ARTICLE

Disclosing donor conception: a mixed methods study exploring the experience and attitudes of French sperm donor-conceived adults born within heterosexual couples

BIOGRAPHY

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KEY MESSAGE

Understanding disclosure in donor-conceived families requires more than considering the age at which donor-conceived people are informed. This study shows that the context and initiators of disclosure shape how it is experienced, highlighting the central role of mothers and the need for a nuanced, relational approach to information-sharing practices.

ABSTRACT

Research question: How can the experiences and attitudes of donor-conceived people regarding the disclosure of their conception be understood, given the emphasis on openness and the ongoing challenges faced by donor-conceived families?

Design: A mixed-method exploratory study (March 2019 to September 2020) involving an online survey and in-depth interviews with French sperm donor-conceived adults born to heterosexual couples. The survey included 107 respondents aged 20–54 years, mostly women (86.9%) with high academic standards, informed of their conception at an average age of 18.6 (± 11.9). The interview involved 20 participants aged 21–53 years, most of whom were women (85%) and employed as managers (35%), informed between the ages of 5 and 49 years (average: 19.7 years).

Results: Age was not the primary factor for understanding how donor-conceived participants experienced and perceived disclosure. The circumstances of disclosure emerged as an independent factor, with four paths identified: disclosure as a mutually agreed parental strategy; disclosure perceived as necessary owing to events in the donor offspring's life; disclosure as a breach in a prior agreement between partners after a family event; and disclosure initiated by donor-conceived people themselves. Additionally, three factors explained the gendered gap that positioned mothers as the main actors in disclosure experiences: the organization of MAR protocols, the social perception of male infertility and the gendered division of labour within families.

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Conclusions: A contextualised approach to information-sharing practices is needed. Disclosure should be understood within its temporal and relational context to grasp how donor-conceived people experience learning the facts of their conception.

INTRODUCTION

Across the world, assisted reproductive technology has allowed an ever-increasing number of people to become parents. The use of donated gametes has especially opened unforeseen possibilities for infertile heterosexual couples, lesbian couples and single women. In France, the first clinics specializing in sperm donor conception were created in the 1970s (*Bateman-Novaes, 1994*) and have allowed an estimate of 70,000 births since (*Assemblée nationale, 2019*: 160). As in many countries, the practice was mostly secretive at first. No law regulated medically assisted reproduction (MAR) techniques with third-party donation until 1994. At the time, male infertility was socially stigmatized, and religious authorities strongly disapproved of the use of sperm donation (*Betta, 2017*). As a result, future parents were often advised to keep their use of donor gametes secret, especially from their offspring (*Haimes, 1990*; *Bateman-Novaes, 1994*). From the 1980s to the 1990s, this secretive tendency started to waiver, as the harmful consequences of family secrets were discussed (*Mehl, 2011*; *Tisseron, 2011*; *ESHRE Working Group on Reproductive Donation, 2022*). In France, as in many countries, transparency has been increasingly valued in donor-conceived families, and future parents are now encouraged to inform their child-to-be about the facts of their conception (*Klotz, 2014*). International studies show that a growing proportion of parents choose to be open with their children (*Daniels et al., 2009*; *Isaksson et al., 2011*; *Indekeu et al., 2013*; *Freeman, 2015*; *Duff and Goedeke, 2024*); however, a percentage of recipients seem to keep hiding their use of donated gametes, especially in heteroparental families (Lycett et al., 2005; *Applegarth et al., 2016*; *Duff and Goedeke, 2024*; *Paulin et al., 2024*). Research also highlights that disclosure practices of donor gamete recipients do not follow a hard line between 'secrecy' and 'transparency'. Recipients may face disagreements, contradictory injunctions and a lack of practical advice on how best to proceed, even when they agree on the importance of transparency (*Mac Dougall et al., 2007*; *Daniels et al., 2009*; *Blake et al., 2010*; *Kalampalikis et al., 2010*; *Readings et al., 2011*; Nordqvist, 2014). They may also use strategies consisting of only informing a select few around them, i.e. family, friends and acquaintances, or sharing bits of information about their fertility journey without mentioning their use of donor gametes (*Hershberger et al., 2007*; *Readings et al., 2011*; *Martin, 2022*). These findings have allowed for a more nuanced approach to the topic of disclosure in donor conception, which are included here in the broader notion of information-sharing practices.

Research has shown that the psychological wellbeing of donor-conceived people as children is not compromised by this knowledge (*Freeman, 2015*). In a longitudinal study conducted in the British context, *Lycett et al. (2004)* found no significant difference in the psychological adjustments of donor-conceived children from the perspective of whether or not they were informed of their conception. Later findings from the same cohort showed lower levels of conflict between mothers and their adolescent children (aged 10–14 years), but also lower levels of father–child warmth in disclosing families (*Freeman and Golombok, 2012*). More recently, in another longitudinal study conducted in the UK, *Ilioi et al. (2017)* found no overall difference in family relationships and adolescent adjustment between disclosing families, on the one hand, and non-disclosing families or 'natural conception' families, on the other, when the donor-conceived children reached the age of 14 years. Within the disclosing families, more positive family relationships and higher levels of adolescent wellbeing were observed when adolescents had been informed of their conception before the age of 7 years (*Ilioi et al., 2017*). Several studies have highlighted the benefits of being informed at a young age for the wellbeing of donor-conceived people and the quality of family relationships (*Jadva et al., 2009*; *Freeman, 2015*; *Golombok, 2021*; *Jadva et al., 2023*; *Applegarth et al., 2025*). Other research suggests that discussing donor conception with a child is an ongoing process that should be revisited throughout the child's development (*Beeson et al., 2011*; *Hertz et al., 2013*). A study by *Schrijvers et al. (2019)* involving 24 Dutch donor-conceived individuals highlighted that they valued transparency and clear communication from their parents about their genetic origins. Many attributed their parents' secrecy or delayed disclosure to inadequate guidance from medical professionals, and they emphasised the need for parents to receive proper counselling on how and when to share the information.

In a recent literature review, *Duff and Goedeke (2024)* called for more research across jurisdictions to better understand the interplay between legislative frameworks and sociocultural factors. Studies on information-sharing practices of families who have undergone MAR with a donor remain scarce in France. One retrospective study over 10 years revealed that most parents had already disclosed their use of donated spermatozoa or intended to do so soon (*Lassalzede et al., 2017*). Another recent study, albeit not limited to donations taking place in France, showed that French single mothers by choice 'work' to create a narrative and material, aimed to inform their child of the facts of their conception in a broader intent to make them aware of their origins (*Lenouvel, 2024*). Data are even scarcer on the experience of French sperm donor-conceived people, as one of the few empirical studies conducted on this topic dates back more than 10 years (*Clément, 2012*).

In MAR with third-party donation, the French model has long been recognized as more restrictive than that of its European neighbours (*Mehl, 2001*; *Malmanche, 2020*). The first bioethics laws of 1994 established three core principles inspired by the model of a network of infertility centres, the Centres d'étude et de conservation des œufs et du sperme (CECOS), created in 1973 (*Cahen, 2022*). All gamete donations were to be strictly anonymous (no information, identifying or otherwise, was to be disclosed to anyone), free (remuneration for donations is prohibited) and voluntary (all parties involved must expressly consent to the procedure). Moreover, MAR activities are regulated through specific authorizations issued by the regional health agency (Agence régionale de santé). Only public or non-profit health facilities were (and still are) authorized to carry out third-party reproduction techniques, most of which are affiliated to the French CECOS

Federation. Only heterosexual couples who faced medically diagnosed infertility or were at risk of transmitting a severe disease could receive gamete donation.

At the end of the 1990s, however, the creation of a form of civil partnership (pacte civil de solidarité) gave legal recognition to same-sex couples (Richards, 2002; Courduriès and Fine, 2014). Same-sex marriage, as well as adoption, was legalized in 2013. Furthermore, in the 2000s, groups of donor-conceived adults began publicly claiming their right to access information about their donors, as in other neighbouring countries (Turkmendag, 2012; Baumann, 2022; Martin, 2022).

The latest revision of the bioethics laws in 2021 (French law: Loi n°2021-1017 du 2 août 2021 relative à la bioéthique) introduced profound changes, including the extension of donor conception to lesbian couples and single women, and the right for donor-conceived adults to access information about their donor, including their identity (Mehl, 2021; Martin, 2022; Guérin, 2025). With these changes, the importance of disclosure and openness in donor-conceived families was explicitly added to the law: fertility professionals must encourage recipients to create the conditions enabling them to inform the child, before reaching the age of majority, that they are donor conceived (article L2141-10 French public health code).

These changes have only recently come into effect, and their consequences have yet to be observed. We can, nevertheless, anticipate changes in information-sharing practices, as lesbian couples and single women in other national contexts have been shown to be more forthcoming with their children about their use of gamete donation (Jadva et al., 2009; Sawyer et al., 2013; Duff and Goedeke, 2024; Lenouvel, 2024). Moreover, while the link between information-sharing practices and donor anonymity or identifiability remains unclear (Indekeu et al., 2013; Duff and Goedeke, 2024), the rise of direct-to-consumer DNA testing might also prompt changes in practice. In recent years, parents in other national contexts have used these tests to provide their children with information about their origins at a young age (Hertz and Nelson, 2019; Gilman et al., 2025). Direct-to-consumer DNA testing is prohibited in France (articles 226-28 and 226-28-1, French Criminal Code) and is not as widely used, but whether French parents will engage in similar practices remains an open question. Given the new legal obligation for MAR professionals to encourage disclosure, empirical data on the topic is strongly needed to better inform professional practices.

This present article is part of a mixed methods study on information-sharing practices in French donor-conceived families, including recipient parents and donor-conceived adults. It focuses on the part of the study that explores the experiences and attitudes of French sperm donor-conceived adults regarding the disclosure of the facts of their conception. Informed by anthropological studies that treat secrecy as a configuration of relations and practices (Zempléni, 1976; 1996; Adell, 2014) and by new kinship studies, which emphasize the situatedness of family life (Carsten, 2000; 2004), disclosure is approached as a contextualized practice, including multiple actors.

MATERIALS AND METHODS

Study design

The INFODON study was designed as a mixed methods exploratory research project on information-sharing practices in French donor-conceived families; to the best of our knowledge, this has never been done in France. A triangulation (or convergent) approach was, therefore, used to obtain a comprehensive and in-depth understanding of the experiences and attitudes of parents and donor-conceived adults (Creswell and Plano Clark, 2018). An online survey and semi-structured interviews were conducted concurrently to corroborate the results (Plano Clark et al., 2008).

This article focuses on the data collected from donor-conceived adults. A representative sample could not be obtained owing to the lack of national statistics on donor-conceived families. Consequently, the aim was not to achieve statistical representativeness but rather to conduct an initial exploration of the topic. The survey remained open for 18 months, 6 months longer than initially planned, owing to the Covid-19 pandemic. For the interviews, a recruitment target was set within the reasonable range required to achieve theoretical saturation: 20 donor-conceived adults (Guest et al., 2006; Hennink and Kaiser, 2022).

The questionnaires and interview guides, as well as the later analysis of the data, were developed by a multidisciplinary team (social anthropologists, medical biologists and psychologists). The survey consisted of 21 questions with open or closed answers divided into three parts (Appendix). Questions 1–8 provided sociodemographic and contextual information about the respondents. Questions 9–14 explored the circumstances of disclosure. Questions 15–19 investigated how the respondents' stories of conception had been managed in the family.

The interview guide aimed to gain an in-depth understanding of the experiences of the participants. Inspired by life narrative techniques (Bertaux, 2010), the interviews covered the family history of each participant, the circumstances in which they became aware of their conception and how it played out in their life and family trajectories after disclosure (Appendix).

Ethics

The project received ethical approval from the Comité de Protection des Personnes Sud Méditerranée III on 30 January 2019 (2019.01.07 bis_ 18.12.13.49304). The online survey was completed anonymously, and survey participants were identified with alphanumeric codes. The interview participants were all presented with a non-opposition notice, as required by the ethics committee and the French public health code for non-interventional studies in the health sector (article L1121-1-1, Code de la santé publique), which they signed. All names mentioned in this article are pseudonyms.

Recruitment

The survey was carried out between March 2019 and September 2020, and the interviews were conducted between July and December 2019. Participation in the survey and interviews was open to adults (aged 18 years or older), either French or living in France, who were conceived by donor in France or abroad. Calls to participate were shared on the website of the Assistance Publique-Hôpitaux de Marseille, in the media (press, radio and television), social media, professional websites, i.e. the French CECOS Federation, and interest groups, i.e. Procréation Médicalement Anonyme, Collectif BAMP! Association MAIA and Association des enfants du don, in France. Information about the implementation of the study was also mailed to general practitioners and gynaecologists of the southeast region of France. Survey-respondents were invited to indicate their willingness to participate in an interview through the project's contact webpage. Therefore, all interview participants also responded to the survey, although their individual answers to both components could not be cross-analysed owing to the anonymity of survey participation. Volunteers were interviewed on a 'first come, first served' basis until the study goal of 20 interviewees was reached. All interviews were conducted by the first author (An M).

Data analysis

In accordance with the convergent design procedure, each dataset was first analysed independently (*Creswell and Plano Clark, 2018*). A descriptive analysis was conducted on all survey data. Open-ended responses were analysed and categorized using an inductive method (*Thomas, 2006*) by the first two authors (An M and SG). In the first round of analysis, themes and types of responses emerging from the data were identified. In the second round, all responses were coded individually by the first two authors. In the third round, the final categories were established through comparison and consensus between the two team members. Quantitative data are expressed as means and SD, or as medians with minimum and maximum values. Qualitative data are presented as frequencies and percentages, and differences were assessed using chi-squared test. $P < 0.05$ was considered to indicate statistical significance for all analyses. IBM SPSS version 20.0 (IBM Corp. Armonk NY, USA) was used for statistical analyses.

The interviews lasted between 64 and 295 min, with an average duration of 131 min. They were recorded and subsequently transcribed. The first author (An M) conducted a thematic qualitative analysis (*Paillé and Mucchielli, 2021*; *Naeem et al., 2023*) in several stages. Drawing on an approach grounded in social anthropology (*Ballestero and Winthereik, 2021*), all interviews were first read to absorb the material and to identify themes inductively, including the disclosure event, before and after disclosure information-sharing practices, personal and family trajectories, gendered dimensions of information-sharing practices and secrecy. These themes were then discussed with the third author (Ag M) and applied to all transcripts in two ways. On the one hand, each interview was analysed as a case study in which the participant's experience of disclosure was contextualised within their personal and family history. Case-study reports were drafted to summarize how the identified themes appeared and intersected within each participant's narrative. On the other hand, all interviews were coded to analyse the identified themes transversally across the dataset.

To triangulate the two datasets, the results of the qualitative analysis were discussed with the rest of the team (SG and CG) to complement, nuance the survey findings, or both (*Plano Clark et al., 2008*; *Creswell and Plano Clark, 2018*). Preliminary findings from the interview data were presented during collective work sessions, in which convergences and divergences with preliminary survey findings were discussed. Both sets of findings were then put into perspective with the existing academic literature, which led us to select the converging themes presented in this article: the donor-conceived participants' age at disclosure, the circumstances of disclosure and the status of disclosers. Additional tests and explorations of both datasets were subsequently conducted to refine the findings and develop the triangulated analysis. All verbatims quoted in this article were translated from French by the first author (An M).

RESULTS

Participants

A total of 114 participants responded to the survey, of whom 111 were conceived by sperm donation (97.4%), two by egg donation (1.8%) and one by double donation (0.9%). Their parents were mainly heterosexual couples at the time of donation ($n = 110$ [96.5%]), whereas a minority were single ($n = 3$ [2.6%]) or same-sex couples ($n = 1$ [0.9%]). To ensure consistency between the survey and interview datasets, the focus was on respondents who were conceived by sperm donor within a heterosexual couple, which amounts to 107 participants in total. Most were women ($n = 93$ [86.9%]), aged between 20 and 54 ($\bar{x} = 33.1$ years ± 11.9 years). Most held high education degrees, with a bachelor's degree or above ($n = 78$ [72.9%]) (TABLE 1), and worked as managers ($n = 43$ [40.2%]), employees ($n = 27$ [25.2%]) or were unemployed ($n = 19$ [17.8%]).

Twenty donor-conceived adults were interviewed: 17 women (85.0%) and three men (15.0%), all conceived in France between the 1960s and the 1990s through anonymous sperm donation in heteroparental families. The interview participants were aged between 21 and 53 years ($\bar{x} = 34$) and worked mostly as managers ($n = 7$ [35.0%]), in intermediate professions ($n = 6$; [30.0%]) or as employees ($n = 4$ [20.0%]). Most were in a couple ($n = 13$ [65.0%]) and had no children ($n = 12$ [60.0%]) at the time of the interview (TABLE 2).

Age and attitudes towards disclosure

The first theme in the data concerned the age of the donor-conceived participants at the time of disclosure and how it relates to their attitudes towards the event.

Survey data

Survey respondents were informed at an average age of 18.6 years (± 11.9). Most were informed as children or teenagers ($n = 57$ [53.3%]). The average time between disclosure and survey participation is 14.5 years (± 8.8). Respondents were asked whether they considered the disclosure of the facts of their conception to be beneficial: it was reported as beneficial by 91 survey participants (85.0%) and as not beneficial by four participants (3.7%), whereas 12 respondents were unsure (TABLE 3). Chi-squared test of independence was conducted to examine the association between age at disclosure and attitudes towards disclosure ('beneficial', 'non-beneficial' and 'don't know'). The test indicated no statistically significant association between the variables (chi-squared test = 5.19, df = 6, $P = 0.52$). No additional analyses were conducted regarding these two variables.

Interview data

Interview participants were informed between the ages of 5 and 49 years old ($\bar{x} = 19.7$), i.e. 14.2 years before the interviews on average (TABLE 4). Most were informed as adults ($n = 11$ [55.0%]) or as children under 11 years of age ($n = 7$ [35.0%]). Other factors, however, shaped how participants described their experiences of disclosure.

Frédérique (born in the 1970s), for instance, was informed early, but in circumstances that she recalls as being difficult: at the age of 5 years, she accompanied her mother to a lawyer's appointment where her father sought to

TABLE 1 DEMOGRAPHICS OF SURVEY PARTICIPANTS

Characteristics	Results
Gender, *n* (%)	
Women	93 (86.9)
Men	14 (13.1)
Age in 2020, $\mu \pm \sigma$	
Mean age ± SD	33.1 ± 11.9
Minimum	20
Maximum	54
Q1	10
Q3	28
Academic standard, *n* (%)	
Middle school	2 (1.9)
Vocational training diploma	3 (2.8)
High school or professional diploma	11 (10.3)
2 years into higher education	12 (11.2)
Bachelor's degree	38 (35.5
Master's degree and more	40 (37.4)
Other	1 (0.9)
Socio-professional category,[a] *n* (%)	
Agricultural workers	1 (0.9)
Self-employed craft, trade workers and entrepreneurs	3 (2.8)
Managers	43 (40.2)
Intermediate professions	14 (13.1)
Employees	27 (25.2)
Factory workers	0 (0.0)
Unemployed[b]	19 (17.8)
Total participants, *n* (%)	107 (100.0)

[a] INSEE, PCS, 2020; self-reported by respondents.

[b] This category was added to the INSEE socio-professional classification to better include students and individuals who have never entered the workforce. It may include people who are not currently holding a job, retirees and students.

INSEE, National Institute of Statistics and Economic Studies; PCS, Professions et Catégories Socioprofessionnelles; Q1, first quartile; Q3, third quartile.

disinherit her, which is illegal in France. Despite her young age, the disclosure, followed by several years of divorce proceedings between her parents, altered Frédérique's perception of her family, which ultimately led her to consider her stepfather as her main father figure.

In contrast, Christine (born in the 1980s) was informed by her parents in her mid-thirties, after telling them she wanted to take a DNA test to learn more about the family's ethnicity and ancestry. She recalled always having felt alienated from her family without ever suspecting the facts of her conception. In her case, disclosure was followed by a few days when she felt disoriented but eventually resulted in a stronger sense of self and renewed affection for her father: '

'Within three seconds, everything fell into place and I thanked him actually, and I told him "I love you" for the first time, because we're very reserved in my family. (. . .) I know who I am at last."

Paths of disclosure

The second theme in the present data concerned the circumstances in which disclosure unfolded.

Survey data

Each survey respondent was invited to describe the circumstances of disclosure in an open question. Six categories emerged from the responses: 36 (33.6%) were informed at a time chosen by their parents, at various ages; 18 (16.8%) were informed during a conflict, usually with or between their parents; 15 (14.0%) discovered the facts of their conception by accident, such as by finding a document, doing a DNA test or through someone who assumed they already knew; 12 (11.2%) were informed following an event in their life course, typically a birthday, an illness, the death of a parent or the birth of a child; in 11 cases (10.3%), disclosure resulted from questions asked by the participants themselves; and 10 (9.3%) had always known that they were donor conceived (TABLE 3).

Interview data

The interview data helped to further refine these categories by situating them within personal and family trajectories. Four paths were identified. First, disclosure could be part of an information-sharing strategy agreed upon by parents at the time of conception. Interview participants were mostly informed during childhood, either continuously from when they were babies, as in Maéva's case, or later, when they were old enough to understand matters of reproduction, as for Ingrid.

'When I was born, [my mother] told me in order to make sure she would tell me again later. And they had purchased a book (. . .) that told the story of a child born like that, and they've always told us, "you were born this way". (Maéva, born in the 1990s)

'My father must have told me when I was about 10 years old, I think. For me, it was the perfect time because if it had been later, like as a teenager (. . .), I might have reacted badly. And on the other hand, if he had told me when I was 6 or 7 (. . .), would I have understood?' (Ingrid, born in the 1980s)

Second, disclosure occurred because the information had become necessary for the donor-conceived person. In some cases, parents, such as Marine's, seemed to have been indecisive about whether to tell their child. Seeing them come of age and begin their adult lives might then have prompted the decision to disclose. Survey data also suggest that parents may change their mind after events in their own life or in that of their child, such as illness or psychological issues.

'They explained that they hadn't told us before because they were afraid that, as kids, we would be rejected by others because of the facts of our conception (. . .). And then they never really agreed on when to tell us, when one wanted to, the other didn't. They also explained that back

TABLE 2 DEMOGRAPHCS OF INTERVIEW PARTICIPANTS

Characteristics	Results, *n* (%)
Gender	
Women	17 (85.0)
Men	3 (15.0)
Age in 2019, $\bar{x}$	
Mean	33.9
Minimum	21
Maximum	53
Socio-professional category[a]	
Agricultural workers	0 (0.0)
Self-employed craft, trade workers and entrepreneurs	0 (0.0)
Managers	7 (35.0)
Intermediate professions	6 (30.0)
Employees	4 (20.0)
Factory workers	0 (0.0)
Unemployed	3 (15.0)
Marital situation	
In a couple	13 (65.0)
Single or separated	7 (15.0)
Parental situation	
Parent	8 (40.0)
Not a parent	12 (60.0)
Total participants, *n* (%)	20 (100.0)

[a] INSEE, PCS, 2020; professions were collected during the interviews and later categorized by the first author (An M) according to the INSEE CSP 2020.

INSEE, National Institute of Statistics and Economic Studies; PCS, Professions et Catégories Socioprofessionnelles.

then, the clinics didn't recommend telling and that it was when they realised that family secrets could really harm that they decided to tell us because it was our story and we were able to hear and understand it.' (Marine, born in the 1980s)

'After a period of recurring nightmares, my mother decided to tell me, thinking that it was what was troubling me.' (Survey-Participant R96)

Third, disclosure was sometimes triggered by a family event, typically the parents' divorce, as in Sandra's case while she was a university student, or the death of a family member, as in Adeline's case. In these situations, disclosure was often initiated single-handedly by one parent, thereby breaching the agreement previously made with their partner.

'My father sent me a letter, but he sent it at my mother's address (. . .). She opened it, she saw it was for me, but she couldn't help but read and of course it was made to hurt her. . . (. . .) I remember that sentence where he ends by saying 'I love you like any normal father loves his daughter', with a big undertone, and in brackets 'your mother will explain'. (. . .) So, she explained everything.' (Sandra, born in the 1980s)

'We were all gathered at the family cottage. (. . .) And my mother told us that she wanted to talk to my siblings and I over coffee. I was expecting her to talk to us about my father's inheritance or something quite material like that. (. . .) She took a picture of my father and put it on the bed in front of us saying, 'I'm taking the picture of your father because I wished he was here to tell you what I'm about to say. (. . .) We got [name of the older sibling], and we were really happy. And a few months later (. . .) your father got sick, and the treatments made him sterile. (. . .) Since we wanted other children, (. . .) we used donor conception.' (Adeline, born in the 1980s)

Finally, disclosure was sometimes prompted by the donor-conceived people themselves as they grew older and asked questions. Some, such as Priscilla, had suspicions about their origins, in her case because of her lack of resemblance to her father. Others, such as Charlotte, were worried about inheriting a medical condition from their father or simply wished to explore their family history.

'I don't really look like my father. (. . .) it's always been a question. . . (. . .) And one day we went on vacation, just me and my mother. (. . .) And I saw a little girl who had blond curly hair like me when I was little, and I don't know why, I didn't even. . . think about what I was going to ask but I actually asked if my father was my father.' (Priscilla, born in the 1980s)

'I knew my father had health issues; actually, he has a genetic disease. (. . .) Recently, I met my partner (. . .) and we started discussing the possibility of having children, and I really needed to find out more and reassure myself about this genetic disease, whether I was a carrier or not. (. . .) One evening, I brought it up with my mum, to know whether it had been tested in my dad, whether we knew the gene and whether it had been tested in me. (. . .) So, they explained that they had to go through AID [artificial insemination with donor].' (Charlotte, born in the 1990s)

Mothers as the main actors of information-sharing practices

The third theme in our data concerned the opportunity to revisit the topic of donor conception after the initial disclosure, which appeared to be linked to the actors involved in the disclosure event.

Survey data

Survey participants were asked whether the topic of their conception had been discussed again with their parents after the initial disclosure. For 83 participants (77.6%), it had been possible to talk about it again, whereas for 24 (22.4%) it had not (TABLE 3). A few respondents did not feel the need to revisit the topic with their parents (*n* = 4 [3.7%]), but most regretted not having done so (*n* = 20 [18.7%]) (TABLE 3). The 83 participants who had discussed it again with their parents were asked an open-ended question about how that conversation occurred. The content of the answers varied individually. Some mentioned the frequency of discussion (R45: 'it's not a taboo, we talk about it all the time') or the quality of the conversation (R36: 'badly at first, then well later on'; R56: 'very well'). Several also described how the situation evolved through time and the feelings involved on their end:

TABLE 3 DISCLOSURE DATA OF SURVEY PARTICIPANTS

Characteristics	Results
Age at disclosure, $\mu \pm \sigma$	18.6 ± 11.9
Average time since disclosure in 2020, $\mu \pm \sigma$	14.5 ± 8.8
Repartition of participants per category of age at disclosure, years, *n* (%)	
Before 11	29 (27.1)
11–17 years	28 (26.2)
18–29	27 (25.2)
30–49	21 (19.6)
≥50	2 (1.9)
Do you think that being informed of the facts of your conception has been beneficial to you?, *n* (%)	
Yes	91 (85.0)
No	4 (3.7)
I do not know	12 (11.2)
In which circumstances were you informed?, *n* (%)	
At a time chosen by parents	36 (33.6)
Due to a conflict	18 (16.8)
By accident	15 (14.0)
Due to an event in the life course	12 (11.2)
Following questions asked by the donor Offspring 11	(10.3)
Has always known	10 (9.3)
No answer	5 (4.7)
Who informed you that you were donor conceived?, *n* (%)	
Mother	49 (45.8)
Both parents	31 (29.0)
Father	10 (9.3)
Other	
Another family member	6 (5.6)
Self- discovery	8 (7.5)
Another person outside of the family	2 (1.9)
No answer	1 (0.9)
Yes	83 (77.6)
Have you discussed it (again) with your parent(s) afterwards?, *n* (%)	
No, and I regret that I haven't	20 (18.7)
No, I do not feel the need	4 (3.7)
Total participants, *n* (%)	107 (100.0)

'I had to reassure them (…). I was able to get angry only 7 years later.' (R15)

'I talked about it again when I was 18 to know if they had more information about the donor, I felt very helpless and angry. Since then, we have no problem talking about it.' (R8)

'It took me 9 years to tell my father that my mother had told me. It went very well, a lot of love and kindness. (…) The word is out, and everyone is much better off.' (R14)

Among the 83 participants who further discussed the topic with their parents, 38 (45.8%) mentioned a difference in attitudes between their parents. Thirty (36.1%) explained that they only had further discussions with one parent, usually their mother.

'Well with my mother but not so well with my father, he doesn't want to talk about it.' (R12)

'Only with my mother, there is no problem.' (R65)

These results led us to note that, overall, most survey participants were informed by their mothers as well. In most cases, their mother alone (*n* = 49 [45.8%]) or both of their parents (*n* = 31 [29%]) together proceeded to tell them about being donor conceived. Only 10 respondents were told by their father alone (9.3%), and six were told by another family member (5.6%), such as a sibling, a grandparent or a spouse. Eight participants discovered the facts of their conception themselves (7.5%) through a document, a commercial DNA test or by overhearing a conversation (TABLE 3).

Interview data

The interview findings support the gendered differences in information-sharing practices suggested by the survey results. Most interview participants reported being told either by their mother alone (*n* = 9 [45.0%]) or by both parents (*n* = 5 [25.0%]). A few were told by their father alone (*n* = 4 [20%]) or by another family member (*n* = 2 [10.0%]). Furthermore, when discussing the topic again with their parents, many interview participants mentioned their mothers, even when the disclosure itself had been carried out by both parents. At times, the gap between mothers and fathers resulted from an explicit refusal by fathers to address the topic, as in the case of Audrey (born in the 1980s):

'He said, 'Ask all the questions you want, and then we move on.' It's really a topic that's very closed up and very taboo.

The interviews allowed further elaboration on how the gap between the information-sharing practices of mothers and fathers played out in the experiences of donor-conceived people. First, this gap was reinforced by the organization of donor conception protocols, e.g. appointments and course of treatment. Interview participants mentioned that their mother was the one who went through most of the process. Mothers had to attend every appointment and undergo all the procedures. Therefore, they were seen as more reliable sources of information.

'Even today, when we talk about it, my dad's there, but it's more my mum who has the technical information.' Simon (born in the 1990s)

TABLE 4 DISCLOSURE DATA OF INTERVIEW PARTICIPANTS

Characteristics	Results
Age at disclosure, minimum–max, x̄	0–49, 19.7
Repartition of interview-participants per category of age at disclosure, *n* (%)	
Before 11	7 (35.0)
11–17	2 (10.0)
18–29	5 (25.0)
30–49	6 (30.0)
≥50	0 (0.0)
Average number of years since disclosure in 2019, Years	14.15
Person(s) who informed the interview-participants, *n* (%)	
Mother	9 (45.0)
Both parents	4 (20.0)
Father	5 (25.0)
Another family member	2 (10.0)
Total participants, *n* (%)	20 (100.0)

Second, the gap was linked to the discomfort that some donor-conceived participants experienced when reminding their father of his infertility. Talking about the facts of their conception automatically brought up their father's condition, which was sometimes perceived or acknowledged as a source of pain that donor offspring did not wish to reopen.

'I think it must have been painful for him, to think "I can't have a biological child like everyone else (. . .)" Maybe I don't want to stir that topic up further.' (Océane, born in the 1990s)

Third, the gap between mothers' and fathers' information practices regarding the facts of their children's conception reflected broader gendered family dynamics. Several fathers were described as generally more reserved.

'My father is not someone who's going to show his emotions, apart from anger (smiles); he's not really going to say what he's feeling.' (Géraldine, born in the 1980s)

Donor conception can also be deemed a topic more typically addressed with mothers rather than fathers, as Simon explains.

'I talk to [my father] quite a lot, but I don't have the same kind of discussions with my mother as with my father. With my mum, I might talk more about administrative things (. . .), like school registration, my metro card, that sort of nonsense, whereas with my dad, we talk more about cinema, sports or things like that.' (Simon, born in the 1990s)

DISCUSSION

The aim of the present study was to gain a better understanding of the experience and attitudes of French sperm donor-conceived adults born within heterosexual couples regarding the disclosure of the facts of their conception. It is one of the few studies of the sort conducted in France and thus holds value for local understanding and practices in the field of third-party reproduction. The mixed methods design also allows for a more nuanced and complex understanding of information-sharing practices in donor-conceived families in general.

First, in our data, age was not the primary factor for understanding how donor-conceived people experience and perceive disclosure. In the survey, disclosure was considered beneficial by most donor-conceived respondents ($n = 91$ [85%]). This finding was noteworthy, as survey participants had, on average, been informed 14.5 years earlier, giving them time to reflect on the event. No statistically significant relationship was found between age at disclosure and participants' assessment of its benefits.

This finding partially departs from a recent larger survey conducted by Applegarth et al. (2025), in which 422 donor-conceived respondents reported higher levels of satisfaction when they were informed before age of 15 years. Our study did not include a standardized assessment of the psychological or relational consequences of disclosure. Ilioi et al. (2017) conducted such a longitudinal study in the British context, comparing family relationships and adolescent adjustment in 87 donor-conceived families and 54 'natural conception' families. At age 14 years, no overall differences were found between disclosing families, on the one hand, and non-disclosing or 'natural conception' families, on the other hand. Within disclosing families, more positive family relationships and higher levels of adolescent wellbeing were found when adolescents were informed of their conception before the age of 7 years. Several other studies have similarly highlighted the benefits of early disclosure for the wellbeing of donor conceived people and the quality of family relationships (Jadva et al., 2009; 2023; Freeman, 2015; Golombok, 2021).

The limits to the significance of our survey findings regarding age and the benefits of disclosure must be acknowledged. The convergence with our interview data, however, is worth highlighting: factors other than age were important to understand the experiences and attitudes of participants. Interview data show that circumstances shape the way donor-conceived people experience disclosure: some were informed at a young age in contexts they described as being difficult, whereas others were informed as adults and reported positive outcomes in the long term (Blyth, 2012). Few studies have emphasized the circumstances in which parents inform their children. Published research shows that later disclosures are often associated with adverse situations (Jadva et al., 2009; Frith et al., 2017), as opposed to earlier disclosures that are assumed to be planned. Our data suggest that this is not always the case, in line with Applegarth et al. (2025), who show that, across all age ranges, intentional disclosures are associated with higher levels of satisfaction among donor-conceived people. Without denying the effect of age, we argue that circumstances should be considered an independent factor in information-sharing practices.

Furthermore, through the analysis of disclosure circumstances, we identified four paths that characterize information-sharing practices in donor-conceived families. First, disclosure may be part of an information-sharing strategy agreed upon by parents at the time of conception. This was typically the case for participants who were informed as children, either as babies, well before they were able to understand the full extent of donor conception, or slightly later when they were more aware of procreation. This path is typical of recent practices in the field of donor conception, which Klotz (2014) described as new 'canons of knowledge management'. The author identified two strategies that also feature in our data: 'active disclosers' favour very early disclosure, whereas 'passive disclosers' wait for their child to start asking questions about procreation and sexuality (Lenouvel, 2024). Second, disclosure may occur because parents consider the information necessary for their child. In our data, this second path includes situations when donor-conceived people were affected, or at risk of being affected, by an illness, or when they reached key life stages, such as going away to university or having their first child. These circumstances are consistent with other studies on disclosure intents and practices among recipient parents (Lindblad et al., 2000; Readings et al., 2011). Frith et al. (2017) classify this type of disclosure as 'accidental' because the event leading to it was unplanned. Our data, however, suggest that parents adapt to changing circumstances in the life of the family or their child. The event leading to the disclosure, albeit unplanned, does not negate parental agency, and the notion of choice remains present in the accounts we collected. Third, disclosure may be triggered by a family event, typically the parents' divorce, or the death of a family member. In that third path, disclosure was often carried out by one parent singlehandedly, in a way that broke the agreement previously made with their partner (Blyth, 2012). Fourth, disclosure may be prompted by donor-conceived people themselves, regardless of them being aware that it was going to happen. This fourth path shows that donor-conceived people are not merely passive recipients of disclosure; they may take an active, though not entirely intentional, part in the disclosure by asking questions and seeking information about their family history (Isaksson et al., 2016; Duff and Goedeke, 2024). The various circumstances in which disclosure occurs have been described in other research (MacDougall et al., 2007; Clément, 2012; Frith et al., 2017); however, to the best of our knowledge, the present study is one of the few studies attempting to identify paths in the information-sharing practices of donor-conceived families based on those circumstances. These paths are a valuable tool for counselling and support practices aimed at donor gamete recipients and donor-conceived people, as they consider the full context in which those families and individuals are embedded.

Additionally, our findings highlight the distinction between disclosure and openness. Some participants reported being able to discuss the topic again with their parents after being informed, whereas others did not. Still others had always known their conception story, and could not remember a disclosure event *per se*. The initial disclosure to a donor conceived person does not necessarily lead to an open, ongoing area of discussion, as Freeman et al. (2016) also observed. This has led several investigators to nuance the binary between secrecy and openness (Daniels, 1997; Readings et al., 2011), and to comment on the difference between openness and transparency (Martin, 2022). Dempsey et al. (2021) highlighted the gap between the public embrace of openness and the lived experience of donor-conceived families, where the topic can remain difficult to address. Our study corroborates these observations, which should serve as a point of vigilance for French MAR professionals now tasked with encouraging recipients to foster environments conducive to disclosure.

Finally, in the present study, mothers played a central role in information-sharing practices. In both the survey and the interview results, most disclosures were made by parents, but among them, mothers were most frequently involved. This finding is consistent with previous studies, which report maternal involvement rates between 55% and 90% (Paul and Berger, 2007; Jadva et al., 2009; Blake et al., 2010; Mahlstedt et al., 2010; Frith et al., 2017).

Furthermore, in the present study, mothers were often the parent to whom donor-conceived people turned for additional information about their conception. This aligns with other research showing that post-disclosure discussions occur more often with mothers alone than with fathers alone (Mahlsted et al. 2010; Jadva et al., 2023). Frith et al. (2017) suggest that this pattern reflects the normative expectation of the 'good mother', who is currently supposed to be 'open' and 'honest' with her children.

The present study adds further insights by identifying three factors that may explain the gap between mothers and fathers in information-sharing practices. First, the organization of MAR protocols that involve mothers at every stage, regardless of the cause of infertility, leads donor-conceived people to expect their mothers to remember the process better than their fathers do. Their discourse reflects the gender imbalance in the involvement of women and men in MAR highlighted by many researchers internationally (Inhorn and Birenbaum-Carmeli, 2008). Second, as we have studied heteroparental situations involving a sperm donor, the topic of MAR automatically highlights fathers' infertility. Following the enduring perception of male infertility as a topic of shame (Inhorn, 2022), some donor-conceived people prefer to avoid addressing it with their father to prevent him from experiencing discomfort and a possibly hurtful discussion. Finally, similar to suggestions by Frith et al. (2017), and based on research about the gendered division of labour in contemporary European families (Devreux, 2007; Cunha and Atalaia, 2019), gender dynamics also play a role in the gap between mothers and fathers. This is because some donor-conceived people seem to generally favour speaking to their mothers about intimate topics, whereas they might present their father as being more reserved on such matters.

In conclusion, the present study provides important insights into disclosure processes in donor-conceived families, particularly in heterosexual contexts. In France, it offers valuable data for MAR professionals (clinical physicians, biologists, psychologists, counsellors and social workers), who are now required to encourage the creation of environments conducive to sharing information with donor-conceived children about their conception. Although the effects of the 2021 reform of the bioethics laws cannot yet be assessed, particularly how lesbian couples and solo mothers by choice will approach disclosure, the knowledge of pre-reform experiences and attitudes remains crucial. Professionals may still encounter parents who have not yet disclosed, or donor-conceived individuals discovering the facts of their conception as adults. These findings can, therefore, help

MAR professionals improve their practices and provide better support to families using donor gametes. Further studies could build on these results, especially by longitudinally following a cohort of donor-conceived families, something that has not yet been done in France. With recent legal changes, France would be a particularly interesting case for such a study. Further studies could also include more donor-conceived men to better assess potential gender effects in information-sharing practices. In both our survey and interview data, a strong gender imbalance was observed, in line with previously published research; however, this warrants further investigation.

The study was conducted solely with people who were donor-conceived within heterosexual families in the French anonymous context. These data should be considered within the context of transferability to other jurisdictions and family configurations. Several participants might be members of interest groups, which may induce a risk of selection bias. Furthermore, without general statistics on donor-conceived people at the national level, it is impossible to gauge how representative the data are.

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SUPPLEMENTARY MATERIALS

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