Why search for a sperm donor online? The experiences of women searching for and contacting sperm donors on the internet

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ABSTRACT

Whilst studies have examined the experiences of women who use clinic donors, to date there has been limited research investigating women’s motivations and experiences of searching for a sperm donor online. A total of 429 women looking for a sperm donor on Pride Angel (a website that facilitates contact between donors and recipients) completed an online survey. Fifty-eight percent (249) saw advantages of obtaining donated sperm online with the most common advantage reported as being able to connect with and meet the donor (n = 50 (24%)). A third (n = 157 (37%)) of the participants gave disadvantages, the most common reported was encountering ‘dishonest donors’ (n = 63 (40%)). Most recipients (n = 181 (61%)) wanted the donor to be ‘just a donor’ (i.e. to provide sperm and have no further contact). Whilst it was important for recipients to know the identity of the donor, some did not see this as important for the child and thus the level of information that parents have about the donor, and that which the child has, can differ. Finding a donor online blurs the distinction between categories of ‘anonymous’, ‘known’ and ‘identity release’ donations. Whilst the survey had a large sample size, the representativeness of the sample is not known.

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Introduction

There has been a rise in the number of websites that facilitate contact between recipients of sperm and sperm donors, yet there are no clear estimates of how large the online sperm donation market is in the UK and abroad. This increase may be related to changes in legislation in some countries that replaces donor anonymity with identity release donors (where the donor’s identity can be disclosed to the child in the future, usually at age 18 years) (Bossema et al., 2014; Woestenburg, Winter, & Janssens, 2015). The popularity of seeking a sperm donor online may result from recipients wanting to know the donor from the outset rather than waiting to discover his identity when their child reaches age 18 years (Freeman, Appleby, & Jadva, 2012). Whilst clinics provide a regulated route to sperm donation and have advantages in that recipients avoid several practical, medical and legal hurdles that can occur when accessing sperm in an informal way (Nordqvist, 2010), women who find their own sperm donors are able to meet him, have more information about him and negotiate the level of involvement he would have with the resultant child (Almack, 2006; Nordqvist, 2010).

Different types of donors (identity release, known, anonymous) enable recipients and the resultant child to have varying levels of involvement with the donor. Gartrell et al. (1996) found that reasons given by lesbian parents for selecting a known donor included wanting the donor to help raise the child, to have a special relationship with the child and to enable the child to determine the nature of the relationship with the donor in the future. Reasons for choosing an unknown donor included not wanting anyone to interfere in the family, concerns over child custody and not knowing anyone willing to be a known donor. A follow-up of these mothers when children were aged 18 years found that, whilst most parents were satisfied with the type of donor they had chosen, of the 28 mothers who reported being dissatisfied, most (n = 19; 65.5%) had used an unknown donor (Gartrell, Bos, Goldberg, Deck, & van Rijn-van Gelderen, 2015). Those who had used an unknown donor were significantly more likely to feel dissatisfied than satisfied with their donor type. The dissatisfaction was expressed in relation to how their child may feel about the lack of information available about their donor. Lesbian mothers who were satisfied with their choice of a known
donor spoke of the importance of the child having a relationship with the donor (Gartrell et al., 2015). A comparison between mothers in two parent heterosexual families and single mothers found that partnered mothers were less likely to feel positive about having an identity release donor (Freeman, Zadeh, Smith, & Golombok, 2013). Single mothers have been found to have diverse views about their donor. Whilst most single women saw the donor as an important feature of their family even though he was not physically in the family, others did not see the donor as important. These views could change over time and were not dependent on whether the donor was anonymous or identifiable (Zadeh, Freeman, & Golombok, 2016).

It might be expected that identity-release donation or known donation may increase disclosure by parents. However, studies have found no differences in disclosure rates between women who had used an anonymous egg donor and those who had used a known egg donor (Greenfield & Klock, 2004), or between heterosexual women who had used an anonymous sperm donor and those that who had used an identifiable donor (Freeman, et al. 2013). The type of relationship between the offspring and a known donor can be viewed as existing on a continuum ranging from minimal involvement through to co-parenting (where the donor is involved in raising the child as a parent) (Dempsey, 2010; Goldberg & Allen, 2013; Jadva, Freeman, Tranfield, & Golombok, 2015). Likewise, donor-conceived individuals may view a known donor in different ways, ranging from ‘just a donor’ to an extended family member or as a father (Goldberg & Allen, 2013).

In addition, men donating in informal ways may differ from those who do so through a clinic. Donors who donate via the internet have been reported to be more likely to want to pass on their genes compared to clinic donors (Woestenburg, et al., 2015). In addition, donating through the internet enables donors to know who they are donating to, to have information about any children that are born following their donation (Woestenburg et al., 2015) and provides greater choice and control over how they donate (Freeman, Jadva, Tranfield, & Golombok, 2016). A survey of 56 men who were looking to donate their sperm online found that donor age and income were important in determining how many times they were selected, as were factors such as being less extroverted and more intellectual, shy and systematic (Whyte & Torgler, 2016). A survey of 74 women looking for an online sperm donor found that they had a greater preference for certain character traits, specifically reliability, openness and kindness and were less concerned about traits such as income, political views and religious beliefs (Whyte & Torgler, 2015).

The present study examined why women search for a sperm donor online, the type of involvement they anticipated from their donor with their child and how the process of contacting donors online was experienced. The specific aims were to determine the reasons why recipients looked for a sperm donor online including the advantages and disadvantages of doing so, their preferences on donor identifiability, how important they felt it was to meet and get along with the donor, how contact was made and what aspects of the donation were discussed with him. The sample was drawn from Pride Angel (www.prideangel.com), a worldwide website based in the UK that facilitates contact between donors and recipients of egg and sperm. It is one of the largest and most well-known websites of its kind in the UK. The website enables members to create an online profile should they choose to, and to search for and communicate with other users.

**Materials and methods**

All members of Pride Angel were sent an email from its founder that contained a web link directing them to the survey. Details of the study were also advertised on the home page of the Pride Angel website. The survey was live for a period of 7 weeks from mid-February to the end of March 2014. The initial email invitations were followed up with two reminder e-mails. All the participants received 10 free message credits (approximate value £10) for completing the survey. This study obtained ethical approval from the University of Cambridge Psychology Research Ethics Committee (reference number: Pre.2013.85).

Online membership (i.e. those with web profiles) when the study began was 27,650 members, comprising 17,367 registered as sperm recipients, 5299 registered as sperm donors, 866 registered as egg recipients, 547 registered as egg donors, and 3571 registered as co-parents. A total of 32,634 emails were successfully sent to all the members (those with and without web profiles), of which 5425 emails were opened, representing 20% of online members and 17% of total members. Of those who opened the email (i.e. accessed the survey information page), 1402 (26%) started the survey and 1022 (19%) completed it. Of these, a total of 429 were completed by those identifying as recipients of sperm, comprising 13% of the estimated number (i.e. 3404) of recipients who opened the email.
The survey included both multiple choice and open-ended questions. Data were obtained on: (i) participant characteristics, including sexual orientation, relationship status, age, ethnicity, country of residence and length of Pride Angel membership; (ii) the main motivation to look for a sperm donor; (iii) where they would consider obtaining sperm from; (iv) whether there were advantages and disadvantages to obtaining sperm via Pride Angel and if yes, to state in their own words what the advantages/disadvantages were; and (v) their preferences on donor identifiability (i.e. Anonymous (donor’s identity remains unknown), Identity-release (donor’s identity can be accessed by child at age 18), Known (donor’s identity is known from outset) or Co-parenting). In addition, they were asked to (vi) describe their expectations of the donor’s role in their own words and rank how important it was for them to meet the donor, for the child to meet the donor, and for them to get along with the donor. Further questions were asked about contacting sperm donors, including: (vii) the way in which contact was made with sperm donors; (viii) the number of sperm donors contacted; (ix) the number of donors they had met; (x) what aspects of the donation had they discussed with the donor; (xi) how happy they were with the experience of meeting sperm donors; (xii) whether or not they had conceived a child and if so, what method they had used; (xiii) the age of the child; and (xiv) whether or not the child was in contact with the sperm donor.

Data were analysed using t-tests, one way ANOVA, Chi-square and Fisher’s exact tests. Responses to open-ended questions were systematically grouped into categories based on the responses and the most common categories were reported as frequencies.

Results

Participants

A total of 429 women looking for a sperm donor completed the survey. Most participants identified as lesbian (n = 283 (66%)), with 18% (n = 77) identified as heterosexual and 12% (n = 52) as bisexual. The remaining 14 selected ‘other’ or did not say. Most participants (n = 325 (76%)) had a partner (married/cohabiting/civil partnership or non-cohabiting relationship). There was a significant association between sexual orientation and relationship status ($\chi^2(2) = 136.6, p < 0.0001$) with a higher proportion of lesbian participants (n = 260 (92%)) compared to heterosexual participants (n = 23 (30%)) being in a relationship. Participants were aged from 18 to 50 years of age (31.3 ± 6.10 (mean ± SD)). Participants who were single were significantly older (33.4 ± 6.55) than those in a relationship (30.62 ± 5.82) (t (427) = -4.167, p < 0.001). A significant difference was also found for age according to sexual orientation (F (2, 409) = 13.10, p < 0.001) with heterosexual participants being older than lesbian participants ($p < 0.001$) and bisexual participants ($p < 0.001$). There was no difference in age between lesbian and bisexual participants.

Most women classified their ethnicity as White (n = 363 (84%)), with the remainder selecting Black (n = 28 (6.5%)), Asian (n = 13 (3%)), mixed race (n = 17 (4%)) or other (n = 9 (2%)). Most lived in the United Kingdom (n = 250 (58.3%)), 18% (n = 78) lived in the United States, 8% (n = 32) in Australia, 3% (n = 12) in New Zealand, 2% (n = 10) in Ireland and 2% (n = 9) in Canada. Smaller numbers of people (<5) were resident in other countries. Over half of all the participants (n = 240 (56%)) had been a member of Pride Angel for less than a year, 29% (n = 124) had been a member for 1–2 years and 15% (n = 64) had been a member for more than 2 years.

Searching for sperm donors

The main reason for seeking a sperm donor (n = 274 (64%)) was because the recipient was lesbian followed by not having a partner. In addition to looking for a sperm donor online, most participants would also consider obtaining sperm from a sperm bank, closely followed by a Fertility clinic. The least commonly considered method of finding a sperm donor was from a family member (see Table 1).

Over half of the participants (n = 249 (58%)) stated that there were advantages to obtaining donated sperm through Pride Angel. The analysis of open-ended responses for 213 participants showed these to include being able to meet and connect with the donor (n = 50 (24%)), fewer costs involved (n = 39 (18%)), availability of detailed information about donors (n = 28 (13%)), choice of donors (n = 19 (9%)), ease of use (n = 13 (6%)), access to genuine donors (n = 14 (7%)) and access to anonymous donors (n = 11 (5%)). Twenty-four percent (n = 52) mentioned factors to do with the website (i.e. it feeling friendly/safe/accepting and confidential).

A third of the participants (n = 157 (37%)) stated that there were disadvantages to obtaining sperm in this way. Of the 144 respondents who explained these disadvantages in their open-ended responses, most mentioned ‘dishonest donors’ (n = 63 (40%)), (i.e. men whose motivations were unclear, who didn’t respond to messages or who were looking for sex). The second
commonly reported disadvantage was the lack of health checks \((n = 27 (19\%))\). Other disadvantages included the lack of information about sperm quality \((n = 18 (13\%))\), absence of legal protection \((n = 15 (10\%))\), cost of using the website \((n = 12 (8\%))\), lack of anonymity \((n = 9 (6\%))\), difficulties to do with where recipients were living \((n = 7 (5\%))\) and of having to manage the vetting process \((n = 5 (4\%))\). Four women \((3\%)) mentioned factors to do with the child, such as the donor’s failure to take the child’s needs into account and concerns about whether the child would have information about the donor.

Over one third of the recipients \((n = 162 (38\%))\) favoured known donation, approximately a quarter \((n = 115 (27\%))\) selected identity release donation and one quarter \((n = 108 (25\%))\) selected anonymous donation. Eight participants \((1.9\%)) reported they would prefer to co-parent, 7% \((n = 28)\) did not know and five did not respond. In terms of the role they expected the donor to have, 294 respondents answered this open-ended question and of these the largest proportion \((n = 181 (61\%))\) expected the donor to be ‘just a donor’, a term used by some respondents to mean that the donors role was to provide sperm with no further contact. Eleven percent \((n = 33)\) wanted some level of contact with the donor and 10% \((n = 28)\) wanted the donor to be contactable in the future, for example, when the child reached 16 or 18 years of age. A smaller proportion of recipients \((n = 17 (6\%))\) said they would want an uninvolved donor whom they would send updates to or that the role of the donor would be negotiable \((n = 19 (7\%))\). Other roles mentioned included as a co-parent \((n = 12 (4\%))\), an ‘uncle/godfather’ \((n = 10; (3\%)), ‘a helper/hero’ \((n = 8 (3\%))\) and a ‘genetic role’ \((n = 6 (2\%))\). When asked to select their preference for the relationship between the child and the donor from a list of possible options, a third selected ‘no relationship’ followed by ‘a genetic relationship only’ (see Table 2). Table 2 also reports descriptions of the relationship in the recipients’ own words and shows that the type of relationship envisioned is not fixed and would depend on the quality of the relationship that forms between the child and the donor.

Table 3 shows how important participants felt it was to meet or get along with the donor. Recipients ranked themselves meeting the donor as more important than the child meeting the donor \((t = 16.69\ (410), p < 0.001)\). In addition, most participants thought it was important that they got along with the donor.

Table 1. Reasons for needing a sperm donor and where recipients would consider obtaining donor sperm.

| Reason for needing sperm/egg donation? | n   | %  |
|--------------------------------------|-----|----|
| I am gay/lesbian                      | 274 | 64 |
| I do not have a partner to have children | 41  | 10 |
| My partner is infertile or has fertility problems | 24  | 6  |
| I am getting older                    | 22  | 5  |
| To give my child a sibling            | 13  | 3  |
| No other option available             | 13  | 3  |
| I do not wish to have a child within a relationship | 7   | 2  |
| My partner does not want a child      | 3   | 1  |
| I am infertile or have fertility problems | 3   | 1  |
| To pass on my genes                   | 2   | 0.5|
| Family/friends have used sperm/egg donation | 2   | 0.5|
| To avoid child inheriting a genetic condition | 1   | 0.2|
| No reason not to                      | 1   | 0.2|
| Other reason, please specify:         | 10  | 2  |
| Missing                               | 13  | 3  |

Would you consider obtaining donated sperm/eggs from any of the following sources?

| Source                        | n   | %  |
|-------------------------------|-----|----|
| Sperm bank                    | 306 | 71 |
| Fertility Clinic              | 272 | 63 |
| A friend                      | 244 | 57 |
| Another connection website    | 235 | 55 |
| A family member               | 48  | 11 |
| Other, please specify         | 2   | 0.5|

Table 2. How recipients viewed the relationship between the child and donor.

| Relationship                  | n   | %  | Example                                                                 |
|-------------------------------|-----|----|-------------------------------------------------------------------------|
| No relationship               | 134 | 31 | To be honest I would leave it up to the child. He/she can make the choice for themselves. No relationship until the child is 18 except from me to donor through pictures and an email 3-4 times a year. |
| A ‘genetic’ relationship only  | 92  | 21 | Obviously there cannot be control of the bonds people form, but the child would lead this, at the consent of the donor. The donor does not have responsibility nor parental rights. |
| Like any other adult they know| 49  | 11 | This very much depends on the arrangements. I am open to ‘no relationship’ or to them being ‘like a friend’ or ‘a father’. It just depends on what the relationship turns out to be, depending on my relationship with the donor and the donor’s wishes. |
| Like an uncle                  | 51  | 12 | If the donor agrees I would like them to see him/her child and be like an uncle to the child. |
| Like a friend                  | 27  | 6  | It will largely be dictated by how well they get along with each other, but we hope that they have a friendship and look forward to seeing each other. |
| A special relationship         | 36  | 8  | It’s hard to say how I would want my child to behave around their birth father. To me the person is a donor, however, to that child there is a genetic and special bond. I want the child to make that decision and the donor to be open to being there emotionally for the child. |
| Like a father                  | 17  | 4  | As a lesbian couple we felt that our child should know their father and have a relationship with him. We felt this was important psychologically and spiritually. |
| Missing                        | 23  | 5  |                                                                         |
The majority ($n = 332$ (77%)) of participants were planning to tell their child about having used donated sperm, 18% ($n = 79$) selected ‘unsure’ and 4% ($n = 15$) selected ‘no’. In contrast, fewer participants were planning to tell their child about the donor’s identity with 46% ($n = 197$) selecting ‘yes’ they would tell the child, 15% ($n = 62$) selecting ‘no’ and 38% ($n = 164$) selecting ‘unsure’.

**Contacting sperm donors**

Just under half of the participants ($n = 209$ (49%)) had contacted a sperm donor. For most ($n = 192$ (92%)) this contact was carried out by electronic means, (i.e. website, email, Facebook, text messaging), 45% ($n = 94$) had met face-to-face and 28% ($n = 58$) had spoken on the phone. Participants had contacted between 1 and 50 donors and had met between 1 and 4 donors. Eighty-six percent ($n = 178$) of participants who had contacted a sperm donor had discussed receiving sperm from him. Other aspects of the donation discussed can be seen in Table 4. Overall, most participants felt positive with their experience of contacting donors in this way (see Table 5).

Ninety-one participants (21%) had attempted to conceive using sperm from a donor they had contacted through Pride Angel. For these participants, by far the most common method of attempting to conceive ($n = 87$ (96%)) was self-insemination at home, 7 (7.7%) had used a clinic and 4 (4.4%) had used sexual intercourse. Twenty-nine (32%) participants had successfully had a child with a sperm donor they had met online and 10 (11%) were currently pregnant. The eldest child born was 11 years of age although most were aged 2 years or less ($n = 23$). Of those who had a child, 8 (27.6%) reported that their child was in contact with the donor and 18 (62%) were not. Eight recipients (27.6%) described the relationship their child had with the donor. Children’s contact with the donor varied greatly. Four mothers reported there was no contact between the donor and child. One said the donor had held the baby, another reported that she sent the donor photographs but that she does not intend them to meet until her child is 18 years old. Another mother said there was no relationship currently but that she would be open to this in the future only if it were from a distance, explaining that this is why she had chosen a donor who lived far away. One mother responded that the donor was the father of the child.

**Discussion**

Contrary to expectations, the participants in this study did not show an overall preference for known donors, with only one third stating that they preferred known donation, and the remainder being approximately equally split between those who favoured identity release donation and those who preferred anonymous donation. Recipients wished to have control not only over who the donor was, but also over the level of involvement the donor had with the child. Whilst the type of relationship between a known donor and the child has been observed to exist on a continuum ranging from minimal involvement through to co-parenting (Dempsey, 2010; Goldberg & Allen, 2013), the findings from the current study suggest that information about the donor can also exist on a continuum ranging from no information, varying levels of non-identifying information, through to knowing the identity of the donor. Furthermore, some participants in the present study, whilst acknowledging the importance for them of knowing the identity of the donor, did not deem it necessary for the child to know the donor’s identity. This may also explain why some recipients were searching for an anonymous donor. Anonymous in this

| How important is it for you to meet the donor? | How important is it for you to get along with the donor? | How important is it for you that the child meets the donor? |
|---------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
| $n$  | $\%$ | $n$  | $\%$ | $n$  | $\%$ |
| Very important | 152 | 35 | 132 | 31 | 44 | 10 |
| Quite important | 98 | 23 | 122 | 28 | 42 | 10 |
| Neither important or unimportant | 112 | 26 | 113 | 26 | 145 | 34 |
| Not very important | 27 | 6 | 18 | 4 | 32 | 8 |
| Not important at all | 36 | 8 | 39 | 9 | 151 | 35 |

**Table 3. Importance of meeting the donor.**

| How to bring up the child | Other (These included Donors’ Health, how to meet, where to meet) | Payment of expenses | Morai | Emotional | Legal implications | Contact arrangements with the child | Practical |
|---------------------------|---------------------------------------------------------------|---------------------|--------|-----------|-------------------|-----------------------------------|----------|
| $n$  | $\%$ | $n$  | $\%$ | $n$  | $\%$ | $n$ | $\%$ | $n$  | $\%$ | $n$  | $\%$ | $n$ | $\%$ |
| How to bring up the child | 15 | 7 | 192 | 92 | 15 | 7 | 15 | 7 | 111 | 53 | 192 | 92 |
| Other (These included Donors’ Health, how to meet, where to meet) | 3 | 1 | 332 | 77 | 15 | 7 | 15 | 7 | 111 | 53 | 192 | 92 |

**Table 4. Aspects of donation discussed with donor.**
context is likely to mean that the donor is anonymous to the child as the recipient may have some information about the donor’s identity. Thus, information about donors may exist on different continuums for the mother and the child. Whilst the amount of information about, or contact with, the donor may be determined by the age of the child, it may also be determined by the mothers’ views on how important they feel this information is for the child.

There is a distinction between the donor being known to the mother and the donor being known to the child suggests that categories of donors (i.e. anonymous, identity-release and known) should be clarified or perhaps even re-evaluated. In addition, some of the participants were planning to tell the child about the identity of the donor at age 18 years and this needs further investigation. Is this age selected because parents are waiting for the child to reach adulthood or because they are influenced by identity release practices that enable identifying information to be provided about the donor at age 18 years? That individuals conceived using identity release donors can obtain identifying information about their donor and donor siblings at age 18 years needs further scrutiny given that some donor conceived individuals may desire this information at an earlier age (Persaud et al., 2017). However, it may also be relevant that curiosity about donor relationships may be mediated by their relationship with their parents (Slutsky et al., 2016).

The main advantages of finding a sperm donor over the internet were that it provided the opportunity to meet with the donor and to obtain more information about him. However, a disadvantage of finding donors in this way included having to navigate their way through unscrupulous donors. A companion study to the current investigation examined the motivations of sperm donors on the same website (Freeman et al., 2016a) and found that most heterosexual men stated natural insemination as their preferred method of donation, although in practice most men had used artificial insemination. Findings from the present study showed that recipients were vetting sperm donors for suitability. The study by Whyte and Torgler (2015) found that women looked for particular characteristics when searching for an online donor. These included, reliability, openness, and kindness, characteristics which may help women identify those donors who were genuine and more reliable (Whyte & Torgler, 2015). Some recipients were also concerned about the lack of health checks that donors underwent. For others, this lack of screening was weighed up against the cheaper costs of finding a donor online compared to at a clinic.

For those recipients who had contacted sperm donors, most viewed this as a positive experience enabling them to discover what the donor was like. Whilst just under half had discussed contact arrangements for the child, the majority had not. This may not be surprising given that most recipients did not feel it was important for the child to meet the donor. Unlike those who use an identity release donor from a clinic, recipients using a donor they had met would know the donor’s identity from the outset and thereby the child could have access to his identity at a younger age than children born through identity release donation at a clinic. Selecting a sperm donor oneself, and meeting the donor, would mean that the mother could answer some of the questions the child may have about their donor, and could also ask the donor to meet the child at any age. Thus, the management of donor information including the donors’ identity could be conducted by the mother rather than by the state. A disadvantage of this is that the donor may not wish to be in contact, or may change his contact details, but this scenario is also applicable to clinic donors. It is also possible that if the donor has contact with the recipient, his level of involvement with the child could be negotiated with the parent(s) over time. In cases where the donor is not in any contact with the parents, it may be possible that the donor could look for and contact the child in the future, given that he may have information about the recipient.

This study had several limitations. Firstly, most respondents were lesbian women, and heterosexual

| Experience of attempting to conceive. |
|---|---|---|
| n | % | Example |
| Very positive | 78 | 37 | My donor has been fantastic. Couldn’t ask for anyone better. I trust him, respect him and he is totally reliable. |
| Fairly positive | 76 | 36 | A donor made contact with us, but we want a donor of the same race as us (simply for appearance), so it didn’t work out |
| Neutral | 31 | 15 | Too early to tell |
| Fairly negative | 13 | 6 | Many people were looking for a sexual relationship |
| Very negative | 10 | 5 | The first donor verbally abused me when he found out I wanted it to be anonymous even though it was in my details the second got as far as having the medical and then I never heard from him again |
women may have different reasons for using the internet to search for a donor. Furthermore, whilst online surveys have their advantages in that they can gain information from a large sample, and participation can be anonymous to the researchers, they also have their disadvantages, specifically low response rates and the absence of information on the representativeness of the sample. Furthermore, online surveys do not allow the responses to be probed or to be elaborated upon. An investigation of recipients using internet sites through face-to-face interviews may yield a more nuanced examination of the issues raised in this paper.

This study shows that contrary to expectations, women looking for a sperm donor online want to meet the donor and to have more information about him but this does not necessarily mean that they feel it is important for the child to meet the donor. Whether or not the child has contact with the donor may be decided once the child is born with the closeness of the relationship between the child and donor determining how involved the donor is in the child’s life. Parents acting as gatekeepers for the information they hold about sperm donors, is not specific to online donation and is of relevance to the practice of donor conception more generally. Practitioners and counselors should be aware that potential parents who either know the donor’s identity, or who may have information about the donor, may not share these details with the resultant child. Using an on-line donor blurs the distinction between categories of ‘anonymous’, ‘known’ and ‘identity release’ donors. It would be more helpful to view donor identity as existing on a continuum and as something that is transitory. Perhaps most importantly, the extent to which a donor is known or identifiable can be different for parents and the child.

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