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Case Report

Parenthood Aspirations and Sexual Orientation in Sub-Saharan Africa

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Received: March 02, 2023; **Published:** March 23, 2023

Abstract

There is a belief that same-sex couples such as lesbians, by nature of their sexual orientation, do not desire or intend to have children of their own. However, parenthood is a very much cherished life goal, and the aspirations thereto transcends ones sexual orientation.

The proportions of lesbians out of total female populations have increased across all races globally over the recent past due to societal transformations among other factors. Many of the lesbians are young, fertile and some have parenthood aspirations. There are numerous reports and publications on lesbians intending to have or with children mainly from developed countries.

There is a yawning paucity of published data about parenthood aspirations among lesbians/lesbian families, considered as one of the "new family forms", from Sub-Saharan Africa.

This paper reviews the literature on parenthood aspirations among lesbians in discussing two cases of lesbian couples desiring/intending to have children, managed by the author in his private clinic in a major cosmopolitan city in East Africa. It discusses the various approaches to achieving the goal, challenges thereto, and highlights the role of health care professionals in the care of such individuals in our context.

Keywords: *Parenthood Aspirations; Sexual Orientation; Sub-Saharan Africa*

Introduction

Parenthood is for the majority of mankind a strongly desired life goal and a fulfilling experience, a core human issue and something that majority of people will consider at some point in their adult lives. The motivation to become a parent, begins quite early and develops over one's life course [1]. While the desire and motivation may be modulated by a number of factors as one grows, it is independent of an individual's sexual orientation [2]. Regardless of sexual orientation or other individual circumstances, parenthood is regarded as a continuation, fulfillment and transition to a different level of any relationship between two people as well as one's life.

Sexual orientation is often an enduring pattern of emotional, romantic and/or sexual attraction between two individuals. The number of women who either exclusively or partially seek emotional, sexual or erotic attraction and/or satisfaction with another woman, i.e. lesbians, and lesbian-families have increased significantly in the last four or so decades [3]. They are found among all sub-populations of

women, are as diverse as the general population of adult women and are represented in all racial and ethnic groups, all socioeconomic strata, and all age groups. The actual prevalence of lesbians or lesbian-families in any community or society is not known. It is thought to vary from among countries influenced by prevailing local social, cultural factors, political and legal statutes. Countries which have liberal legal provisions on same-sex relationships and/or unions report a higher prevalence. Using data from the NLLFS, the longest running survey (since 1996), and large prospective investigation of lesbian-mothers and their children in the USA, Gartrell., *et al*. (2006), noted that lesbians made up between 5-10% of the general adult female population [4]. Rahman., *et al*. (2018), in their study assessing the prevalence of women's and men's sexuality in 28 nations using data from 191,088 participants from a 2005 BBC Internet survey, reported that women who labeled themselves as "heterosexual" included a substantial number of individuals who also reported being moderately or predominantly attracted to their own sex. Whereas 90.7% identified themselves as heterosexual, only 66.2% were predominantly not attracted to women, while 27.3% reported to be moderately and 6.5% predominantly attracted to women, (2.1%) reported a homosexual identity, and (7.2%) reported a bisexual identity [5]. A global survey with a sample of 19,069 of women aged 16 - 74 from 27 countries, revealed that 5% of them were only attracted to women. Seventy percent (70%) were only attracted to the opposite sex [6], implying that a good proportion of women are attracted to other women.

Many of the lesbians are young and fertile and desire or intend to have children. Majority have had previous consensual heterosexual liaisons from which they may have conceived and delivered children [7], while others are nulliparous at the time of initiating a lesbian relationship. Both categories may desire to have children while in their new unions, forming lesbian-families, considered a "new family form" [8]. Women who identify themselves as lesbians are known to also have heterosexual relationships either consensual or otherwise [9] from which they may conceive.

Available information on parenthood aspirations amongst lesbians is from studies conducted in developed countries which have legalized same-sex relationships including marriage, such as North America and Europe [2,10-13]. With regards to childbearing among lesbians, estimates indicate that a significant proportion of them either have or intend to have children of their own and that this is increasing [14]. A study in the USA, reported that 35% of lesbians had biological or adopted children and only 14% of them did not desire to be parents [15]. Bos., *et al*. (2008), reported that there were an estimated 14 million children by lesbian mothers within the USA and the EU [16]. In a more recent study using nationally representative data on births over a ten year period (2006 - 2015) from the USA, Everett., *et al*. (2019), estimated that 1% of them were by lesbians [17]. Goldberg., *et al*. (2014), reported that 31% of self-identified lesbians and 59% of self-identified bisexual women had given birth [18]. Baiocco., *et al*. (2013) found that 60.7% of lesbians in Italy, intended to be parents [19]. Turcan., *et al*. (2020), in their study, comparing two groups (2009 - 2013 with 2013 - 2017), in the Czech Republic, showed the proportions of lesbians who desired to or had children increased from 77.5% (2009 - 2013) to 84.4% between 2013 and 201 [20].

Despite the high desire and motivation to have children lesbians face many obstacles and unique dilemmas during each phase of the childbearing process [2]. Some of these dilemmas include how to conceive, i.e. how to get the sperm donor, who, access to requisite reproductive health services or responsive and friendly health care provider, and how to break the news to close relatives and friends and enlist their support. Other dilemmas common to all women are where to give birth and how to assimilate new roles of motherhood into their life and work, cost implications of childbearing and rearing [2,12].

There is no published data on childbearing or parenthood aspirations amongst lesbians in Africa, mainly because the sexual orientation is prohibited and/or illegal in most parts and thereof it would be difficult to conduct research and publish data therefrom. Sexual orientation and gender identity are also not taught in our health professions' curricula.

This paper discusses two cases of lesbian couples desiring/intending to have children, managed by the author in his private clinic in a major cosmopolitan city in East Africa between 2019 and 2020 and reviews the English literature on parenthood aspirations among lesbians. It discusses the various approaches to achieving that goal, highlights the challenges thereto, and the role of health care profes-

sionals in the care of such individuals in our context in spite of and cognizant of the prevailing legal/political and social challenges for them to realize their goal.

Case Reports

Case 1: MN, a 25 year old and her partner, JKO, 31 years old, presented at my clinic at 8 weeks gestation for antenatal clinic. They are from two different countries of East Africa, and had been together as lovers for about three years, having met when MN attended one of the universities in the home town of JKO. They had discussed the issue of parenthood for some time as MN wanted to have children. They had settled on the option of MN using her ex-boyfriend to achieve that. She then discussed the issue with him and the agreement was that once she conceived they would end the liaisons. He would not be involved in the life of the child. Soon after confirming she had conceived she rejoined her partner with whom she was living, though not legally married.

They both were very economical with details of their respective families or past histories. They had had heterosexual relationships before they met, but were both nulliparous. MN was from a single-parent family (a mother) and had a younger sister. She did not have any family history of major illnesses, nor did she have any herself. Both she and her partner did not smoke or use drugs. MN was a teetotaler, while JKO was a moderate alcohol drinker, mainly wine. They were graduates. JKO did not want to talk about her family.

Upon examination MN was in a good general health. With normal vital signs. Investigations done then revealed a normal antenatal profile and an ultrasound scan showed a live intrauterine pregnancy at 8 weeks. She was followed up routinely for antenatal care and the pregnancy progressed well until 39 weeks of gestation when she went into spontaneous labour. She delivered a live healthy baby boy in good general condition, with no gross abnormalities. She was discharged home with her baby on the third day, and was given an appointment for postnatal care visit after two weeks, but never came. I never saw her again.

Case 2: JS, a 28 year old graduate working with an international NGO, as a program officer, presented to my private clinic one afternoon seeking advice on conception. She was nulliparous and in a "committed lesbian relationship" with a 30 year old woman, whom she met through a mutual friend. They had been together for two years and were quite happy as a "couple", living together, though not officially married. Both had had heterosexual relationships before they met.

They wanted to start a family of their own and had discussed at length and agreed that she'd the "biological mother". Their concern was how to achieve that. They did not want her to have sexual intercourse with a man, for fear that he would demand paternity later on. She wanted to be the egg donor in any of the proposed options. She opted for IVF after explanation of the technology. I explained the various available options locally. I referred her to one of the fertility centres in the city, to which I usually refer my patients requiring ART with a specific note as is the norm.

She came back three days later and informed me that the clinic I had referred her to had turned her away when she disclosed she was in a lesbian relationship. They told her the centre doesn't serve such individuals or single women. I referred her to another one hoping she would be assisted. She did not come back to me, so I am not sure what happened. I had also mentioned that if that also turns her down, they could consider any of the other options I had discussed with her, e.g. AI or rescinding their earlier aversion to her having sexual intercourse with a man. I am still waiting for her to come back. It's been two years now.

Discussion

The increase in the prevalence of lesbians and lesbian-families in the recent past has been attributed to an increase in awareness and expanded access to available options and services, higher female educational attainment associated with better financial resources and female empowerment. The two presented cases could be regarded as belonging to the category of empowered women, highly educated and financially secure. Lesbians, either single, in long-term committed relationships or married, have several options to form their own

families if they so wish. These can be classified as pregnancy, which can be conception by one or both women or use of a surrogate. This can be achieved through sexual intercourse with a man such as an old acquaintance, IVF-ET or IUI using an egg from one of them or a donor, and sperms from a known or anonymous donor [24-27]. The other option is non-pregnancy which include adoption/fostering, or co-parenting of children of one or both from previous relationships/marriages [28].

Decision-making on childbearing/or parenthood among lesbians is much more complex and difficult than in heterosexual relationships [20,28]. They take more time discussing their desire and intentions, who should carry the pregnancy, how to achieve their desire, the implications of their decision and related challenges among other considerations. It is not clear how long the presented two cases had taken to make the decision, but both couples had discussed and agreed on who would be the biological mother as well as how to achieve their goal of parenthood. One of the major challenges lesbians face is the source of the male gamete (sperm). Whether to use a known or anonymous donor and the process thereto have been central questions cognizant of inherent challenges, such as the health of the donor, his role in the future life of the child if any, claim for paternity, among others [27,30]. Other concerns include difficulties in accessing fertility clinics for those opting for this strategy, i.e. IVF-ET, IUI, either for financial reasons, legal or policy restrictions for lesbians, as most of these are designed for heterosexual couples, or institutional and/or professional biases towards lesbians/ same-sex couples [2,12,22,31], as it happened in our second presented case, who wanted to have IVF-ET, using their own eggs, and an anonymous sperm donor but was denied services despite being financial able to, because the centre does not serve same-sex couples. The first opted for sexual intercourse with an old boyfriend because the couple considered it affordable and were comfortable with it. Only the future will tell if he will want to be involved in the child's life. Other challenges include matching the donor to the social-mother, the role of the social- non-biological mother in parenting of the offspring, fear of stigmatization of the parents and child/ren [2,13,11,16,20,32], lack of social support from family and friends [12,32] and level of commitment parenting imposes on ones life [33].

Knowledge of the factors influencing the desire and intentions for parenthood amongst lesbians is limited. Majority of lesbians see children as a source of personal satisfaction, a major emotional investment and life fulfillment an enriching factors in ones life [17,34,35]. They are also viewed as a source of support later in life, and necessary for continuation of family line [34,36]. Some, especially in areas where same-sex relationships or unions are not only shunned upon but legally prohibited or restricted as in most countries in Africa, where the two couples come from and live, having children may be a way of conforming to societal expectations and mask ones sexual orientation. The age of the woman is important as younger lesbians tend to want to have children as opposed to older ones [10,16] as well as educational level with higher educational attainment and household income being positively associated with high desire to have children [12,37].

The fact that lesbianism is prohibited in most African countries does not mean it does not exist. There have been numerous publications in main stream and social media as well as scientific literature on same-sex relationships in the region for a number of years. Most of the publications have originated from South Africa, where same-sex relationships are legal. Zaidi., *et al*. (2016) published the first article on same-sex relations in Kenya [9]. I see a number of individuals in same-sex relationships, both males and females (more of the latter) single and married, who come for counselling on sexual health matters in my private clinic. A good number have expressed their wish to bear children and ask for available options. Some have children from previous relationships. I have only encountered very few who have not had previous heterosexual relationships. Child-bearing and/or parenting amongst them has not been studied or documented. The only officially documented pregnancy is the recent report in the social media by the South African athlete, whose spouse was expecting their first child in late 2022. It is very possible that there are many more undocumented lesbians or lesbian-couples with children who may masquerade as single-parents for fear of potential repercussions.

Conclusion

Cognisant of the rising numbers of lesbians and lesbian-couples and the proportion amongst them who desire and or intend to have children across the globe, and that the path to achieving their dream is often more challenging compared with that of heterosexual women

[28] healthcare professionals, even though one might have different opinion and belief, should be aware of the fact that as individuals lesbians have basic human rights. Similar to a heterosexual woman, a lesbian has a right to conceive and give birth to a child, the right to professional and supportive care in the course of fulfilling her desire.

Same-sex relationships and unions as well as parenting may appear to be unimportant today, but will become a significant social and health-care issue in the near future. We need to be more supportive, non-biased as well as non-judgemental when they seek healthcare. We also need to conduct locally representative studies on family formations in diverse situations such as single women, same-sex couples, and their reproductive health needs, so as to inform the public, the authorities, the health fraternity, as well as be able to advocate for appropriate, quality and evidence-based health care.

Bibliography

1. McGoldrick M., *et al*. "The Expanding Family life cycle: Individual, Family, and Social Perspectives". Harlow: Pearson (2015).
2. Gato J., *et al*. "To have or not to have a children? That is the question. Factors influencing parental decisions among lesbians and gay men". *Sexuality Research and Social Policy* 14 (2017): 310-323.
3. Bos H and Gartrell N. "Lesbian-mother families formed through donor insemination". In: LGBTQ-parent families. Cham: Springer (2020): 25-44.
4. Gartrell N., *et al*. "The USA National Lesbian Family Study: Interviews with Mothers of 10-Year-Olds". *Feminism and Psychology* 16.2 (2006): 175-192.
5. Rahman Q., *et al*. "Prevalence of Sexual Orientation across 28 Nations and Its Association with Gender Equality, Economic Development, and Individualism". *Archives of Sexual Behavior* 49 (2020): 595-606.
6. Varrela S. LGBTQ Worldwide Statistics and Facts (2022).
7. Kolk M and Andersson G. "Two Decades of Same-Sex Marriage in Sweden: A Demographic Account of Developments in Marriage, Childbearing, and Divorce". *Demography* 57.1 (2020): 147-169.
8. Golombok S. "Modern families: parents and children in new family forms". Cambridge: Cambridge University Press (2015): 268.
9. Zaidi SS., *et al*. "Women Who Have Sex with Women in Kenya and Their Sexual and Reproductive Health". *LGBT Health* 3.2 (2016): 139-145.
10. Costa PA and Bidell M. "Modern families: parenthood desire, intention, and experience among Portuguese lesbian, gay, and bisexual individuals". *Journal of Family Medicine and Primary Care* 38 (2017): 500-521.
11. Scandurra C., *et al*. "The influence of minority stress, gender, and legalization of civil unions on parenthood desire and intention in lesbian women and gay men: implications for social policy and clinical practice". *Journal of GLBT Family Studies* 15 (2019): 76-100.
12. Tate DP., *et al*. "Predictors of parenting intentions among childless lesbian, gay, and heterosexual adults". *Journal of Family Psychology* 33 (2019): 194-202.
13. Tate DP and Patterson CJ. "Desire for Parenthood in Context of Other Life Aspirations among Lesbian, Gay, and Heterosexual Young Adults". *Frontiers in Psychology* 10 (2019): 2679.

14. Aldén L., *et al*. "Effect of Registered Partnership on Labor Earnings and Fertility for Same-Sex Couples: Evidence from Swedish Register Data". *Demography* 52 (2015): 1243-1268.

15. Gates GJ., *et al*. "Adoption and foster care by gay and lesbian parents in the United States". Los Angeles: The Williams Institute, University of California at Los Angeles (2007).

16. Bos HM and Van Balen F. "Children in planned lesbian families: stigmatisation, psychological adjustment and protective factors". *Culture, Health and amp; Sexuality* 10 (2008): 221-236.

17. Everett BG., *et al*. "Sexual Orientation Disparities in Pregnancy and Infant Outcomes". *Maternal and Child Health Journal* 23 (2019): 72-81.

18. Goldberg AE., *et al*. Research report on LGB-parent families Los Angeles, CA (2014).

19. Baiocco R and Laghi F. "Sexual orientation and the desires and intentions to become parents". *Journal of Family Studies* 19.1 (2013): 90-98.

20. Turcan P., *et al*. "Desire for Parenthood and Associated Trends in Czech Lesbian Women". *Sexual Medicine* 8 (2020): 650-659.

21. Simon KA., *et al*. "Envisioning future parenthood among bisexual, lesbian, and heterosexual women". *Psychology of Sexual Orientation and Gender Diversity* 5 (2018): 253-259.

22. Tate DP., *et al*. "Predictors of parenthood intentions among childless lesbian, gay, and heterosexual adults". *Journal of Family Psychology* 33 (2019): 194-202.

23. Ryan-Flood R. "Contested heteronormativities: Discourse of fatherhood among lesbian parents in Sweden and Ireland". *Sexualities* 8.2 (2005): 189-204.

24. Kelly F. "An alternative conception: The legality of home insemination under Canada's Assisted Human Reproduction Act". *Canadian Journal of Family Law* 26 (2010): 149-170.

25. Leckey R. "The practices of lesbian mothers and Quebec's reforms". *Canadian Journal of Women and the Law* 23.2 (2011): 579-599.

26. Côté I., *et al*. "Interpreting fatherhood after donation: Social representations and identity resonances among men having assisted a lesbian couple in becoming parents". P*sychology of Men and Masculinities* 21.3 (2020): 453-462.

27. Gregg I. "The Health Care Experiences of Lesbian Women Becoming Mothers". *Nursing for Women's Health* 22.1 (2018): 40-50.

28. Farr RH and Patterson CJ. "Co-parenting Among Lesbian, Gay, and Heterosexual Couples: Associations with Adopted Children's Outcomes". *Child Development* 84.4 (2013): 1226.

29. Nordqvist P. "Origins and originators: Lesbian couples negotiating parental identities and sperm donor conception". *Culture, Health and Sexuality* 14.3 (2012): 297-311.

30. Tasker F and Bellamy C. "Adoption by same-sex couples--reaffirming evidence: could more children be placed?" *Family Law* (2019).

31. Simon KA., *et al*. "Sexual minority women and parenthood: perceptions of friendship among childfree and new parents". *Journal of Lesbian Studies* 23 (2019): 476-489.

32. Leal D., *et al*. “How does sexual orientation influence intergenerational family solidarity? An exploratory study”. *Journal of Prevention and Intervention Community* 19 (2019): 1-12.

33. Goldberg A E., *et al*. “Why parenthood, and why now? Gay men’s motivations for pursuing parenthood”. *Family Relations* 61 (2012): 157-174.

34. Kleinert E., *et al*. “Motives and decisions for and against having children among non-heterosexuals and the impact of experiences of discrimination, internalized stigma, and social acceptance”. *The Journal of Sex Research* 52.2 (2015): 174-185.

35. Gato J., *et al*. “Parenthood desires, parenthood intentions, and anticipation of stigma upon parenthood among lesbian, bisexual, and heterosexual women in Portugal”. *Journal of Lesbian Studies* 23 (2019): 451-463.

36. Siegenthaler AL., *et al*. “The Value of Children to Lesbian and Non-Lesbian Mothers”. *Journal of Homosexuality* 39.2 (2000): 73-91.

37. Boye K, Evertsson M. Who Gives Birth (First) in Female Same-Sex Couples in Sweden? J Marriage Fam. 2021 Aug;83(4): 925-941.

Volume 12 Issue 4 April 2023
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