

# Exploring the variables and decision-making process of women who pursue Intrauterine Insemination (IUI) or In-vitro Fertilization (IVF) to become Single Mothers by Choice in Ontario, Canada.



Angela D'Unian, M.Psy. R.P.  
Adler Graduate Professional School

## INTRODUCTION

- In the past four decades, the views on what constitutes a family unit have significantly shifted. In today's world, the traditional heteronormative married couple with biological children is no longer considered the norm (Golombok et al., 2021).
- As Imrie and Golombok (2020) noted, changes in legislation, technology, and social attitudes have enabled individuals to create new families in ways that were not possible before the 1980s. By definition, a new family shifts away from the traditional norms of heteronormativity, marital status, and genetic kinship (de la Rosa & Millán-Franco, 2022; Mano, 2021).
- The concept of new families includes adoptive families, foster families, lesbian mother families, gay father families, transgender parent families, families with co-parenting agreements, families with gestational surrogacy agreements, single father-by-choice families, and single mother by choice families (Van Gasse & Mortelmans, 2020; Hayford & Guzzo, 2015; Imrie et al., 2021; Miller-Ott, 2017; Van Niekerk, 2021).
- Sear (2021) noted that future research needs to focus on studying new family units. This study focused specifically on the experiences of single mothers by choice (SMBC) who pursue fertility treatments in Ontario, Canada. SMBC are described as single women who decide to have children and raise them without a co-parent outside of a committed relationship (Imrie et al., 2021).

## OBJECTIVES

- The rate of intentional single motherhood is increasing worldwide (Graham, 2018; Imrie & Golombok, 2020).
- In the current literature, the experiences of SMBC have been studied in the United States (U.S.), Switzerland, Sweden, United Kingdom (U.K.), and Spain (Volgsten & Schmidt, 2019; Trail & Goedeke, 2019; Jadva et al., 2009; Golombok, 2020). In summary, the findings of these studies suggest that SMBC in different parts of the world share similar characteristics. For example, most SMBC are between 30 and 42 years of age when they begin the process of single motherhood. They self-identify as financially independent women with successful careers, stable jobs, and access to adequate social support (Bravo-Moreno, 2019; Díez et al., 2021; Gasse & Mortelmans, 2020; Golombok et al., 2021; Jordan, 2019; Kelly, 2012; O'Reilly et al., 2017).
- Despite the worldwide increase in intentional single motherhood, the Canadian literature is still limited. Furthermore, researchers consider Canadian fertility legislation to be amongst the world's most restrictive (Kelly, 2012; O'Reilly et al., 2017). Therefore, studying the experiences of Canadian women could potentially inform clinical practice, future research, and expand the scientific literature.

## RESEARCH QUESTION

- This study adopted an exploratory approach to answer the following research question:

What variables influence the decision-making process of single mothers by choice in Ontario, Canada?

## METHODS

- This study was guided by a qualitative research approach. A total of eight SMBC from Ontario, Canada, were recruited to participate in a one-hour semi-structured interview.
- The study received research ethics board (REB) approval from the Adler Graduate Professional School.
- Two online support groups for SMBC in Canada served as recruitment sites: a Meetup group and a Facebook group. Both groups offer support, advice, and community resources for women who are in the process of becoming a SMBC in Canada, or those who are already raising children as SMBC in Canada.
- A total of fourteen potential participants reached out to participate. After conducting screening phone calls, it was determined that six of the participants did not meet the inclusion criteria, as they did not access fertility services in Ontario. The screening process consisted of a five-minute telephone call and ensured that only participants who met the study's inclusion criteria were recruited.
- Once the screening process was complete, a twenty-minute phone call was booked with each participant to obtain informed consent. The participants then received the consent form to sign and return by a secure platform.
- When the consent form was returned, the researcher waited a period of forty-eight hours before booking interviews. This time frame was intended to give the participants the necessary time to think about their participation and to make an informed decision.

### Data collection and Analysis

- During the interview appointment, relevant demographic data was collected using a brief questionnaire form before proceeding with the semi-structured questions. Upon completion of the interview, participants received a \$15.00 electronic gift card which was sent by electronic mail.
- All interviews were conducted virtually via Doxy.me, a secure videoconference platform. The interview times ranged from 38 to 65 minutes. With participant consent, interviews were recorded and later transcribed verbatim for the purpose of coding and analysis.
- In a collaborative effort, a male doctorate-level student also participated in the data analysis process. The primary investigator and second coder both successfully completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS-2) training.
- The interview data was analyzed following Interpretative Phenomenological Analysis (IPA). Smith and Osborne (2015) noted that IPA is an appropriate methodology to use when working with small and homogenous samples. Furthermore, IPA is useful in examining complex and sensitive topics (Pietkiewicz & Smith, 2012).
- IPA allows for a detailed examination of a participant's world, and it is meant to explore personal experiences and perceptions of specific events (Smith & Osborne, 2015). Therefore, given the personal nature of the topic of interest, IPA was considered an appropriate methodology to follow.

## RESULTS

### Demographic data

|                     | P1       | P2       | P3          | P4         | P5         | P6        | P7         | P8         |
|---------------------|----------|----------|-------------|------------|------------|-----------|------------|------------|
| Age                 | 34       | 43       | 41          | 40         | 32         | 40        | 40         | 40         |
| Ethnicity           | White    | White    | South Asian | White      | White      | White     | White      | White      |
| Yearly Income       | \$70,000 | \$70,000 | \$100,000+  | \$100,000+ | \$100,000+ | \$40,000  | \$100,000+ | \$100,000+ |
|                     | -        | -        | -           | -          | -          | \$70,000  | -          | -          |
| Number of children  | 1        | 1        | 2           | 1          | 1          | 1         | 1          | 1          |
| Fertility treatment | IUI      | IVF      | IVF         | IVF        | IUI        | IUI       | IVF        | IVF        |
| Type of donor       | Open ID  | Open ID  | Open ID     | Open ID    | Open ID    | Anonymous | Open ID    | Open ID    |

### Qualitative data

- The coding and analysis process identified a total of five themes and fourteen subthemes.

#### Theme 1: Variables influencing the decision-making process of SMBC

- Support during the process of becoming a SMBC
- Career and financial stability
- Maternal age
- Influence of COVID-19
- Personal variables

#### Theme 2: Creating a new family unit

- Confidence in becoming a SMBC
- Type of donor (i.e., Identity release/Anonymous)
- Connecting with same donor families
- Challenging the nuclear family system

#### Theme 3: Personal experiences

- Positive personal experiences
- Adverse personal experiences

#### Theme 4: Culture

#### Theme 5: Experience with fertility services

- Challenges accessing sperm
- Financial challenges when seeking treatment
- Thoughts about Canadian donor legislation

- Consistent with previous work in the U.S. and Europe (Jadva et al., 2019; Jordan, 2019; Trail & Goedeke, 2019; Volgsten & Schmidt, 2019), data from this study showed that Canadian SMBC were also older than 30, financially stable, and had access to social support from different sources (e.g., family, friends, online support groups, fertility clinics, and mental health clinicians).

- Additionally, the data showed new variables that influenced the decision-making process of some participants, such as the influence of the COVID-19 pandemic, the desire to parent individually, and individual sexual preferences (e.g., asexuality). These variables have not been reported in other studies to date. Therefore, further research is needed to examine these variables and determine if they also influence the decision-making process of SMBC in other parts of the world.

## CONCLUSIONS

- Given that the structure of what constitutes a family unit is changing worldwide, psychologists and other healthcare providers need to be informed of current family system research to provide adequate support and treatment options to their patients.
- Current studies about SMBC focus exclusively on the relationship between donor-conceived children with their mothers and their donors (Koh et al., 2024; Golombok et al., 2016). In future research, it would be important to understand the perspective of mothers, especially those whose adult children establish contact with their donor to understand how they adapt to the potential relationship between donor and child.
- Participants in this study spoke about sibling registries. Considering how users currently navigate the Internet (e.g., online groups, social media, DNA registries), it is possible that the identity of donors and SMBC might become known other members of the donor-conceived community. In such cases, the implications of privacy and safety need to be researched, as this would provide important information about safe practices in keeping personal information private for mothers, donors, and children who choose to remain anonymous.

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Contact: Angela D'Unian – adunian@mail.adler.ca