



www.sciencedirect.com
www.rbmonline.com



SYMPOSIUM: MEN, FERTILITY AND ASSISTED REPRODUCTIVE TECHNOLOGIES ARTICLE

Gay men seeking surrogacy to achieve parenthood

Wendy Norton ^{a,*}, Nicky Hudson ^b, Lorraine Culley ^c

^a School of Nursing and Midwifery, De Montfort University, 8.17 Edith Murphy House, The Gateway, Leicester LE1 9BH, UK;

^b School of Applied Social Sciences, De Montfort University, 0.30 Hawthorn Building, The Gateway, Leicester LE1 9BH, UK;

^c School of Applied Social Sciences, De Montfort University, 0.39A Hawthorn Building, The Gateway, Leicester LE1 9BH, UK

* Corresponding author. E-mail address: wnorton@dmu.ac.uk (W. Norton).



Wendy Norton is a senior lecturer in the School of Nursing and Midwifery at De Montfort University, where she specializes in sexual and reproductive health and women's health care. She worked as a clinical nurse specialist in assisted reproduction for 14 years before moving into academia. Her research interests include gender, sexuality, sexual health and HIV, reproduction and experiences of assisted reproduction treatment amongst members of lesbian, gay, bisexual and transgender communities.

Abstract Assisted reproduction technologies have developed at an extraordinary rate in recent years. This, combined with the changing landscape of legal, technical and social possibilities, enables gay men to consider their options for fatherhood as new opportunities emerge for them to create families. Media coverage of gay celebrities embracing surrogacy as a way of having a family and high-profile legal cases have raised awareness of surrogacy across the world. However, gay fatherhood achieved through assisted reproduction is a highly under-researched area, both in the UK and internationally. The research that currently exists on gay fatherhood is largely related to gay men who become parents through processes such as adoption and fostering and children conceived through previous heterosexual relationships. Much of this evidence has centred on parenting experiences, the outcomes for children or the legal perspectives. This paper outlines the different types of surrogacy and the legal issues facing gay men who choose this route to parenthood, summarizes the limited research on gay men and surrogacy and discusses gaps in the current knowledge base.

8883 Online

© 2013, Reproductive Healthcare Ltd. Published by Elsevier Ltd. All rights reserved.

KEYWORDS: assisted reproduction technology, gay fathers, gay parenting, gender roles, surrogacy

Introduction

The past 30 years have seen the rapid evolution of many assisted reproduction technologies, which have challenged notions about procreation, parenthood and families and evoked a variety of responses. This changing landscape of legal, technical and social possibilities has provided opportunities for gay men to pursue fatherhood outside the

traditional context of heterosexual relationships (Mallon, 2004). In recent years the number of people having children in the context of a lesbian or gay identity has increased (Tasker and Patterson, 2007). This growing trend has been labelled by the media as the 'gayby boom' (Hari, 2009).

While there is a growing body of evidence regarding the lives of gay and lesbian parents, this is disproportionately devoted to lesbian mothers (Rabun and Oswald, 2009).

The limited research on gay men who become fathers has focused on the quality of parenting and is largely related to men who become parents through adoption and fostering (Hicks, 1996; Riggs, 2007; Wells, 2011) and parenting of children conceived through previous heterosexual relationships (Benson et al., 2005; Bozett, 1989; Power et al., 2010). Over the last few years we have seen a small number of gay celebrities openly using surrogacy to have children. However, the apparently recent development of gay men choosing surrogacy as a route to fatherhood remains under-researched, both in the UK and internationally (Culley et al., 2013). This paper outlines the different types of surrogacy and the legal issues facing gay men who choose this route to parenthood, summarizes the limited research on gay men and surrogacy and discusses gaps in the current knowledge base.

Changes to the landscape for lesbian, gay, bisexual and transgendered parenting

Gay men wishing to become fathers are limited by biological possibilities and therefore always require a 'facilitating other' (Mitchell and Green, 2007). This process requires conscious planning and navigation of options. Some gay men have become fathers via adoption or co-parenting arrangements with lesbian women (Golombok, 2012). Gay men may become 'known' sperm donors for lesbian couples, while in other instances there is no genetic connection with children they co-parent (Luce, 2010; Tasker and Patterson, 2007). Research also suggests that gay men may donate spermatozoa at fertility clinics as a way of staking an identity claim to paternity if they perceive that there are no other options of achieving this (Riggs, 2008; Ripper, 2008).

Despite this apparently increased desire for fatherhood amongst gay male couples, there is limited research examining the men's desires and decisions to parent, and what evidence is available originates predominantly from the USA (Beers, 1996; Berkowitz, 2007; Berkowitz and Marsiglio, 2007; Goldberg et al., 2012; Rabun and Oswald, 2009) and Australia (Dempsey, 2010). Prior research on motivations for pursuing parenthood has primarily focused on heterosexual women (for example, Biblarz and Stacey, 2010) and lesbians (Bos et al., 2003; Lewin, 1993; Touroni and Coyle, 2002), with the majority of women in these studies citing a biological drive as their main motivating factor for parenthood. Male perspectives of procreative desire and decision-making have been previously under-represented in research studies.

In studies exploring heterosexual couples' motivations, the men frequently reported their female partner's strong desire to parent as the influencing factor (Miller, 1994). Studies on lone fathers, who are usually heterosexual, report this responsibility arising due to circumstances such as being widowed or divorced, rather than by choice (Nieto, 1990; Risman, 1986), perhaps reinforcing a broader perception that fathers are traditionally the more distant, less nurturing and less involved parent (Dermott, 2008). However, reproduction is increasingly acknowledged as not solely about the parenting desires of women, and a body of evidence is beginning to emerge which demonstrates that men are becoming more actively involved and engaged with

these decision-making processes (Berkowitz and Marsiglio, 2007; Indekeu et al., 2012; Marsiglio and Hutchinson, 2002).

In contrast to heterosexual men, it has been suggested that gay men do not see how their desire to be a father could ever be actualized (Shernoff, 1996), reflecting an acceptance of society's assumptions that a child should be raised within a heterosexual family (Brinamen and Mitchell, 2008). Bozett (1993) has gone further, suggesting that society perceives the term 'gay father' as an oxymoron, since the identities of 'gay' and 'father' are seen to be mutually exclusive. Much of the early research into gay and lesbian parenting aimed to address concerns about possible negative effects upon children's development, including their psychological health, gender identification and role behaviour (Golombok et al., 2006; Patterson, 1992; Wainwright et al., 2004). Gay men wishing to become fathers were perceived as deviant or paedophiles, or as wishing to reproduce homosexuality (Berkowitz, 2007). However, evidence has shown that the major impact of parenting on child development comes from the quality of parenting rather than the sexual orientation of the parents (Golombok, 2012; Golombok and MacCallum, 2003; Golombok et al., 1997, 2002). More recently, an increasing number of gay men are now viewing parenthood as an expected part of their life course trajectory (Rabun and Oswald, 2009). The proportion of gay men who are parents (by any means) is estimated to be approximately 14% (Fish, 2006).

On 5 December 2005, *The Civil Partnership Act (2004)* came into effect in the UK, allowing couples of the same-sex to have legal recognition of their relationships. According to the *British Association for Adoption and Fostering (2009)*, growing numbers of gay men and lesbians have subsequently entered into joint adoption proceedings, since the *Adoption and Children Act, 2002* (implemented on 30 December 2005) modernized the legal framework for domestic and inter-country adoption. The laws surrounding assisted reproduction technology were amended on 3 November 2008, when the *Human Fertilisation and Embryology Act (2008, as amended)* received Royal Assent. The legal requirement to take account of 'the welfare of any child who may be born as a result of the treatment' including 'the need of [a] child for a father' was replaced with a new mandate to consider the child's need for 'supportive parenting'. In addition, since April 2010, people in same-sex relationships have been able to apply for Parental Orders, allowing them to be treated as parents of children born via use of a surrogate (section 54). After a Parental Order is granted, the original birth certificate is replaced with a new birth certificate which names both intended parents. This enables both men in a same-sex relationship to be recorded as 'parents' (Gamble, 2013).

Combined with the *Equality Act (2010)*, these changes have the potential to secure greater fairness and equality for lesbian, gay and bisexual people across the UK (Stonewall, 2012). The contentious ongoing debate about same-sex marriage, alongside the plan to introduce legislation allowing surrogate parents to be eligible for adoption pay and parental leave, are the latest issues in terms of equality. This historical and social context may enable more people to follow the heteronormative path to parenthood regardless of sexual orientation (Rabun and Oswald, 2009).

Developments in reproduction technology: surrogacy as an option for gay men

A 'surrogate' is defined as a woman who becomes pregnant, carries and delivers a child on behalf of another couple, commonly referred to as the 'intended' or 'commissioning' parents (European Society for Human Reproduction and Embryology (ESHRE), 2005). The definition from ESHRE does not state the sexuality of the commissioning couple. Surrogates can be anonymous or unrelated known individuals or may be family members. Where family members are involved, this may be intragenerational, for example between sisters or cousins of similar ages, or even intergenerational, for example when a mother acts as a surrogate for her daughter (Söderström-Anttila et al., 2002).

For heterosexual couples, surrogacy may be an option if the female partner has a significant uterine pathology, an absent uterus or another medical reason leading to her inability to healthily gestate a pregnancy. For same-sex couples or single men, surrogacy may now also be considered as an option, following insemination of a donor oocyte or the oocyte from the surrogate (American Society for Reproductive Medicine (ASRM), 2012).

There are two types of surrogacy: traditional and gestational. Traditional surrogacy (also known as straight, genetic or partial surrogacy) involves a spermatozoon from the intended father and an oocyte from the surrogate. Here, fertilization is usually achieved by artificial insemination undertaken informally between the parties or by intrauterine insemination (which involves medical intervention) (Bhatia et al., 2009). Gestational surrogacy (also known as host or full surrogacy) always requires medical intervention as it involves the implantation of an in-vitro-derived embryo created using an oocyte and a spermatozoon from the intended parents, a donated oocyte fertilized with a spermatozoon from the intended father or a donated oocyte and a donated spermatozoon. Gestational surrogacy is becoming more prevalent as the technologies advance and become increasingly routinized (ASRM, 2006; James et al., 2010).

The phenomenon of gay men seeking surrogacy challenges the previously reported beliefs and assumptions that women are the ones who drive and pursue parenthood. Surrogacy agreements have been used by gay men to become fathers, as it allows one of the couple's spermatozoa to provide a biological connection with the child, as well as providing the opportunity to raise the child from birth (Lev, 2006; Martin, 1993; Tuazon-McCheyne, 2010). However, other than a few high-profile cases which have been reported in the British media (Craig, 2011), to date we know very little about gay men's experiences of the surrogacy process.

Surrogacy law and regulation

Internationally, there is a wide range of legal stipulations regarding surrogacy and third party reproduction (James et al., 2010). This can lead to a very confusing and complicated context. Surrogacy remains illegal in many European countries, including Germany, France, Spain and Italy (Armour, 2012). In contrast, countries such as India and

the Ukraine have very few restrictions and also accept the practice of commercial surrogacy where the surrogate is paid by the intending parents (Gamble, 2009). Commercial surrogacy is also acceptable in the USA, where there are increasing numbers of organizations that facilitate contact between couples and surrogates and assist in the legal side of contracts between parties involved. In the UK, commercial surrogacy is prohibited, following the *Surrogacy Arrangements Act (1985)*. Since Britain's first official surrogate birth in 1985, laws have limited payments to cover only what are described as 'reasonable expenses' such as loss of income (Brazier et al., 1997). It is also a criminal offence to advertise that you are in need of or willing to enter into a surrogacy arrangement. Surrogacy arrangements are not legally enforceable, even if a contract has been signed and the expenses of the surrogate have been paid (*Human Fertilisation and Embryology Act, 1990*).

Under UK law, the woman who gives birth to a child is the legal mother, irrespective of genetic parenthood or where in the world they live. Legal paternity is more complex. The biological father might be treated as the legal father but this is not automatic and depends on various circumstances including the surrogate's marital status as well as where the child is born (Gamble, 2013). The surrogate remains the legal mother of the child unless or until parenthood is transferred to the intended parents through a Parental Order after the birth of the child. To obtain a Parental Order, at least one of the commissioning couple must be genetically related to the baby, e.g. the sperm provider. Couples must be husband and wife, civil partners or two persons who are living as partners (*Human Fertilisation and Embryology Act, 2008*: section 54). If the commissioning couple are unable to obtain a Parental Order because, for example, neither have a genetic link to the child, then adoption is a possible alternative.

In the UK, the surrogate has the legal right to change her mind and keep the child even if the baby is not genetically related to her. In order for the commissioning parents to be granted a Parental Order, the birth parents must give full, free and unconditional consent to extinguish their parental rights, and this cannot be given before 6 weeks after the birth. Interestingly, a recent case has highlighted an exception to this ruling, where legal parenthood was awarded to a same-sex male couple without the signed consent of the surrogate mother. This commercial surrogacy arrangement was undertaken in India and the birth mother was no longer traceable following the birth (*Family Law Week, 2012*).

Several authors have outlined the legal barriers that may arise for gay men using surrogacy, especially in relation to cross-border surrogacy such as the interaction of UK and foreign law, immigration and citizenship (Barton and Hibbs, 2000; Hollandsworth, 1995; Zanghellini, 2010, 2011). Concerns have been raised regarding couples stranded abroad facing complicated legal processes, with a child who is 'stateless' and therefore unable to obtain a passport (Gamble, 2008). However, little is known about the practical issues that commissioning couples may face and to what extent these legal concerns may influence men's decision-making and choice of pathway to fatherhood.

Growth in the use of surrogacy: where is the evidence?

Unlike most assisted reproduction treatments, surrogacy does not fall within the remit of the UK's regulator of fertility treatment: the Human Fertilisation and Embryology Authority (HFEA). The HFEA Register of fertility treatment only records when a patient acting as a surrogate receives fertility treatment at an HFEA-licensed centre. It is therefore difficult to ascertain the numbers of UK surrogacy cases, or more specifically the number of gay male couples using surrogacy to achieve parenthood, with no systematic method of capturing this data, especially relating to those people who travel to different countries to access treatment. Some have argued that there was a missed opportunity for revisiting the regulation of surrogacy during the amendment of the Human Fertilisation and Embryology Act in 2008 (Horsey and Sheldon, 2012).

Estimates suggest that since Kim Cotton, Britain's first surrogate mother, had a child for an infertile couple 27 years ago, about 750 children have been born in the UK using such arrangements, with 'expenses' payments averaging about £15,000 (Daily Telegraph, 2011). This UK newspaper also reported in October 2010 that Surrogacy UK, an organization which brings together potential surrogates with intended parents, was forced to close its waiting lists for those seeking surrogacy due to the high demand. However, it is unclear what percentage of these requests and reported births, if any, were commissioned by gay male couples.

Some have argued that the international differences in the law relating to surrogacy and third party reproduction have led couples to seek treatment across international borders (Culley et al., 2011; Gamble, 2009; Pande, 2009). British couples may be attracted overseas to countries with readily available host surrogate mothers, many of them offering their services on a commercial basis (Gamble, 2009). Since 2002, when commercial surrogacy was legalized in India, this country has become a popular international centre for surrogacy tourism. It has been estimated that around half of the 2000 babies born to surrogate mothers in India last year may have been commissioned by British parents (BioNews, 2012). Some UK infertility clinics are now establishing partner clinics in this emerging market, to meet this growing need (www.bournhall-clinic.in/). However, there are those who are concerned about the potential impact on children of not having information about their genetic origins or, in this case, their birth mother (Blyth and Farrand, 2004), although evidence on the impact of this on children is limited.

While changes to the UK laws have explicitly recognized the rights of gay men and lesbians to have access to assisted reproduction, evidence suggests that gay couples may also be entering into cross-border gestational carrier arrangements primarily in the USA and India due to the legality of treatment of same-sex couples in their country of origin and cost, respectively (Smith, 2011). International surrogacy arrangements also offer additional benefits and reassurances, such as allowing both fathers to be named on the birth certificate from the outset in certain US states and being legally binding in India.

To register a birth via surrogacy in the UK, the intended parents must apply for a Parental Order via the Family Proceeding Court within 6 months of the birth. A clearer picture may therefore surface from the number of Parental Order applications received by magistrates' courts in the UK. Since 2007, there has been a marked increase in the number of UK Parental Orders granted following surrogacy, rising from the usual annual number of 33–50 to 149 Parental Orders registered for the year 2011 according to General Register Offices statistics (Crawshaw et al., 2012). This may be due to the extended eligibility criteria which now include unmarried heterosexual couples and same-sex couples. However, although same-sex parents have been able to apply for Parental Orders in the UK since April 2010, there is still no public record showing how many of these applications came from same-sex couples.

Changing family formations: implications for kinship

As more evidence emerges of gay men embracing these new opportunities (Grover et al., 2012) the concept of the 'family' continues to be transformed (Stacey, 1996). Gay fathers have made changes to the traditional fatherhood role by 'de-gendering parenting' and have challenged some of the assumptions about primary caregivers and what constitutes motherhood or fatherhood (Hicks, 2006; Mallon, 2004; Schacher et al., 2005). There is also a well-established body of sociological and anthropological literature on the kinship implications of assisted reproduction and the way in which these new technologies have changed our understanding of relatedness (for example: Becker, 2000; Edwards and Salazar, 2012; Edwards et al., 1999; Franklin, 1997; Konrad, 2005; Strathern, 1992; Temen, 2010; Thompson, 2005). These studies have highlighted the way in which assisted reproduction treatments, especially those involving third-party reproduction have challenged cultural norms and existing concepts of procreation and biogenetic relationships by blurring the boundaries between biological and social kinship (Edwards, 2000; Strathern, 1992). Developments in reproduction technology have enabled potential parents to create families that would otherwise not have existed, by accessing the fertility of others (Taylor, 2005). Surveys indicate that a range of groups, including college students (Dunn et al., 1988; Lasker and Borg, 1994), Canadian women of child-bearing age (Krishnan, 1994) and British women (Poote and van den Akker, 2009) consider surrogacy to be the least acceptable form of assisted reproduction, perhaps as it is perceived to fragment traditionally held beliefs regarding family and motherhood (Temen, 2010). Children born to gay men using surrogacy may have a genetic mother, a gestational mother, a genetic father and a social father, but no mother in the family home (Golombok, 2012). These situations in which women voluntarily become pregnant with the intention of willingly relinquishing the child for payment calls into question concepts of natural maternal instinct and bonding and has resulted in the problematizing of the personality traits of women who can disassociate and distance themselves from the pregnancy (Ragoné, 1994; Temen, 2010).

Surrogacy continues to raise debate worldwide regarding the complex emotional and ethical issues in the context of involving third parties. It is a practice which has many opponents who argue that it commodifies women and children: reducing or assigning women to a new breeder class, one structurally akin to prostitution (Dickenson, 2009; Dworkin, 1978; Pfeffer, 2011) and leads to 'commercial baby-selling' (Neuhaus, 1988). There has been concern that the creation of families through donated spermatozoa, eggs or embryos or those created through surrogacy may have a harmful effect on children's psychological development and family functioning, resulting either from the absence of a genetic and/or gestational connection between one or both parents and the child or from secrecy about the child's biological origins. However, such concerns are largely derived from the experience of adoptive or step-families and studies suggest that problems of child adjustment are more related to circumstances associated with adoption rather than the absence of a biological link. There are few studies of families formed through reproductive donation, but to date research suggests that there are no differences in behavioural or emotional problems in children conceived by sperm or egg donation (Barnes et al., 2004; Golombok et al., 2011). A recent longitudinal study of psychological adjustment of children born through reproductive donation, which included 30 surrogacy families, showed that absence of a genetic connection to either the mother or the father was not associated with adjustment difficulties, but the surrogacy children showed higher levels of adjustment problems at age 7. The authors concluded that while children's scores remained within the normal range, the lack of a gestational connection may place children at increased psychological risk (Golombok et al., 2011). At age 10, most children felt positive about their surrogate mother and surrogate birth (Jadva et al., 2012).

Issues relating to socioeconomic inequalities in access to assisted reproduction, as well as the economic exploitation of women from poorer backgrounds who may feel coerced into egg donation or surrogacy for financial reasons, are also important concerns (Blyth, 1994; Brazier et al., 1997; Ginsberg and Rapp, 1995; Riggs and Due, 2010). Others have argued against this position, suggesting that this argument strips away women's agency and proposing instead that women should be acknowledged as having autonomous control over their own bodies (Purdy, 1992). Additionally, some studies report a very positive experience for the majority of surrogates (Blyth, 1994; Jadva et al., 2003; Ragoné, 1994; Temen, 2010; van den Akker, 2007). The use of surrogacy may become even more controversial when used by gay men as this potentially challenges normative assumptions and societal prejudices surrounding sexuality, parenting roles and traditional family formations. The combination of two controversial pathways to parenthood, with donor eggs and potential absence of a social mother may give rise to psychological or social difficulties for children of gay fathers, and further research is needed. However, most research with 'non-traditional' families suggests that the existence of positive parenting and good communication are more important for children's psychological adjustment than the presence of a gestational or genetic connection between children and parents. Although gay parenting provokes a considerable media interest, there is a dearth of

empirical investigations with gay men who are creating families via surrogacy.

Surrogacy use by gay men: what do we currently know?

According to Strah (2003), gay men are becoming fathers in unprecedented numbers through surrogacy arrangements. As already discussed, there is a growing body of research on surrogacy more generally and also alternative parenting (Golombok and MacCallum, 2003; McCann and Delmonte, 2005; Patterson and Riskind, 2010; Tasker and Patterson, 2007). However, the small body of current literature surrounding gay men choosing surrogacy as a route to fatherhood tends to be debate or commentary contributions, such as discussions of the current and future options regarding surrogacy for gay men and relevant issues that need to be considered (Lev, 2006; Orentlicher, 2001). Others explore the extent to which procreative rights extend to the use of assisted reproduction to create families, the equality issues relating to non-heterosexual couples (Robertson, 2004) and whether entrenched stereotypes may be a reason for reluctance on the part of fertility service providers to respond to requests for treatment from gay men (Greenfeld, 2007). However, to date, there have been a small number of publications which have provided empirical data that begin to give some indication of the issues relating to this phenomenon (Allahbadia et al., 2008; Bergman et al., 2010; Greenfeld and Seli, 2011; Grover et al., 2012; Ressler et al., 2011; Tuazon-McCheyne, 2010).

Investigation of the medical and psychosocial considerations for US fertility units providing services to gay men has also been examined. Greenfeld and Seli's (2011) qualitative observational study explored a US clinic's experience with 15 male couples who sought gestational surrogacy and oocyte donation between January 2006 and February 2009. This study highlighted the importance of evaluating the male same-sex relationship and the family and social support in terms of their decision to have children through assisted reproduction. The authors concluded that information and education about the treatment process, legal contracts and issues about disclosure to the offspring were important aspects of the counselling process. Decisions regarding the selection of the oocyte donor and gestational carrier and which partner's spermatozoa to use, or whether a 'shared' sperm cycle was desired, were vital components of a medical and psychological assessment protocol for gay male couples accessing assisted reproduction. Although this study provides some insight into the men's decision-making, it is limited by the small sample size and did not directly explore motivations for or experiences of using assisted reproduction. It is also unclear but appears that the data were in fact collected as part of the routine clinical assessment process rather than through standard research tools, limiting the explanatory potential of the findings.

Tuazon-McCheyne (2010) described a co-operative inquiry action research group which was formed to explore men's journeys to parenthood and their politicization as gay fathers. The sample group consisted of 13 men, representing seven couples who had all conceived at least one child via surrogacy. The approach described in the paper

explored some key issues faced by families with two gay fathers and the men's motivations for creating smoother pathways and additional guidance for other prospective fathers. This paper provides some insight into the importance that the men placed on 'coming out' to address discriminatory social attitudes and their perceptions of the importance of role models, social networking and support systems. It suggests that the usual sources of support may not be appropriate but the setting up of a specific network provides a way of connecting with and increasing the visibility of gay fathers, thus preventing them and their children from feelings of isolation. This Australian study employed a small purposive sample of politically motivated men, and therefore the reported findings may differ considerably for other gay fathers in Australia or other countries with stricter policies.

Information is now starting to emerge about gay men's experiences of and decision-making about the use of assisted reproduction and surrogacy (Ressler et al., 2011). A self-administered questionnaire was sent to 102 gay men who were previously or currently undergoing assisted reproduction in the USA, asking about their treatment experiences. At the time of reporting this preliminary data, only 16 questionnaires had been returned (15% response rate). This small-scale quantitative study is valuable as it highlights specific concerns and considerations for gay male couples within the antenatal period, including the health of the baby and the surrogate, as well as post-natal concerns such as geographical logistics and legal issues related to parentage rights. When selecting surrogates, men prioritized prior successful pregnancies (38%) and their attitudes towards gay men (25%), while important factors to consider when selecting egg donors were good health (75%) and ethnicity (31%). However, this study is limited in relation to sample size, with small numbers of men from three countries (USA, France and the Netherlands). This questionnaire-based cohort study was also unable to provide an in-depth consideration of the men's experiences or reasons to choose surrogacy as their route to parenthood. These preliminary findings suggested that open and effective communication is essential to co-ordinating the medical, emotional and legal needs of gay male couples undergoing assisted reproduction.

Allahbadia et al. (2008) reviewed case notes gay same-sex gestational surrogacy cases undertaken at their clinic in India between June 2005 and December 2007. They reported various clinical outcome measures such as the number and grade of embryos transferred and clinical pregnancy rate per cycle. The 12 commissioning same-sex couples were from six different countries in Europe and North America (although the authors do not clarify which countries), which adds to the previous anecdotal evidence on couples crossing borders for surrogacy. However, no information is provided regarding the men's motivations for choosing to parent via surrogacy, why they specifically chose to travel to India for their treatment or details of their experiences of the process.

To date, there is only one published empirical study that has investigated gay men's experience of the transition to parenthood following surrogacy (Bergman et al., 2010). This exploratory qualitative study provides a first step towards learning more about how various aspects of gay men's lives change following becoming fathers via surrogacy. They

found that for those interviewed, surrogacy required a great deal of thought, planning and decision-making, but had the unique benefit of a genetic link between one of the fathers and their children. Key findings from this study were the heightened self-esteem resulting from becoming parents and raising their children and the reported increased closeness with their families of origin. It is unclear whether these findings are also reported in those becoming fathers via adoption or in heterosexual couples who become parents via surrogacy. This study is also limited in that, due to the cost of surrogacy, only those on higher incomes may be in a position to consider this option and therefore the findings cannot be generalized beyond this demographic group.

Gay men and surrogacy: a research agenda

This brief overview demonstrates a substantial gap in what is currently known about gay men and the use of surrogacy as a route to parenthood. The limited empirical data available to date is either only partially reported or based on small-scale studies or conference presentations (Allahbadia et al., 2008; Bergman et al., 2010; Greenfield and Seli, 2011; Grover et al., 2012; Ressler et al., 2011; Tuazon-McCheyne, 2010) making it difficult to draw firm conclusions. In addition, most of what is known comes from studies in North America and Australia. Further quantitative and qualitative research is needed to expand the knowledge base and to provide support for policy making and for healthcare providers.

Also to be established are the extent of gay parenting through surrogacy in different countries, the socio-demographic characteristics (age, ethnicity, social class, relationship status) of gay parents and the obstacles they face in different legal and socio-cultural contexts. Studies of gay men and surrogacy in jurisdictions where reproductive donation and surrogacy are illegal would illuminate the impact of restrictive legislation (including the issue of cross border travel) and enhance understanding of how gay men parenting via surrogacy differs between societies.

Little is known about how gay men frame their desire for parenthood through surrogacy and how discourses of masculinity and sexuality impact on men's decisions to make a family, and also about how gay men and couples using surrogacy perceive biogenetic and other kinship relations, why they choose surrogacy over adoption or co-parenting and how they select egg donors and surrogates. Some men choose to use assisted reproduction, yet we know little about their interactions with clinics and health professionals.

There is limited understanding of how parenting through surrogacy impacts on children and broader family functioning and virtually nothing is known about this in gay families. We know little about how commissioning men or couples perceive surrogates, their views about anonymity and identification or their desires or intentions concerning continued contact with surrogates for themselves or their children.

Much more work is urgently needed to explore the perspectives and experiences of surrogates, both in the UK and elsewhere. The transnational context of surrogacy and the potentially negative consequences for intended parents, surrogates and children has given rise to particular concern (Crawshaw et al., 2012; Palattiyil et al., 2010; Pande, 2009; Whittaker, 2011).

Conclusion

Advances in assisted reproduction technologies have blurred the social and traditional boundaries of reproduction and parenting. Increasing numbers of same-sex couples are choosing to have children and become biological parents. This comes at a time when same-sex couples in the UK are striving for equal rights and the ability to have civil partnership recognized as marriage. However, the emergence of gay male parenting achieved through surrogacy is a highly under-researched area, especially in the UK.

This overview has offered insight into the increasingly accessible, global and commercial world of surrogacy which may lead gay male couples into complex and uncharted territories. Surrogacy is emotionally and legally complex, and gay men choosing this route to parenthood have to overcome a discriminatory legal, social, political, cultural and financial environment (Tuazon-McCheyne, 2010). Gay fathers may be marginalized in many contexts, since they may not conform to normative expectations about the role of fatherhood in either gay or straight communities (Schacher et al., 2005). However, authors have argued that the desire to parent is not confined to heterosexual individuals and that the new generation of gay fathers have the opportunity to redefine parenting roles based on skills and strengths rather than on gender (Goldberg, 2010; Wells 2011). The studies highlighted in this paper have begun to give some indication of issues relating to gay men choosing surrogacy to become fathers. However, there are significant limitations and gaps in the current knowledge base. There is clearly a need for additional research to provide authentic accounts of this complex but apparently growing phenomenon.

References

- Adoption and Children Act, 2002. <<http://www.legislation.gov.uk/ukpga/2002/38/contents>>.
- Allahbadia, G.N., Kadam, K.S., Gandhi, G.N., Tambe, P., Arora, S., Joshi, A.S., 2008. Surrogacy for same-sex couples: a 3-year experience. *Reprod. Biomed. Online* 17, S-23.
- American Society for Reproductive Medicine, 2006. *Third Party Reproduction (Sperm, Egg and Embryo Donation and Surrogacy): A Guide for Patients*. ASRM, Alabama. <http://www.asrm.org/upload_edFiles/ASRM_Content/Resources/Patient_Resources/Fact_Sheets_and_Info_Booklets/thirdparty.pdf>.
- Armour, K.L., 2012. An overview of surrogacy around the world. *Nurs. Women's Health* 16, 231–236.
- Barnes, J., Sutcliffe, A.G., Kristogeersen, I., Loft, A., Wennerholm, U., Tarlatzis, B.C., Kantaris, X., Nekkebroeck, J., Hagberg, B.S., Madsen, S.V., Bonduelle, M., 2004. The Influence of assisted reproduction on family functioning and children's socio-emotional development: results from a European study. *Hum. Reprod.* 19, 1480–1487.
- Barton, C., Hibbs, M., 2000. Aspen, Saffron, Barrie and Tony: children, same-sex 'parents' and the law. *Childright* 164, 16–17.
- Becker, G., 2000. *The Elusive Embryo: How Women and Men Approach New Reproductive Technologies*. University of California Press, Berkeley.
- Beers, J.R., 1996. *The Desire to Parent in Gay Men*. Columbia University, New York.
- Benson, A.L., Silverstein, L.B., Auerbach, C.F., 2005. From the margins to the center: gay fathers reconstruct the fathering role. *J. GLBT Fam. Stud.* 1, 1–31.
- Bergman, K., Rubio, R.J., Green, R., Padron, E., 2010. Gay men who become fathers via surrogacy: the transition to parenthood. *J. GLBT Fam. Stud.* 6, 111–141.
- Berkowitz, D., 2007. A sociohistorical analysis of gay men's procreative consciousness. *J. GLBT Fam. Stud.* 3, 157–190.
- Berkowitz, D., Marsiglio, W., 2007. Gay men: negotiating procreative, father, and family identities. *J. Marriage Fam.* 69, 366–381.
- Bhatia, K., Martindale, E.A., Rustamov, O., Nysenbaum, A.M., 2009. Review: surrogate pregnancy: an essential guide for clinicians. *Obstetrician and Gynaecologist* 11, 49–54.
- Biblarz, T.J., Stacey, J., 2010. How does the gender of parents matter? *J. Marriage Fam.* 72, 3–22.
- Bionews, 2012. Britons Paying up to £25,000 for Indian Surrogate Babies. <http://www.bionews.org.uk/page_148622.asp?highlight=surrogacy> (6 June 2012).
- Blyth, E., 1994. 'I wanted to be interesting. I wanted to be able to say 'I've done something interesting with my life'': interviews with surrogate mothers in Britain. *J. Reprod. Infant Psychol.* 12, 189–198.
- Blyth, E., Farrand, A., 2004. Anonymity in donor-assisted conception and the UN Convention on the Rights of the Child. *Int. J. Children's Rights* 12, 89–104.
- Bos, H.M.W., van Balen, F., van den Boom, D.C., 2003. Planned lesbian families: their desire and motivation to have children. *Hum. Reprod.* 18, 2216–2224.
- Bozett, F.W., 1993. Gay fathers: a review of the literature. In: Garnets, L., Kimmel, D. (Eds.), *Psychological Perspectives on Lesbian and Gay Male Experiences*. Columbia University Press, New York, pp. 437–458.
- Bozett, F.W., 1989. Gay fathers: a review of the literature. In: Bozett, F.W. (Ed.), *Homosexuality and the Family*. Harrington Park Press, New York, pp. 137–162.
- Brazier, M., Golombok, S., Campbell, A., 1997. Surrogacy: review for the UK Health Ministers of current arrangements for payments and regulation. *Hum. Reprod. Update* 3, 623–628.
- Brinamen, F., Mitchell, V., 2008. Gay men becoming fathers: a model of identity expansion. *J. GLBT Fam. Stud.* 4, 521–541.
- British Association for Adoption and Fostering, 2009. *Adoption Charity Hits Back against Negative Portrayal of Same Sex Adoption*. <<http://www.baaf.org.uk/media/releases/090507>> (7 May).
- Craig, O., 2011. Elton John Baby: 'Thanks to Zachery, Gay Surrogacy Will Become More Acceptable'. *Daily Telegraph*. <<http://www.telegraph.co.uk/health/8235149/Elton-John-baby-Thanks-to-Zachary-gay-surrogacy-will-become-more-acceptable.html>> (2 January).
- Crawshaw, M., Blyth, E., van den Akker, O.B.A., 2012. The changing profile of surrogacy in the UK: implications for national and international policy and Practice. *J. Soc. Welf. Fam. Law* 34, 265–275.
- Culley, L., Hudson, N., Rappert, F., Blyth, E., Norton, W., Pacey, A., 2011. Crossing borders for fertility treatment: motivations, destinations and outcomes of UK fertility travellers. *Hum. Reprod.* 26, 2373–2381.
- Culley, L., Hudson, N., Lohan., M., 2013. Where are all the men? The marginalisation of men in social scientific research on infertility. *Reprod. Biomed. Online* 27, 225–235.
- Daily Telegraph, 2011. *Surrogacy: The Brave New World of Making Babies*. <<http://www.telegraph.co.uk/family/8276156/surrogacy-the-brave-new-world-of-making-babies.html>> (22 January).

- Dempsey, D., 2010. Conceiving and negotiating reproductive relationships: lesbian and gay men forming families with children. *Sociology* 44, 1145–1162.
- Dermott, E., 2008. *Intimate Fatherhood: A Sociological Analysis*. Routledge, New York.
- Dickenson, D., 2009. *Body Shopping: Converting Body Parts to Profit*. One World Publications, Oxford.
- Dunn, P.C., Ryan, I.J., O'Brien, K., 1988. College students' acceptance of adoption, and five alternative fertilization techniques. *J. Sex Res.* 24, 282–287.
- Dworkin, A., 1978. *Right-Wing Women*. Perigee Books, New York.
- Edwards, J., 2000. *Born and Bred: Idioms of Kinship and New Reproductive Technologies in England*. Oxford University Press, Oxford.
- Edwards, J., Salazar, C. (Eds.), 2012. *European Kinship in the Age of Biotechnology*. Bergahn Books, USA.
- Edwards, J., Franklin, S., Hirsch, E., Price, F., Strathern, M. (Eds.), 1999. *Technologies of Procreation: Kinship in the Age of Assisted Conception*, second ed. Manchester University Press, Manchester.
- Equality Act, 2010. <<http://www.homeoffice.gov.uk/equalities/equality-act/>>.
- ESHRE Task Force on Ethics and Law, 2005. ESHRE task force on ethics and law 10: surrogacy. *Hum. Reprod.* 20, 2705–2707.
- Family Law Week, 2012. D and L (Surrogacy) (2012) EWHC 2631 (Fam) 28 September. <<http://www.familylawweek.co.uk/site.aspx?i=ed101209>>.
- Fish, J., 2006. *Heterosexism in Health and Social Care*. Palgrave Macmillan, Basingstoke.
- Franklin, S., 1997. *Embodied Progress: A Cultural Account of Assisted Conception*. Routledge, New York.
- Gamble, N., 2008. 'Why Surrogacy Law Needs an Urgent Review' 455 *Bionews*.
- Gamble, N., 2009. Crossing the line: the legal and ethical problems of foreign surrogacy. *Reprod. Biomed. Online* 19, 151–152.
- Gamble, N., 2013. Surrogacy for Gay Dads. <<http://www.nataliegambleassociates.co.uk/page/Gay-dads/73/>>.
- Ginsberg, F.D., Rapp, R., 1995. *Conceiving the New World Order: The Global Politics of Reproduction*. University of California Press, Berkeley.
- Goldberg, A.E., 2010. *Lesbian and Gay Parents and their Children: Research on the Family Life Cycle*. APA, Washington, DC.
- Goldberg, A.E., Downing, J.B., Moyer, A.M., 2012. Why parenthood, and why now? Gay men's motivations for pursuing parenthood. *Fam. Relat.* 61, 157–174.
- Golombok, S., 2012. Families created by reproductive donation: issues and research. *Child Dev. Perspect.* <http://dx.doi.org/10.1111/cdevp.12015>.
- Golombok, S., MacCallum, F., 2003. Practitioner review: outcomes for parents and children following non-traditional conception: what do clinicians need to know? *J. Child Psychol. Psychiatry* 44, 303–315.
- Golombok, S., Tasker, F., Murray, C., 1997. Children raised in fatherless families from infancy: family relationships and the socio-emotional development of children of lesbian and single heterosexual mothers. *J. Child Psychol. Psychiatry* 38, 783–792.
- Golombok, S., MacCallum, F., Goodman, E., Rutter, M., 2002. Families with children conceived by donor insemination. A follow-up at age 12. *Child Dev.* 73, 952–968.
- Golombok, S., MacCallum, F., Murray, C., Lycett, E., Jadva, V., 2006. Surrogacy families: parental functioning, parent-child relationships and children's psychological well-being at age 2. *J. Child Psychol. Psychiatry* 47, 213–222.
- Golombok, S., Readings, J., Blake, L., Casey, P., Marks, A., Jadva, V., 2011. Families created through surrogacy: mother-child relationships and children's psychological adjustment at age 7. *Dev. Psychol.* 47, 1579–1588.
- Greenfeld, D.A., 2007. Gay male couples and assisted reproduction: should we assist? *Fertil. Steril.* 88, 18–20.
- Greenfeld, D.A., Seli, E., 2011. Gay men choosing parenthood through assisted reproduction: medical and psychosocial considerations. *Fertil. Steril.* 95, 225–229.
- Grover, S.A., Shmorgun, Z., Christensen, J., Sojecki, A., Moskovtsev, S.I., Librach, C.L., 2012. Analysis of a Cohort of gay men seeking help With Third-party reproduction. *Fertil. Steril.; ASRM Abstr.* 98, S48.
- Hari, J., 2009. 'Bruno Starts a 'Gayby' Boom. *London Evening Standard*. <<http://www.standard.co.uk/lifestyle/brno-starts-a-gayby-boom-6724345.html>> (22 June).
- Her Majesty's Stationery Office. *Surrogacy Arrangements Act, 1985*. HMSO, London.
- Her Majesty's Stationery Office. *Human Fertilisation and Embryology Act, 1990*. HMSO, London.
- Her Majesty's Stationery Office. *Human Fertilisation and Embryology Act, 2008*. HMSO, London.
- Hicks, S., 1996. The 'Last Resort'? Lesbian and gay experiences of the social work assessment process in fostering and adoption. *Pract.: Soc. Work Action* 8, 15–24.
- Hicks, S., 2006. Maternal men: perverts and deviants? Making sense of gay men as foster carers and adopters. *J. GLBT Fam. Stud.* 2, 93–114.
- Hollandsworth, M.J., 1995. Gay men creating families through surro-gay arrangements: a paradigm for reproductive freedom. *Am. Univ. J. Gend. Law*, 244.
- Horse, K., Sheldon, S., 2012. Still hazy after all these years: the law regulating surrogacy. *Med. Law Rev.* 20, 67–89.
- Indekeu, A., D'Hooghe, T., De Sutter, P., Demyttenaere, K., Vanderschueren, D., Vanderschot, B., Welkenhuysen, M., Rober, P., Colpin, H., 2012. Parenthood motives, well-being and disclosure among men from couples ready to start treatment with intrauterine insemination using their own sperm or donor sperm. *Hum. Reprod.* 27, 159–166.
- Jadva, V., Murray, C., Lycett, E., MacCallum, F., Golombok, S., 2003. Surrogacy: the experiences of surrogate mothers. *Hum. Reprod.* 18, 2196–2204.
- Jadva, V., Blake, L., Casey, P., Golombok, S., 2012. Surrogacy families 10 years on: relationship with the surrogate, decisions over disclosure and children's understanding of their surrogacy origins. *Hum. Reprod.* 27, 3008–3014.
- James, S., Chivers, R., Havemann, D., Phelps, J.Y., 2010. Avoiding legal pitfalls in surrogacy arrangements. *Reprod. Biomed. Online* 21, 862–867.
- Konrad, M., 2005. *Nameless Relations: Anonymity, Melanesia, and Reproductive Gift Exchange between British Ova Donors and Recipients*. Berghahn Books, Oxford and New York.
- Krishnan, V., 1994. Attitudes towards surrogate motherhood in Canada. *Health Care Women Int.* 15, 333–357.
- Lasker, J.N., Borg, S., 1994. *In Search of Parenthood: Coping with Infertility and High-tech Conception*. Temple University Press, Philadelphia.
- Lev, A.I., 2006. Gay dads: choosing surrogacy. *Lesbian Gay Psychol. Rev.* 7, 73–77.
- Lewin, E., 1993. *Lesbian Mothers: Accounts of Gender in American Culture*. Cornell University Press, New York.
- Luce, J., 2010. *Beyond Expectation. Lesbian/Bi/Queer Women and Assisted Conception*. University of Toronto Press, Toronto.
- Mallon, G.P., 2004. *Gay Men Choosing Parenthood*. Harper Collins, New York.
- Marsiglio, W., Hutchinson, S., 2002. *Sex, Men and Babies: Stories of Awareness and Responsibility*. New York University Press, New York.
- Martin, A., 1993. *The Lesbian and Gay Parenting Handbook: Creating and Raising Our Families*. Harper Collins, New York.
- McCann, D., Delmonte, H., 2005. Lesbian and gay parenting: babes in arms or babes in the wood? *Sex. Relat. Ther.* 20, 333–347.

- Miller, W.B., 1994. Childbearing motivations, desires and intentions: a theoretical framework. *Genet. Soc. Gen. Psychol. Monogr.* 120, 223–258.
- Mitchell, V., Green, R.J., 2007. Different storks for different folks: gay and lesbian parents' experiences with alternative insemination and surrogacy. *J. GLBT Fam. Stud.* 3, 81–104.
- Neuhaus, R., 1988. Renting women, buying babies and class struggles. *Society* 25, 8–10.
- Nieto, D.S., 1990. The custodial single father: who does he think he is? *J. Divorce* 13, 27–43.
- Orentlicher, D., 2001. Beyond cloning: expanding reproductive options for same-sex couples. *Brooklyn Law Rev.* 66, 651–683.
- Palattiyil, G., Blyth, E., Sidhva, D., Balakrishnan, G., 2010. Globalisation and cross-border reproductive services: ethical implications of surrogacy in India for social work. *Int. Soc. Work* 53, 686–700.
- Pande, A., 2009. 'It may be her eggs, but it's my blood': surrogates and everyday forms of kinship in India. *Qual. Sociol.* 32, 379–397.
- Patterson, C.J., 1992. Children of lesbian and gay parents. *Child Dev.* 63, 1025–1042.
- Patterson, C.J., Riskind, R.G., 2010. To be a parent: issues in family formation among gay and lesbian adults. *J. GLBT Fam. Stud.* 6, 326–340.
- Pfeffer, N., 2011. Eggs-ploiting women: a critical feminist analysis of the different principles in transplant and fertility tourism. *Reprod. Biomed. Online* 23, 634–641.
- Poote, A., van den Akker, O.B.A., 2009. British women's attitudes to surrogacy. *Hum. Reprod.* 24, 139–145.
- Power, J., Perlesz, A., Brown, R., Schofield, M., Pitts, M., McNair, R., Bickerdike, A., 2010. Diversity, tradition and family: Australian same-sex attracted parents and their families. *Gay Lesbian Issues Psychol. Rev.* 6, 66–81.
- Purdy, L., 1992. Another look at contract pregnancy. In: Holmes, H.B. (Ed.), *Issues in Reproductive Technology*. New York University Press, New York.
- Rabun, C., Oswald, R.F., 2009. Upholding and expanding the normal family: future fatherhood through the eyes of gay male emerging adults. *Fathering* 7, 269–285.
- Ragoné, H., 1994. *Surrogate Motherhood: Conception in the Heart*. Westview Press, Boulder, CO.
- Ressler, I.B., Bessett, D., Sroga, J.M., Rompola, S., Thomas, M.A., Lindheim, S.R., 2011. Perspectives among gay male couples choosing fatherhood using assisted reproduction. *Fertil. Steril.* 96, S15.
- Riggs, D.W., 2007. Reassessing the foster-care system: examining the impact of heterosexism on lesbian and gay applicants. *Hypatia* 22, 132–148.
- Riggs, D.W., 2008. Using multinomial logistic regression analysis to develop a model of Australian gay and heterosexual sperm donors' motivations and beliefs. *Int. J. Emerg. Technol. Soc.* 6, 106–123.
- Riggs, D.W., Due, C., 2010. Gay men, race and privilege and surrogacy in India. *Outskirts Online J.* <<http://www.outskirts.org>> (22 May).
- Ripper, M., 2008. Australian sperm donors: public image and private motives of gay, bisexual and heterosexual donors. *Health Sociol. Rev.* 17, 319–331.
- Risman, B.J., 1986. Can men 'mother'? Life as a single father. *Fam. Relat.* 35, 95–102.
- Robertson, J.A., 2004. Gay and lesbian access to assisted reproductive technology. *Case West. Reserve Law Rev.* 55, 323–372.
- Schacher, S., Auerbach, C.F., Silverstein, L.B., 2005. Gay fathers; expanding the possibilities for all of us. *J. GLBT Fam. Stud.* 1, 31–52.
- Shernoff, M., 1996. Gay men choosing to be fathers. *J. Gay Lesbian Soc. Serv.* 4, 41–54.
- Smith, D., 2011. What are the reproductive options when a same-sex couples wants a family? *Sex. Reprod. Menopause* 9, 30–36.
- Söderström-Anttila, V., Blomqvist, T., Foudila, T., Hippeläinen, M., Kurunmäki, H., Sieberg, R., Tulppala, M., Tuomi-Nikula, M., Vilska, S., Hovatta, O., 2002. Experience of *in vitro* fertilization surrogacy in Finland. *Acta Obstet. Gynecol. Scand.* 81, 747–752.
- Stacey, J., 1996. *In the Name of the Family: Rethinking Family Values in the Postmodern Age*. Beacon Press, Boston.
- Stonewall, 2012. Equality Act, 2010. <http://www.stonewallscotland.org.uk/scotland/at_home/discrimination_in_goods_and_services/5530.asp>.
- Strah, D., 2003. *Gay Dads: A Celebration of Fatherhood*. J.P. Tarcher, New York.
- Strathern, M., 1992. The meaning of assisted kinship. In: Stacey, M. (Ed.), *Changing Human Reproduction: Social Science Perspectives* (Chapter 7). Sage Publications, London.
- Tasker, F., Patterson, C., 2007. Research on gay and lesbian parenting: retrospect and prospect. *J. GLBT Fam. Stud.* 3, 9–34.
- Taylor, B., 2005. Whose baby is it? The impact of reproductive technologies on kinship. *Hum. Fertil.* 8, 189–195.
- Temen, E., 2010. *Birthing a Mother: The Surrogate Body and Pregnant Self*. University of California Press, London.
- The Civil Partnership Act, 2004. HMSO, Elizabeth II.
- The Ethics Committee of the American Society for Reproductive Medicine, 2012. Using family members as gamete donors or surrogates. *Fertil. Steril.* 98, 797–803.
- Thompson, C., 2005. *Making Parents: The Ontological Choreography of Reproductive Technologies*. MIT Press, Cambridge, MA.
- Touroni, E., Coyle, A., 2002. Decision-making in planned lesbian parenting: an interpretative phenomenological analysis. *J. Commun. Appl. Soc. Psychol.* 12, 194–209.
- Tuazon-McCheyne, J., 2010. Two dads: gay male parenting and its politicisation – a co-operative inquiry action research study. *Aust. N. Z. J. Fam. Ther.* 31, 311–323.
- van den Akker, O.B.A., 2007. Psychological aspects of surrogate motherhood. *Hum. Reprod.* 13, 53–62.
- Wainwright, J.L., Russell, S.T., Patterson, C.J., 2004. Psychosocial adjustment, school outcomes, and romantic relationships of adolescents with same-sex parents. *Child Dev.* 75, 1886–1898.
- Wells, G., 2011. Making room for daddies: male couples creating families through adoption. *J. GLBT Fam. Stud.* 7, 155–181.
- Whittaker, A., 2011. Cross-border assisted reproduction care in Asia: implications for access, equity and regulations. *Reprod. Health Matters* 19, 107–116.
- Zanghellini, A., 2010. Lesbian and gay parents and reproductive technologies: the 2008 Australian and UK reforms. *Feminist Legal Stud.* 18, 227–251.
- Zanghellini, A., 2011. Gay surrogacy, intentionality and Tahitian parenting. *Griffith Law Rev.* 20, 1–30.

Declaration: The authors report no financial or commercial conflicts of interest.

Received 18 January 2013; refereed 1 March 2013; accepted 26 March 2013.