Portfolio Volume 1: Major Research Project

Non-biological Gay Fathers' Journeys with Fatherhood

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Table of Glossary Terms

Term	Definition
Assisted Reproduction/Assisted Reproductive Technologies (ART):	A term used to describe technical and non-coital methods to improve conception and pregnancy success, and a pathway to parenthood originally intended for interfile heterosexual couples but which has become accessible for same-sex and gender diverse parents and includes in-vitro fertilisation (IVF), intrauterine insemination (IUI) and surrogacy (Norton, 2018).
Global Majority (GM):	A shortened version of the term 'people of the global majority'. It refers to all ethnic groups including indigenous, black, Asian, mixed and other people of colour often racialised as 'ethnic minorities'. It is an accurate term to reflect the demographic make-up of the globe, which reframes racial narratives without centring whiteness and re-focuses conversations from disadvantage to advantage (Campbell-Stephens & Campbell- Stephens, 2021).
Heteronormativity:	Culturally biased assumptions that heterosexual identities and partnerships are normal or the 'natural' default. It is an attempt to privilege and legitimatise heterosexual ideals and contributes to homophobia and prejudice and discrimination (Marchia & Sommer, 2019).
Heterosexism:	Everyday practices which assume that people are heterosexual and live their lives in accordance with heterosexuality, which contributes to lack of inclusive and accessible services and is noted in the language

	used in interactions, such as believing partners are the opposite sex (Norton, 2018).
In-Vitro Fertilisation (IVF):	A medical procedure whereby eggs are collected from a woman's ovaries and fertilised with sperm in a laboratory to create embryos and are transferred back into the woman's uterus to achieve a successful pregnancy (Montaya, Peipert, Whicker & Gray, 2021).
Intrauterine Insemination (IUI):	An alternative and less invasive medical procedure in which sperm is injected directly into the uterus, with or without the use of medicines to stimulate the ovary and induce ovulation and to achieve pregnancy (Montaya, Peipert, Whicker & Gray, 2021).
LGBTQ+:	Acronym referring to people who identify as lesbian, gay, bisexual, transgender or queer or identify as being outside of heteronormative notions of gender or sexual orientation. The plus sign (+) represents other sexual and gender minority identities and alternative identities (e.g. non-binary identities) (Patterson, Farr & Goldberg, 2021).
Micro-aggressions:	Brief, and common verbal, behavioural and environmental indignities, which, irrespective of intention communicate hostile, derogatory or negative slights and insults to a particular person or group (Sue & Spanierman, 2020).
Nuclear family:	A view of the family that is typically enacted by heterosexual couples who share common residence economic resources, and are married (Sanner, Ganong & Coleman, 2021).

Surrogacy:

Surrogacy is an arrangement in which a women contracts or otherwise agrees with a person(s) to carry a child to term with whom she intends to have no legal parental relationship (Norton, 2018). It is an approach to parenthood which is broken down into two further arrangements:

- **Traditional Surrogacy:** An arrangement which involves the surrogate becoming pregnant via IUI or IVF and carries a child to term is known as traditional surrogacy (also known as genetic or partial surrogacy surrogacy) (Norton, 2018; Mutcherson, 2019).

- **Gestational surrogacy:** An arrangement which involves extracting eggs from an egg donor or 'biological mother' and using IVF to create an embryo with the intended father's sperm which is inserted into the uterus of the surrogate (Norton, 2018; Mutcherson, 2019).

Vaginal Insemination (VI):

An equivalent term to intrauterine insemination (IUI) which uses the same conception methods, but a practice that takes place within a home and/or chosen setting to enable more control in conception. It is also used interchangeably with the term, self-insemination (Weingarten, Duplessi, & Jones, 2010).

Abstract

Background and aims: Legal, medical and social developments have enabled gay men to pursue surrogacy as a path to parenthood (Goldberg, 2020). However, heteronormative family ideals continually influence their surrogacy journeys to fatherhood and legitimacy as parents and family (Berkowitz & Marsiglio, 2007). Non-biological gay fathers that create a family using surrogacy and whose partners are the biological parents are vulnerable to having their parental and family status undermined because of the lack of biological connection with their children (Goldberg & Allen, 2022). To date, no published articles have investigated non-biological gay father's surrogacy journeys to fatherhood within the United Kingdom (UK) which informed the project's aim and focus.

Methodology: A qualitative approach was used. A purposive sample of eight, partnered, self-identified non-biological gay fathers with children aged up to 18 months participated in one semi-structured interview. An interview schedule helped elicit narratives and interviews were audio-recorded, transcribed verbatim and a narrative approach analysed the content, structure and performance of stories.

Analysis and findings: Global impressions of individual narratives and influence of the interview context were presented. Collective storylines followed and compared similarities and differences across narratives in relation to identity work, emotional experiences and broader societal narratives. It emerged (i) considering fatherhood occurred early on and was mediated by the understanding and negotiation of sexual orientation with others and impacted the pursuit of fatherhood and family building, (ii) heteronormative families ideals explained worries about their non-biological gay father status and decisions to secure positions as parents (iii) parenting experiences contributed to a positive identity for non-biological gay fathers, their family unit and extended family, (iv) Heteronormative ideas and internal desires narrated aspirations to be the best parents (v) First-time fatherhood and gay parenting was narrated as emotionally overwhelming and challenging. Methodological strengths and limitations and implications are discussed.

Chapter one: Introduction

1.1 Chapter Overview

Gay father families are part of an increasing diversity of family lives which have recently flourished. However, the traditional heterosexual family model continues to infiltrate the journey to fatherhood and feelings of legitimacy as parents and a family. Non-biological gay fathers that build a family using surrogacy and whose partners are the biological parents remain especially vulnerable to challenges on their journeys to fatherhood and is a topic that has not been researched. This thesis aims to explore the surrogacy journey of first-time fatherhood for non-biological gay fathers.

This section situates my position and relationship to the project and utilises a social constructionist lens. It then defines and contextualises the use of language and positions the topic within the current socio-political context and literature. The chapter concludes with a rationale for the systematic literature review (SLR).

1.2 Situating the project in a personal and epistemological context

Charmaz (2014) asserts it is not possible for researchers to 'bracket off' their experiences and remain outside the research process, even when attempting to do so. Ultimately, the researcher's background, perspectives and topic interests provide an important context which informs the interpretation of narratives of those interviewed (Berger, 2015). Squire (2008) posits it is important for researchers to make their stance known and outline their position towards the research topic and for the reader. This enables the reader to critically evaluate the researcher's construction of knowledge about the research and develop their own conclusions. Transparency regarding the researchers' position also improves the rigour and credibility of research as it makes clearer the contributions of those involved (Horsburgh, 2003).

1.2.1 *Personal relationship to project*

I identify as a White British, middle-class gay man. My relationship with my sexuality remains an ongoing journey that requires significant strength, self-love, and self-compassion. I am fortunate to say that I have not been exposed to violence and risked death threats or even death

for being gay. Despite navigating microaggressions, overall, I can live my life as an 'out' and proud gay man. I remain hopeful I will achieve my dreams of fatherhood, which at a time I thought was impossible. My childhood was strongly influenced by the catholic community, which contributed to internalised homophobia and heteronormativity and the belief that being gay was a 'sin' and synonymous with childlessness. It has taken years to understand and question these powerful ideas and other institutional and societal messages; ones I have come wholeheartedly to believe are socially constructed and oppress, exclude, and devalue LGBTQ+ people. My experiences and commitment to enable same-sex and gender diverse parents to flourish drives my interest to explore how non-biological gay fathers construct a meaningful sense of identity in a world that perceives their position and family set-up as different and deviant.

1.2.2 *Position of researcher*

Interviewing gay fathers who share the same sexual identity (gay) as my own and who embody an identity that I hope to experience in the future (fatherhood), means it is imperative to reflect upon my personal context in this research. Narrative analysis (NA) employs a social constructivist lens to the understanding of what and how content is shared in interviews. Narratives and stories are co-constructed by and with the researcher. This influences the sharing of certain stories and stories which remain unvoiced. I am an 'insider-outsider' researcher to the extent I hold 'active membership' with participants because I share the same sexual and racial identities, but I do not embody 'core membership' as I am not a parent (Dwyer & Buckle, 2019). Aspects of my identities will also create power imbalances with participants and influence the narratives shared (Nelson, 2020). Furthermore, my openness to sharing my sexual identity during recruitment and interviews will have informed the language and construction of the narratives shared. The decision to share openly was based on recommendations from EbE and is thought to help others speak openly about their experiences (Muhammad et al., 2015). The interviews also placed less emphasis on meaning related to lacking a biological connection and used heteronormative language by using the term 'non-biological gay parent' due to familiarity with this term and to open-up untold conversations.

1.2.3 *Epistemological position*

Epistemology focuses on the prospects, scope, and procedures of knowledge and how it is created, obtained, and communicated (Scotland, 2012). Concerns as to what and how we know what we know, are influenced by how we define the nature of reality; this is known as ontology (Crotty, 2003). It refers to what is possible to know about the world and the way it is perceived, which alongside epistemology remain important concepts to clarify as they impact methodology, analysis, and research quality (Carter & Little, 2007; Varpio & MacLeod, 2020).

This research investigated a group whose voices are often marginalised by society. It drew on a critical realist ontology and social constructionist epistemology which assumes that whilst people know the reality of their experiences, there will be multiple versions of their stories (Burr, 2015). Furthermore, the research adopted a stance that was consistent with NA and a belief that construction of stories are directly or indirectly related to experiences with others and the language resources available to them (Bamburg, 2011; Frank, 2012). That is, the interactions with and exposure to environments with others such as surrogates and surrogacy agencies will influence the construction of stories that non-biological gay fathers make of their journeys to parenthood. A final epistemological assumption of this research is the notion that construction of reality is open to change and is co-constructed within a certain time and place such as this research context (Galbin, 2014; Koven, 2012). Ultimately, the researcher's biases and assumptions, academic and clinical background will inform the co-construction of narratives that might be different if carried out by another researcher.

1.3 Language and Terminology

Language plays a significant role in how realities are constructed (Burr & Dick, 2017). Whilst there are ongoing debates about whether language is needed to understand experiences, there is a consensus that certain narratives will be silenced and promoted for groups at certain time points and influences the value of experiences (Plummer, 2019). Defining language feels particularly pertinent to this research given the social context of gay fathers informs numerous aspects of their journey to fatherhood and includes sense-making of their own and others' identities. These terms are outlined below (table 2).

Table 2: Definition of Key Terms

Term	Definition
Non-biological Gay Father	Non-biological gay fathers are often defined as not 'real' fathers based on heteronormative and biological discourses (Goldberg & Allen, 2022). Not having a biological connection to their child often leads to the perceived need for other terms such as 'social father' or 'second father' (Berkowitz & Marsilgio, 2007). Defining parents by the social element of their role privileges parenthood in the same way as the label of 'biological parent' but signals an altogether different relationship (Brown & Perlesz, 2009). The term 'co-parent' has been particularly referenced in relation to establishing an authentic and equal relationship for both gay fathers in a couple relationship and is contrary to the term 'non-biological' which implies a connection is lacking (Brown & Perlesz, 2009). This project sought to use the term 'non-biological' because it is a typical term used by fertility clinics and the research sought to encourage a consideration of biological connection in the narratives of journeys to fatherhood. Equally, the term 'non-biological gay father' was also used to encourage and recognise that a heterosexual non-biological father's experience will be different, and a term that is often contrary to their self-perceptions as 'fathers 'only (Brinamen & Mitchell, 2009).
Egg Donor	The term 'donor' is the most widely term used for someone that provides sperm or eggs to parents (Beeson, Darnovksy & Lippman, 2015). Pande (2011) notes egg donation is positioned as an altruistic gift as opposed to sperm donations as a 'job'. The altruistic act of egg donation is mirrored in other terms such as egg 'providers' and used as a preferred term by health advocates (Norsigian and Darnovsky, 2014). Donors are known to be called 'biological mothers', 'egg mum' alongside 'egg donors' for gay father families (Malmquist & Höjerström, 2020). A reluctance to use a term other than egg donor by others reflects a concern that donors might threaten gay fathers' identities. Likewise, gay fathers might also use a separate egg donor therefore as was agreed with EbE to use this

	term to accurately portray the extent of donor involvement within their journeys.
Surrogate	Numerous terms are used to apply to women who purposely become pregnant and birth a child with intention of relinquishing parenting rights. Beeson and colleagues (2015) use terms such as 'surrogate mother', 'biological mother' or 'host mother' as opposed to 'surrogate'. The term 'surrogate' was used for conciseness and to adopt an unbiased position about how the relationship might be perceived by gay father families. This was consistent with language typically noted in gay fathers' interactions with professionals and consistent with Health Fertilisation and Embryology act guidance (HFEA, 2023). 'Surrogacy' will encompass traditional and gestational surrogacy, unless stated otherwise.

1.4 Overview of Empirical and Theoretical Literature

Dominant and traditional models of family are becoming increasingly outdated (Berkowitz, 2020; Golombok, 2015). Family structures now contain countless varieties of step, co-parent, single and same-sex families to name a few, and make up over 40% of all family types in the UK (Children's Commissioner Family Review, 2022). The expansion of 'family' has contributed to favourable social attitudes towards different family forms whose set-up remains 'different' from and 'outside' of the heteronormative family ideal and this includes gay father families (Lewin, 2023). More favourable social attitudes towards gay men as fathers have been complimented by advances in medical technology and legalisation such as the Adoption Act in 2005 and the Human Fertilisation and Embryology Act 2008 and 2010 (Goldberg, 2010a; Nordqvist, 2012). These legal developments have enabled same sex couples' greater access to adoption and surrogacy as viable paths to parenthood as openly 'out' and 'proud' gay men and as single and coupled parents (HFEA, 2018; Goldberg, 2010a).

1.4.1 *Surrogacy as a path to parenthood*

Surrogacy is an assisted reproductive treatment in which a woman carries a pregnancy to term with intentions to relinquish the child to an intended person or parents, whom for medical or physical reasons are unable to carry a baby (Bergman, Rubio, Green & Padrón, 2010).

Selecting surrogacy as a route to parenthood requires an intended parent or parents such as single or coupled gay men to decide between a traditional or gestational surrogacy arrangement with surrogates (Van Rijn-van Gelderen, et al. 2018). The former, which is also known as straight, genetic or partial surrogacy involves implanting the sperm of an intended parent into the surrogate's uterus who births a child to whom she is genetically related (Norton, Hudson & Culley, 2013). The latter, requires use of a fertility clinic in which donated eggs are fertilised with the sperm of an intended parent using IVF and resulting embryos are re-implanted into the uterus of the surrogate who carries the baby to term (Blake et al. 2017). This arrangement is characterised by lack of a genetic relationship that exists between the surrogate and child and is known as host or full surrogacy (Berkowitz, 2020).

Unlike other European countries, surrogacy is legal within the United Kingdom, but its use remains strictly regulated (Jadva, Blake, Casey & Golombok, 2012). It is illegal for individuals or agencies acting on their behalf to advertise the need of or those wanting to act as a surrogate (Human Fertilisation and Embryology Authority HFEA Act, 1990). Whilst non-profit organisations remain the only exemption to organising and facilitating surrogacy journeys, intended parents and surrogates are noted to have advertised themselves in online surrogacy forums and social media groups despite it breaching the law (Prosser & Gamble, 2016). Unlike commercial surrogacy, which offers direct payment for acting as a surrogate, it is legally prohibited to offer payment other than reasonable expenses such as loss of income to surrogates within the UK. These restrictions to payment remain consistent with an altruistic arrangement which is characterised by creation of a surrogacy agreement with intended parents and surrogates (Poole, Pearman, Poook, Ookthi & Rushworth, 2019). Surrogacy agreements, however, are not legally binding, but are created with agencies and used to uphold agreements with all parties involved in the surrogacy journey. This includes supporting with the relinquishing of parental rights because under UK law the surrogate and if applicable her spouse are deemed the legal parents from birth (Norton, Hudson & Culley, 2013). An intended parent or parents are therefore required to apply for a parental order within six months of the birth if they wish to secure legal parentage (Jadva, Prosser & Gamble, 2021; Norton, Crawshaw, Hudson, Culley & Law, 2015).

Intended parents seeking a surrogate through an independent route face a potentially more tumultuous journey in securing legal parentage should a surrogate protest the relinquishing of parenting rights once the child is born (Prosser & Gamble, 2016). A lack of legal parentage

creates ongoing legal, social and psychological challenges, for their family unit and child or children (Alghrani & Griffiths, 2017). Intended parents without legal status will have no authority in making decisions about their children's education and medical care, will be unable to travel abroad with their child, will struggle to distribute finances such as inheritance and pensions to their children and will create legal complications if a couple separate or divorce (Department of Health and Social Care, 2019; Horsey, 2015). In circumstances like these in which a discrepancy with legal parentage and caring for children exists, children are potentially subject to psychological distress due to confusion in understanding their sense of identity and belonging within their family unit and with extended family members and surrogate (Alexandra Harland, 2021; Brown & Wade, 2023). This is likely to be the case in instances when intended parents have thoughtfully conceptualised a story to explain their origins which has included positioning surrogates as outside of the family unit and as 'helpers' or family 'friends' and as intended parents as the only parents of their children, which is often commonplace (Carone et al. 2018).

1.4.2 *Social and Legal context in creation of gay father families*

Despite increasing choice and accessibility to parenthood, heteronormativity and heterosexism remain influential in the construction and approaches to family building (Berkowitz, 2020; Lev, 2006). Unfortunately, for many gay fathers, surrogacy remains inaccessible due to the financial costs and lack of NHS funding for fertility treatment (Berkowitz, 2013, 2020; Mackenzie, Wickins-Drazilova & Wickins, 2020). Whilst Hull and Ortyl (2019) argue that same-sex and gender diverse families are at the 'cutting edge' of developing meaningful ideas of family, these families often construct family based on biological and legal ties and select paths to parenthood such as surrogacy to remain consistent with the heteronormative family 'norm' (Goldberg & Allen, 2022). This alludes to the pressure of having to construct family ideals that preferences biological and legal ties for gay father families to be perceived as a family like any other (Nordqvist, 2017).

Deciding to build a family as a single gay father or as a male same sex couple is an endeavour which is not taken lightly (Wells, 2011). It requires an active negotiation and recognition of potential stigma in raising a family 'different' from the norm (Costa, et al., 2014). Whilst younger generations of gay fathers envision fatherhood as a typical life milestone, thirty years ago gay men felt it was 'impossible' and developing a 'procreative consciousness' and decision

to build a family has taken years to reach (Fantus & Newman, 2022; Marsiglio, Lohan & Culley, 2013; Smietana, 2018). Unfortunately, and contrary to research evidence, widespread fear remains about 'risks' posed to children that are raised in gay father families, including fears that children will be made 'queer' and a belief that it is vital for a child to have a 'mother' and 'father' to thrive (Patterson & Goldberg, 2016). Attempts to closely mirror the heteronormative version of family represent attempts to protect against prejudice and secure their status as 'normal' parents and as a family, but which, according to queer theory reinforces heterosexual dominance (de Lauretis, 1991).

1.4.3 *Queer Theory*

Queer theory perceives sexual identities as socially constructed categories which are used to maintain power through conceptualising boundaries for 'normal' family and parenting ideals and demonises those that disrupt the limits of these constructs, which according to queer theory do not 'exist' (Oswald, Kuvalanka, Blume & Berkowitz, 2009; Taylor, 2012). Queer theory dismantles these categorisations of identities and ideals for family construction and parenting (Hicks, 2006; Oswald, Blume & Marks, 2005). It asserts that categories of heterosexual and homosexual family and parenting are reinforced by enabling gay men who abide by societal standards of sexual normativity and integrate into society to access surrogacy. It perceives legal restrictions to parenthood and surrogacy to prevent the enactment of 'queerness' in relation to family, sexuality and gender and reinforces the heteronormative family model as the normal, dominant and preferred (Seidman, 2004).

Foucault (1978) asserts that heterosexism establishes dominance and power through discourse creating practices which are implemented by institutional structures (i.e., fertility clinics) to conform to heterosexual values (Ortis, 2019). Even for gay fathers who intend to construct their families in a different format, such as having surrogates involved in co-parenting their children, will have encountered encouragement to consider heteronormative ideals in the pursuit of parenthood (Berkowitz & Marsiglio, 2007). These ideas are often negotiated with families of origin who might recognise their vulnerable positions as grandparents and encourage their sons to select surrogacy to closely represent the heteronormative family structure (Dempsey, 2013). Berkowitz (2008) asserts that negotiations are typical of symbolic interactionism and social constructionism in which exchanges with others regarding family ideals infiltrate and inform gay men's decision-making and family ideals (Blumer, 1969; Mead, 1934; Stacey, 2006). As

is typical of this approach to parenthood, gay fathers receive support from fertility clinics. The power that is noted by Foucault (1978) is mirrored in the evaluations of gay fathers' decision-making and the ethical practices of staff who determine access to this path to parenthood by ensuring decisions secure the welfare of children (HFEA, 2009; 2018). Due to barriers accessing parenthood and the anxiety-provoking nature of building a family, gay fathers are likely to follow recommendations that closely mirror the heteronormative family model (Blake et al., 2017).

1.4.4 *Negotiating the position as a non-biological gay parent*

Central to experiences and negotiations of surrogacy as a viable path to parenthood is biological significance and asymmetry within the family unit (Smietana, Jennings, Herbrand & Golombok, 2014). Building a family using surrogacy and as a collective endeavour requires both parents to negotiate which one would be a non-biological gay parent (Mitchell & Green, 2008). Not only are non-biological gay parents required to contend with stigma related to raising a child, they also are required to navigate a legal and social context which undermines their identities and positions as parents (Murphy, 2013). All gay fathers must contend with completing a parental order following birth and requires the surrogate and, if applicable, her spouse to relinquish legal parentage to gain legal status as parents (Horsey, 2023). Therefore, it is understandable that non-biological gay fathers feel immense anxiety about their parental status. Faced with the prospect of their own and their family members' struggles with identity and concerns about an inability to bond, non-biological gay fathers attempt to mitigate for this lack of a biological connection (Teschlade, 2018).

Research documents the efforts of some to match the identity of the non-biological gay parent with the imagined identity of the egg donor and/or surrogate to mitigate for the lack of a biological connection (Berkowtiz & Margilios, 2007). Such decisions are interwoven with pressure as 'consumers' to select the 'best quality' eggs which are transformed into a 'product' by clinics with the intention to give their children the best lives possible (Faircloth, & Gürtin, 2018; Moreno, 2016). Physical resemblance between parents and children indicates biological ties and couples may opt to select egg donors and/or surrogates which match the non-biological gay fathers' physical attributes to create an impression of a biological connection between them and their children (deBoer, 2009; Ryan & Berkowitz, 2009). Ideas of resemblance include social resemblance based on the belief that social characteristics are transmitted to their

intended child (Greenfield & Seli, 2011; Nordqvist, 2010). Issues of resemblance may take on additional significance for inter-racial gay father families in which a lack of racial similarity risks prejudice and racism (Smietana & Twine, 2022). Limited racial donors for these couples means they are often caught in a 'bio-genetic matching trade-off' in which they must choose between using the same egg donor in which their children share a biological tie or choosing different egg donors to achieve racial similarity (Bower-Brown, et al., 2024). Irrespective of different experiences, attempts to create racial similarity for inter-racial and white gay fathers according to critical race theory perpetuates racial disparity and upholds 'whiteness' (Bell, 1995; Delgado & Stefancic, 2023).

Despite special attempts to signify family connection, concerns about prejudice means gay father families may also keep the biological parent status 'secret' or engage in 'intentionally unknowing' in which the biological parent deliberately remains unclear (Murphy, 2013). Nebeling Petersen (2018) also noted a process known as 'turn-taking'; that is the non-biological gay father becomes the biological parent in the second intended journey to parenthood. According to Riggs and Due (2013) additional forms of genetic relatedness in the form of a second child does not 'cancel' each other out but 'strengthens' the legitimacy of the family unit and helps position both as the only parents. The first months of parenting are noted as a crucial in legitimising positions as parents by learning to care for their children, and for the non-biological gay parent in securing a bond (Giles, 2023). Largely the non-biological gay father takes parental leave first or both parents take time off to parent together to secure equal bonds and positions as parents (Tornello, Kruczkowski & Patterson, 2015).

1.4.5 *Parenting and its impact on non-biological gay father identity*

Gay fathers develop a strong sense of identity as practicing parents (Van Rijn-Van Gelderen et al., 2018). However, the impact of parenting has only been investigated for gay fathers more broadly and as a collective experience (Imrie & Golombok, 2020). Investigations into the experience of fatherhood post-birth from the non-biological parent perspective is sparce. In contrast to earlier anxieties, parenting a child as a gay father helps to develop confidence in one's individual and collective positions as gay parents as they 'degender' parenting and recognise their capabilities in providing a secure and loving family environment that is equivalent to their heterosexual counterparts (Hicks, 2006; Smietana, 2011). Others, including heterosexual parents, have the potential to undermine, but also increase gay fathers' self-esteem

and confidence in their legitimate positions as parents as others witness their experience of parenthood (Bergman, Rubio, Green & Padrón, 2010). A strengthening of interpersonal relationships is noted and includes not only other parents as they occupy heterosexual parenting spaces, but enriched relationships with families of origin and friends (Bergman et al., 2010; Teschlade, 2024). A similar sense of pride and comfort is felt by families of origin as their experiences as practicing grandparents strengthens their sense of identity (DeBoer, 2009; Tsfati & Segal-Engelchin, 2024).

However, gay fathers including non-biological gay fathers are required to negotiate their parent and family identities by navigating ongoing intrusions despite attempts to mitigate for these in their earlier decision-making (Charlton, 2024). These intrusions centre on encounters with heteronormativity in their daily lives as parents and there is a limited reference to the parenting experience from the non-biological gay parent perspective (Berkowitz, 2020). Gay father families are regularly caught in a 'catch 22' in which they must decide whether to challenge intrusions and 'out' themselves to support a positive appreciation of their family for their children or disguise homosexuality. Regarding the latter, Nebeling Petersen (2018) noted experiences of reinforcing an incorrect position as adoptive parents to a mixed-race child or creating an impression both were 'brothers' rather than joint parents. Such experiences indicate the personalised and in-depth negotiations gay fathers must negotiate in their ongoing journeys as parents. In accordance with the minority stress theory (Grigoropoulos, 2023), experiences add to the daily stress of parenting and negatively impacts relationships between them and their children (Bos, 2010; Green, Rubio, Rothblum, Bergman & Katuzny, 2019). However, gay father families are noted to remain incredibly resilient to ongoing challenges in raising children within a heteronormative world (Carneiro, Tasker, Salinas- Quiroz, Leal & Costa, 2017).

1.4.6 *Conclusions from the Empirical and Theoretical Literature*

Gay father families have grown in increasing visibility due to legal, social and medical developments. Despite improved access to parenthood, ongoing legal restrictions and social stigma remain and tarnish the journey of fatherhood for gay men and particularly non-biological gay fathers. Heterosexism and 'whiteness' reinforce aspirations to build a family like any other including creating a biological connection to one's children which can become a major anxiety and journey of negotiation for non-biological gay fathers. Approaches to mitigate for the absence of a biological connection are negotiated with families of origin,

surrogacy agencies, gay parents and fertility clinic staff. These include attempts to match non-biological parents' identity with the surrogates and is complimented by parenting roles. Whilst parenting creates a 'change' and confirms feelings as equal and legitimate gay fathers, there is limited research exploring the perspective of non-biological gay fathers' and how couples navigate gay father family life post-birth.

1.5 Systematic literature review

Systematic Literature Reviews (SLR) collate, analyze and synthesize research to develop and test a hypothesis or theory. SLRs evaluate research validity and quality using a rigorous framework to identify weaknesses, inconsistencies and contradictions (Paré, Trudel, Jaana, & Kitsiou, 2015; Koelemay & Vermeulen, 2016). They remain the highest form of scientific evidence to contribute to best practice by developing interventions and policies (Moher et al., 2015; Ioannidis, 2016). The literature outlined above has addressed decision-making for gay men which is often not the primary research question for this group and LGBQ+ people opting to become parents with assisted reproduction. Consequently, this SLR aims to identify and evaluate the evidence-base to investigate: '*What are the decision-making experiences for LGBQ+*[1] *parents using assisted reproduction to build a family?*

1.5.1 *Method*

Existing literature notes a limited number of quantitative studies which explore LGBQ+ parents decision-making experiences with assisted reproduction (Hemala, Yee, Ross, Loutfy & Librach, 2021; Silvia, 2020). Literature reviews which have focused on LGBQ+ parent decision-making experiences have included mixed methods approaches and compromised depth of analysis or study samples included a lack of diversity (Carnerio, et al., 2017; Haugland, Høgmo, & Bondas, 2023). An initial search of the PROSPERO database also identified no comparable reviews which had explored LGBQ+ parents decision-making of creating a family using assisted reproduction. Consequently, this SLR employed a qualitative focus to understand the dimensions of LGBQ+ decision-making experiences when using assisted reproduction to build a family (Askarzai & Unhelkar, 2017; Queirós, Faria, & Almeida,

[1]For the purposes of this SLR, articles will only include Lesbian, Gay, Bisexual and Queer parents as Transgender parents often have a different and unique experience of parenting to LGBQ+ parents and it was felt their experiences could not be adequately considered alongside LGBQ+ experiences because of the limited word count.

2017). This methodological approach is closely aligned with a social constructionist epistemology that informed the research and recognises subjective change of decisions across context and time (Ahmed & Ahmed, 2014).

The SPIDER tool is a qualitative literature search tool with a high degree of specificity and sensitivity and an appropriate focus for the review (Cooke, Smith & Booth, 2012). Existing literature has explored various aspects in parenthood journeys and informed the focus on stories of decision-making. Social context and conception route add a layer of decision-making especially for those seeking self-arranged conception and are often re-evaluated throughout the journey to parenthood. Therefore, intended parents, parents with children and those who sought treatment with or without a clinic were included (Anttila, Palojoki, Vuori & Janhonen-Abruquah, 2023; Keegan, Nixon & Creaner, 2023). Grey literature which includes unpublished literature is a rich source of up-to-date information that aids identification of literature gaps (Hudson & Bruce-Miller, 2023). Limiting the parameters of selecting papers to recent years has the potential to bias and reduces nuances of decision-making (Lame, 2019). In response, this SLR included studies from the grey literature and were not limited to a publication date. Inclusion and exclusion criteria are outlined below (Table 4).

Table 3: SPIDER Planning tool

Sample	Phenomenon of interest	Design	Evaluation	Research type
People who identify as Lesbian, Gay, Bisexual or Queer (LGBQ+). Either intended parents or parenting a child. Home and Healthcare settings.	Decision-making in building a family using assisted reproduction.	Interviews, focus groups, observations.	Experiences, stories, narratives, decisions, plans, choices, views and motivations.	Qualitative only.

Table 4: Systematic literature search inclusion and exclusion criteria

Inclusion Criteria:
Studies were required to include the following: 1. Discussions of stories and experiences of decision-making experiences of building a family using reproduction. 2. Exploring stories or experiences of decision-making using assisted reproduction in LGBQ+ populations only. 3. Studies to include qualitative data. 4. Studies could be from peer-reviewed journals or grey literature. 5. Studies must not be a review paper. 6. Studies to be written or translated into English.
Exclusion Criteria:
Studies were excluded if included the following: 1. Discussions of stories and experiences of assisted reproduction which focused on the following: a. Exploring overall experiences of using assisted reproduction which did not explore decision-making in-depth. b. Discussion of parent/familial relationships, identity(s) and donor disclosure. c. Outcomes for parents that opted to build a LGBQ+ family using assisted reproduction. d. Outcomes for children that were born using assisted reproduction to LGBQ+ parents. e. Any paper that included a focus on decision-making experiences for Trans parents. This is due to various decision-making experiences that are unique to this group and different from experiences of LGBQ+ parents. 2. Studies that focused on single case studies. 3. Studies that included quantitative or mixed method data. 4. Studies that were published in a language other than English.

1.5.2 Search *Strategy*

Following initial searches (Appendix A), CINAHL, DART, EthOS, PsychINFO, PubMed and Scopus were searched with five conceptions and corresponding search terms (Table 5). MeSH

terms ensured searches were thorough and identified relevant papers based on abstract and title. Truncation (e.g. plan*= planning or plans) and Boolean operators 'OR'/'AND' were used within and across search terms to capture relevant papers. Papers not written/translated into English were manually screened as few were acquired during electronic searching.

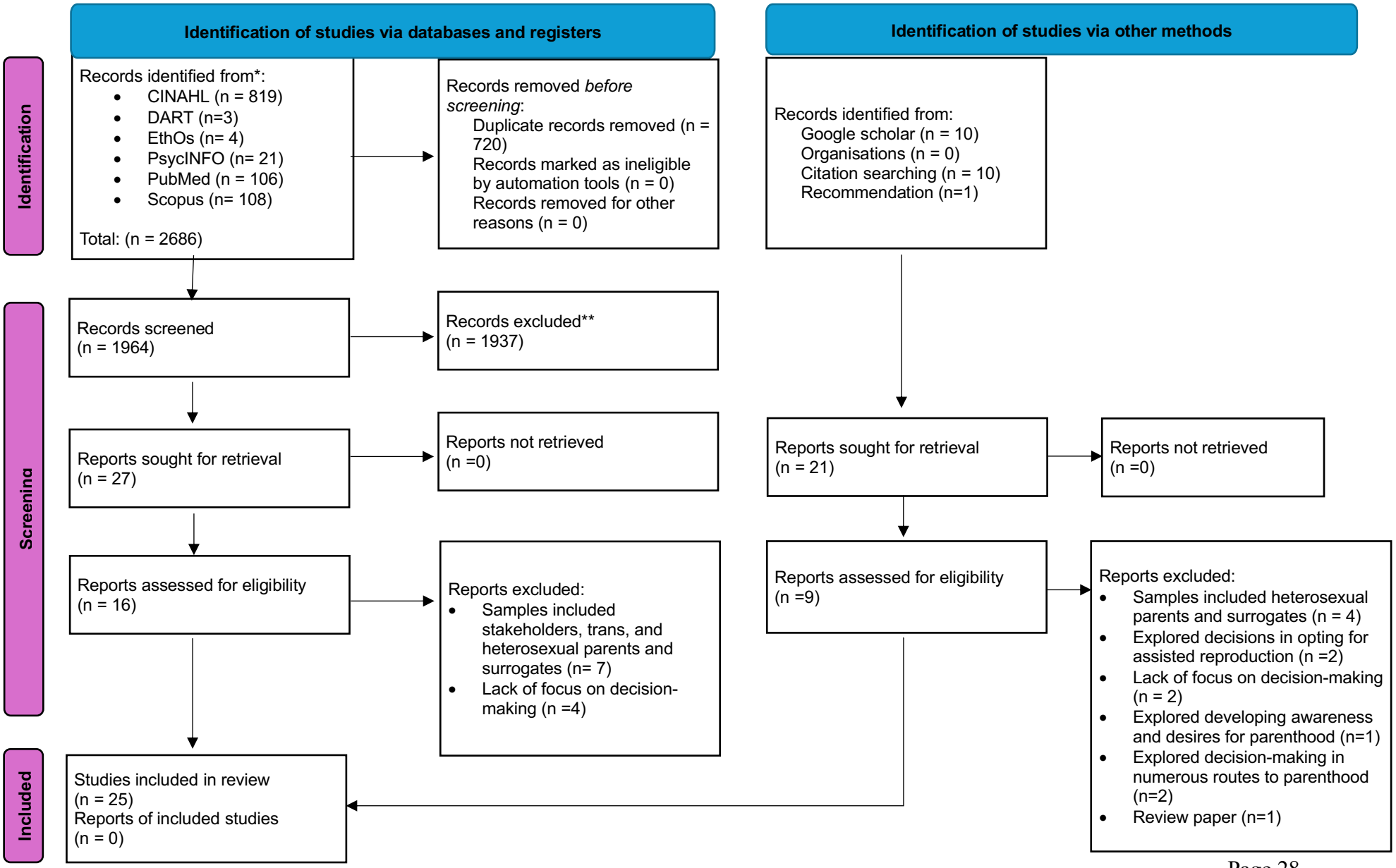
Table 5: Database Search terms across, CINAHL, DART, EthOS, PsycArticles, PubMed and Scopus

Concept 1: Sexuality and related terms **(Title/Abstract)**	**Concept 2: Gender and parenting terms** **(Title/ Abstract)**	**Concept 3: Decision-making terms** **(Title/Abstract)**	**Concept 4: Pathways of conception terms** **(Title/Abstract)**	**Concept 5: Experiences and related terms** **(Title/ Abstract)**
Gay OR Lesbian OR Bisexual* OR OR Lesbigay* OR LGBT* OR GLBT OR gender* OR queer OR homosexual OR same-sex OR sexuality MeSH Terms: "Sexual and gender minorities" OR "Transgender persons" OR "homosexuality" OR "Homosexuality, Female' OR "homosexuality, Male"	Men OR Man OR Male OR female OR women OR father* OR mother* OR dad* OR mom* OR mum* OR parent* OR intended parent* OR couple*	Decision* OR decision-making OR reasoning* OR plan* OR pursu* OR choice* OR desire* OR wish* OR experience* OR motivation* OR perceptions OR perspectives OR intent*	Surroga* OR Gestat* surrog* OR traditional surroga* OR IVF OR in vitro fertili* OR "reciprocal IVF" OR IUI OR intrauterine insemination OR Egg Don* OR Sperm don* OR Donor sperm OR donor insemination OR procreat* OR conception OR assisted conception OR donor conception OR reproduct* technolog* OR assisted reproduct* techn* OR family	experience* OR qualitative stud* OR interview*

		building OR third-party reproduct*

The PRISMA flow diagram (Page, McKenzie, Bosuyt *et al.* 2021; figure 1) guided the review. 2686 papers were identified by abstract and title across CINAHL (n=819), DART, (n=3), EthOs (n=4), PsycINFO (n=21), PudMed (n =106), and SCOPUS (n=108). Duplicates and papers not in English were removed.

Figure 1: Identified papers and PRISMA flow diagram



1.5.3 *Results of systematic literature review*

Twenty-five papers were identified where decision-making was a key focus of LGBQ+ journeys of family building using assisted reproduction. Eighteen papers recruited intended and first-time parents given the richness of current experiences and changes in meaning of decision-making with another child (Almack, 2006; Appelgren Engström, Häggström-Nordin, Borneskog & Almqvist, 2018; Chabot & Ames, 2004; Christensen, 2022; Donovan & Wilson, 2008;; Gartrell et al., 1996; Haimes & Weiner, 2000; Hayman, Wilkes, Halcomb & Jackson 2015; Murphy, 2013; Newman, 2019; Nordqvist, 2009; Ravelingien, et al., 2015; Ryan & Moras, 2017; Shaw et al., 2023; Smietana & Twine, 2022; Somers et al., 2017; Yao, Yan & Lo, 2023). Ten papers acknowledged richness of decision-making by recruiting parents with multiple children including from a prior heterosexual relationship (Appelgren Engström, et al., 2018; Bottomley, 2019; Carpenter & Niesen, 2021; Chapman, Wardrop, Zappia, Watkins, & Shields, 2012); Greenfield & Seli, 2011; Karpman, Ruppel & Torres, 2018; Newman, 2019; Nebeling Petersen, 2018; Shaw, et al., 2023; Tao, 2023). Another ten papers encompassed a larger range of older children and/or relied on retrospective accounts (Almack, 2006; Bottomley, 2019; Christensen, 2022; Donovan & Wilson, 2008; Haimes & Weiner, 2000; Hayman et al., 2015; Murphy, 2013; Nebeling Petersen, 2018; Nordqvist, 2009; Touroni & Coyle, 2002).

Only one paper recognised parenthood as an individual or collective endeavour (Tao, 2023). Fourteen explored this journey within a couple relationship (Almack, 2006; Appelgren Engström et al., 2018; Bottomley, 2019; Chabot & Ames, 2004; Christenen, 2022; Greenfield & Seli, 2011; Haimes & Weiner, 2000; Hayman et al., 2015; Ravelingien et al., 2015; Somers et al., 2017; Touroni & Coyle, 2002). The remaining ten encompassed single journeys to parenthood (Carpenter & Niesen, 2021; Donovan & Wilson, 2008; Gartrell et al., 1996; Karpman et al., 2018; Murphy, 2013; Nebeling Petersen, 2018; Ryan & Moras, 2017; Smietana & Twine, 2022; Shaw et al., 2023; Yao, Yan & Lo, 2023). Eleven papers elicited perspectives of biological, non-biological and/or non-birthing parents (Appelgren Engström et al., 2018; Donovan & Wilson, 2008; Gartrell et al., 1996; Haimes & Weiner, 2000; Karpman et al., 2018; Murphy, 2013; Nebeling Petersen, 2018; Newman, 2019; Nordqvist, 2009; Smietana & Twine, 2022; Tao, 2023). Only three papers considered one perspective (Bottomley, 2019; Ryan & Moras, 2017; Shaw et al., 2023).

Fourteen papers focused on decisions in the context of clinic-assisted treatment (Appelgren Engström et al., 2018; Bottomley, 2019; Christensen, 2022; Donovan & Wilson, 2008; Greenfield & Seli, 2011; Murphy, 2013; Nebeling Petersen, 2018; Newman, 2019; Ravelingien et al., 2015; Shaw et al., 2023; Smietana & Twine, 2022; Somers et al., 2017; Tao, 2023; Yao et al., 2023) while nine included self-arranged conception routes to parenthood (Almack, 2006; Chabot & Ames, 2004; Chapman et al., 2012; Gartrell et al.,1996; Haimes & Weiner, 2000; Hayman et al., 2015; Nordqvist, 2009; Ryan & Moras, 2017; Touroni & Coyle, 2002). Fifteen papers included LGBQ+ parents in urban and rural areas and/or sought treatment abroad to explore context on choice of conception route and decisions (Bottomley, 2019; Carpenter & Niesen, 2021; Chapman et al., 2012; Donovan & Wilson, 2008; Gartrell et al., 1996; Greenfield & Seli, 2011; Haimes & Winer, 2000; Hayman et al., 2015; Karpman et al., 2018; Murphy, 2013; Nebeling Petersen 2018; Newman, 2019; Ravelingien et al., 2015; Ryan & Moras, 2017; Shaw et al., 2023; Smietana & Twine, 2022; Somers et al., 2017; Tao, 2023; Yao et al., 2023). Two papers offered meaningful content on decision-making about identity matching and the legal context on decision-making and despite poor quality, were deemed important to be included in the final sample (Greenfield & Seli, 2011; Tao, 2023).

One study focused solely on a sample of LGBQ+ parents seeking self-arranged conception including those with differing degrees of intersectionality (Karpman et al., 2018). This paper and ten others included a diverse sample; however, samples were overwhelmingly white and middle-class (Almack, 2006; Bottomley, 2019; Carpenter & Niesen, 2021; Chabot & Ames, 2004; Gartrell et al., 1996; Greenfield & Seli, 2011; Karpman et al., 2018; Nebeling Petersen, 2018; Nordqvist, 2009; Shaw et al., 2023; Smietana & Twine, 2022). Six papers included white parents only (Christensen, 2022; Donovan & Wilson, 2008; Haimes & Weiner, 2000; Nordqvist, 2009; Ryan & Moras, 2017; Touroni & Coyle, 2002). One paper sought this racial demographic to explore whiteness on decision-making for inter-racial couples (Ryan & Moras, 2017) and was a similar focus for three other papers (Murphy, 2013; Newman, 2019; Smietana & Twine, 2022).

Eight papers made no mention of racial demographics and included minimal participant details (Appelgren Engström et al., 2018; Chapman et al., 2012; Haimes & Weiner, 2000; Hayman, et al., 2015; Ravelingien et al., 2015; Somers et al., 2017; Tao, 2023; Yao et al., 2023). Apart from four papers that only recruited gay men or gay parents (Greenfield & Seli, 2011; Murphy, 2013; Nebeling Petersen, 2018; Tao, 2023), remaining papers focused on female same-sex parents or

parents assigned female at birth which included lesbian parents only (Almack, 2006; Appelgren Engström et al., 2018; Chabot & Ames, 2004; Chapman et al., 2012; Christensen, 2022; Donovan & Wilson, 2008; Gartrell et al., 1996; Haimes & Weiner, 2000; Hayman et al., 2015; Newman, 2019; Nordqvist, 2009; Ravelingien et al., 2015; Ryan & Moras , 2017; Shaw et al., 2023; Somers et al., 2017; Yao et al., 2023) or Lesbian, Bisexual and Queer female parents (Bottomley, 2019; Carpenter & Niesen, 2021; Karpman et al., 2018; Tao, 2023; Touroni & Coyle, 2002).

Seven papers conducted research in the UK (Almack, 2006; Bottomley, 2019; Donovan & Wilson, 2008; Haimes & Weiner, 2000; Nordqvist, 2009; Shaw et al., 2023; Touroni & Coyle, 2002) and seven papers in the United States (USA) (Carpenter & Niesen, 2021; Chabot & Ames, 2004; Gartrell et al., 1996; Greenfield & Seli, 2011; Karpman et al., 2018; Newman, 2019; Ryan & Moras, 2017). Two studies took place in Australia (Chapman et al., 2012; Hayman et al., 2015), Belgium (Ravelingien et al., 2015; Somers et al.,2017), Denmark (Christensen, 2022; Nebeling Petersen, 2018), China (Tao, 2023; Yao et al., 2023) and Sweden (Appelgren Engström et al., 2018). Two papers compared LGBQ+ parents' decisions across the UK, USA, and Australia (Murphy, 2013; Smietana & Twine, 2022). Studies are summarized in Table 6.

Table 6: Summary of Studies included in SLR

Author(s), year and paper title (including study location)	Aim(s)	Population/Sample	Data collection and analysis	Results	Strengths and critiques (own and those discussed by researcher(s))	Reflections (considering social constructionist lens)
Almack (2006) Seeking sperm: Accounts of lesbian couple's reproductive decision-making and understandings of the needs of the child. UK.	Exploring reproductive decision-making of lesbian parent families and how they navigate societal and legal discourses to address the needs of their first-born children.	40 lesbian birth and non-birthing mothers aged 28-47 years. Privately arranged and clinic assisted donor reproduction arrangements Families of at least one child up to age six. Purposive and snowball sampling.	Individual and joint interviews (20 couples, 40 individuals) Data analysis method not reported.	• Challenges with finding and negotiating terms with known donors. • Clinics preferred to screen sperm to minimize health risks. • Genetic history of donors sought to ensure children inherited valued qualities. • Acquaintance with donor and building trusting relationship with donor reduced risks and ensured child well-being. • Distinguished between needing to know origins and having parental figures	+ Explored first time parenthood in context of donor conception. + Data was enriched by reviewing existing decisions in couples planning for a second child. + Participants able to give honest accounts having assessed researchers 'political stance'. +Mentioned how future research could focus on different forms of lesbian parent families.	• Although the study explores the role of societal discourses in decision-making, I was curious to know why the researcher drew on results of separate interviews only. Study would have been enriched by looking at how such discourses were navigated as a couple and in contexts of difference did, they employ other

	that offered stability and security. • Excluded donors from family unit to protect children from disruptions. • Concerns of known donors seeking involvement/rights. Various names given to donors, with some named as 'uncles' or 'family friends. • Heterosexual donors preferred and gay donors rejected. • Anonymous donation sought to maintain privacy; others negotiated ongoing contact with donors. • Distinctions between biological fatherhood and active parenting which	-Unclear of how data was analysed and how researchers' relationship to topic area influenced analysis and interview process. -More in-depth summary of interview questions would have aided transparency.	discourses to make decisions. • Interested to know how other aspects of identity influenced the ability to resist or conform with societal discourse, especially given the religious and racially diverse sample.

				informed names given to donors. • Emphasised importance of stability and love within families without need for a 'father figure'.		
Appelgren Engström et al., (2018). Mothers in same-sex relationships describe the process of forming a family as a stressful journey in a heteronormative world: A Swedish grounded theory study. Sweden.	Examining how women in same-sex relationships experiences the process of building a family using assisted reproduction.	20 lesbian mothers (birth and non-birthing mothers). Aged 25-42 years. Mothers were either married or cohabitating and had at least one child aged 1-3 years. Purposive and theoretical sampling to achieve saturation.	Semi-structured interviews (coupled and individual). Grounded Theory, (GT; Corbin & Strauss 2008).	• Process of forming a family was a stressful journey which encompassed 1) a journey fraught with difficulties and decisions, 2) the nuclear family as the norm and 3) a need for psychological support. • Little information about, or support with conception; professionals and treatment were heteronormative and transitioning to parenthood was stressful and support.	+ Offers insight into how women in same-sex relationships experience process of childbirth through assisted reproduction. +Mothers recruited from rural and urbans areas to increase transferability of findings. +Involvement of research team in analysing data to ensure credibility. -Data was collected and analysed in Swedish and	• Although the researchers have focused on one aspect of the model, I was curious about their approach to splitting decision-making and experience of parenthood and whether richness had been lost because experience of parenthood might well have informed mothers

was lacking and required parents to educate them. • Decision made of how and where to access treatment. Sweden chosen due to safeness, low cost, the clinic overseeing treatment and access to donor information. • Birth mother determined by desire to be pregnancy and give birth, age, and career and many took 'turn-taking'. • Healthcare organisation and treatment reinforced nuclear family as norm, excluding non-birthing mothers.	translated into English. Translation may pose limitations into how meaning is transferred between languages. -Has not highlighted agreements and disagreements in lesbian mothers' decision-making which would have enriched results.	understanding of prior decisions. • I wondered if subtle meanings in Swedish had been lost by translating results into English. • Researchers desired to employ this model in different contexts, I was conscious to know if research was embedded within a critical realist stance and if this undermined the role of social contexts in decision-making.

				• Birthing mothers received treatment used for infertile heterosexual couples and hormone therapy caused pain. • Treatment was time-consuming, stressful with great anticipation and fear of miscarriage and fertilisation felt clinical and unromantic. • Despite being married, couples had to confirm non-birth mother parental status.		
Bottomley, (2019) 'Doing family' through reciprocal IVF: An exploration of how LGBQ+ women experience becoming 'genetic mother	Exploring how LGBQ+ women experienced becoming 'genetic mothers' using Reciprocal IVF.	7 LGBQ+ biological but non-birthing mothers. Aged between 30-43 years.	Semi-structured individual interviews. Interpretative Phenomenological Analysis (IPA,	• Desire for a child was a life aspiration or emerged in relationship. Wish for child to be 'theirs' which informed roles and strengthened views as mothers/parents.	+Strong rationale for IPA outlined which felt appropriate for sample that could clearly convey their experiences.	• Researcher nicely situates research within a personal and epistemological context, and reflexivity was thoughtfully

(Unpublished thesis, London City University). UK.	Either cohabiting, in a civil partnership or married. Families had between 1-3 children aged 13 months-7 years. Purposive sampling.	Smith, Flowers & Larkin, 2009). Essentialist, Social Constructionist, Feminist and Queer theories employed to support analysis.	• Sense of loss and sadness at being unable to carry child which was experienced during pregnancy and beyond. • Happiness and contentment deepened with baby being 'theirs', but sadness and isolation for those who felt the baby was not 'theirs' and 'left out' of parenting. • Caring and having one-to-one time with child alleviated distress, and promoted connection, happiness, and joy. • Others which supported and recognised mothers as parents fuelled happiness,	+ Homogenous sample which was able to highlight convergence and divergence in results. +Reflects on personal and epistemological stances in relationships with participants and impact on analysis. +Sample was self-selecting and highly motivated to take part in research. -Small and unique sample size limits generalisability of results to others sharing similar characteristics to sample. -Relying on participants to recall retrospective accounts	considered enabling which enriched data collection and analysis. • Whilst identity change was a major theme, I was curious to know about the lack of focus on identity changes for wider family members especially as reciprocal IVF is a as favourable method of conception as it strongly mirrors the heteronormative family structure.

				confidence in roles as mothers/parents. • Disapproval/discrimination caused hurt and sense of injustice which undermined sense of identity. Strategies helped others recognise and accept them as mothers/parents and empower themselves as a couple. • Sense of identity evolved throughout conception, pregnancy and following birth which was shaped by their contexts and cultures.	of experiences which is likely to subject to recall bias.	
Carpenter & Niesen (2021). 'It's just constantly having a ton of decisions that other people take for	Understanding the role of queer identity in pregnancy	22 queer intended mothers or mothers. Aged	Semi-structured interviews (individual)	• Queer identify informed pregnancy desires, choice to seek pregnancy and pregnancy experiences	+Adds to limited research by examining pregnancy experiences of those with	• Although findings advance literature by exploring experiences of

Granted': Pregnancy and parenting desires for Queer cisgender women and non-binary individuals assigned female at birth. USA.	desires and decisions among queer individuals assigned female at birth (AFAB).	between 20-40 years. Mothers were single, coupled and married. No other family context reported. Purposive sampling to achieve theoretical saturation.	Open and focused coding as part of grounded theory (GT; Charmaz, 2014)	informed by individual, relationship, and structural factors and pursuing pregnancy followed desire for parenthood. • Tolerance of pregnancy as physical phenomenon and view of pregnancy in context of queer identity determined path to parenthood. • Biological connection felt important for people of colour, but queer identity made biological connection as less critical. • Many clear about pregnancy desires independent of relationships but filtered these though	sexual and gender identities and partnerships. +Involvement of research team members in analysis process to limit bias in data interpretation. +Involvement of experts by experience in evaluating and creating an applicable interview schedule. -Richness of data was limited by having recruited a largely White, cisgendered and female sample. -Participants recruited through social media and	those that embody differences in gender and sexuality, I was curious to know why the researchers focused on decision-making in pregnancy specifically and whether there was an assumption that those who were sexually and gender diverse might particularly struggle with this aspect. • Would have been interesting to explore the journey of decision-making for these groups

				their current relationships. Partners feeling about biology and parenting and ability and willingness to become pregnant, impacted view of pregnancy. • Financial, legal and health-care related barriers specific to queerness shaped experiences and decision-making.	-Lack of uptake of follow-up interviews to evaluate the themes made from the data.	across time especially given the change and increase in stigma and violence for gender diverse adults/parents within the American context.
Chabot & Ames (2004). 'It wasn't 'let's get pregnant and go do it': Decision-making in Lesbian couples planning motherhood via donor insemination. USA.	Exploring and conceptualising the journey of decision-making for lesbian couples pursuing parenthood by donor	20 lesbian mothers (10 couples) aged 30-43 years. Couples had been in a relationship from between 3-19 years.	Semi-structured interviews and observations (coupled) Thematic Analysis (Miles & Huberman, 2004)	• Concerns of losing lesbian identity with becoming a parent and recognising identities could co-exist. • Desires to have a children overcame concerns of raising a child by lesbian parents and negativities about lesbianism and parenting.	+ Use of a feminist lens to enriched quality of data analysis. +Including those at different stages of parenthood enriched development of a decision-making model.	• Although a feminist framework offered a rationale for engaging collaboratively with participants, I wondered why this theory wasn't used to understand the experience of

	insemination (DI).	Families with at least one child aged between 3 months and 8 years. Purposive and snowball sampling.	Feminist inquiry applied to analysis	• Connecting with lesbian mothers to offer social, emotional and information support were important, particularly in rural areas. • DI offered pregnancy and birthing experience, a genetic link and control over parenting, including non-biological mother participating in insemination. • Selected donor characteristics that matched non-biological mother and sperm sought to create biological sibling. • Biological mother chosen if desire to be pregnant and/or by age, safety, time off work and work flexibility and if 'out'.	+Reviewing analysis with participants to avoid oppressing experiences. -Did not explore long-term effects of donor insemination decisions on family dynamics. -Legal issues of violating confidentiality might have impacted data collection. -Study included a small number of lesbian parents limiting generalizability.	decision-making in greater depth. • Using other theoretical frameworks alongside feminist theory would have helped to enrich the various levels of power that are negotiated implicitly and explicitly and inform decision-making.

				• Discussed role, legal rights and responsibilities with known donors Concerns of limited donors of colour. • Couple referred themselves as 'mothers' and names legitimatised roles, which were also decided by the child. Balancing being 'out' versus 'in' as a family and educating professionals/institutions about family.		
Chapman et al., (2012). The experiences of Australian lesbian couples becoming parents: deciding, searching and birthing. Australia.	Exploring lesbians' mothers' experiences of becoming parents through IVF/DI.	Although the abstract stated 7 interviews were conducted the method states that 12 lesbian mothers (6 couples), aged	Semi-structured coupled interviews Grounded Theory (GT; Speziale-Streubert & Carpenter, 2003)	• Decision to become parents considered in context of punitive legal system, social attitudes, and lack of existing bodies of knowledge and support.	+Clear rationale for study and how it advances previous research. +Included interview questions which aided transparency and improved research quality.	• Although implications helpfully recognised the need and ways to make care more inclusive for lesbian parents, I wondered why

	35-52 years took part. Families consisted of first-time mothers or mothers with at least 1 child, aged 1- 11 years. Purposive and snowball sampling to achieve theoretical saturation.	• Long-term desire to have children but concerns about impact of same-sex parents on child well-being prior to or after legalisation changes. • All in long-term relationships and redefined socially accepted constructions of family and addressed and negotiated structural barriers to achieve parenthood. • Logistical and ethical challenges of finding and using a known/unknown donor, retention of sperm/ova for later children, availability of donors and parenting rights of donors.	+Research quality improved by ensuring data analysis was credible and transferable. -Sample included a small number of lesbian mothers limiting generalisability of results. -Study included lesbian mothers that had conceived a family prior to following legislative change in Australia.	implications focused on healthcare changes and not facilitating widespread societal change more broadly. • I wonder if separate individuals' participants might have helped participants feel freer to express their individual views, rather than conducting joint interviews that would have somewhat reduced the nuance of experiences.

- Experiences of prejudice by professionals and finding inclusive professionals, alongside long waiting lists for treatment.
- Concerns of who would raise child and most conceived with an unidentified donor and ensured subsequent children had same donor.
- Some chose friends who wanted donor to be involved in child's life and those who wanted an unknown donor had three donor choices.
- Experienced heartbreak at miscarriages and terminations of unviable pregnancies and seen as mechanical exercise.

- I also wonder whether it was possible to achieve theoretical saturation with six couples given research questions varied in topic area and participants had various lengths of experiences of parenting one or more children.

				• Rural and regional centres and geographical isolation limited choice of health services.		
Christensen (2022) 'Constructing a queer family': Lesbian couples' narratives of choosing a sperm donor. (Unpublished thesis, Aalborg University) Denmark.	Examining lesbian constructions of 'family' and its influence on choice of sperm donor in clinic assisted reproduction.	6 lesbian mothers (3 couples), aged mid 20s to late thirties (no specific ages provided). Conceiving as first-time mothers or had at least one child aged up to 5 years. Purposive sampling.	Semi-structured coupled interviews. Thematic analysis (Braun & Clarke, 2006). Employed positioning and social representation theories.	• Donor release vs. non-identity release central to decision and determined by needs of child vs not overwhelming child. • Sperm banks position couples to 'vouch for their choices' to be responsible and 'good parents' and failures if a lack of consideration about choice of donor. • Terms used to assimilate into and legitimise status as non-biological mother and biological mothers.	+Carefully considers and manages privacy issues and enriches data collection by allowing interviews to take place in location of choice. +Explicit reference of previous literature in conceptualising questions for interviews. +Directed attention to focus on decision-making in other alternative family types including gender and ethnically diverse families.	• Whilst the researcher mentions narratives which inform decision-making, I wondered if the researcher was biased to only look at content rather than the structural aspects of language and how these do and don't reflect the content that his shared within certain narratives, which would have

• Names of donor influenced by extent of donor involvement and to avoid undermining role of non-biological mother as parent. Names included 'dad'. 'daddy', 'donor' and 'biological dad'. • Desire for donor that resembles the non-biological mother and highly importance of these decisions in securing connection with grandparents. • Importance of biological connection between siblings for bonding and protection, effected by financial constraints and outweighed	-No mention of clinical or policy implications, despite them being named as areas of challenge. -Small number of participants that were from an all-white racial background and privileged, limiting data richness and generalisability of results.	enriched the analysis. • I was curious to know if there are certain meanings that directly translate into English and whether more subtle cues in Danish would be lost in translating and interpreting the data in English and diluting the richness of accounts.

				views of being raised as social siblings. • Intended to children to contact donor sibling if wanted, but not actively encouraged by parents. Played down the relevance of biological connections with diblings and seeing them as removed from family unit.		
Donovan & Wilson (2008). Imagination and integrity: Decision-making among lesbian couples to use medically provided donor insemination (DI). UK.	Exploring how lesbian couples make decisions about family construction when building a family through clinic assisted reproduction.	Pilot study. 12 lesbian mothers, single, coupled and in long-term relationships. Families with at least one child under 5 years.	Semi-structured interviews (4 coupled and 4 individual). Thematic analysis.	• Imagined using known donor due to rationale that children should have access knowledge about/involvement with them. • Reality of negotiating with donors solidified decision to choose DI in a clinic as	+Recognising that experiences of explaining decisions to others might have influenced sharing of experiences. +Study is novel by asking people about decision-making prior to legislative change.	• Although researcher recognises others evaluating lesbian couples' decision-making, I wonder why the referral to the 'non-biological' mother as 'co-parent' and if it was

	Snowballing via friendship, professional and non-heterosexual parenting networks	donor might jeopardise family and parenting relationships. • Threat of using known donor reduced by child building relationship with donor as adult, who already has a strong sense of identity and belonging. • A secure and stable family unit with clear parenting relationships felt to offset risks of choosing anonymous DI. • Concerns if lesbianism would be a barrier to clinics perception of couple as acceptable parents and expressed fear and resentment about this.	-Richness of data is limited by the retrospective nature of experiences. -Mentions data was analysed into themes but unclear of which thematic framework was used to guide process. -Sample was mostly white, middle class and highly educated limiting the generalisability of results.	a seen to recognise and position them as both parents, and embedded within a heteronormative lens which recognises those with a biological connection to be 'valid' parents. • I also wondered if the researchers had thought enough about the impact of legislative change beyond lesbian parents, including professional which might have enriched the results.

- Commitment to becoming parents and tolerate heterosexist assumptions by 're-skilling' themselves for DI.

- Aimed to tell child about conception to develop sense of self and articulated certain 'family' constructions to gain approval.

- Drew on distinction of biological fathers and social 'daddies' and to illustrate different family types.

- Sharing family story based on children's understanding, curiosity, attitudes and acceptance from others.

				• Ordinary family practices were important due to fear of judgement regarding parenting. • Seeing both as 'mummies' and for children to create family story and select name for 'non-biological mother'.		
Gartrell et al., (1996). The national lesbian family study. 1. Interviews with prospective mothers. USA.	Exploring lesbian couples' experiences of conceiving a child through Donor insemination (DI).	84 lesbian mothers aged 23-49 years. Mothers were single, coupled and cohabiting and were first-time mothers or had at least one child.	Semi-structured interviews (14 individuals and 70 couples). Content analysis.	• Couples worried about losing time and energy for relationships post birth and reflected expectations that both would equally share childcare. Those expecting their first child, sought ways to maintain relationship stability.	+Interviewing took place over a period of six years helping to gain in-depth data of changing social-political landscape on decision-making. +Attempts to make interview accessible by piloting questions, starting with least sensitive questions and	• Whilst numerous topic areas are explored because of limited research in lesbian DI, I wondered what data was selected for inclusion given not all data was included. Data exploring stigma

	Purposive and snowball sampling.	• All had strong social support systems, and their parents were 'out' about having a lesbian daughter and relatives welcomed the birth of their child, whilst others feared rejection of family. • Majority sought donors to not be involved in parenting, but known donors expected to raise and/or have a relationship with child now/future. • Selected unknown donor to limit involvement or gain custody. Others did not have a relationship with a potential donor, despite preferring a known donor.	flexibility with length of interviews. +Mothers were interviewed at point of planning or whilst pregnancy, enriching data quality. -Sample largely white, middle-class and degree educated, limiting the generalisability of results. -No mention of implications and limited reference to future research.	concerns was not quantified to the same extent as other themes. I wondered if the richness could not be easily quantified and in doing so attempting to highlight the multiple lays of stigma lesbian mothers must navigate on their journeys with DI. • Researchers state how interview questions might help lesbian parents think about these topics on their journey to

				• Hoped for a daughter and a male role model was important, and many expressed a desire to breast-feed than be pregnant. • Stigma concerns focused on raising a child in a non-traditional family and would discuss insemination with children. • Most were 'out', actively involved in parenting groups, strongly identified as and open about lesbianism with children and to teach them about prejudice.		parenthood. I wondered if the researchers might hold a position of recognising lesbian mothers as people needing support, rather than recognising existing strengths.
Greenfield & Seli (2011). Gay men choosing parenthood through	Exploring the medical and psychological	30 gay fathers (15 couples) aged 38 on average (no	Semi-structured interview and medical	• Decision not to be sperm donor if had existing mental health difficulties, but all	+Interview questions were shared helping to aid	• I wondered to what extent that researcher is

assisted reproduction: medical and psychosocial considerations. USA.	experiences of gay men seeking parenthood with assisted reproduction?	other age ranges provided). Fathers were cohabiting and in a committed relationship or married. Purposive sampling.	evaluation (coupled). No data analysis method reported.	denied current mental health difficulties. • Sufficient understanding of medical and psychological demands of assisted reproduction. • Majority of couples families were supportive of men 'coming out', their same-sex relationship and decision to have children through surrogacy. • Decision to be biological parent, determined by age, whether one had a child, greater desire for biological connection and if one had 'better genes.	transparency and improve research quality. +Offers a valid experience of decision-making within a clinic setting. +Study included a diverse sample from different local and global regions with different legal systems and enriching data collected. -No mention of decision-making in relation to sharing origins with children, although this was asked. -Depth of qualitative accounts were lost by quantifying results.	colluding with wider narratives of 'consumerism' given discussion points mention the need for gay men to develop knowledge of surrogacy laws, rather than recognising the oppression and discrimination embedded in such laws. • I was interested to know of whether mentioning the need to be respectful of choices made by gay men and having to follow guidelines

- Equal desires for biological connection resulted in inseminating equal numbers of oocyte transfer to an embryo from each partner.

- Majority used an agency to find a surrogate whilst others chose a friend or family member to carry child.

- Requested donor to be tall, attractive, educated and resemble non-biological parent.

- Couple formed a close and ongoing relationship with surrogate even after birth and appreciated input in pregnancy and valued her female presence.

reflected the researchers struggle with navigating an oppressive system by creating a direct comparison of gay men's experiences with heterosexual parents.

Haimes & Weiner (2000), 'Everybody's got a dad…' Issues for lesbian families in the management of donor insemination. UK.	How do lesbian families negotiate and manage donor involvement in the building of a family using donor insemination (DI).	12 lesbian mothers (including birth and non-birthing mothers). No mention of participant ages. Families had children aged 6 months- 12 years. Purposive and snowball sampling.	Semi-structured interviews (individual and coupled). No data analysis method reported.	• DI at a licensed clinic was not straightforward and sought clinics that were accepting of lesbians which were costly and involved time off work, travel, and overnight stays. • Process involved deciding known or anonymous donation, but converting preference to action not straightforward, due to individual preferences, gaining knowledge of sources and opportunities to carry out preferences. • Health risks and screenings discussed with donors and finding donors was shaped by practical considerations	+Provides much needed insight into how lesbian women navigate decision-making in donor insemination. +Aims clearly outlined and how these changes in context of mother's circumstances. + Researcher recognised and critically considered the impact on lesbian identity on data collection. -No mention of consent and ethical issues and how these were considered. +Unclear of data analysis method and how this process was carried out.	• Although, the researcher is interested to explore the stories and narratives which inform decision-making, I wondered why there was just a focus on content and not exploring the structural and performative aspects of language which would have enriched results. • Although researcher considers and recognises the role of social context in

and by different values and priorities. • Women chose unknown donor via clinics or SI groups; knew donor but agreed would remain anonymous and/or would be made available to child in future, or donors had little/regular contact, but none seen as co-parents with mothers. • Fear known donor would give rights to be seen as 'father' and cause conflict undermine role of non-biological mother and informed selection of unknown donor through clinics and self-arranged groups.	-No mention of epistemological position and lacking depth about personal relationship to topic.	decision-making, I wondered if they were drawn into a critical realist stance and organised data on two key themes to make the content more digestible rather than grouping data into themes which are focused on the influence of socio-political context and navigating decisions in context of others.

- Extended family preferring donor involvement to make families more 'presentable'.

- Donor involvement might help child acquire relatives, but threated loss of control.

- Gay donors viewed as less risky as heterosexual men felt who would be able to seek custody.

- Possibility donors might become fathers if 'earn it' but risked undermining other father figures in child's life.

- Children had a right to know donors and siblings to

				strengthen sense of belonging and connection. Intended to tell children about conception as part of being open about sexuality and family relationships. Felt that children should be taught to account for familial non-conformity, which was easier with a known donor.		
Hayman et al., (2015). Lesbian women choosing motherhood: the journey to conception. Australia.	Exploring how lesbian mothers construct motherhood in building a family using donor insemination.	30 lesbian mothers (15 couples) aged 28-58 years. Mothers were cohabiting or married and had one or more children, aged 2 months-10 years.	Semi-structured interviews (coupled) and journalling. Constant comparative analysis (Thorne, 2000).	• Majority desired to become mothers, others thought lesbianism excluded them from motherhood. • Expectations within and outside lesbian community questioned parenting competency and were rejected from lesbian community.	+Used a range of data sources to improve to aid understanding of lesbian mothers' experiences of assisted reproduction. +Method is appropriate in its attempts to build a theory of constructing journeys to motherhood.	• Curious to know who why the researcher chose to focus on decision-making to aspect of conception. It would have been interesting to explore how decision-making was influenced by

	Convenience and snowball sampling.	• Carrier of pregnancy determined by age and health status, desire to be pregnant, ability to conceive and whether embodied 'butch' or 'femme' identity. • Some saw known donors as just 'donors', whilst others chose known donor for relationship with child. • Relative chosen as known donor to establish biological connection to non-biological mother and strength position of non-biological mother as parent and mother.	-No mention of research or clinical implications and strengths or weaknesses of the study. -No mention of epistemological position or personal relationship to topic area. -Unclear if women were interviewed together and whether the data was a co-constructed narrative of experiences.	parenting, particular in the case of numerous couples with sets of twins. • Although, data indicated the role of social contexts in decision-making (i.e. lack of access to clinical treatments, role of stigma from other lesbian women) the discussion section detracted from exploring these factors in decision-making. Instead, it focused on practical aspects of decision-making. I wondered what the

- Unknown donor selected due to risk of donor making a 'claim' to child and protect status of non-biological mother, and semen would be screened in clinics.

- Couples wanted donor that matched non-biological to create 'impression of biological tie' and strengthen position as equal mother.

- Knowing history of donor to ensure illnesses could not be passed to child.

- Couples choosing known donor opted for VI and prepared themselves for this route, whilst couples opting

researcher's relationship to LGBQ+ family building and whether there was a lack of understanding of the unique challenges faced by lesbian parents.

				for unknown donor used IUI or IVF. Those that were unsuccessful with VI opted for IVF and IUI. • None chose IVF as first preference because it was inaccessible to most.		
Karpman et al., (2018). 'It wasn't feasible for us': Queer women of color navigating family formation. USA.	Examining how queer women from the global majority navigate decision-making creating a family using donor insemination (DI).	19 lesbian, bisexual and queer mothers from global majority. Average age was 33 years (no specific age ranges mentioned). Families included single or coupled mothers with	Semi-structured interviews (coupled and individual). Grounded theory (Corbin & Strauss, 2014). Employed intersectional analysis framework.	• Explored queer women of colours understanding and negotiations of decision-making to create a family by DI. • Selection of known donor due to limited access to known donation and desire for specific racial, ethical, and cultural characteristics through commercial sperm banks.	+Participants were asked to define racial identity rather than having to select a pre-defined racial category. +Numerous stakeholders were involved in all aspects of the research processes. +Deliberate attempts to diversify methods to recruit LGBQ+ women from the global majority.	• Although researchers reflected on failing to consider other aspects of identity alongside sexual identity, I wondered why they focused so much on race within participant relationships and why it was less focused on decolonising the

	between 1-2 children. Purposive sampling.	• Prioritised donors who shared physical characteristics to non-birthing parent and shared cultural experiences to one or both partners including lived experiences of discrimination. • Decisions informed by discourses of transracial adoption and impact that lack of access to racial, ethnic, and cultural communities of origin on child's identity development. • Complexities of and parental desire to support their child's negotiation with and potential to be categorised as different	-Research team were largely racially white which might have impacted recruitment and lens to research and limited what was shared. -Lack of detail about codebook that was conceptualised to analyse data on decision-making.	design of the study including approach to interviews. • I wondered if the performative aspects of language had been analysed, it would have been helpful to highlight what narratives might have been silenced or censored and therefore helped to guide a framework to decolonising research involving people from the global majority.

				from their chosen racial, ethnic, and cultural identities by others.		
Murphy (2013). The desire for parenthood: Gay men choosing to become parents through surrogacy. USA and Australia.	Exploring gay men understand the factors that inform desires to have children and framing of parenthood experiences.	30 gay fathers 30 (28 individuals, 1 couple), aged mid 20s to mid 50s (precise ages not mentioned). Families included single and coupled fathers, with multiple children aged 1 month-9 years. Purposive and snowball sampling.	Semi-structured interviews (individual and coupled). Thematic analysis.	• Innate desire to have children which determined partner selection and discussed early in relationship. • Awareness of parenthood desires prior to 'coming out' and homosexuality foregrounded or foreclosed possibility of parenting. • Innate desire socially informed by gaining information from surrogacy agencies and knowing and/or seeing gay men with children and overcoming	+Added to limited knowledge of decision-making in a commercialised context. +Sample was incredibly diverse in multiple ways (relationship status, racial background, age of children and geographical location). -Would have been helpful to explore effects of racial diversity in decision-making to enrich analysis. -No mention of researchers epistemological and personal position to research and its	• Although choice of interview format could have aided recruitment, I wondered if there was a bias to recognise parenthood as only a shared venture which might have explained a reluctance to explore couples separately including those that had entered a relationship during their independent

legal/immigration barriers to surrogacy. • Immense responsibility and 'planning' to have a child through surrogacy and making choices in child's best interests. • Significance of biogenetic relatedness highly important, deemed as 'natural' for procreation, and deciding genetic father was intensely discussed and biological father was obscured from others. • Equalised biological connection by having child each and using same egg donor for children. Biological parents selected	effect on research design and analysis. -No rationale of why a deductive approach to TA was used.	journey to parenthood. • I was curious to know of researcher's allegiance with commercial surrogacy and whether not wanting to explore difference in surrogacy experiences was to safeguard against political judgement about Australia's legal restrictions on commercial surrogacy.

				by 'unintentional knowing' in which embryos of both fathers' sperm were used and biological parent status was kept secret. • Racially mixed-race couples sought physical resemblance to parents and siblings.		
Nebeling Petersen (2018). Becoming Gay fathers through commercial surrogacy. Denmark.	How do gay men negotiate traditional and new forms of kinship and family when creating a family using surrogacy?	15 gay fathers (7 couples, 1 individual) aged 26-60 years. Families included single and coupled fathers and were either first time fathers or had 1-2 children, aged 7 months-7 years.	Semi-structured interviews (individual and coupled). Narrative analysis (NA).	• Even as white, middle- and upper-class couples, changing national regulations in relation to accessing surrogacy for same-sex couples hit them harder making them feel trapped, immobile, and discriminated instead of privileged. • Surrogacy provided control over reproductive process	+Reflected on the co-constructive narratives creates with researcher and participants. +Some reflection of researcher's positionality to topic area. +Deliberate attempts to maintain confidentiality and	• Although the researcher bracketed viewed gay men as a privileged group, they recognised them as a trapped and immobile through points of surrogacy which led to an appreciation of the

	Purposive and snowball sampling.	which ii important as men have little control over legalisation change, failed IVF cycles and miscarriages. • Whilst some had a longing for fatherhood, for others the possibility of becoming parents changed from being unable to have children to one who can reproduce. • Men revisited families of origin in light of being able to procreate and renegotiated former experiences of marginalisation and exclusion. • Genetic link had no importance and chose donor based on best sperm count and partner with no genetic	privacy given the legal ramifications if broken. -Interview data was translated from Danish into English and concerns remain as to whether meaning is transferred. -No mention of clinical and research implications.	oppressive features of certain contexts and the challenges this creates for gay father families. • I was curious to know if the researcher had considered evaluating the change in narratives across time and how certain narratives developed at particular time points and whether that came with seeking surrogacy abroad, especially given

				susceptibilities. If both good donors, used 'turn-taking' using same egg donor to have a genetic sibling. • Couples 'hid' sexuality and disguised use of surrogacy due to racial differences between parents and children.		the differences in cultural perceptions of surrogacy between Denmark and the USA.
Newman (2019). Mixing and matching: Sperm donor selection for interracial lesbian couples. USA.	Exploring decision-making experiences of inter-racial lesbian couples building a family using IUI.	10 lesbian women (5 couples) aged 28-39 years. All couples were married and becoming first-time parents (7 to 33 weeks pregnant). Some participants (N=2)	Semi-structured interviews (individual and coupled). No data analysis method reported.	• Plans for multiple donor conceived children with same genetic parent and donors which represented racial backgrounds of one or both parents or siblings. • When unable to racially match to ethno-racial identities, donors were selected that were 'mixed' race. Some favoured	+Participants able to select location of interview, helping to gather rich and fruitful data. +Mothers were pregnant at time of interviews which improved quality of data collection than relying on retrospective accounts.	• Although this study discusses a topic area that is normally avoided, I do wonder about the researchers' desire to focus purely on race and neglecting the other aspects of intersectionality alongside race and

	had children from a previous relationship. Purposive and snowball sampling.	biological connection over racial resemblance or vice versa. • Desire for intended child to be racially matched to child from a previous relationship, which took priority over matching either parent. • A lack of limited racial donors meant opting for a known donors that were used by other LGBQ+ interracial couples and risked undermining family unit. • Decisions to opt for racial similarity between siblings in context of limited racially matched donors	+Diversity in racial backgrounds helping to highlight the extent of visible racial differences in decision-making. -Would have been helpful to explore racial differences in local communities and its impact on decisions. -No mention of data analysis method and how researcher arrived at results.	its collective impact on how interracial couples construct racial matching when all aspects of identity are considered. • I was conscious about participants relationship to race and whether accounts are informed by struggles in navigating whiteness as they interact with other lesbian parents that are likely to be white and whether the significance of these decisions

				was noted as sacrificing ability for children to share biogenetic connection and evoked guilt. • Racial differences between siblings, outweighed the desire to have a biogenetic connection between their children, even if the children desired or regretted the loss of that connection.		might change as more LGBQ+ inter-racial couples construct families.
Nordqvist (2009). Conceiving together: Lesbian couples' pursuit of donor conception (unpublished thesis). UK.	Exploring how lesbian couples make decisions to construct family using clinical and self-arranged donor conception as routes to parenthood.	45 lesbian mothers (20 couples, 5 individuals) aged 23-56 years. Mothers were married and either first time mothers or had at least one child. Children	Semi-structured interviews (Individual and coupled). Thematic analysis (Miles & Huberman, 1994).	• Tension between conceiving as a lesbian couple using donor sperm and a desire to resemble a hegemonic biogenetic nuclear family. • Conception route informed by whether donor is named and involved, access to	+Largest UK study exploring family building for lesbian couples opting for donor conception. +Using a narrative approach to interviews helped to gather rich data which was sensitive to contexts of interviews.	• Whilst asking about the chronological order of conceptualising and building family helped ease the recounting of experience, I wondered to what extent this might

	were 3 months- 7 years. Purposive and theoretical sampling to achieve saturation.	Employed feminist and queer theory lens.	treatment, costs, risk of homophobia, medical complications, relationship with donor and was continuously renegotiated. • Self-arranged conception if wanting known and/or involved donor, but clinical conception sought for no immediate involvement from donor, but happy to be involved later in child's life. • Desire 'match' physical, racial and social characterises to parents/sibling to 'sameness' to enable kin connectedness.	-Recognition of position as a lesbian researcher and its impact on the interview process. -Interviewing couples together risked developing consensus in accounts. -Study included a largely white and middle-class sample which limits the transferability of results. -Would have been helpful to explore the impact of legalisation change in later interviews to understand its impact on decision-making.	have reflected the researchers bias to organise and interpret the data in this way, and in doing so some of the nuances of experiences were lost. • Although the researcher was careful about sharing and safeguarding the disclosure of her sexual identity, I wondered if it was hard to illustrate the subtle aspects of meaning in conversations with a participant group

- Clinical conception purified sperm and physical distance from masturbation and donor made process ordered and 'cleaner'. Insemination as a special moment, although boundaries 'blurred' due to desire to seek a child.

- Social cues to assess personality of donor and use agreements/ contracts to outline donor responsibilities/involvement to avoid jeopardising family unit.

- Presence of both mothers during embryo transfer and non-biological mother doing insemination.

that had the same sexual identity and therefore some of the richness in interactions was lost by focusing on content only.

				• Naming donor as 'dad' informed by importance of knowing genetic link and/or desire to form relationship with child to develop child's sense of identity. • Use of same donor for sibling to create bond and connection and marriage needed to be seen as 'family' and legal recognised as family. Surname to form connection with non-birthing mother and strengthen family connections.		
Ravelingien et al., (2015) Lesbian couples' views about and experiences of	Exploring lesbian couples' views about and experiences of	40 lesbian mothers (20 couples).	Semi-structured interviews (coupled).	• Counselling felt like a 'cross-examination' for treatment and donor selection and phenotypic	+Reviewing of coding by two research team members to improve reliability and quality of analysis.	• Despite referencing the role of legal guidance on decision-making, I

not being able to choose their sperm donor. Belgium.	restricted selection of sperm donors with clinic assisted reproduction.	Families consisted of first-time mothers (10 couples) receiving treatment and 10 couples with at least one child aged 7-10 years. Purposive sampling.	Thematic analysis (TA; Braun & Clarke, 2006).	matching not initial concern. • Appreciated choice of phenotypic matching and valued greater involvement and recognition of non-biological mother and reduced stigma. • Others felt selection of traits to match the non-biological mother was 'irrelevant and 'hypocritical' as a lesbian couple, whilst others sought to match donor traits to non-biological mother. • Choosing donor traits, felt 'strange', 'weird', 'funny' or even 'scary', but one couple wanted more input.	+Recruited participants that had recently sought clinical treatment, limiting the reliance on retrospective accounts. +Bias of self-selection was prevented by recruiting lesbian parents from clinics. -Study was a small-scale qualitative study and results are not broadly representative of lesbian parents. - Unclear as to why inductive rather than deductive approach to TA was used.	wondered if researchers felt unable to take a position of needing to take social action to create changes to legal guidelines given the discussion positions parents as the ones to create changes with an oppressive system. • I also wondered if this study was an attempt to highlight the way at which power operates within clinics which perpetuate certain narratives and ideas of family construction, and

- Believed screening of donors was a matter of trust by staff to make the best decision.

- Majority had doubts about anonymous donation, due to fear of 'unknown' and passing undesired/unrecognisable traits to child.

- Doubts downplayed by referring to uncertainties inherent to nature/genetics and having choice impacted negatively on good decisions.
- Importance of good donor matching to enable a relationship that matched traits admired in couples

these ideas are hard to dismantle even in context of rapid legal change.

				and traits to support child's well-being. • Decided against having father involved due to fear of 'intruder' in family.		
Ryan & Moras (2017). Race matters in lesbian donor insemination: whiteness and heteronormativity as co-constituted narratives. USA.	How do lesbian birth mothers decide donor race using unknown and known donors when conceiving a child with assisted reproduction.	18 lesbian birth mothers. Mothers were single or in a couple. No age ranges or other demographic information was mentioned. Purposive, snowball and theoretical sampling to achieve saturation.	Semi-structured interviews (individual). Grounded Theory (GT; Glaser & Strauss, 1967). Employed critical race and queer theory to analysis.	• Desire to select donor with matching physical characteristics including race to one or both parents to be recognised as a 'family' and limit stigma. • Selected same donors for children to share biological connection and donor's physical features trumped donors' personality characteristics and medical history concerns. • White women were privileged to not negotiate race in donor selection, due	+Numerous researchers involved in analysis helping to aid transparency and remove bias from results. +Recruited from different regions helps identify the variances in how whiteness my operates. -Lack of reflection on researchers' racial identity and relationship to whiteness. -Transparency would have been aided by sharing full interview guide.	• I wondered whether the researcher thought enough about other contextual factors in relation to decision-making that might mean that in some instances there might be less pressure to achieve racial matching. • I was interested if the researcher sought to hold

	to social expectations about family facial homogeneity and privilege of whiteness. • White women in inter-racial relationships addressed questions about race in decision-making regardless of choosing a white donor or donor of colour. • Limited donations from men from the global majority forced many women to select donors on race alone, as opposed to choices on education, hobbies, and medical history.	white lesbian parents accountable for their role in perpetuating whiteness and to encourage them to engage in social action by doing more to resist dominant social structures that limit options for intended parents from the global majority.

Shaw et al., (2023). 'Her bun in my oven': Motivations and experiences of two-mother families who have used reciprocal IVF. UK.	What are lesbian couples' motivations for and experiences of reciprocal IVF?	28 genetic and gestational lesbian mothers (14 couples) aged 29-44 years. Families consisted of cohabiting first-time mothers, or mothers with 1 child, aged 0-3 years. Purposive sampling.	Semi-structured interviews (individual). Reflective thematic analysis (TA; Braun & Clarke, 2021).	• Results centred on four key themes: 1) becoming mothers together, 2) 3) legitimacy, choices and constraints and 4) biological connections strength family connections. • Reciprocal IVF aimed to mirror shared intentions for parenthood, and they were 'in it together' which set a tone of equality in relationship and roles which avoided jealousy which was meaningful and special to them as a couple. • Equality was hard to maintain after the children were born, but specialness of becoming mothers	+Mothers had recently undergone treatment and were able to offer detailed accounts than relying on retrospective accounts. +Study included perspectives of genetic and gestational mothers and was a large sample size which offered an in-depth analysis. + Researchers reflected on ontological and epistemological positions to research. -Sample biased by including mothers that only had positive experiences of reciprocal IVF.	• Although researchers reflected on their own positioning and its impact on data collection and analysis, I wondered about the decision to focus on a subset of parents with children aged 0-3 years. I was curious to know if there were attempts to stay true to a critical realist position and gathering a consistent and 'true' version of reality that would be easier to recall after having

together remained important. • Reciprocal IVF sought to be seen as 'real mums' for themselves and others, despite facing questions about legitimacy. Biological connection promoted legitimacy and security, but its importance declined over time. • Reciprocal IVF chosen due to maximising success of IVF, due to age or 'medical issues and cost. • Reciprocal IVF also promoted parent-child bonding. Gestational mothers formed an instant bond with their child, but	-Study only focused on two cohabiting mothers with high socioeconomic status which limits the generalisability of results.	undergone treatment recently. • I also wondered how their epistemological position was different from their ontological perspective, and whether it would have been helpful to organise themes based on social discourses to highlight the social constructions of decision-making.

				for genetic mothers this varied. • Joint biological connection strengthened couple relationship and relationships with siblings and family.		
Smietana & Twine (2022). Queer decisions: Racial matching among gay male intended parents. UK and USA.	How do gay men navigate race and geographical location inform reproductive decision making in surrogacy?	40 gay fathers (36 couples, 4 single) aged 24-52 years. Families were first-time fathers or fathers with a child. Purposive and snowball sampling.	Semi-structured interviews (coupled and individual). Comparative analysis.	• Most viable embryo determined genetic father and egg donor that would physically resemble both parents for children and society to recognise them as parents. • Physical resemblance between non-biological parent and future children included skin tone, eye, and hair colour.	+Exploring family building in different regions highlighted the social constructivist nature of decision-making. +Numerous approaches to recruit a diverse sample which enriched analysis. +Data was analysed with co-author which limited influence of personal bias on analysis process.	• Whilst experiences of four inter-racial couples were described in detail due to similarities across couples, I wondered about the researcher's selection of these four couples and whether they were selected because they were able to articulate racial

- Mixed race couples wanted child to reflect the multi-racial lineage to feel child belonged to family and make it harder to question mutual family ties.

- Same egg donor chosen to create biological connection with both fathers and children to resemble each other to protect family and decrease stigma.

- Sought likeness between child and community, mixed race-couples wanted 'California look' to blend in and race less relevant in choice of surrogate.

- Objective to achieve racialised resemblance

-No mention of researcher's relationship to race and reflecting on collective biases to analysis.

-Sample included only eight inter-racial couples, limiting theoretical saturation.

challenges or held particularly polarised views.

- I also wondered what drew the researcher to focus on racial matching as focus, especially given that sample included only eight inter-racial couples and the remaining 36 were white couples and has the richness of race been lost by focusing on this one lens.

				between themselves as fathers and their children, including siblings, regardless of own racial identification and geographical location. • In UK, mixed-race fathers chose white egg donors limit racism and enable connection to white extended family and gain white privilege.		
Somers et al., (2017). How to create a family? Decision-making in lesbian couples using donor sperm. Belgium.	To describe the decision-making experiences o lesbian couples creating a family through donor insemination (DI).	18 lesbian mothers (9 couples). No ages of mothers were reported. Families consisted of first-time mothers with at	Semi-structured interviews (coupled). Inductive Thematic Analysis (TA; Braun & Clarke, 2006).	• Decisions grouped into two themes: 1) fertility treatment and 2) organisation of family after donor conception themes. • Journey to parenthood was a joint endeavour and couples completed	+Inclusion of interview questions helped to aid transparency and credibility of research. +Conceptualised interview schedule as a research team which was pilot tested, and interpretations were reviewed	• Although, the researcher provided a rationale for excluding lesbian couples that had opted for reciprocal IVF, I wondered if they held a personal bias to assume that

	least one child aged 7-10 years. Purposive sampling	treatment steps together, symbolising shared family building. • Non-biological mother inserting sperm during insemination comparable to heterosexual conception. • Choice of anonymous sperm donor informed by attempts to protect family, non-biological mother, child, and donor. • Protection of family and non-biological parent related to focus on legal protection and threat to status as parent. • Choice of anonymous donation influenced by lack	to remove personal bias on analysis. - Lack of focus on changing views of parenthood and decision-making in relation to legal changes. -No mention of epistemology and personal relationship to topic area and research questions.	most challenges in decision-making for lesbian couples would be in response to a presence or lack of a biological connection which was contrary to the results obtained. • I was curious to know why the researcher focused on three themes in greater depth and whether this reflected more detailed accounts given the 8–10-year period of when receiving treatment and time of

of access to known donation.

- Genetic link with child entitled biological mother to celebrate Mother's Day.

- Non-biological mothers settled for celebrating Father's Day or did not celebrate at all, taking a 'one-down' position to partner.

- Celebrating both mothers was dependent on goodwill of school and decision of child and/or child's best interest for non-biological mother to be celebrated on this day.

research interview and whether some themes were easier to recall given the stage of parenting for these lesbian families.

Tao (2023). A desirable future or unaffordable hope? Queer people becoming parents through assisted reproductive technology (ART) in Guangdong, China. China.	How does the legal and economic landscape of China and worldwide influence Chinese queer parents' choices with assisted reproduction.	30 queer parents (16 parents and 14 intended parents) aged 25-50 years. Families included single and coupled intended parents or parents with 1-3 children. No age of children reported. Purposive and snowball sampling.	Semi-structured interviews (individual and coupled) and observation. Ethnographic fieldwork.	• Lesbian couples opted for reciprocal IVF using same sperm donor and ART most desirable path to parenthood if entering a gay and lesbian 'contract' marriage. 'Contract' marriage to access IUI/IVF to share parenting costs and treatment access. • Queer parents went abroad due to lack of formal access to assisted reproduction and sought to avoid navigating the 'legally grey' territory of unregulated clinics. • Unregulated assisted reproduction clinics in China were chosen due to cost and convenience with 'unlimited' access to	+Clearly outlines aims of study and how it builds on gaps in existing literature. +Researching ways of navigating queer family building in lack of legal access to formal treatment. +Reflected on ongoing relationships with participants and its influence on analytic process. -No mention of analytic process and whether this involved other researchers. -Limited mention of researchers epistemological and personal lens and its impact on study design and analysis.	• I wondered to what extent the researcher had reflected on the use of language and whether the term 'wannabe' had fewer negative connotations within a Chinese context than in the UK. I was curious if the term was used as a way of recognising that for many Chinese queer people the possibility of achieving parenthood remains impractical and impossible.

treatment and 'guaranteed IVF success' and options for sex selection. • Informal agreements between assisted reproduction companies and parents' dependent on trust. • Selected sperm/egg donor based on skin colour, height, educational background, career, health, and other characteristics. Some paid more for 'high-quality' eggs/sperm donors who were models, university graduates and pilots. • Chinese donors selected to limit 'looking different' and	-Limited discussion on role of racial matching between donors and children, despite participants mentioning its importance.	• I was curious to know whether the researchers explicit mention of the importance of children's rights and feeling, might have been an attempt to clearly outline their position and disagreement with oppressive and discriminatory Chinese legal policies. I also wondered about the researchers and participants relationship to race and racial difference and

gossip for those working in state-owned organisations.

- Many changed assisted reproduction agency, clinics and donors, or stopped procedure for health, legal and economic reasons.

- Queer parents using assisted reproduction in China could only register children after payment or via connections with officials. Some moved to cities to register birth.

- Lesbian mothers showed more concern about stigma and lack of access to maintenance fees than gay fathers.

whether it culturally deemed 'invisible' or a social taboo to discuss in-depth.

				• Couples rather be recognised as single parents than childless queer people by colleagues and relatives considered the latter as deviant. • Needing a stable and financially stable same-sex relationship permanent residence in a city before having a child.		
Touroni & Coyle (2002). Decision-making in planned lesbian parenting: An interpretative phenomenological analysis. UK.	Exploring decision-making in planned lesbian families using donor conception.	18 lesbian or bisexual mothers (9 couples), aged 30-47 years. Families consisted of first-time mothers or mothers with 1-2	Semi-structured interviews (coupled only). Interpretative Phenomenological Analysis (IPA; Smith, 1996a).	• Internal factors in decision-making encompassed life-long desires to become parents and required a partner to be committed to having children. Lesbian parents sought children because it felt 'the right time' and due to their 'biological clock'.	+Study is novel by focusing explicitly on decision-making using a phenomenological framework and British sample. +Reflected on positioning and ways to reduce bias in analysis.	• Although the researcher mentioned the objective frameworks to assess research quality were inappropriate, I wondered if the researcher

	children, aged 0-8 years. Purposive and snowball sampling.	• External factors in decision-making included the impact of lesbian parenthood and concerns of combining their lesbian and mother identities, raising a 'non-traditional family' and children experiencing homophobia. • Self-arranged and known donor chosen to allow child to know donor, desire to have control over conception. • Anonymous donation chosen to avoid disputes with donors, fears the donor would undermine the non-biological mother and desires for control and autonomy in how child is raised.	+Sample was homogenous which was able to offer a rich and in-depth account of a particular type of experience. -Interviewing only couples risks developing consensus in agreements. -Despite wanting to offer a comprehensive account of decision-making, only certain aspects of decision-making were shared. -No explicit mention of ontology and epistemological position.	neglected to think about the quality checks within a qualitative design such as credibility and transparency. • I also wondered if the researcher had considered the role of the legal context of LGBQ+ family construction and its influence on decision-making. • I wondered if as a heterosexual woman, the researcher felt the need to collaborate with a gay researcher to

- Decisions of parenting responsibilities pre-determined by biological and personality factors and bond with birth mother deemed stronger than bond with non-biological/non-birthing mother.
- Importance of non-biological mother finding meaningful and unique bond with child.
- Difficulty in deciding and concerns about naming of non-biological mother which child decided. Non-biological mothers constructed an identity which is different from the biological mother.

improve the credibility of their results and analysis, rather than recognising their position and value as a LGBQ+ ally.

Yao et al., (2023). Lesbian couples' childbearing experiences using assisted reproductive technology: An ethnography study. China.	Examining lesbian couples' perception of assisted reproduction and impact on family formation.	8 lesbian mothers aged 30-38 years. Families consisted of single or coupled first-time or mothers with one child. Age of children not reported. Purposive sampling.	Online forum data. Summative content analysis (Shaw, 2020).	• Chose 'Luan B Huai' (reciprocal IVF) to share biological ties with child to empower symbolic connectedness and create family ideal. • Assisted reproduction required planning of genetic and gestational mothers', roles, necessity of sperm donation and asymmetrical biological relationships to child. Planning embodied a shared commitment to maintaining a long-lasting family. • Childbearing through assisted reproduction satisfied self and extended family fulfilment which was not seen as family	+Study offers an important contribution to understanding lesbian couples' perceptions of constructing family using assisted conception in China. +Clear rationale for using an ethnography (ethnography of online communities) which considered the cultural sensitivities of participant group. -No specific mention of decisions regarding the inclusion and exclusion criteria for online forum data. -Existing data was gathered from one online forum the results cannot be generalised to other LGBQ+ populations.	• Although the researcher mentions and remains sensitive to exploring assisted conception in a country where it is currently illegal, I wondered to what extent the online data might be complicit in conceptualising a particular 'reality' of building family using assisted reproduction and neglects a social constructivist approach to viewing decision-making.

	duty' but a positive and voluntary act. • Belief that creating a healthy child only needed two supportive and caring parents and there was no need to be married. • Eggs of T (partner with masculine gender expression) implanted into P (partner with feminine gender expression) who gave birth to the child. • Decision to 'come out' and introduce IVF babies but kept baby's origins hidden to limit scrutiny and stigma. • Importance of acting as positive role to ensure resilience to scrutiny which would fade as acceptance of diversity grows.	-Lacks specificity about the ways to improve public awareness and make changes to legal recognition of assisted conception for same-sex couples using assisted reproductive technology (ART).	• I also wondered why the researcher neglected to explore the structural and performative aspects of language in online forum data which would have lend itself nicely to exploring which narratives are more prominent or downplayed within the decision-making of Chinese lesbian couples. • I also wondered if the researchers' intentions were in some way hoping to enable certain narratives or stories

		• Thailand chosen as IVF destination due to geographical proximity, cost, and high treatment standards. • Anonymous sperm chosen from clinics which screened for STIs, genetic disorders, donor's health, and ethnic diversity. • Couples used sperm from friend or a gay husband if unable to afford assisted conception abroad.	to come to light that perhaps due to practical or issues of safety participants could not participate in interviews.

1.6 Quality Appraisal

Critical appraisal is the systematic assessment of evidence to evaluate its validity, results and relevance before deciding to use it (Hill & Spittlehouse, 2001). A researcher's theory, personal and gendered history may influence the appraisal of research and requires the selection of a framework to minimise bias (Tod, Booth & Smith, 2022). Despite debates about validity of appraisal tools for qualitative studies, the Critical Appraisal Skills Programme (CASP) is commonly used and highly recommended for qualitative research and user-friendly for novice researchers (Hannes & Macaitis, 2012; Noyes et al., 2018). It consists of ten questions with three categories to evaluate the appropriateness of methods and whether findings are well-presented and meaningful (CASP, 2018). Although it clearly outlines the practice and standards of research, it is less effective at identifying and evaluating the suitability of qualitative paradigms (Long, Brooks, Harvie, Mazwell & French, 2019; Munthe-Kaas, Glenton, Booth, Noyes & Lewin, 2019). Consequently, the framework was modified to differentiate quality by evaluating ontological and epistemological positions of papers and consideration of each criterion (Long, French & Brooks, 2020) (Table 7).

Table 7: Quality Assessment Appraisal of Qualitative Papers using the CASP Qualitative Checklist

Name of Author(s)	1)Were there a clear statement of the research aims?	2)Is a qualitative methodology appropriate?	3)Was the research design appropriate to address research aims?	4)Was the recruitment strategy appropriate to the research aims?	5)Was the data collected in a way that addressed the research issue?	6)Has the relationship between the researcher and participants been adequately considered?	7)Have ethical issues been taken into consideration?	8)Was the data analysis sufficiently rigorous?	9)Is there a clear statement of findings?	10)How valuable is the research?	11)*Modified question:* Do researchers consider and adequately discuss their epistemology?
Almack (2006)	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	• Study provides new insights into considerable efforts and complexities involved in raising and meeting needs of children as a 'non-traditional' family. • Study includes lesbian mothers who had a range of resources available and therefore is likely to represent	No

										experiences of the majority of lesbian mothers planning parenthood. • Future research should build up a more detailed picture of same-sex family forms including the influence of recent shifts in legalisation and its impact on decision-making.	
Appelgren Engström et al., (2018)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	• Study mirrors previous research detailing the stress of assisted reproduction, location of assisted reproduction, and experiences of healthcare	No

			organisations and treatment as heteronormative. • Professionals must be knowledgeable and confident in their role to guide choices and support lesbian mothers with assisted reproduction. This includes understanding the consequences of treatment decisions, and offering tailored support during pregnancy and early parenthood, particularly in parental groups. • Data is transferable by recruiting from

										urban and rural areas, but the preliminary model must be tested in different contexts to strengthen its validity.	
Bottomley (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	• Study adds to literature that a genetic tie was not sufficient for genetic mothers to feel an equal parent and not an outsider following birth and women who had an equal desire to carry a pregnancy and struggled with loss and sadness of not being able to carry a child. • Findings indicate the need to offer lesbian	Yes

			parents space to talk through their experiences with assisted reproduction and for therapists and psychologists to hold a 'not knowing' and curious position in therapy to limit the influence of biases and assumptions on support. • Professionals should equip mothers of all sexualities to consider other routes to parenthood, and for them to encourage reflection on understandings and expectations of experiences after birth and how they

			will cope if expectations are not realised. Psychologists should also use a social justice stance to make services equitable. • Future research should explore experiences of gestational birth mothers and reciprocal IVF for those of different races and ethnicities, and children born through reciprocal IVF and interventions that are effective at challenging heteronormative

										views of family building.	
Carpenter & Niesen (2021)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	• Study is novel by exploring pregnancy desires and intentions for queer women and gender expansive individuals AFAB. It expands on known factors which inform pregnancy decisions and experiences and expands on previous research on lesbian or same-sex couples with diverse identities. It also expands literature on pregnancy intentions and how queer identity constructs	No

			pregnancy intentions, desires and decisions. • Transferability of results is somewhat limited by it being an all-white sample who were recruited by social media- which may have given a biased picture of experiences. • Findings indicate the need to recognise family formation and pregnancy desires outside a heteronormative context and adapt support in these contexts. • Professionals should be prepared to

		appropriately support queer and gender-expansive patients and effectively counsel them about options for reproductive health. • Queerphobia needs addressing and systemic barriers to family construction, including improving provider knowledge, increasing accessibility of fertility services, increased insurance coverage for ARTs and protection of LGBQ+ adoption rights.

		• Further research should explore the experiences and needs of non-pregnant partners as they support their queer AFAB partners and become parents together. • Perspectives and experiences should also include non-partnered individuals in non-monogamous relationships to gain a better understanding of how queer AFAB individuals consider pregnancy in a range of partnerships. • Gender identity should also be

										investigated and its influence on pregnancy.	
Chabot & Ames (2004)	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	• Findings have contributed to the conceptualisation of a decision-making model to explain donor insemination for lesbian couples which extends previous research by offering in-depth descriptions of the complexities in accessing information and support for lesbian mothers, deciding on the biological mother, and negotiating parenthood within the	No

larger heterosexual context.

- Research has implications in contributing to a more inclusive family curriculum by offering information and negotiations about family construction for lesbian parents opting for assisted reproduction.

- Educators should be taught to recognise the similarities and unique differences in family construction for lesbian parents in contrast to their

			heterosexual counterparts and support them in the transition to parenting and parenthood. Using examples with this decision-making model can support with training. • Training extends to include medical professionals, and developing knowledge of the types of issues and decisions faced by and services needed for lesbian couples pursuing assisted reproduction is crucial.

Chapman et al., (2012)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	• Study mirrored previous research illustrating that stigmatisation and discrimination was maintained despite legal change and the emotional toll of treatment experiences such as miscarriages. • Findings expanded previous research about the lack of access to clinics in rural areas and the impact it had on decision-making. • Healthcare professionals should be taught to reflect on their own biases and	No

										assumptions about homosexuality and lesbian health issues to ensure care is inclusive. • Changes in legalisation are required to support and encourage health professionals to adopt cultural change. • Study results are limited in that changes in legalisation during the study means the generalisability of findings to other situations is limited.	
Christensen (2022)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	• Findings contradict previous research	Yes

		showing how the normative representation of biological significance is expanded allowing lesbian couples more agency over their choices and decisions, which to some extent are constricted by social context. • Future research should explore decision-making and constructions of family for gender diverse parents and populations from the global majority as they are unrepresented in the

		literature on alternative families in the Scandinavian context which might offer new insights. • Future research should explore different life stages in the construction and decision-making in LGBQ+ families. • Research provides a starting point in understanding other types of alternative families be that families from the global majority or those with gender diversity.

Donovan & Wilson (2008)	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	• Findings mirror the existing research regarding opting for clinic assisted donor conception and the advantages it offers in excluding donors from being constructed as part of the family and safeguarding their role as parents and a family unit. • Findings have limited generalisability as the experience of decision-making in context of legalisation prior to 2005 where donors had no legal standing as 'fathers'.	No

- Future research could explore the impact of voluntary information about donors or lack of any donor information for those who donated prior to 2005 and its impact on children as they become adults.
- Future research would benefit by exploring the degree and scope of recognition that non-biological parents receive by opting for clinic assisted donor conception with their biological parent partner.

										• No clinical recommendations or implications in relation to policy.	
Gartrell et al., (1996)	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes	• Study identified that contrary to research, lesbian mothers wanted to breastfeed than be pregnant and future research could explore this motivation in greater depth and how it relates to intended roles. • Future research as part of the intended longitudinal study to follow will help identify how desires for parenthood and	No

										careful planning in constructing family reflect the reality of parenting.	
Greenfield & Seli (2011)	Yes	Yes	No	Yes	Yes	No	Yes	No	Yes	• Context of research makes the results unique but limited in generalisability. • Unlike other studies, gay men had support from families of origin about their pursuit of family via assisted reproduction. • Research highlights the need for professionals to make gay men aware of treatment and pregnancy demands	No

										and ever-changing regional laws which dictate the recognition of one or both men as parents. • Despite professionals needing to make unique changes to medical treatment for gay men, similar medical procedures used for heterosexual couples are still required, such as infectious disease tests which need to be carefully evaluated and discussed.	
Haimes & Weiner (2000)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	• Although, children's needs were placed at the centre of	No

			decision-making, the study offered detailed findings about the role of others and practicalities of finding a donor and its impact on decision-making. • Study also highlights no single pattern of lesbian donor conception and indicates that self-insemination gives more freedom to construct lesbian families which were considered by those opting for clinic assisted reproduction.

			• Findings indicate a lack of need for medical assistance in self-insemination practices and threaten the role of medical monitoring and regulation in self-insemination and assisted reproduction more broadly. • Future research needs to develop a comprehensive picture of lesbian self-insemination to focus on questions to men who are donors in self-insemination (SI); women who are co-mothers; and children, adolescents

										and adults that are born to lesbian families using donor conception. • Exploring the role of SI groups and the rules and norms of lesbian family construction would be fruitful. • Future research could also extend to explore self-insemination within heterosexual arrangements, given this is another area of limited study.	
Hayman et al., (2015)	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	• Although findings mirror existing research about	No

										decisions of carrier of pregnancy, method of conception, and additional challenges faced with self-arranged conception, no lesbian mothers were required to actively negotiate whether to share their sexual identity as all were 'out'. • No mention of clinical, research implications for policy and discussion of transferability of data.	
Karpman et al., (2018)	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes	• Findings were extended by participants not only thinking about their	No

			own but their partners intersectional identities in informing decisions during donor conception. • Future research should explore differences within racial categories and their histories of reproductive control and assimilation in adoption. • Research should also explore donors from the global majority and their willingness to donate sperm. • Clinic should employ a relational model to support the selection

			of donors for inter-racial lesbian couples given they favoured donors that would share their lived experiences with children. • Future research should explore legal ramifications for inter-racial couples who opt for known donors outside of clinics. • Findings demonstrate a need for policymakers and healthcare services to consider intersectional identities in donor conception. More

										data focused on LGBQ+ women from the global majority should be collected and examined to identify difference in racial groups and reduce legal and health disparities.	
Murphy (2013)	Yes	Yes	No	Yes	Yes	No	Yes	No	Yes	• Authors strengthened existing arguments on the emergence of the possibility of parenthood developing over time, the expectations of responsible parents through choices and seeking attempts to obscure biological connection but note no novel findings from the study.	No

										• No reference to the transferability of results, alongside any implications or recommendations for future research.	
Nebeling Petersen (2018)	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	• Whilst study has highlighted the need to view the privileges of gay men in opting for commercial surrogacy in relation to class, sexuality, mobility and race, no other unique qualities of the study were highlighted and evaluated in comparison with previous research.	No

										No mention of clinical, research or implications for policy were noted.	
Newman (2019)	Yes	Yes	No	Yes	Yes	No	No	No	Yes	• Study extends questions about donor selection in reference to race and in context of existing children, highlighting 'bio-matching' trade-off for inter-racial lesbian women pursuing assisted reproduction. • Inter-racial couples asserted their right to queer family formation, and lack of access to 'right qualities' did not halt	No

										journey with assisted reproduction which was contrary to prior research. • No mention of how findings translate to other populations and lack of reference to clinical, research and policy implications.	
Nordqvist (2009)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	• Findings contradict previous claims of lesbian parents creating family in innovative ways, but instead seek to construct 'normal' families, which upholds the	No

		heteronormative family model. • Study methods of conception are not as intrinsically important but used interchangeably to achieve parenthood. • Study emphasises the 'doing' of parenthood, rather than it being a 'conceptual' process. • Lesbians seek to make deep and meaningful family connections, than desiring an individual life as previous research suggested. • Highlights impact of legal and cultural

			context on gaining access to conception and constraining choices. • A larger scale study is needed to explore differences in socio-economic background, age, place of residence, ethnicity on lesbian donor conception experiences. • Research to review lesbian donor conception based on recent statutory changes, and the influence of cultural and historical contexts within this.

										• Research should explore lesbian construction of 'normal' families in the context of other's pursuits of parenthood and family life.	
Ravelingien et al., (2015)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	• Research took place within a clinic setting and has limited transferability of results to lesbian parenting in general. • Unlike prior research, lesbian couples desire for more choice in donor selection was not expressed. • Studies results are also novel in	No

			highlighting that lesbian parents did not aspire for a 'perfect' child, instead they expressed desires to appear like any other family and increase family coherence. • Findings highlight the need for enhanced informed consent and empowering choices for lesbian couples by professionals. • No mention of implications for research and policy.

Ryan & Moras (2017)	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes	• Although study is adding to limited research by exploring the role of whiteness in lesbian couples' decision-making, there is no mention of how findings are unique and contrast to existing research. No reference to focus of future research or clinical implications or changes to policy. • Mentions needs for scholars to pay attention and be responsible in making whiteness visible in research exploring LGBQ+ constructions of	No

										family which will add to a rich and more in-depth account about how whiteness operates.	
Shaw et al., (2023)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	• Although findings mirrored prior research about opting for reciprocal IVF to closely mirror the heteronormative family model, the study highlighted new findings regarding the juxtaposition of lesbian mothers not wanting to discriminate against families that lack biological connections.	Yes

		• Research has highlighted that professionals should be aware of non-birthing parents' unique needs given 'societal understanding' that see legitimate mothers as pregnant women. • Mentions further research should explore the impact of earlier decision on feelings of legitimacy as mothers when children are older. • Future research should explore lesbian families who

			have separated after opting for reciprocal IVF. • Generalisability limited due to high socio-economic status of lesbian families. • Mentions need to create legalisation and birth services that are inclusive to all families with a non-traditional structure. • Professionals should allow LGBQ+ parents to choose the route to parenthood and ensure that these parents are clear of all

										the treatment options available to them.	
Smietana & Twine (2022)	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	• The California context and its impact on affording gay inter-racial couples to deviate from racial matching in comparison with their UK counterparts, remains a novel finding. • Study also highlights the role of inter-racial couples embodying whiteness by pressure to attain racial resemblance within their families.	No

										• No mention of clinical, research or implications for policy.	
Somers et al., (2017)	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	• Study mirrors findings from previous research and provides new insight into downplaying the celebration of roles on Mothers and 'Fathers' Day. • Changes in legalisation means the findings lack in transferability to other contexts and populations but used thick descriptions of stories to improve	No

										transferability to other contexts. • Future research could focus on decision-making in lesbian couples opting for reciprocal IVF. • Study will support professionals to help lesbian couples manage dilemmas in decision-making.	
Touroni & Coyle (2002)	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	• Although the study includes issues covered elsewhere and cannot be extended to populations other than lesbian couples, it adds to British data on lesbian parents	No

opting for assisted reproduction.

- Biology has significant influence over decision-making which should be explored in other lesbian community groups and therapeutic contexts.

- Findings can inform professionals about decision-making dilemmas and strengthen evidence-based practice. Decisions could also be supported in lesbian-affirmative therapy.

Yao et al.,. (2023)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	• Study makes a unique contribution to understanding family formation practices of lesbian couples in mainland China. • Although results cannot be generalized to other LGBQ+ populations, it mentions use of in-depth interviews and questionnaires in future research to expand knowledge of assisted reproduction with lesbian mothers. • Insights from study can help professionals	No

					improve fertility care for lesbian couples. • Further implications of offering psychosocial education and counselling to support lesbian couples with journey of assisted reproduction. • Mentions public awareness and legal acknowledgement of lesbian parental status should occur to protect lesbians from being disadvantaged from accessing assisted reproduction globally.

Key: Yes= criteria met, No= criteria not met, or cannot tell.

1.6.1 *Methodological quality of literature*

All studies outlined aims, objectives and appropriateness of a qualitative approach, although the rationale and importance of studies were less clear in six papers (Greenfield & Seli, 2011; Hayman et al., 2015; Murphy, 2013; Nebeling Petersen, 2018; Tao, 2023; Yao et al., 2023). Only seven justified the design which credited this method in exploring neglected narratives and experiences within a sensitive topic area (Appelgren Engström et al., 2018; Bottomley, 2019; Carpenter & Niesen, 2021; Christensen, 2022; Nordqvist, 2009; Ravelingien et al., 2015; Touroni & Coyle, 2002; Yao et al., 2023).

Three papers considered and reflected upon their ontological and/or epistemological position (Bottomley, 2019; Christensen, 2022; Shaw et al., 2023). These papers and nine others reflected upon their perspective regarding the research question, recruitment, interview process and analysis (Almack, 2006; Bottomley, 2019; Chabot & Ames, 2004; Chapman et al., 2012; Christensen, 2022; Donovan & Wilson, 2008; Gartrell et al., 1996; Haimes & Weiner, 2000; Karpman et al., 2018; Ravelingien et al., 2015; Ryan & Moras, 2017; Touroni & Coyle, 2002). A lack of reflection on one's approach to and relationship with knowledge and research could prevent identifying multiple realities of decision-making.

Purposive and/or snowball sampling was chosen for all studies, but only six explained the rationale (Christensen, 2022; Haimes & Wiener, 2000; Karpman et al., 2018; Nebeling Petersen, 2018; Shaw et al., 2023; Tao, 2023). Equal numbers of papers mentioned both or either the inclusion and exclusion criteria (Appelgren Engström, et al., 2018; Bottomley, 2019; Carpenter & Niesen, 2021; Christensen, 2022; Donovan & Wilson, 2008; Greenfield & Seli, 2011; Karpman et al., 2018; Nordqvist, 2009; Ravelingien et al., 2015; Shaw et al., 2023; Somers et al., 2017; Yao et al., 2023), but this was not mentioned in the remaining twelve papers and is concerning from a social constructionist lens as it may bias experiences reported (Almack, 2006; Chabot & Ames, 2004; Chapman et al., 2012; Gartrell et al., 1996; Murphy, 2013; Nebeling Petersen 2018; Newman, 2019; Ryan & Moras, 2017; Haimes & Weiner, 2000; Hayman et al., 2015; Smietana & Twine, 2022; Touroni & Coyle, 2002).

Interviews were the main and/or only data collection method for all papers, except one (Yao et al., 2023), which justified the method choice alongside five others (Bottomley, 2019; Christensen, 2022; Donovan & Wilson, 2008; Nordqvist, 2009; Tao, 2023; Yao et al., 2023).

Methods of analysis were stated in four papers (Appelgren Engström et al., 2018; Chapman et al., 2012; Karpman et al., 2018; Ryan & Moras, 2017); four studies did not mention the analysis method, (Almack, 2006; Greenfield & Seli, 2011; Haimes & Weiner, 2000; Newman, 2019) and in five papers the analysis was unclear (Gartrell et al., 1996; Murphy, 2013; Nebeling Petersen, 2018; Smietana & Twine, 2022; Tao, 2023).

Ethical issues were considered in all papers, but depth of considerations varied. Three papers only mentioned ethical approval (Carpenter & Niesen, 2021; Greenfield & Seli, 2011; Murphy, 2011) whilst ten papers referenced safeguarding, safety and confidentiality (Bottomley, 2019; Carpenter & Niesen, 2021; Chapman et al., 2012; Christensen, 2022; Hayman et al., 2015; Haimes & Weiner, 2000; Nordqvist, 2009; Ravelingien et al., 2015; Shaw et al., 2023; Tao, 2023). No reference to ethical considerations was noted in 13 papers and for some reflected a lack of requirement for ethical approval (Almack, 2006; Chabot & Ames, 2004; Chapman et al., 2012; Donovan & Wilson, 2008; Gartrell et al., 1996; Haimes & Weiner, 2000; Karpman et al., 2018; Nebeling Petersen 2018; Newman, 2019; Ryan & Moras, 2017; Smietana & Twine, 2022; Touroni & Coyle, 2002).

Apart from two papers which lacked a discussion section, (Ryan & Moras, 2017; Nebeling Petersen, 2018), all other papers outlined results including novel findings in all but eight papers (Appelgren Engström et al., 2018; Donovan & Wilson, 2008; Greenfield & Seli, 2011; Murphy, 2013; Nebeling Petersen, 2018; Ryan & Moras, 2017; Tao, 2023; Touroni & Coyle, 2002). Two papers neglected or briefly compared findings to previous research (Chabot & Ames, 2004; Ryan & Moras, 2017). Whilst this lack of critical evaluation might limit generalisability which seven papers also noted (Carpenter & Niesen, 2021; Chapman et al., 2012; Donovan & Wilson, 2008; Donovan & Wilson, 2008; Shaw et al., 2023; Touroni & Coyle, 2002; Yao et al., 2023), from a social constructionist perspective value is attributed to in-depth accounts, irrespective of generalisability. Three papers perceived differences and similarities in samples as helpful in extending generalisability and/or strengthening the evidence-base (Almack, 2006; Applelgren Engström et al., 2018; Somers et al., 2017).

The impact of methodological choices on findings was considered by all papers. No strengths or limitations were mentioned in four papers (Almack, 2006; Chabot & Ames, 2004; Haimes & Wiener, 2000; Newman, 2019; Tao, 2023). It feels important under a social constructionist lens to recognize and report on different interpretations of the data. All papers included

intended parents and parents with one or multiple children. Whilst this might contribute to diverse collections of decision-making experiences across time and place, it might limit collection of rich experiences at points in journeys through assisted reproduction (Bottomley, 2019; Hayman et al., 2015; Karpman et al., 2018; Nebeling Petersen, 2018; Tao, 2023; Touroni & Coyle, 2002).

Five studies considered clinical, research and political implications (Hayman et al., 2015; Murphy, 2013; Nebeling Petersen, 2018; Newman, 2019; Smietana & Twine, 2022; Tao, 2023). Only six considered political implications (Bottomley, 2019; Carpenter & Niesen, 2021; Chapman et al., 2012; Karpman et al., 2018; Shaw et al., 2023; Yao et al., 2023) and three of these and six other papers considered clinical and research implications (Bottomley, 2019; Carpenter & Niesen, 2021; Appelgren Engström et al., 2018; Greenfield & Seli, 2011; Karpman et al., 2018; Ravelingien et al., 2015; Somers et al., 2017; Touroni & Coyle, 2002; Yao et al., 2023). The remaining ten studies mentioned research or clinical implications only, limiting the studies usefulness (Almack, 2006; Chabot & Ames, 2004; Chapman et al., 2012; Christensen, 2022; Donovan & Wilson, 2008; Gartrell et al., 1996; Greenfield & Seli, 2011; Haimes & Weiner, 2000; Ryan & Moras, 2017; Shaw et al., 2023).

Overall, studies were of reasonable quality[2] and evaluating each paper has implications for the current research. This includes considering alternative analysis methods, ensuring the inclusion and exclusion criteria is outlined, exploring whole journeys to parenthood to capture diverse experiences and reflecting on the researcher's relationship to and with the research topic and participants throughout.

1.7 Summary of systematic literature review findings

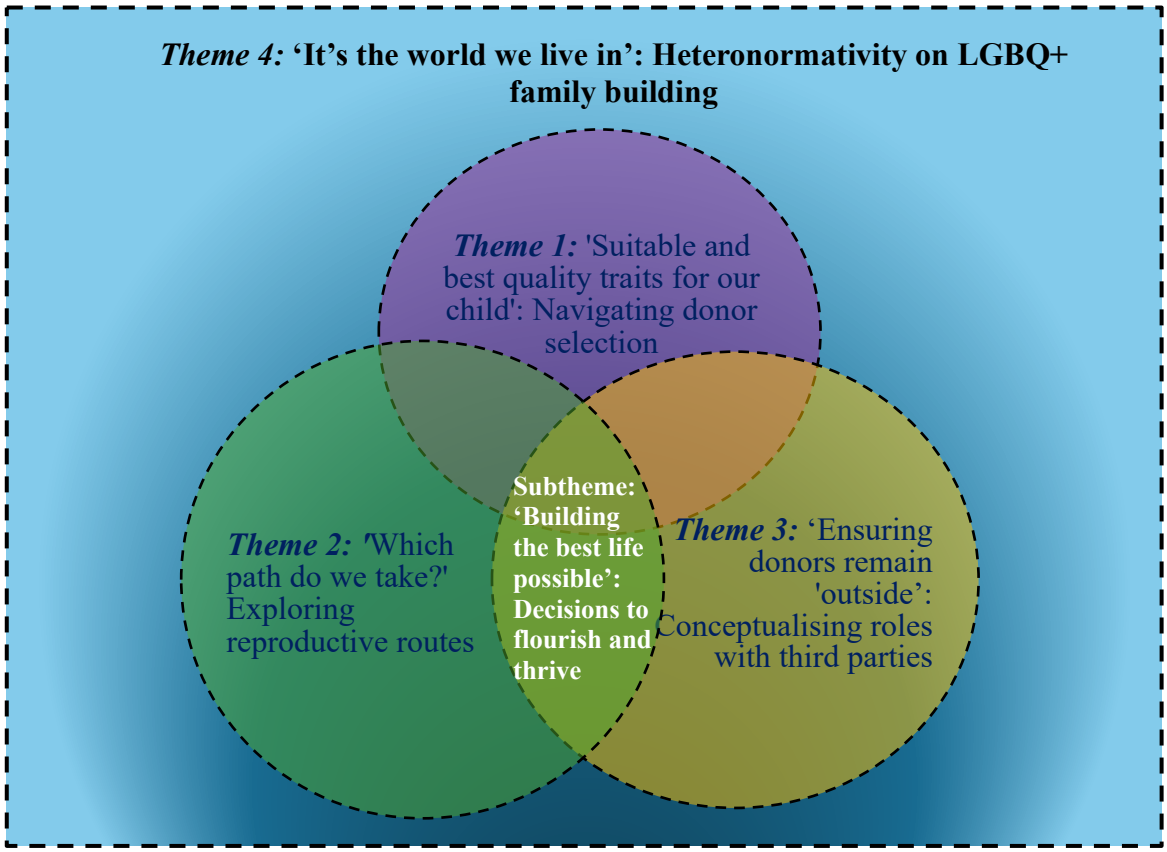
Thematic synthesis was selected to identify and conceptualise themes across studies (Thomas & Harden, 2008). It was felt that overlaps in participant demographics, social context and methodological approaches would identify differences within and between studies and is a criticism of this method (Lucas, Baird, Arai, Law & Roberts, 2007). It can incorporate 'thin' (broad themes/texts) and/or 'thick' descriptions of data (quotes) and uses an inductive and bottom-up approach, limiting potential bias (Barnett-page & Thomas, 2009; Cruzes, Dybå,

[2] See section 1.6 for explanation of how quality was assessed.

Runeson, & Höst, 2015; Flemming & Noyes, 2021). It can incorporate different ontological and epistemological approaches to research, which, alongside the reasons above informed the chosen methodology for the SLR (Cruzes & Dyba, 2011).

Papers were read to gain a comprehensive understanding of data related to stories and experiences of LGBQ+ decision-making, were coded line by line and analysed in NVivo (Thomas & Harden, 2008). Codes were organised into descriptive themes which encompassed divergence and convergence and informed creation of four analytical themes (Thomas & Harden, 2008). Support from supervisors ensured the nuance of original results and discussion sections of each paper was not lost and biases managed with bracketing[3] (Nowell, Norris, White & Moules, 2017). Although, knowledge of the topic area, language and context of research would have influenced theme creation.

Figure 2: SLR thematic map



[3] Bracketing is a method to mitigate for influence of unacknowledged preconceptions about research and to increase the rigour of research (Tufford & Newman, 2012). Bracketing was utilised by writing memos and having supervisors review the organisation of themes. This aided reflexivity with narrative analysis in the empirical project.

1.7.1 *Subtheme: 'Building the best life possible': Decisions to flourish and thrive*

Building a family using assisted reproduction was meticulously planned and mostly occurred within committed and monogamous relationships which followed long journeys in contemplating and developing motivation for parenthood (Almack, 2006; Appelgren Engström, et al., 2018; Carpenter & Niesen, 2021; Chalot & Ames, 2004; Chapman et al., 2012; Donovan & Wilson, 2008; Gartrell et al., 1996; Greenfield & Seli, 2011; Murphy, 2013; Tao, 2023; Touroni & Coyle, 2002; Yao et al., 2023)[4]. Plans involved conceptualising roles alongside the method and location of conception to mirror the heteronormative family model and provide the best life for their children (figure 2).

1.7.2 *Theme 1: 'Suitable and best quality traits for our child': Navigating donor selection*

LGBQ+ parents elected for assisted reproduction based on desires for a biological connection and selected donor qualities to safeguard family legitimacy (Murphy, 2013; Nebeling Petersen, 2018; Newman, 2019; Nordqvist, 2009). Donors were selected based on physical resemblance to one or both parents and siblings based on hair and eye colour and race and/or ability to create biological siblings (Carpenter & Niesen, 2021; Chalot & Ames, 2004; Chapman et al., 2012; Christensen, 2022; Greenfield & Seli, 2011; Haimes & Weiner, 2000; Hayman et al., 2015; Karpman et al., 2018; Newman, 2019; Nordqvist, 2009; Ravenlingien et al., 2015; Ryan & Moras, 2017; Ravelingien et al., 2015; Smietana & Twine, 2022; Tao, 2023). Desire for resemblance encompassed selection of social characteristics which could be transmitted to the child (Christensen, 2022; Nordqvist, 2009; Raveingien et al., 2015; Ryan & Moras, 2017; Smietana & Twine, 2022), and mentioned by Holly:

> *'If you were going to choose a dad for your child, it would be him. Because he's like ... he's got, you know, being really clinical about it, he's got all the ... he's athletic, he runs marathons, he's really bright, he's good looking, he's a really good role model, really nice person with strong morals'* (Nordqvist, 2009, pg. 241)

[4]Discussion regarding the developing awareness of parenthood is restricted to allow for a richer analysis of decision-making.

Simultaneously, the importance of resemblance was downplayed because social qualities could be learnt from parents and others would know that both parents could not be genetically related (Nordqvist, 2009; Ravenglien et al., 2015). In several studies, siblings of parents or relatives were either suitable donor's because of their close genetic linkage to the non-biological parent and having been raised in a similar environment (Greenfield & Seli, 2011; Hayman et al., 2015; Nordqvist, 2009; Touroni & Coyle, 2002) or deemed as unsuitable because of risks in undermining the family unit (Haimes & Weiner, 2000; Nordqvist, 2009) which Sophie mention's about her brother:

> *'But in the back of our minds we also wondered if it might be that he might look at our child was more his ... [...] A bit more of a claim on it than Lizzie, you know, just a bio'* (Nordqvist, 2009, pg. 215)

Unlike their white counterparts, who implicitly sought white donors, had a wider selection of donor choice and were not required to negotiate race in donor selection, several studies identified how LGBQ+ inter-racial couples found it challenging to achieve racial matching. This was reported to evoke strong feelings of guilt in preferencing racial resemblance or biological connection between siblings (Karpman et al., 2018; Murphy, 2013; Newman, 2019; Nordqvist, 2009; Ryan & Moras, 2017; Smietana & Twine, 2022). Such decisions were made considering limited racial donors in clinics and donor networks (Carpenter & Niesen, 2021; Chalot & Ames, 2004; Karpman et al., 2018; Ryan & Moras, 2017). Amber outlines this:

> *'When you're looking for a specific donor, things can be very challenging as well, because we're both Hispanic. My wife is Mexican. I am mixed, and we are looking for a Mexican donor. In cryobank world, that's very rare'* (Carpenter & Niesen, 2021, pg. 94)

Karpman and colleagues (2018) noted that selecting a known and racially matched donor through donor networks would create a biological connection between their children but risked undermining their family unit by having a connection to offspring from other LGBQ+ inter-racial families. Four studies observed that lack of racial parity between parents and donors meant settling for a 'mixed donor' which risking racism due to a lack of racial resemblance (Karpman et al., 2018; Newman, 2019; Nebeling Petersen, 2018; Ryan & Moras, 2017; Smietana & Twine, 2022). Fears were realised and effects of this experience were downplayed:

> *'Sometimes you choose the easy way out, because adoption is easier to explain after all. It's not like we've met many people who have been negative about it, but sometimes people don't approve, and I think that is their right to think so'* (Nebeling Petersen, 2018, pg. 19)

Some gay parents placed less emphasis on racial resemblance, partially because racial diversity was celebrated in their region (Smietana & Twine, 2022). However, other studies noted predicted racism as an inter-racial family and selected a white donor to enable white privilege (Ryan & Moras, 2017; Smietana & Twine, 2022). Similarly, cultural resemblance between donor and child was more valuable than racial similarity and irrelevant for gay men seeking gestational surrogates (Ryan & Moras, 2017; Smietana & Twine, 2022).

Favourable donor qualities were sought knowing children would experience challenges of being raised in a LGBQ+ family and these qualities would help avoid challenges (Almack, 2006; Chalot & Ames, 2004; Christensen, 2022; Greenfield & Seli, 2011; Haimes & Weiner, 2000; Hayman et al., 2015; Ravelingien et al., 2015; Ryan & Moras, 2017; Tao, 2023). Many sought a physically attractive, tall and well-educated donor with no current or family history of genetic illness (Carpenter & Niesen, 2021; Christensen, 2022; Greenfield & Seli, 2011; Hayman et al., 2015; Nebeling Petersen, 2018; Ravelingien et al., 2015; Ryan & Moras, 2017; Shaw et al., 2023; Tao, 2023). It also felt important to decide a donor that was supportive or open to helping LGBQ+ people create families or was close by to create a relationship with their child (Chalot & Ames, 2004; Christensen, 2022; Nordqvist, 2009). Caroline, highlights this:

> *'It was mostly just important for me in relation to that I just thought very much ahead into the future if they wanted to meet him (I: hm) that then it would be important that they had a good experience with it (I: yes) (Camilla: hm) and that they thought that the way we live and the way Clara has parents is a good idea and that they are happy that they have been a part of helping with that […]"* (Christensen, 2022. pg. 32)

Regarding donor sexuality, heterosexual and gay men were sought or rejected as donors (Almack, 2006; Haimes & Weiner, 2000). Heterosexual donors had power to gain custody rights and gay men might seek involvement because of challenges in creating their own family

(Almack, 2006). Yet, the same studies noted gay men would be less able to secure custody than a heterosexual counterpart and heterosexual men with families would be less interested in parenting another child because they were parenting their children and were viable donors (Almack, 2006; Haimes & Weiner, 2000) and mentioned below:

> *'He chose not to see Adam after he was born because having parented already, he didn't want to feel any sense of belonging to this child, he was very clear he wanted to stay quite separate'* (Almack, 2006, pg. 14)

1.7.3 *Theme 2: 'Which path do we take?' Exploring reproductive routes*

LGBQ+ parents decided on a conception route which could best secure parenthood and benefits for them and their children. Conception routes were chosen that could secure and legitimise roles and remain consistent with plans for equal parenthood (Bottomley, 2019). Reciprocal IVF was deemed the optimal choice for LGBQ+ female couples to equalise parenthood with a biological connection to each child (Bottomley, 2019; Shaw et al., 2023; Tao, 2023; Yao et al., 2023). It signified that both were legitimate parents and strengthened relationships (Bottomley, 2019; Shaw et al., 2023). Receiving treatment together increased pregnancy success, especially with age-related fertility issues:

> '*I tried to get pregnant using my eggs first, as I said I would like to give my body the chance to do what I felt like it was meant to do … that was how we chose the intra-partner thing because it didn't work the other way first'* (Shaw et al., 2023, pg. 206)

Some studies reported perceptions of IVF as the best route for fertility issues and most effective at achieving pregnancy (Hayman et al., 2015; Nordqvist, 2009; Shaw et al., 2023). Studies also noted 'ordering' of conception avoided and 'purified' the handling of sperm and limited sexual infections (Almack, 2006; Haimes & Weiner, 2000; Hayman et al., 2015; Nordqvist, 2009). However, the impersonal and 'medicalised' nature of insemination contributed to sadness as it undermined a meaningful insemination process (Engstrom et al., 2018; Nordqvist, 2009). Alternative conception methods such as IUI or VI and took place in a clinic or at home and were selected because of limited finances and clinical treatment as inaccessible (Haimes & Weiner, 2000; Nordqivst, 2009). These methods were seen as less effective and illustrated a lack of seriousness in pursuing parenthood:

> *'So, October and November she had two IUIs, which didn't work, and then we decided actually we would just stop messing around with that and we would just go for IVF and just, you know ... just get pregnant'* (Nordqvist, 2009, pg. 163)

Utilising IUI and VI methods outside clinics were perceived in some studies as 'dangerous' and risked violence and transmitting sexual diseases (Nordqvist, 2009). However, these methods helped to acquire a known donor which children had a 'right' to know and would strengthen connections to donor relatives (Almack, 2006; Christensen, 2022; Haimes & Weiner, 2000; Hayman et al., 2015; Karpman et al., 2018; Nordqvist, 2009; Somers et al., 2017). It felt vital for children to know their genetic heritage and/or create a relationship with donors (Almack, 2006; Chapman et al., 2012; Chalot & Ames, 2004; Christensen, 2022; Donovan & Wilson, 2008; Gartrell et al., 1996; Haimes & Weiner, 2000; Hayman et al., 2015; Karpman et al., 2018; Nordqvist, 2009; Touroni & Coyle, 2002), which Claire mentions:

> *'You're bringing a person into the world [ ] who's going to want to be independent but will look back on their roots and hopefully feel a sense of confidence and pride [ ] and I didn't have the confidence to bring children into the world who didn't have a clue who their father was'* (Touroni & Coyle, 2002, pg. 200)

Whilst IUI and VI were less costly, difficulties with achieving pregnancy meant these methods and plans for their use were re-negotiated (Appelgren Engström et al., 2018; Chapman et al., 2012; Nordqvist, 2009; Shaw et al., 2023; Tao, 2023). Those who struggled to conceive using IUI or VI sought medical advice or methods to improve pregnancy success or selected a different donor (Carpenter & Niesen, 2021; Christensen, 2022; Donovan & Wilson, 2008; Haimes & Weiner, 2000; Hayman et al., 2015; Newman, 2019; Nordqvist, 2009; Tao, 2023). The costs of clinic-assisted treatments which included lengthy screening of donors were costly and many selected lower technology procedures or cheaper conception routes (Hayman et al., 2015; Norqvist, 2009; Smietana & Twine, 2022; Tao, 2023).

1.7.4 *Theme 3: 'Ensuring donors remain 'outside': Conceptualising roles with third-parties*

Roles of donors, parents and extended family ensured donors remained 'outside' the family unit (Bottomley, 2019; Carpenter & Niesen, 2021; Chalot & Ames, 2004; Gartrell *et al.* 1996;

Nordqvist, 2009; Shaw et al., 2023; Somers et al., 2017). Donor involvement was synonymous with method and context of conception and clinic-based treatments were sought for an unnamed and uninvolved donor, although some donors were sought through informal networks and intermediaries (Almack, 2006; Haimes & Weiner, 2000; Nordqvist, 2009; Touroni & Coyle, 2002). Opting for an unnamed donor 'released' them from obligations to be involved and removed uncertainty of claiming rights, undermining parental control, status of the non-biological parent and risk of rejection by or overwhelming their children (Almack, 2006; Chalot & Ames, 2004; Chapman et al., 2012; Christensen, 2022; Donovan & Wilson, 2008; Gartrell et al., 1996; Haimes & Weiner, 2000; Hayman et al., 2015; Nordqvist, 2009; Ravelingien et al., 2015; Somers et al., 2017; Touroni & Coyle, 2002) and noted by one participant:

> *'In the end we went for an unknown donor because I just did not want to spend my life looking over my shoulder just wondering if someone was going to change their mind about how we were bringing up X [child] and try and get custody'* (Chapman et al., 2012, pg. 1881)

Unnamed donors were named as just donors or 'biological dads' to indicate limits of involvement (Christensen, 2022; Haimes & Weiner, 2000; Nordqvist, 2009). Contact with an unnamed donor felt less concerning for LGBQ+ parents that felt secure in their positions as parents and a family and donor contact added to a well-established identity and belonging (Almack, 2006; Gartrell et al., 1996; Haimes & Weiner, 2000; Nordqvist, 2009). Those who sought clinic treatments prior to 2005 and whose children were unable to access donor information, remained content in knowing a secure and stable environment could be provided and children would know of their conception and have access to siblings (Christensen, 2022; Donovan & Wilson, 2008; Gartrell et al., 1996; Haimes & Weiner, 2000; Nordqvist, 2009; Smietana & Twine, 2022). Information about donors would also be shared (Hayman et al., 2015; Nordqvist, 2009).

Despite known donors potentially undermining roles and the family unit, this choice was seen to positively contribute to their children's sense of self and would benefit their children if an organ donor was required (Somers et al., 2017). Unlike clinic assisted routes, parents navigated the precarious legal position that saw donors as legal parents by forming a trusting relationship with donors and conceptualising agreements that named them as 'uncles', or 'family friends'

(Almack, 2006; Christsensen, 2022; Nordqvist, 2009). Donors with substantial involvement or LGBQ+ parents who were not fazed by significance of donor involvement, allocated the name 'father', 'dad' or 'daddy' to donors, but none were seen as co-parents despite their title indicating this role (Almack, 2006; Christensen, 2022; Haimes & Weiner, 2000; Nordqvist, 2009; Touroni & Coyle, 2002):

> *'I've encouraged Bronwen to call him Dad ... I just always refer to him as her Dad, and I think it is an important relationship for both of them. But I have no expectations that he do any kind of care or gives any kind of financial input, that's our job'* (Almack, 2006, pg.17)

Whilst some allowed donors to earn the right of 'parent' by caring for their children, others did not waiver from agreements, and was challenging for donors that sought more parenting involvement (Haimes & Weiner, 2000; Touroni & Coyle, 2002):

> *'At one point he phoned up a couple of weeks after he'd just seen her and I said `this is too much for me. This is not what I want. It's getting a bit regular'. . .if he'd gone back [abroad] I probably would've been much more, sending lots of photos, might've been like that. But he really freaked me out because he was living round the corner'* (Haimes & Weiner, 2000, pg. 487)

Contrary to gay men who sought to maintain a relationship with their surrogate, in many studies with LGBQ+ female couples, participants did not continue or provide personal information to donors to ensure they remained 'outside' the family unit and in keeping with agreements (Greenfield & Seli, 2011; Nordqvist, 2009). Agreements were conceptualised prior to, during or post conception as parents learnt ways of meeting their children's needs by honoring children's wishes and seeking expert advice (Chalot & Ames, 2004; Gartrell et al., 1996; Haimes & Weiner, 2000; Touroni & Coyle, 2002). Advice from lesbian parents led to a re-negotiation of decisions and seeking of a known and involved donor (Chalot & Ames, 2004; Haimes & Weiner, 2000). Agreements encouraged completion of sexual health screening prior to donations to safeguard theirs and their children's health (Almack, 2006; Haimes & Weiner, 2009; Nordqvist, 2009). Some lesbian parents were lenient about this:

> *'If I'm really honest with myself, it was risky. It was about my desperation to get pregnant more than having thought it through. . .I wanted him to be the donor and I wanted to get on with it'.* (Haimes & Weiner, 2000, pg. 483)

Deliberate attempts were made to distance LGBQ+ female parents from masturbation and remove the donor from sexual practices including insemination as these were meaningful aspects of conception for some couples (Nordqvist, 2009; Somers et al., 2017). Others sought not to attach meaning to insemination (Somers et al., 2017). Although geographical distance helped affirm donors' separation from the family and ensure safety, desires for a child meant some non-biological or non-birthing parents accepted changes in donor roles and lost out on being present for insemination or inserting semen (Bottomley, 2019; Chalot & Ames, 2004; Haimes & Weiner, 2000; Hayman et al., 2015; Nordqvist, 2009; Somers et al., 2017). When roles were compromised, parents re-affirmed boundaries of the family unit:

> *'You know this isn't about the three of us making this wonderful thing I said it is about me and Pippa wanting a child. [...] He didn't have that status in our relationship at all. And suddenly he expected to be right in the centre of such a personal moment I mean .. .It was just wrong'* (Nordqvist, 2009, pg. 201)

LGBQ+ female parents who conceived outside of clinics, sourced the internet to develop knowledge of menstrual cycles, ovulation and sperm to increase pregnancy success (Hayman et al., 2015; Nordqvist, 2009). Birth mothers took supplements to prepare themselves for pregnancy and recorded vaginal temperatures to correctly insert sperm. News of pregnancies were shared once a pregnancy was confirmed (Hayman et al., 2015; Nordqvist, 2009; Somers et al., 2017).

Irrespective of method and context of conception, selection of the birthing and/or biological parent was deliberate and selected based on the best chance of pregnancy, parental age, those who hadn't had the opportunity to parent a child and LGBQ+ parents that could offer their children with socially desirable genetic traits and schedules and time to parent (Appelgren Engström et al., 2018; Bottomley, 2019; Chalot & Ames, 2004; Greenfield & Seli, 2011; Hayman et al., 2015; Murphy, 2013; Nebeling Petersen, 2018; Newman, 2019; Shaw et al., 2023; Smietana & Twine, 2022; Somers et al., 2017), which Kayleigh mentions:

> *'[Partner] didn't like her job and because I earn more … financially it made sense for me to stay at work'* (Shaw et al., 2023, pg. 206)

Selection of parental role, was determined if one parent lacked a desire and the other possessed a desire, if pregnancy was compatible with their identity or if one had a desire for a biological connection (Appelgren Engström et al., 2018; Bottomley, 2019; Carpenter & Niesen, 2021; Chalot & Ames, 2004; Christensen, 2022; Greenfield & Seli, 2011; Hayman et al., 2015; Murphy, 2013; Nebeling Petersen, 2018; Nordqvist, 2009; Ryan & Moras, 2017; Shaw et al., 2023; Smietana & Twine, 2022). Participants shared it felt important to honour partners desired roles and fulfil intentions for their family set-up (Bottomley, 2019; Carpenter & Neisen, 2021). The biological parent was also chosen to harness relationships with family members and to create full genetic siblings (Christensen, 2022; Murphy, 2013; Nordqvist, 2009). Some studies noted that LGBQ+ parents with 'feminine' traits were seen to carry a pregnancy in contrast to their 'butch' partners (Hayman et al., 2015). LGBQ+ couples with equal desires to carry a pregnancy or to have a biological connection took turns so that children would be genetically connected to a parent (Christensen, 2022; Appelgren Engström et al., 2018; Murphy, 2013; Nebeling Petersen, 2018; Smietana & Twine, 2022). Paulo explains:

> *'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'* (Murphy, 2013, pg. 1116)

LGBQ+ parents with a biological connection were perceived to have a stronger bond with their children than non-biological and/or non-birthing parents (Touroni & Coyle, 2002; Shaw et al., 2023). Whilst no jealousy regarding the biological parent's role were noted, others anticipated the non-biological and/or non-birthing parent would feel 'left out' of parenting and naming of roles were chosen to feel included (Gartell et al., 1996; Shaw et al., 2023). Names legitimatised and signified their own and partners roles and boundaries of the family unit (Chalot & Ames, 2004; Christensen, 2022; Nordqvist, 2009). One study reported how lesbian parents provided each other with the same or equivalent name or one that was strongly associated with parenthood (Christensen, 2022). Most lesbian parents with a biological connection felt content in their parental role and did not require a name to confirm their role (Christensen, 2022). Children were given the option of deciding parent names to construct a family story of their own (Donovan & Wilson, 2008). Another study noted how the surname of the non-biological parent and/or non-birthing parent signified the family unit:

> *'It kind of feels important to me to all have the same family name. [...] [I] think that that to me sends out quite a clear message to other people and certainly if the child had my family name and Poppy had a different one I think that would complicate her situation even further because, you know, well, you didn't give birth to [the baby] and you don't even have the same name as it'* (Nordqvist, 2009, pg. 250)

Despite additional considerations to secure positions as parents, studies with female same-sex couples noted that the inability to breastfeed and/or the lack of a biological connection contributed to non-biological and/or non-birthing parents feeling 'left out' despite knowing they would have a chance for a biological connection and/or could breast-feed a second child later (Bottomley, 2019; Shaw et al., 2023). Several studies reported a re-negotiation of roles for non-biological/non-birthing parents to develop a different but equally strong bond (Bottomley, 2019; Touroni & Coyle, 2002), to feel like the baby was 'theirs' and feel like a parent, which Jo outlines:

> *'It wasn't until now, even until this month when I've actually had the opportunity to really be a primary caregiver that I've kind of, I've kind of developed a sense of the mother I am and the mother I want to be'* (Bottomley, 2019, pg. 132)

1.7.5 *Theme 4: 'It's the world we live in': Heteronormativity on LGBQ+ family building*

Legal frameworks and stigma informed decision-making and created challenges to achieve parenthood. Many prepared for professional evaluation with clinic-assisted treatment which, reflected legal guidance to safeguard children's well-being (Appelgren Engström et al., 2018; Chapman et al., 2012; Christensen, 2022; Donovan & Wilson, 2008; Hayman et al., 2015; Nordqvist, 2009; Nebeling Petersen, 2018; Ravelingien et al., 2015; Tao, 2023; Touroni & Coyle, 2002). Some were less phased by sharing their intended family-set-up, whilst others sought an LGBQ+ friendly professional, though stigma made them inaccessible and required tolerance of intrusive questions (Chapman et al., 2012; Haimes & Weiner, 2000; Hayman et al., 2015; Shaw et al., 2023; Tao, 2023):

> *'Before they would see us and start taking the initial tests and screenings ... all the ethical dilemmas came up in the counselling session to make sure we were 100% knowing what we were doing and what we were in for'* (Hayman et al., 2015, pg. 17)

For studies that occurred after legislative changes in 2005 and facilitated legal recognition of LGBQ+ couples, many acknowledged that marriage or a civil partnership would indicate seriousness for a family and to build it in the 'right way' (Nordqvist, 2009). Entering marriage or a civil partnership ensured both were legally recognised as parents or would make it easier to secure legal positions as parents and would limit prejudice (Appelgren Engström et al., 2018; Nordqvist, 2009). Even parents who were advised and made decisions to opt for conception in a country which legally recognised them as parents still had to outline their legal status as parents:

> *'When I went home, they [healthcare professionals] thought that I didn't need to contact social services because we are married, and therefore [there was] no need to confirm the legal parental status of the non-birth mother, but that was not true'* (Appelgren Engström et al., 2018, pg. 1448)

In studies from countries such as China, legal frameworks denied access to clinic-based treatment for LGBQ+ parents and only those with finances could access treatments abroad. This could secure legal citizenship for their children and increase access to donor selection (Tao, 2023; Yao et al., 2023). Those with limited finances had to opt for unregulated clinics in China and had to navigate uncertainty and homophobia which was worse for female LGBQ+ couples (Tao, 2023; Yao et al., 2023). Conceiving a child in an unlicensed clinic risked denial of citizenship for their children and access to maintenance fees and prejudice (Tao, 2023):

> *'My colleagues don't know I'm lesbian. I can't imagine them seeing me pregnant without a husband or even a boyfriend. I am sure they will be curious about why I am not eligible to apply for a maternity allowance'* (Tao, 2023, pg. 422)

However, in these studies, participants described how they would rather experience prejudice as single or coupled LGBQ+ women than opt for a 'straight' appearing marriage to create a family (Tao, 2023). Irrespective of risks, high treatment costs meant some entered a 'straight'

marriage as the only way to fulfil parenthood desires and parents moved to areas to ensure their children and family were legally recognised (Tao, 2023).

Many studies reported restrictions by participants, even if they could access clinical treatment, which included lack of legal access to reciprocal IVF and limited numbers and range of donors (Christensen, 2022; Nordqvist, 2009). These constraints reflected legal guidance to secure the well-being of children by creating family resemblance (Nordqvist, 2009). Many parents accepted lack of choice in donor selection and were surprised and/or overwhelmed and felt uncomfortable when presented with choice (Christensen, 2022; Ravelingien et al., 2015). Sperm and egg selection in a clinic positions them as 'products' and parents as 'consumers' who feel obligated to make the best choices (Christensen, 2022; Donovan & Wilson, 2008; Murphy, 2013; Nordqvist, 2009; Tao, 2023; Yao et al., 2023) and failure to do so, contributes to guilt (Nordqvist, 2009).

However, studies noted that restricted choice were managed by placing trust in staff to make correct decisions and uncertainties were downplayed and seen as inherent to nature and genetics (Ravelingien et al., 2015). Most were grateful for the chance to contribute and helped create a positive experience of parenthood (Nordqvist, 2009; Ravelingien et al., 2015; Yao et al., 2023). However, these lesbian parents would have liked to, but felt unable to assert their choices:

> *'No, eyes - we said that it really doesn't matter, huh? ... 1 mean, we didn't want to we felt a bit embarrassed about pushing it so far'* (Ravelingien et al., 2015, pg. 597)

Others sought self-arranged conception in anticipation of prejudice and restrictions on donor selection and largely the surrogate and/or donors were a friend/relative (Greenfield & Seli, 2011; Hayman et al., 2015). Whilst this conception method gave greater autonomy and control, it remained the only option for some who were unable to access clinics due to location and/or secure funding for treatments and was only accessible to those in urban areas or who were single (Chapman et al., 2012; Nordqvist, 2009; Touroni & Coyle, 2002):

> *'[Our Primary Care Trust] wouldn't pay for anything for a lesbian couple. If we ... if I had been ... said I was single I could've gone and had fertility treatment. Yeah, I could*

> *go on a waiting list to have it, but I could've had fertility treatment'* (Nordqvist, 2009, pg. 151).

Studies noted restrictions on donor selection by clinics were largely downplayed and parents accepted a lack of inclusivity by schools in recognising their parent roles (Ravelingien et al., 2015; Somers et al., 2017). Despite efforts to ensure equality in parent roles, the non-biological lesbian mother perceived Mother's Day to celebrate the biological mother and their role was to be celebrated on Father's Day or not at all (Somers et al., 2017). Some were concerned that children might feel confused or burdened if one mother were to be celebrated on Father's Day and elected to celebrate a 'father figure' such as a grandfather or uncle (Somers et al., 2017). Few asked for equal celebration of mothers on 'Mother's Day' which was appreciated, and downplayed when schools were not inclusive:

> *'Like, with Mother's and Father's Day too. We've always let them do as they please at school. And if they ask, we are like: "Whatever is most convenient". Whatever is most comfortable for them'* (Somers et al., 2017, pg. 16)

LGBQ+ parents intended to raise their children where their sexuality was known, despite some hesitancy in defining sexuality (Christensen, 2022; Gartell et al., 1996; Haimes & Weiner, 2000; Nebeling Petersen, 2018; Tao, 2023). These intentions were not clear-cut and were re-negotiated (Chalot & Ames, 2004; Christensen, 2022; Hayman et al., 2015; Nebeling Petersen, 2018; Somers et al., 2017; Yao et al., 2015). Parenting required negotiations of being 'in' or 'out' as an LGBQ+ family and depended on prejudicial impact (Bottomley, 2019; Chalot & Ames, 2004; Christensen, 2022; Hayman et al., 2015; Nebeling Petersen, 2018; Shaw et al., 2023; Yao et al., 2015). Many felt their children might experience challenges in explaining their family (Haimes & Weiner, 2000). Challenging stigma helped children to construct a positive family story and support resilience to prejudice and acceptance of others (Bottomley, 2019; Chalot & Ames, 2004; Christensen, 2022; Donovan & Wilson, 2008; Gartrell et al., 1996; Haimes & Weiner, 2000; Karpman et al., 2018), which one participant mentions:

> *'When our children are older, there may be many rainbow babies in their environment, and social pressure will be less of a factor. I'll encourage him to invite his female classmates to dinner, to express his love for them, and to remind him that there are many*

> *different sexual orientations in the world, all of which are normal'* (Yao et al., 2023, pg. 5)

Unlike their lesbian counterparts who could not easily hide the biological parent status, gay men opted for 'unintentional knowing', in which both partners' contributed their sperm to embryo creation and were unclear of the biological parent (Murphy, 2013). Others chose to keep the biological parent status secret and referenced resemblance to both parents to obscure the biological parent (Murphy, 2013). These decisions helped re-direct intrusions and safeguard parent and family legitimacy (Bottomley, 2019; Murphy, 2013). However, intrusions were downplayed or not labelled as homophobic to ensure families were positioned like any other which was the aim (Bottomley, 2019; Christensen, 2022; Nebeling Petersen, 2018):

> *'She just thought we were brothers, because that's what's most common . . . I didn't say anything not because I'm hiding I'm gay, I just didn't bother explaining about the surrogate and USA and what have we?'* (Nebeling Petersen, 2018, pg. 17)

1.8 Conclusion

Despite published reviews on LGBQ+ parenthood experiences and child outcomes for LGBQ+ families (Carnerio et al., 2017; Garwood & Lewis, 2019), to my knowledge this SLR is the first to explore LGBQ+ parents decision-making experiences of using assisted reproduction. Decisions along the LGBQ+ journey to parenthood are influenced by legal, medical and stigma-related factors to ensure their family will flourish. Social context influences access to parenthood and where parenthood is accessible interactions with others influence decision-making in construction of family which included limiting future prejudice and donors seeking further involvement. It would have been interesting to explore more direct involvement of donors during and post conception and strategies used to limit involvement (Nordqvist & Gilman, 2024). Despite attempts to control conception and safeguard intrusions, struggles with and affordability of treatment made the journey challenging, and difficulties were ongoing for the LGBQ+ family.

Concluding, this SLR employed a comprehensive search strategy and identified appropriate papers across numerous databases including the grey literature (Boland, Dickson & Cherry, 2017; Song, Hooper & Loke, 2013). The research process involved a second peer reviewer and

research team to mitigate potential bias and ensure the inclusion of relevant studies (Chapman, 2021; MacLure, Paudyal & Stewart, 2016). However, the nature of the review and biased samples may have underrepresented the seriousness and longevity of decision-making especially for LGBQ+ parents from the global majority. Irrespective of its weaknesses, the review has implications in educating communities and allies to support LGBQ+ parents to build families that are unique to them. These changes must be complimented by legislative change to protect LGBQ+ families from oppression and discrimination.

1.9 Literature gaps and research rationale

Most studies from the SLR explored LGBQ+ decision-making based on female parents or those AFAB. Few focused on decision-making for gay father families, particularly from post-birth or had explored this experience from the perspective of non-biological gay fathers (Greenfield, 2011; Murphy, 2013; Nebeling Petersen, 2018; Smietana & Twine, 2022; Tao, 2023). Likewise, only one paper in the SLR used NA to explore coupled gay fathers' stories of their commercialized surrogacy journeys to fatherhood (Nebeling Petersen, 2018). No published study has utilised NA to investigate the non-biological gay fathers' experience of their UK journey to fatherhood with their partners and informed the research focus.

1.10 Research Aims

Based on the literature gaps, the empirical study aimed to investigate coupled non-biological gay fathers' journey to fatherhood using UK surrogacy. It has a particular focus on stories and narratives across fatherhood journeys and intends to explore:

- How do non-biological gay fathers story their surrogacy journeys to fatherhood?
- How do non-biological gay fathers construct changes of their journeys across time?
- How do the stories non-biological gay fathers make of their journeys reflect or resist dominant narratives?

Chapter Two: Methodology

2.1 Chapter Overview

The chapter opens with details of the projects methodology and rationale for a qualitative approach and Narrative Inquiry (NI). Although the epistemological stance is intertwined with the approach to NI, it will be explored briefly given the researcher's stance has already been outlined. Following this, the research design is outlined and includes an interview guide and methods to collect and analyse stories to enable the reader to evaluate the appropriateness of the design and analytical method. Lastly, the chapter discusses research quality and approaches to ensure trustworthiness, consistency, rigour and pragmatic usefulness of the study to assess credibility.

2.2 Rationale for Qualitative methodology

Qualitative research designs emerged in response to dominance of the positivist approach to scientific research which failed to explore subjective experiences and focused on nomothetic data across large populations (Ryan, 2018). In contrast, qualitative methodologies favour rich and personally meaningful idiographic data influenced by social context such as culture and social relations (Rehman & Alharthi, 2016). Key to this approach was viewing the context of data collection as a negotiated interaction between participant and researcher (Taylor, 2008) which could influence the language used to describe and explain experiences within this interaction and more broadly (McAlpine, 2016).

Whilst the sexual identities of gay fathers have been an area of interest in qualitative research, the influence of sexuality on family practices is lacking within this topic (Gabb & Allen, 2020). Little is known about fatherhood and parenting of gay men who build a family using surrogacy including the impact of biological connection on family dynamics and integration with communities' post-birth (Goldberg and Allen, 2013). A qualitative methodological approach will help conceptualise recommendations to change difficult social conditions for non-biological gay fathers and gay father families within and beyond the surrogacy realm.

2.2.1 *Rationale for Narrative inquiry (NI)*

Qualitative methods encapsulate numerous approaches, informed by theoretical position, research question and epistemological stance (Hignett & McDermott, 2015) and is carefully considered in deciding the studies approach. NI is one qualitative methodology with numerous approaches and seeks to understand storied language (Josselsen & Hammack, 2021). It places differing emphases on story qualities, which inform the focus of research questions, data collection and analytical assumptions (Wells, 2011). Varying approaches and lack of uniformity stems from the debate about narrative definition and how it contrasts from discourse genres and terms of 'story' and 'narrative' (De Fina, 2015). Smith (2016) asserts stories are a specific tale whilst narratives are a cultural and social resource which acts as a framework to inform different stories and to understand stories and stories in action. The current research uses both to reflect the analysis that took place.

Linguists have navigated the lack of consensus of a narrative definition by conceptualising the constitutive elements of a prototypical story (De Fina, 2015) which has posited narratives as not just a sequence of organised events, but experiences infused with meaning and shared to a particular audience in written and spoken language and images (De Fina & Georgakopoulou, 2015). Whilst there are differing applications of NI to differing mediums of data, in this study NI was employed in context of verbal accounts gathered in semi-structured interviews which used the narrative framework outlined by Patterson (2008). This framework asserts that narratives are sequential and meaningful, relate to human experience, include an important change/transformation and reflect how individuals understand themselves and world. This framework is felt to be applicable to understanding how non-biological gay fathers might understand and make meanings of events and experiences during their journey to fatherhood and through the narratives shared.

Qualitative approaches such as Grounded Theory (GT) (Charmaz, 2015) and Interpretive Phenomenological Analysis (IPA) (Smith, 2011) are focused on the content of language and whilst this remains a focus within NI, it is interested in how stories are told and conceptualised into a whole narrative rather than as a 'single unit' (Maitlis, 2012; Smith, 2016). NI also considers and places value in exploring *why* experience and events are told in a particular way (Riessman, 2008). Bamburg (2011) recognises the importance of language and what it communicates about what is important to people.

2.2.2 *Local and broader contexts in NI*

NI aligns itself with a social constructionist epistemology, having recognised that whilst people develop a personally constructed narrative, these change by people and the language resources available to them and, thus, there is no single 'truth' (Frank, 2017). Stories are co-constructed and shaped by the local and broader contexts in which they are told (Wells, 2011). At a local level, each story is designed for audiences and NI considers the interviewer and interview environment in narrative construction and performance (Gubrium & Holstein, 2009). NI explores the co-production of narratives in the interview dialogue between interviewer and interviewee (Frank, 2012) and relationship dynamics, role of the researcher and local environment. It considers, 'how is the researcher perceived by the interviewee?', 'How might the online/in-person context and location shape the narrative?' and 'What is the intention of using certain language and sharing their story in a particular way?'

Interviewees might tell 'small stories' in the subtle interactions with the researcher. As opposed to 'big stories' in which explicit and verbalised accounts of stories are provided, 'smaller stories' are evidenced in hesitations, repetitions and tone, to name but a few domains (Bamberg, 2012). NI highlights the importance of considering wider contexts of narratives including professionals, family and socio-political contexts which shape performative aspects of stories and whether they resist or reflect dominant stories and whether this is shared with audiences (Esin, Fthi & Squire, 2014). Within this study, it is of interest to observe how non-biological gay fathers with a child born through surrogacy might understand their experience and positionality in their immediate families and whether to share this with a gay researcher. NI recognises its ability in identifying discriminatory and oppressive stories which might be noted by non-biological gay fathers and has important implications of conceptualising social and political action for this group (Riessman, 2008).

In summary, NI is a framework to understand the construction of experiences and identities (Bamburg, 2012). NI is an applicable methodology that is consistent with the studies epistemological assumptions and aims to explore non-biological gay fathers' stories of their surrogacy journeys to parenthood which are created and ever-evolving informed by interactions and broader contexts. This includes the interview context in narrative construction.

2.3 Design

2.3.1 *Expert by Experience Consultation*

Over an eleven-month period, the researcher consulted with two EbE. Namely, one non-biological gay father with an interest in this topic and one who led a surrogacy organisation for gay men. Both shaped the research question, recruitment strategy and interview approach. The researcher was advised to select gay men that knew and were open to discuss their non-biological parent status because of the topic's sensitivity. It was advised to avoid replicating a clinical interview in which non-biological parents and partners are required to justify decisions and gradually ask in-depth questions with reassurance and space for responses. A draft of the interview guide was shared and from this a suggestion was made to explore sense-making of their partners and child's bond and its impact on their bond with their child. It was suggested to explore the relationship between parenting and bonding as a primary caregiver and challenges of bonding as a working parent. This feedback was used as prompts in the interview guide.

The researcher attended a surrogacy conference and study details were shared with fertility clinic staff and surrogacy agencies, who provided feedback to broaden recruitment routes by connecting with multiple agencies and parenting networks. Attending this event and receiving multiple sources of feedback helped develop a meaningful research experience for participants.

2.3.2 *Sampling methods*

Purposive sampling was utilised; that is self-identified first-time and coupled non-biological gay fathers with a baby via UK surrogacy were suitable for recruitment. Josselson & Hammack (2021) assert the managing of in-depth data in NA and up to eight participants is deemed sufficient (Wells, 2011). Providing an in-depth and meaningful analysis of a smaller group of participants is recommended in time-pressured and resource limited projects (Wells, 2011).

Inclusion and exclusion criteria were considered (Table 8) and agreed with EbE and supervisory team to exclude participants who were unable to speak English fluently. Whilst this criterion might contribute to keeping certain narratives unspoken, the analysis focused on the thematic content, structural and performative aspects of stories, meaning language and

subtle changes in its use, may have different cultural connotations and hinder analysis (Riessman, 2008). The study recruited only cisgendered gay men, having recognised trans or non-binary participants that are sexually attracted to men may have different journeys to parenthood (Leibetseder, & Griffin, 2018) and this study would do a disservice to this group and their experiences if included.

Table 8: Participant inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
• Gay/bisexual fathers with a non-biological connection to their surrogate-born baby and are in a co-parenting relationship with another gay/bisexual male who does have a biological connection to the baby/babies.	• Gay/bisexual fathers that have a biological connection to their surrogate-born baby and who are in a co-parenting relationship with another gay/bisexual male that has a non-biological connection to the baby/babies.
• Gay/bisexual non-biological fathers who had a baby via surrogacy that has taken place in the UK.	• Gay/bisexual non-biological fathers who had a baby via surrogacy that has taken place outside of the UK.
• A first time gay or bisexual non-biological father	• A second time non-biological gay father or gay father with multiple children including those that are co-parenting children from a previous heterosexual relationship with another gay/bisexual male.
• Gay/Bisexual non-biological fathers whose baby/ies is/are between 0-2 years of age.	
• Gay/bisexual non-biological fathers that have twins or triplets but no genetic connection to any of the twins or triplets.	• Gay/Bisexual non-biological fathers whose baby/ies is/are over 2 years of age.
• Can speak fluent English (for NA of interviews).	• Individuals who cannot speak English fluently (as assessed by participant and researcher).
• Individuals aged 18 and above.	• Individuals under the age of 18.
• Access to a laptop with a camera to complete an online interview via MS teams/zoom	

(should this be their choice of interview format).	• Lack of access to a laptop with a camera to complete online interview via MS teams/zoom
• Able to speak about their current and/or historical experiences of prejudice and discrimination as gay men and/or a gay couple seeking children.	• Not able to speak about their current and/or historical experiences of prejudice and discrimination as gay men and/or a gay couple seeking children.

2.4 Ethical Considerations

2.4.1 *Ethical Approval*

Following an initial proposal, ethical approval was sought from the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (ECDA) alongside a School of Life and Medical Sciences risk assessment to ensure people benefit from participation and their welfare protected (Brinkmann & Kvale, 2017). Ethical approval was granted (Protocol number: cLMS/PGR/UH/05392) (Appendix B) and later extended (Protocol number: acLMS/PGR/UH/05392(1) (Appendix C). The following areas were pertinent issues for ethical consideration in this research.

2.4.2 *Informed Consent*

Participants who expressed interest in taking part, were given a participant information sheet which contained study details and involvement (Appendix D). Participants were encouraged to and did ask questions via zoom or e-mail ahead of participation. All were told of their right to withdraw consent ahead of the interview though withdrawing was not requested by any participant (Appendix E). The option to withdraw consent and involvement was reviewed repeatedly which is typical and recommended (Tolich & Tumilty, 2021).

2.4.3 *Confidentiality*

Participants were made aware that owing to rich descriptions of stories, total confidentiality could not be guaranteed, but quotations in the write-up would not include identifying information and they could review direct quotes ahead of publication. All could select a pseudonym which were added to transcripts prior to the research team reviewing the raw data (Allen & Wiles, 2016; Itzik & Walsh, 2023). Limited demographic information was sought and shared in this project to further safeguard anonymity.

All data was stored securely on the researchers University of Hertfordshire OneDrive which was password protected. Identifying information was stored separately from other identifiable information and participant data including transcript data was stored with their alias. Data will be managed by the University of Hertfordshire Clinical Psychology doctorate programme who will safeguard the data and/or use the data up until July 2034 after which it will be destroyed.

2.4.4 *Protection from harm*

Participants were invited to talk about and made aware of conversations involving current or historical experiences of homophobia and prejudice as gay men with plans for a family or who were parenting children and encouraged not to participate should these topics cause significant psychological distress. During interviews, pauses were provided including space for heightened emotions and given the option to decline answering questions. Participants were provided with the opportunity for a debrief and to consider psychological support which was outlined in a debrief sheet and provided to participants that felt this support would benefit them (Appendix F).

2.5 Procedure

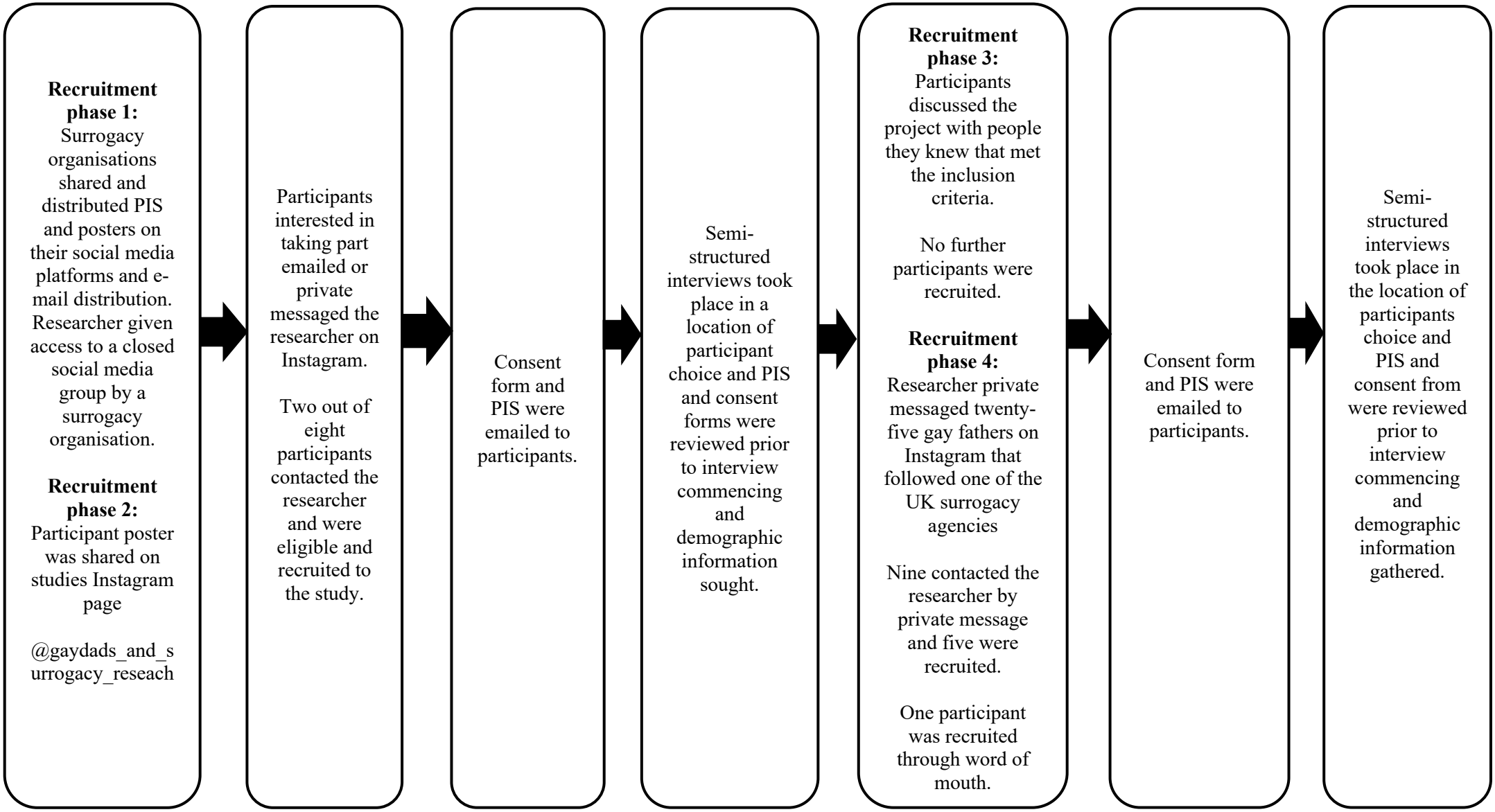
2.5.1 *Participant Recruitment*

Gay men experience unwarranted intrusions about parenting and parenthood which contributes to a reluctance to participate in research because of judgement and negative evaluation (Ellard-Gray, Jeffery, Choubak & Crann, 2015; Gabb & Allen, 2020). It was agreed with EbE to make

the researchers 'insider-outsider' position known[5] and utilise four surrogacy organisations for recruitment. Four surrogacy organisations initially advertised the study and was later advertised in nine LGBQ+ parent social media groups (Appendix G). Two surrogacy conferences for gay men were attended to promote the research alongside online recruitment methods (DeBlaere, Brewster, Sarkees & Moradi, 2010; McCormack, 2014). Recruitment occurred between June 2023 and April 2024 and was achieved by employing strategies outlined above. One private message on Instagram was sent to eligible participants to avoid undue pressure to participate and eight were recruited (figure 3).

[5] As discussed in chapter one.

Figure 3: Flowchart of Recruitment Process



Demographic questions about participants, partners and children were elicited and gave self-selected responses (Appendix H, Table 9).

Table 9: Participant Demographic Information

Pseudonym of participant, partner and child	**Ages**	**Sexual identity (participant)**	**Ethnicities**	**Relationship Status**
James, Richard & Rueben	36, 42 and 9 months old	Gay	White British	Married
Harry, Ryan & Rocco	40, 37 and 12 months	Gay	White	Married
Jerome, Russ & Tristian	38, 36 and 16 months	Gay	White British	Married
Daniel, Thomas & Poppy	37, 41 and seven months	Gay	White British & White Australian	Married
Martin, Craig and Oscar	35, 42 and 10 weeks	Gay	White British	Married
Anthony, Nick, David & James	36, 34 and 18 months	Gay	White British	Cohabiting
David, Thomas & Rose	39, 44 and 23 weeks	Gay	White Caucasian & Mixed	Cohabiting
Joe, Matthew & Ana	40, 43 and 4 weeks	Gay	White British	Married

2.5.2 *Collecting stories*

Anderson and Kirkpatrick (2015) assert stories are co-constructed, and narrative interviews require few open-ended questions to allow participants to control the direction, content and interview pace and share personal narratives. Probes facilitated narrative production and to broaden stories regarding fatherhood (Brosy, Bangerter & Riberio, 2020; Tuazon-McCheyne, 2010) and informed the creation of an interview guide (Table 10). Topic areas were based on aspects of gay fatherhood that were important in the literature, including identity, decision-making and importance of biological significance and its relationship to bonding and reviewed by EbE and supervisory team.

A flexible interview style allowed choice in participants telling their story and meant not all the same questions were asked. This reflects the idea that narratives are co-constructed. Details of questions asked, and their responses and stories informed by no specific questions are detailed later. Interviews lasted between 56 minutes and 1 hour and 33 minutes (average 1 hour and 23 minutes).

Table 10: Interview Guide

Topic Area	Main Questions	Prompting questions
Introduction	1) I am interested in understanding non-biological gay fathers' journeys of becoming a father for the first time and bonding with their baby. I wondered if we might start to talk about being gay and your desire to be a father. Would that be, ok?	
Topic area 1: Sexuality and relationship to fatherhood	1) What does it mean to you to be gay and a father? 2) What/How has this changed over time?	**Prompts:** Historical experiences of prejudice/discrimination of being gay and a father and current relationship to being gay and a father.
Topic area 2: Chosen path to fatherhood	1) Could you tell me about your journey towards surrogacy?	**Prompt:** Explore if important for one half of couple to be biologically related to their baby and have friends/family/professional strengthened this narrative?
Topic area 4: Becoming a first-time father	1) Can you tell me about the journey of bonding with your baby/ies?	**Prompts:** Explore feelings during pregnancy and arrival of child with being a 'father' and feeling a

		'bond'. Explore narratives from new-born to current age. Explore bond between biological father and its impact on their relationship. Explore who is the 'primary caregiver' and its impact on work/career.
Topic area 5: Others relationship to fatherhood	1) How have people around you made sense of your journey to becoming a father? 2) How have you made sense of this? 3) How has this changed over time?	**Prompts:** Explore if seen more as a 'father' since arrival? Includes, mental health services, friends, family, health professionals and society. Has heteronormative ideas of family continued after arrival and effected bonding?
Topic area 7: Future hopes for fatherhood and bonding	1) What are your hopes for being a father going forward? 2) What and how have these hopes changed?	**Prompts:** Explore the extent of hopes and changes in relation to family, friends, health professionals/services and wider society.
Ending	1) What was the interview like for you? 2) Is there anything you would like to add? 3) Is there anything you would want to ask? 4) Was there anything you thought you would have been asked but haven't?	

2.5.3 *Analysing stories*

Transcripts were read and audio recordings were listened to numerous times allowing immersion in each story. NA does not have a single and step-by-step linear approach to analysis

(Smith, 2016). Irrespective of theoretical and methodological orientation to analysis, all studies are underpinned by a focus on participants 'self-generated meanings' (Esien et al., 2014). Particular attention was made to analyse what is being said, and how and why narratives are told, considering the social constructivist epistemological stance that guided this research (Bamburg, 2011). Plots and storylines were noted in a reflective journal during and following analysis of transcripts. These reflected 'big stories' in which participants spoke about life stories across time and 'small stories' noted as 'conversational exchanges' which are influenced by interview context (Schachter, 2011; Smith & Monforte, 2020). Both analytical approaches are recommended to capture more distributed, dynamic and nuanced accounts (Baynham & Georgakopoulou, 2006). Individual accounts were considered in relation to political, cultural and social context and informed the creation of personal stories and differences and similarities between accounts were compared across transcripts to identify collective storylines consisting of plots and sub-plots[6].

2.6 Trustworthiness, rigour and applicability of research

Constructionists' approaches argue no definite 'truth' exists and experiences are changeable and informed by the cultural, historical and social conditions (Meraz, Osteen & McGee, 2019). It does not hold the same ideas of reliability and validity as positivist approaches which assumes there is a measurable and generalisable 'objective truth' (Maxwell, 2017). In qualitative research, reliability and validity are considered in relation to whether data is meaningful, plausible and trustworthy. Further to this, is whether the research employs consistency and a rigorous approach where findings are supported by the data (Treharne & Riggs, 2015). Several steps were taken, and guidance by Noble & Smith (2015) were used to attend to these criteria.

Trustworthiness and rigour were achieved by indicating how narratives were gathered, employing a methodological approach that could analyse narratives and stories from numerous angles and outlining how and the approach to analysis. Credibility and consistency were strengthened by including an initial map of plots and subplots of collective storylines and excerpt of a transcript (Appendix I & J) to help the reader gain clarity about the interview context and whether it was adequately considered in the analysis (Wells, 2011). The researcher

[6] As discussed in chapter three.

kept a reflective journal during and after the interviews which was then discussed with supervisors.

Supervision was utilised to consider trustworthiness, rigour and to ensure a coherent interpretation was made. Additional workshops were attended, led by an academic with extensive knowledge and experience in narrative research. These workshops included peers that had chosen NI as a methodological approach for their projects and offered support and guidance. These measures ensured the research, and analysis remained rigorous and credible and to prevent over interpretation and facilitate a balanced perspective of the interview data. Other than quotes, no other forms of analyses from interviews were shared given stories are ever evolving and context and time dependent (Smith, 2016).

To ensure findings remained applicable, the clinical relevance of this study was highlighted in the introduction and implication sections and this criterion was considered during the analysis and write-up. However, the applicability and usefulness of a study is also reflected in the accessibility of results (Riessman, 2008). The researcher intends to publish results in a peer-reviewed journal and present findings to fertility clinics and surrogacy organisations and present this research at surrogacy conferences for gay men.

Chapter Three: Analysis and Discussion

3.1 Chapter Overview

This chapter contains interpretations of the co-constructed narratives of eight non-biological gay father's surrogacy journeys to fatherhood. The findings will be presented in two sections to reflect the aims and epistemological stance of the research. The first section introduces a summary of participants demographic information and interview environment to provide a helpful template to understand participants' stories. The researcher has then written 'global impression' of individual narratives (Lieblich, 1998) to give an overall sense of each participant and their stories.

In keeping with the idea that social context is part of the creation of narratives, a position consistent with the epistemological stance of the research, the second section will consider the emerging storylines across each narrative. This will include discussions of ways the individual narratives remain close and distant from the group narratives. This was informed by the researcher's interest in identifying and amplifying counter-narratives that offer alternatives to 'dominant' narratives held within the wider social-political context. This is with the intention of using collective stories as a more impactful vehicle than individual stories towards social and political change. More detailed discussion of the presentation of emerging storylines follows later[7].

Both sections have been interwoven with existing literature and therefore the discussion of findings is integrated into this chapter[8].

3.2 Introduction to participants and 'global impressions' of individual narratives

3.2.1 *James*

James is a thirty-six-year-old White British gay man and is coupled his White British husband, Richard. James and Richard opted for traditional surrogacy and found a surrogate through an

[7] See section 3.3
[8] See Appendix J for lists of codes for transcription.

organisation. Their baby, Rueben, was nine months old at the time of interview which took place in the evening and online. James and Richard conceived Rueben with self-arranged sperm donation methods which was lengthy and richly narrated in his journey.

Global Impression

James provides an ordered account of his and his partner's journey to fatherhood. The strongest identity narrative is that of being a *'dad like any other'* which is consistent throughout and developed over time (Taylor, 2005). His ease and confidence in this identity reflected his motivation to participate in this study and sharing of a '*positive parenting experience'*. This was evident in his effort to provide helpful responses and checking in with the researcher that he had done so. James narrated his journey to fatherhood as starting with an understanding of his sexual identity and positions gay men and fathers as contributing to a positive self-perception. This is contrasted with his husband's challenging 'coming out' experience. James spoke during the interview in a way that suggested that he and the researcher had similar experiences because of a shared sexual identity. He mentions his intention to build and follow a heterosexual life course which he narrates as an '*inevitable'* plan.

His account is rich as he weaves emotional responses within the challenging aspects of the couple's journey including the relational and practical issues with conceiving and caring for a son that was critically unwell. It was at this point, that his account richly described a journey that featured multiple others, that brought his experiences to life for the audience. His difficulties in remembering some aspects and a tendency to be self-critical may have reflected the reality that such experiences are perhaps difficult to let go of. James re-framed what could be seen as difficult aspects as positive experiences ('*people in surrogacy world like were so pleased because they like how much we preserved*') as though wanting not to put others off from building a family in this way. James bravely shared worries linked to bonding, and these reflected a potential lack of physical resemblance between his partner and son and potential for the surrogate to undermine his and family's identity ('*will he look like he belongs with, with them'*). A similar contrast in narrative was noted in which his experience of parenting and current bond had cemented his position as a *'dad like any other'* and were placed in contrary to his historically placed anxieties. This change included an openness to dibling[9] contact and

[9] Dibling is a term referring to biologically related siblings that are not socially raised as siblings.

sharing his partner's biological status. This was felt to perhaps reflect an increasing acceptance of building and maintaining a construction of family within context of a wider network. However, he spoke of potentially questioning this idea towards the interview end and may have reflected an attempt to communicate the emotional battle which is experienced when aspiring to an unachievable heteronormative standard which others might use to evaluate their family *('I wonder how I should feel about <u>that?</u>')*.

3.2.2 *Harry*

Harry is a forty-year-old white gay man and is coupled with his thirty-seven-year-old husband, Ryan and together they have a son, Rocco, who was a year old at the time of the interview. The interview occurred online and during the day whilst Harry was working and due to the interview length was split with the second half completed later.

Global Impression

Harry provides a sequential and rich description of his and his partner's immensely personal and challenging journey to fatherhood and the role that others played in this. He interweaves the narrative of a '*dad like any other'* within stories about fatherhood and a recognition that society might perceive them and his son differently. He offers a thick narrative of his childhood trauma and its contribution to his desire to parent. He furthers this by sharing a hope for his son to be '*big, and bold and confident and energetic'* that contrasts to his childhood experience. This was embedded in a strong narrative of '*doing right by our children'* which was vital in their collective journey to parenthood as a couple. Harry interweaves his parents' involvement, which included some experiences of judgement within their journey of pausing and re-negotiating the path to parenthood having been turned down for adoption. He shares stories of support from a 'straight couple' in contributing to a '*mass of google researching'* in considering surrogacy as a route to parenthood. His storying of those 'against' and 'for' his journey to parenthood seemed to bring to life the couples experience. A surrogate not directly involved in their journey was a key form of support.

References to Harry's sister as a half-sibling emphasised his comfort with not having a biological connection with his children. Knowing the social characteristics of their egg donor was crucial in contributing to a sense of identity for his son. Though he intends to be the

biological father of their second child, his comfort with the absence of a biological connection is strengthened by his openness to Ryan as the biological parent in their second journey to parenthood and his storying of forming a bond. With this, he invites the audience to re-consider the idea that biology is vital for bonding. He introduces his conceptualisation of bonding as something that develops by the 'act of' parenting and is *reciprocal*. Alongside his ease with his position as a non-biological parent, he shared the decision to keep the biological parent status private from others, but that it would be shared with their son. Perhaps this was shared to support the audience including other gay parents to understand the vital importance of sharing information about one's origins to support the well-being and creation of identity for children born through surrogacy. In the account, Harry re-introduces family and mentions his sister-in-law as the only person to respect this decision, helping the audience to keep in mind the additional burdens that societal ideas can place on family building for gay men.

3.2.3 *Jerome*

Jerome is a thirty-eight-year-old gay man married to his husband Russ. Both identify as 'White'. Their son, Tristain, was sixteen months old at the time and conceived with an egg donor and Russ's best friend acted as a gestational surrogate. The interview took place in the evening and online, whilst Russ cared for Tristian.

Global impression

Jerome narrated his realisation and acceptance of his sexual identity as relatively unimportant and instead his account highlights, his ease in navigating life as an parent. This potentially helps to invite the audience to experience his comfort and acceptance of his preferred identity as a *'dad like any other'*. His narrative of having to *'adapt accordingly to the circumstances'* to limit prejudice is shared alongside his ambition to reduce stigma to enable gay fathers to be seen as legitimate parents. He introduces Russ in a collective narrative to mirror their joint endeavour to parenthood. Within this, his individual story invites the audience to understand his journey to fatherhood began long before they met, and to appreciate what an achievement this is: (*Hey? Look! Here I am').*

His story of how fortunate they are in having their friend as a surrogate is intertwined with his illustration of his (and other gay men's) positive experience of surrogacy which despite its challenges is 'well worth it' (*'there is negatives [….]*[10]*but it's so massively outweighed by the positives').* His narrative about negotiating their paths to parenthood helps the audience to appreciate the thinking and planning that is necessary for gay father families and the emotional challenges that is coupled with it. Options are referred to despite his later references of wanting to build a family using surrogacy only. With this, Jerome includes a journey of 'formalising' a friendship with a surrogate involving a *'proper discussion'* to become a *'team'.* References of continuing conception during COVID provided a convincing narrative of a collective commitment to parenthood. This may have been shared to reassure other gay male couples that a solid and strong relationship can be formed with a surrogate even in the toughest of circumstances.

Jerome's narrative moves between maximizing and minimizing the importance of biological connection throughout their journey. He stories this in reference to parenting and shares with the audience of the *'irrelevance'* of a biological connection by feeling content with Russ as the biological father in their second parent journey. He centres the sharing of care giving responsibilities, such as feeding, as key in creating individual and collective bonds. Describing these experiences as *'natural',* he shares with the audience their parenting capabilities. This narrative was felt to contrast with a counter narrative which spoke to the lived reality of navigating heteronormativity as a gay parent including 'coming out' at work. This is referenced as a past and future experience, inviting the audience's awareness that intrusions 'never stop'. He shares his responses to these ongoing challenges in different ways, potentially helping the audience to understand the challenges as ongoing and in need of different and adaptable responses, as though to say, *'it isn't easy'.* Jerome helps the audience to consider how the questions from others about their family construction can be experienced differently, perhaps depending on the relationship that exists. Questions could be experienced as welcomed 'curiosity' from family members, (e.g. Jerome's parents) but also as intrusive and unwelcome (from strangers) whom had 'no right' to ask personal questions. Towards the interview end, he storied himself as a non-biological gay father by attempting to be the *'best'* dad and letting *'lots of things wash over'* including issues his son may have with his non-biological parent status which was framed as a 'typical' challenge of parenthood.

[10] Where words have been taken out, this is represented by '[…]'

3.2.4 *Martin*

Martin is a thirty-five-year-old White British gay man in a relationship with his forty-two-year-old husband, Craig. Their son, Oscar was conceived with a gestational surrogate and egg donor, and he was 10 weeks old at the time. Martin lived in the rural Southwest and the interview took place online and during the day, whilst his husband and son were out.

Global Impression

Martin began by deconstructing his gay father identity having not thought *'much about it'*. His strongest and current identity as a '*dad like any other'* was clear throughout the account. He acknowledges that this might vary from other gay fathers *('Well I know for some people they say I identify as a gay man').* His narration of his preferred identity formed part of a 'quest' narrative (Frank, 1995) through which he has been able to overcome potential struggles and sees his family as more similar rather than different to a heterosexual family. He emphasises the change in his heterosexual ideas of family across time which he equates with maturity and fatherhood. His story moves to the past and notes a clear beginning of desires for fatherhood (Gendler, 2012) and is embedded in a brief but sequential overview of the couples individual and collective relationships with and journeys to parenthood. With this, he makes space for anxieties about bonding and status as a non-biological gay father which was richly described and narrated in the past. Attempts to navigate challenges formed part of a well-rehearsed story as if to invite an understanding of their well-planned intentions for surrogacy and family life.

His account becomes emotionally diverse as he discusses his son's birth and bonding experience, which he generously shares in a live way during the interview. Through the storytelling, he narrates a comfortable position with his status as a non-biological gay father offering his equivalent *'Hollywood moment'* to his husbands. His account increased in emotional intensity as he shared recent experiences which undermined his position as a legitimate father but storied how his family reinforce their legitimacy as parents. Perhaps this enables the audience to understand that intrusions that de-legitimise parenting status do occur and are troublesome but can be mediated by the support of allies including families of origins. He references his family and mother's support in joining him and his husband's 'quest' to be seen as 'dads like any other' including keeping the biological parent status private. He felt confident this would do little to change the relationship with their son until it is shared with

him when he is 'old enough'. He references a change since his son's birth and narrated his unhappiness about a lack of inclusivity for them as gay fathers and fathers and uses real-life examples to illustrate to the audience of these experiences as legitimate and problematic. His aspirations for his son to be *'happy'* supported a final transition to a comfortable position as a non-biological gay father which is supported by his commitment to give 'everything' to his son and to overcome prejudice in their ongoing journeys of fatherhood.

3.2.5 *Daniel*

Daniel is a thirty-seven-year-old white British gay man in a relationship with his husband Thomas who identifies as White Australian. Daniel and Thomas found a gestational surrogate through a UK agency and have a daughter, Poppy who was 7 months old at the time of interview. The interview occurred online, whilst he was working and caring for Poppy.

Global Impression

Daniel's narrative had two stories: one about his journey to parenthood by understanding his sexuality with help of friends/family to see himself as "normal" and like everyone else. Interweaved with this, is the second story about love of his daughter and fatherhood. Daniel centres his friends as important in developing a sense of normality about his sexual identity and later in relation to discussing baby milestones, as though this would be typical for all new parents, which invites a sense of being a '*dad like any other'*. Daniel also told stories of difference which were told with laughter. In this, others are referenced as making *'stupid comments as well, like ignorant comments'* that served as a reminder that he and his family are not the same as heterosexual families. He shared that he and his partner had pre-empted intrusions from others and the need to be reluctant educators *('I can't be bothered if I'm completely honest')*, to help others on their journeys to parenthood.

Daniel shared a future story about a potential second child and its inevitable challenges. With this, he invites the audience to remember systemic challenges remain despite having one child via surrogacy. He switches between accommodating intrusions because *'that's what it is like'* and feeling lucky to have a family as a gay couple and feeling angered in having to research and connect with agencies because their journey is '*different'.* He refers to challenges of their first journey to parenthood and predictions about the second to invite the audience to witness

that struggles can be both past and present. He shares an identity of being proactive to potentially share and create an understanding with the imagined audience of the potential need for this approach to increase chances of creating a family. Daniel spoke of being chosen by the surrogate, helping to serve as a reminder that gay dads are desirable with this and to push back against narratives and experiences to prevent him and his partner and other gay parents from being othered, treated differently and not seen as normal.

Daniel switches between playing up and playing down the importance of biological connection and chose not to provide a rationale for surrogacy *('was always something that I wanted from my life').* He reconfirms the importance of having a biological connection with their second child, despite his and his family's bond with his daughter from birth *('I've got a very deep emotional connection with her, that's for sure').* Perhaps this sought to emphasise that a second child would strengthen connections and limit prejudice. He references his name on his daughter's birth certificate, taking shared parental leave and having an active presence to establish equity in building individual and collective bonds by supporting each other with parenting. Despite initial hesitancy, he remains firm that unlike heterosexual couples, an equal opportunity to feed was key to *'the best bonding experiences'.* The importance of equity by having his name on the birth certificate is lessened by references to its rationale to help his daughter gain dual citizenship.

3.2.6 *Anthony*

Anthony is a white British thirty-six-year-old gay man who is coupled with his thirty-four-year-old fiancé, Nick. They built a family using a gestational surrogate and egg donor who were family friends, and had twin boys, David and James. They live in Hertfordshire and the interview took place online in their living room. During the interview, there was a pause for Anthony to say 'goodnight' to his sons.

Global impression

Anthony began with referencing his strongest narrative '*a dad like any other'* which he repeated with '*it doesn't mean anything different'* and drew on similarities to heterosexual parents ('*not just gay couples, there's also heterosexual couples too')* and intentions to 'get married' to potentially help the audience to understand that he and his fiancé are like other parents. His

second and counter narrative '*A life of anxiety'* was interweaved with the first and storied the reality of evaluation from others. His narration of expected intrusions helped the audience to connect to the emotional impact of his experience *('My biggest worry'),* his self-criticism and narration of his delay and repetition of 'coming out' alongside self-reassurance which was felt to highlight his emphasis on others' opinions. This was emphasised by inviting the researcher to reflect on experiences of stigma as a gay man *('probably the same when you were at school').*

His narrative of *'building a family with others'* was intertwined with '*we're the same, but still different'* and sought to highlight the dilemma of seeking reassurance from others but worrying that this would mean your competence as a parent could be questioned and not because of the typical adjustment of learning to parent a child as first-time parents for all family types. He shared his and his partner's efforts to keep the biological parent status private and helped the audience to understand the fear of rejection that many gay male non-biological parents may feel, but also bringing to life the reality of all parents fearing rejection from their children; this was in line with the 'same, but still different' identity. He narrated a rich story of being the '*best dad'* which was informed by the desire to be a good role model for his children and this invites the audience to experience his contentment as a non-biological father to the couple's sons and to appreciate qualities and strengths that he and other gay parents can offer their children.

He thickens this narrative which emphasises his ease with his preferred and current identity as a *'dad like any other'* by narrating his past decisions and issues with 'consumerism' (*'like tinder for egg donors')* (Jacobson, 2018). Anthony appeared to share a message of hope and invitation to consider surrogacy to other gay dad families by narrating struggles with the process as occurring in the past and as having been overcome. He narrated this change over time and with others, which centred on the positive, collaborative and non-exploitative relationship with his surrogate and egg donor (Panitch, 2017) offering an encouraging message to other gay parents that self-arranged surrogacy is a viable method to create a family *('She reached out to us, […] 'yeah of course I'd do it').*

3.2.7 *David*

David is a thirty-nine-year-old, White Caucasian gay man in an inter-racial relationship with his partner Thomas who identified as racially mixed. They had sought a separate egg donor and found a surrogate through an agency to have their daughter, Rose, who was 23 weeks of age at

the time of interview. The interview occurred in a local Hertfordshire village café and Rose was present.

Global Impression

David's contemplation of fatherhood journeys through difficult terrain where he thought parenthood would be impossible as an openly gay man. He storied having to '*shut down'* hopes of fatherhood despite increasing visibility and a longing for gay fatherhood *('OH MY GOD, like gay people <u>can</u> have children')* to perhaps help the audience understand that the right to parenthood isn't often available to gay men and/or is met with consistent barriers. His partner is introduced in the contemplation of parenthood as a couple and a collective aspiration which became '*clearer and clearer'* and an ongoing intention of *'adding a good human to the world'.* He stories his individual approach to their collective journey as *'obsessive'* and was intertwined with *'doing right by our children'* and coupled with humor even whilst narrating more uncertain or anxious points in their journey to parenthood. He stories an interview with surrogacy organisations as a *'sense check',* which helps to remind the audience of the felt sense of needing to prove themselves as 'suitable parents' against oppressive societal narratives that might say otherwise.

David carefully narrates the journey of their interaction with surrogacy agencies, helping the audience to understand the care and consideration that goes into finding a surrogate which can be a *'challenging'* experience. The surrogate is absent in his narrative, helping the audience to conceptualise he and his partner as the only parents. A multi-layered narrative provides hope in support of surrogacy and a journey in accepting his status as a non-biological parent. He provides a thick narrative of individual and collective decisions to secure the status of multiple identities and a current strong and stable bond *('one of the reasons we wanted to know the gender')* which has been developed *with* his daughter through the 'act of' parenting (*'she's looking like that {smiley face} and then she's looking for it').* This was storied as *'typical'* of any parenting journey in line with the narrative of being a *'dad like any other'.*

His comfort with his position as a non-biological parent is storied in '*telling everyone'* about his partner as the biological parent and is contrasted to his sharing of intrusions from distant others in seeking this information. This invites the audience to understand that the biological status of parents is something that should be shared by the parents on their terms rather that

information that should be asked about or sought. His humour during this narration perhaps sought to illustrate this as common and not something that should invade the option of creating a family in this way for gay male couples. He narrates his challenge back to the intrusions of others in relation to the *'doing right by our children'* narrative to ensure his daughter is *'proud'* of their family using words from a close friend to bring this to life for the audience *('She's like I knew you'd be a really nice, good parent').*

3.2.8 *Joe*

Joe is a forty-year-old White British gay man and is married to Matthew, his White British husband. Joe's brother-in-law introduced them to a family friend who was their egg donor and surrogate. She birthed their daughter, Ana, who was four weeks old at the time of interview which took place online.

Global impression

Joe shared a cogent and in-depth description of his and his partner's journey to fatherhood. He opens with his individual story which is intertwined with understanding his sexual identity and assuming gay fatherhood would be impossible based on historical and discriminatory experiences. This helps to place parenthood as an achievement but also as anxiety-provoking ('*there aren't heaps of role models out there'*). Matthew's introduction helped to understand the long journey to parenthood which came with additional challenges and delays. Joe narrated the important relationship with their surrogate and the role of his brother-in-law in their surrogacy journey to help the audience to understand that for some couples a meaningful relationship with their surrogate is highly important. This was further indicated by reference to ongoing conversations with their surrogate and professional support to ensure everyone was well cared for and considered in their journey to parenthood.

Joe storied multiple reasons for surrogacy which he shared was a collective decision. He invited an understanding that it was straightforward to decide the biological parent and was in line with his '*doing right by our children*' narrative. He shares the significance of a biological connection has reduced since his daughter's birth which helps to foreground new possibilities in quieter parenthood narratives including that biology is too narrow to define being a parent. The story around decision-making uses language and repetition (*we talked through hours and hours, and*

hours') to invite an understanding of the lengthy process and uncertainties they must face. Joe invites the audience to understand decision-making as a parent and struggles to bond are helpfully offered as a way of introducing new parenting possibilities of legitimacy and bonding being dynamic and as able to develop over time; pushing the audience to accept newer less told stories of parenthood.

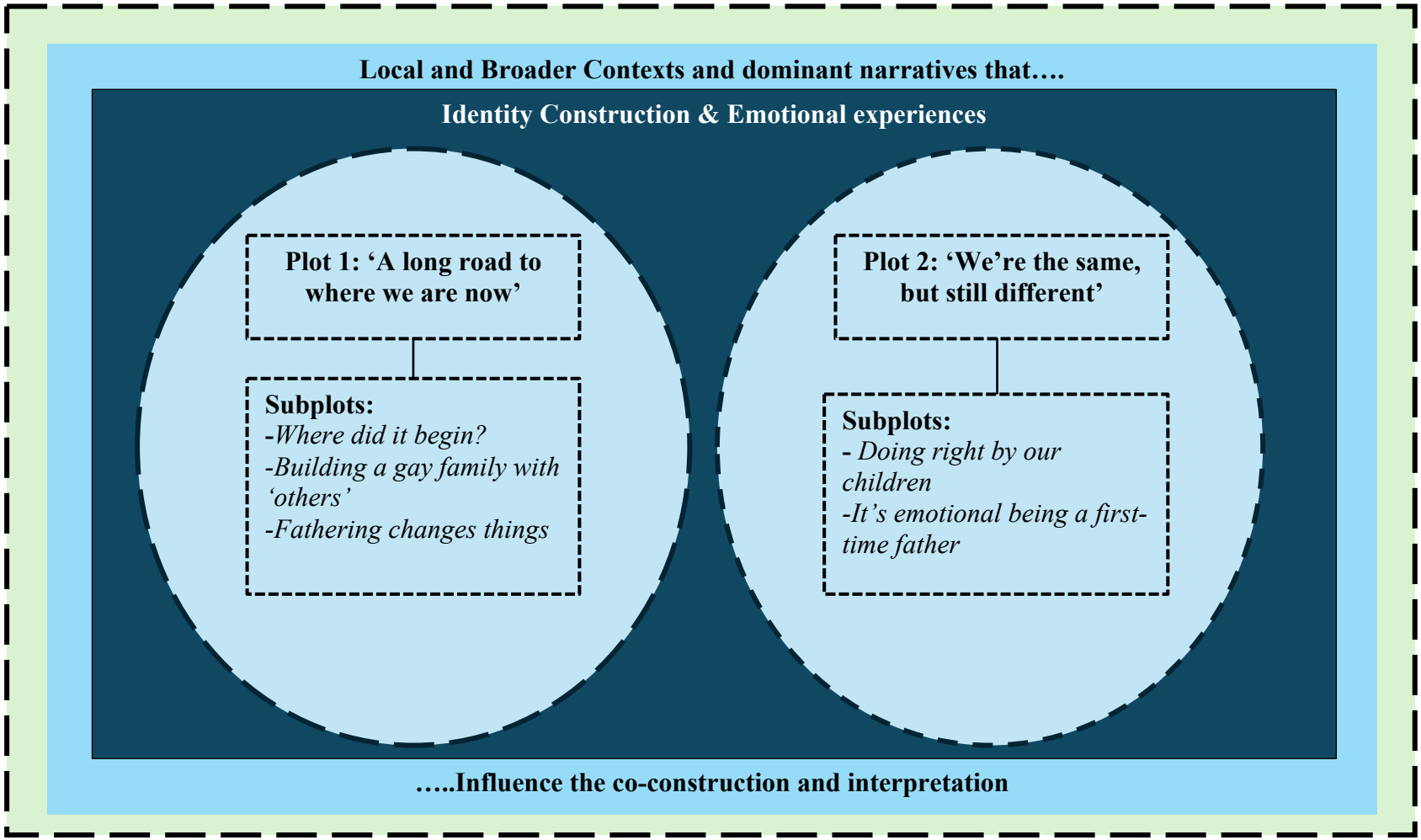
Although Joe references *'imagery bonding'* which includes discussions and practicalities to build a bond, it is referenced to compensate for 'missing out', implying these approaches are perhaps less than the heteronormative version. He shares his struggles to bond and a loss of 'oxytocin loveliness', which is storied in context of a family bereavement. This helps the audience to consider that alongside the journey to parenthood, Gay father families may also experiencing challenges that are out of their control that can impact parenthood, including bonding with their babies. Joe shared a juxtaposed narrative of his family's role in the couples' journey and places them together with colleagues as supportive but from a distance. The idea of 'chosen family' is placed into the story, to possibly invite an imaginary audience (Minister, 1991) of gay fathers to remain hopeful and motivated to pursue surrogacy journeys to parenthood even if families of origin are not closely involved.

3.3 Emerging Storylines

This section presents the researcher's interpretation of collective storylines which encompass identity work and emotional experiences as two key plots within the journey to fatherhood. Emotional experiences inform sense-making of human experiences (Greenberg, 2012). These experiences influenced construction of the narrators' identity, and roles and position of children and extended family members. The focus on identity involved considerations of the storylines about what and how the narrator chose to share and story their experiences and how this reflected the preferred sense of self for themselves, partner, children, surrogate and families of origin. Thus, the emotional experiences and identity work will be intertwined within plots, a process known as 'quilting' to provide a coherent account of narrative experiences (Koelsch, 2012). Lastly, interpretations will be interwoven with an ongoing commentary on identity construction and emotional experiences within the narratives and local and wider contexts in the co-construction of narratives which is consistent with the study's epistemological stance.

References to literature are made to inform readers of the researcher's understanding of the data and how interpretations compare with literature on non-biological gay fathers and gay father families. It will be made clear when storylines were prompted by questions to understand the researcher's role in contributing to a narrative. A diagrammatic representation of organised plots and subplots is included below (Figure 4).

Figure 4: Diagrammatic presentation of collective storylines



3.4 Plot 1: 'A long road to where we are now'

Social discourses put forward ideas about whether fatherhood should be available to gay men. These discourses have included suggestions of negative outcomes for children's well-being who might also be 'turned' gay having been raised by gay fathers and countered by research (Mazrekaj, De Witte & Cabus, 2020). Other discourses also debate pathways to parenthood for gay men such as adoption, how they should feel about and mitigate for their positions as parents when (via surrogacy) one lacks a biological connection to their child. However, there are variances in non-biological gay father's identity perspectives which might resist or reflect existing discourses. This section of analysis is focused on the participants relationship between their sexual identity and possibility of fatherhood. Further, their experience as fathers who don't have a biological connection with their children and journeys to fatherhood across time are discussed in the first of two main plots: 'A long road to where we are now'.

Contrary to research aims which seeks to elicit individual narratives, all personal narratives were constructed as collective journeys which negotiated the identities of partners and multiple 'others' including surrogates and families of origin. Although the epistemological stance of the research positions the researcher as co-constructing the narrative with participants, interviewees narrated collective experiences despite attempts to move the dialogue away from collective narratives signifying the importance of 'others' in journeys to fatherhood.

3.4.1 *Where did it begin?*

Research documents considerations of fatherhood as interwoven with awareness of gay men's sexual identity (Brinamen & Mitchell, 2008). Coming to terms with one's sexual identity is typically negotiated during adolescence (Robertson, 2014). These first experiences in comprehending sexual identity, at this period of adolescence will have informed the emotional capacity in understanding discourses of the possibility of fatherhood for gay men and potential for procreation (Holstein & Gubrium, 2011). With one exception, all narrators spoke of considering fatherhood (or potential closure of that possibility) when they understood their sexual identities as gay men. Stories about understanding their sexual identity reflected attempts to account for their current identity and the journey over time in what it meant at the time to be gay and wanting children. Perhaps this emphasised the longevity of their journey and to highlight stigma in contributing to lack of acceptance of fatherhood. Anthony, David

and Joe, speak about troublesome emotional experiences of 'coming out' and prospects of fatherhood:

> Anthony: *'If I did admit to myself that I was gay and come out, that I was a gay man, that I might not be a dad one day that was very early on'*
>
> David: *'I remember feeling kind a lot of shame round almost coming out because I felt like for me to come out as basically to really accept that I was ne:::ver going to have a family and I felt that was disappointing for my own family as well'.*
>
> Joe: *'It* {fatherhood} *certainly wasn't something I ever* thought *was possible* […], *I think there's all those bits of a narrative about kind of gay people being dangerous, actually potentially kind of predatory towards children, […] because really kind of promoted a lot in the past, maybe less so now, but it's still kind of there'.*

Stories by Anthony, David and Joe, illustrate navigating discourses which identify being a gay parent as deviant; as associated with paedophilia, with concerns about outcomes for children and a lack of present role-models to challenge negative stereotypes about gay men as parents (Berkowitz & Marsiglio, 2007; Hicks, 2006; Lewin, 2023). All stories included how their long journey had been consciously deliberated and an openness to sharing their sexual identity as a decision they didn't take lightly because of how definite they felt about their inability or struggles to be gay parents. It is interesting to reflect on the sense of progression over time as all accounts imply how these ideas have changed their understanding since 'coming out'. Their stories reflect realisations about the possibilities to challenge discourses about gay men and pursuit of fatherhood, potentially feeling they have more agency possible in line with a societal shift since they negotiated fatherhood when understanding their sexual identity.

Use of the term *'always'* by seven narrators was persuasive in demonstrating an intense longing to be a father, as if to suggest and emphasise stigmatising social discourses in contributing to beliefs that it would be impossible to be a parent. Anthony and Jerome's considerations of entering a 'straight' relationship to become a parent created an impression of the potential loss and sadness with being unable to fulfil their desire, without feeling forced into a relationship that compromised their sexuality, to become a parent. Doing so, sheds light on internal battles

gay men face in having to either neglect an aspect of their sense of self or their dreams of parenthood at this time point.

Although Daniel had a longing for fatherhood, it differed from David, Anthony and Joe who thought fatherhood was possible as a gay man:

> *'I grew up in quite a heterosexual area, so for me, being gay it was like I never thought of it as I don't know as a label, I always just a just obviously like like we all do, we're just not, we're just normal people, right? So, for me, I've always wanted to do the normal life, so to speak, the normal life, you know, be in a long-term relationship hopefully, get married one day and hopefully, for fortunate enough have have kids'*

Daniel's account resists societal norms and messages about the lack of possibility of fatherhood for gay men. In his story, fatherhood is presented as possible - and consistent with his identity as someone who challenges norms and is critical of arbitrary segregation of different groups of people. This was also present in the rest of Daniel's account such as attending classes with heterosexual parents and challenging intrusions that might undermine his position as a non-biological gay father and as part of a gay father family.

The way Daniel shared this idea was also of interest and potentially sought to elicit agreement from the researcher. The use of the term *'we'* is a way of representing views of other gay men strengthens his conviction in his position. It could be that Daniel was aware that his early experiences did not align with the dominant narrative that is experienced by most gay men (i.e. fatherhood was impossible) and was unsure of how his experience might be received by the researcher. As this interaction was at the beginning of the interview, the introduction of others may have been Daniel's way of exiting or ending that piece of narration until he felt surer of how the researcher and audience may respond to telling of his earlier experiences and resistance to the dominant narrative of experiences of fatherhood by gay men (Andreasson & Johansson, 2017). The importance of his self-perception as a *'normal'* and parent like any other father was noted by others[11].

[11] This will be discussed further in section 3.4.2.

Stories by James, Jerome, Martin, and David told of a later awareness and negotiation of fatherhood as openly gay men having assumed that parenthood for gay men was impossible or not typical of gay life. Smietana (2018) found that for some gay men the possibility of fatherhood had only been considered in relation to gaining an understanding of pathways to fatherhood that would mirror the heteronormative family set-up, which James and David mention:

> James: *'I remember reading about you know uuuh Tony Barlow and his partner the kind of first UK dads who had kids through surrogacy I remember you know when that story broke which I think was maybe about 2000 or something umm and I remember reading that and thinking oh you know it it's a possibility'.*

> David: *I think the reason being was mainly representation I guess so, erm, I remember first seeing on TV, that two gay people had done surrogacy, but I think they had done it in Europe, and they were the first UK couple* [*Luke: Yep] that would do it. And I was like, OH MY GOD, like gay people* <u>*can*</u> *have children'*

James and David's storylines narrate the journey of conscious deliberations in being 'out' as gay men and the lengthy process to overcome initial thoughts that being gay precluded the possibility of fatherhood. Alongside Anthony, James and David also storied friends, siblings and partners in activating and strengthening fathering desires and mirrored existing research (Smietana, 2016):

> James: *'I had a lot of straight friends who were maybe a bit older at that point like five years older, so they were starting to get married, so I guess that probably fed into it* {possibility of fatherhood} *as well'.*

> Anthony: *'Seeing all of my brothers and sisters having children and that sort of helped my my my own feelings to be a dad one day'*

> David: *'He woke me up, it woke me up, in a slumber of I can't have kids,* <u>*I shouldn't*</u> *have kids,* <u>*society doesn't want me to have kids*</u> *and actually I can if I want to, and this is possible'.*

James, Anthony and David's stories illustrate the power of societal discourses about being gay as synonymous with childlessness, but also demonstrates building resistance and challenges to these assumptions in consciously pursuing parenthood. All stories referenced the importance of family of origins in activating and supporting the pursuit for parenthood and building a family within a couple relationship and a partner with an interest in fatherhood. In contrast to earlier descriptions of '*difference',* this narration perhaps sought to highlight newly emerging, and counter-narratives based on societal changes associated with constructions and meaning of family and would position them like any other parent (Berkowitz, 2008; Poulos, 2011).

Jerome and Martin similarly provide storylines of considering fatherhood at a later stage as openly gay men. These stories illustrate a re-negotiation of internalised homophobia to consider fatherhood:

> Jerome: '*Obviously and I'm in a loving, wonderful relationship with an amazing baby with another guy. And so, I guess it took time'*

> Martin: *'I guess if you'd asked me that question, ten- fifteen years ago, when I was a younger person and even seeing two men married or walking down street holding hands, that probably would have been different. My answer might have been, GOD, you know, a child needs a mum and their dad, you know, erm but that's just not my view anymore'.*

Martin references heteronormative family ideals which requires the presence of opposite gender and coupled parents to raise a child (Biblarz & Savci, 2010; Gato, Santos & Fontaine, 2017). Interestingly, Martin's account switched quite suddenly and included the term '*we'* and focused on the collective qualities he and his husband could provide their son. Perhaps Martin sought to resist being positioned as *'different'* by the researcher and audience by leaning into the narrative that couples have babies and/or parenting qualities are more valuable than a parent's gender or sexuality. His resistance to being positioned as *'different'* may have reflected references to a lack of current internalised homophobia and being forced to consider his sexuality in relation to his father identity. Martin did not share his experiences of understanding his emerging sexual identity and may not have access to a narrative to share or did not perceive this as relevant in his journey to fatherhood. Nonetheless, this narration supported Martin in moving away from a focus on his non-biological gay father identity; and seemed in line with

his preferred identity as a dad like any other by focusing on qualities that make him comparable to any other father.

In contrast to other stories, Harry had purely referenced his family of origin in contributing to the possibility of parenthood. Aside from the period in which he was processing his sexual identity, the whole of his narrative was almost exclusively situated in relation to others. Harry's account was narrated in relation to familial challenges he experienced across the journey to fatherhood and constructed a strong narrative of being comfortable with his position as a *'dad like any other'*. This was narrated as contrary to how others perceived him and his family as he sought to keep his husband's biological status secret and '*keeping all of our friends and family guessing'*. During the interview, Harry made thin references to his individual experiences in his journey of considering parenthood in understanding his sexual identity. When the researcher enquired into Harry's earlier life and experiences with his sexual identity, Harry re-directed the conversation to include others in the negotiation of fatherhood. Potentially, Harry was demonstrating agency in resisting the research question to narrate a life where there is no 'getting away' from others in their lives as gay men and fathers. Harry's sensitivity to judgement of others might have made the researcher feel less confident in enquiring about experiences outside of his strongest narrative.

3.4.2 *Building a family with 'others'*

Surrogacy requires gay men to construct their procreative identities with multiple others; in this research multiple others include partners, egg donors, surrogates, professionals and family of origin. Creating a family via surrogacy and as a couple necessitates that only one father can have a biological connection to the child and has implications for the personal contraction of oneself as a father for both parents. Non-biological parents must contend with having claims to their identities as father undermined because heteronormative ideals legitimatize family based on biological ties (Goldberg & Allen, 2022). Anthony, David and Joe told stories about anxieties as a non-biological parent and its relevance to bonding:

> Anthony: *'And I really hope they don't (.) like, I hope they don't <u>hit me too hard</u> with that, 'YOUR NOT MY DAD' erm, despite the fact that they might'*

> David: '*The one main thing I was concerned about, is will she connect with me as much as Tom because there won't be this connection and as that anxiety for the surrogacy journey progressed that anxiety peaked as well to the point where I was slightly worried'*
>
> Joe:*' I guess you know things that I still kind of think about now would be things like, I'm yeah, the possibility of kind of finding it less easy to bond'*

David and Martin storied concerns about their status as a non-biological parents in reference to the bond between their families of origin and children:

> Martin: '*I didn't want my parents to think they're less, he's less their grandchild than Craig's mum'*
>
> David: {conversation with mother} *'one worry was that maybe you would because you can't necessarily see yourself in Rose physically, how would that effect you in the way you bond?'*

These stories bring in heteronormative ideas which underpin the power of the biological connection and by extension physical resemblance as akin to an automatic bond. By this logic it is assumed grandparents of a non-biological father might struggle to bond because a lack of a biological connection which would make them less legitimate grandparents (Dempsey, 2013; Smietana, Jennings, Herbrand & Golombok, 2014). Although David and Martin's stories implied a change of views about the significance of a non-biological connection[12], they and all others spoke of multi-layered approaches to co-ordinate the surrogates' identities with their own and enable a bond with their children which would legitimatise positions as fathers and grandparents. Implicitly these stories tell of non-biological gay fathers' efforts to 'fit in' and appear as a 'normal' and heteronormative family (Chen, 2024). This appeared to strengthen earlier attempts to challenge dominant narratives by some at beginning of interviews by de-constructing a meaning-based question to avoid being positioned as *'different'* and to position themselves as 'fathers' and a 'normal' family.

[12] Later noted in subplot 3.4.4

With all but two exceptions, participants verbalised selecting an egg donor whose physical or social characteristics matched aspects of non-biological gay fathers' identities and identities of their families of origin. These decisions reflected intentions noted by Murphy (2015) in which surrogates were chosen to create the impression of a biological tie between the non-biological parent and children to prevent questions about relatedness. Jerome and David referenced decisions with surrogacy agencies and clinics:

> Jerome: *'Obviously they {IVF clinic} met us with, based on what we look like, so you know, we put down what our are like, deal breakers were more kind of like idea, is this more physical characteristics, just because we wanted some sort of family resemblance'*

> David: *'I started it cause with this this thing in* {name of surrogacy organization} *or surrogacy communities […], you should pick an egg* {donor} *which has the physical features that look a bit like the other one* {non-biological parent} *So, I started the process like that […]I think it was, I think it* {selecting a personally significant egg donor} *really gave me some sort of it really gave me a rationale as to <u>why why</u> I would make this choice over any other choice I felt way more EXCITED about doing that than I did trying to find an egg*{donor} *that reflected my own physical attributes'*

Whilst stories varied in subtleties about involvement of professionals and surrogacy communities in egg donor selection, they potentially illustrate how their absence or presence of concerns about identities as non-biological gay fathers were triggered and/or exacerbated by concerns from others. In contrast to David who resisted professional involvement in egg donor selection, Jerome's description outlines how his ideas of resemblance were consistent with professionals and potentially seeks to persuade the researcher and audience that professionals were helpful in creating an 'acceptable' family. This might have held personal significance for Jerome, whose later narrative spoke of a desire to create a family with multiple 'links' to one another and perceived support from professionals as helpful in achieving this personal aspiration.

Unlike all others who focused on achieving biological resemblance between themselves and surrogates, Harry and David narrated the importance of social characteristics in selection:

> Harry: *'I think both of us were very much we want to know who the, the female is, what traits do they have? What's the behaviours, what attitude have they got? Not necessarily what they want to put on a profile or anything like that. We wanted to know the true person'*
>
> David: *'Like, I think I'll have to meet them, so it might as well be someone that sounds interesting and cool and there are things like their job that kind of linked a little bit to mine a bit, and there are statements on there that felt very close and interest that felt very close to some of our family relative as well so it almost felt like there were things that connected to me and my family and Tom's family already in it'*

These examples illustrate the importance of social matching and resemblance by acquiring details of egg donors and surrogates' social characteristics and for David was vital in securing his, his partner's and family of origins identities. This mirrors a central kinship practice in gay father family's decision-making in surrogacy (Teschlade, 2018). Both considered this idea in relation to professionals who legitimatised choices and one's identity and identities of families and children. This provided a counter-narrative not considered beyond the identity of the non-biological gay parent (Dempsey, 2013). Although Harry's aspiration for his son to know his 'roots' sought to remain consistent with his commitment to being the 'best dad possible'[13], his and David's stories of openness to share information and contact with their egg donors and surrogate might have attempted to persuade the researcher of their comfort in their positions as non-biological gay parents and construction of family which do not jeopardize their positions as parents. This is contrary to the dominant narrative noted by others and who referenced the surrogate as just a surrogate or as a *'biological mother'* to signify the extent of her involvement and to potentially position her as an outsider (Mackenzie, 2023).

Harry, Jerome, Daniel and Anthony coupled their attempts to secure their status as legitimate parents by keeping their partners' biological parent status 'secret', known as 'strategic silence' (Murphy, 2015). Silence could be seen as a way of avoiding ambiguity and potential to have their status as a parent undermined which maintains the position as dads like any other. Later in the interviews, David, Harry and Jerome storied their surrogate as a key advocate in 'correcting others' to construct theirs and their family's position in the 'right way'. Perhaps this

[13] As later discussed in subplot 3.5.1.

sought to illustrate that keeping the biological parent status secret is 'not enough' to protect against ongoing intrusions which undermine identities and need for others to navigate intrusions. This is noted in findings by D'Amore and colleagues (2024) and mentioned by David and Harry:

> David: *'You know he* {partner} *always says 'Ohh well actually my hairs jet black and hers is medium brown it's almost like me and David has had a baby'.She could be if we had a magic wand that allowed it, she does look a bit like she's the middle space between me and David, and I think that's a <u>really nice</u> thing to say. […] It's more that I like it than it's being considered than it makes me feel better because <u>I don't feel bad</u>'*

> Harry: *'I was talking this through with her in front of our friends were around and the surrogate did what I was expecting her to do, she just blew up like a bottle of pop going, 'I'm not his mum', you know, 'I just I'm his babysitter'*

David and Harry's stories indicate an emotional appreciation of 'others' in 'counteracting' feelings of exclusion. David's narration of his partners response to intrusions perhaps illustrates the need for heteronormative ideas for others to accept their gay father family set-up. Harry's storyline perhaps extends this idea to convey to the audience that support by others is needed for themselves and others, including surrogates. Surrogates are noted to educate others about their position in relation to intended parents using the 'babysitting' analogy (Teman & Berend, 2021).

3.4.3 *Fathering changes things*

Parenting is a time of meaning-making, emotional experience and change to individual and collective identities (Benson, Silverstein & Auerbach, 2005). Contrary to earlier accounts[14], which described an emphasis on efforts to legitimise identities due to a lack of a biological connection, all but two participants provided stories of biology's irrelevance as a practicing parent. Harry, Jerome and Daniel note of this perspective shift:

[14] As noted in subplot 3.4.2

> Harry: *'It has changed. I'm quite comfortable knowing that I don't need that biological connection with my children, because actually, the emotional connection that we've got the instinct love that I've got for Rocco'*
>
> Jerome: '*Although that even that genetic thing is probably less important now than it probably was before Tristian was born for me now. About even about the second one* {having a second baby} *like if I if all all the embryos I have don't work out like, I will be disappointed and if it doesn't go how we want it to go, but if, for example, all the embryos that I have don't work, and then Russ's does, and we have two children, then I see how much I love Tristian, you know it's what's meant to be, is meant to be right?'*
>
> Daniel: *'It was important to me at, you know, before she was born, but after she's born I don't, I don't, I don't see it as important'*

Stories by Harry, Jerome and Daniel note a change in relevance of biological connection which Harry more explicitly references because of their ability to form a bond. All had described how their love, affection and bond with their child had been strengthened through continual parenting. The role of 'doing' parenting in developing bonding and status as a parent is also evident in reports by gay adoptive fathers (Goldberg, Moyer & Kinkler, 2013).

All but one participant gave rich and in-depth stories of change, with initial ideas about bonding reconceptualised. These stories emphasised the significance of change to the audience and potentially persuade them of how secure they felt in positions as fathers and creation of an unbreakable bond. The one participant who gave a shorter account in terms of reconceptualising bonding, was Joe. This might be explained by his limited experience of parenting following his daughters' recent birth. However, like others his parenting experience secured his position as a legitimate father, which he and others note:

> Jerome: *'I did feel and when I first went back to work, […] I really missed them, and do you know, I think difference now is that I come back from work, and I, you know big smile, Dad ((arms out as if son wanting a hug)) kind of, you know type thing and kind of thing, that has cemented that bond'*

> Anthony: '*Whereas now, if you saw them, it's now the opposite, so they, I'm the one they go to when they're upset, I'm the one they just constantly go to, which is equally lovely, but equally exhaust::::ting'*

> Joe: *'I feel like whilst I loved her completely from before she was born* […] *I would say that it's it's taken some time for me to feel a sense of feeling like I'm bonding with her, and that's something ongoing, I think I'm, I'm, kind of getting better, you know, improving, getting closer over time'*

Changes that accompanied parenting experiences were broadened beyond the importance of biological significance and its relevance to bonding and efforts to protect their children's well-being. This remained a strong narrative in all accounts and mirrored emotional experiences and fathering intentions to be the 'best dad possible' noted prior to their children's arrival. Jerome, Martin, David and Anthony noted diverse changes to their sense of self and identity:

> Jerome: *'It changes your whole outlook on everything really, I mean, I mean like Russ was my world, but now Tristian is my world'*

> Martin: *'Everything I thought was important just melted away […], what people think, what's you know, what's the latest trend or what, how much money do people earn, and where do I want to go in my career, and all of that stuff just melts away and the only thing that's important is me Craig, Oscar and Brian'*

> David: *'My, natural stance, is quite easy-going and but I do think, parenthood has brought out a lot has made me a lot more vocal about things and to draw firmer lines with people because ultimately there's I'm I'm looking after a human, I've got a human to look after and I need, I need her to see that from me as well'.*

> Anthony: *'Nick and the children were more important to me than what anyone thought about me at work and my perspective of <u>everything changed,</u> which <u>I think does for all parents,</u> whether you're heterosexual or gay'*

These stories reference changes to their self-perceptions and emotional shifts which resonates with existing literature (Armesto & Shapiro, 2011; Bergman, Rubio, Green, Padrón, 2010).

Perhaps narrators sought to illustrate that parenting experiences were comparable to heterosexual parents by prioritising the needs of children over their wants/concerns. This explanation mirrored descriptions by Jerome and Martin who spoke of ease in navigating their daily lives as fathers - consistent with the idea they are *'dads like any other'*. Contrary to all others, David's story of a change required a proactive as opposed to a relaxed approach to parenting. David had built a family within an inter-racial relationship and his approach might reflect not being able to navigate the world as freely from prejudice as other white identifying families that participated. More frequent intrusions are noted for inter-racial gay couples where lack of racial resemblance exists (Smietana & Twine, 2022).

Despite downplaying biological connections, Jerome and Daniel mentioned the importance of a second child to have their 'turn' to be the biological father, which played up the importance of biological significance and felt contrary to earlier claims of its 'irrelevance':

> Jerome: *'Hopefully gonna have a second child, so I'm gonna create so Tristian has a has a little brother or sister and a sibling to play with'.*
>
> Daniel: *'I want to have another child for us as a family, for her, as a sibling for her, to be a sibling to have the biological connection of my own, a child of my own, but I feel that's not important as what I thought it would be'*

These stories highlighted how parenting experiences and intrusions may be reminders of challenges to assert one's parental status as a non-biological gay parent, despite attempts to downplay it. Perhaps stories sought to highlight that taking their 'turn' to be the biological father is not 'vital' but would strengthen belonging and further protect the family (Blake, et al., 2017; Nebeling Petersen, 2018). This would mirror the typical rationale underpinning 'turn-taking' in surrogacy for gay men (Dempsey, 2013). Jerome's story subtly hinted at a stronger conviction in his intentions to be the biological father in their second journey to fatherhood which was not coupled with the same level of reassurance about its irrelevance that was noted in Daniel's account. As was already noted[15], families of origin contribute to ideas about legitimacy as a gay father family and the path to parenthood (Mitchell and Green, 2008). Like all participants who provided strong rationales for their decisions to pursue surrogacy, Jerome

[15] As discussed in subplot 3.4.1

spoke of his aspirations to mirror his family set-up which informed the selection of surrogacy as their path to parenthood and might have explained his importance of securing a biological connection with their second child.

3.5 Plot 2: 'We're the same, but still different'

The collective narrative of 'we're the same, but still different' included stories situated in the past and present, representative of the lengthy and ongoing journeys to fatherhood. Harry and Anthony story their families of origin who questioned their capabilities as two men raising a child/children while also having the experience of these questions being asked less often when others have witnessed their parenting. The stories also speak to resisting dominant discourses that assumes that journeys to fatherhood stops once a baby is created and/or born. Narrators suggest this isn't the case and remains a counter-narrative that needs voicing.

The collective storyline 'we're the same, but still different' speaks to emotional challenges of becoming parents using a 'non-traditional' path to parenthood and parenting a child in a gay father family. Narrators faced dilemmas in narrating problems in raising a child amid heteronormativity and appearing unable to cope or feeling stigmatised (Goldberg & Smith, 2011). These storylines were multi-layered and told by all narrators that arrived at a point of contentment in their positions as non-biological gay fathers and raising a child within a gay father family. Storylines oscillated between feeling 'the same and different' to their heterosexual counterparts.

3.5.1 *Doing right by our children*

Ensuring their children had the best life possible was a central narrative through all accounts and rich in comparison with all other emotional aspects of journeys to fatherhood[16]. There were variations in desires to be the 'best dad possible' including 'compensating' for lacking a biological connection and raising their child in a gay father family. Higher stigma consciousness is noted by gay fathers as they disrupt traditional gender roles and violate the hegemonic model of masculinity (Golombok, Ilioi, Blake, Roman, & Jadva, 2017). These ideas mirrored concerns by Harry, Martin and Anthony:

[16] As noted in subplot 3.4.6.

> Harry: *'I know it's gonna have some implications for our son as he gets older, whether that be bullying or being, you know, generally picked on or been seen as a different child'*
>
> Martin: '*I did have it in my head, and this was probably my own bias that if we had a little girl it might be easier on her for having two gay dads rather than a little boy in terms of playground, bullying people making comments that kind of stuff I almost in my head, think, 'OH, A LITTLE GIRL WITH TWO GAY DADS! What a lucky little girl. Do you know what I mean? You know, erm, but then I thought, OH GOD! Would a little boy get some stick?'*
>
> Anthony: '*I still worry a little bit about is that there will be some element of prejudice, predujice in their life which they will have some point, someone's gonna say something to them, and that's going to be hard to deal with, but I just hope it's not as bad as I think'*

David and Joe illustrated the same worries, but referenced them in relation to aspirations to be better at parenting than heterosexual parents:

> David: *'As gay people, you feel like you have to prove you're a really good parent, harder than anyone else because you know that you're being looked at'.*
>
> Joe: *'As a queer parent, I might feel like I kind of got something to prove, you know, like to prove those kind of bigots, and homophobes wrong that you know we can, we can do just as good a job as you actually or better'.*

These stories, which were not explicitly asked by the researcher, and provide an implicit response to discourses of children 'missing out' in gay father families or narratives suggesting their children will be gay. Being a 'great parent' mitigates these concerns. References to people more broadly as 'bigots' by Joe, perhaps sought to indicate the widespread nature of stigma and pressure to be 'great parents' (Barr, 2011). The lack of reference to aspirations to be 'great parent' by some and focus on diverse ways to ensure they were 'doing right by their children' by all other narrators, might have attempted to communicate strengths to avoid coping with

difficult emotions of exposing children to prejudice (Lee, 2009). It might have also attempted to communicate the opposite and resist the urge of being made to feel 'different'. Examples of their commitment and strategies to provide their children with the best life possible are noted below:

> Harry: *'I wanted to do but actually, now it's the giving him a better foundation* {different parenting approach} *[...], but my ultimate goal is that he has when he goes to have children of his own, if he wants children of his own or his sibling wants children of of their own that they go I want to raise my children the same way I was raised, because for me, that's the the legacy that will go on'*

> Anthony: *'I just always known that I couldn't be the dad I had and that had to be the BEST DAD, so I probably did over do it* {care for them}*'*

Harry and Anthony's storylines to be a 'great parents' reflected internal motivations to repair their distress in having been parented to provide their children with a legacy of fatherhood. These aspirations mirror westernized cultures which focus on internalized rather than contextualised driven desires to pursue parenthood (Rabun & Oswald, 2009). A similar thread was noted by all participants who desired their children to be good humans and be happy and resilient. Perhaps narrators sought to use their emotional experiences to invite the researcher to see their similarities with heterosexual parents by de-gendering parenting and persuade the audience that different sex parents are not required if the aim is to support their children to be happy (Lynch & Morison, 2016; Mallon, 2004). Such a concept is noted by Jerome and Martin:

> Jerome: *'As long as you love and nurture and look after that child that's all that really matters, what I believe Tristian is never going to lose out on love because he doesn't have a mum because he's got two dads, in fact, I think, and I say, this, yeah, like, he's a really lucky little boy like he has two loving parents who would do anything for him'*

> Martin: *'but I don't feel any kind of way about the fact that my child has two gay dads and not dad and a mum, I don't feel like he's missing anything, erm, I feel like he will get all everything he needs from the two parents that he has, so I don't, I don't have any worry in that sense?'*

These storylines highlight how de-gendering practices, and its emotional experience have contributed to feeling comfortable as capable parents. However, Jerome, Martin and David later storied the need to provide their children with *'strong female role models'* and to provide children with access to an LGBQ+ and/or an accepting network. Jerome and David speak to this:

> Jerome: *'We met with a couple of other* {gay dads attending a parenting group}, *actually we had nothing in common whatsoever apart from being gay dads, but we will continue to go to these things with Tristian growing up,* […] *I want, want him to see that and understand he's not, you know, alone'*

> David: *I was like I want to be in the countryside, I want a big garden, these are things we need to really have the best possible set up and to be able to build a network of friends* […]. *I lived in London for like, over 10 years, not one* {friend} *I made friends at work, [Luke: yeah] and like friends through other things like, but not* [*Luke: Yeah] not like, not a sense of community'*

Examples by Jerome and David imply the need for a community including LGBQ+ families in creating a positive sense of self for their children, themselves and family. Perhaps David is trying to convey the idea that the whole family needs to thrive and to create the 'best life' for his daughter and they need a group of 'chosen' family to navigate the oscillations in emotions in being the 'same' but also 'different' as noted in the literature (Frost, Meyer & Schartz, 2016). However, later storylines spoke of a reliance on and contentment with each other as parents, which James, Harry and Anthony reference:

> James: *'I don't always know the answer and sometimes you're winging it but I feel like I've got competence as a parent like I think I came out of that hospital with confidence as a parent'*

> Harry: *'The more we've gone along the journey with him, so with Rocco, it's, it's very, I don't have a clue, you instinctively, parent'*

> Anthony: *'As many YouTube tutorials and books, you can read when it comes to real life, taking care of a human, two humans, you just wing it, you have to'.*

These storylines reflect a similar change noted elsewhere[17] and a potential realisation of not needing to be 'great' parents or rely as heavily on communities to cope.

3.5.2 *It's emotional being a first-time father*

Carone, Baiocco & Lingiardi, (2017) cite the emotional struggles in navigating multiple 'differences' including building a family using a 'non-traditional' path and as gay men on journeys to fatherhood to establish themselves as a 'normal' family like any other. In keeping with the literature, all had provided narratives of the realisation that journeys to fatherhood would be a challenging and characterised by relational tensions with numerous others (Fantus, 2021). This is illustrated below:

> James: *'They* {hospital staff} *were like we'll go and check with our legal department and we were like yeah do that because you'll find that we don't have to'*
>
> Jerome: '*There's a lot of Who's is he? Yeah, I mean. Funny enough more from people who don't know that, well, I and I was like to be honest like, excuse my language here, but but go ahead and* FUCK OFF'.
>
> Anthony: *'but then, suddenly at work, despite the fact that I wasn't saying to people, I am gay, it was stirring up old wounds, cause I was having to then talk openly, more openly than I ever did before about my private life because now it was me and Nick going through fertility clinic, going through fertility treatment'*

These stories describe the emotional challenges of repeatedly navigating the 'same as' and heteronormative understandings to parenthood and having to advocate for oneself and family in interactions with professionals, colleagues and strangers and contrary to their intended self and collective perceptions as parents and family. Potentially these stories sought to highlight the struggle of repeatedly navigating heteronormativity and heterosexuality which they protest. All accounts included a strong and highly emotive narrative of their lack of tolerance of homophobia and activism in showcasing they are a family like any other. Within this narrative,

[17] As is noted in subplot 3.4.3

Jerome had positioned difficulties as typical of building a family using assisted reproduction to resist from feeling 'othered' in the interview. He and Anthony perceived it as the responsibility of gay fathers to challenge heteronormativity and might have reflected success with using friends as egg donors and surrogates:

> Jerome: *'If you can be part of pushing down those doors, or breaking boundaries of talking to people, you can be the first person who's done these things, and you can help other people going forward. That's kind of what we should be doing'*
>
> Anthony: *Also people that are willing to be surrogates, and people that are willing to be egg donors'*

Later Jerome and Anthony broaden their stories of challenges to issues of fatherhood which are unrelated to their sexual identity:

> Jerome: '*I think that for the first four days I was like well, probably for the first place, I was completely deer in headlights. I didn't even know holding. I didn't know what I was doing. I think that's most new parents, right?'*
>
> Anthony: *'I said a few times more than a few, I had some real, erm not break, well, I guess you could call them breakdowns, because I was just exhausted with no sleep being screamed erm at all the time, and I was here on my own for a lot of it, erm and, and I struggled with that a little bit'*

Jerome and Anthony, use their emotional experiences of first-time fatherhood to play up their comparative experience to heterosexual parents and unrelated to their gay father family set-up. Perhaps Anthony's story sought to subtly imply a tension between struggling to cope and sharing this with others because of potential stigma. Jerome resorts to the researcher's position as a clinician to strengthen this argument that their emotional experience is comparable to every other family. These examples mirror research that found gay and lesbian parents utilize emotional experiences to support their identities as comparable to a 'normal' heterosexual family (Lee, 2009).

Contrary to other relational experiences, all spoke of an anxiety provoking journey in nurturing a strong relationship with their surrogate and egg donor, and a topic of conversation that was of interest but not initiated by the researcher. Perhaps this sought to showcase the importance of this relationship in their journeys. Societal discourses hold prejudicial views of gay men as predators that might seek to 'take advantage' of women as surrogates (Van den Akker, Fronek, Blyth & Frith, 2016). The lack of and limited relational tensions throughout their journeys might well have reflected their wariness of judgement from the researcher and audience and might explain David's lack of discussion of his surrogate throughout his account. Alternatively, their emphasis on the positive relationship with their surrogate might well have reflected the only positive element of their journey amid conceiving a child during COVID which was as an additional challenge especially within recommended routes to find a surrogate which felt problematic for all but two participants:

> Harry: *'For complete social awkward geeks that me and Ryan are that just completely ruined our whole experience'*
>
> Anthony: *'Erm, neither of us wanted to go, but we felt like we had to go, because we thought that was our only option, erm, we went along and I can honestly say it was one of the WORST EXPERIENCES OF MY LIFE, not because we hate that kind of environment. It was more because it was that you just felt like you were constantly competing'*
>
> David: *'Although it's branded as friendship first, there is definitely friendship there and it is a very supportive community, but there is this underlying feeling that actually if I were to get talking to someone in real life and they were to be a surrogate, then there's like forty other couples, here other so that one person who also want their attention'*

Harry, Anthony and David's descriptions speak to the standardised route to surrogacy as emotionally overwhelming, which they particularly emphasise as introverts who lack the skills to form relationships amid a social setting with other *'competitive'* parents which felt in conflict with the altruistic intentions of surrogacy organisations. Joe was the only participant who referenced the same issues to provide a strong rationale for his and his husband's decision to select a self-arranged surrogacy route, but which had implications for their family:

> Joe: *'What we would have wanted would have been to have had and a surrogate with a separate egg donor and there to have been possibly some some kind of ongoing connection between surrogate and the child, but you know, in a much more of a kind of distance way, which might be kind of like a yearly potential meetup, or sending birthday cards that kind of thing'*

His description appears somewhat contradictory to all other participants and provides a counter-narrative within the existing literature of having to sacrifice desired intentions of parenthood because of systemic barriers rather than having to feel grateful to be given some form of chance to have a child through a 'non-traditional' path to parenthood (Carone, Baiocco & Lingiardi, 2017). His description also implies a sense of anxiety and ongoing burden of having to continually nurture relationship with their surrogate and their child's sibling (Nordqvist, 2009).

Chapter Four: Conclusion

4.1 Summary of findings

It may be useful at this point in the thesis to review the study aims before summarising the findings. This is to help the reader re-familiarise themselves with the studies intentions and provide a credible response as to how these aims were addressed. Three research questions informed the research, and the following summary will be organised to reflect these aims. Table 11 (see below) includes a summary of collective plots and subplots across participants.

Table 11: Summary of collective plots and sub-plots

Plot	Summary of plot	Sub-plot	Summary of sub-plot
Plot 1: 'A long road to where we are now'	Lengthy journeys of constructing current identities as a parent, non-biological gay father and gay father family.	Subplot 1: *Where did it begin?*	Journeys began considering the possibility of fatherhood largely when understanding one's sexual orientation or was contemplated or re-negotiated when 'openly' gay following societal changes and witnessing other parents and receiving supported from and/or considered with partners and families of origin.
		Subplot 2: *Building a gay family with 'others'*	Identity as non-biological gay fathers evoked fear of bonding and was managed by creating resemblance with egg donors and/or surrogates and supported by professionals. Keeping non-biological status private and eliciting surrogates support to clarify roles for themselves, partners and surrogates.
		Subplot 3: *Fathering changes things*	'Doing' parenting established and re-conceptualised ideas of bonding and changed sense of self and identity and helped re-evaluate priorities. Some spoke of 'turn-taking' to be the biological parent to 'strengthen' belonging and identities as parents and a family unit.

Plot 2: 'We're the same, but still different'	Emotional challenges with arriving at a point of contentment in identities as non-biological gay fathers and a gay father family.	Subplot 1: *Doing right by our children*	Aspirations to be the 'best dad possible' reflected internal motivations and societal pressure to navigate 'difference' in lacking a biological connection with children and raising children in a gay father family. This was achieved in a variety of ways such as keeping contact with children raised in other gay father families.
		Subplot 2: *It's emotional being a first-time father'*	First-time parenthood, finding a surrogate and establishing a relationship with them, and stigma linked to their gay father family set-up created emotional and relational challenges. Challenging stigma was named as important in advocating for their family set-up, which was like any other family type and included promoting surrogacy as positive journey to parenthood.

4.1.1 *How do non-biological gay fathers story their surrogacy journeys to fatherhood?*

Findings indicated that all participants had narrated their journeys with incredible richness at a particular point or throughout their journey to fatherhood. All participants narrated changes across time which involved having to deal with numerous others and predicted to continue as practicing parents. Many narrated their journeys to fatherhood as meaningful and poignant points in their individual and collective journeys and as having created their current sense of identity. This meaning making enabled the creation of identities that were consistent with heterosexual parents and to move away from feeling 'different'. However, most narrated embodying a sense of 'difference' and 'sameness' together, in relation to experiences of fatherhood and counter to their preferred identity as '*dads like any other'*. Two participants narrated ease in their positions as non-biological gay fathers and did not have the same emotional drive to 'fit in' with other parents. The stories were heavily narrated in relation to 'others' which included healthcare professionals, strangers, families of origin, surrogates, surrogacy communities and even strangers. This reflects the way participants construct their identities in relation to and by others as noted elsewhere (Choo & Ferree, 2010).

4.1.2 *How do non-biological gay fathers construct changes of their journeys across time?*

The study suggested all participants offered stories about their journeys with fatherhood across their lifecourse, including the contemplation of fatherhood in relation to their sexual identity. Whilst the time frame of negotiating the possibility of fatherhood varied, all stories were narrated in context of questioning what this meant in who they were as people and was part of their first sense making of understanding their identities. Collectively, distressing experiences related to their own identity as a non-biological parent and collective identity as a gay father family, were narrated in the past and present. For some, the arrival of their baby had helped them and potentially others around them to move to a more comfortable position as non-biological gay fathers and a gay father family. Furthermore, the study found participants spoke of their ongoing relationship with their identities as a non-biological gay father, which for some was narrated in relation to their prospects of having a second child and confirmed journeys to fatherhood as ongoing.

4.1.3 *How do the stories non-biological gay fathers make of their journeys reflect or resist dominant narratives?*

The study was heavily influenced by local and dominant narratives of ways to mitigate for lacking a biological connection as a non-biological gay father in a gay father family and was interested in the role this played in co-constructing narratives. Individual and collective narratives were in line with and resisted the dominant and multi-layered narratives as a non-biological gay father conceiving a child with assisted reproduction and raising them in a gay father family. Within these narratives, some adopted a position to highlight how their personal perspectives were different from the 'expected' approach. This was achieved by locating specific experiences which were counter to existing narratives; of believing it was possible to be a father as an openly gay man; not following recommendations to find a surrogate through an agency or professional recommendations in egg donor and/or surrogate selection. Whilst all narrated anxieties related to positions as non-biological gay fathers and gay fathers in the past, present and future, the emotional experiences as non-biological gay fathers was thinly described by some. Two participants minimised the emotional experience to the extent it was implied there was no issue at all (*'people haven't asked us'*). This was contrasted to the daily emotional experience of navigating their experience as a non-biological gay father and gay father. There seemed to be an ongoing dilemma in their narratives of wanting to be perceived as coping but needing to share ongoing difficulties. Perhaps it was this emotional experience that was most distressing part of their journey and a story that couldn't be narrated.

4.2. Implications for Clinical Practice

The research was conducted to understand non-biological gay father's experiences of fatherhood to highlight implications and recommendations for service-provision in peri-natal and parental mental health services. On this basis, the researcher intends to highlight the experience of non-biological gay fathers, and struggles faced with 'others' in providing fertility care and support. These implications are situated within a firm position that gay men must have access to and receive appropriate care and support like any other parent.

4.2.1 *Promoting meaningful choices*

It is important to ensure non-biological gay fathers, and gay couples are provided with impartial advice and are empowered to make their own choices in selection of egg donation and surrogates. Participants spoke of resisting or reflecting ideas of surrogacy agencies and clinics in egg donor selection and supports the assertion of respecting parent preferences in LGBQ+ family construction (Somers et al., 2017). Surrogacy agencies and clinicians must reflect on their own positions and relationships to biological significance and 'relatedness' especially for first time non-biological parents who may have not considered these ideas prior to accessing support. It is vitally important for clinicians and surrogacy agencies to support non-biological gay fathers and their partners to navigate any emotional dissonance of selecting an egg donor that matches their physical appearance or social characteristics. It is only when engaging in a thoughtful and impartial conversation in considering egg donors' selection that more meaningful conceptualisations of family construction can emerge, and do not reflect attempts to mirror the dominant heteronormative nuclear family model.

4.2.2 *Employing community models and diversifying support*

Continuing the idea of the importance of supporting others in gay fathers' journeys to fatherhood, this research has vital implications in recognising the value of clinical psychologists in broadening support with communities and engaging in this work with gay father families. Participants narrated anxiety that was felt from multiple others including surrogacy agencies, clinics and their families of origin in their journeys. All participants proactively navigated intrusions and promoted surrogacy as a viable path to parenthood for all family types. It would be of particular benefit and value to combine this knowledge with

community psychology ideas to contribute to a widespread shift in societal attitudes (Lardier et al., 2023). This would help to contribute to change by recognising how social institutions such as surrogacy agencies and clinics are upholding heteronormativity and whiteness and would contribute to more helpful and empowering conversations with gay father families (Bronfenbrenner, 2000). However, others and not just gay fathers alone must challenge oppressive practices during surrogacy journeys to fatherhood for gay men as noted by participants and literature (Ganesh & Zoller, 2012).

4.2.3 *Advocating changes to law and policy*

Building a family using surrogacy as a gay couple requires an engagement and negotiation with legal systems that undermine and deny their parental rights from the very beginning of their journeys and which for some can remain ongoing, especially considering a relationship breakdown (Vargas, Miller & Chamberlain, 2012). As noted[18], a parental order is required by one or both gay parents to seek legal parentage of their children because these rights are automatically provided to the surrogate and her spouse if appropriate or to the biological parent (Horsey, 2016). Few mentions of the meaning-making around the parental order process might well have reflected a lack of awareness of and/or lack of power and recent success in reforming surrogacy laws (Law Commission, 2023). Clinical psychologists are therefore well placed as skilled professionals in contributing to political change to help non-biological gay fathers, their partners and chosen families to comprehend the oppressive nature of this legal framework on their decision-making and journeys during and beyond the birth of their children. This support could help to reduce the emotional effects on gay fathers and their families and contribute to a new and ethical legal framework which recognises them as the legal parents from the start (Dana, 2010).

4.3 Methodological Considerations

An important aspect of research is transparency and reflection on the limitations encountered (Goldstein, 2017). Evaluating the strengths and limitations can help to further comprehend findings and contemplate future research that can address these limitations and advance the evidence-base.

[18] As discussed in chapter one.

4.3.1 *Strengths*

A main strength of the study is that it explores the storied experiences of non-biological gay fathers that has not been previously investigated. The aims of the research were to highlight the rich and personalised stories of first-time and partnered non-biological gay fathers, who created a family using surrogacy which took place in the UK and is a group with these specificities which is often missing in existing literature (Berkowitz, 2020). Although the methodological design means the findings lack generalisability, the diversity and 'newness' of participants fatherhood experiences means several recommendations to numerous others including professionals can be shared to make improvements to fertility care and support from surrogacy agencies. It should be noted that the richness of narratives collected in this study is likely to have been enriched by my activist approach which informed this research and selection of the narrative approach. This activist approach has its roots in social constructivism which lends itself particularly well in highlighting the social context in causing psychological distress and facilitates the identification of the ways of where and how social action could occur and contribute to social change and enable the celebration of gay fatherhood. This approach also helped to shift from a focus on and exploration of 'problems', to viewing them as issues within their social context. Alongside the focus on 'journeys', an activist approach has identified multiple areas of challenge and recommendations for people other than gay men on this journey, including, for example, 'others' such as surrogacy agencies, fertility clinic staff and families of origin (see Appendix J for further reflective extracts).

The study design is an important factor that contributes to the co-construction and narration of stories (Andrew, 2021) and was a second strength of this study. This research entailed an individual interview with participants and used open-ended questions with prompts within the context of a personable and engaging interview schedule that was created with EbE. This was felt to strengthen the collection of narratives in an individual interview format which enabled the opportunity to hear the 'true' and 'uncensored' stories of interviewees that might have normally remained unvoiced (Bjørnholt & Farstad, 2014). Informed by my passion to challenge oppression, it felt important to give participants the space to explore this conversation in-depth without their partners present. It felt important to create psychological safety within interviews, however, I do wonder if this interview format has inadvertently led to the production of uncensored but polarised narratives shared by participants, which because the lack of presence of their partner meant it was difficult to consider the more nuanced sense-making of

experiences and therefore it was easier for participants to 'take' a dichotomous and polarised position in their story-making. However, it is clear that the choice to conduct interviews with just the non-biological fathers created a space for their stories which was important, especially given how the stories of this group can be silenced in research and there may be no other context to share their personal stories (Felt et al., 2022).

4.3.2 *Limitations*

Muylaert and colleagues (2014) assert it is vital to reflect upon researchers' skills at interviewing participants which might open or shut down a dominant or counter-narratives. Clinical researchers often find it hard to not utilise clinical skills in research and was felt to be a challenge in this research (Hay-Smith, Brown, Anderson & Treharne, 2016). It was particularly challenging to hold an objective and 'neutral' stance and not validate and offer compassion considering prejudicial experiences and encourage openness when hesitation was noted. However, the researcher employed a curious stance and committed to listening to how and what was said to inform ongoing flexibility with questioning. Presser (2005) argues 'strong reflexivity' requires an ongoing attempt to interrogate the institution, political and social structures which inform a story. In line with this idea, I had meetings with the supervisory team and peers and made reflective notes prior, during and at the interview end to stay committed to identifying the influence of these ideas in the analysis.

The current research recruited a sample of gay gathers who predominantly identified as White men and who had access to sufficient financial resource to afford surrogacy. The financial commitment was particularly significant if support was received from a fertility clinic which was the case for most and this mirrors the typical demographic in the literature (Berkowitz, 2020). It is acknowledged that identity is multifaceted and contributes to a rich and multi-layered experience of journeys to gay fatherhood which is likely to be challenging for those whose identities are socially stigmatised alongside their sexual identities such as those from working class backgrounds or who racially identify from the global majority (Burnham, 2018). Due to time constraints, there was limited opportunity to identify community spaces or parenting groups which are occupied by gay fathers from the global majority to aid recruitment diversity (Fish & Russell, 2018). Informed by my passion to elicit social change, I also wonder if it would have also been entirely appropriate to research surrogacy journeys for gay fathers from the global majority under limited time constraints because of the limited opportunity for

meaningful relationships and research which would elicit comphrensive recommendations for social change. Despite this, the role of race was meaningfully noted in one participants journey to fatherhood. Therefore, I wonder if a greater racially diverse sample would have enriched a collection of narratives to highlight their resistance of or attempts to reflect dominant discourses in their journeys for those afforded with limited power alongside their identities as non-biological gay fathers which would have enriched the implications.

4.4 Suggestions for future research

Whilst this research helped to advance the limited research into parenting experiences and transition to fatherhood for gay fathers (Norton, Hudson and Culley, 2013), it has important implications in highlighting gaps in the gay father literature. Firstly, participatory action research has been and would be an incredibly valuable as a research tool in contributing to shaping supportive and empowering communities of others to support non-biological gay fathers and their partners on their journeys to fatherhood and an area in which this approach to research is lacking (Fish & Russell, 2018). Tasker (2012) states the need to deconstruct the social and political systems to create benefits that extend across all gay father families and requires a deeper and extensive understanding of how intersectionality operates and how it influences the experiences of parenthood and parenting. Irrespective of the additional steps required for participatory action research, this research would enable the opportunity for non-biological gay fathers and their families to embody an identity that is meaningful to them and their family.

The research also contained three accounts of non-biological gay fathers that opted for an independent surrogacy route and practices which are un-researched and/or only considered in reference to co-parenting with lesbian parents (Herbrand, 2018; Norton, 2018). Future research could focus on how gay fathers might negotiate roles, relationships and constructions of 'family' with limited involvement from professionals and agencies. This would be a pertinent research area for gay father families who might be required to re-negotiate their route to fatherhood and constructions of identity in relation to others beyond a surrogate and egg donor. This might include negotiations of identities as a non-biological gay father and gay father family in circumstances of ongoing contact with surrogates and siblings. The ongoing relationship and potential dissonance in contact between the surrogate, non-biological gay

fathers, child and family unit will provide a richness and complexity that would benefit from further investigation.

Future research may want to consider exploring journeys of fatherhood from the perspective of families of origin or those with a 'chosen family'. Families' responses were narrated as having a similar journey to participants and believed parenthood was impossible as gay men. Stories were narrated in reference to ongoing negotiations with identity and their families of origin in contributing to a sense of feeling 'different' and the 'same' as other heterosexual parents. It therefore feels important to conduct future research to consider interventions to help families of origin to embody a position in which they recognise their children as valuable and worthy parents without the need to construct a family on the heteronormative family model (Bertone, & Pallotta-Chiarolli, 2014). Further research could explore the experience of families of origin who have been open to their children as parents from the point of negotiating their sexual identity. This would have implications in forming and evaluating a model which could be expanded and applied to several groups of people and could help support other gay men with intentions for fatherhood who might not have support from their families of origin.

4.5 Learnings from research

Completing this research has taught me about the immense value of the narrative approach within research which has strengthened my skills in narrative therapy. This experience has helped me to particularly appreciate and listen closely to implicit messages in people's narratives to identify different and harmful voices that are not consciously known and need highlighting. I have learnt to be consciously aware of the context specific nature of distress and areas of contradiction and to provide support which highlights a subjugated narrative and bring this to the forefront of people's consciousness.

This research has reminded me of the importance of reflecting on my biases in how my own passion for a topic area and to address social injustice has informed the design including the chosen methodology and conceptualisation and reporting of findings in this research. Despite this, I have appreciated and have recognised the power in providing space for people to share their personal narratives and a realisation that people are more aware of societal influences in the construction of their sense of self and experiences. Participants narratives spoke of immense bravery to 'go against' societal discourses and utilised various resources to empower

themselves, their children and family to resist prejudice. Whilst this research had been informed by the belief that non-biological gay fathers and gay fathers more broadly might be in desperate need for support, this research has helped to recognise the need to re-position wider society as the 'client' requiring support and to provide specialist support that is validating and empowering to non-biological gay fathers. I hope to take forward these ideas into my clinical practice, future research and personal life as I advocate for an embracement of 'queerness' in gay father families.

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Appendix A: Iterations of search process for systematic literature review

Initial database search in April 2023

Concept 1: Sexuality and related terms **(Title/Abstract)**	**Concept 2: Gender and parenting terms** **(Title/ Abstract)**	**Concept 3: Decision-making terms** **(Title/Abstract)**	**Concept 4: Pathways of conception terms** **(Title/Abstract)**	**Concept 5: Experiences and related terms** **(Title/ Abstract)**
Gay OR Lesbian OR Bisexual* OR Trans* OR LGBT* OR queer OR homosexual OR same-sex MeSH Terms: "Sexual and gender minorities" OR "Transgender persons" OR "homosexuality" OR "Homosexuality, Female' OR "homosexuality, Male"	Men OR man OR male OR female OR women OR father* OR mother* OR dad* OR mum* OR parent*	Decision* OR decision making OR reasoning*	Surroga* OR IVF OR in vitro fertili* OR "reciprocal IVF" OR IUI OR intrauterine insemination OR Egg Don* OR Sperm don* OR assisted conception OR donor conception OR reproduct* technolog* OR assisted reproduct* techn* OR third-party reproduct*	Experience* OR qualitative stud* OR interview*

Second database search in May 2023

Concept 1: Sexuality and related terms **(Title/Abstract)**	**Concept 2: Gender and parenting terms** **(Title/ Abstract)**	**Concept 3: Decision-making terms** **(Title/Abstract)**	**Concept 4: Pathways of conception terms** **(Title/Abstract)**	**Concept 5: Experiences and related terms** **(Title/ Abstract)**
Gay OR Lesbian OR Bisexual* OR Trans* OR Lesbigay* OR LGBT* OR GLBT OR GLBTQ OR gender* OR queer OR homosexual OR same-sex OR sexuality MeSH Terms: "Sexual and gender minorities" OR "Transgender persons" OR "homosexuality" OR "Homosexuality, Female' OR "homosexuality, Male"	Men OR Man OR Male OR female OR women OR father* OR mother* OR dad* OR mum* OR parent* OR intended parent*	Decision* OR decision-making OR reasoning* OR create* OR plan* OR pursu*	Surroga* OR Gestat* surrog* OR traditional surroga* OR IVF OR in vitro fertili* OR "reciprocal IVF" OR IUI OR intrauterine insemination OR Egg Don* OR Sperm don* OR Donor sperm OR donor insemination OR Procreat* OR conception OR assisted conception OR donor conception OR reproduct* technolog* OR assisted reproduct* techn* OR family building OR third-party reproduct*	experience* OR qualitative stud* OR interview*

Third database search in June 2023

Concept 1: Sexuality and related terms **(Title/Abstract)**	**Concept 2: Gender and parenting terms** **(Title/ Abstract)**	**Concept 3: Decision-making terms** **(Title/Abstract)**	**Concept 4: Pathways of conception terms** **(Title/Abstract)**	**Concept 5: Experiences and related terms** **(Title/ Abstract)**
Gay OR Lesbian OR Bisexual* OR Trans* OR Lesbigay* OR LGBT* OR GLBT OR GLBTQ OR gender* OR gender non-conforming OR queer OR homosexual OR Male homosexuality OR female homosexuality OR same-sex OR sexuality MeSH Terms: "Sexual and gender minorities" OR "Transgender persons" OR "homosexuality" OR "Homosexuality, Female' OR	Men OR Man OR Male OR female OR human female OR women OR father* OR mother* OR dad* OR mom* OR mum* OR parent* OR intended parent*	Decision* OR decision-making OR reasoning* OR create* OR plan* OR pursu* OR choice* OR desire* OR wish* OR motivation OR perceptions OR perspectives OR intent* OR matching OR forming OR building OR selecting	Surroga* OR Gestat* surrog* OR traditional surroga* OR IVF OR in vitro fertili* OR "reciprocal IVF" OR IUI OR intrauterine insemination OR Egg Don* OR Sperm don* OR Donor sperm OR donor insemination OR Procreat* OR conception OR assisted conception OR donor conception OR reproduct* technolog* OR assisted reproduct* techn* OR family building OR third-party reproduct*	experience* OR qualitative stud* OR interview*

"homosexuality, Male"

Appendix B: Initial University of Hertfordshire Ethical Approval

University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	**Luke Groom**
CC	**Dr Nic Horley and Professor Kathryn Almack**
FROM	**[redacted] Health, Science, Engineering and Technology ECDA Vice Chairman**
DATE	**21/06/2023**

Protocol number: cLMS/PGR/UH/05392

Title of study: Non-biological gay fathers' narratives of transitioning to fatherhood by surrogacy and bonding with their infant.

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

Conditions of approval specific to your study:

Ethics approval has been granted subject to the following conditions being seen and approved by the supervisor as addressed prior to recruitment and data collection:

- Please make sure that the relevant permissions are sought before advertising through the organisation(s). If the mobile number is for a personal mobile, please make sure this is deleted from the EC6.

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: 21/06/2023

To: 07/06/2024

Appendix C: Extended University of Hertfordshire Ethical Approval

University of Hertfordshire UH

HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO	Luke Groom
CC	Dr Nic Horley and Professor Kathryn Almack
FROM	[redacted] Health, Science, Engineering and Technology ECDA Vice-Chair
DATE	04/06/2024

Protocol number: **acLMS/PGR/UH/05392(1)**

Title of study: Non-biological gay fathers' narratives of transitioning to fatherhood by surrogacy and bonding with their infant.

Your application to modify and extend the existing protocol as detailed below has been accepted and approved by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

No additional workers named

Modification:

Extended end date and other modifications as detailed in the approved EC2 application.

General conditions of approval:

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

Original protocol: Any conditions relating to the original protocol approval remain and must be complied with.

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: 04/06/2024

To: 26/07/2024

Appendix D: Participant Information Sheet

Participant Information Sheet
V 1.0
Date: 27.05.23

Title: Non-biological gay fathers' narratives of transitioning to fatherhood by surrogacy and bonding with their infant

Introduction

My name is Luke Groom. I am a gay man and trainee clinical psychologist who is extremely passionate about researching gay and bisexual men's parenting in same-sex relationships to increase understanding of their unique experiences to enable them and their children to feel empowered and to flourish.

I am conducting this piece of research as part of my professional doctorate in Clinical Psychology at the University of Hertfordshire. I would love for you to participate in this project, but before you decide, please carefully read the following information.

Thank you for taking time to read this information sheet

What is the purpose and aims of the research?

To date, limited research has investigated the experience of becoming a father for gay men that have chosen to have a family through surrogacy. Of the limited research, experience of becoming a gay father has largely been investigated for gay men and couples opting for international surrogacy. In addition, previous research has not yet explored the experience in depth, of becoming a gay father for the first time through surrogacy. No study has explored this experience from the perspective of the non-biological gay father who does not have a genetic connection to their baby/ies.

This will be the first study to explore the stories, journeys, and meanings that non-biological gay fathers make of becoming a father for the first time via surrogacy in the UK and the bonding with their baby/ies during the first two years of their baby/ies life.

Who can participate?

I am keen to interview people who meet all of the following criteria:

- Gay/bisexual fathers that have a non-biological connection to their surrogate-born baby and who are in a co-parenting relationship with another gay/bisexual male who does have a genetic connection to the baby.
- Gay/bisexual fathers who have had a baby via surrogacy that has taken place in the UK.
- First time gay or bisexual fathers

- Gay/Bisexual fathers whose baby/ies is/are between 0-2 years of age.
- Gay/bisexual fathers that have twins or triplets but no genetic connection to the twins or triplets.

If you meet these criteria, then you are eligible to take part in this research.

Would there be any reason why I couldn't participate?

Some questions asked could cause distress as we may talk about current or historical experiences of prejudice and discrimination as a gay couple seeking to have children. As such, we ask you to be cautious in participating if such issues generate high levels of distress that could place you or anyone else at risk of harm.

Do I have to take part?

Taking part in the study is completely voluntary. Should you wish to participate, you will be asked to sign a consent form. If you decide at any stage in the research that you no longer wish to participate in the interview, you are free to withdraw with no explanation needed. You can ask to have the audio recording of the interview to be deleted or removed from the study at any point up to two weeks after the interview has taken place.

What will happen if I take part?

If you agree to participate in the study, you will be asked to take part in an interview. You will be asked to provide a few general details about yourself that will include your Age, Ethnicity, marriage/civil partnership status and occupation.

You will then participate in a one-to-one interview with Luke Groom, a trainee clinical psychologist who is leading the research study. This interview will last between 60-90 minutes and involves questions about your experience of becoming a father via surrogacy for the first time and the forming of a bond with your baby. The interview will be recorded and transcribed by Luke or a professional transcriber. You will be asked what pseudonym name you would like to use in replacement of your real name once the interviews are transcribed to help protect your anonymity.

What are the advantages and disadvantages of taking part?

Taking part will afford you the opportunity to voice your own experiences of fatherhood and the forming of a bond with your baby. Research can contribute to supporting others in a similar position to you, now or in the future. Although this is an interview with a trainee clinical psychologist, it is not therapy.

This research will aim to improve our understanding of how non-biological gay fathers and more broadly how gay couples going through surrogacy might be supported by professionals and services in the first few years of their baby's life. It therefore has implications for offering training to various health professionals and organizations alongside improved access to mental health services for LGBTQ+ parents.

There are no risks of disadvantages expected as a result of participation in this research. To ensure your safety and well-being contact details of appropriate mental health, parenting, and

LGBTQ+ support groups and/or charities will be provided after the interview should you require them. We might also encourage you to contact your GP should you become extremely distressed and feel that talking to a health professional such as a therapist at a local talking therapies service might be of benefit to you.

How will the information shared be kept confidential?

All information provided throughout the research will be kept strictly confidential. Your name and any identifying information will be kept secure and will be stored separately from the interview audio recording. The audio recording and any personal information will be stored electronically on the principal investigators University of Hertfordshire OneDrive on a password protected laptop. The interview transcript will be anonymized, and a pseudonym employed with a name of your choosing, and any identifiable details will be removed before the transcript is seen by anyone in the research team. Any verbatim extracts of the interview transcript that will be used in the research report or for publication will be fully anonymized, and careful attention will be made to ensure you cannot be identified.

If you choose to have your interview via an online video call, you will be asked if you are in a quiet space where you are comfortable to speak freely to help maintain confidentiality.

The data collected may be re-used or be subjected to further analysis as part of a future ethically-approved study and will be fully anonymized.

Can confidentiality be breached?

As I have a duty of care to ensure you and others around you remain safe, I might need to breach confidentiality if you share information during the interview that makes me concerned if your safety or the safety of others is put at risk. I am ethically bound to mention this to you but is not expected to arise in this study. Depending on the content shared, I will discuss concerns initially with you and then with the research team (Dr Nic Horley & Professor Kathryn Almack). If it is agreed that this information needs to be shared with your GP and/or services, I may ask you for these details from you and let you know who and why I will be contacting them.

Who has reviewed the study?

This study has been reviewed and approved by:

- The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (ECDA).

The UH Protocol number is cLMS/PGR/UH/05392

What happens next?

Please feel free to contact me to discuss any questions you might have by email [redacted] Please contact me if you would like to participate and we can arrange a chat on the telephone or continue to correspond by e-mail. Prior to the interviews, you will be asked to sign and record your agreement to participate via a consent form. Please keep hold of this invitation letter for your own reference.

Principal Investigator
Luke Groom ([redacted]
Trainee Clinical Psychologist, School of Life and Medical Sciences, Doctorate Programme in Clinical Psychology, College Lane, Hatfield, Hertfordshire, AL10 9AB.

If you are unhappy with the research or have any further questions about the study that have been and continue to not be sufficiently answered by the principal investigator, then please do contact the following members of the research team:

Primary Supervisor:
Dr Nic Horley ([redacted]
Principal Clinical Psychologist, West London NHS Trust, Tri Borough Perinatal Mental Health Service, West Middlesex University Hospital. Twickenham Road, Isleworth, TW7 6AF.

or

Secondary Supervisor:
Professor Kathryn Almack ([redacted]
Professor of Family Lives and Care, School of Health and Social Work, University of Hertfordshire, College Lane, Hatfield, AL10 9AB.

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
Hertfordshire
AL10 9AB.

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

Appendix E: Participant Consent Form

Participant Consent Form
Version 1.0, Date: 27.05.23

UH Protocol Number: cLMS/PGR/UH/05392

Title of research project: Non-biological gay fathers' narratives of transitioning to fatherhood by surrogacy and bonding with their infant

Name of researchers: Luke Groom **(**Principal Investigator), Dr Nic Horley (Primary Supervisor) and Dr Kathryn Almack (Secondary Supervisor).

	Please initial
1. I confirm I have read and understood the participation information sheet dated for the above study, or it has been read to me. I have considered the information provided, which includes the aims, methods, and design of the study, names and details of key people, risks, and benefits of participating and how the information will be stored, for how long and any plans for any follow-up studies. I am aware I need to renew my consent to participate following significant changes to the aims or design of the study. I have had the opportunity to ask questions which have been answered satisfactorily.	
2. I understand I am participating in a study that involves one semi-structured interview.	
3. I understand that my interview be will audio recorded and transcribed verbatim.	
4. I understand that my participation is completely voluntary and that I am free to stop the interview and can withdraw from the study up to two weeks after the interview without needing to provide an explanation. I understand that I am free to decline to answer any particular question/(s) asked by the interviewer during the interview or at any stage of the research.	
5. I understand the research team has a duty of care to ensure myself and others remain safe and I will be told of relevant parties that will be contacted should concerns about mine or another's safety arise.	
6. I understand that I can access the information I provide, under the General Data Protection Regulation (2018). I can ask for the information I have provided to be destroyed at any time up until two weeks post interview, in which the data will be transcribed and analysed for the studies write-up.	
7. I understand that the information I provide will be held securely on the principal investigators University of Hertfordshire OneDrive and data handled in line with the data protection requirements	

at the University of Hertfordshire. Once the study is complete and the data used, it will be stored in a password protected drive and potentially used by other authorised researchers to support other research in the future.	
8. I understand that signed consent forms and interview transcripts will be stored on an encrypted file on the University of Hertfordshire network for 10 years, after which it will be destroyed.	
9. I understand that quotes from my interview may be used anonymously in publications and other research related outputs and have been asked by the principal investigator if I would like to review the final write-up of my data to ensure I am happy with the way it has been interpreted and presented.	
10. I agree to take part in the above study.	

Signature of participant……..…Date……

Signature of (principal) investigator……Date……

Name of (principal) investigator *[in BLOCK CAPITALS please]*

LUKE GROOM, TRAINEE CLINICAL PSYCHOLOGIST AT THE UNIVERSITY OF HERTFORDSHIRE

……

Appendix F: Participant Debrief Sheet

Participant Debrief Sheet
V 1.0
Date: 27.05.23

Dear Participant,

Thanks for taking in the study 'Non-biological gay fathers' narratives of transitioning to fatherhood by surrogacy and bonding with their infant'. The information you have provided will be kept strictly confidential and all personally identifiable data will be kept for 10 years by the University of Hertfordshire Doctorate in Clinical Psychology programme and then destroyed. You can ask to have your contribution removed from the study without giving a reason up to 2 weeks after participation.

1. **What are the aims of the study?** To explore non-biological gay fathers' stories of transitioning to fatherhood and bonding with their child during early infancy.
2. **What if I have any questions about the study that I would like to ask?** Please feel free to contact the principal investigator, Luke Groom at [redacted]
3. **How can I contact the researcher if I have any further questions or if, for any reason, I wish to withdraw my data once I have left?** Please contact the principal investigator Luke Groom, [redacted]
4. **Can I obtain a summary of the results from the study? What form will this summary take?** To obtain details of the results of the study, which will take the form of a written report, please contact the principal investigator at [redacted]

If the study has raised personal issues that you are not comfortable discussing with the researcher now- what should you do?

Please see advice and support from the following support networks included below.

Your local GP
Your local Talking Therapies service
The Samaritans Telephone: 116 123

If you have concerns about this study, or the way in which it was conducted, please contact Luke Groom (Principal Investigator) at [redacted] or Dr Nic Horley at [redacted]

Thanks again for your support and participation.

Appendix G: Recruitment Poster

Recruitment Poster
V 1.0, Date: 25.05.23

Gay fathers and Surrogacy Research Study

Seeking Research Participants!

Are you a gay or bisexual cisgendered man* in a same-sex male co-parenting relationship, a first time father and a father to a baby/ies that are not biologically related to you?

Did you have your baby/ies through surrogacy that took place in the UK?

Are your baby/babies* aged between 0-2 years of age?

IF YES, TO ALL THE ABOVE, I WOULD LOVE TO HEAR FROM YOU!

WHAT'S THE RESEARCH ABOUT?

We hope to understand the transition to fatherhood and the creation of a bond for non-biological gay fathers during the first two years of their baby/ies life.

WHAT DOES IT INVOLVE?

- An online or face-to-face interview with myself to talk about becoming a father and the bonding experience with your baby.
- Interviews are expected to last up to an hour to an hour and a half.

Who am I?

My name is Luke, I am a trainee Clinical Psychologist completing my Doctorate in Clinical Psychology at the University of Hertfordshire.

I am extremely interested in hearing your stories of becoming a father for the first time as a non-biological parent and its influence on the bond with your baby/ies*.

*Someone who was assigned male at birth and identifies as male.

Can have twins or triplets to take part, but must not be biologically related to any babies.

PLEASE CONTACT ME FOR MORE INFO

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@lukegclinpsy

@gaydads_and_surrogacy_research

This study has received ethical approval from the University of Hertfordshire Ethical Committee Protocol Number: cLMS/PGR/UH/05392

University of Hertfordshire UH

Version 1.0, 27/05/2023

Appendix H: Demographic Information Sheet

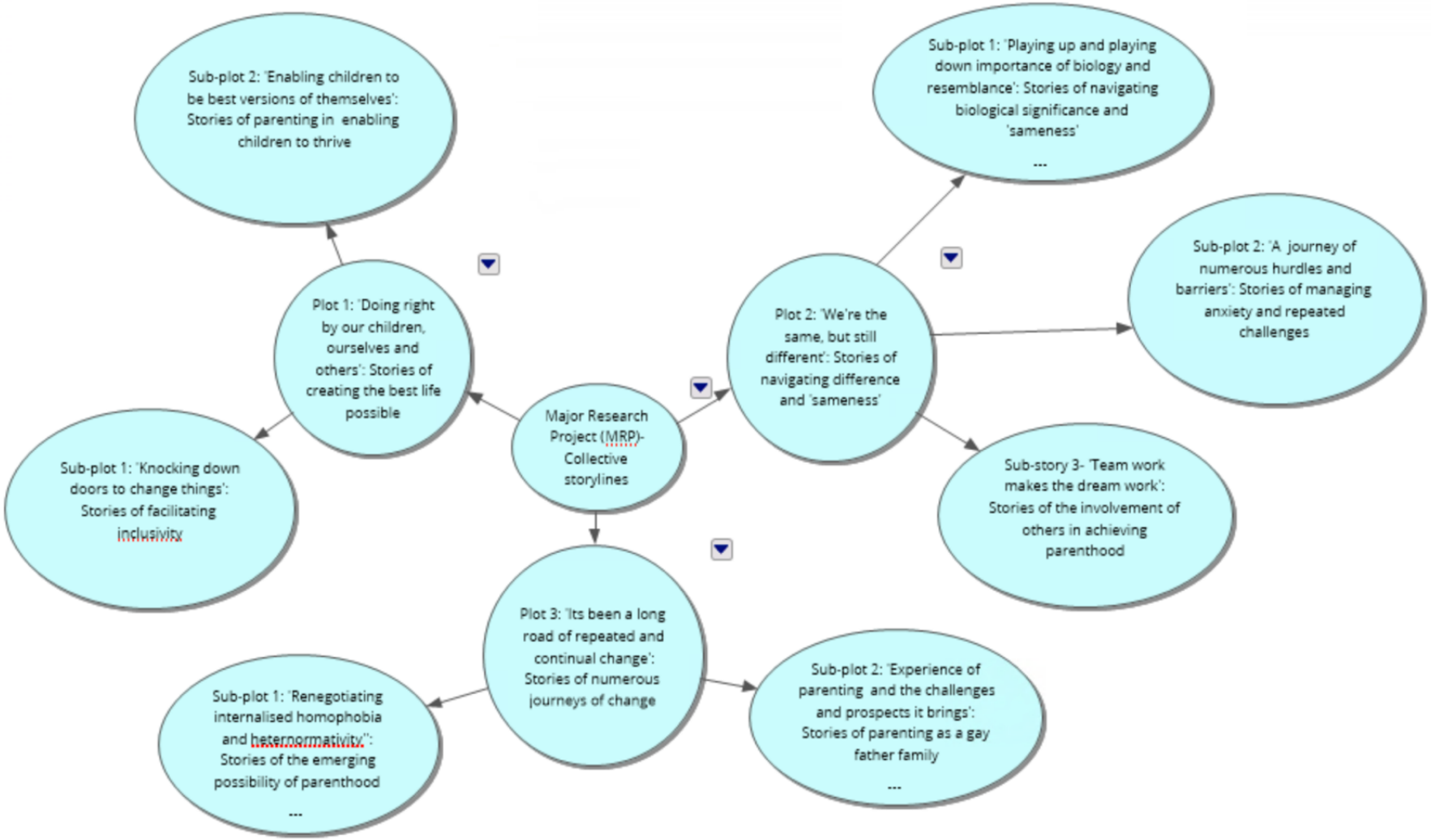
Demographic Information Sheet
V. 1.0
Date: 30.05.2024

Project title: Non-biological gay fathers' narratives of transitioning to fatherhood by surrogacy and bonding with their infant

Protocol Number: cLMS/PGR/UH/05392

1. What pseudonym (alternative name) would you like to use in replacement of your real name?	
2. What's your age?	
3. What's your ethnic origin?	
4. What term would you use to define your sexual identity?	
5. What's your relationship status? (i.e. cohabiting, married, civil partnership).	
6. What pseudonym (alternative name) would you like to use in replacement of your partners real name?	
7. What's your partners age?	
8. What's your partners ethnic origin?	
9. What pseudonym (alternative name) would you like to use in replacement of your baby's real name?	
10. What is the age of your baby/ies?	

Appendix I: Initial map of collective storylines



Appendix J: Extracts from reflective journal

The extracts below are from my reflective journal which encompasses my reflections and sense-making across various points throughout the project.

- *'Despite feedback, it-felt important to focus on highly emotive content because of a desire for them to evoke activism and to support them in their potential position of oppression?'*
- *'Has the term 'non-biological gay father' evoked an activist response, by othering them and a need for them to position themselves and gay parents in the way they would have liked?'*
- *'Had my desire to think about recruitment diversity reflected an anxiety of perhaps losing the nuance in relation to fatherhood, and perhaps feeling it felt unethical to not look at and share the in-depth nuances of the global majority beyond just parenthood alone?'*
- *'I wonder if my activist position has led to a focus on 'problems' (of others) rather than a more balanced perspective on positive and negative aspects of thier journey?'*
- *'A focus on journey evokes a discussion of 'change' which they might have 'achieved' and are passionate to share? Has this enabled a space for them to build a stronger narrative than if I was to elicit thier perspectives at a particular point in time?'*
- *'By offering an individual interview, perhaps they can reveal uncensored and unvoiced narratives, particularly ones they feel passionate about? Is this being enhanced by also actively sharing my sexual identity? They feel able to share narratives which for others might be deemed as controversial and views which are perhaps extremely polarised?'*
- *'Am I trying to resist holding an objective stance because of my lack of tolerance with discrimination and it feeling unethical to perhaps gloss over it? Would doing this undermine thier experience and prevent the opportunity for meaningful social change?'*
- *'Has helping participants reflect on the influence of multiple others in thier journeys built a 'new' narrative and orientates them to acknowledge oppressive heternormative contexts along thier journey, leading them to become outraged which they can share in interviews?'*
- *'Had my professional identity evoked an activist response and sharing of particular narratives as it evoked a similiar conversation and context to meeting with staff from fertility clinics and surrogacy organisations and to 'prove' themselves as capable parents?'*
- *'Had my attempts to clarify what was mentioned by providing summaries led to participants being more assertive because of fustration in needing to re-explain?'*
- *'Perhaps spending time reflecting on each aspect of thier journey encouraged paticipants to create some form of significant meaning of thier journey and to hold an activist position in thier story-making? Did this magnify problems, which, for participants, where not major issues of challenge on their journeys to fatherhood?'*
- *'How much during interviews, did I probe for richer and lengthier responses because I assumed they were anxious, when this was never an aspect they found difficult/challenging/problematic?'*
- *'Why had I decided to not conceptualise feeling 'normal' as a separate plot and chose to interweave this concept throughout all storylines? Had this been to portray that perhaps despite attempts to resist and re-frame the narratives for gay people, heternormativity is deeply intrenched and hard to fight against?'*
- *'Perhaps in the writing of collective storylines, I have attempted to convey challenges particularly linked to relational aspects of thier journey. Perhaps I was attempting to support the audience to identify with challenging relationships which they are equally passionate about to provide a convincing story?*

Appendix K: Extract of Transcript and Analysis of David's Interview

Analysis of Interview with David

First stage of the analysis: Context and reflective journal notes

- Had not turned up to initial face-to-face meeting- conscious of potential anxiety of attending the interview/lived reality of parenthood?
- Wanted to interview in a café- feeling less anxious of speaking about story in public? Meeting face-to-face to help with certainty and containment?
- Did not want to share his experience with the surrogate before recording-feeling concerned of judgement?
- Bought daughter to interview- to signify their close bond and connection?
- Gave more verbal reassurance than other interviews- own anxiety of wanting to highlight I am listening, or felt anxiety from him in the interaction more so than online interviews?
- Wanting to talk about surrogacy experience as part of the journey towards surrogacy.
- Eating his lunch whilst talking- speaks to experience of being a 'dad'- showcasing his skills at multi-tasking?
- Partner held a strong desire to have a biological connection with children, but for him less so- in context of infertility?
- Desire to be a 'good parent' extends to being a 'good person' and not wanting to give away information that might identify egg donor.
- Lack of contemplation as to sharing biological parent status because of differences in racial background- there wouldn't be a need to do this?
- Stories of relationship between them and their mothers- being super close.
- Wanting child to develop a strong sense of self? Priority of being a gay parent given exposure to predjuce, but also something that all parents should aspire too?

Ideas about main stories

- To be a parent is to pass on social characteristics, it's not just about a biological connection.
- Stories of wanting to be a 'good' parent.
    - Wanting children to share a biological connection with each other to prevent the questioning of gay father family set-up.
    - Wanting to create the right environmental conditions in which children feel safe.
    - Needing to always be prepared (during birth and as child grows up).
- Stories of fostering connection/bonding
    - Selection of egg donor informed by social characteristics and values that shared with non-biological parent and extended family members to create connection.
    - Crossstick poem is a way of enabling the formation of family unit and values.
- Stories of enabling strength and resilience: Use of name that connects to power, strength, and strong sense of character.
- Stories of being 'proud'
    - Proud for preparing prior to the birth of their child.
    - Feeling proud of having a baby as gay men.
    - Wanting daughter to feel proud of being raised by a gay father family.
- Once a bond is formed it can never be broken.

- Stories of 'social support': Friend being involved writing application as to why both would be great parents.
- Stories of advocacy: Making changes to polices at work to make things feel more inclusive.
- Sharing information about family depends on context and who I am sharing it with.

Extract of Second stage of analysis: Reading for Content, Performance, and Identity Construction in relation to local and broader narratives (Pages 1-10)

- **What is the story, idea, theme?**
- **How is it performed and structured?**
- **Reflections on co-construction and creation of identity and emotional experiences**

Original Transcript	**Content-related ideas emerging themes and plots**	**Performance and structure related ideas- who is narrating/possible audiences/language used**	**Co-construction ideas- the local and broader contexts including reflections from the researcher**
Luke: And so yeah, I guess I wanted to talk a little bit about, yeah, your experience of parenthood, erm and I wanted to start off by just talking about what it means to you to be gay and dad?			Wanting to encourage open discussion? Naming 'experience' and then asking about 'identity' biasing content shared?
David: Yeah, well look I am. I suppose the way I grew up, I actually didn't ever think I could become a parent, and I think the reason being was mainly representation I guess s::::::o, erm, I remember first seeing on TV, that two gay people had done surrogacy, but I think they had done it in Europe, and they were the first UK couple [**Luke:** Yep] that would do it. And I was like, 'OH MY GOD', like gay people can have children, but then I saw they cost them one million pounds and I was like, alright, so, not really, like because this is, I mean this one I think was 1996, maybe, fact check that I'm not sure [**Luke:** Yeah] but, erm, yeah and so I sort of continued to think, oh, it's really it's	**'Being gay was snyomenous with childness':** Being gay meant you weren't able to have children. **'Lack of representation of gay people having children':** Lack of visibility of gay father families locally. Having a family is only accessible for wealthy? **'Going to be hard to have children has gay people':** Going	Needing to provide me with background to answer? Wanting to give context to response. No clear about his explanation? Profanity highlighting surprise. To answer this question requires an understanding of the journey of being able to have a child as a gay person?	Becoming parent via surrogacy? To help me to understand his experience better? Needing to be a 'good person'. More explicit indications of listening- to reassure him? Scared of getting it wrong- I would correct him?

gonna be really hard if ever, I did want to do that and I remember feeling kind of a lot of shame a round almost coming out because I felt like for me to come out was basically to really accept that I was never going to have a family and I felt that was disappointing for my own family as well. Erm, s::::::o that was really what my personal struggle was, and as I said, when I met Tom on our first date, I kind of like shut down that whole part of myself that thought I could do that if I wanted too {} (**Luke:** Yeah). I appreciate it is still really expensive, it still is quite challenging, and even adoption, it's so, it's such a process driven thing and it can be s:::::o draining, and I can see why people kind of abandon ship on it, erm, but anyway, so when I met Tom, he made it clear that he did want to be a parent. Tom grew up in New York, so he went to school with kids that did have two mums and so it was v:::::ery normalized, his mum had a best friend, who was gay [**Luke:** Yeah] like I grew up in a small, isolated village where I didn't see any of that. So, I just grew up thinking there's something wrong with me for years [**Luke:** Tuts] until I like realize there's like there was a whole community out there. I only knew my little village and there's there's no one else that I knew of so, meeting Tom was a bit of a you know an eye opener and I thought, w::::ell, I do really like this guy, saying he wants kids and stuff and like so I started to ask him well, you know, how do you see that looking, cos I thought is that something you want to do on your own, is	to be barriers to having children including financial challenges. **Being gay was snyomenous with childness' (revisited):** Accepting sexuality- meant accepting not having a family. **'Representation supports with considering parenthood as a possibility for gay people':** Speaks to different experience between his own and partners experience which entertained possibility of parenthood. **'Meeting another gay person who wanted children':** Meeting a gay person that had aspirations of wanting to be a parent.	Using feeling language Expected to continue bloodline? Key point in parenthood journey Emphasising truly difficult experience. Being a father=intertwined with sense of self? To have a family as a gay person is a choice. Re-emphasing key point in journey. Not expected- because gay men are known to be childless? Being gay is also accepting the possibility of not needing to follow the 'traditional' approach to family set-up?	Offering reassurance. Interview is like therapy? Existence is to reproduce. Could become a parent despite systemic barriers? Positioned as 'consumer'-you hold responsibility to make that choice. Reflecting on challenges to have a family as gay people. Verbal reassurance given again- wanting to indicate to giving more information? Identifying with experience. Gay men are uninterested in parenthood. As gay people we are 'different' and do not need to

that something you want to do with someone, he was like 'well ideally I would like to do it with someone', but erm, ((lost train of thought here)) he, erm, he was prepared to do it solo, s::::::o anyway, the relationship continued and then it just became clearer and clearer that this was going to be something that we could do, so for me back to your question [aughter] for me to be a parent and actually have, this feels almost like I've achieved, something that was impossible, and so I feel really proud and but in terms of being a parent, I think it's it's such a wonderful gift to know that we get to raise someone in the world that will have, so I mean obviously I think me and David are GREAT[**Luke:** laughter] so I think that we're, [**Luke:** yeah] I hope I'm hopeful that we're going to instil, such good values and so much love enter a child that's was so wanted [**Luke:** yeah] and that yeah, I feel like we're adding a good human to the world and leaving, I think you should leave places better than you found them and that obviously will die at some point and she'll be here still, but it will be a better place to having it, s:::o yeah. **Luke:** That's such a beautiful comment, like yeah, [**David:** Yeah] like leaving the world a better place than [**David:** Yeah] how you are [**David:** Yeah, exactly]. I guess it sounds like that, that idea or possibility of being parent originally wasn't, it was assumed that because of your sexuality it's not going to be possible that I guess that idea developed through meeting with Tom.	**'Meeting partner opened and consolidated possibility for parenthood':** Meeting partner opened up possibility to have a family and achieve this. **'Feel proud to have achieved the impossible':** Achievement of being a gay person with a family. **'Have qualities to be a good parent':** Speaks to offering love and instilling good values to child. **'Desire to have a child that will make the world a better place':** Having a child that will make the world better from when you left it. **'Having a child is for wealthy gay people only':** Not being able	Emphasising commitment to parenthood. As if had been hard to envisage a family as a gay man. Implies being great parents. Struggling to articulate himself here. Evidence of being a good parent. Conviction in belief.	sign-up to the same family set-up? Not yet processed experience? Learning paths to parenthood. Embarrassed by not directly answering question? Deconstructing parenthood from sexuality? Identifying more with parent? You must be great parent if you're gay. Verbal reassurance- because of my interest in this response? A response I am drawn to- a desire I hold as a parent. Mirroring my verbal reassurance.

David: Yeah, it really did, and if I'm totally honest, I didn't, I had just shut down that thought that it was an option for me. Just thought, but I'm never gonna have enough money to do this and, and erm even even then, I mean it was seven years ago when I met, eight years ago when we met [**Luke:** Yeah] it still wasn't it's, I mean it's it's changed quite quickly, I would say and like the last few years, it seems a lot more accessible now, especially with social media and the way that people, create groups on Facebook and and organizations like [redacted] So yeah, it suddenly became, yeah, quite quickly became a thing. He woke me up, it woke me up, in a slumber, of I can't have kids, I shouldn't have kids, society doesn't want me to have kids' stuff and actually I can if I want to, and this is possible. **Luke:** Yeah. Yeah, that makes sense, and it sounds like the idea of parenthood also came about with the financial side. Where you're saying actually that it was really expensive to begin with [**David:** Yes, yeah yeah] and that was impossible, but now like [**David:** I mean I'd still say it's really expensive now, but obviously it's not like a million pounds] (**Luke:** a million pounds, unlike) so it's slightly more accessible. I mean, I do feel. I mean, I feel like, I've thought about this quite a lot, but I feel a bit like, even though I'd shut down the idea of parenthood, I'd learnt early on that money would give me options like through seeing that story on the news about the guys that had	to have a family due to financial cost? **'Having a family via surrogacy is now more accessible':** Being able to have a family has become more accessible and now a possibility. **'I should not have kids as a gay person to I can have kids':** Messages from society telling him he should not have kids as a gay person. **'Having a family via surrogacy is now more accessible (revisited):** Mentions surrogacy becoming more accessible.	As if he had chosen this himself, despite systemic barriers. Struggling to make sense of things? Evidencing the rapid change? States rapid change explicitly- twice. Wasn't a way to access surrogates? As if not done enough or paid attention to act on desire to be a parent? Wanting children but systemic pressures making it impossible. Barriers to surrogacy still exist. Explicitly stating importance of money. An active choice in not considering parenthood- despite	Wanting to offer a summary here to help my sense-making. If you want to be parent, you make it happen? Wanting to provide verbal reassurance again- calm my nerves? Inaccessible due to shortage of surrogates? Reinforces narrative that if you want to be a parent you will try really hard. Summarising to showcase I am listening. Mirroring my verbal reassurance. Quickly correcting myself, so he knows I have understood. Conversation like therapy?

ONE MILLION POUNDS. So, it made me quite and it was, it's like a hidden tribe within me to do well and I do think that that plays into it, I don't think I. I don't like actively went to work and was ambitious because I was like, I need to get this money so I could do surrogacy, but I knew that it could open doors for me. **Luke:** Yeah, yeah, there was some pressure to work hard to some extent because of the avenues it would give us [**David:** yeah, yeah, yeah] and also, even more adoption you have to kind of make sure you can show a stable environment and that does include I'd imagine as a financial element as well. So yeah, so whatever way whatever form it took, sort of, preparing for, yeah, yeah, the cost in some way [laughter]. **Luke:** Yeah**,** yeah that makes sense, yeah. Erm, can you tell me a little bit about your journey towards surrogacy? **David:** Yeah, so erm, I think Tom, Tom was obviously more, I mean so literally as I met him, he had bought a house, a family house, in, [redacted] east London. I mean, it was his idea of a family house, not my idea of a family house [laughter]. It was on the main road, it was like, I mean, it had room for a family, but it's not a family house, in my opinion, [**Luke:** yeah], but, he he was, very much like our bought this house so I can have a family now and I'm like, GOD like, this is so early, like I don't think I can	**'Gaining financial stability would open doors':** Speaks to knowing that money would open up further opportunities. **'Gaining financial stability would open doors' (revisited):** Extend theme to gaining financial status- it would enable various routes to parenthood. **'Desire for parenthood took time to develop':** Desire to be a parent developed during	financial barriers. Money would enable me to afford surrogacy? Needing to work harder as gay person? Stressing finances would help to do well rather than secure parenthood? Hadn't considered surrogacy as only route? Financial stability would overcome barriers to achieving parenthood. More along in the journey? Showcasing how further into journey he was. Idea to become a parent is develops in relationship?	As gay people we need to be seen as more than gay? Accessibility is only possible with socio-economic capital. 'Somewhat' to manage my confusion'? Offering reassurance that I've understood? Parenthood only viable to rich if you're a 'different' family. Not summarising at this point- feeling more relaxed? Building on prior narrative- transition easier for me to comprehend? Implying stark contrast in opinions. Offering reflective account- as speaking to psychologist?

commit to having a family with you, so I did ask him for a bit of time, I said it is something I'm interested in, but I need, I need time because I obviously don't want to become a parent with someone that's not THE ONE because we've and even though things can change like you go into things to the best intentions, don't you, and I suppose, I try and everyone what I've realised, everyone tries to create the lifestyle they had as a child and that they mapped their parenting styles that play onto what they want, and I have, like my mum and dad like took me to the countryside, we all grew up there as a family unit, and they're still together and it's solid, all of that. So, they're, probably my aspirations to kind of recreate a classical family unit, and even though we're two guys, like stability {} (**Luke:** Yeah) so he knew about, [redacted] already we've got to, I'd say probably like six years into our relationship, and it came up again and I said do you know what, like I AM READY, LIKE I'M READY TO DO THIS, and I know the thing with me is once I'm in, I'm OBSESSEDand its quite annoying [**Luke:** Laughter, yeah]. Yeah, but I mean, it's it's my nature, so yeah, I'm all or nothing. I really am. So. So, he was like I'm gonna sign us up to [redacted] we did the interviews. Do you need to know like the details about? **Luke:** Yes, so it depends on how much you want to share.	relationship and needed time to come to terms with this. **'Wanting to create family life similar to my own':** Creating same conditions to raise family that mirrored his own. **'Needing to be fully invested in having a child':** Agreeing to have a child via surrogacy and being 'all in' with achieving parenthood.	Emphasising time needed? Right partner as parent- time was to gain certainty that he was the right partner? Brings in other parents here- creating similarity in experience? Would protect against stigma and relationship breakdown? Narrative not yet formed? Traditional nuclear family? Stability= no risk of stigma? Highlighting just how much he knew. 'All in'- because would have failed if didn't have a baby? Being 'obsessed'- something he can't control/change- part of him? **'Journey towards surrogacy includes surrogacy experience':**	Can't have too strong intention to be a parent? Gay people must select right partner. Thoughtful response- speaking to psychologist? Wanting agreement? Questioning his sense-making? Wanting to be seen like any other parent? Emphasis on 'right conditions' to raise family. Need to mirror traditional family set-up? Possible as gay men? Verbal reassurance offered. Laughter- wanting to feel humoured? If you want to have a baby as a gay person you have to be all in. Desire to be good participant?

David: Erm, so we did that. You do like an interview, so first, you got to wait first and it was at that point, I said to Tom, I don't think this is a family house, let's sell my flat in London, and your house, they're both equal value. So, and I like things to be even and and let's consolidate and move out, which was around the pandemic, and I was like I'm done here like I can't be in this environment, locked in the house on a busy road. I hate the noise and traffic and and the thought of a kid running outside, into the road [**Luke:** Yeah] I was like I want to be in the countryside, I want a big garden, these are things we need to really have the best possible set up and to be able to build a network of friends. I find London so hard to make friends even like neighbours, everyone's transient, everyone's to themselves. It's quite like an out for yourself environment and I think I don't, I've never, ever made one friend as a neighbour or a local. Like, in my, I don't, how long will I live long did I live in London for like, over 10 years, not one. I made friends at work, [**Luke:** yeah] and like friends through other things like, but not [**Luke:** Yeah] not like, not a sense of community [**Luke:** yeah] and as soon as, so Tom found a DREAM HOUSE on the internet, one night, so with him you just have to like, sow the seeds, let him think about it, and then he'll slowly comes to his own, conclusion, which is basically the conclusion I want him to come too [shared laughter, **Luke:** Yeah] Which this you know we need too move. So, he showed me this house, and	**'Needing to provide safe environment for child':** Moving out of London to ensure child has a safe family environment. **'Moving would enable the creation of a community':** Moving to the countryside would enable them to develop a community of people where their child could form relationships with people?	Lots of details about surrogacy experience offered here. 'even'- different from heterosexual relationship? Importance of 'shared journey to parenthood'? Pandemic convinced him more of how unsuitable house was for a child? Wanting safe environment? 'I'- less of a joint decision? Move to 'we'- doing parenting together. 'Best'- no option but not to make the best. Community to raise a child? Explanation to drive home comment? Emphasising effort to form friends. Names community- to highlight its importance. Finding and searching for a house like a magical story?	Wanting to respect and limit a certain type of story. Wanting to inform me here. Illustrate being a good partner? Must create safe environment for children. Verbal reassurance offered To be a good parent is enable children to have access to a good community of people? Might be more believed? Identifying with experience here. Verbal reassurance highlighting I am listening to him? Shared humour- experience I can identify with?

I said that is an awesome house, I love it, we have an interiors business as well as our day jobs and designing and making homewares and selling them all over the world now. So, we do we do we sort of transform the old house using all our products and we put it on Instagram and actually the new house represents a business opportunity as well, if we could find our forever home, we could document the transformation of our renovation and broadcast it and showcase our products, all of those things, so this was a dream house and I said, yeah let's go and see it. I always do all the kind of, like, anything that deals with interacting with people I do, Tom, is not that person. Like, he's lovely, he's just way more introverted, and so, I organized all of the house viewings, we came to [redacted] up the road, at all houses in one day just to make sure we knew about the DREAM HOUSE and then we we went for the dream house. And then once we've got that, that whole process made us miss our acceptance on surrogacy UK and you had, like, a window two weeks' pay the fee, and because we're so like and we've waited a year and we've waited a year and we missed it and made it, and so we got to the new house, and we were like really sorry guys, but your gonna have to join the que again and we are like OH MY GOD, I can't believe that we did that, erm, so, we're like, oh, it's gonna be another year, but luckily it wasn't, cos the pandemic made surrogacy go berserk some reason and like it became a lot more popular erm and I	**'Journey of navigating surrogacy in the midst of creating the 'right family set-up':** Speaks to missing Surrogacy sign-up when purchasing the 'right' house to raise children'.	Just how much he wanted a home in the way he wanted to raise child. It takes time to form a decision on things? Emphasising how much this was key in parenthood journey? How much was alternative house for family? Repeats himself here- something equally passionate about? Mentions 'dream house' twice- gives all options they want. Continues to emphasise the 'magic quality' of house. Emphasising annoyance with waiting? Bringing in conversation here. Additional challenge of opting for surrogacy in pandemic.	As if replaying conversation with Tom? Educating me on broader context of journey. Change in a location- would enable financial stability through having a business? He really values relationships and connecting with people? Not wanting to criticise partner? Demonstrating qualities to be a good parent, prior to next response- where I might judge them? Challenge in holding various process to create a family-set-up. Helping me to picture experience?

think it took some months, six months and then we were then we were signed, we had to, we had to do like an interview, just there's just a sense check that we're not crazy and we did some legal checks. What's it called, when you have to. **Luke:** Is it like DBS? **David:** Yeah, that's the one, D, D, DDS. **Luke:** Yeah. **David:** And then we had to write (small interruption). Erm, so then, where was I, so then, we're all signed up and then the then you get access to a club which is basically, so it's basically Facebook but closed [**Luke:** Ok] but that is a Facebook page, which it asks to join, but anyone can ask to join that and you can just say, oh, now I'm interested in becoming a parent, but members only club is like a digital platform that they built themselves and they encourage you to document and diarize your experience. I don't really know what I think it's useful for other people to be honest to see oh you know, like here is their experience, this is people's experience of trying to essentially get chosen. And I suppose I choose my language carefully here, but basically, in the UK you can't say to someone that you want to be my surrogate and then pay their expenses. So, it's all driven by friendship versus philosophy and [redacted] and they and they encourage you to	**'Encouraged to diarise experience of surrogacy':** Mentioning of being encouraged by surrogacy agencies to document experiences.	Lots of reference to 'time'- speaks to experience of 'stop- starting'. Emphasis on being 'forced'. Highlight being 'surveillance'. Wanting to carry on this story. Wanting to imply also a 'basic' process too? Implied in 'anyone can join' Not something he was keen on doing? Not wanting to say it's not useful? Being truthful?	Emphasising challenge in this experience. Surrogacy journey is an emotional rollercoaster. Not be thinking he might be inappropriate as a parent? Struggling with mental health difficulties is something to be ashamed of as a parent? Wanting me to understand process- give reassurance for this. Continues to give specific details- it will be helpful? Wanting to come across as a good person. Attempting to understand it could be helpful- wanting to appear 'good'. Wanting to not offend- being 'good'. Educating me here on surrogacy.

kind of reach out to people on the hub, go to socials in real life {} [**Luke:** yeah]. And it's through that that you make friends, and you might get talking to someone, and they might just happen to be a surrogate and then they may make the call to [redacted] and she would call you up and say, oh, there's a surrogate interested in making you an offer. And so we were going to, we did online socials, we did, we did the diary on the hub, and we went to real life socials. Tom found it quite challenging because, what I think, although it's branded as friendship first, there is definitely friendship there and it is a very supportive community, but there is this underlying feeling that actually if I were to get talking to someone in real life and they were to be a surrogate, then there's like forty other couples, here other so that one person who also want their attention [**Luke:** Yeah, yeah]. So, it is a challenging environment and I suppose you do just have to take, I'm here to have fun and try not to think about all of those things [**Luke:** Yeah] but then there's a personalities that are just so commanding in a room, and I I don't think we're gonna get noticed, and that's really, really anxiety inducing [**Luke:** Yeah, yeah] because, I think there's a, I think there's a thing where most most IP's, we call intended parents [**Luke:** intended parents, yeah] Yes, most of us are VERY FEARFUL that we will never get chosen]**Luke:** yeah] VERY FEARFUL so you're going to these events, and you're thinking this could be the one	**'Friendship is undermined by competition for a surrogate':** Feeling like having to compete with other couples looking for a surrogate. **'Not try to take surrogacy process too seriously':** Not taking surrogacy too seriously because of its challenges and competition? **'Navigating uncertainty of not being noticed':** Anxiety of not being selected due to commanding personalities.	Wanting to imply attempting to be helpful? Wanting to highlight 'good' people who followed the 'correct process'? Explicitly mentioning challenges with the process. Suggesting that to cope with you haven't been too serious about it? Hard to articulate- remembering anxiety? Emphasising anxious about this experience.	Giving verbal reassurance to indicate understood/listening. Continuing to educate me on surrogacy. Highlighting dedication to parenthood despite it being challenging. Wanting to remain balanced? Connecting with experience of 'competing 'with other couples. Giving reassurance to highlight agreement. Want to verbally acknowledge distress. Reassuring him that I knew what IPs meant.

by someone or it might be the one where I don't meet someone. Again, and that's, quite a hard thing to go through and especially when it's the thing you WANT MOST IN THE WORLD.. And as I said, I'm all or nothing. So, at this point, I'm like, we've gotta make this work, come on, let's talk to people. Let's like start like conversations [**Luke:** Yeah, yeah] and and it's, yeah, so, I I I found it difficult, I really felt for Tom in those scenarios because he is, as I said, more in introverted and he doesn't, he's not a social butterfly right, but he's so lovely, when you talk to him one on one, but in big crowds, it can be difficult, and I took the brunt of it, but yeah so sorry.	**'Having to be fully invested to be a dad':** Must be 100% if you want to be a dad. **'Having to 'push yourself to do' things':** Shortage of surrogates meaning putting yourself in positions that your uncomfortable with'.	Wanting to highlight this isn't just a 'him' experience. Wanting to tone down the distress? To be a parent you have to be 100% invested in process? Struggling to mention finding it difficult.	It's not just 'in my head'- that would make me crazy? And not a good parent? Despite best efforts might not achieve parenthood? If it means being a parent you've got to do stuff you don't want to do. Verbal reassurance to feel heard. Demonstrating compassionate partner.

Third Stage of Analysis: Global Impression (in relation to extract of second stage analysis outlined above)

David narrated his contemplation of fatherhood with others which he felt was impossible as an openly gay man. He narrated a sense of loss in not being able to be a parent in relation to his parents' aspirations for procreation. He storied a '*shut down'* of fatherhood after meeting his partner despite increasing visibility and a longing for gay fatherhood *('OH MY GOD, gay people can have children')* to perhaps imply the depth of his belief that fatherhood was impossible. His partner is introduced in the contemplation of parenthood as a couple and a collective aspiration which became '*clearer and clearer'* and ongoing intention to *'add a good human to the world'.* He stories this contemplation to perhaps illustrate to the researcher and audience about their stark contrast in journeys in relation to fatherhood- that is, his partner was further along in his journey to fatherhood. He stories his individual approach to their collective journey as *'obsessive'* and was intertwined with *'doing right by our children'* and coupled with humor to perhaps cover the anxiety in relation to their pursuit of fatherhood. He stories an interview with surrogacy organizations as a *'sense check'* to potentially convince the audience of their suitability as parents.

David *'carefully'* narrates the journey of their interaction with surrogacy agencies to perhaps invite a consideration of his thoughtful perspective of recognizing finding a surrogate to be *'challenging'*. With this, he narrates how surrogacy agencies might have the best intentions, but their process feels unethical. The surrogate is absent in his narrative, perhaps reflecting an alternative narrative to the 'positive' relationship often publicized or to invite the audience not to see anyone else as part of the pregnancy and parenting experience.

Appendix L: List of symbols used for Transcription

Transcription symbol	*Example*	*Explanation*
[square brackets]	David: and they were the first UK couple [Luke: Yep] that would do it.	Represents an overlapping speech and is not an interruption but in direct response to the conversation. Often in response to the researcher engaging with content from the participant.
(.) ((.))	James: tough time a school umm (.) with sort of bullying umm and you know loads of homophobia umm so that was pretty tough umm but ((.))	(.) represents a brief pause of 0.25 seconds, like a catch between words. Additional represent an additional pause of 0.25 seconds per bracket.
:colon	Anthony: which is equal is lovely, but equally exhaust::::ting'	Colons illustrate an extension of the preceding sound.
	Joe: I think I'm-, kind of getting better.	Hyphen indicates a stutter or broken off utterance.
Underline, CAPTIAL LETTERS	Jerome: *excuse my language here, but but go ahead and* FUCK OFF'.	Underline illustrates an emphasis on a word. Capital letters indicate words spoken louder than regular volume of conversation.
'speech marks'	Harry: like a bottle of pop going, 'I'm not his mum' you know, 'I just I'm his babysitter'	Speech marks indicate the narrator imitating another person.
((double brackets))	Jerome: you know big smile, Dad ((arms out as if son wanting a hug)) kind of,	Double brackets indicates a non-speech element such as laughter or an action by a narrator.
.?!	Jerome: 'I guess, Look! I think we want	Punctuation marks indicate intonation rather than issues with grammar.
{additional brackets}	Daniel: 'Obviously they {IVF clinic} met us with	Additional brackets indicate context of narrative or to deliberately exclude pieces of text, such as names to protect anonymity.