stability, both relationally and financially. This study highlights this in a way of stages of processing internalised homophobia, then achieving stability in a relationship through same-sex marriage or having a long-term/ committed partner, and being in a career that is well paid. All these factors contribute to enabling a choice of having children to be considered and hints that participants reach a particular life stage where parenthood is possible, which is reflected in some of the research in this area (Goldberg, 2012).

Once queer men start making decisions about parenthood pathways, there continues to be a range of influences on what they choose. For participants in this study, many initially discounted adoption due its surrounding discourses and assumptions. For many who choose surrogacy, the negative connotations of receiving a traumatised child that will require specific skills to parent is not desirable. Building on this participants in this study often doubted whether they would have the skills and abilities to parent a child with extra challenges. Some studies have highlighted whether people feel they have the abilities to be a parent (Jennings, 2014).

Other factors surrounding for not choosing adoption in the current study align with the literature. Namely, wanting to have a child that is biologically linked to one parent and wanting to have the full parenthood experience from birth (Berkowitz, 2007; Downing, 2009; Fantus

2019). Other factors around why surrogacy was chosen are wanting to be able to pass down genes and to have children that look like them. Sometimes cultural aspects or faith played a role in their preferences for a biologically related child in the research as well, which is also in the wider literature (Tsfati, 2019; Tsfati, 2023).

Two main reasons for choosing surrogacy in the UK were highlighted in this study. Firstly, surrogacy in the UK is cheaper than commercial surrogacy arrangements making it a more viable option. Secondly, participants spoke about the process in the UK being more friendly, warm and relational, garnering a sense of community in comparison to adoption or commercial surrogacy. Participants intimated a sense of belonging; this was one of the driving factors to choosing surrogacy as many felt the other options were too clinical or cold. This is one of the unique contributions of this research as no other peer-reviewed research has evidenced this to date.

6.1.2 What negotiations are made in the couple in becoming a parent in the UK via surrogacy?

Surrogacy in the UK for queer men is a constant negotiation both on an individual level and also at a relational level too. Speaking to the relational dilemmas the current research highlights that, within a couple, having alignment in goals overall made it a lot easier to negotiate decisions. Participants often reported that knowing having the same goal in mind helped conversations feel easier especially when deciding on the sensitive topic of biological relatedness.

For some participants, it was easier to decide on biological relatedness, as one partner was not particularly drawn to having a biological link. For some where there was a desire for both partners to have a biological link, there were plans made to both create embryos, often choosing the same egg donor so that their children would be biologically related to each other and each prospective parent. There were further negotiations made regarding the cycle of conception i.e. choosing which partner's embryo would be implanted first and then the subsequent order of conception after that. This could be a unique contribution, as the research that has been reviewed did not acknowledge this.

The sense that one partner led the decision or discussions around parenthood is also highlighted in this study. Participants often spoke about doing research about surrogacy before and presenting it to their partner or about their partner presenting it to them. They spoke about how this enabled them to get on board with the process of surrogacy and that this ultimately aligned with their shared goals in the relationship. At some level, people spoke about it also shaping who they chose as a partner i.e. stating parenthood desires early in the relationship to see whether their goals were aligned with their partner. This is something that has been highlighted in wider research (Murphy, 2013), something that was negotiated a long time before their parenthood journeys.

Having continual conversations within the relationship is highlighted throughout the present study. This ease of open communication helped the couple negotiate their goals and helped them to think about prospective challenges as a queer parent i.e. thinking about where they would want to raise their child but also how they would prepare their child for a life with two dads. These two dilemmas were directly related to managing and responding to wider societal discrimination, which is a constant negotiation that the wider literature (Berkowitz, 2007; Park,

2016; Tsfati, 2019) consistently highlights is a challenge for queer men when trying to fit into the heteronormative idea of what a family looks like.

The negotiations also evidenced how participants work to build a community of support with other intended parents or a 'chosen family' (Weston, 1998) around themselves to support them and their children in the future. This is so that they can seek support from others who are in a similar position to themselves to help navigate the process, but this is also so that their children can be a part of a community of other children who have come into the world through surrogacy in the UK. This is something the research highlights that is new and is achieved through having continual conversations to maintain a sense of alignment of ideas. For instance, participants spoke about deciding with their partners about what to share in the community i.e. success or failure stories. They also spoke about what to share outside of the community where there is more likelihood of discriminatory views, which fits with some of the negotiations about information sharing outside of the community (Messina, 2018).

6.1.3 What facilitates and inhibits available decisions in pursuing surrogacy in the UK?

For the final research question, several factors help facilitate available decisions, namely having queer parenthood representations, organisational or institutional support and life stage factors.

As previously mentioned, participants noted that knowing someone who had been through the process ultimately facilitated their decision to choose surrogacy in the UK. Many sought advice from such individuals and found spaces to reflect on navigating the surrogacy process i.e. fertility clinics, and organisations and institutions with a history of helping queer men. These conversations with 'on-the-ground experts' and witnessing the success of other queer parents enabled participants to feel empowered to make choices, which is largely consistent with wider literature (Smietana, 2018).

Another facilitator was organisational support. Participants spoke about the information that their surrogacy agency gave them, such as linking them with healthcare professionals to seek advice, or having blueprints that highlight factors to be considered and discussed throughout the journey. For many, this helped scaffold conversations participants had with their partners, egg donors, surrogates and fertility clinics, ultimately making decisions easier and clearer to navigate. Participants also noted that this allowed them to take the lengthy process in a step-by-step approach, and prevent feeling of overwhelm regarding the multitude of decisions that are required. This has not been so readily highlighted in the wider literature around this topic.

A facilitating factor was reflected when participants considered their current stage of life. It highlights that often getting things in place i.e. a self-assured queer identity, stable job and relationship are all factors that participants reported they felt needed to happen to help make decisions. Participants spoke about this as a step-by-step process of first figuring out who they are in the world and navigating through internalised homophobia. The next step was achieving relational safety by having a well-established relationship with a partner. This links to the discussions in the previous research question where a 'strong relationship' looks like knowing their partner well, having aligned goals, and open lines of communication. Alongside this step, participants also talked about having a stable, well-paid career to help facilitate the surrogacy decision. Some of these life stage factors have been highlighted in the wider literature (Goldberg, 2012, Murphy 2013).

For inhibitory factors in decision-making, there are many relevant factors, such as financial barriers, confusing information, and discrimination from institutions.

Financially domestic surrogacy can cost between £20,000 and £80,000 depending on the choices made within the surrogacy journey. Generally, these costs cover surrogate expenses, fertility treatment costs, agency or organisation fees, legal fees, and a contingency plan. Participants often spoke about being surprised by costs (particularly in private fertility clinics) and also reflected that the lower cost of UK surrogacy was why they chose this pathway over international surrogacy. However, participants often noted that even with the lower costs it is still inaccessible for many, which poses a very real barrier to those who are on lower incomes. This mirrors the reflections in the wider literature about the financial barriers related to commercial surrogacy (Berkowitz, 2007; Berkowitz 2008; Chen, 2024; Fantus, 2019; Malmquist, 2021; Murphy, 2013; Park, 2016; Smietana, 2018; Tsfati, 2019; Tsfati, 2023), but the current study continues to highlight this from a UK perspective for domestic surrogacy arrangements.

Furthermore, it highlights the reality that surrogacy in the UK is still only accessible to those from the middle to the upper class with a particular educational background which makes higher-order information gathering and processing possible. For instance, the present study highlights that they spent significant time researching available options, noting that information was conflicting and confusing with a lack of regulation. This combination of educational and financial barriers means that it is inaccessible to navigate the process without the backing of an agency. Expanding on this is something that is not currently captured in the wider research of this area.

The current study also talks about discrimination in institutions that inhibit particular decision, particularly when participants spoke about the reasons for not choosing adoption. Participants who had explored adoption before surrogacy recalled feeling judged, and highlighted that this sometimes meant having to prove themselves to professionals when being assessed, which is something that is also mirrored in the wider literature (Jennings, 2014; Messina, 2018; Park, 2016; Wood, 2018). This highlights a real barrier in available decisions as it often puts participants off choosing adoption.

6.2 Critical Appraisal of the Current Study

6.2.1 Strengths

The present study is novel as it shines a light on the experiences and associated decisions that are made when queer men enter into domestic surrogacy in the UK. It highlights the voices of queer men who are making many complex decisions. The decisions themselves are highly nuanced, which this research speaks to when considering the preconception stages of decisions i.e. working through internalised homophobia, societal discourses, and discrimination. This fits with the wider literature about the internal work that is required of queer men when entering into the procreative realm.

Furthermore, the study contributes to the wider literature about what queer men must negotiate in the couple's relationship when making decisions. Whether it's discriminatory practices in institutions, discriminatory discourses during their parenthood journeys, or how queer people are going to prepare their children to answer challenging questions, negotiate discrimination and heteronormativity their parents faced in their conception. All of these speak to wider

discourses and perceptions of what it means to be a queer man in a heteronormative society which is often magnified when queer men step into a context that is entirely built upon heteronormative ideas of family formation.

The study also highlights that surrogacy is often chosen due to queer men wanting to have a biological connection with their child, which resonates with the wider literature in this field. However, it also highlights that this is a very exclusive route to parenthood which is inaccessible for many due to its high costs. The study contributes to the evidence that this pathway is not accessible for many in the UK context, even though it is a considerably less expensive pathway to parenthood when compared to international surrogacy arrangements.

The study adds to evidence that procreation for queer men is fraught whichever pathway is chosen, with both adoption and surrogacy presenting their own challenges. For participants in this study, adoption was discounted due to perceived (or real) discrimination from social care professionals or the idea that queer men are more likely to be matched with a child who has experienced trauma. On that latter point, participants questioned whether they would have the confidence or ability to parent a child that came with trauma. For surrogacy, participants noted the management of uncertainty in the UK process to be very challenging i.e. building relationships with surrogates, hoping to be chosen by surrogates, and the erratic nature of how quickly or slowly parts of the journey can be. Both adoption and surrogacy share a common idea in that queer men have to assimilate to signify that they are good enough to exist and succeed in the heteronormative procreative realm. This adds to the current body of research, but also offers something new as there is a lacuna in the literature exploring surrogacy in a UK context.

Overall, the strengths of this research are underpinned by the fact that it has been carried out in a UK context. It draws some parallels to the wider literature but also offers something new in that it highlights the nuances in the UK context and how this shapes experiences and decisions to become parents through surrogacy in the UK.

6.2.2 Limitations

A limitation of this study relates to how participants were accessed for the study. It was incredibly challenging to find participants within the timeframe for this study; the main route of access was to go through surrogacy organisations. One particular surrogacy organisation, Surrogacy UK, was very active in terms of its advertisements and its engagement with the community. The ethos of Surrogacy UK is built around friendship, relationships and community which is richly communicated by participants.

Unpacking this ethos further may attract particular people to this organisation as it may align more closely with their values, and undoubtedly shape their accounts and what they view as important to their journeys. This perhaps could have skewed what was captured in the present study. Participants that were recruited through other pathways had a slightly different relationship with their journeys as building a community was less of an emphasis. Thus it would be important for future research to have a more diversified sample of people who have accessed different organisations for their journeys as there may be different surrogacy journeys elicited.

Reflecting on the sample further, the sample does not contain participants' experiences of surrogacy when it has been unsuccessful. There could be further decisions that are explored in

the aftermath of an unsuccessful journey which is another topic that could be explored in future research in the UK.

6.2.3 Reflexive review of the study

Reflecting on the interviews and analysis, it is important to recognise my positioning relating to debates about insider/outsider research. The complexities of the insider/outsider positioning are reflected in the methodology section. Here I reflect on disclosing parts of my identity during recruitment.

Disclosing parts of my identity as a researcher may have helped encourage buy-in from participants, but ultimately it also has a particular resonance when thinking about how I approached interviews, and interpreted and synthesised the data gathered. I have a vested interest in the research as I have parenthood desires and I am in the process of navigating this for myself. At times this has been emotive and has impacted on how I have engaged with many of the research processes like the interviews, transcription and analysis. I found the transcription process extremely difficult to engage with, due to the experiences of the subjects navigating their own identities. However, this was a process of leaning into the discomfort and reflexively questioning my positioning i.e. keeping a log of why I reacted in particular ways, and using supervision spaces and personal therapy spaces to reflect on the emotional impact of the transcripts. In general, as a queer researcher, it has allowed me to more easily engage with the data with more nuance.

Disclosing parts of my identity as a gay male researcher and a prospective parent may have benefitted me in many ways. It possibly increased access to the sample and enabled participants to share information more easily. This decision was made based on the idea that in research the disclosure of parts of the researcher's identity can have an advantage (Almack, 2008), and my identity may have enabled participants to share more freely as there was less of a sense of having to prove themselves. Alternatively, my identity as a prospective parent may have contributed to participants feeling like they had to share a positive account as I had not embarked on a parenthood journey yet.

6.3 Implications of research and ideas for future research

The research speaks to elements of social justice, it gives a platform to minoritised voices that are not often heard in the procreative realm, about queer men embarking on their parenthood journeys. It highlights challenges that queer men face entering a heteronormative realm and can provide useful insights into how we can sensitise these environments to make them a more welcoming space for queer men. The research has highlighted the navigation of many steps of fertility clinics, maternity clinics, and perinatal and antenatal contexts that can be met with discrimination and/or a lack of awareness. These findings have relevance for the field of clinical psychology, bring to the fore voices that have often been hidden or invisible in the services previously mentioned.

When embarking on surrogacy journeys, fertility clinics often have mandatory 1:1 counselling session for queer men. Many in this research highlighted that this may feel intrusive, however some welcomed it as it allowed them to think about the gravitas of the situation. However, the mandatory nature of this can imply that in order to become a parent, queer men are in need of a psychological intervention further imposing an implicit wider societal rhetoric that queer men are not psychologically fit to become parents, this risks embedding internalised homophobic ideas that being gay or queer means that they are not fit to be parents, or that it's not natural for

gay or queer men to parent. For clinical psychologists or other therapeutically trained practitioners this offer must be considered sensitively and offered tentatively, explaining a clear rationale of why this is offered and perhaps this is something that could be co-produced with the person that is embarking on their parenting journey.

The study highlights the interdisciplinary nature of this research, not only does this apply to clinical psychologists it applies to other many contexts that exist throughout the medicolegal sphere. For example, it highlights how policies and procedures being in place to accommodate queer men, they are still a minority. It could be suggested that adaptations that are needed to challenge assumptions within these spaces. Work can still be done to make fertility spaces more inclusive and could translate to consultations with services to increase awareness of the challenges of queer men. Moreover, it should challenge expectations of what a 'family' should look like, given there are now many different formations that do not fit with heteronormativity.

Building on the previous paragraph, this could look like channeling some of the hidden narratives of queer men in these spaces by developing interdisciplinary trainings for people working in these services. Similar to models adopted to address the needs of people with learning disabilities and/or autism across health and social care networks, training around LGBT+ clients could highlight the history of queer people, the hidden narratives in procreation and help build awareness of how to work with queer people in procreative spaces. This could help reduce some of the discrimination queer people face in the heteronormative procreative realm and challenge the wider discourses around what family formations look like.

The study also highlights that support offers vary between which organisation a person accesses, which suggests there is not a lot of regulation between support offers. Clinical psychologists or other professionals who have research as part of their trainings may be well placed to evaluate the offers of these organisations to help effectively co-produce the support offer with those that are accessing them. It would also be worthwhile to understand more about the demographics of those who are accessing these agencies, as highlighted in the research the participants who took part were largely well educated having at least one undergraduate degree, were in high paying jobs with senior positions and would identify as middle class. Some work could be undertaken to help develop pathways for those to increase access to surrogacy in the UK.

The idea of a 'chosen family' (Weston, 1998) is not something new, and queer people are often adept at navigating who they 'allow' into their lives. It takes vulnerability and courage for queer men to navigate and trust this transient network of professionals entering their space. However, queer men are also reliant on help outside their 'chosen family', namely the surrogate, the egg donor, the legal professionals, the surrogacy organisation, fertility clinics, and a range of healthcare professionals. Queer men often feel as though they must effectively sell themselves egg donors or surrogates, and continually motivate themselves to both persevere with the process and navigate real discrimination.

Typically, healthcare contexts still need to work to accommodate queer people. They are often heteronormative spaces that are operating to a worldview that promotes heterosexuality as the normal or preferred sexual orientation. There are many heteronormative spaces within societal institutions which are still reflected in service provision. This is highlighted in the research and has wider relevance not only to pre- and ante-natal services but other services that queer people may need to engage with throughout their life course. The research has parallels to other contexts where there is little control over who enters a queer person's network, which is

reflected in my participants' stories of the considerable anticipatory strategies that they identified and had to navigate in their journeys to parenthood.

For future research, one recommendation is that more focus is needed in the context of UK surrogacy, potentially obtaining samples that were not able to be captured in the current study. This would help to build a wider body of evidence to help broaden the understanding of domestic surrogacy arrangements. This could include the exploration of unsuccessful journeys and the journeys of single queer men towards parenthood. Further research could also be conducted into the decision-making processes around adoption in the UK for queer men as this was also not captured in the current study. Alternative approaches to data analysis could be adopted, although the thematic analysis was useful in capturing a broader range of experiences than other methodologies like grounded theory. It could help to develop preliminary theories from a UK context that could be compared to those in an international surrogacy context.

7. CONCLUSIONS

The project aimed to explore how queer men make decisions about choosing surrogacy in the UK. Analysis of thirteen interviews indicated the complex and nuanced milieu of social and psychological processes that inform decisions and highlighted their experiences of navigating this complex process. It highlights the barriers that queer men face when entering the procreative realm, despite the legal barriers being lifted. Further work is still required to make systems more inclusive, sensitive and coproduced when being offered therapeutic interventions. This novel study highlights further research will be needed to expand the understanding of queer men's surrogacy journeys in the UK.

8. REFERENCES

- Almack, K. (2008). Women Parenting Together: A reflexive account of the ways in which the researcher's identity and experiences may impact on the processes of doing research. *Sociological Research Online*, 13(1), 146–161.
<https://doi.org/10.5153/sro.1669>
- Asselin, M., E. (2003). Insider research: Issues to consider when doing qualitative research in your own setting. *Journal for Nurses in Professional Development*, 19(2), 99–103.
- Barker, C., Pistrang, N., & Elliott, R. (2015). *Research Methods in Clinical Psychology: An Introduction for Students and Practitioners*. John Wiley & Sons.
- BBC (2021) 'Surrogacy is absolutely what I want to do'. *BBC News*.
<https://www.bbc.com/news/uk-58639955>
- Berkowitz, D. (2008). A Sociohistorical Analysis of Gay Men's Procreative Consciousness. *Journal of GLBT Family Studies*, 3(2–3), 157–190.
https://doi.org/10.1300/J461v03n02_07
- Berkowitz, D., & Marsiglio, W. (2007). Gay Men: Negotiating Procreative, Father, and Family Identities. *Journal of Marriage and Family*, 69(2), 366–381.
<https://doi.org/10.1111/j.1741-3737.2007.00371.x>
- Biggerstaff, D., & Thompson, A. R. (2008). Interpretative Phenomenological Analysis (IPA): A Qualitative Methodology of Choice in Healthcare Research. *Qualitative Research in Psychology*, 5(3), 214–224. <https://doi.org/10.1080/14780880802314304>
- Blake, L., Carone, N., Slutsky, J., Raffanello, E., Ehrhardt, A. A., & Golombok, S. (2016). Gay father surrogacy families: Relationships with surrogates and egg donors and parental disclosure of children's origins. *Fertility and Sterility*, 106(6), 1503–1509.
<https://doi.org/10.1016/j.fertnstert.2016.08.013>
- Braun, V., & Clarke, V. (2013). *Successful Qualitative Research: A Practical Guide for Beginners*.
- Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18(3), 328–352.
<https://doi.org/10.1080/14780887.2020.1769238>
- Brinsden, P. (2003, September 1). *Gestational Surrogacy*.
- British Psychological Society (BPS). (2021). *BPS Code of Human Research Ethics*. The British Psychological Society.
https://explore.bps.org.uk/binary/bpsworks/06096a55b82ca73a/9787a5959b2bfdff7ed2a43ad5b3f333a5278925cfd667b1b2e64b5387c91b92/inf180_2021.pdf
- Burr, Vivien. (2015). *Social Constructionism*. Routledge.
- Carter, S., & Little, M. (2007). Justifying Knowledge, Justifying Method, Taking Action: Epistemologies, Methodologies, and Methods in Qualitative Research. *Qualitative Health Research*, 17(10). <https://doi.org/10.1177/1049732307306927>
- Chen, J. (2024). Taiwanese Gay Fathers' Queer Family Making: Toward a Temporal-Relational Path. *LGBTQ+ Family: An Interdisciplinary Journal*, 20(1), 35–54.
<https://doi.org/10.1080/27703371.2023.2262425>
- Crotty, M. (1998). *The Foundations of Social Research: Meaning and perspective in the research process*.
- Department of Health and Social Care. (2024). *The surrogacy pathway: Surrogacy and the legal process for intended parents and surrogates in England and Wales*. GOV.UK.
<https://www.gov.uk/government/publications/having-a-child-through-surrogacy/the-surrogacy-pathway-surrogacy-and-the-legal-process-for-intended-parents-and-surrogates-in-england-and-wales>
- Downing, J., Richardson, H., Kinkler, L., & Goldberg, A. (2009). Making the Decision: Factors Influencing Gay Men's Choice of an Adoption Path. *Adoption Quarterly*, 12(3–4), 247–271. <https://doi.org/10.1080/10926750903313310>
- Dwyer, S. C., & Buckle, J. L. (2009). The Space Between: On Being an Insider-Outsider in

- Qualitative Research. *International Journal of Qualitative Methods*, 8(1), 54–63.
<https://doi.org/10.1177/160940690900800105>
- Elder-Vass, D. (2012). Towards A Realist Social Constructionism. *Sociologia, Problemas e Práticas*, 70, Article 70. <https://doi.org/10.7458/SPP2012701208>
- Fantus, S., & Newman, P. A. (2019). Motivations to pursue surrogacy for gay fathers in Canada: A qualitative investigation. *Journal of GLBT Family Studies*, 15(4), 342–356.
<https://doi.org/10.1080/1550428X.2018.1546156>
- Fieldsend, M., & Smith, J. A. (2022). Exploring the Experiences of Four Men Living with Involuntary Childlessness in Midlife. *Journal of Loss and Trauma*, 27(1), 49–62.
<https://doi.org/10.1080/15325024.2021.1892942>
- Frances, R., Coughlan, M., & Cronin, P. (2009). Interviewing in qualitative research. *International Journal of Therapy and Rehabilitation*, 16, 309–314.
<https://doi.org/10.12968/ijtr.2009.16.6.42433>
- Goldberg, A. E., Downing, J. B., & Moyer, A. M. (2012). Why Parenthood, and Why Now? Gay Men’s Motivations for Pursuing Parenthood. *Family Relations*, 61(1), 157–174.
<https://doi.org/10.1111/j.1741-3729.2011.00687.x>
- Golombok, S., Mellish, L., Jennings, S., Casey, P., Tasker, F., & Lamb, M. E. (2014). Adoptive Gay Father Families: Parent–Child Relationships and Children’s Psychological Adjustment. *Child Development*, 85(2), 456–468. <https://doi.org/10.1111/cdev.12155>
- Golombok, S. (2015a). *Modern Families: Parents and children in new family formations*. Cambridge University Press.
- Golombok, S. (2015b). *Modern Families: Parents and Children in New Family Forms*. Cambridge University Press.
- Golombok, S., Blake, L., Slutsky, J., Raffanello, E., Roman, G., & Erhardt, H. (2018). Parenting and the Adjustment of Children Born to Gay Fathers Through Surrogacy. *Child Development*, 89(4). <https://doi.org/10.1111/cdev.12728>
- Gray, L., Wong-Wylie, G., Rempel, G., & Cook, K. (2020). Expanding Qualitative Research Interviewing Strategies: Zoom Video Communications. *The Qualitative Report*.
<https://doi.org/10.46743/2160-3715/2020.4212>
- Greene, M. (2014). On the Inside Looking In: Methodological Insights and Challenges in Conducting Qualitative Insider Research. *The Qualitative Report*, 19(29), 1–13.
<https://doi.org/10.46743/2160-3715/2014.1106>
- Harper, D., & Thompson, A. R. (2011). *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Student and Practitioners*. Wiley.
- Hays, D., & Wood, C. (2011). Infusing Qualitative Traditions in Counseling Research Designs. *Journal of Counseling and Development*, 89(3), 288–295.
- Hugh-Jones, S., & Gibson, S. (2012). Collecting Your Data. In C. Sullivan, S. Gibson, & S. Riley (Eds.), *Doing Your Qualitative Psychology Project*. Sage.
- Jennings, S., Mellish, L., Tasker, F., Lamb, M., & Golombok, S. (2014). Why Adoption? Gay, Lesbian, and Heterosexual Adoptive Parents’ Reproductive Experiences and Reasons for Adoption. *Adoption Quarterly*, 17(3), 205–226.
<https://doi.org/10.1080/10926755.2014.891549>
- Joffe, H. (2011). Thematic Analysis. In D. Harper & A. R. Thompson (Eds.), *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners*.
- Johnson, D. R., Scheitle, C. P., & Ecklund, E. H. (2021). Beyond the In-Person Interview? How Interview Quality Varies Across In-person, Telephone, and Skype Interviews. *Social Science Computer Review*, 39(6), 1142–1158.
<https://doi.org/10.1177/0894439319893612>
- Law Commission. (2023). *Building Families Through Surrogacy: A New Law—Summary of Report*.
- Leech, B. L. (2002). Asking Questions: Techniques for Semistructured Interviews. *PS: Political*

- Science and Politics*, 35(4), 665–668.
- Long, H. A., French, D. P., & Brooks, J. M. (2020). Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medicine & Health Sciences*, 1(1), 31–42. <https://doi.org/10.1177/2632084320947559>
- Madill, A., Jordan, A., & Shirley, C. (2000). *Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies*. 91, 1–20. <https://doi.org/10.1348/000712600161646>
- Malmquist, A., Martin, J., & Thiel, A. (2021). Childless Bisexual and Gay Men’s Expectations of Obstacles and Enabling Factors for Pursuing Parenthood. *Journal of GLBT Family Studies*, 17(4), 323–338. <https://doi.org/10.1080/1550428X.2021.1931614>
- Malpass, A., Shaw, A., Sharp, D., Walter, F., Feder, G., & Ridd, M. (n.d.). ‘Medication career’ or ‘Moral career’? The two sides of managing antidepressants: A meta-ethnography of patients’ experiences of antidepressants. *Social Sciences and Medicine*, 68, 154–168.
- Messina, R., & D’Amore, S. (2018). Adoption by Lesbians and Gay Men in Europe: Challenges and Barriers on the Journey to Adoption. *Adoption Quarterly*, 21(2), 59–81. <https://doi.org/10.1080/10926755.2018.1427641>
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & the PRISMA Group. (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *Annals of Internal Medicine*, 151(4), 264–269. <https://doi.org/10.7326/0003-4819-151-4-200908180-00135>
- Moriarty, J. (n.d.). *Qualitative Methods Overview*. National Institute for Health Research School for Care.
- Murphy, D. A. (2013). The Desire for Parenthood: Gay Men Choosing to Become Parents Through Surrogacy. *Journal of Family Issues*, 34(8), 1104–1124. <https://doi.org/10.1177/0192513X13484272>
- My Surrogacy Journey. (2021). Surrogacy trends for UK nationals; our exclusive findings. *My Surrogacy Journey - Blog*. <https://www.mysurrogacyjourney.com/blog/surrogacy-trends-for-uk-nationals-our-exclusive-findings/>
- New Family Social. (2023). *New Family Social—1 in 5 adoptions in England to same-sex couples [20 November, 2023]*. <https://newfamilysocial.org.uk/General-News/13281613>
- Nordqvist, P., & Gilman, L. (2022). *Donors: Curious Connections in Donor Conception*. Emerald Publishing Limited.
- O’Reilly, M., & Kiyimba, N. (2015). *Advanced Qualitative Research: A Guide to Using Theory*. Sage Publications.
- Park, N. K., Kazyak, E., & Slauson-Blevins, K. (2016). How Law Shapes Experiences of Parenthood for Same-Sex Couples. *Journal of GLBT Family Studies*, 12(2), 115–137. <https://doi.org/10.1080/1550428X.2015.1011818>
- Parker, I. (2004). *Qualitative Psychology: Introducing Radical Research*. McGraw-Hill Education (UK).
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126–136. <https://doi.org/10.1037/0022-0167.52.2.126>
- Roberts, J. M. (2014). Critical Realism, Dialectics, and Qualitative Research Methods. *Journal for the Theory of Social Behaviour*, 44(1), 1–23. <https://doi.org/10.1111/jtsb.12056>
- Rose, P. (1985). *Writing of wome: Essays in a renaissance*. Wesleyan University Press.
- Shenfield, F., Pennings, G., Cohen, J., Devroey, P., De Wert, G., & Tarlatzis, B. (2005). ESHRE Task Force on Ethics and Law 10: Surrogacy. *Human Reproduction*, 20(10), 2705–2707. <https://doi.org/10.1093/humrep/dei147>
- Siddaway, A. P., Wood, A. M., & Hedges, L. V. (2019). How to Do a Systematic Review: A Best Practice Guide for Conducting and Reporting Narrative Reviews, Meta-Analyses, and

- Meta-Syntheses. *Annual Review of Psychology*, 70(Volume 70, 2019), 747–770.
<https://doi.org/10.1146/annurev-psych-010418-102803>
- Smietana, M. (2018). Procreative consciousness in a global market: Gay men’s paths to surrogacy in the USA. *Reproductive Biomedicine & Society Online*, 7, 101–111.
<https://doi.org/10.1016/j.rbms.2019.03.001>
- Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8(1), 45.
<https://doi.org/10.1186/1471-2288-8-45>
- Thunberg, S., & Arnell, L. (2022). Pioneering the use of technologies in qualitative research – A research review of the use of digital interviews. *International Journal of Social Research Methodology*, 25(6), 757–768. <https://doi.org/10.1080/13645579.2021.1935565>
- Tracy, S. J. (2010). *Qualitative Quality: Eight ‘Big-Tene’ Criteria for Excellent Qualitative Research*. 16(10), 837–851.
- Tracy, S. J., & Hinrichs, M. M. (2017). Big Tent Criteria for Qualitative Quality. In *The International Encyclopedia of Communication Research Methods* (pp. 1–10). John Wiley & Sons, Ltd.
<https://doi.org/10.1002/9781118901731.iecrm0016>
- Tsfati, M., & Adital, B.-A. (2019). Dualism, Tension, and Integration: Dialectics as a Theme of Integration in Daily Lives of Israeli Gay Men Who Became Fathers Through Overseas Surrogacy. *Journal of Homosexuality*, 66(9), 1287–1307.
<https://doi.org/10.1080/00918369.2018.1500781>
- Tsfati, M., & Engelchin, D.-S. (2023). Israeli Single Gay Fathers’ Choice of Lone Parenthood via Surrogacy: A Qualitative Study. *Journal of Homosexuality*, 1–18.
<https://doi.org/10.1080/00918369.2023.2284807>
- Vincent, S., & O’Mahoney, J. (2018). Critical Realism and Qualitative Research: An Introductory Overview. In *The SAGE Handbook of Qualitative Business and Management Research Methods: History and Traditions* (pp. 201–216). SAGE Publication.
- Weston, K. (1998). “Families We Choose”: Families We Choose: Gays, Lesbians, and Kinship (New York: Columbia University Press, 1991): chapter 5. In *Social Perspectives in Lesbian and Gay Studies*. Routledge.
- Willig, C. (2013a). *EBOOK: Introducing Qualitative Research in Psychology*. McGraw-Hill Education (UK).
https://books.google.com/books/about/EBOOK_Introducing_Qualitative_Research_i.html?id=yDtFBgAAQBAJ
- Willig, C. (2013b). *Introducing qualitative research in psychology*. McGraw-hill education (UK).
- Wood, K. (2018). Families beyond boundaries: Conceptualising kinship in gay and lesbian adoption and fostering. *Child & Family Social Work*, 23(2), 155–162.
<https://doi.org/10.1111/cfs.12394>
- World Health Organisation. (2023). *Infertility Prevalence estimates 1990—2021*. World Health Organisation.

9. APPENDICES

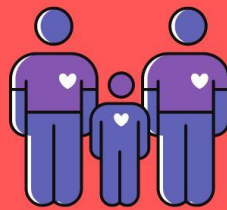
Appendix A. Research recruitment poster and social media posts



University of Hertfordshire **UH**
UH PROTOCOL NO: LMS/PGR/UH/05416

GAY DAD SURROGACY RESEARCH

ARE YOU A GAY MAN INTENDING TO BECOME A PARENT THROUGH SURROGACY?



If the answer is yes, and you are pursuing surrogacy in the UK. This is a research study aimed at you!

WHO I AM ...

I am a trainee clinical psychologist, studying at the University of Hertfordshire. I identify as a gay man and am interested in research that explores the reproductive journeys of Gay men. I have an interest in this area because one day I also hope to have a family.



The project will aim to explore gay fathers pathways to parenthood, specifically focussing on gay dads who are navigating surrogacy in the UK context.

The project will hope to explore what helps and hinders decisions and decision-making when choosing to pursue surrogacy in the UK.

THE PROJECT DETAILS



WHAT WILL BE INVOLVED?

You will be called or emailed initially to discuss the project and to book in an online interview.

I am predicting that the online interview will take between an hour to an hour and a half of your time.

WHAT NEXT ...

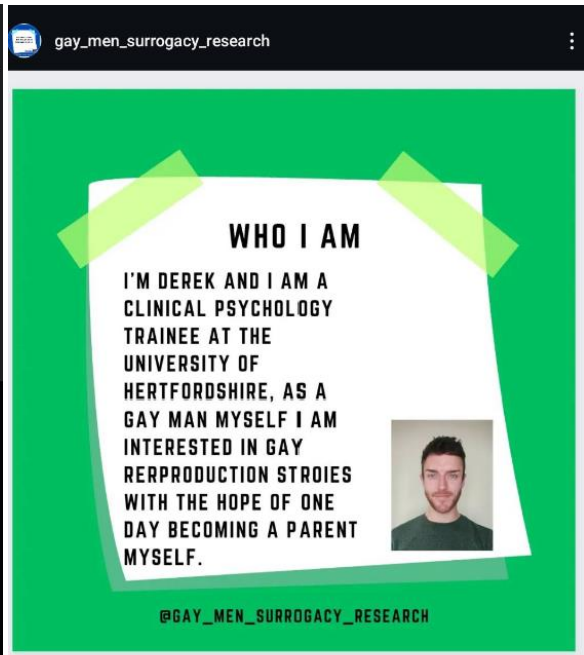
If you would like to be either a consultant or a participant in the project. Please contact me via email below.

d.batten@herts.ac.uk

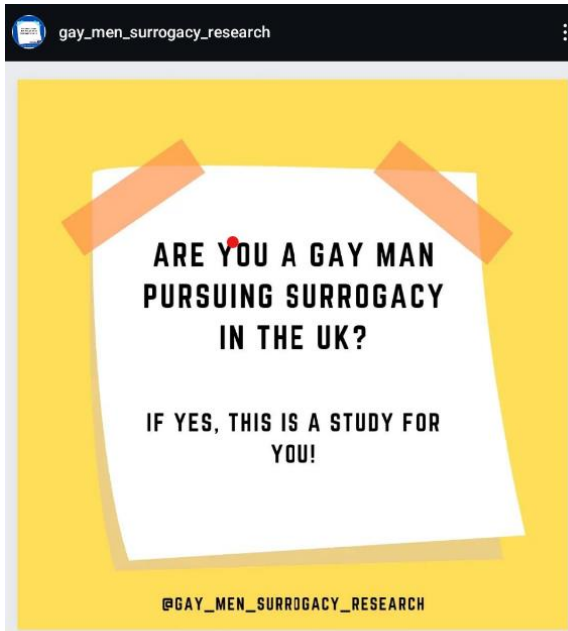
Please feel free to contact me with any other queries, I look forward to hearing from you.



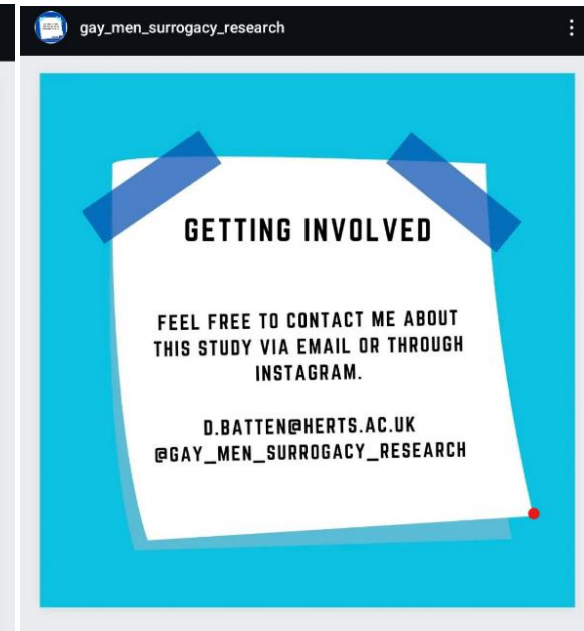
Like by 2dadsjourney and 5 others
 gay_men_surrogacy_research Derek here, a clinical psychology trainee at the University of Hertfordshire, conducting research with gay men using surrog... more
 October 4, 2023



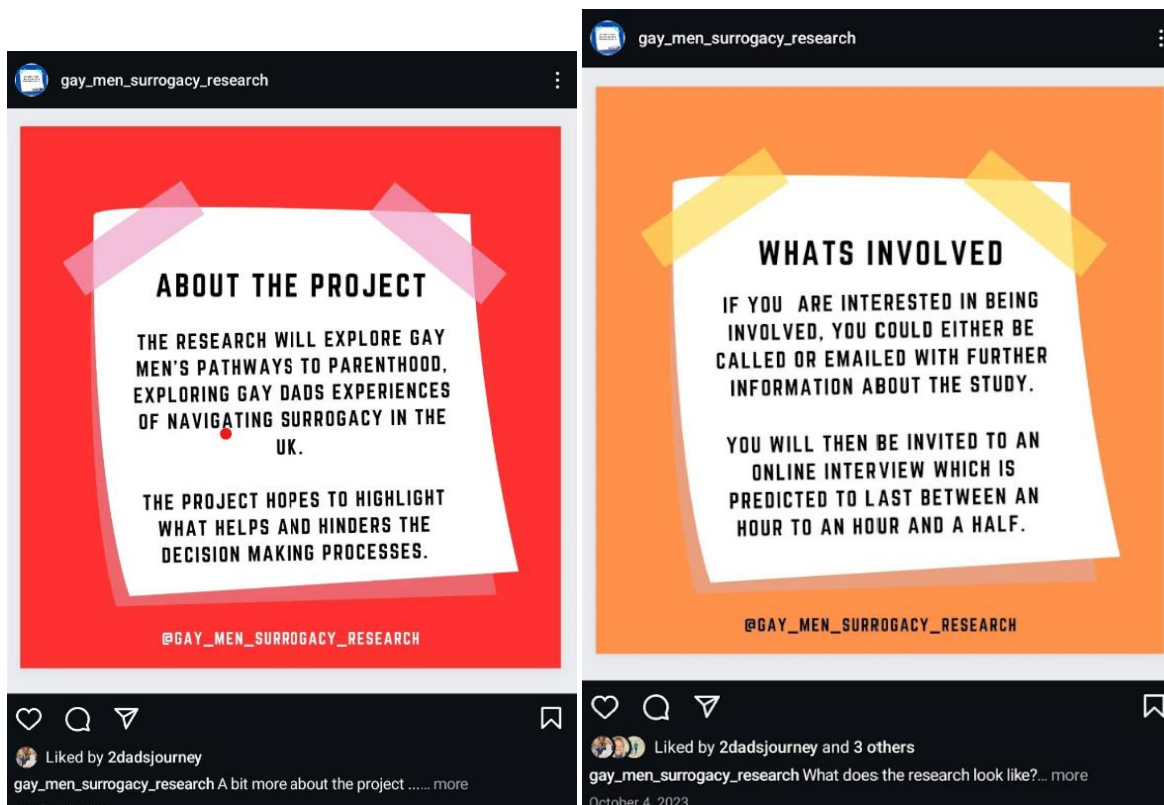
Like by 2dadsjourney and 2 others
 gay_men_surrogacy_research A bit about me as a researcher... more



Like by 2dadsjourney and 3 others
 gay_men_surrogacy_research Are you a gay man using surrogacy?... more
 October 4, 2023



Like by dcp_journey_2_rp and 1 other
 gay_men_surrogacy_research How to get involved with the project... more
 View 1 comment
 October 4, 2023



Appendix B Interview Schedule

Interview Schedule –

1. Intros:
Brief introduction to the project, who I am and how I situate myself in this work etc.
2. Demographic Data Qs:
Age, Gender, Ethnicity/ Race, Nationality, Geographical Location, Relationship Status, Estimation of Annual Household income, Professional Occupation.
3. Main Interview Questions
 - When did you know you wanted to become a parent and what influenced this?
 - o Does your identity as a gay man fit with your identity as a parent?
 - What options did you consider before surrogacy?
 - o Why were these options less desirable to you?
 - o Why were these options more desirable to you?
 - o What led you to deciding on surrogacy in the UK?
 - What conversations have you had as a couple around surrogacy?
 - o Who led the decision to choose surrogacy?
 - o What influenced your decision around who the biological parent would be?
 - o What made these conversations easier/ harder?
 - What enabled you to feel like surrogacy is an option for you as a gay man?
 - What limited you in feeling like surrogacy is an option for you as a gay man?
 - How does being gay/ queer influence your choice in surrogacy?
 - What supported you in making your decision to use surrogacy?

- How did you access support in making these decisions?
- What did you find useful when making these decisions?
- What did you not find useful when making these decisions?

Additional Questions Asked in the Interview

- Did you know anyone before the process that has embarked on this process?
- Is there something that surprised you about the process?
- Asked about worry re. keeping child – how did this influence the decision making?
- If means wasn't an issue, which would you prefer altruistic or commercial surrogacy?
- What advice would you give to someone starting out?

Highlighted questions were questions that confused participants

Appendix C. Example of reflexive log

DB010:

Reflections on the interview, how it went, thinking about rapport and relationship during the interview.

I felt the interview went well, I think what really came through was how determined this person was to conceive a child. It was definitely a different experience interviewing someone who was going through this process on their own. Some of the parallels came through with another participant who initially embarked on their surrogacy journey on their own. Definitely had to adapt some of the questions I was asking to explore things a little more i.e. thinking about conversations within the couple and how decisions were made. It highlighted a different process. I do wonder whether this would skew the data in some way and whether it would fit with other interviews, but perhaps it is good to get a difference or variance in responses. It highlights how different the journeys are for everyone embarking on their surrogacy journey.

Enjoyed meeting with this person.

Reflections during transcription

I found this transcript difficult to transcribe, I noticed my attention wandering. Perhaps linking to when they were talking about their experiences of coming out. This resonated with me and some of the dilemmas I felt when coming out. For instance, their parent's reactions when they came out – in my life my mum said well I'm never going to have grandchildren now. This was a particularly tough read.

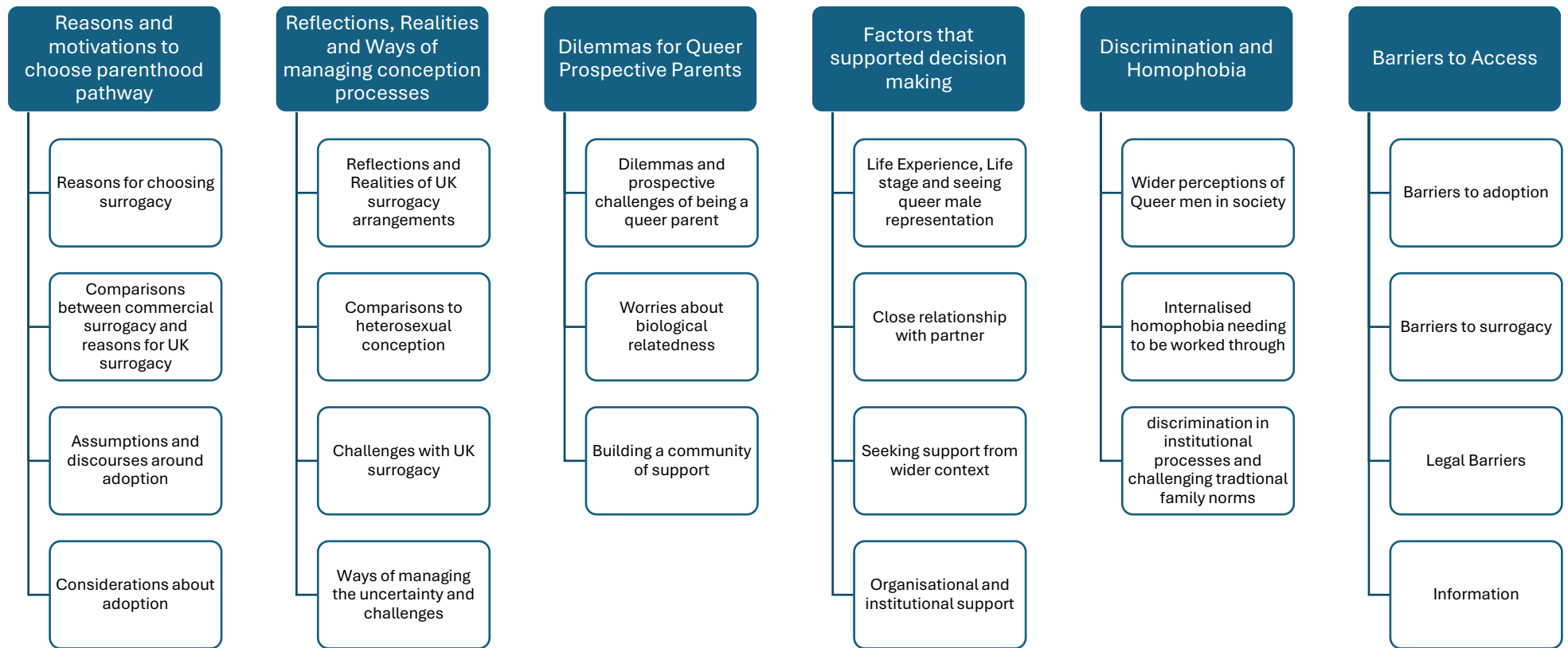
It's making me think of some of the times in my life when I have spoken to heterosexual friends about parenthood desires thinking about the adoption narrative... that this is expected of gay men, felt quite angry transcribing this part. There were a lot of parallels to my experience throughout this interview.

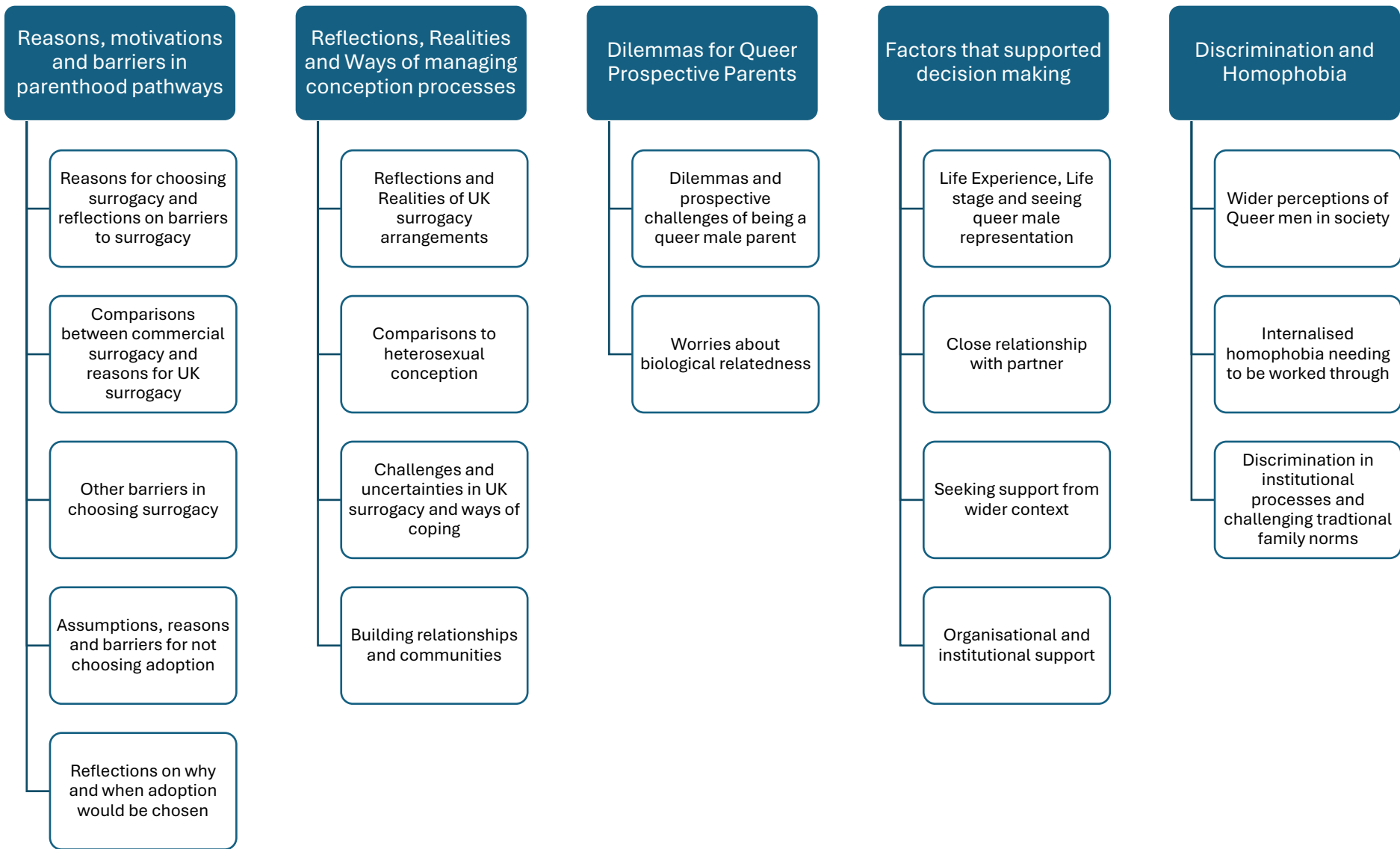
I think possibly we share similar types of humour which is why perhaps I felt I enjoyed the interview. Reminds me of how gay men cope with discrimination growing up i.e. developing a quick wit to retort the abuse that is experienced in formative years. Felt almost reassuring in a way to hear this.

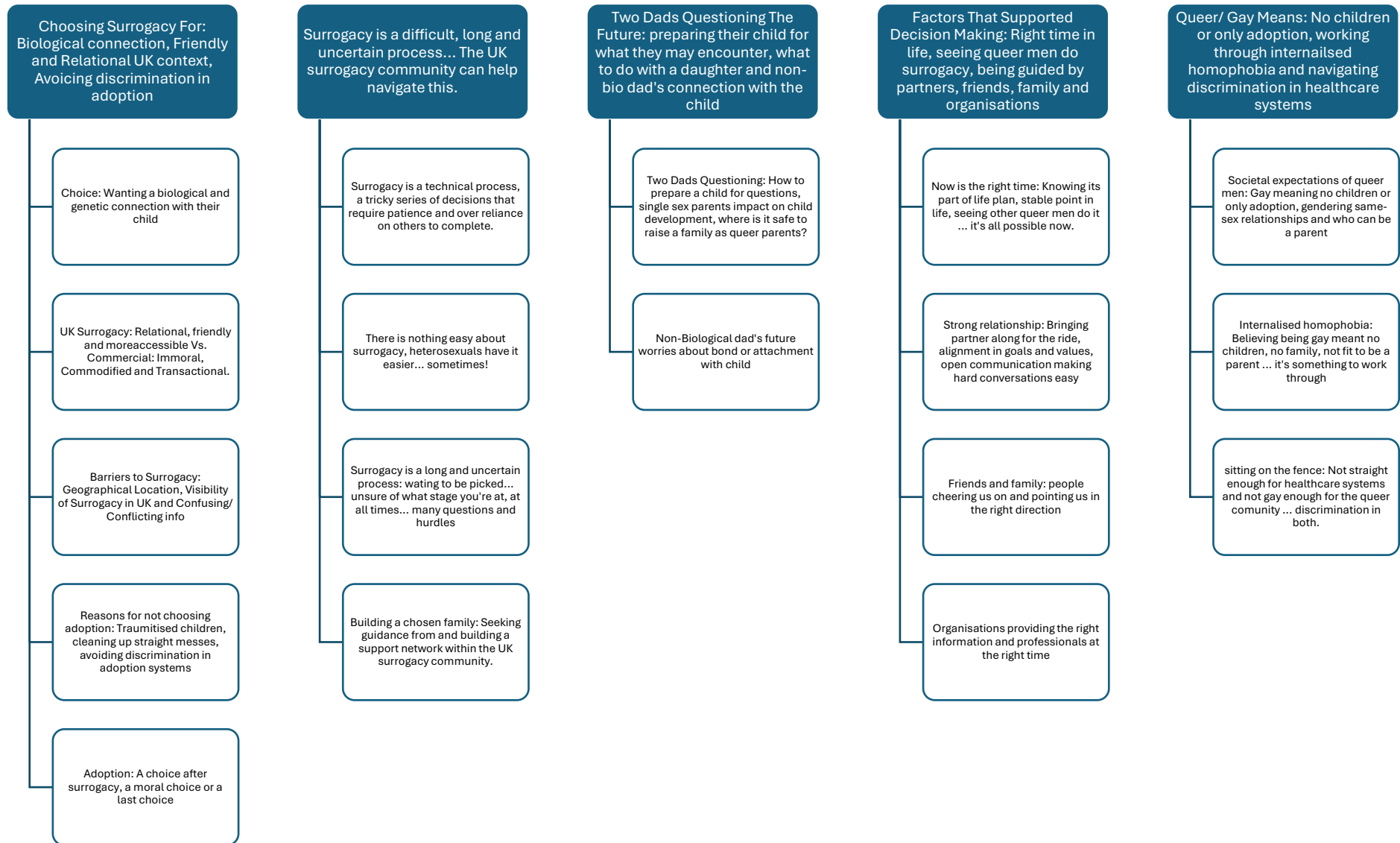
Reflections during coding

I noted that I particularly responded to a lot of codes with this transcript, possibly linked to feeling really engaged and having a good rapport with this person. Also, coding this interview linked with so many other interviews I feel it really touched on a lot of other people's stories and narratives. A good umbrella interview – lots of codes coming up and linking with very different interviews. Which is surprising as this was very much a different story as this participant was a single father... Perhaps even though routes into surrogacy are different there is so much commonality in experience when navigating heteronormative spaces as a queer man.

Appendix D. Initial Thematic Map & Map Development







Appendix E. Screenshots of initial codes and grouping into themes

Initial Codes	Files	References	Description/ Ideas For Initial Themes	Reflections on initial codes, how they relate to others
Reasons for surrogacy and not adoption		10	35 Reasons For Surrogacy over Adoption - people reflecting on motivations to choose surrogacy.	Perhaps Main theme could be reasons and motivations for parenthood pathway choice.
Realities of UK Surrogacy arrangements		8	26 Reflections on the realities of surrogacy arrangements - Links in fears around arrangements i.e. not keeping the baby, Costs, steps in the processes, navigating agencies, Ironing out what people want	Perhaps subthem could be Reflections and realities of gay conception
Dilemmas of being a gay parent		9	25 Touches on some experiences of discrimination from others, Dilemmas about how to parent, geographical location to raise a family as gay dads, abilities to parent, Employer arrangements, parenting arrangements and relations with family	
Assumptions about adoption		12	24 Wider perceptions of adoption being from broken backgrounds, traumatised children, not being able to parent these children. Possibly about expectations of gay men needing to adopt	Link With Reasons for Surrogacy or could leave as separate sub theme? As this formed part of the decision for surrogacy.
Comparisons to heterosexual conception		9	24 Gay conception being more difficult than heterosexual counterparts, general views on contraceptive processes.	Reflections on the process in general for gay men to conceive being more difficult.
Reflections on UK surrogacy		7	24 Similar sentiments to Realities - Merge this code into one.	Merge with realities
Supportive community with UK surrogacy		8	23 This theme speaks about how gay men access support in the surrogacy community or with people who are in similar positions to them (This could be a different sub-theme, this is more about seeking support in general rather than guiding decisions)	
Institutions helping manage expectations and guide processes		7	22 This is about processes and directly speaks to how institutions help guide things i.e. providing templates to work through, access to professional advice, counselling	This does relate to realities of processes - sub-theme could be surrogacy agency helping navigate complicated processes.
Reasons for UK surrogacy		9	22 Merge with comparisons to commercial surrogacy - talking about similar things - UK surrogacy choice influenced by having a relationship with surrogate - this was more appealing.	Merge with comparisons - perhaps transform to Reasons for UK surrogacy and not Commercial surrogacy.

Initial Codes	Files	References	Description/ Ideas For Initial Themes	Reflections on initial codes, how they relate to others
Always knowing wanting children		9	21 This code is talking about having a sense that people always knew they wanted children - pre contemplative always seeing it as part of their life plan.	Fits with life stage codes, but different due to it being an ingrained knowledge rather than a temporal decision
Biological relatedness		11	21 This code is about biological relatedness being the reason for surrogacy in general.- perhaps merge with general reasons of surrogacy.	Merge with reasons for surrogacy and not adoption.
Comparisons to commercial surrogacy system		7	21 Comparisons to systems influenced choice, lots of talks about moral judgements and not feeling as friendly.	Merge with reasons for UK surrogacy.
Knowing others who had been through the process		9	21 This talks about knowing someone who has been through a similar process - thinking about visibility and having a tangible sense that this is possible. Sometimes enabling this decision to feel possible - sometimes helping guide decisions by being able to seek advice. (More pre-emptive/ pre contemplative stages of decisions)	
Life Stage		7	21 Stage of life prompting decision i.e. after marriage, good job, reflections on age.	In same grouping with always knowing, this is more of a temporal aspect that shaped parenthood desires.
Not fitting into heteronormative expectations of family		8	21 Being a gay parent meaning not assimilating to heteronormative family formations	
Transparency in processes		6	21 Reflections on processes, often about information being clear from agencies, some reflections around how it helped guide decisions to choose particular options i.e. information being clear.	
Challenges with UK surrogacy		8	19 Reflections on the challenging realities of surrogacy in the UK often reflecting on uncertainties and internal dilemmas	
Wider perceptions of gay men in society		9	19 This code speaks about wider perceptions of gay men i.e. reflections on stereotypes of gay men in wider society, but also reflections on gay men within the community	
Building a community		5	18 This theme reflects on people building communities of support through surrogacy for the future, some reasons around being able to raise their children around other children who were born in the same way.	There are some similarities to dilemmas - Although this is more speaking about the responses to the dilemmas.
Discrimination from wider society		6	18 This is about discriminatory societal views of gay men, whether its relating to accessing particular parenting pathways, or just discrimination leading to	

Initial Codes	Files	References	Description/ Ideas For Initial Themes	Reflections on initial codes, how they relate to
Reasons for surrogacy and not adoption	10	35	Reasons For Surrogacy over Adoption - people reflecting on motivations to	Perhaps Main theme could be reasons and motivation for parenthood pathway
Assumptions about adoption	12	24	Wider perceptions of adoption being from broken backgrounds, traumatised children, not being able to parent these	Link With Reasons for Surrogacy or could leave as separate sub theme? As this formed part of the decision for surrogacy.
Reasons for UK surrogacy	9	22	Merge with comparisons to commercial surrogacy - talking about similar things - UK surrogacy choice	Merge with comparisons - perhaps transform to Reasons for UK surrogacy and not Commercial
Biological relatedness	11	21	This code is about biological relatedness being	Merge with reasons for surrogacy and not
Comparisons to commercial surrogacy system	7	21	Comparisons to systems influenced choice, lots of talks about moral judgements and not feeling as friendly.	Merge with reasons for UK surrogacy.
Assumptions and discourses around surrogacy	9	16	Initially the code was just about the worries that assumptions around surrogacy causes.	Changed this code to just assumptions and discourses. Not sure whether this would fit in this category as it doesn't pertain to how it lead to decisions for parenthood pathway
Assumptions about UK Surrogacy	6	14	This is assumptions about UK surrogacy, sometimes unhelpful about the UK context in comparison to commercial surrogacy	Could merge this with assumptions and discourses
Having a biological connection to your child	8	13	This is the reason for	Merge within theme of

Codes and Intial Themes | **Reasons and Motivations** | Reflections and Realities | Dil ... +

Initial Codes	Files	References	Description/ Ideas For Initial Themes	Reflections on initial codes, how they relate to others
Realities of UK Surrogacy arrangements	8	26	Reflections on the realities of surrogacy arrangements - Links in fears around arrangements i.e. not keeping the baby, Costs, steps in the processes, navigating agencies, Ironing out what people want	Perhaps subthem could be Reflections and realities of gay conception
Comparisons to heterosexual conception	9	24	Gay conception being more difficult than heterosexual counterparts, general views on contreceptive processes. - More of a lived sense of the process.	Reflections on the process in general for gay men to conceive being more difficult.
Reflections on UK surrogacy	7	24	Similar sentiments to Realities - Merge this code into one.	Merge with realities
Institutions helping manage expectations and guide processes	7	22	This is about processes and directly speaks to how institutions help guide things i.e. providing templates to work through, access to professional advice, counselling	This does relate to realities of processes - sub-theme could be surrogacy agency helping navigate complicated processes.
Challenges with UK surrogacy	8	19	Reflections on the challenging realities of surrogacy in the UK often reflecting on uncertainties and internal dilemmas	
Surrogacy being a deliberate or long process of decisions	6	18	Again about the process itself being step by step, multiple people involved, many stakeholders, lots of very deliberate steps	Process being more difficult and drawn out could merge with comparisons to heterosexual conception code?
Step by step process, managing expectations and not getting ahead	7	17	Ways of managing the challenges - albeit long, taking it step by step helping manage expectations in an uncertain process.	I think this is moreso related to reflections and the challenges and is more of a response to how uncertainty is managed in the processes themselves.
Adoption not being the right fit	6	11	More of a felt sense - a step on from assumptions and beliefs, a felt sense, been to meetings been through some of the process and it just did not feel right.	
UK surrogacy process being uncertain	8	10		
Assumptions and Discourses around adoption	3	5		
Worries about surrogacy	2	6		
Comparisons in surrogacy journey causing dilemmas	3	5		
Adoption as a back up	6	10		
Adoption processes	5	10		
Managing uncertainty in the surrogacy process	4	10		
Personal characteristics	5	10		

Codes and Intial Themes | **Reasons and Motivations** | Reflections and Realities | Dil ... +

Title of study: Gay Men's pathways to parenthood: Exploring the decision-making processes for surrogacy in the UK

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

no additional workers named

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 14/08/2023

To: 30/04/2024

Please note:

Failure to comply with the conditions of approval will be considered a breach of protocol and may result in disciplinary action which could include academic penalties. Additional documentation requested as a condition of this approval protocol may be submitted via your supervisor to the Ethics Clerks as it becomes available. All documentation relating to this study, including the information/documents noted in the conditions above, must be available for your supervisor at the time of submitting your work so that they are able to confirm that you have complied with this protocol.

Should you amend any aspect of your research or wish to apply for an extension to your study you will need your supervisor's approval (if you are a student) and must complete and submit form EC2.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1A. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Failure to report adverse circumstance/s may be considered misconduct.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately.

Appendix G. Participant Information Sheet

Participant Information Sheet

Queer pathways to Parenthood: Exploring the decision-making processes for same-sex males navigating surrogacy in the UK

DClinPsy Research Project

Derek Batten

School of Life and Medical Sciences, University of Hertfordshire

You are invited to take part in the above study. Before you decide whether to do so, it is important that you understand the study that is being undertaken and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear

or for any further information, you would like to help you make your decision. Please take your time to decide whether or not you wish to take part.

This study has been through an ethics review process by the health, science, engineering and technology ethics committee with delegated authority (ECDA). The University's regulation, UPR RE01, 'Studies involving the Use of Human Participants' can be accessed via this link:

<https://www.herts.ac.uk/about-us/governance/university-policies-and-regulations-uprs/uprs>
(after accessing this website, scroll down to Letter S where you will find the regulation)

The University of Hertfordshire Protocol No: LMS/PGR/UH/05416

Thank you for reading this.

A Short Biography about me as the Lead Investigator:

I am Derek, and as the course suggests I am training to become a Clinical Psychologist. I am interested in conducting this research as a gay man hoping to become a parent one day. Slowly I have been considering which route to parenthood I would take, and surrogacy interests me. From looking at the options and routes to parenthood for Gay, Bi or Queer men, I was shocked at how little research is out there currently about the impacts this process has on our community. So it is safe to say I have some vested interest in this topic as a hopeful future parent.

Focus and Purpose of the study:

The study will be focussing on one group of people's pathways to parenthood through surrogacy. Specifically, I want to look at the decision-making processes and the impact this has on people choosing to become parents through this method in the UK. The main focus of my work will be around:

- What Factors influence decision-making in choosing surrogacy in the UK.
- Exploring the negotiations made in becoming a parent in the UK via surrogacy.
- What helps or hinders decisions in pursuing surrogacy in the UK.

Do I have to take part?

It is completely up to you whether or not you participate in this study. If you decide to participate, you will be given this information sheet to keep and asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to withdraw at any stage without giving a reason up until data analysis has been completed.

Are there any age or other restrictions that may prevent me from participating?

Yes, you have to be over the age of 18, identity as a gay, bi or queer man and currently be accessing or actively pursuing becoming a parent through surrogacy in the UK. If you are using international or commercial surrogacy or have completed your surrogacy journey unfortunately you will not be able to take part.

How long will my part in the study take?

If you decide to take part in the study, you will be involved in an online interview via Microsoft Teams. Interviews are predicted to last up to an hour.

What will happen to me if I take part?

The first thing to happen will you be contacted via email to indicate your consent to take part in the study. We will then agree on a time/ date to schedule a brief call to answer questions you have and to set up an interview date. After completing this, you will be given a participant number and any responses will be anonymised. The results will be written up by the researcher and the results will be shared with the university and other forums i.e. journal publication.

What are the possible disadvantages, risks or side effects of taking part?

The questions asked in the interview will be regarding your experiences so far of pursuing surrogacy in the UK and will relate to many aspects of yourself. It is not anticipated there will be any harm caused by taking part, however, it is possible there could be mild emotional distress experienced when completing the interview as it may bring up emotive topics. The interview questions will relate to your experiences and will explore a number of aspects relating to yourself and how you related to becoming a parent.

What are the possible benefits of taking part?

Taking part in the study will help add to the field of current research which is very sparse. It will be able to shine a light on 'non-traditional' parenting journeys in the UK and provide avenues for further research to be conducted in this area. It is hoped that some recommendations from this study can be made to help improve access for people thinking to pursue this option of parenthood.

How will my taking part in the study be kept confidential?

Participants in the study will be assigned a participant number to ensure that they are unidentifiable. Your responses will be anonymised and stored on a secure UH OneDrive and no persons other than the lead researcher, research team and research methods groups will have access to the data. Any data obtained will be securely stored after the

duration of the study by the perinatal research team for potential secondary analysis on their UH One Drive. You will not be asked for a name/ signature on the consent form and will be asked to tick a box to indicate consent to ensure confidentiality.

What will happen to the data collected within this study?

- The data collected will be stored electronically, in a password-protected environment until the end of the project, after which the data will be transferred to the perinatal research team for potential secondary analysis.
- The data will be anonymised prior to storage.
- The data will be shared with the research team at UH and will be presented at UH, it will also be submitted for publication in a journal.

Will the data be required for use in further studies?

The results of the study and/or the data collected (in anonymised form) will be transferred to the perinatal research team for potential secondary analysis.

Who has reviewed this study?

The study has been reviewed by:

The University of Hertfordshire Department of Psychology, Sport & Geography/ School of life and Medical Science.

Factors that might put others at risk

Please note that if, during the study, any medical conditions or non-medical circumstances such as unlawful activity become apparent that might or had put others at risk, the University may refer the matter to the appropriate authorities and, under such circumstances, you will be withdrawn from the study.

Who can I contact if I have any questions?

If you would like further information or would like to discuss any details personally, please get in touch with me, in writing, by phone or by email: d.batten@herts.ac.uk

If you would like to speak to the supervisor of the project, please contact Natascha Basedau, n.basedau@herts.ac.uk

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University;s Secretary and Registrar at the following address:

Secretary and Registrar
University of Hertfordshire
College Lane
Hatfield
Herts
AL10 9AB

Thank you very much for reading this information and giving consideration to taking part in this study

Appendix H. Informed Consent Form

Consent Form

Queer pathways to parenthood: Exploring the decision-making processes same-sex males navigating Surrogacy in the UK

DClinPsy Research Project

Derek Batten

School of Life and Medical Sciences, University of Hertfordshire

I, the undersigned (*please give your name here*)

Of (*Please give contact details here so that the lead investigator can contact you i.e. email, phone no..*)

Hereby freely agree to take part in the study titled above.

(UH Protocol No. LMS/PGR/UH/05416)

Please tick the appropriate boxes	Yes	No
Taking Part in the Project		
I confirm that I have been given a participant information sheet (a copy of which is attached to this form) giving particulars of the study, including its aims, methods and design, the names and contact details of key people and, as appropriate, the risks and potential benefits, how the information collected will be stored and for how long, and any plans for follow-up studies that might involve further approaches to participants. I have also been informed of how my personal information on this form will be stored and for how long.		
I have been assured that I may withdraw my permission to be involved in the study, at any time without disadvantage to myself, or having to give a reason.		
In giving my consent to participate in this study, I understand that voice, video or photo-recording will occur. I have been informed how/ whether this recording will be transmitted/ displayed.		
I have been told how information relating to data obtained during the study, and data provided by me will be handled: how it will be kept secure, who will have access to it, and how it will or may be used.		
I have been told that I may at some time in the future be contacted again in connection with this or another study.		

Name of participant [printed]	Signature	Date
Name of Lead Investigator [printed]	Signature	Date

Project contact details for further information:

Lead Investigator

Derek Batten

d.batten@herts.ac.uk

School of Life and Medical Science, University of Hertfordshire

Primary Supervisor

Dr Natascha Basedau

n.basedau@herts.ac.uk

School of Life and Medical Sciences, University of Hertfordshire

Professional Mentor

Dr Lizette Nolte

l.nolte@herts.ac.uk

School of Life and Medical Sciences, University of Hertfordshire

Secondary Supervisor

Dr Kathryn Almack

k.almack@herts.ac.uk

School of Health and Social Work, University of Hertfordshire

Debriefing Sheet

Queer pathways to parenthood: Exploring the decision-making processes for same-sex males navigating surrogacy in the UK.

DClinPsy Research Project

Derek Batten

School of Life and Medical Sciences, University of Hertfordshire

Thank you for taking part in this research study, your participation is valued. Once all interviews are completed interviews will be transcribed, this is so that the content of the interviews can be analysed and interpreted.

All interview data will be securely stored, and only those involved in this project will have access to it. Personal identifiers will be removed from the transcripts, and you have been given a code consisting of a letter and a number should you wish to remove your data prior to analysis being started.

The university respects the rights and preferences in relation to your data and if you wish to update, access, erase, or limit the use of information you have provided, please contact me via email d.batten@hers.ac.uk . Please note that some of your rights may be limited where data has already been analysed, but we are happy to discuss that with you.

In the first instance, Should you feel you are affected by any of the topics that have been discussed in the interview please can you discuss with the researcher. This is so you can be signposted to the appropriate support. Support organisations in the form of intended parent support groups and other useful links are listed below:

Intended Parent Peer Support Group

<https://www.facebook.com/groups/intendedparentsuk/>

Directory of Services & Other Useful Links

<https://www.surrogacy.org.uk/intended-parents>

Further advice and support may be sought by contacting your GP.

If you have concerns about this study, or the way in which it was conducted, please contact Derek Batten (Principal Investigator) at d.batten@herts.ac.uk or Derek's Principal Supervisor: Dr Natascha Basedau at n.basedau@herts.ac.uk.