

Support for family diversity: A three-country study

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Abstract

Objective: To understand levels of support for differences between families in terms of sexuality and mode of family formation across three countries.

Background: Previous research has found that attitudes towards family diversity continue to improve over time, though differences remain.

Methods: 1605 people living in Australia, the United Kingdom or the United States completed a questionnaire which sought to explore levels of support for a diverse range of family forms and modes of family formation.

Results: Religiosity, political leanings, and beliefs about the importance of genetic relatedness were all correlated with level of support. Gender of participant was a

predictor of level of support. Cluster analysis indicated three clusters (unsupportive, neutral, and supportive) for level of support, for which both sexuality and parent status were predictors.

Conclusion: Findings highlight the normative status of reproductive heterosex, and demonstrate the considerable value accorded to genetic relatedness.

Keywords: family, diversity, attitudes, support, genetic relatedness

Introduction

Discussions about ‘family diversity’ often focus on those families located outside the norm of heterosexual couples who conceive children through intercourse. As such, diversity, framed in this way, is used to refer to individuals, rather than couples, having children; non-heterosexual people having children; to families formed through surrogacy, adoption, or assisted reproductive technologies; and to families where children are not present. Whilst a focus on such ‘diversity’ has been important in terms extending family-focused research beyond the norm, it can tend towards positioning those located within the norm as somehow outside of ‘diversity’. By contrast, the present paper aims to contribute to a shift in thinking, such that all families, regardless of mode of formation or family structure, are conceptualised as part of the broad category of ‘family diversity’.

Certainly, attitudinal research conducted over the past three decades has at times adopted a comparative approach, most prominently in the United States, the United Kingdom, and Australia. Focusing on these three countries – as the research reported

in this paper does – attitudes towards lesbian or gay parents have been found to improve over time, though still comparatively less positive than attitudes towards heterosexual parents (Dempsey & Critchley, 2010; Weigel, 2008). Similarly, attitudes towards both assisted reproductive technologies (including surrogacy) have become more positive (Kovacs et al 2003; Park, et al 2013), though such technologies are still typically benchmarked against the norm of reproductive heterosex. Attitudes towards both permanent foster care and adoption have remained relatively consistent, though community surveys indicate that whilst a majority of people endorse the importance of providing homes to children who cannot live with their birth parents, very few people report a willingness to actually adopt or foster children, the reasons given for this being the idealised security that conceiving and birthing a child is believed to provide (Adopt Change, 2015; Schwartkof et al 2006). Finally, in terms of single parents, whilst there has been some improvement in public attitudes towards this population, single mothers in particular tend to be viewed more negatively than do parent couples (DeJean, McGeorge & Carlson, 2012).

Attitudinal research has consistently identified a common set of demographic variables that predict levels of support for modes of family formation and family forms. Prominent amongst these are political leanings or affiliation (Brumby & Levine, 1986; Dempsey & Critchley, 2010; Fortin & Abele, 2016; Whitehead & Perry, 2016) and religion (Brumby & Levine; Constantinidis & Cook, 2012; Dempsey & Critchley; Morse, McLaren & McLachlan, 2008; Whitehead & Perry), with those who are more conservative in their politics and more religious having more negative attitudes. Other demographic variables have in some studies been identified as predictors of attitudes, including gender (with men displaying more negative attitudes;

Dempsey & Critchley; Kovacs et al 2012; Morse, McLaren & McLachlan; Perry & Whitehead, 2015), highest educational achievement (with more highly educated people displaying more positive attitudes; Dempsey & Critchley; Kovacs et al), and age (with older people displaying more negative attitudes; Morse, McLaren & McLachlan; Perry & Whitehead).

Whilst previous research indicates relative consistency when looking at demographic variables across the three countries of interest in this paper, there are notable differences between the countries, specifically with regard to the acceptability and availability (or otherwise) of specific pathways to parenthood. For example, in Australia, both domestic and international adoption are very limited, at the time the research reported in this paper was conducted lesbian women and gay men were not able to adopt in all states, commercial surrogacy is illegal, and rates of altruistic surrogacy are very low (Riggs & Bartholomaeus, 2016). Conversely, permanent foster care is a common practice in Australia. In the United States, commercial surrogacy is routinely practiced in a number of states (most notably by gay men), with domestic adoption rates being relatively high compared to Australia due to foster care being the less preferred option for permanent out-of-home care (Centers for Disease Control and Prevention, 2014; Children's Bureau, 2015). Similarly, in the United Kingdom domestic adoption rates are relatively high, though foster care remains the primary form of out-of-home care (Department for Education, 2015). Commercial surrogacy is banned in the United Kingdom, though altruistic surrogacy rates are much higher than in Australia (Horsey, 2015). In both the United States and the United Kingdom lesbian women and gay men are able to adopt in most jurisdictions.

Whilst these inter-country differences are likely to result in differences in attitudes, cross country comparative attitudinal research has been hampered by a lack of consistency in the measures used. The research reported in this paper sought to address this limitation by undertaking a three country survey of levels of support for differing family forms and modes of family formation. The research specifically sought to investigate:

- 1) Any inter- or intra-country differences in terms of levels of support,
- 2) The contribution that a range of predictor variables make to how supportive participants are towards particular family forms; specifically predicting that more religious and politically conservative people, and those with lower levels of education would be less supportive, and that men would be less supportive,
- 3) Whether or not there are discrete clusters in terms of support, and
- 4) Whether or not reproductive heterosex, as an implicit norm, is most favoured.

Materials and Method

The research reported in this paper utilised a between-subjects, non-experimental design.

Ethical Approval

Approval for the research was granted by the Flinders University Social and Behavioural Research Ethics Committee.

Participants

A convenience sample was recruited via the SurveyMonkey Audience service.

Inclusion criteria were that potential participants lived in Australia, the United States, or the United Kingdom, and that they were aged 18 years or older. Of the 1696 people who started the questionnaire, a total of 1605 completed the questionnaire, constituting a completion rate of 94.63%. No information is available on how many individuals received the SurveyMonkey Audience invitation to participate email.

The SurveyMonkey Audience service utilises panels of people derived from the 30 million people each month who complete surveys hosted on SurveyMonkey.

Invitations to join panels are sent to individuals who complete a survey, and those who agree to join a panel are able to nominate a charity to whom a donation is made following participation. Participants also have the chance to win a \$50 iTunes voucher. SurveyMonkey panels are typically representative of the population from which they are derived. In the present study, the average income and age of the sample from each country (see Table 3 below) was similar to that reported from national data (Australian Bureau of Statistics, 2013; 2016; HM Revenue & Customs, 2014; Office for National Statistics, 2013; United States Census Bureau, 2016a; b).

Procedure

A questionnaire was designed by the authors, based in part on Dempsey and Critchley's (2010) survey of comfort with assisted reproductive technologies. The SurveyMonkey Audience service was selected as a recruitment source due to its non-

payment of participants (which potentially reduces response bias), and its capacity for accessing potential participants in the three target countries. Payment was made for the use of this service, based on a requested sample size of 500 participants per country. The questionnaire went live on March 5, 2016, at which time the SurveyMonkey Audience service emailed a random sample of individuals in their database living in the three countries, with an invitation to participate. The requested sample sizes were met, and indeed exceeded, within the following week, at which point data collection closed.

Measures

The questionnaire began with an information screen, asking potential participants to consent to proceed with the questionnaire having read and understood the information presented. Participants were then provided with a list of descriptions of the modes of family formation under consideration in the questionnaire, as outlined in Table 1. These descriptions were based on the authors' previous research on family diversity (Authors, 2016).

[INSERT TABLE 1 ABOUT HERE]

The questionnaire included four sections. The first collected demographic information on age, gender, sexual orientation (heterosexual or non-heterosexual), degree of religiosity (1=not at all religious, 2=somewhat religious, 3=quite religious, 4=very religious), political leaning (1=liberal, 3=neutral, 5=conservative), ethnicity, highest

educational achievement, annual income, whether or not participants were parents, and country of residence.

The second section focused on parenting, with parent participants answering questions about the modes by which they had children, and the modes by which they would have considered having children. Non-parent participants were asked the modes by which they would have children in the future, if they planned to have children.

The third section focused on levels of support, and asked participants to “rate each of the following modes of family formation according to the degree of support you feel”, differentiated by sexual orientation (heterosexual, lesbian, or gay) and relationship status (coupled or single), using the scale 1=not at all supportive, 2=somewhat supportive, 3=neutral, 4=quite supportive, 5=very supportive. There were a total of 41 items in this section, two being about reproductive heterosex (heterosexual couple or single heterosexual woman), four about assisted reproductive technologies (heterosexual couple, heterosexual single woman, lesbian couple, single lesbian woman), and seven each about foster or permanent care, domestic adoption, international adoption, altruistic surrogacy, and commercial surrogacy (heterosexual couple, single heterosexual woman, single heterosexual man, lesbian couple, single lesbian woman, gay couple, single gay man).

In the fourth section participants responded to a six-item measure designed by the authors to assess beliefs about the importance of genetic relatedness. The measure

utilised a scale where 1=totally disagree, 2=somewhat disagree, 3=neutral, 4=mostly agree, 5=totally agree. The items for the measure are outlined in Table 2.

[INSERT TABLE 2 ABOUT HERE]

Statistical Analyses

All analyses were performed utilising the Statistical Package for the Social Sciences, version 21.0. Item sum means were calculated for level of support questions that asked about each of heterosexual, lesbian, and gay individuals, collapsed into these three categories. Item sum means were also calculated for levels of support questions that asked about each of the modes of family formation, collapsed into the seven modes outlined in Table 1. Item sum means were necessary given that each of these groupings did not have the same number of items, though did utilise the same scale. The mean was calculated for the beliefs about the importance of genetic relatedness measure, in addition to Cronbach's alpha, $\alpha = .912$. A factor analysis was performed to assess the unidimensionality of the measure. As indicated in Table 2, all of the items were strongly correlated with one another, and the factor analysis indicated a single factor solution, explaining 68.7% of the variance. Descriptive statistics were calculated for the demographic variables.

Student's t-tests, ANOVAs, and χ^2 tests were calculated to determine if there were statistically significant differences between the three countries in terms of any of the variables. This was only the case for ethnicity, $F(3, 1605) = 7.432, p = .001$, and income $F(3, 1605) = 5.180, p = .001$. Given neither of these variables were

statistically significant predictors of the variables of interest in the analysis presented below, and given country of residence was not statistically significantly related to any of the level of support items nor the measure of beliefs about the importance of genetic relatedness, for the purpose of subsequent analyses the three countries were combined and treated as one sample.

Bivariate correlations were calculated for the continuous variables indicated by previous research as likely to be related, specifically religiosity, age, political leaning, and beliefs about the importance of genetic relatedness. Student's t-tests were used to calculate the relationship between categorical variables with two levels indicated by previous research as likely predictors of level of support for both modes of family formation, and sexual orientation of parents, specifically gender, sexual orientation, and whether or not participants were parents. Cohen's d was used to assess effect sizes for t-tests. ANOVAs were used to calculate the relationship between categorical variables with more than two levels indicated by previous research as likely predictors of support for both modes of family formation, and sexual orientation of parents, specifically income and education.

Given the statistically significant bivariate correlations and Student's t-test identified, simultaneous multiple regressions were calculated with both each of the combined sexual orientation item sum means, and each of the combined mode of family formation item sum means as dependent variables. Cohen's f^2 was used to calculate effect sizes for regressions.

In order to determine if levels of support could be usefully clustered into groups, two-step cluster analyses were undertaken utilising Euclidean distance measures for both all three sexual orientation groupings, and all seven modes of family formation. Chi Squares were then calculated to assess the relationships between clusters and categorical variables indicated by previous research as likely predictors, specifically sexual orientation and whether or not participants were parents.

Results

Participant Characteristics

Although as noted above, for most demographic variables there were no statistically significant differences between the three countries, Table 3 presents descriptive statistics for each of the demographic variables, differentiated by country. In terms of key demographic variables under consideration in the analyses below, the majority of participants in each country were heterosexual, and there were relatively even numbers of parent and non-parent participants. In terms of religiosity, on average participants were ‘somewhat’ religious, and in terms of political leaning on average participants were ‘neutral’.

[INSERT TABLE 3 ABOUT HERE]

In terms of modes of becoming or intending to become parents, the majority of participants indicated that this had, or would be likely to, occur following reproductive heterosex, as outlined in Figure 1.

[INSERT FIGURE 1 ABOUT HERE]

Predictors of Levels of Support

As noted above, neither ethnicity nor income were statistically significant predictors of how supportive participants felt towards different groups, either with regard to sexual orientation, or mode of family formation. Additionally, neither age, sexual orientation nor highest educational achievement were significant predictors. Whether or not participants were parents was only a significant predictor for two of the combined level of support variables. Parent participants were less supportive of gay men becoming parents ($M=27.18$, $SD=10.33$) than were non parent participants, ($M=29.42$, $SD=10.06$), $t = 3.363$, $p = .001$, $d = 0.219$. Parent participants were also less supportive of lesbian women becoming parents ($M=29.80$, $SD=10.13$) than were non parent participants, ($M=32.86$, $SD=10.87$), $t = 3.057$, $p = .001$, $d = 0.291$.

The most consistently statistically significant predictors of support were gender of participant, religiosity, political leanings, and beliefs about the importance of genetic relatedness, as outlined in Tables 4-6. In terms of support for both mode of family formation and sexuality of parents, women were more supportive, less religious participants were more supportive, those with more liberal political leanings were more supportive, and the more participants believed in the importance of genetic relatedness the less supportive they were.

[INSERT TABLE 4 ABOUT HERE]

[INSERT TABLE 5 ABOUT HERE]

[INSERT TABLE 6 ABOUT HERE]

When combined together the four predictors outlined in Tables 4-6 (gender, religiosity, political leaning, and beliefs about genetic relatedness) explained a moderate amount of variance, though as can be seen in Table 7, the four predictors explained the most variance with regard to level of support for either lesbian women or gay men as parents, and the least variance with regard to support for heterosexual parents and/or families formed through heterosex.

[INSERT TABLE 7 ABOUT HERE]

Cluster Analysis

The two-step cluster analysis of level of support for sexual orientation identified a three cluster structure, with a Euclidean distance ratio of 1.61. As can be seen in Figure 2, these clusters were unsupportive (comprising 26.4% of the sample), neutral (comprising 31.0% of the sample), and supportive (comprising 42.6% of the sample).

[INSERT FIGURE 2 ABOUT HERE]

In terms of level of support for family formation, a three cluster structure was identified, with a Euclidean distance ratio of 2.29. As can be seen in Figure 3, the

three clusters were unsupportive (comprising 25.1% of the sample), neutral (comprising 36% of the sample) and supportive (comprising 38.9% of the sample).

[INSERT FIGURE 3 ABOUT HERE]

Chi Square tests indicated statistically significant relationships between the clusters and both participant sexual orientation and whether or not participants were parents, as can be seen in Table 8 and 9. Specifically, in terms of both the sexual orientation clusters and mode of family formation clusters, heterosexual participants and/or participants who were parents were less likely to be located in the supportive cluster, and more likely to be located in the unsupportive cluster, than would be expected in an even distribution.

[INSERT TABLE 8 ABOUT HERE]

[INSERT TABLE 9 ABOUT HERE]

Discussion

The findings reported in this paper both echo previous research and add new avenues to the study of attitudes towards family diversity, primarily in terms of the impact of beliefs about genetic relatedness, but also in terms of sexual orientation and parent status. In terms of previous research, the present study found that religiosity and political leanings were predictors of how supportive people feel with regards to family diversity (including both sexuality diversity and mode of family formation),

with less religious participants and those with more liberal political leanings being more supportive (Brumby & Levine, 1986; Constantinidis & Cook, 2012; Dempsey & Critchley, 2010; Fortin & Abele, 2016; Whitehead & Perry, 2016). Also in terms of previous research, the present study also found that gender is a predictor of support (Dempsey & Critchley; Kovacs et al 2012; Perry & Whitehead, 2015), with women being more supportive than men.

In terms of the reasons for the differences identified, previous research has clearly elaborated why more religious and politically conservative people are unlikely to support families other than those formed through reproductive heterosex between a married couple (Brumby & Levine, 1986; Constantinidis & Cook, 2012; Dempsey & Critchley, 2010; Fortin & Abele, 2016; Whitehead & Perry, 2016). In terms of gender, research on social dominance orientation – referring to whether an individual opposes or endorses existing social inequalities – suggests that men more than women are likely to endorse conservative views on equality (Pratto, Stallworth & Sidanius, 1997). Theories of social dominance orientation suggest that this is because those already in positions of relative social power are more likely to seek to maintain the status quo, whereas those in relatively marginalised positions are more likely to endorse social change. Male participants in the present study may have been more invested in a status quo that privileges heterosexual families formed through intercourse over all other family forms and modes of family formation.

With regard to the new avenues of focus introduced in this paper, both sexual orientation and parent status were predictors, with non-heterosexual participants found to be more supportive, and parent participants to be less supportive. This may

be explained through social identity theory (Tajfel & Turner, 1986). Specifically, social identity theory emphasises a distinction between interpersonal relationships determined primarily by individual characteristics, and intergroup relationships determined primarily by group memberships. Conflict is most likely to occur, as proposed by social identity theory, when group membership is more salient than an interpersonal relationship. So, for example, an individual heterosexual parent may have a positive interpersonal relationship with an individual non-heterosexual person and/or a person who is not a parent, but this does not automatically prevent them from having negative views of non-heterosexual people and/or non-parents as a whole.

Finally, and with regard to the key new avenue opened up by the present paper in terms of a focus on beliefs about the importance of genetic relatedness, it is of note that all of the correlations other than for heterosexual parents and reproductive heterosexual were negative, suggesting that participants viewed non-heterosexual parents and other modes of family formation as falling short of the norm of genetic relatedness. Contrarily, however, and as illustrated in Figure 3, it must be noted that both domestic adoption and permanent foster care were the most supported modes of family formation, following reproductive heterosexual. Comparing this to the number of participants who had, or who would consider having, children through either domestic adoption or permanent foster care, however, it would appear that there is a significant difference between level of support and actual engagement, echoing previous research (Adopt Change, 2015; Schwartkof et al 2006). This potentially again indicates the over valuing of genetic relatedness, though likely also indicates previously identified concerns about children who are placed into care or adoption (i.e., with regard to behavioural or attachment issues, Adopt Change 2015).

In terms of limitations, the relative homogeneity of the samples, and the fact that the samples in all three countries reported relatively low levels of religiosity and political conservatism, suggests that further research is needed to ascertain whether the non significant findings with regard to inter-country differences remain true in other cohorts. Future research may also benefit from the use of measures other than single item questions with regard to support, which in the present research necessitated collapsing items into categories. Finally, future research may benefit from including items that focus on people who choose not to have children. Whilst focusing on family diversity, the present study is guilty of excluding families where children are not present.

In conclusion, the findings reported in this study provide empirical evidence for the normative status of reproductive heterosex, and an indication of the value placed upon genetic relatedness. That such normativity and valuing potentially operates to exclude other family forms requires ongoing attention if family diversity is to be supported in all of its forms, especially with regard to the ongoing under funding of public health services (which in some countries means that assisted reproductive technologies are not funded as part of public services), and calls for legislative change in terms of increased support for adoption (in Australia) or for access to commercial surrogacy (in Australia and the United Kingdom). That public attitudes shape legislative and policy decisions with regard to family diversity means that it is important for researchers to maintain a close eye on levels of support indicated with regard to family diversity, so as to inform public debates by identifying particular cohorts

where attitudinal change may be required (such as through information sharing) in order to better support the inclusion of all families.

Disclosure Statement

None to declare.

References

- Adopt Change. (2015). *Modern families: Attitudes and perceptions of adoption in Australia*. Woollahra, NSW: Adopt Change.
- Australian Bureau of Statistics. (2016). *Average weekly earnings*. Canberra: Australian Bureau of Statistics.
- Australian Bureau of Statistics. (2013). *Australian social trends*. Canberra: ABS.
- Authors. (2016).
- Brumby, M., & Levine, M. (1986). Australians' attitudes towards IVF: A comparison of the values of supporters and opponents. *Australian Journal of Early Childhood, 11*, 24-31.
- Centers for Disease Control and Prevention. (2014). *2012 assisted reproductive technology national summary report*. Washington: Department of Health and Human Services.
- Children's Bureau. (2015). *Adoptions of children with public child welfare agency involvement by state*. Washington: Department of Health and Human Services.

- Constantinidis, D., & Cook, R. (2012). Australian perspectives on surrogacy: The influence of cognitions, psychological and demographic characteristics. *Human Reproduction, 27*, 1080-1087.
- DeJean, S. L., McGeorge, C. R., & Stone Carlson, T. (2012). Attitudes toward never-married single mothers and fathers: Does gender matter?. *Journal of Feminist Family Therapy, 24*(2), 121-138.
- Dempsey, D., & Critchley, C. (2010). Comfort with use of assisted reproductive technologies (ART) for family formation by same-sex and heterosexual couples: A survey of Australian social attitudes. *Gay and Lesbian Issues and Psychology Review, 6*, 90-102.
- Department for Education. (2015). *Children looked after in England*. London: Department for Education.
- Fortin, C., Abele, S. (2016). Increased length of awareness of assisted reproductive technologies fosters positive attitudes and acceptance among women. *International Journal of Fertility and Sterility, 9*, 452-464.
- HM Revenue and Customs. (2014). *Personal income by tax year*. London: HMRC.
- Horse, K. (2015). *Surrogacy in the UK: Myth busting and reform*. Canterbury: University of Kent.
- Kovacs, G. T., Morgan, G., Levine, M., & McCrann, J. (2012). The Australian community overwhelmingly approves IVF to treat subfertility, with increasing support over three decades. *Australian and New Zealand Journal of Obstetrics and Gynaecology, 52*, 302-304.
- Kovacs, G. T., Morgan, G., Wood, E. C., Howlett, D., & Forbes, C. (2003). Community attitudes to assisted reproductive technology: A 20-year trend. *Medical Journal of Australia, 179*, 536-538.

- Morse, C. N., McLaren, S., & McLachlan, A. J. (2008). The attitudes of Australian heterosexuals toward same-sex parents. *Journal of GLBT Family Studies*, 3(4), 425-455.
- Office for National Statistics. (2013). *Population and household estimates for the United Kingdom*. London: Office for National Statistics.
- Park, A., Bryson, C., Clery, E., Curtice, J., & Phillips, M. (2013). *British social attitudes: The 30th report*. London: National Centre for Social Research.
- Perry, S. L., & Whitehead, A. L. (2015). Same-sex adoption as a welfare alternative? Conservatism, neoliberal values, and support for adoption by same-sex couples. *Journal of Homosexuality*, 62, 1722-1745.
- Pratto, D., Stallworth, L. M., & Sidanius, J. (1997). The gender gap: Differences in political attitudes and social dominance orientation. *Journal of Social Psychology*, 36, 49-68.
- Riggs, D. W., & Bartholomaeus, C. (2016). *Australian family diversity: An historical overview 1960-2015*. Adelaide, SA: Flinders University.
- Schwartzkoff, J., Rintoul, D., Grealy, C., & Corrigan, D. (2006). *Spotlight on safety: Community attitudes to child protection, foster care and parenting*. Ashfield, NSW: NSW Department of Community Services.
- Tajfel, H., & Turner, J. C. (1986). The social identity theory of intergroup behaviour. In S. Worchel & W. G. Austin (Eds.), *Psychology of intergroup relations* (pp. 7-24). Chicago, IL: Nelson-Hall.
- United States Census Bureau. (2016a). *Real median household income in the United States*. Washington: US Census Bureau.
- United States Census Bureau. (2016b). *Annual population estimates*. Washington: US Census Bureau.

Weigel, D. J. (2008). The concept of family: An analysis of laypeople's views of family. *Journal of Family Issues, 29*, 1426-1447.

Whitehead, A. L., & Perry, S. L. (2016). Religion and support for adoption by same-sex couples: The relative effects of religious tradition, practices, and beliefs. *Journal of Family Issues, 37*, 789-813.

Table 1. Questionnaire descriptions of each mode of family formation

Mode of Family Formation	Description
Reproductive heterosex	Heterosexual intercourse that results in the conception and birth of a child
Assisted reproductive technology	Any technology that allows a couple or individual who plans to conceive, carry, birth, and raise a child to become pregnant. This might include donor insemination at home, in a clinic, in vitro fertilisation, intrauterine insemination, and Intracytoplasmic sperm injection.
Foster care or permanent care	Permanent (i.e., long-term) care where a couple or individual raises a child who is removed from their birth parents due to abuse or neglect. This may include kinship care (where a child is raised by an extended family member). It does not include short term foster care arrangements. Typically legal guardianship is not transferred.
Domestic adoption	Where a child born in a particular country is adopted by a couple or individual within that same country, and where legal guardianship is transferred.
International adoption	Where a child born in a particular country is adopted by a couple or individual who are citizens of another country, and where legal guardianship is transferred.
Altruistic surrogacy	This involves a woman who is not paid a fee to carry and birth a child for a couple or individual, but who may be compensated for any pregnancy and birth related costs. This typically involves the use of genetic material from either the intending parents, or from a donor.
Commercial surrogacy	This involves a woman who is paid a fee to carry and birth a child for a couple or individual, in addition to being compensated for any pregnancy and birth related costs. This typically involves the use of genetic material from either the intending parents, or from a donor.

Table 2. Beliefs about the importance of genetic relatedness measure

	Item	Item Correlation
1	Children have the right to know whether or not they are genetically related to the people raising them	.620
2	Parents who create or raise children to whom they are not genetically related are likely to experience challenges	.689
3	Reproductive technologies used to create children not genetically related to the people raising them should be discouraged	.704
4	Children raised by parents to whom they are not genetically related are likely to be disadvantaged	.702
5	Genetic relations constitute the strongest bonds between children and parents	.757
6	Children have the right to know all involved in their creation and birth	.587

Table 3. Demographics by Country

		Australia	United States	United Kingdom
Gender	Female	278	280	281
	Male	245	251	255
Sexual Orientation	Heterosexual	463	462	490
	Non-Heterosexual	45	60	41
Ethnicity	Asian	-	46	27
	Black	-	40	37
	Hispanic	-	53	-
	First Nation	31	7	-
	White	496	387	461
Income (US\$)	0-25, 000	29	131	66

				24
	25,001-50,000	96	163	193
	50,001-75,000	201	100	175
	75,001-100,000	166	67	69
	100,001 and over	32	72	26
Education	Secondary School	114	189	290
	Tertiary Degree	144	228	131
	Postgraduate Degree	56	52	50
	Vocational qualification	176	62	37
	No formal qualifications	38	5	16
Parent	Yes	318	311	466
	No	210	223	272
Age	<i>M, SD</i>	46.16, 15.97	47.80, 17.02	45.59, 16.02
Religiosity	<i>M, SD</i>	1.96, 0.95	2.07, 0.99	1.95, 0.89
Political Leanings	<i>M, SD</i>	2.73, 1.09	2.98, 1.27	2.93, 1.08

Table 4. Correlations

	All Lesbian	All Gay	All Hetero	All Alt Surro	All Comm Surro	All Foster	All ART	All Dom Adopt	All Intl Adopt	All Heterosex
Religiosity	-.408**	-.425**	.406**	-.454**	-.444**	-.292**	-.490**	-.386**	-.347**	.455**
Political Leaning	-.465**	-.476**	.375**	-.484**	-.412**	-.314**	-.482**	-.333**	-.325**	.415**
Beliefs about Genetics	-.475**	-.489**	.395**	-.434**	-.438**	-.378**	-.476**	-.364**	-.355**	.467**

** Significant at $p = .001$

Table 5. T-tests of support for sexual orientation by gender of participant

	All Lesbian	All Gay	All Heterosexual
<i>t</i>	4.929**	5.456**	5.195**
<i>d</i>	0.488	0.425	0.379
Men: <i>M, SD</i>	2.76, 1.06	2.58, 1.09	3.45, 0.89
Women: <i>M, SD</i>	3.28, 1.07	3.04, 1.07	3.79, 0.90

** Significant at $p = .001$

Table 6. T-tests of support for mode of family formation by gender of participant

	All Alt Surro	All Comm Surro	All Foster	All ART	All Dom Adopt	All Intl Adopt	All Heterosex
<i>t</i>	3.941**	4.043**	5.909**	4.273**	5.942**	5.544**	3.927**
<i>d</i>	.462	.402	.320	.331	.497	.317	.413
Men: <i>M, SD</i>	2.90, 0.53	2.86, 0.62	3.33, 1.09	3.21, 0.97	3.12, 1.10	3.11, 1.06	3.95, 0.92
Women: <i>M, SD</i>	3.15, 0.55	3.12, 0.67	3.67, 1.03	3.54, 1.02	3.67, 1.11	3.45, 1.08	4.32, 0.87

** Significant at $p = .001$

Table 7. Regressions

	All Lesbian	All Gay	All Hetero	All Alt Surro	All Comm Surro	All Foster	All ART	All Dom Adopt	All Intl Adopt	All Heterosex
<i>R</i>	F(4, 1531) = 47.91**	F(4, 1531) = 48.93**	F(4, 1531) = 17.27**	F(4, 1531) = 29.57**	F(4, 1531) = 23.69**	F(4, 1531) = 36.72**	F(4, 1531) = 29.16**	F(4, 1531) = 37.61**	F(4, 1531) = 29.37**	F(4, 1531) = 9.39**
	$R^2 = .42,$ $f^2 = 0.724$	$R^2 = .44,$ $f^2 = 0.785$	$R^2 = .21,$ $f^2 = 0.265$	$R^2 = .36,$ $f^2 = 0.562$	$R^2 = .34,$ $f^2 = 0.515$	$R^2 = .39,$ $f^2 = 0.639$	$R^2 = .36,$ $f^2 = 0.562$	$R^2 = .39,$ $f^2 = 0.639$	$R^2 = .36,$ $f^2 = 0.639$	$R^2 = .19,$ $f^2 = 0.234$
Religiosity β	-.162**	-.173**	.011	-.197**	-.198**	-.144**	-.145**	-.133**	-.198**	.046
Political Leaning β	-.192**	-.133**	.115**	-.172**	-.146**	-.167**	-.155**	-.183**	-.169**	0.57**
Beliefs about Genetics β	-.197**	-.111**	.073**	-.189**	-.171**	-.157**	-.137**	-.055**	-.162**	.098**
Gender β	-.095**	-.115**	-.133**	-.079**	-.098**	-.124**	-.091**	0.121**	-.015**	-.105**

** Significant at $p = .001$

Table 8. χ^2 of Sexual Orientation Clusters x Parent Status and Sexual Orientation

		χ^2	Cluster 1 (Unsupportive)	Cluster 2 (Neutral)	Cluster 3 (Supportive)
Sexual Orientation	Heterosexual	(2, 1491) 27.649**	405	616	329
	Non-Heterosexual		27	50	64
Parent	Yes	(2, 1535)	296	414	232
	No	17.897**	149	271	173

** Significant at $p = .001$

Table 9. χ^2 of Mode of Family Formation Clusters by Parent Status and Sexual Orientation

		χ^2	Cluster 1 (Unsupportive)	Cluster 2 (Neutral)	Cluster 3 (Supportive)
Sexual Orientation	Heterosexual	(1, 1491) 17.181**	448	553	349
	Non-Heterosexual		25	41	75
Parent	Yes	(1, 1535) 12.335**	317	365	260
	No		126	249	218

** Significant at $p = .001$

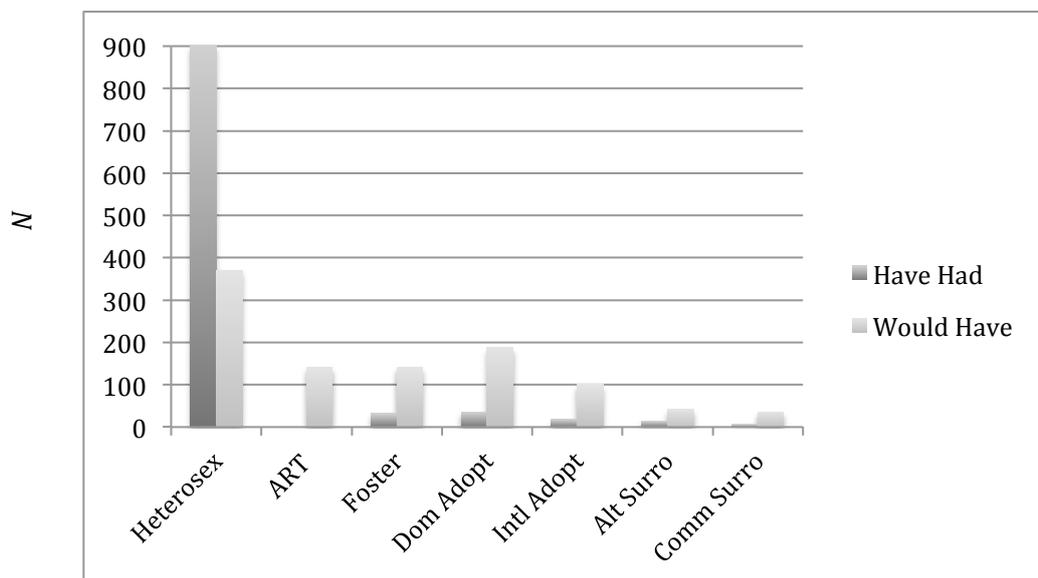


Figure 1. Participant modes of actual or intended family formation

*Categories are not mutually exclusive as participants could nominate multiple categories

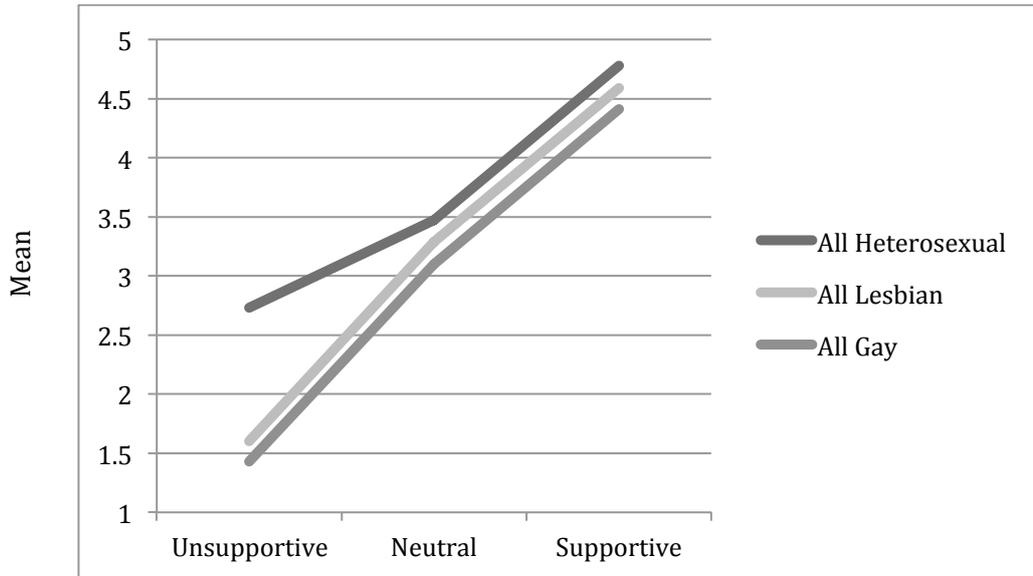


Figure 2. Sexual Orientation Clusters

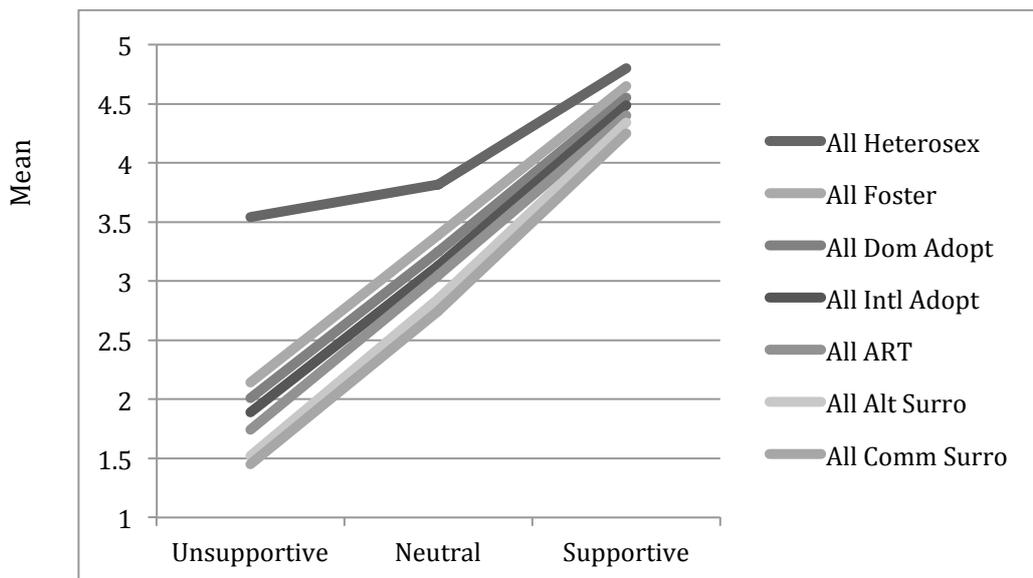


Figure 3. Mode of Family Formation Clusters