

# Semen donors in Germany: A study exploring motivations and attitudes

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**BACKGROUND:** Germany is one of the countries where donor insemination (DI) is shrouded in secrecy and where, until recently, donors were assured of anonymity, and clinics were able to destroy documents after 10 years. For many years, preparation seminars for recipients have been conducted. Almost all participants of these seminars intend to disclose the nature of conception to their child, thus representing the beginning of a culture change. This study sought the views of donors regarding their willingness to be identified and therefore meet these expectations. **METHODS AND RESULTS:** Thirteen of 15 clinics in Germany agreed to participate and of 153 anonymous questionnaires sent, 41% ( $n = 63$ , from eight clinics) were returned. Thirty-seven per cent of donors suggested that parents should disclose the nature of the conception to their child, 34% uncertain and 29% opposed. Forty-three percentage were willing to meet offspring, 22% uncertain and 35% opposed. **CONCLUSIONS:** One-third of the donors supported parental disclosure and just under half of the donors are willing to be identifiable, despite a climate and history of secrecy. This study indicates that there are donors who are agreeable to be part of the move away from secrecy, and this will have implications for professionals involved in providing DI services in Germany.

**Keywords:** donor insemination; semen donors; Germany; anonymity; openness

## Introduction

Germany is one of the countries where donor insemination (DI) has been shrouded in secrecy and where, until recently, donors were assured anonymity. Until 2006, records pertaining to the identity of semen donors could be destroyed after a period of 10 years (Berufsordnung, 1998). A survey carried out in 1999 indicated that 53% of the participating clinics abided by this requirement and destroyed the records after this period of documentation (Thorn and Daniels, 2000).

In 2006, the European Tissue Directive (2006) stipulated that records must be maintained for a minimum of 30 years. In the same year, the guidelines of the German Medical Chamber (Bundesärztekammer, 2006) and the Medical Association for Donor Insemination (Hammel *et al.*, 2006) were updated to integrate this new period of documentation into German medical practice. These regulatory changes were carried out at the level of professional guidelines, not, as in some countries such as Sweden, Austria or, more recently, Switzerland and the UK, at the level of legislation. According to the current guideline of the German Medical Chamber, a donor must agree for offspring to access his identity and would-be parents must agree for doctors to provide the donor's identity to their offspring; offspring are not required to receive the donor's identity (Bundesärztekammer, 2006).

The right of offspring to access the donor's identity is not enshrined in legislation. There is case law of the German Federal Court stipulating that offspring has the right to access information about their genitor (Bundesärztekammer, 2006) and it is assumed that this is also valid for offspring conceived with the assistance of DI, but this has not been tested. Paternity after DI remains a difficult issue. According to current legislation (BGB §1600), heterosexual parents cannot contest paternity of the husband if both agreed to carry out DI. The child, however, cannot be denied the right to contest paternity. Legislation does not limit the use of DI to heterosexual couples, but the guideline of the German Medical Chamber excludes lesbian and single women from treatment (Bundesärztekammer, 2006). The German Medical Chamber regards a traditional family composition with father and mother necessary for the welfare of the child. It is unclear, however, if a medical chamber has the right to restrict treatment to specific groups (Katzorke, 2007). If lesbian or single women use DI, there is no male partner to assume paternity and in these cases, the donor runs the risk of having legal responsibility towards the child. In contrast to other countries, Germany has not exempted donors from legal responsibilities as such but only defined circumstances under which paternity cannot be contested.

This illustrates the regulation of DI in Germany. It was this complex legal situation, the lack of educational material and the realization that parents' attitudes are the major limiting factor regarding disclosure which led the first author to conduct preparation seminars for DI. These seminars were open to anyone, independent of their sexual orientation and marital status. Since 1995, more than 10 such seminars have been carried out and several have been evaluated (Thorn and Daniels, 2003; Daniels *et al.*, 2007). These seminars provide psychosocial, medical and legal information and the opportunity to share with others the psychosocial implications arising from the use of DI. Respondents of the evaluations report feeling empowered and confident (Thorn and Daniels, 2003) and, as a result of increased confidence, almost all intend to disclose the nature of the conception to their child (Daniels *et al.*, 2007). There are further trends in Germany. In the last few years, mass media has developed an increasing interest in infertility and as a result, infertility and DI are frequently covered in newspaper articles and on television shows. In 2008, adults conceived with the assistance of DI have created a website on which they speak up for access to the identity of semen donors and legal regulation in this area ([www.spenderkinder.de](http://www.spenderkinder.de)). A further trend is the increased use of DI by lesbian and single women. Although there are no figures available, institutions such as the *Lesben und Schwulenverband Deutschland* (German Association for Lesbian and Gay People) report an increased demand for information and counselling (E. Jansen, personal communication) and a first study has explored family planning in lesbian-headed families (Green, 2006). As in other countries, single women also use DI, but no data are available with regard to its extent. Research carried out on these groups in other countries indicates that parental disclosure is higher among lesbian and single mothers (e.g. Scheib *et al.*, 2003; Brewaeyts *et al.*, 2005) than among heterosexual parents (e.g. Lycett *et al.*, 2005) and clinical experience of the first author suggests that this is also the case in Germany. These groups of would-be parents, parents and offspring seem to represent the beginning of a cultural change in Germany. They welcome the changes that have occurred and endorse the establishment of a system whereby donors become identifiable for offspring; lesbian couples question the restrictions imposed by the guideline of the German Medical Chamber.

In many countries, where legislation mandated donors to become identifiable, concerns have been raised about a decline in the number of donors. Prior to the change of legislation in Great Britain in 2005, for example, both medical professionals (Murdoch, 2005) and patient representatives (Brown, 2006) voiced such fears and these were reiterated after legislation had been passed (Ahuja, 2006; Craft, 2006). It does not seem established whether a change in legislation does affect the number of men becoming donors in the long term. In a recent review of studies on semen donors, Daniels (2007) suggested that anonymity, openness and donor recruitment are multi-faceted and cannot be reduced to a one-dimensional principle of cause and effect. He summarizes the following factors as relevant:

- (i) the dominant culture of a system (in a system where secrecy prevails, donors will expect to be anonymous; in a system where openness prevails, men will expect to be identifiable);
- (ii) demographic factors, such as age and children (older men with children of their own are more willing to be identifiable);
- (iii) the level of endeavour of clinics, clinic policies regarding information and preparation of potential donors as well as attitudes of staff.

These factors are likely to be interrelated and reinforce each other: in an open culture, older men with children of their own may feel more attracted to become donors; clinics which discuss the potential needs of offspring with donors may impact on and change their attitudes, thus donors are more likely to accept being identified.

It was against the background of these dynamics that a study was compiled which sought to understand the views of current donors in Germany regarding their willingness to be identified to offspring and therefore meet the expectations of an increasing number of parents and be part of the cultural change. A study examining the practice of clinics is in preparation.

## Material and Methods

In September 2006, all 15 clinics in Germany which recruit donors were requested to participate in the study. They were asked how many men currently donate and those clinics that agreed to participate were sent the specified number of questionnaires (between 5 and 35). The questionnaire was based on that used by the third author for studies in New Zealand, Australia and Sweden (Daniels, 1989; Daniels *et al.*, 1997, 1998, 2005) but adapted so that it would fit the context in Germany. It contained 22 mainly closed questions covering demographic characteristics, men's motivation to donate, their interest in the outcome, knowledge regarding legal implications, attitude towards openness and anonymity in DI, willingness to donate for specific groups and attitude regarding payment/reimbursement. Clinics were asked to distribute the questionnaires to the donors. Altogether, 153 questionnaires including a stamped and self-addressed envelope for anonymous return were sent. Thirteen clinics agreed to participate, and between September 2006 and April 2007, 63 donor questionnaires from eight clinics were returned to the first author in a sealed envelope. The return rate was 41%.

## Results

Table I shows the demographic characteristics of the donors. The average age was 29 years and most were students or had a university entrance qualification. Just over half were married or in a *de facto* relationship and 47 (75%) had no children at the time of donating semen. Most donors (48; 76%) had German nationality; other nationalities included Russian, Rumanian, Turkish, Polish, Italian, Spanish, Cuban, Lithuanian and Syrian.

### *Recruitment and motivation to donate*

Asked how respondents learnt about the possibility of donating semen, the internet was named as the most important source of

**Table I.** Demographic characteristics of semen donors in Germany.

Age (years)	1 (18–20)	2 (21–25)	3 (26–30)	4 (31–35)	5 (36–40)
<i>n</i>	2	23	14	14	10
	3%	36.5%	22%	22%	16%
<b>Education</b>	<b>Below O-level</b>	<b>O-level</b>	<b>A-level</b>	<b>University</b>	
	5	15	29	14	
	8%	24%	46%	22%	
<b>Current occupation</b>	<b>Student</b>	<b>Managerial/professional employee</b>	<b>Trade/worker</b>	<b>Self-employed</b>	<b>Other: unemployed/in training</b>
	24	23	6	6	4
	38%	36.5%	10%	10%	6%
<b>Marital Status</b>	<b>Single</b>	<b>de facto relationship</b>	<b>Married</b>	<b>Divorced</b>	
	26	23	11	3	
	41%	36.5%	17.5%	5%	
<b>Children</b>	<b>Yes</b>	<b>No</b>			
	16	47			
	25%	75%			
<b>Intention to have (more) children</b>	<b>Yes</b>	<b>No</b>	<b>Uncertain</b>	<b>No answer</b>	
	43	9	10	1	
	68%	14%	16%	2%	

**Table II.** Motivation to donate semen.

Motivation to donate semen*	Financial compensation	Investigation of fertility status	Help infertile couples
Very important ( <i>n</i> )	26	19	24
	42%	31%	42%
Important	28	21	23
	45%	34.5%	40%
Unimportant	8	21	10
	13%	34.5%	18%

\*More than one box could be ticked, not all respondents ticked all boxes.

information ( $n = 23$ ; 36.5%), mass media such as television and newspapers ranked second (16; 25%), friends (6; 9%) and couples affected by infertility (6; 9%) third and colleagues (3; 5%) last. Other men explained that they had pro-actively sought information themselves or found out through advertisements placed in train stations, public toilets or in student resident halls.

Asked for three motivations to donate, the following responses were given (Table II).

Several men made additional comments. They feared that having children of their own may be uncertain: 'Because there is no certainty that I will have any children, it is good to know I have offspring [by DI]', one man wanted to 'pass on [his] genetic material' and another would have preferred to have 'as many children as possible, but for social and financial reasons, this is impossible. DI helps me to reach this goal, although unfortunately, I will have to do without contact, without being able to bring these children up myself'. Furthermore, almost half of the respondents (30; 48%) knew couples who had experienced infertility and this influenced 22 (73%) in their decision to donate.

### Sharing with partner

Of the 63 respondents, 37 were in a relationship at the time of deciding whether to donate semen and 2 did not indicate what their partner status was at that time. In seven cases (19%), the partner was very involved in the decision to donate semen, in 14 (38%) the partner was involved and in 16 cases (43%) the

partner was not involved in the decision process. One respondent explained that he did not involve his partner because he had no intentions of marrying her.

### Legal information

The source of legal information for almost all respondents ( $n = 57$ ; 90%) was the clinic, one (2%) was provided with this information by a lawyer and 19 (30%) sought additional information through the internet. Thirty-eight donors (60%) assumed that they had no legal rights or responsibility towards the offspring. Eight (13%) assumed that there were legal implications for them, with one man expressing certainty that this would be the case if it was determined in a court case, and 17 (27%) were uncertain: men in the latter group commented that 'you can never be certain' and that DI 'is in a grey zone'.

### Interest in outcome

Men had donated over an average period of 18.8 months, ranging from some who had only just started to donate to one man who had been donating for over 10 years. Thirty-four (54%) were very interested or interested in the outcome of their donation, 16 (25%) were neutral, 5 (8%) had little and 8 (13%) no interest. However, only seven (11%) had asked the clinic about the outcome. In four cases, these respondents were informed that offspring had been born or that their semen was of high quality. The other men commented that they were not able to receive any information. One donor who had not asked the clinic explained that, when he started to

donate, he was informed that such information would not be made available to him.

### Attitudes towards disclosure

Table III shows that just over one-third of the respondents suggested parental disclosure, approved of clinics providing information about themselves to offspring and was willing to be contacted by offspring.

Those men who were pro-disclosure felt that this could 'prevent later problems', considered it important 'for the identity formation' of offspring or simply stated 'this is everybody's right'. Those who were uncertain explained 'this should be decided on a case-to-case basis' or that 'it should be left to the parents'. Those recommending secrecy to parents feared that sharing information about their conception 'could confuse the child' or worried that 'this could lead to problems'. One of the respondents who was willing to meet offspring hoped that he 'could meet many offspring, but [he] would leave it to them as to how much contact they wish'. Those who were opposed to being contacted explained that this may also 'depend on [their own] family situation'.

Given the relatively small number of donors per clinic, it was not possible to compare donor attitudes across clinics. However, calculations carried out for those four clinics which returned >7 questionnaires, suggest a potential difference in donor attitudes: in clinic 10 (20 questionnaires returned), five respondents (25%) suggested disclosure, five (25%) allowed the clinic to provide information about them and four (20%) were willing to be contacted, whereas in clinic 16 (8 questionnaires returned), five respondents (62.5%) suggested disclosure, three (37%) allowed the clinic to provide information and four (50%) were willing to be contacted by offspring. The responses of donors from both other clinics that fall into this category were in between these results. There were some differences in attitudes in the five age groups of donors: neither of the two donors in age group 1 (18–20 years) suggested parental disclosure, both allowed the clinic to provide information and one was willing to be contacted by offspring. In age group 2 (21–25 years; 23 respondents), nine (39%) suggested disclosure, five (35%) allowed the clinic to provide information and five were willing to be contacted. Men in group 3 (26–30 years; 14 respondents), group 4 (31–35 years; 14 respondents) and group 5 (36–40 years; 10 respondents) had similar attitudes towards parental disclosure, but respondents in age groups 3

and 5 were more willing for clinics to provide information (group 3: 6, 43%; group 5: 5, 45%) and more respondents in the last three age groups were willing to be contacted by offspring (group 3: 7, 50%; group 4: 5, 38%; group 5: 6, 55%).

Seven (44%) of the 16 respondents with children suggested disclosure, six (37.5%) allowed the clinic to provide information and seven (44%) were willing to be contacted by offspring. Fifteen (35%) of the 43 respondents who hoped for (more) children suggested disclosure; the same number allowed the clinic to provide information and were willing to be contacted by offspring.

### Attitude towards donating for specific groups

Respondents were asked about their willingness to donate for married couples, for *de facto* couples, for lesbian couples, widows, single women and divorced women. Table IV summarizes the results.

One respondent commented on his unwillingness to donate other than to married couples, explaining that 'the problem is a legal issue. As far as I could find out in the internet, financial responsibilities are only excluded if I donate to a married couple (at least until the age of 18 [of the offspring])'.

### Attitudes towards payment and number of offspring

All but one respondent (98%) agreed that donors should receive a financial compensation and 43 (68%) also favoured reimbursement of costs. One (2%) commented that 'a fair amount would be €100', three (5%) explained that the current reimbursement is not sufficient, especially given the risk of financial responsibilities, and one further respondent (2%) complained the compensation process was too bureaucratic.

Respondents were informed that current guidelines limit the number of offspring per donor to 15. Twelve (19%) considered this an appropriate number, 7 (11%) thought this number to be too high, 17 (27%) considered it too low and 27 (43%) were uncertain.

### Willingness to participate in a follow-up study, interest in outcome of this study

Twenty-five (40%) of respondents indicated willingness to participate in a follow-up study and 24 of them (96%) provided

**Table III.** Attitudes towards disclosure following DI.

Attitudes towards disclosure	Yes	Uncertain	No
Parents should disclose DI conception with the child* (n)	23	21	18
	37%	34%	29%
Clinic may provide non-identifiable information about myself to offspring	25	16	22
	40%	25%	35%
I am willing to be contacted by mature offspring	27	14	22
	43%	22%	35%

\*One respondent did not comment.

**Table IV.** Donating for specific groups.

Willingness to donate for*	Yes	Uncertain	No
Married couple (n)	62	0	1
	98%		2%
<i>De facto</i> couple	57	5	1
	90%	8%	2%
Lesbian couple	42	7	13
	68%	11%	21%
Widow	36	11	14
	59%	18%	23%
Single woman	34	9	18
	56%	15%	29%
Divorced woman	33	12	16
	54%	20%	26%

\*More than one box could be ticked, not all respondents ticked all boxes.



contact details. Twenty-eight (44%) indicated interest in the result of this study and 24 (86%) provided their contact details for this.

## Discussion

Although this study, in comparison to other research on donor motivation (Daniels, 2007), reports data based on a relatively high number of respondents, the results are unlikely to be representative of semen donors in Germany. It can be estimated that ~180 men donated during the time the data for this study was collected (15 clinics, between 5 and 35 donors each, most clinics—based on discussions with clinicians—are likely to have ~12 donors). The results of this study would therefore be based on approximately one-third of all donors in Germany at that point in time. It is likely that those clinics and donors who participated endorsed openness, thus the results can be expected to have a bias towards more liberal and open attitudes. As a result of the stigma and secrecy, however, such a bias is known to be the case in other studies in the area of DI where active participation is sought (Thorn and Daniels, 2007). Therefore, the results represent important findings, especially since they are based on the first research on semen donors in Germany, and can be compared with other research in this area.

In contrast to other countries such as Great Britain (HFEA, 1990) or New Zealand (1987), legislation in Germany does not offer legal protection to donors regarding their responsibilities towards offspring. Paternity of the social father is only relatively unambiguous in those cases where married heterosexual couples use DI (BGB § 1600). Medical guidelines discourage the use of DI for lesbian or single women (Bundesärztekammer, 2006). However, the German Medical Chamber does not base its recommendation on the legal risks donors may run into but on the assumption that children have a need for a father. In this study, 60% of the donors assume that they have no legal responsibility, independent of which group their semen is used with, and over half are willing to donate for other than heterosexual and married couples, thus risking legal responsibility. Clearly, there is a discrepancy between donors' attitudes and current medical guidelines, and many respondents are accepting of family compositions in which a child grows up without a father. However, the results do not indicate whether donors' willingness to provide semen for those groups is based on their liberal attitude or on their lack of legal information. It is possible that the legal information provided by the clinics to the donors is insufficient. The fact that 27% of the respondents were uncertain about their legal responsibilities and 30% sought additional legal information from the internet suggests that clinic information, in combination with the complex legal situation in Germany, may be perceived to be confusing or, in the worst case, be incomplete.

Currently, there is only sparse education material and literature available for intending parents (Thorn, 2006, 2008). Most clinicians believe that parents do not intend to disclose to their children the nature of their conception. Experience with preparation groups for intending parents (Daniels *et al.*, 2007) and

clinical experience of the first author show that there are many parents who wish to, or intend to, disclose but fear negative reactions of the child and significant others. Together with the prolongation of storage time for donor records (Bundesärztekammer, 2006; European Tissue Directive, 2006; Hammel *et al.*, 2006), there is an emerging trend from a culture of secrecy towards more openness and regulation. This trend seems to be supported by men who donate semen. In this study, over one-third of donors believe that parents should disclose, is in agreement with clinics providing information about them to offspring and is willing to be contacted by offspring. Furthermore, over 60% of the donors disclosed and discussed with their partner/wife their decision to donate semen. Donors, however, also voiced their need for more openness with regard to the information provided to them. Over half of the respondents were interested in the outcome of their donation, but only in four cases did donors receive any information. Several donors voiced disappointment at lack of information flowing back to them. This confirms Daniels (2007) suggestion that the dominant culture of a country influences attitudes: in a society that is moving towards more openness donors are likely to be influenced by this development and endorse an open approach. At the same time, this study also indicates that the trend towards more openness is still in progress: for men who desire to become donors, the internet, where reliability of information cannot be guaranteed, is currently the most important source for information. Furthermore, placing information on DI in areas such as public toilets, as was indicated in this study, may also not be helpful in an attempt to portray the donation of semen as a socially accepted activity. This suggests that also for men who are willing to donate, other, more trustworthy and socially acceptable sources of information and respectful dissemination is required.

There are tentative indications that clinic policies as well as demographic factors are also relevant in this study. Although the number of donors per clinic in this study is small, there are differences, with more donors in one clinic favouring an open approach than in another clinic. Furthermore, age is a factor: older donors tend to have a more open attitude, but this is not consistent across all age groups for all three questions (recommendation towards parental disclosure, clinic providing information about the donor to offspring, willingness to be contacted by offspring). Having children of their own or the desire to have children later in life is not a relevant factor influencing attitudes in this study.

Recruitment of donors is a challenge for many clinics in Germany (Thorn *et al.*, work in progress, [www.spenderkinder.de](http://www.spenderkinder.de)). They report difficulties in finding sufficient men despite using pro-active recruitment strategies such as placing hand-outs in universities, and posting information in the internet. The most common strategy, however, is relying on a word-of-mouth strategy. In this study, men were motivated by financial compensation (donors are paid €70 on average) as well as by the potential to help infertile couples. Undergoing a thorough fertility investigation ranked as the lowest motivator. Given that many donors were students and most between 21 and 25 years old and were recruited under the premise of financial compensation, it is not surprising that this was their primary motivation. As in other

countries (Daniels, 2007), developing successful recruitment strategies is difficult. The lack of complete legal protection for donors is likely to be an additional difficulty in Germany and an issue that needs to be responded to. Nevertheless, these results show that it is possible to recruit donors who accept being identifiable to offspring despite these challenges.

## Conclusions

As in several other countries, the number of parents intending to disclose the conception by DI to their children in Germany is rising. This study indicates that there are semen donors who are willing to accommodate the needs of these families by being agreeable to provide information to, and being contacted by, offspring. The views of donors regarding openness and secrecy are a vital part of the factors that contribute to a cultural change in the way DI is carried out by service providers and perceived by the parties involved and by society in large. Further factors include a safe legal framework, educational material for families and an accepting social climate for this way of building a family. More openness will challenge current practices and will require a process of adaptation in various areas, including medical service provision and donor recruitment.

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