

## Gay male couples and assisted reproduction: should we assist?

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Gay male couples seeking fatherhood through assisted reproduction deserve the same attention to care that other couples, lesbian and heterosexual, receive at fertility centers throughout the country. (*Fertil Steril*® 2007;88:18–20. ©2007 by American Society for Reproductive Medicine.)

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In the United States, 1 in 10 gay men identify themselves as fathers (1), and according to the 2000 US Census Report, one in five gay male couples have children under 18 years of age living in their households (2, 3). Although many of these children were conceived when their fathers were in a heterosexual relationship, gay male couples are increasingly expressing interest in becoming parents together and establishing a “traditional family structure” within their relationship (4). Although many such couples will choose to adopt, others plan to become fathers through assisted reproductive technology (ART) by using an oocyte donor and a gestational surrogate. As a result, programs offering such treatment can expect a growing number of requests for ART from gay men in the future.

The growing trend among gay male couples toward planning families together follows in the wake of the so-called lesbian baby boom and comes at a time when all same-sex couples are increasingly struggling for equal rights, including the right to marry and have children. Moreover, gay men are seeking to become fathers at a time of increased interest in fatherhood itself. Consequently, in the 1990s, several organizations were formed to enhance and promote research and policy on fatherhood, including the National Center for Fathers and Families; the Center on Fathers, Families, and Public Policy; the National Center for Fathering; and the National Fatherhood Initiative (5). This research has underscored the importance of fathers in the emotional development of their children and has recognized the variety of roles that fathers play in their children's lives, not merely as providers and disciplinarians but also as companions, models, and teachers (6–8).

Why do gay men want to become fathers? They are motivated by the same needs as those of heterosexual men: the

desire to nurture and raise children, wanting the constancy of children in their lives, wanting to achieve the sense of family that children provide, and wanting a sense of generativity and immortality through having children (9, 10). Gay men who are planning to become fathers appear to give the idea much more thought than do heterosexual men and are more likely than heterosexual fathers to express “the higher status accorded to parents than non-parents” as a motivation for having children (11).

Yet because of entrenched stereotypes, social acceptance of gay men as fathers is far from universal. Common concerns are that children of gay men will be stigmatized, that children of homosexual fathers are more likely to become homosexual themselves, and that gay males are likely to be sexual predators who may molest their own children (12). Although research has largely discredited those prejudices (1, 13–15), these preconceived notions nevertheless remain and may be one reason that some fertility programs appear reluctant to respond to appeals from gay men to achieve fatherhood through assisted reproduction. It is notable that a recent survey of ART programs in the United States found that fertility centers routinely accept lesbians but are less likely to accept gay males as patients (16), despite the support for non-discrimination in gay and lesbian parenting by such prominent mainstream organizations as the Child Welfare League of America, the American Academy of Pediatrics, the American Academy of Family Physicians, the American Psychiatric Association, the American Psychological Association, the National Association of Social Workers, and the American Bar Association (17, 18). Indeed, the Ethics Committee of the American Society for Reproductive Medicine recently published a statement in support of fertility treatment for gays, lesbians, and unmarried persons (19).

From the current literature, we know a great deal about the psychological well-being of lesbian mothers and their children—offspring planned and conceived through assisted reproduction (20–24)—but there are as yet no studies of

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gay fathers utilizing ART to create a family. The existing literature on gay fatherhood is derived from studies of children who were born within a heterosexual marriage and whose fathers later identified themselves as gay. These studies describe the parenting experience of gay fathers and how they compared with the experiences of heterosexual fathers. In one study, the investigators matched 33 gay fathers with 33 heterosexual fathers and looked at the following five factors: involvement with children, limit setting, responsiveness, reasoning guidance, and intimacy (9). Although the investigators found no differences between groups in terms of intimacy and involvement with their children, there were significant differences between gay and nongay fathers in terms of limit setting, responsiveness, and reasoning guidance. Gay fathers were more consistent about setting and enforcing limits on their children's behavior, and gay fathers tended to be more responsive to their children's needs (9, 10, 25).

Researchers have looked at whether children had social stigma as a result of having a gay father. Wyers et al. (26) report that although many children in their study had concerns about what to tell others about their fathers' sexual orientation, only 20% ever experienced any actual discrimination because of their father's homosexuality. In three other studies, gay fathers reported that their children appeared to have normal social relationships with their peers and found little cause for concern about stigmatization resulting from fathers' homosexuality (27–29).

Several studies examined the sexual orientation of young adult offspring of gay fathers. In terms of gender identity and sexual preference, children of gay fathers appear to fall within normal limits and are not more likely to be homosexual than children reared by heterosexual fathers (14, 28–30). Results from research also indicate that sons and daughters of gay fathers appear to have normal sex-role identification and display normal sex-type behavior (13, 31). In one study, Bozett (28) considered the sexual identity of 19 children of gay fathers. Seventeen described themselves as heterosexual, and two sons and one daughter described themselves as gay. Miller (14) looked at a group of gay men who altogether had 48 adult offspring. Fathers reported that one son and three daughters were gay (8% of the children), well within the expected percentage of gay individuals in the population at large. Bailey et al. (32) queried 55 gay and bisexual fathers about the sexual orientation of their 43 grown sons, who ranged in age from 17 to 43 years. Fathers were asked whether their sons were heterosexual, bisexual, or gay. Fathers reported that 90% of their sons were heterosexual and that 9% were bisexual or gay, an incidence no different from the sons of heterosexual fathers.

Further, studies fail to show any evidence that children of gay men are at risk for sexual abuse by their fathers. In fact, the majority of child sexual abusers are heterosexual men (33–35). Jenny et al. (15) looked at 269 cases of child sexual abuse to determine whether offenders were likely to be gay. They reported that only two of the offenders were gay and

concluded that children were far more likely to be abused by the heterosexual partner of a relative than by someone gay.

Research on gay fathers has demonstrated that gay men are motivated to become fathers for the same reasons as heterosexual men and that they are generally loving and nurturing parents. Furthermore, there are no data to suggest that children of gay fathers are unduly stigmatized, are more likely to be gay, or are likely to be sexually molested by their fathers. Future research should address the experience of gay male couples, and of their children who are planned and conceived through assisted reproduction. This research should explore which issues may be unique to such families and how they are similar or different from those of lesbian and heterosexual couples and their children who are conceived through ART.

For the present, although anecdotal and media reports reveal that some programs have welcomed gay men into their fertility practices (36–38), treatment statistics do not appear to have been compiled by the American Society for Reproductive Medicine, the Society for Assisted Reproductive Technology, or any other reproductive medical organization, nor have guidelines on treating gay men in ART practices been published. Future treatment guidelines should include consideration of medical, legal, and psychological issues that are unique to gay male couples who are seeking parenthood through ART. As with other American Society for Reproductive Medicine practice guidelines for ART, these issues may include an assessment of their relationship and their commitment to becoming fathers together; how they made the decision to seek parenthood through ART as well as their understanding of the medical, legal, financial and emotional demands of the treatment; how they arrived at the decision as to who will be the biological and who will be the nonbiological parent; whether they have a trusting and open relationship with the gestational carrier; how they chose between an anonymous and a nonanonymous egg donor, as well as their relationship with her; and what their plans are for disclosure to their child or children about the nature of their conception.

Gay male couples increasingly are coming to the conclusion that their homosexuality need not prevent them from becoming fathers and planning a family together. Many are turning to reproductive medical centers for help in their quest for fatherhood. These gay-father families deserve the same attention (and lack of discrimination) in their care that other couples, lesbian and heterosexual, receive in fertility centers around the country.

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