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Asked to be a sperm donor: disclosure dilemmas of gay men living with HIV

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ABSTRACT

Previous research has documented the various challenges people living with HIV face as they navigate intimate relationships, including what is often referred to as disclosure. In studies of gay, bisexual and other men who have sex with men, the issue of telling or not telling others about an HIV-positive status has been examined primarily in relation to communication with sexual partners, with few studies focusing on other aspects of intimacy. Drawing on interviews with gay men living with HIV, conducted in four clinics in London, this article explores the narratives of men who have been asked by female friends about the possibility of being a sperm donor. The narratives highlight layers of complexity which have received little attention, not only in research on HIV but also in studies of sperm donation and co-parenting. The article advances dialogue between these two largely separate bodies of work. Our data suggest that reluctance to share an HIV-positive status with others can be an important factor in deciding how to answer the 'sperm donor question'. Examining reproductive relationships of a specific kind – those based on friendships between women and gay men – the article develops the understanding of how secrecy about HIV shapes intimate lives.

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Introduction

Since the development of effective antiretroviral treatment, in countries where treatment is accessible HIV is now a chronic, manageable condition, one which people are no longer *dying from* but rather *living with* (Watkins-Hayes, Pittman-Gay, and Beaman 2012). While HIV need not be a barrier to having a long, healthy and fulfilling life, including partnering and parenting, being HIV-positive continues to be highly stigmatised (Hibbert et al. 2018; National AIDS Trust 2021; Persson, Ellard, and Newman 2016). The persistence of stigma, coupled with the fact that having the virus is rarely visible, means that, for many, HIV is

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'essentially a private matter, separate from their social identity' (Rai et al. 2018, 1134). HIV stigma and the individual responsibility for HIV management, when combined, often turn living with HIV into a secret shared with only a select few. This can make telling others about one's HIV-positive status difficult and fraught with complexities (Adam et al. 2015; Körner 2007; Smith, Cook, and Rohleder 2019).

The difficulty of telling others about living with HIV has motivated much research on if, how and why people share, or conceal, their status – what is often referred to as 'HIV disclosure'.[1] In Western contexts, due to the historically high prevalence of HIV among men who have sex with men, many studies of HIV disclosure (and non-disclosure) have focused on sexual relationships of gay and bisexual men (e.g. Bilardi et al. 2019; Bird, Eversman, and Voisin 2017; Flowers and Davis 2013). How men living with HIV approach and navigate sexual encounters has changed significantly as it becomes established that having an undetectable viral load – a result of antiretroviral medication – prevents the risk of HIV transmission. But research suggests that medical advances in HIV treatment and prevention do not translate easily to improved experiences of disclosure (Murphy et al. 2016). Gay and bisexual men living with HIV continue to perform much of the 'moral labour' involved in managing reactions from sexual partners, educating them about HIV and negotiating the risks of disclosure-related harm (Dong et al. 2021).

Similarly, in the context of relationships with family and friends, Campbell (2021) documents the 'emotion work' – evoking, displaying or suppressing feelings – performed by Black gay and bisexual men living with HIV in the USA who need to decide whether to share their status with others. The men described comforting their loved ones, feeling a sense of guilt for upsetting them as well as choosing not to disclose to protect others. As echoed in the study of family relationships among people living with blood-borne viruses in Australia (Smith et al. 2021), decisions about telling or not telling loved ones about being HIV-positive are accompanied by ambivalent feelings and complex considerations about how to maintain personal boundaries and protect family members from distress.

What remains underexplored in research on HIV disclosure is how openness and secrecy about HIV affect gay and bisexual men's decision-making about reproduction. Historically, gay men's friendships with women have provided a basis for various kinds of reproductive relationships, from sperm donation with no involvement in childrearing to full co-parenting grounded in biological fatherhood – and anything in between (Weston 1991). The 'lesbian baby boom' of the 1970s relied to a large extent on sperm from gay men who would sometimes become involved as co-parents. This changed in the 1980s when, in the face of the AIDS crisis, lesbians became more reluctant to approach male friends as potential sperm donors, turning instead to the growing fertility industry (Mamo 2007). Gay men continue to enter into sperm donation and co-parenting arrangements, not only with lesbians (Côté and Lavoie 2019; Dempsey 2010; Herbrand 2018; Riggs 2008) but also with heterosexual women (Erera and Segal-Engelchin 2014). However, studies of such reproductive relationships rarely mention HIV, while HIV research has paid little attention to the complexity of queer family-making. A notable exception is a study of couples of mixed HIV status in Australia, which provides insights into gay men's pursuits of parenthood and the 'unexpected ethical questions' that may emerge in the process, including questions around disclosure (Newman, Persson, and Ellard 2018, 1535).

This article reports findings of an interview study which explored thinking about parenthood among gay men living with HIV in London. As noted in previous publications (Pralat, Anderson, et al. 2021; Pralat, Burns, et al. 2021), interviewees expressed a range of parenting desires and intentions, which had been shaped in complex ways and had usually changed over time. The men also demonstrated various understandings of what reproductive options were available to them. Among other things, the study shed light on how the men perceived different pathways to parenthood – and the role HIV may play when it comes to becoming a parent through the various routes. In addition to surrogacy and adoption, which we have written about before, the interviews inquired about the possibility of having children with female friends, which is the focus of this article. The study revealed that it was not uncommon for the men to have been asked to be a sperm donor by women who, although friends, were often unaware of the men's HIV status. The question thus posed a dilemma as some men had to consider not only whether they would be happy to provide their sperm but also whether they were prepared to tell their friends about living with HIV.

Methods

As part of a wider study with patients and healthcare practitioners at four HIV clinics in London, 25 men living with HIV, aged 20-45 and without children, took part in in-depth qualitative interviews. The interviews, conducted by the first author in 2016, explored what men thought about parenthood, what effect HIV had on their thinking and how the possibility of having children or remaining childfree related to other aspects of the men's intimate lives. Here, we summarise the study's methods, which are described in detail elsewhere (Pralat, Anderson, et al. 2021; Pralat, Burns, et al. 2021). The study was approved by the London – Camberwell St Giles Research Ethics Committee and by the School of Humanities and Social Sciences Research Ethics Committee at the University of Cambridge. All participants provided written informed consent to take part in the study.

Participants

The men's median age was 35; they were born between 1970 and 1995. All but two identified as gay;[2] none identified as trans. Just over half were UK-born, eight were originally from outside Europe and four from a European country other than the UK. Using the ethnic group categories from the UK census, 17 men were white, five Asian, two mixed-race (white/black) and one black. Of the 25 men, 14 were single or dating and 11 had a male partner (of these, four were married or in a civil partnership). Eight men had an HIV-negative partner and three a partner who was also HIV-positive. The men were diagnosed with HIV between 2001 and 2016 (the time since diagnosis ranged from one month to 15 years). All men were in receipt of antiretroviral treatment at the time of the interview. Although they were not asked about it directly, most men said at some point during the interview that their viral load was 'undetectable'.

Data collection and analysis

All interviews were conducted and audio-recorded in private rooms in the clinics where the men received treatment and where they had been recruited to take part in the study by clinical research staff. The average length of interviews was just over an hour and a half. An interview topic guide was used flexibly. Among other things, men were asked about their views on having children and their broadly understood intimate relationships, including partners, family and friends. HIV was addressed in relation to these topics and interviewees spoke at length about being diagnosed and living with HIV, including experiences of revealing and concealing their status.

Once the interviews had been transcribed, the first author analysed the transcripts, reading them multiple times in search of common themes, using a combination of deductive and inductive coding. The starting point for this article was an observation that, during the interviews, seven men mentioned female friends who had considered them as potential sperm donors and/or co-parents. For some men, this prompted dilemmas related to disclosure. A concurrent review of the literature led to two observations: HIV disclosure has not been examined in this context before, while recent research on sperm donation and co-parenting has not attended to HIV, despite its historical significance. Interview transcripts were thus re-read in search of the men's accounts of (1) openness and secrecy about HIV across intimate relationships, and (2) the possibility of sperm donation or co-parenting.

An analytical grid organised relevant interview extracts by participant and by confidant group, allowing comparisons between cases and across relational contexts. This framework made it possible to understand disclosure dilemmas in the specific circumstances of friendship-based reproduction and against a backdrop of varied and complex interactions and connections.

Findings

We present our findings in two sections. First, looking across personal relationships, we explain how and why the men interviewed in our study shared or concealed that they had HIV. This outline provides a background to the second section, in which we show how the men felt about, and dealt with, questions about becoming a sperm donor to their female friends. Adopting as a sensitising concept a phrase used by one of our interviewees, we elaborate on how the prospect of 'compound disclosure' – the necessity of making multiple people aware of one's HIV-positive status – can make men think very carefully about answering what we call the 'sperm donor question'. Throughout our analysis, we use pseudonyms and illustrative quotations.

Partners, family, friends: navigating intimate relationships while living with HIV

As we would expect based on previous research, gay men interviewed for this study overwhelmingly regarded HIV as a private matter. With a few exceptions, the men were highly selective about sharing their status with others and they explained their rationale differently as they described relationships with partners, family and friends.

Interviewees recounted a variety of situations in which they needed to decide whether or not to share their HIV status with men they were about to have, or had just had, sex with; with men they were dating or meeting online; and with men who, sometimes unexpectedly, ended up becoming long-term boyfriends. The interviews included vivid descriptions of reactions the men received when, in one way or another, their status became known to their partners: from angry accusations and apologetic rejections to supportive acceptance, sometimes informed by good knowledge about HIV, at other times accompanied by both ignorance and openness to learning about the virus and the implications of being undetectable.

The men adopted various approaches when it came to intimate contact with other men. Some had a policy of sharing their status on the first date or before the first sexual encounter; others preferred not to tell for as long as their partners remained casual: the men did not consider themselves as putting sexual partners at risk and feared that HIV would define them if they told others about it too soon.[3] Still others had a preference to date or have sex with other men who were HIV-positive to avoid the possibility of rejection. Whatever the approach, the men's narratives highlighted that finding the right time to tell was rarely easy. Neither was anticipating people's reactions.

'It just scares me,' said recently diagnosed 20-year-old Jason. 'The thought of getting invested in someone and liking them and then telling them and then them being not okay with it. I just feel like it's going to be such a thing, you know.' Despite some acknowledgement that gay men had become more informed about what it means to have sex with someone when their HIV viral load is undetectable, most interviewees were reluctant to be open about their status. Lee, aged 29, explained: 'I just prefer not to put myself into that second-class citizen position in a relationship with anyone. Because the moment I tell someone, their perspective of me suddenly changes and I become this person with HIV instead of just a person. And I'm not comfortable with that.'

Aware that, even among gay male peers, there was still much stigma around HIV, most men kept their status from their family. Of the 23 interviewees who talked or were asked about it, 15 had not told anyone in their family; in six cases, the family knew the man had HIV; and, in two cases, the men had told their siblings but not their parents.

The minority of men who had shared their status with family did so either immediately after they found out about it themselves or when they had fallen ill. For example, 23-year-old Owen called his mother as soon as he received his diagnosis while at university: 'It was the double barrel shotgun of HIV and gay in one phone-call session.' Peter, aged 35, told his parents when his CD4 cell count (indicating the health of the immune system) had dropped to an 'alarmingly low' level: 'I had to go on medication and that was actually the reason why I wanted to tell them. Because I always thought, as long as everything's fine, there's no reason to tell them, because why would I worry them if, you know, there's nothing to worry about?'

Indeed, the main reason for not telling family, especially parents, was because the men did not want to worry their loved ones about something that, on one hand, was seen as likely to cause worry and, on the other, did not worry so much the men

themselves. As 33-year-old Ben explained, he had not told his parents because 'they would be really scared':

> One of the first things my mum spoke to me about when I came out was HIV. She was really worried about me catching it. I think because of the way that things have progressed now, I could tell them, but I see absolutely no reason to. I don't see what it would achieve. If it was causing me huge issues personally, then I would tell them, or I think I should tell them, because I would need that support. But I don't need any support with it. So why drag my parents into it? They're old, they don't need that. I don't need it. So what's the point?

Like Ben, most men saw no need, use or benefit in telling family about their status, as they considered themselves healthy, well and fine. In many cases, too, the men lived far away from family and did not see them often, which added to the reluctance about disclosure. At the same time, the majority were open with family about being gay and had good relationships with their parents, even if some men had mixed past experiences of coming out. As the men feared a negative reaction to their positive status, most did not question their parents' ability to accept it or be supportive; it was the upset and stress that the men were keen to avoid.

The men were somewhat more open about their HIV status with friends than family. Of the 23 interviewees who talked or were asked about it, 13 had told one or a few friends; five were generally open with their friends about living with HIV; and further five had not told any friends.

Two men had decided to tell all their friends at the same time, partly as this avoided uncomfortable one-to-one conversations (and having to decide when to have them). One man took part in a sports event, fundraising for an HIV charity, which gave him an opportunity to explain his participation while asking his friends for donations. Another man made an announcement revealing he had been living with HIV as his friends attended his birthday party. Most men, however, were highly selective in telling friends about their status. A common approach was encapsulated in the following quotation from 37-year-old Phil:

> I've got my close circle of friends that know and, other than that, it's not something I would talk about. Not because I'm necessarily ashamed of it, but because it's… it's almost like coming out as gay. I think as a gay person, you've always got to be a little more… I think, to some degree, you've got to work a little bit harder because you've got to judge your situations. If you're going to tell someone, you've got to manage that situation, and you've got to be aware that it might not go the way you want it to go.

In this quotation, two comments echo sentiments expressed by other interviewees. First, Phil was not the only man to clarify that his decision to keep HIV private was not because of feeling ashamed. Three other men made a similar remark, highlighting that they were *not ashamed* of living with HIV (the same comment was also made by two men who were generally open about their status). Second, Phil was one of five men who explicitly compared disclosing their HIV status to coming out as gay. The comparison emphasised the familiar feeling of perpetual uncertainty about how others might respond to disclosure as well as the necessity of continual judgement and management of social situations to minimise the risk of a negative reaction. Despite the assertion by some men that, ostensibly, there

was no shame in having HIV, both the need to assert this and the awareness that disclosure 'might not go the way you want it to go' imply the persistence of stigma surrounding the virus. This is evident too when we look specifically at the men's friendships with women.

The sperm donor question and the spectre of compound disclosure

In the interviews, seven men mentioned female friends who had asked them in the past – with various degrees of seriousness – about being a sperm donor or about pursuing parenthood together. Three other men talked about their partners or male friends who had engaged in similar conversations. The 'sperm donor question' often came from lesbian friends, though some of the women asking were heterosexual. While only one man described an existing reproductive relationship between a gay man and a woman (when talking about a male friend), interviews suggested that it was not unusual for gay men and their female friends to consider conceiving and parenting jointly. All seven men who spoke about their own experiences were single (one had recently begun a relationship but was single when his friend asked him the question). The likelihood of considering such arrangements did not seem related to cultural background or generation. The extent to which the question appeared 'serious', however, did increase with age.

Thinking about the idea of parenting with a friend, 20-year-old Jason said, half-jokingly: 'I've got several deals on at the moment: if we're both single by 40, we'll have a child together.' Paul, aged 45, recalled how, as a younger man, he would offer his single girlfriends to 'give them a baby' if, by the time they were 35, they had no partner to have a child with: 'It was a comment that you make as a joke. But as it becomes more and more relevant, you think, oh hell, I shouldn't have said that.' What was once an abstract scenario became more real for Paul as he reached his 40s and a friend with whom he had a fleeting conversation about it in the past was interested in exploring the topic in more detail: 'My friend is talking really seriously about sort of single parent and the donor – and what better donor than I? And I sort of think, oh god! I really don't know where I stand on it.'

As we report elsewhere (Pralat, Burns, et al. 2021), for some men interviewed in the study, being diagnosed with HIV made them see themselves as no longer suitable to provide sperm to their female friends, even if they had considered it previously. This was because of the perceived risk of HIV transmission. In some cases, the very fact of being HIV-positive meant that the men considered themselves 'disqualified'. In others, it was the viral load, as an indicator of infectivity, that guided the men's thinking: having a detectable viral load, rather than HIV itself, was the criterion for disqualification. For example, 39-year-old Tony mentioned receiving a text message from a female friend who was 'speaking broody' and asked him if he would consider being her sperm donor: 'I was just like, okay, I can't really help you there. Because my viral load was actually quite high at the time, so I couldn't really do anything.' It was not clear if Tony had explained his reasoning to his friend or, indeed, if she knew about his HIV status. But when asked if he would have considered providing his sperm to his friend had his viral load been undetectable, he admitted: 'I would have actually, to be honest. I really, really would have.'

Becoming aware that having an undetectable viral load meant HIV could not be passed on made some men re-evaluate their options. At times, it involved revisiting questions which the men had been asked, and answered, before. Peter, aged 35, had been made to consider being a sperm donor a number of times by his colleague. He recalled:

> [My colleague] first asked me [to be her sperm donor] when I didn't know about [my status]. And then, when it was raised again, I was already HIV-positive. So I kept on saying yes, yes, yes, but then I thought, like, no. I didn't want to tell her, you know, that I had HIV. So, yes, I never told her. And then, when she asked me more recently, that was with the knowledge that I can, you know, I can prevent passing HIV on, and I was like, yes, yes. But then [if she asks me again] I guess I will have to think about how I would tell her about HIV.

The way Peter approached the possibility of providing sperm for his colleague had changed over time. Initially willing to be a sperm donor, he excluded the possibility when he was diagnosed with HIV. He subsequently returned to his affirmative position, having become aware that being HIV-positive did not mean he would pose a risk of infection – to his colleague or her child. But even though, most recently, Peter was agreeable to being a sperm donor, knowing that he could not pass HIV on, he was not yet sure about how to tell his colleague about HIV.

For some men, then, it was neither HIV *per se* nor a detectable viral load that posed a barrier to becoming a parent with a female friend – it was the concern about telling other people. William, aged 28, had a close friend who had previously asked him to consider conceiving and parenting a child together. Pondering the possibility of accepting his friend's invitation, he observed:

> It's not quite anymore just a conversation about, do I want to have children? It's also: do I want to disclose my HIV status to my friend? And then, by default, would she then want to—well, she would definitely want to disclose that to, if she had a partner at that point, her partner. But would they then want to disclose that to their parents to explain why there are additional steps that we're all going through? And does that then become this big compound disclosure that I'm not sure I really want to do? So the conversation would have just been about if I wanted to be actively involved in the child's life and to what degree. The HIV diagnosis has definitely made it far more complex.

William recognised that, if he were to discuss the possibility of having children with his friend, it would not be just a conversation about parenthood; it would also be a conversation about HIV. Crucially, revealing his HIV status would not be a one-off secret-sharing event between him and his friend. If they were to decide to have a child together, the secret would likely need to be shared further: with the friend's partner, the couple's parents and probably others. William did not feel prepared for this 'compound disclosure', which would leave him with little control over who else found out about what he has thus far kept private.

William's narrative brings to the fore the networks of relationships that he and his friend, as potential co-parents, were embedded in. It also illuminates the extent to which openness and secrecy structure intimacy within these extended networks. Research on donor conception has highlighted the importance of wider family relationships, showing how decisions about conceiving with donor sperm, whether the

specimen comes from a friend or a stranger, are not made in a social vacuum. Instead, they are complicated by, and can complicate further, relationships with prospective grandparents and other kin (Nordqvist and Smart 2014). Deliberations about the possibilities of future parenthood among lesbians and gay men, who may consider involving friends in their reproductive pursuits, often involve a mental mapping of this relational complexity (Pralat 2016). This in itself leads many to conclude that the process of becoming a parent is simply too complicated (Pralat 2018). As William explained, being HIV-positive adds another layer of complication, because the conversation about parenthood would necessarily involve openness about what, despite the closeness of his friendship, had hitherto remained a secret. Whatever William's feelings about parenthood or the prospect of pursuing it with his friend, his decision about having children was dependent on his decision about sharing or keeping his secret.

Discussion

Interviews with gay men living with HIV reveal the complexity of navigating intimate relationships – not only with sexual partners, but also with family and friends. Despite the advances in HIV treatment and prevention, allowing people with HIV to live in good health and avoid passing the virus on, most men who took part in our study kept their status from others. The men were generally reluctant to be open about it with potential partners, unwilling to share it with family and disinclined to tell friends. In a sexual context, disclosure was often considered unnecessary because of the perceived lack of risk. In non-sexual contexts, the men saw even less need or benefit to be open about having HIV. The possibility of providing sperm to female friends, in a joint pursuit of parenthood, disrupted the preference for keeping HIV strictly in the private domain, as the men seemed to take it as given that they would need to open up about their status in such circumstances. Asked to be a sperm donor, some men faced a dilemma: is the willingness to help a friend have a child, or the desire to become a parent in this way, strong enough to allow a well-kept secret to be shared with others?

Existing research on openness and secrecy about HIV has focused largely on interactions with sexual partners. This is understandable considering the risk of HIV transmission through sex and the related possibility of negative consequences for people living with HIV, from rejection in cases of disclosure (Adam et al. 2015; Hibbert et al. 2018; Smith, Cook, and Rohleder 2019) to criminalisation in cases of non-disclosure (Bourne et al. 2022; Hoppe 2017; Mykhalovskly 2011).[4] Adding to the sizeable amount of evidence documenting the complexity of navigating intimate relationships, recent studies have explored how HIV impacts intimacy beyond sexual encounters (Campbell 2021; Newman, Persson, and Ellard 2018; Smith et al. 2021; Wells et al. 2023). This study, zooming out onto wider networks of personal relationships and examining possibilities of parenthood based on friendships between women and gay men, provides new insights into how openness and secrecy about HIV shape people's intimate lives. As such, our findings advance knowledge about HIV disclosure and concealment in a context where medical advances create new possibilities for people living with HIV but where HIV stigma persists, keeping HIV firmly in the private sphere.

Recent studies of gay and bisexual men living with HIV have shown the continued mental effort required in managing disclosure, whether this be the 'moral labour' in navigating relationships with sexual partners (Dong et al. 2021) or the 'emotion work' involved in communicating with family members (Campbell 2021). Our data echo these findings. In addition, by shedding light on reproductive possibilities founded on male-female friendships, our findings demonstrate further how, for younger gay men, confirming or redefining the boundaries of openness and secrecy about HIV is part of the everyday management of their, broadly defined, intimate relationships.[5] Much of this effort is likely to go unnoticed as people living with HIV, finding themselves in a variety of social situations, constantly deliberate on the relative costs and benefits of disclosure (Persson and Richards 2008).

Men in this study were understandably wary of telling others about their HIV status. As shown in previous research, many people living with HIV experience unwanted disclosure, often with damaging consequences (Bell, Aggleton, and Slavin 2018). It is thus important for individuals who decide to tell others about being HIV-positive to 'frame the narrative' and 'control the audience' (Philpot et al. 2022). This control, however, is inevitably limited because, once the secret is shared and there are others who know, one is no longer in charge of determining who else is told or how the secret is shared further. The act of telling one person can become, to use William's term, 'compound disclosure', with the number of people told likely to grow and the knowledge spreading in ways that can be difficult to predict at a time when the secret first leaves its holder.

As our data show, it is not unusual for gay men to be asked by female friends about being a sperm donor, especially if the man is single. When gay men live with HIV, as many do,[6] responding to questions about sperm donation and, potentially, co-parenting involves decisions about openness and secrecy with regard to HIV as well as considerations about parenthood *per se*. There is now a substantial body of work documenting experiences of sperm donors (Almeling 2011; Graham 2022; Mohr 2018; Nordqvist and Gilman 2022; Wahlberg 2018; Wheatley 2019), including men donating sperm outside the clinical context (Bergen and Delacroix 2019; Freeman et al. 2016) and a small amount of research exploring perspectives of gay men who have provided sperm to their lesbian friends (Dempsey 2012; Scholz and Riggs 2014). This is, to the best of our knowledge, the first study to focus specifically on gay men who have been asked to donate sperm by their female friends but have not done so. Our findings demonstrate that reproductive decision-making is sometimes not primarily about having children. In some cases, a male friend's negative answer to the 'sperm donor question' might be motivated by factors other than feelings about parenthood. It is possible to envisage that some co-parenting arrangements between women and gay men fail to materialise because of decisions about keeping HIV secret – which may not be how the motivations of a man declining to be a sperm donor are understood by the woman who has asked him to consider it. Future studies should explore perspectives of a wider range of men who are asked by their female friends to provide sperm in order to understand what other considerations shape responses to such requests.[7]

The interviews this article draws upon were conducted in 2016, just a few months after the launch of the Undetectable = Untransmittable campaign, which highlighted

that people living with HIV whose viral load is undetectable cannot pass the virus on through sex. Since then, as scientific evidence has confirmed that there is effectively zero risk of HIV transmission when the viral load is suppressed (Rodger et al. 2019), the U = U message has been amplified by HIV organisations, medical associations and public health bodies. It may be that, were the interviews conducted now, more men would be open about living with HIV.

What has not changed since our data collection is that men interviewed for this study would still only be able to provide sperm to their friends in informal donation arrangements – that is, without clinical intervention. The safety of insemination would need to be assumed on the basis of the man's undetectable viral load, and the trust between the man and his friend. The woman could not inseminate in a clinic because, in the UK as in most other countries, people living with HIV are excluded as donors of eggs as well as sperm. This occurs despite the fact that fertility clinics do assist heterosexual couples where the man is HIV-positive. The exclusion of non-heterosexual people living with HIV from services offering assisted reproduction, apart from overlooking reproductive relationships based on friendship, likely contributes to the perception of HIV-positive men as unsuitable for sperm donation. This, in turn, perpetuates HIV stigma which makes so many people living with HIV decide to keep their status from others.[8]

Conclusion

In the light of socio-legal changes over the past two decades, in Western countries such as the UK, increasing numbers of same-sex couples become parents through adoption, surrogacy and clinical insemination with donor sperm. However, for many lesbian, gay and bisexual people, pursuing parenthood through these routes is either financially prohibitive or otherwise inaccessible or undesirable. Some men and women may ponder instead having children together with friends. While most such deliberations may not lead to parenthood, and many conversations about sperm donation are not particularly serious, our findings suggest that they are not uncommon either. Previous research has explored experiences of gay men who are sperm donors to, and at times co-parent with, their female friends. This study contributes to this literature by examining the 'sperm donor question' and one possible dilemma that some men who are asked such a question may be faced with: the prospect of sharing an HIV-positive status.

In line with other studies on HIV and relationships with family and friends, findings reaffirm that the emotional labour of managing HIV disclosure is not limited to sexual encounters: it concerns all personal relationships, including potential or imagined arrangements between women and gay men to conceive together and, potentially, co-parent. As our findings reveal, sometimes reproductive decision-making is not only about having children. A negative answer to the sperm donor question might have less to do with how men feel about parenthood and more with considerations of consequences that a positive answer could lead to. For men living with HIV, one such consideration is whether one is prepared for 'compound disclosure' that becoming a sperm donor would require but for which, due to persistence of HIV stigma, few men may be prepared.

Notes

1. We acknowledge that the term 'HIV disclosure' itself can be stigmatising. We use the word 'disclose' with a critical awareness of its problematic connotations, interchangeably with the more neutral 'share' and 'tell', to reflect the common use of the word in the literature and in the interviews we draw upon in this article.
2. Although our study recruited both gay and bisexual men, only one participant identified as bisexual (another one did not identify as either at the time of the interview).
3. This is in line with advice provided by HIV organisations in the UK. For example, in their guide to disclosure and HIV, HIV Scotland and the National AIDS Trust explain: 'You do not have to tell a sexual partner that you have HIV, as long as you take appropriate precautions to prevent sexually transmitting HIV' (2016, 6).
4. Criminalisation provisions differ between jurisdictions. In England and Wales, while there is no legal obligation to disclose an HIV-positive status to a sexual partner and no liability merely for exposing someone to the risk of infection (unless a deliberate attempt to transmit is proven), there remains a risk of being prosecuted for reckless transmission of HIV (for details, see Weait 2019).
5. There are parallels here with the 'emotion work' of gay sperm donors described by Riggs (2009) and how it may deter men from donating.
6. Based on estimates from Public Health England (O'Halloran et al. 2019), 1 in 11 gay and bisexual men in England – and 1 in 8 in London – are HIV-positive, with a total of 49,800 gay and bisexual men estimated to be living with HIV in the UK in 2018.
7. A gay man asked to be a sperm donor may be the most common scenario for friendship-based reproductive pursuits but it is, of course, not the only configuration. It can be men who instigate such arrangements too. And it can be women who may volunteer to be a 'third party' in gay men's planning for parenthood, which can also get complicated with HIV. For example, Newman, Persson, and Ellard (2018) report a case of male partners who discovered that one of them was HIV-positive shortly after their friend's initial offer to be their surrogate.
8. At the time of this article's publication, the UK government had just committed to changing legislation on gamete donation to allow people living with HIV to donate eggs and sperm.

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