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Why Donor Insemination and Not Adoption? Narratives of Female-Partnered and Single Mothers

Both female couples and single women who seek to become parents theoretically have several family-building options available, including, most prominently, donor insemination or adoption. In the current study the authors explored how 50 women (36 female partnered, 14 single) explained their decision to use donor insemination and not adoption. The findings revealed that although 60% of women had considered adoption, only 12% took steps toward adopting. Reasons for not considering or pursuing adoption centered on attractive features of biological parenthood (the desire to be pregnant, desire for a genetic link to the child) as well as perceived problems with adoption (cost, the unpredictable nature of the adoption process, and the perceived likelihood of problems in adopted children). Structural barriers to adoption (legal barriers, agency stigma) were also noted. These findings have implications for professionals who work with diverse families during the family-building stage and for policy makers seeking to reduce the number of children in child welfare.

Traditional definitions of *family* are being challenged by new, no longer “alternative,” family structures (Cahn, 2013). Among U.S.

households over the past 40 years, the proportion of “other” family types has increased from 11% to 18%; those headed by married heterosexual couples has declined to 20% (Vespa, Lewis, & Kreider, 2013). Planned families headed by female same-sex couples (Goldberg, 2010) and single women who are older and economically independent (i.e., “choice” mothers; Morrissette, 2008) are on the rise (Golombok & Tasker, 2015). Female couples and single women may pursue biological parenthood (via donor insemination [DI], surrogacy, or heterosexual sex) or adoptive parenthood (via public domestic, private domestic, or international adoption). Research on lesbian (Goldberg, Downing, & Richardson, 2009; Goldberg & Smith, 2008) and single (Ben-Ari & Weinberg-Kurnik, 2007; Bock, 2000) adoptive mothers has sometimes inquired as to why women choose adoption over other family-building routes—a line of inquiry that reflects dominant cultural assumptions about the centrality of biological ties to family relationships (Hargreaves, 2006) and the fact that most women attempt to conceive prior to adoption. Researchers have rarely asked female-partnered and single mothers who became parents via DI whether they had considered adoption or why they chose DI as opposed to adoption (Jadva, Badger, Morrissette, & Golombok, 2009; Wendland, Burn, & Hill, 1996).

In the current study we examined how 36 female-partnered and 14 single women, all of whom chose DI to conceive, explained their pursuit of biological parenthood and why they did not consider or pursue adoption. Understanding

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how they explain such decisions may reveal insights into the ways in which societal values about biological parenthood are privileged and embodied even by women whose family-building processes deviate from traditional notions of family—and the ways in which such values are the subject of contradiction, tension, or new meanings.

THEORETICAL PERSPECTIVE

In this study we used an integrated theoretical framework that draws from social constructionism and queer theory. A social constructionist approach acknowledges families, sexuality, and gender as socially and materially constructed; challenges the notion that a particular family form is natural or functional in a timeless way; and contests the practice of legitimizing relationships on the basis of biological ties while marginalizing other types of relationships (Oswald, Blume, & Marks, 2005). Families headed by lesbian couples or single women are recognized as new and valid family forms (Goldberg, 2007). This perspective recognizes that female-partnered and single women will approach family-building choices in ways that may reflect both their socialization as women in a society that views biological ties as fundamental to kinship and their positionality as outsiders to the heteronuclear family standard, such that they may construct as acceptable or desirable family-building routes that do not rely on or prioritize biogenetic relations between parent and child.

Queer theory critically examines heteronormativity as an ideology that treats traditional gender roles, heterosexuality, and family traditionalism as normative (Berkowitz, 2009; Oswald et al., 2005). The term *queering* can be used to refer to acts and ideas that resist heteronormativity by challenging gender, sexuality, and family binaries (Oswald et al., 2005). Female-partnered and single women may be in a unique position to “queer the family” (Goldberg, 2007). The significance of biology to family relationships may be deprioritized or at least moved from the center to the margins of what defines a “family.” These women may develop creative, integrative, or more inclusive definitions of family that accommodate the possibility of adoptive parenthood.

Both social constructionist and queer perspectives highlight the active role of individuals

in drawing from cultural and societal ideologies (e.g., assumptions regarding family and biology) to attach meanings to their lives. Furthermore, both theories emphasize the potential for individuals to resist, transform, or modulate available social discourses (e.g., societal constructions of genetic relationships as fundamental to familial bonds, societal notions about motherhood that emphasize pregnancy and birth as core aspects of women’s experiences; Harding, 1998).

From this perspective, female-partnered women might be expected to be less invested in biological parenthood than heterosexual couples and single women. As women, they are socialized in a context in which motherhood is seen as central to female identity, yet as sexual minorities motherhood is not expected of them in biological or cultural terms. Furthermore, although female-partnered women are inevitably aware of cultural ideologies regarding the centrality of biology to motherhood (e.g., the idea that maternal attachment is based primarily on biological connections such as pregnancy and breastfeeding; Bowlby, 1969), they are also exposed to alternative notions of kinship in the gay community that prioritize affective bonds over blood ties—ideas that disrupt (or “queer”) basic ideas about family (Weston, 1991). Finally, most female couples are aware that conception must be pursued in a context in which typically only one partner will be genetically related to the child (intrafamilial donation is less common)—something that partners may wish to avoid in that the biological differential (i.e., genetic link and, usually, gestational status) can introduce differences, even inequities, in parental roles (Goldberg, Downing, & Sauck, 2008).

In the following literature review, we address research on beliefs about and consideration of adoption in the general population. We then examine research on decision making among female-partnered and single women regarding adoption, followed by the limited work on why these women choose DI as a family-building route. Finally, we introduce the current study.

CONSIDERATION OF AND BELIEFS ABOUT ADOPTION IN THE GENERAL POPULATION

In the general population, considering adoption as a route to parenthood is not rare, but it is seldom selected as the first choice (Fisher, 2003).

In a 2007 national survey, 30% of Americans stated that they had or were considering adoption, yet only about 2% had taken steps toward it (Harris Interactive, 2007). Although Americans most often consider foster care adoption (as opposed to private domestic or international adoption), they are the least familiar with this adoption type. In the 2007 survey, two thirds of the respondents who considered adoption via foster care were concerned that the biological parent would take the child back—a rare event—and almost half believed that adoption via foster care was expensive, which it is not.

Furthermore, the general population of Americans often reports stigmas about adopted children, which interfere with consideration or pursuit of adoption. A 2002 national survey found that more than one third of respondents believed that adopted children were more likely than nonadopted children to have drug problems, medical problems, and school problems; the same proportion believed that adopted children were less likely to be well adjusted (Harris Interactive, 2002). Such beliefs in part reflect the projection of the experiences of a minority of adopted children onto the majority of (normally adjusted) adopted children (Fisher, 2003; Palacios & Brodzinsky, 2010).

WHY FEMALE COUPLES AND SINGLE WOMEN CHOOSE ADOPTION

A greater percentage of same-sex couples than heterosexual couples adopt as a means of becoming a parent (Gates, Badgett, Macomber, & Chambers, 2007). Furthermore, there is evidence that same-sex couples are more likely to select adoption as a first choice than heterosexual couples. Goldberg and Smith (2008) found that 50% of adoptive lesbian couples and 85% of adoptive heterosexual couples reported having tried to have a biological child prior to pursuing adoption. Jennings, Mellish, Tasker, Lamb, and Golombok (2014) surveyed lesbian, gay, and heterosexual adoptive parents in the United Kingdom and found that two thirds of same-sex couples reported having selected adoption as their first route to parenthood (i.e., they did not try to conceive) versus only 10% of heterosexual couples.

Infertility is the main reason why heterosexual couples choose to adopt (Bausch, 2006). Same-sex couples do occasionally cite infertility, but more often they emphasize altruism

(a desire to give a child a home), a wish to avoid inequity in roles (in that only one partner is biologically related to the child), and age (being too old to conceive) as reasons for pursuing adoption over biological parenthood (Goldberg, Downing, & Moyer, 2012; Jennings et al., 2014). Altruism has also been cited by heterosexual couples as a reason for pursuing adoption (Jennings et al., 2014; Malm & Welti, 2010). Positive experiences with adoption, as well as expansive ideas about family, have also been named by same-sex and heterosexual couples in explaining their openness to adopt (Bausch, 2006; Goldberg, Downing, & Moyer, 2012; Malm & Welti, 2010).

Whereas at least half of female-partnered women have been found to report a preference for adoption over other family-building routes, research on single “choice” mothers suggests that DI is more often the preferred family-building route (Ben-Ari & Weinburg-Kurnik, 2007; Bock, 2000; Jadva et al., 2009). Adoption appears to be most frequently chosen by single women because of age or fertility issues (Bock, 2000; Jadva et al., 2009). For example, Jadva and colleagues (2009) surveyed single mothers who had become parents via different routes and reported that “most” of those who had adopted had done so because they were unable to conceive.

WHY FEMALE COUPLES AND SINGLE WOMEN CHOOSE INSEMINATION/BIOLOGICAL PARENTHOOD

Few studies have assessed women’s reasoning behind their choice of DI over adoption; those that have report relatively thin data on this topic, as it was not a primary focus of the research. Wendland et al. (1996) surveyed heterosexual-partnered, lesbian-partnered, and single women who were using DI to conceive and found that over half had “considered or tried” at least one alternative to anonymous DI, with the most commonly considered alternative being adoption. They asked respondents who had not pursued or considered adoption why this was so and found that a desire to experience pregnancy was the most frequently cited reason. In a study of heterosexual couples who used DI to become parents because of male infertility, Daniels (1994) found that the opportunity to experience pregnancy and birth, the desire for their child to be genetically related to at least

one parent, and the belief that they would enjoy a closer relationship with a biological child were named as reasons for pursuing DI over adoption. Adoption was viewed by couples to involve a grueling selection process, to offer little chance of a healthy, racially matched infant, and to carry legal insecurities. Chabot and Ames (2004) studied lesbian couples who became parents via DI and found that 8 of 10 couples had considered adoption, but DI “was chosen because it offered a pregnancy, birth experience, and a desired genetic link” (p. 352).

In addition to biological factors, one reason why female couples and single women may pursue DI over adoption is its greater ease (assuming that no fertility interventions are required): getting pregnant may be viewed as quicker, more straightforward, and less costly (compared to private adoption, specifically). Bock (2000) studied 26 single mothers, 12 of whom became mothers via adoption, 10 via DI, and 4 through intercourse. Of the 10 who became parents via DI, one had pursued adoption concurrent with her pregnancy efforts (she got pregnant first) and one had pursued adoption unsuccessfully, leading her to pursue DI. Thus, the complexity and unpredictability of adoption led these women to abandon it as a parenthood route.

There are several other reasons why some female couples and single women may pursue biological parenthood over adoption. First, they may wish to minimize the stigmas to which their families are exposed, such that they pursue DI in order to avoid a “dual socially marginal status,” whereby they are both adoptive (not “natural”) mothers, and female-partnered (not heterosexual) or single (not married; Ben-Ari & Weinburg-Kurnik, 2007, p. 824; Wegar, 2000). Female couples and single women are criticized for denying their children a parent of both sexes and are believed to provide their children with inferior homes in general (Goldberg, 2010; Harris Interactive, 2007).

Second, they may value child characteristics that go beyond the desire for biological connection and genetic control (Wendland et al., 1996). For example, prospective parents may wish to raise a child from birth, in part because of concerns about how an adopted child’s prior experiences may affect his or her development (Goldberg, 2012). Although adopting an infant via private domestic adoption may be attractive for this reason (the child is seen as a *tabula rasa*; Goldberg, 2012), it is also costly

(Goldberg, 2010). Parents with fewer resources often adopt via foster care, where most children available for adoption are older, of color, and have prior foster care placements (Downing, Richardson, Kinkler, & Goldberg, 2009). In turn, female-partnered and single women who desire an infant, and possess few resources, may be better off using DI.

THE CURRENT STUDY

In this study we used data from 36 female-partnered and 14 single mothers, all of whom chose DI to conceive. After establishing the proportion of female-partnered and single mothers who reported having considered or taken steps toward adoption, we explore how they explained their pursuit of biological parenthood—and why adoption was not considered or pursued as a family-building route. Of interest is the extent to which female-partnered and single women were drawn to DI because of personal beliefs and ideals associated with biological parenthood (e.g., a desire to be pregnant) versus perceived problems or disadvantages related to adoption (e.g., concerns about stigma). Such questions might never be asked of heterosexual couples—at least, not of those who were able to conceive without difficulty. This reveals both the dominant and taken-for-granted assumption that couples who can “easily” conceive will do so, and it exposes the fact that most people do not consider adoption except as a second-choice route to parenthood (Fisher, 2003).

In addition to its theoretical implications, this work also has practical implications. Insight into the barriers that women associate with adoption can inform adoption agency practices with female couples and single female applicants. The number of children in the foster care system far exceeds the number of families seeking to adopt, and same-sex couples and single persons have been identified as resources that would help narrow this gap (Brooks & Goldberg, 2001).

By inquiring into why female couples and single women choose biological parenthood over adoption, we do not mean to imply that these family types *should* assume greater responsibility for adopting (because of a social rather than medical inability to conceive within their relational context). Instead, we expect that their positioning outside the heteronuclear family norm may engender awareness and consideration of a variety of family-building

routes, revealing the role of values, preferences, and barriers in their decision making about parenthood.

METHOD

Recruitment and Procedure

Participants were recruited from The Sperm Bank of California (TSBC), a historically unique DI program in that it has always served a large number of female couples and single women who tend to be open with their children regarding their donor origins (Scheib, Riordan, & Shaver, 2000). The first open-identity program in the world originated at TSBC, in response to parents' requests for identifying donor information for their children. Families can also register in a matching service when they want to contact other families who have the same donor. When there is a match—that is, when two or more families who used the same donor make a request—TSBC informs the parents and releases each family's contact information to the others. The matching program formally began in 1997. In 2013, when the current study began, just over 25% of all known TSBC families had joined the matching service, although not all had matched.

For the current study, 406 parents in the matching service were e-mailed information about the current study. Prospective participants were invited to contact the Principal Investigator (PI; the first author) if they were interested in being interviewed about their thoughts about and experiences with having conceived via DI as well as regarding contact with donor-linked families. The study was advertised as open to the first 40 participants who responded to the e-mail. The PI explained the study to participants over the phone. Participants were mailed a consent form that they returned prior to scheduling a phone interview with the PI or a graduate research assistant. Participants were offered \$30 for their time. Because some declined compensation, we were able to interview 55 participants, 50 of whom were included in the current study. The study was approved by Clark University's committee on the rights of human participants in research.

Interviews lasted about an hour, on average, and covered a range of topics, including choosing a parenthood route, choosing a donor, and choosing to contact or not contact other families who shared the same donor. Interviews were

transcribed, and pseudonyms were assigned to protect confidentiality. Potentially identifying information was removed from the transcripts. The data from this study were derived from the following five open-ended questions: (a) "Tell me about the family-building route you used for [child]"; (b) "Why did you choose this route?"; (c) "Did you consider adoption as a route to parenthood?"; (d) "If yes, why/explain?"; and (e) "If no, why/explain?" For each question, probes were used to encourage participants to expand on their answers.

Data Analysis

Data were analyzed using thematic analysis, which involves examining participants' narratives to identify recurrent themes and patterns (Bogdan & Biklen, 2007). The first author initiated the coding process using comparative methods (Charmaz, 2006) to establish analytic distinctions by comparing data across participants to identify similarities and differences. Data were compared across family type, sexual orientation, and child age. Interviews were manually coded line by line, with attention to participants' interpretations and constructions. At the start of the coding process attention was given to how women explained their choice of a family-building route. This interest framed the selective analysis of the data. After developing an extensive list of codes, focused coding was applied to the data, such that the most substantiated categories were created to sort the data. This led to integrating some codes and identifying new connections among the data. Four rounds of focused coding allowed for refinement of all of the descriptive data.

Once this coding process was complete, the second author and an outside expert (i.e., the DI program's executive director, who runs the family matching service and publishes in the area of donor conception) reviewed the coding scheme in order to ensure trustworthiness of the emerging scheme. The scheme underwent minor changes in response to feedback and was reapplied to the data. Then a second coder—a doctoral student in psychology—read selected segments of participant transcripts (i.e., one quarter) and evaluated the scheme against the data. Intercoder reliability was .80, above Miles and Huberman's (1994) suggested initial reliability of .70. On the basis of the discrepancies that emerged, the first and

second coders reviewed the coding scheme and produced a further refined analysis of the codes and subcodes. This scheme was reapplied to all of the data. The results are organized around this final scheme. In quoting women, we provide information about their relationship status at the time they conceived, as well as child age (i.e., young children are 5 and under, school-age children are 6–17, young adults are 18+ years).

RESULTS

Description of the Sample

All 50 women in this sample were DI recipients. Fourteen were unpartnered at the time they became parents, and 36 were partnered with women. Too few male-partnered recipients ($n=3$) or genetically unrelated parents ($n=2$ females) participated to be included in the current study. Of the 14 single women, 71% identified as heterosexual, and 29% as bisexual. Of the 36 female-partnered women, 72% identified as lesbian, 12% as bisexual, 11% as queer, and 5% as gay. Some women had experienced relationship changes since becoming parents. Of the 36 women partnered with women, nine had separated; six of these nine women were in relationships with new female partners. Of the 14 women who were originally single, two were now in relationships with men.

Most women (88%) were of European descent; the remainder identified as Asian ($n=1$) or multiracial ($n=5$). On average, they were 44.80 years old ($SD=8.33$), worked 32.60 hours/week ($SD=17.18$), and had a family income of \$99,815 ($SD=\$65,700$). Forty-two percent lived on the West Coast, 33% in the Northeast, 21% in the Midwest, and 4% in the South. All women had at least one child; 20 had two children, and three had three children. Mean ages for the first, second, and third child were 10.30 ($SD=6.74$), 8.50 ($SD=6.13$), and 7.00 ($SD=3.46$), respectively. Based on the age of the oldest child, 32% of women had children between 0–5, 18% between 6–10, 27% between 11–15, and 23% between 16–23. Thus, one third of women were recalling DI experiences from relatively recently; two thirds of women were recalling experiences from more than 5 years ago.

In regard to the oldest child (the child for whom parents were asked to describe their family-building decision-making process), 53%

were boys, and 47% were girls. Parents of multiple children had used the same donor in all but three cases. All but three female-partnered women had used open-identity donors rather than “always” anonymous donors. This meant that their child(ren), at adulthood, could opt to obtain the donor’s identity.

More than half of the sample ($n=30$, 60%), including 21 female-partnered women and 9 single women, stated that they had considered adoption (see Table 1). Thus, similar proportions of single (64%) and female-partnered (58%) women reported considering adoption as an option for family building. (Although proportions [percentages] are given throughout the results section for descriptive purposes, caution should be taken in interpretation given the small number of women in each group [in particular the single women].) For example, these women noted that although they had “gotten pregnant easily,” they had “looked into adoption, and would have done it” if they encountered difficulty in conceiving. Acknowledging that they had “considered” adoption typically meant that they had entertained the idea of adoption—and possibly talked to friends about it, or conducted research on it. Fewer women (12%) reported having taken steps toward adoption. Five women (four female-partnered, one single) reported taking steps to become approved through the foster care system, with one of these five women completing classes to become approved, two women becoming approved, and one woman becoming approved and fostering children for several months. Also, one female-partnered woman reported that she and her partner had adopted a second child via foster care.

Three women (two female-partnered, one single), all with young children, reported that they were currently considering adoption as a means of expanding their families. All three women said that, because of their older age, they were doubtful about their ability to conceive in the future, and they expected to either attempt to adopt or to remain at their current family size. Thus, adoption seemed to be viewed as a viable option—and perhaps their only option—to expand their family.

Reasons for Not Pursuing Adoption

In discussing participants’ reasons for not pursuing adoption, we examined the narratives of both those who considered adoption and those

Table 1. *Consideration of Adoption as a Family-Building Route, and Explanations for Not Considering or Pursuing Adoption*

Theme	Total (N = 50)	Female partnered (n = 36)	Single (n = 14)
Consideration of adoption			
Considered adoption	30 (60%)	21 (58%)	9 (64%)
Took steps toward adoption	5 (10%)	4 (11%)	1 (7%)
Adopted (second child)	1 (2%)	1 (3%)	0 (0%)
Reasons did not consider or pursue adoption			
Pregnancy/birth	17 (34%)	11 (31%)	6 (43%)
Genetic link is important	12 (24%)	9 (25%)	3 (21%)
Tension between partners regarding genetic link		5 (14%)	
Cost	12 (24%)	5 (14%)	7 (50%)
Duration/complexity of adoption process	14 (28%)	8 (22%)	6 (43%)
Adopted child problems	12 (24%)	8 (22%)	4 (29%)
Legal barriers	12 (24%)	11 (31%)	1 (7%)
Adoption agency stigma	7 (14%)	3 (8%)	4 (29%)

who did not. Both groups ultimately did not adopt; thus, similar reasons may explain their resistance or reluctance to adopt. We did, however, distinguish between women who considered and women who did not consider adoption, in order to highlight whether those factors that appeared to operate as disincentives to even considering adoption were similar to, or the same as, those that discouraged women from moving ahead with it.

Participants' reasons for not pursuing adoption fall into several categories: values and concerns related to biological aspects of parenthood (desire to be pregnant, valuing genetics), problematic aspects of the adoption process (cost, complexity, type of children available), and structural barriers (legal barriers to adoption by same-sex couples, legal risks of adopting via child welfare, adoption agency stigma). Participants sometimes provided multiple reasons.

Biological Aspects of Parenthood

Some women valued aspects of biological parenthood that rendered DI a more desirable route over adoption; that is, valuing of pregnancy and valuing of genetics, which were typically described by different women, were named.

Desire to be Pregnant or Give Birth. Seventeen women (11 female partnered, 6 single) emphasized that they wanted to be pregnant and/or give birth (and, in some cases, to breastfeed) and that their desire to have such experiences were the main reason why they had pursued DI

and had not considered or pursued adoption. Of the eleven female-partnered women, four said they had considered adoption; of the six single women, two had considered adoption. Krystal, a female-partnered mother of a young son, who did not consider adoption, said: "I wanted to go through the physical process of being pregnant and give birth. . . . That was one thing in my life I knew I didn't want to miss out on." Tess, a female-partnered mother of a young adult son, had fostered children but decided to forego adoption because she realized that she "wanted to know what it felt like to be pregnant . . . and to nurse a child." Thus, a desire for the embodied experiences of pregnancy and birth served as barriers to even considering, but also continuing on the path to, adoption.

Of note is that only three of the women who emphasized pregnancy and breastfeeding also emphasized the importance of being genetically linked to their child as a reason for pursuing DI over adoption (discussed next). Furthermore, of the women who emphasized pregnancy and birth, several—all of whom were female partnered—explicitly stated that their preference for biological parenthood was unrelated to a desire to be genetically related to their child or to a perceived superiority of their own genetics. Jen, a female-partnered mother of a young adult son, explained, "It was never a doubt in my mind that I would give birth to a child. I always wanted to give birth and be pregnant and have that experience. It had nothing to do with genetics." These women, then, disentangled their wish to experience pregnancy and childbirth

from the desire for a genetic connection to their child. It is notable that female-partnered women were less likely than single women to cite pregnancy/birth as a reason for not pursuing or considering adoption and, among those who did, several actively downplayed the role of genetics. Female-partnered women may experience greater pressure to de-emphasize biological factors because they are partnered and preparing to coparent with a woman who will lack both a genetic and gestational relationship with their child, whereas single women do not need to demonstrate cognizance of another person's feelings.

Genetic Link was Important. Twelve women (nine female partnered, three single), two of whom endorsed considering adoption (one female partnered, one single), explained that a genetic link to their child was important to them or their partners (in two cases, their partner carried their first child, and they carried the second). Marlene, a female-partnered mother of three school-age children, had not considered adoption because "I wanted to have my own kids. I wanted that genetic link." A quote by Liza, a single mother, reveals how women and their families of origin prioritized genetic linkages as fundamental to family relations: "Genetics was key . . . I have a very strong family identity [and] it was a big issue for my mom, [who is] actually really opposed to adoption, and I think everything together pointed to [DI]." Thus, a view of genetics as central to family identity and relationships was often cited as preventing even the consideration of adoption.

For three female-partnered women, personal experiences with adoption (i.e., their own or in their family of origin) had convinced them of the significance of having a genetic link to their children, both because such a linkage seemed to promise greater affective bonds and because their genetic history would be a known entity, unlike that of an adopted child. Lori stated, "Because I was adopted I've never had any kind of genetic link to anybody. Growing up, that was always something that was important to me." Krista explained, "My father was adopted [and] I've never gotten questions answered about [his] biological origin. . . . I would like my kids to grow up knowing where they came from, and they'll have this option of being able to meet the donor."

Meanings of Genetics When There Is Genetic Inequity in Parental Roles. Of the nine female-partnered women who espoused the significance of genetic relatedness, five (two of whom had considered adoption) implicitly or explicitly grappled with the tension between this stance and the reality that their partner was biogenetically unrelated to their child. Sarah, mother of two school-age children, went back and forth between emphasizing the significance of her biological bond to her children and acknowledging the role of choice and social ties in parent-child relationships:

There's a very powerful tie . . . I carried them. . . . So, of course, the genes matter there but, I mean, both of our, [partner] and my, our hearts decided to have children. That's the central focus really. Because if we adopted children, they'd be just as much family as if biologically I carried them. But biologically I carried them. So that does matter. But what really gives it meaning is the heartfelt connection of love. And we consciously chose to have children. As lesbians, our thought process has to be much more conscious.

Likewise, Andie, the mother of a young son, expressed that she "wanted a biological link" to the child. However, she also noted that in terms of parenting,

genetics isn't everything. Just because my [partner] doesn't have a biological link to my son—she's taken care of him for the first two and a half years. The gene part is . . . more important is how you nurture, [the] bond.

Lindsey was one of several women to note that her partner also wanted to have a biological child. She described how her partner's inability to do so—and the resulting inequity in their experiences and roles—was a source of pain for her partner, but she also relayed their efforts as a couple to construct a family-building plan that would at least partially ameliorate this loss:

I'd be lying if I said genes didn't matter at all. I do think it matter[s] because it's important to people symbolically. . . . My partner was not able to become pregnant, and we really wanted her to be able to have a biological child [since] I am the biological mother of our first child. [So] I'm going to try to—we created an embryo with one of her eggs that we'll be able to be the birth parents for. Because it's important to her. . . . That special connection. Is it the only thing? No. But it's real. It matters to people.

Problematic Aspects of Adoption

The aforementioned themes center on aspects of biological parenthood that drew participants to DI. Another set of themes involved factors associated with adoption that reduced participants' enthusiasm for, or raised concerns about, adoption.

Concerns About the Cost of Adoption. Cost was cited as a reason for pursuing DI over adoption by 12 women (five female-partnered, seven single). Of the five female-partnered women, three had considered adoption; of the seven single women, three had considered it. All of the women explained that the cost of using DI, without additional reproductive technologies (e.g., in vitro fertilization), was simply cheaper, relative to adoption. Thus, these women appeared to implicitly equate adoption with private domestic adoption. Statements such as "We looked at the cost and \$40,000 at the low end was [crazy] . . . so that was the end of that" revealed that they had not considered adoption via the child welfare system, possibly reflecting implicit or unstated preferences (e.g., a desire for an infant, concern about child problems).

Most women who cited financial concerns indicated that cost was not the singular reason for pursuing DI over adoption. Instead, the lower cost of DI compared to (private) adoption, coupled with the relative ease and/or the desirability of biological parenthood, led them to first pursue—or at least attempt—insemination. Kelsey, a female-partnered mother of a school-age son, said she had "never really considered adoption" as a serious possibility; instead, DI presented itself

as the easiest and least expensive option. [Adopting] would have been financially prohibitive for us. It just worked out well that I was able to get pregnant easily, and it was what I always wanted to do, and it was the least expensive, so it was a win-win all around.

Cost was disproportionately cited by single women, namely, half (7 of 14, vs. 14% of partnered women) identified cost as influencing their decision to pursue DI. Given that they were pursuing parenthood on their own, and would be raising their child on one income, they were perhaps more focused on cost during the family-building stage. Consistent with this, single women reported marginally lower family

incomes than partnered women (\$86,542 vs. \$105,402), $F(1, 49) = 3.14, p = .082$. Several noted that the money that they could have spent on adoption was better spent on child rearing. Emma, mother of a school-age son, said,

One [reason] I didn't look into adoption was the expense. Private adoptions . . . are crazy expensive. I'd rather [put] that money in savings and use it to raise a child, rather than to obtain a child and then have no money to live on.

Concerns About the Complexity of the Adoption Process. Fourteen women (eight female-partnered, six single), all but two of whom stated that they had considered adoption as a family-building route, reported that they had decided to pursue DI in part because the adoption process seemed too complicated, difficult, and time consuming. They perceived DI as a relatively easy, and potentially more expedient, route to parenthood. Corey, a single mother of one school-age child and two young children, had considered adoption but decided against it: "It was the ease of getting from Point A of not being parents to Point B of having a child. Insemination just seemed easier." Alisa, a female-partnered mother of a young daughter, had looked into adoption but found that it "seemed really difficult to navigate the various incarnations of adoption. Just kind of figuring out all those different decisions, it honestly just seemed easier to deal with insemination."

Two of these eight women, both female-partnered, said they had pursued adoption and DI simultaneously. Upon becoming pregnant, they terminated their efforts to adopt. Marlo, mother of a young son, shared: "We were simultaneously trying to get pregnant and pursuing adoption because the point for us was . . . to meet our children. Shockingly, I got pregnant on the first try."

Of these 14 women, half mentioned awareness of their own age in choosing DI before adoption. They felt compelled to choose a parenthood route that would bring them a child as quickly as possible, so that the possibility of parenthood was not foreclosed upon. Because of life circumstances (e.g., finding a partner, waiting for but not finding a partner, educational pursuits), it was not until their late 30s and early 40s that they finally pursued parenthood. In turn, they felt that they could not waste time

or energy on adoption, a process that they understood could be lengthy and frustrating: "I was 40. I had no time to waste . . . especially on something that could go on forever and bring me nothing." Several of them did note that they had planned to seek adoption if DI was, at their age, unsuccessful. Angela, a female-partnered woman with two young adult daughters, said, "The plan was to try [DI] and then move to adoption. I would never do [in vitro fertilization]."

Concerns. About the Psychological/behavioral Functioning of Adopted Children. Twelve women (eight female partnered, four single) stated that they did not consider or move ahead with adoption because of concerns about the possibility of severe or unpredictable emotional or behavioral problems in adopted children, with most citing examples of children adopted via foster care or internationally. Four of these 12 women also indicated that they had been drawn to DI because they desired a genetic link to their child, indicating how perceived control over a genetic child's development and psychosocial makeup may underlie both of these themes (i.e., desire for a genetic link, concerns about adopted child problems).

Of the eight female-partnered women, five said they had considered adoption; of the four single women, none had considered adoption—suggesting that, for some single women, the possibility of significant child problems inhibited even the possibility of adoption. Many women who cited such concerns had personal experiences with adopted children (e.g., in their professional roles as teachers or social workers); in a few cases they had friends who had adopted. Such experiences convinced them that adoption "wasn't a good fit" or they could not handle the "baggage" that came with adopted children. Erika, a single mother of a school-age son, who had not considered adoption, asserted: "I had friends that were being offered children from Russia with fetal alcohol syndrome, heart issues. I was not equipped for that." Katie, a therapist and female-partnered mother of a young son, who had considered adoption, said, "I've worked with a lot of [adopted] individuals with a lot of psychiatric stuff. A lot of them had early traumatic experiences. I didn't know if I could feel qualified to help someone to overcome that." Katie's experiences with a psychiatric population may have distorted her perception of the frequency and

type of problems possessed by adopted children. Regardless, her experience led her to decide that she did not have the resources needed to parent an adopted child with severe problems.

Indeed, parenting a child with unpredictable or severe characteristics or needs was viewed as even more challenging in the context of single parenthood. It is notable that none of the four single mothers who emphasized child problems as a disincentive to pursuing adoption actually ever considered adopting, whereas five of the eight female-partnered mothers who described such problems claimed to have considered adoption. Cassie, a single mother of a school-age son, said:

I was not confident that I could bring in a child who had baggage. You just don't know when you adopt through the foster care system. As a single parent . . . there are a lot of things that have to fit to make it work. I just didn't know that I could balance a child with any sort of special needs as a single parent.

Awareness about their limited emotional and practical resources figured prominently in single women's narratives about why they did not seriously consider adoption.

Only one of the women who cited concerns about child problems as a deterrent to adoption also cited cost as a concern. This supports the possibility that women who cited cost tended to conceptualize adoption in terms of private domestic adoption, whereas those who named child problems tended to think of adoption as public or international. Unknown is whether these two largely distinct groups of women were simply more familiar with one adoption route over another or whether they were aware of other routes but saw them as so unlikely that they were not worth considering (because of financial constraints or unwillingness to consider a child with problems).

Structural Barriers

Beyond attractive aspects of biological parenthood and potential disadvantages of adoption, some participants identified structural barriers to adopting; namely, women identified institutional barriers related to the legal system and adoption agencies.

Legal Discrimination and Risk. Legal barriers and risks associated with adoption were described by 12 women (11 female partnered,

1 single). In the case of seven female-partnered women, the legal risks associated with adopting as a same-sex couple were identified as a reason for pursuing DI over adoption. These seven female-partnered women, five of whom had considered adoption, shared their concerns that they would be unable to jointly adopt (i.e., adopt as a couple) in their state or jurisdiction. Parents of school-age and young adult children were disproportionately represented in this group, highlighting the historically situated nature of legal inequalities in general and gay adoption in particular; indeed, these women described their state or county's legal situation during the period when they were building their families—which in some cases had since changed. Gabby, mother of two young adult sons, recalled:

We didn't consider adoption because we considered it too risky. In [our] county, there were still issues about being a same-sex couple that wanted to adopt. One person would have to adopt and then later go back to do a second-parent adoption. . . . We wanted a guarantee that we had some legal rights.

For Meredith, mother of a young adult daughter, the situation was more dire:

[Our state] had a ban on . . . unmarried couples living together, but the intent was to ban gay people from adopting. We looked into adopting from another state, but realized that we [couldn't] because it wouldn't be legal in [state].

For five of these 12 women (four female-partnered, one single), more general legal risks (i.e., associated with adopting a child from the foster care system) were described as a deterrent. These five women—all of whom stated that they had considered adoption—were aware that adopting via child welfare often involved some uncertainty as to whether one could actually legally adopt the child in one's care. In turn, they worried about becoming attached to a child, only to have him or her returned to the birth family. Raven, a female-partnered mother with two school-age sons, who said that she had considered adoption, stated:

There were a lot of court cases at the time where the biological parents. . . . were getting their children back from adoptive parents. . . . And, you know, the law being what it was at the time, it seemed very muddy.

In one case, a participant's concern about the legal insecurity of a foster-to-adopt placement was amplified by her additional concern regarding the possibility that the state would remove a child from her and her partner's home on the basis of their sexual orientation. Rochelle, the mother of a young adult son, described their steps to adopt via the foster care system:

We got assigned to [Catholic adoption agency] and I thought, "Oh, this will never work," and I came out right away in the process and they actually said, "No, as long as you don't talk about it, we can work with you." But . . . we didn't know. And it really ultimately came down to who would we have the best chance of holding onto and not removed by state intervention, which is why we went with [trying to have a child] biologically.

Adoption Agency Stigma and Discrimination.

Seven women (three female-partnered, four single), all of whom endorsed having considered adoption as a route to parenthood, recalled experiencing concerns about how stigmas by adoption agencies and/or professionals might impede their ability to adopt. For the three female-partnered women, such concerns centered on stigmas related to their sexuality. Ashley, mother of two children (one school-age, one young), stated: "We looked into [adoption] for a while. But . . . it's so expensive and . . . although the agencies in [state] . . . can't rule you out just because you're in a relationship with a woman, there's still biases out there." Mimi, mother of two school-age children, who considered adoption, noted, "I had no issues with building a family with children who weren't biologically related to me. . . . But I gave up on [adoption] because I was worried about a home study in a lesbian household."

The four single women shared their awareness that, from an agency's perspective, they clearly deviated from the ideal parent profile (i.e., married, two parents, financially stable) and believed they would face barriers to adopting. Shell, mother of a school-age son, spoke to how stereotypes about single parenting might influence an adoption worker's willingness to "give [her] a child": "There are so many people out there who think you can't parent as a single person, so I think [that] affects how they [see you]." Peggy, mother of a school-age daughter, had not considered adoption because "it seemed like because I wasn't in a stable relationship or

financially [well off], it would be very difficult to get approved.” The sense that they could not measure up to agencies’ standards prevented them from pursuing adoption; Sherrie, mother of a young girl, said, “I felt somewhat on shaky ground wanting to be a single mother, and I was uncomfortable with the idea of having to prove my worth as a potential parent to an agency.”

DISCUSSION

In this study we examined how single and female-partnered women explain their decision not to pursue adoption in the context of using DI. Despite respondents pursuing and having children via DI, more than half had considered adoption, with 12% having taken steps to do so. In a 2007 national survey of adults, 30% of Americans stated that they had considered adoption as a means of having children, with 2% having taken steps (Harris Interactive, 2007). Thus, a greater percentage of our sample reported having considered adoption as a route to parenthood—although our numbers should be viewed with great caution given the small sample size. That more than half of our sample considered adoption may reflect both practical issues (i.e., social infertility) and exposure to alternative notions of kinship, such as those within the gay community that emphasize affective bonds over blood ties, thereby queering basic notions about family (Goldberg et al., 2009). An even higher proportion might have considered adopting had they not faced the stigmas associated with creating non-heteronormative families; namely, being perceived as offering an inferior child-rearing environment as single women (i.e., viewed as unable to find a partner) or as female couples (i.e., non-heterosexual, unable to conceive in the context of their relationship), thus challenging highly valued aspects of female identity and family (Bock, 2000; McKelvey, 2014).

Although 60% of the sample reported that they had considered adoption, a much smaller percentage took steps to adopt. Single women were more likely to state that they had considered adoption, but female-partnered women were more likely to have pursued it. This discrepancy may reflect the fact that the perceived challenges related to adoption (e.g., cost, child problems) seemed particularly overwhelming to single women, who had one income and would be parenting on their own and who in turn were

perhaps less likely to entertain it beyond an initial consideration. Jadva et al. (2009) found that, despite being financially and otherwise independent, single “choice” mothers were well aware of the challenges of having children and made significant changes accordingly (e.g., financial, accessing support through family and others); furthermore, compared to the DI mothers in the sample, adoptive mothers were more likely to report that raising their child was difficult. Knowledge of such challenges likely deterred the single women in the current sample. Alternatively, that lesbian couples were more likely to take steps toward adoption may reflect their more serious consideration of it as a family-building route, which may reflect perceiving fewer challenges and a greater openness to building families that deviate from heteronormative family structures (i.e., their greater willingness to “queer the family”; Oswald et al., 2005).

The desire to be pregnant, give birth, and breastfeed was cited by both single and female-partnered women, highlighting the significance of certain embodied reproductive processes to their ideas about and experience of motherhood—despite the ways in which their relational contexts and sexualities mark them as different from, and outside of, heteronormative contexts for childbearing. That female-partnered and single women may, like heterosexual women, strongly value pregnancy and birth (Chabot & Ames, 2004; Daniels, 1994), points to the ways in which cultural ideologies about motherhood and femininity may affect all women, regardless of sexuality or partnership status (Harding, 1998). (This does not deny the role of evolved biological drives; these drives are phenotypically expressed through preferences and desires that are then reinforced or weakened by cultural ideologies; Hrdy, 1999). As Berkowitz (2009) aptly noted,

Many lesbians and gay men now have the space to consider a variety of different choices regarding the design of their family, but they do so within the constraints of cultural prescriptions that prioritize and privilege biological and legal forms of kinship. (p. 126)

Of note, though, is that through their emphasis on pregnancy and birth these women implicitly—and sometimes explicitly—denied that genetic relatedness was the most important

part of having their “own” child. By disentangling these components of biological parenthood, these women may have been self-consciously distancing themselves from the cultural assumption that blood ties, not social ties, form the basis of kinship.

For the most part, the women who emphasized pregnancy, birth, and nursing were not the same women who emphasized genetic relatedness as motivators for pursuing DI over adoption. The latter group—which was small in number—emphasized more explicitly the power of biological connectedness as central to family relationships (Hayden, 1995), echoing work on heterosexual couples (Daniels, 1994; Wendland et al., 1996) and revealing the power of societal beliefs about biological parenthood even among women whose relational configurations deviate from the heteronormative procreative context (Berkowitz, 2009). It is notable that these women’s narratives often highlighted concerns about issues of identity and connection that might arise for their child. They felt that a genetically related child was assured to have fewer identity concerns and a greater sense of family connection than an adopted child (Grotevant, Dunbar, Kohler, & Lash Esau, 2000).

However, some of the women who noted the salience of genetic relatedness seemed to struggle with the tension between celebrating their biological bond with their children and acknowledging and honoring their strength of their partner’s (nongenetic) relationship to the child. Like heterosexual women who use donor sperm (Grace, Daniels, & Gillett, 2008), they were conscious of the importance of not negating the significance of their partner’s relationship to the child, yet they also faced the challenge of navigating the reality that they were parenting with another woman, which had the potential to underscore the differences between them (e.g., regarding pregnancy and nursing) even more (Goldberg et al., 2009; Pelka, 2009). These women may have been aware of their privileged status in relation to their partners, who would be negotiating their parenthood identities and roles amid heteronormative constructions of motherhood, such that biological connections are viewed as central to motherhood (Berkowitz, 2009; McKelvey, 2014).

Several women were especially sensitized to this issue because their partners had initially been the ones more interested in being pregnant—a role that fell to them when their

partners were unable to conceive. The narratives of loss and trauma that they described are underrepresented in the lesbian family-building literature (Goldberg et al., 2009; Pelka, 2009). In turn, they queer, or disrupt, assumptions about the roles of birthing and nonbirthing partner as static, assigned, and desired and, in turn, illustrate how processes of conception, birth, and (genetic) parenthood are potentially fluid and subject to (re)negotiation in nonheterosexual relationships.

Apart from the desirability of reproductive processes and genetic relatedness as factors that had attracted them to DI, some women cited concerns about aspects of adoption that deterred them from seriously considering or pursuing it. About one third of female-partnered women, and half of single women, described cost as a consideration in choosing to inseminate over adopting. Single women in particular emphasized the desire to save their money for the costs associated with raising a child, which was not surprising given their lower family incomes as compared to the partnered women. Both groups tended to implicitly contrast insemination with private domestic adoption, which suggests that they did not consider the possibility of adopting via foster care because of unstated beliefs about the well-being of these children or, perhaps, unstated beliefs related to the importance of genetic ties in family building (Harris Interactive, 2002, 2007; Hayden, 1995).

Some women described the complexity of the adoption process as a reason for choosing DI. They tended to have considered and even taken steps toward adoption but concluded that the process of inseminating was simply easier. This echoes work by Daniels (1994) and Bock (2000) showing that, despite the passage of time (and advancements in reproductive technology), adoption is not necessarily viewed as easier or more clear cut today than it was two decades ago. Women often considered the time that adoption would take alongside the reality that they were “older” and did not have time to “waste”; they preferred to face a predictable 9-month wait time for a child than an unclear, seemingly interminable timetable (Goldberg, 2010).

In addition to concerns about the cost and complexity of the adoption process, some women identified specific concerns about raising adopted children—that is, the risk of psychological and behavioral problems—as a disincentive to adopt. Such concerns echo those

cited by individuals in the general population (Harris Interactive, 2002) and reflect stigmas associated with adopted children (Fisher, 2003). These concerns are not entirely groundless, and they are not easily addressed by agency reform. Although most adopted children have adjustment levels within the normal range, a small number have significant difficulties (Palacios & Brodzinsky, 2010). Some work has found that adopted children show higher rates of emotional/behavioral problems and attachment-related difficulties than genetically related children (Miller, Fan, Christensen, Grotevant, & van Dulmen, 2000), although such issues are more common in children adopted via foster care and abroad than in children adopted as infants via private domestic adoption (Goldberg & Smith, 2013).

Structural barriers posed by the legal system and adoption agencies were named by some women—in particular, those who had considered adoption and thus encountered the reality of these barriers. These findings build on prior work showing how concerns about legal insecurities can lead some individuals to reject adoption as a family-building route (Daniels, 1994; Harris Interactive, 2002, 2007) but extends it to highlight the unique concerns of sexual minorities. Although adoption rights for same-sex couples and partners were very likely more restrictive at the time when many of these women were considering adopting, there are still barriers to gay adoption (e.g., agencies may still discriminate against sexual minorities; Goldberg, 2012), highlighting how heteronormative structures and attitudes continue to constrict the parenting opportunities and pathways available to sexual minorities, even as the laws change. As Berkowitz (2009) noted, institutions such as adoption agencies and fertility clinics shape the processes by which sexual minorities contemplate, make decisions about, and experience parenthood:

Even though desires for parenthood may be similar in some situations to heterosexuals' feelings, lesbians' and gay men's access to adoption and assisted reproductive technologies is mediated by a bureaucratic apparatus that affects the conditions under which they can parent. (p. 118)

Consistent with some prior work (Goldberg, Weber, Moyer, & Shapiro, 2014), some women expressed considerable anxiety about how legal insecurity would affect their families, leading

them to make alternative plans for family building (despite the fact that these alternatives also have legal risks; Hare & Skinner, 2008). This represents a strategic response to living in a society that both psychologically and legally privileges biogenetic kinship (Pelka, 2009), and it can be viewed as a form of resistance to and evasion of heteronormative structures that fundamentally curtail family-building efforts by sexual minorities (Berkowitz, 2009; Goldberg et al., 2014).

Implications for Practitioners and PolicyMakers

The present findings have a number of implications for practitioners, in particular adoption agency personnel and policy makers. First, our findings underscore the reality that many single and female-partnered women lack a full understanding of, and/or are confused by, the different types of adoption that exist, as well as many details about the adoption process (e.g., how long it takes, what types of children are available, etc.). Child welfare agencies, as well as state and local organizations (e.g., churches, YMCAs), can help to increase awareness of and education about adoption as a route to parenthood and can disseminate information about local adoption agencies. Furthermore, some women described the complexity and lengthy timetable associated with adoption as barriers to adoption, highlighting how the bureaucratic, time-consuming nature of the adoption process can often dampen prospective adopters' enthusiasm, thus undermining the system's goal of finding families for children (Goldberg, Moyer, Kinkler, & Richardson, 2012). Our findings further suggest that prospective adopters, and the general public, could be better educated about the frequency, spectrum, and range of adopted-child difficulties and the supports that are available to adoptive families to manage such difficulties (Goldberg, Moyer, et al., 2012). This may be particularly helpful to single adopters, who must consider carefully their ability to care for a child with difficulties given that they lack a partner/extra income to buffer the stress related to such an endeavor.

Agency discrimination and stigma were cited by both female-partnered and single parents, highlighting the need for agency reform in their treatment of non-heteronormative families. For example, revision of agency forms to ensure that

they permit explication of a variety of family types, including two-mother and two-father families, would be welcomed by and reassuring to same-sex prospective adopters. By engaging a welcoming stance in relation to sexual minorities and single women, and actively recruiting from these communities (e.g., having a visible presence at gay pride events and community centers), adoption agencies can potentially increase the number of families willing to adopt in general and via foster care specifically.

Limitations and Conclusions

There are a number of limitations to this study. First, we did not include nongenetic mothers in our analysis because too few responded to be included. Their absence limited our ability to address, for example, tensions surrounding the significance of biogenetic relationships in choosing a family-building route and highlights the need to actively recruit this group in future studies. Second, participants retrospectively recalled and possibly reconstructed their reasons for pursuing DI over adoption. Furthermore, the time since they had given birth to their first child varied considerably, and some participants may have had better recall than others. Future work that aims to examine women's decision making regarding various parenthood routes in real time is warranted. For example, women could be interviewed pre-parenthood and then several more times during the first few years of parenthood. Third, our study focused primarily on women's decision making regarding parenthood routes in relation to their first child, as opposed to subsequent children. Although we made this decision in an effort to streamline and focus the interview protocol, it compromised our ability to obtain a fuller and more nuanced picture of women's decision making and family planning.

Another consideration is that, unlike quantitative studies, we did not provide participants with a list to endorse of possible reasons to use DI or adoption. This is a strength in that women provided reasons that were most consciously salient to them, and that may remain current today, which is informative in itself. But this methodology can miss other, less salient reasons. For example, women were not asked about the importance of racial matching (i.e., having a child that "looks like" the parent[s]), which can serve as a reason for avoiding adoption; Modell & Dambacher, 1997). They were also not asked

whether they had concerns about open adoption and the potential challenges of early contact with birth families (Grotevant, Wrobel, von Korff, Skinner, & McRoy, 2008), or whether information about a child's origins (birth, donor) was important in their decision—yet all but three participants had chosen open-identity donors from whom resultant children could later access origins information. One woman cited not knowing her father's origins as a reason not to adopt, but none mentioned how they had surmounted that obstacle in DI by using the open-identity option. Their memories of the logistic challenges associated with trying to have children (e.g., age-related conception constraints) may have overshadowed their memories for long-term considerations (child's access to information). Regardless, whether considering DI or adoption, prospective parents should be made aware of the importance that donor-conceived and adopted persons place on knowing their origins (Grotevant et al., 2000; Scheib & Hastings, 2012).

Despite these limitations, this study sheds insight into the decision-making process of single and female-partnered women regarding how to build their families, including the types of cultural ideologies that are salient in shaping their beliefs and preferences about parenthood. It also shows how experiences with heteronormative systems (e.g., adoption agencies) constrained the family-building options that women had available to them, leading them away from adoptive parenthood and toward biological parenthood. Furthermore, the study holds implications for adoption practitioners regarding the types of concerns that single and female-partnered women engage when thinking about various family-building routes. Future work should examine more fully the experiences of those who take steps toward, but do not pursue, adoption; this can inform policy and practice regarding how to engage and support the diverse population of prospective adopters.

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