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Kinship in reproductive donation: Anonymity vs openness*

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Abstract. Deterioration of reproductive health is one of the pressing issues of our time, and assisted reproductive technologies are increasingly used to address it. However, technological progress has far outpaced social adaptation, complicating the definition of new kinship structures determined by reproductive donation. The article considers the relationship between kinship and anonymity in the context of reproductive donation and is based on a complex approach that expands the theoretical framework of social sciences and presents an interdisciplinary understanding of reproductive donation practices by integrating sociological and anthropological perspectives. The authors analyze social aspects of kinship and anonymity to identify the significance of genetic kinship within the broader context of personal identity and kinship development. The empirical study consisted of 14 in-depth semi-structured interviews with recipients of donor reproductive material: their narratives reveal personal and social aspects of the perception of genetic kinship in ART (Assisted Reproductive Technologies) programs involving third parties in parenting, and attitudes toward anonymity of donation and issues related to disclosing information about such conception. The study focuses on how donor anonymity shapes understanding of kinship, influencing social norms, identity patterns, family and genealogical ties. The authors argue that anonymity affects how kinship is perceived, strengthening boundaries between biological and social dimensions. Despite arguments for openness driven by medical reasoning and the right to know one's genetic origins, Russian society in general and traditional family models in particular remain unready for full transparency in this sphere.

Key words: reproductive donation; assisted reproductive technologies; ART (Assisted Reproductive Technologies); kinship; values; family; anonymity

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Today's reproductive technologies have transformed ideas of kinship, giving rise to new forms of biological and social parenthood. The central element of this transformation is the use of donor gametes and embryos, which challenges

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traditional understandings of how kinship is constructed. The anonymity of both the process and its participants adds further complexity: while it can protect family autonomy, it also raises ethical and existential questions about the child's right to know genetic origins. There is no clear framework to help donors, recipients, and offspring understand their relationships. Unlike conventional kinship ties, shaped by cultural norms and social rituals, connections formed through donation remain largely undefined.

Although assisted reproductive technologies (ARTs) are seen as innovative, they often strengthen traditional family structures centered on the child's biological link to parents. Instead of questioning established notions of family and kinship, ARTs support them by technological solutions that strengthen the ideal of biological parenthood even under reproductive limitations. ARTs are not merely a set of medical procedures but a complex social phenomenon that both supports and transforms conventional understandings of kinship by introducing new, technologically mediated forms of conception [8; 9]. This dual nature turns ARTs into a paradoxical phenomenon: it alters the very process of human reproduction while being based on established values, reaffirming the biological link as the central element of parenthood. In the article, we consider how kinship is interpreted in the context of ARTs, how anonymity functions in reproductive donation, and what ideas shape recipients' decisions regarding the degree of anonymity.

The concept of kinship and the transformation of family structures in the era of gamete donation

Anthropology views family ties not only as biological but also as culturally constructed. In the mid-1980s, D. Schneider [33] argued that kinship is not merely a biological fact but a symbolic system that varies across societies and criticized the Western concept of kinship for its lack of sensitivity to cultural meanings and social obligations that shape family relations, i.e., for being an inadequate analytical tool for understanding transforming societies. In the era of donation, the concept of kinship has undergone significant changes. Donor programs define in kinship genetic, biological and social dimensions, which results in increasingly multilayered family structures. Parents who use donor material face a choice: whether to see the donor as a meaningful figure or to exclude the donor from the family narrative. The complexity of such family structures becomes apparent if one imagines the family tree of the child conceived with donor material [19].

Anthropologist M. Strathern [34] showed that the development of reproductive technologies blurs the boundaries between natural and social kinship. Considering the Western worldview, she argued that autonomy and biological origin form the basis of personal identity, bit reproductive technologies give rise to new models of kinship, where individuality is shaped not only through genetics but also through social and legal mechanisms. In the case of oocyte (egg) donation, genetic material belongs to one woman (genetic mother), while another woman carries and gives

birth to the child (gestational mother). As a result, the notion of "biological mother" ceases to be self-evident. Reproductive technologies clearly demonstrate that the biological can also be socially constructed and, therefore, open to contestation [18]. Donor material, surrogacy and other reproductive technologies create new forms of family relations and individual biographies related to the idea of anonymity. Depending on cultural and legal frameworks, anonymity of donors and secrecy of ARTs can be seen either as protection of privacy or as a violation of children's right to know their origins. Thus, kinship is not a universal category but a flexible social construct.

However, the "flexibility" of kinship has its limits [6]. The core of kinship may be the concept of heritage, which plays a crucial role in public consciousness; there is a tension between the desire to erase the biological donor from the family story and the recognition that origins matter. Kinship, understood as sharing of bodily substance (genetics, biology, blood, or DNA), is reflected in the growing interest in family history and genealogical research [2; 29]. There is evidence that a growing number of donor-conceived people seek additional information about their origins through DNA testing [3; 4; 13], and such discoveries can destabilize family narratives and the sense of ontological security [26]. In A. Giddens's structuration theory, ontological security refers to the personal sense of stability and predictability in the world as a necessary foundation for identity and confidence [10]. This sense of continuity develops in early childhood through trust-based relationships with parents and is threatened when family history is broken. Thus, kinship has not lost its role as an organizing principle in post-industrial societies.

The desire to have a "child of one's own" (genetically related child) is linked to the wish to reproduce oneself (thinking, lifestyle, and physical traits). For this reason, reproductive donation is often seen as the most acceptable alternative to "full" kinship [28]. Genetic relatedness is treated as something given, whereas social relatedness requires effort and emotional investment. Moreover, discursive strategies of women who use donor reproductive material often aim at presenting motherhood as unambiguously biological and essential [15].

Transformations in family structures determined by reproductive donation are difficult to explain partly because there is no adequate language to describe new forms of kinship and related emotional connection. In this study, we recorded moments when recipients struggled to articulate their feelings toward the future child, for example, *"as if my own",* despite unquestionable biological participation in childbirth. Donors also experience difficulty defining kinship [30]: on the one hand, egg donors deny that children are "theirs"; on the other hand, they feel a moral and emotional bond with them, which cannot easily put into words. This issue remains unresolved even at the level of kinship theory. Some authors use the term "affinity" [24] to describe deep, meaningful, and sometimes hard-to-define connections. Affinities

shape our sense of belonging as grounded more in feeling than in logic and therefore falling outside conventional categories of social analysis. The concept of affinity is based on four dimensions of kinship: fixed, creative, ethereal, and sensory [17; 24]. This is a productive framework for capturing the relationships of participants in donor programs and explaining why children conceived through ARTs may wish to find their donor, even when they understand that donors had no intention of having a child "for themselves."

Anthropological understanding of kinship develops under the influence of cultural and political realities. A distinctive feature of the contemporary European discourse at the intersection of kinship anthropology and bioethics is the integration of issues related to "different sexes, sexualities, and cultures" [1; 16; 27]. Legalization of gender transition, use of reproductive technologies by same-sex couples and diversification of reproductive methods have contributed to the fragmentation of kinship ties. Thus, scholars propose "re-imagining various culturally cherished values of family-making" rather than reaffirming traditional family concepts [16]. Critics of the traditional family model argue that its reliance on genetic essentialism inherently excludes non-nuclear families. Their opponents argue that privileging the nuclear family and genetic kinship reveals a "deficiency" in social thinking, and that educational and linguistic measures are needed to achieve equality for alternative family forms [20]. This approach cannot be directly applied to the study of kinship in non-European societies [12], where national cultures and legal systems play a decisive role in the "reassembling" kinship ties [35]. In Russia, public discourse remains focused on preserving the image of the normative nuclear family in the context of donation, while "postmodern" family forms (single- and multi-parent families, delayed parenthood, voluntarily childless families) are considered socially unacceptable [38. P. 65].

Recent studies raise questions about the nature of human reproduction and social consequences of intervening in it. Scholars refer to ARTs as "technologies of hope" but highlight their paradoxical nature and ability to create new uncertainties and risks [9]. There is no established social script for defining kinship and family ties created through reproductive donation; moreover, there is no clear understanding of what constitutes "meaningful connectedness" in this context [24]. Scholars also point to the danger of simplification in attempts to draw analogies between new reproductive technologies and historical variations of parenthood (adoption, bearing a child for childless relatives or employers [7]. Thus, kinship appears both as a flexible institution and as a fragile individual world.

The concept of reproductive anonymity

Anonymity is a fundamental aspect of self-awareness and human relationships. It can be expressed as a refusal of identity through the prism of one's relation to the Other [22] or as rewritten "narrative identity", exclusion of certain facts one's personal history [32]. The absence of some information creates a gap that disrupts

the integrity of identity. The relational nature of identity (its formation through social connections and vocation [37]) emphasizes that anonymity in the matter of origin represents a substitution: a fictitious history of kinship leads to fictitious knowledge about oneself. "Non-recognition" by genetic parents can be seen as a key element of self-identification, a way of constructing one's self-image through denial. Thus, anonymity, once a matter of legal rights, takes on an existential dimension in anthropology and social philosophy, raising questions about self-knowledge and self-understanding.

Anonymity as an ontological phenomenon is linked to identity, freedom of choice, moral responsibility, and power. In reproductive donation, anonymity functions as a synonym for secrecy — a family secret that can be considered in four ways: 1) identity of children born through the use of donor material (should children know about their origins?); 2) freedom of choice for donors (should they disclose personal data for potential future identification?) and recipients (should they keep the use of donor material secret?); 3) moral responsibility of donors (to what extent are they responsible for their genetic offspring?); 4) power of the regulator (state or society) in controlling information (how does the law define reproductive justice; dees society stigmatize participants in donor reproductive procedures; why does society encourage anonymity?). Thus, actors involved in reproductive secrecy include not only donors, recipients and children conceived through ARTs, but also the public (state, relatives, wider social circle and strangers holding opinions on the matter). This collective participant exerts enormous and often underestimated influence on the decision anonymity vs openness in donor conception.

Social debates about children's right to know their origins have played a significant role in policy decisions banning anonymous donation in several jurisdictions. In scientific discourse, the term "knowledge of one's origins" is an umbrella concept combining a medical aspect (a complete family medical history and medically relevant genetic information), an identity aspect (information about the donor that could help reconstruct one's sense of self — occupation, nationality, personal traits, etc.), and a relational aspect (establishment of contact) [31]. Boundaries of anonymity are fluid, ranging from providing medical data to full disclosure, including the possibility of contact. However, there is still no clear understanding of how this right should be exercised in the interests of children, donors and parents.

Anonymity as a donor's position reflects the desire to maintain distance from future genetic offspring. Reproductive donors neither deny nor overstate the relational significance of their genetic material [11]. The general tendency is to minimize the importance of their role as intermediaries between "real" parents and the child. Disclosure of the donor's identity raises "uncomfortable" questions about moral responsibility and possible action if the child seeks contact. Moreover, it can create a dilemma regarding the significance of connections between the donor's own children and those conceived through donation.

Anonymity as a recipient's position reflects the desire to conceal the use of donor material to protect the family and the child from judgment and stigmatization. Readiness to challenge traditional notions of motherhood can become a true test for women [14]. The experience of several countries where donor anonymity was prohibited reveals ambiguous consequences of such policies: despite the general trend toward openness and its active promotion, most parents do not want to disclose this information to their children or face difficulties in realizing this intention [21]. Moreover, enforced openness leads to an increase in manipulative strategies to circumvent the law [39].

The regulator's power in matters of anonymity can take both direct and indirect forms: direct — through laws, indirect — through public opinion. Among the most influential actors are close relatives: recipients often fear that disclosing such information might change how their parents treat the child, perhaps favoring "biological" children of siblings instead [14]. Partial disclosure is a common strategy: recipients may mention only that IVF (In Vitro Fertilization) was used (without revealing the fact of donor involvement), or, in cases of single motherhood, disclose only sperm donation, which allows to manage information selectively, adjusting it for different audiences and avoiding suspicion.

The state is another key actor, defining the regulatory framework of anonymity and setting rules for how donors and recipients may interact: calls for openness without considering the context of how, when and by whom it is ensured can disrupt or reshape family life [5], since society may not be ready for complete "reproductive transparency." When laws outpace the development of social practices, families unwilling or unprepared to follow new norms risk being cast outside the "norm". In countries where open donation is practiced, the use of DNA testing to identify potential relatives and the creation of online communities for sharing results have become common [26], proving how deeply donor-conceived individuals value their "biological" connections. About 90% of adults aware of their donor conception seek information about their donor, and 70% try to establish direct contact [23]. Although openness is widely promoted in public discourse, in private life people tend to value the traditional family model and ideas of kinship.

"To speak or to conceal": Position of recipients

In Russian reproductive practice, the question of anonymity is left to the discretion of recipients. The model in which participation in the donor protocol is flexibly regulated is referred to as the "triune" model: parents decide to whom and to what extent they agree to disclose information about conception, and this privilege comes with full responsibility for the choice made, including ethical dilemmas and potential psychological consequences. To illustrate the depth and emotional tension of recipients, we will present the results of interviews conducted at one reproductive center in Yekaterinburg. The guide included questions about family and social status, reproductive experience, decision-

making on the use of donor material, and a section on family and childhood to establish a trusting rapport with the respondent. Since this social group is one of the most closed in society, sampling was purposive: available cases — access through reproductive physicians and psychologist at the medical center where women had previously undergone infertility treatment or participated in ARTs programs as a recipient of donor material. We interviewed 14 female patients who were preparing for IVF with donor material (oocytes, sperm, or both). The average age of respondents was 42 years (ranging from 36 to 50). Most had higher education and stable professional positions; 10 were married, 4 were single and planned to raise a child on their own; 4 already had children — 2 had given birth without donor material at a younger age, and 2 had children conceived with donor material. Others did not have children due to physiological factors (their own or their partner's) or to the absence of a partner.

Respondents ideas about anonymity in donation programs can be grouped as follows: complete secrecy (keeping all information from both the child and society); partial openness (sharing information with a limited circle and being ready to tell the child under certain conditions); full openness (discussing the situation openly with relatives and close friends, being ready to with the child). However, as interviews were conducted during preparation for pregnancy, many women acknowledged they might change their minds later: *"That's what I think now, but after I give birth, I might not want to know anything"*. Nevertheless, these positions reveal patterns and reasoning, showing that intentions are generally well-defined and some families have a ready "narrative" about conception. For most participants, strict anonymity is essential to avoid tensions in family relationships and to save the child from psychological challenges of knowing about their donor origin. Such respondents view the family's atmosphere and parents' way of life as the most important factors shaping the child's personality, thus, seeing donor material as merely a "cell" with biological significance but no social meaning. For them, anonymity protects the family's private life and preserves the traditional family structure: *"I told my husband… we'll never tell anyone about this… I'll bear full responsibility for the baby, just like my husband. I won't tell anyone… When I give birth to this child, I don't want anyone to have a claim on him, even indirectly"*.

Other informants acknowledge the significance of genetic origin and the child's right to know about it but doubt that disclosure would not disrupt family bonds. Such women tend to postpone conversation with the child, seeking an inner compromise between genetic (oocyte) and biological (pregnancy and childbirth) motherhood: *"I've thought about it… Probably, I would tell later… I understand that it will be a donor egg, but I still think the child will be mine, my husband's… I don't feel as if I just went somewhere and took a child from an orphanage or some institution. I still believe it's my child"; "If the child starts having some doubts, then yes… I might tell… But otherwise, I wouldn't want to. It will be my child"*.

Some recipients believe that the child should know about the special circumstances of their birth, and that information about the donor should include medical history. They justify this by the child's right to know one's origins and to avoid potential medical risks related to genetic factors: *"We'll tell the child that we're not biological parents. We decided that from the start… I think the child should know for one simple reason: if something happens — a serious illness, a transplant, or anything like that — the child should know".* Some women are guided by social-psychological contexts, following the principle that "if you want to hide something, put it in plain sight": *"It's better if the parent says it than if it comes from someone else… I don't know how it will affect my child, but at a certain point I'll tell".*

Psychological therapy for reproductive issues appears to encourage openness. One informant mentioned that she had already written a letter to her future child. It should be mentioned that respondents were generally more ready to tell the child about the use of donor sperm than about the use of donor oocytes. One respondent with a child conceived with donor sperm reported that this fact is carefully hidden from others; moreover, all documents that could in any way be related to the donation procedure were destroyed.

The choice between models of anonymity largely depends on recipients' personal beliefs and societal attitudes toward donation. The main arguments in favor of openness include respect for the child's individuality, prevention of psychological issues, and avoidance of medical problems. Another important consideration is the risk of consanguinity and genetic confusion that can arise as donor programs expand. At present, Russia has no registry of reproductive material donors; therefore, we have no information on the number of children born from every donor (biological siblings): *"It's possible that the child could develop affection for brother or sister. That's frightening, because there could be genetic abnormalities… That's why I'm not against having such information at the level of some kind of organization or database… or doctors".* On the other hand, social stereotypes and concerns about harming family bonds and the wish to protect the child's emotional well-being often make recipients keep the donation a secret.

The decision to use donor material (especially in case of oocyte donation) is often the last attempt to be a mother and a dramatic step in the struggle against infertility. Women admit that motherhood is their deeply cherished dream, to which they devote all their energy and resources: *"My journey toward pregnancy started when I was 22… I don't think there was a single day when I've forgotten that I want to have children"; "I wanted to go through the whole process — to get pregnant. to carry the baby. to give birth. That's what stops me from adopting"; "I've all my dreams come true except one — to become a mother"; "This has long become a kind of need — to realize my maternal energy… Emotionlessly, everything is just the same… life starts to feel uninteresting, but children, they are so spontaneous, vivid, they rediscover the world, they give a certain fullness, a richness to life".*

In some cases, the dream of motherhood is expressed through the notion of "realizing oneself as a woman". Russian culture is based on the concepts of motherhood and femininity, and inability to have a child becomes a stigma that overshadows all other women's achievements: *"This is psychologically very hard for me. I honestly won't tell anyone about it, because it makes me feel like a failed woman, specifically when it comes to motherhood… I had to seek help from a psychologist, because I just couldn't imagine that I would never see a continuation of myself, with my DNA. It's truly frightening for women. It's terrifying".*

Interestingly, women who already have genetic children tend to view the need for egg donation more optimistically. They see donor material as more reliable and do not distinguish between genetic and biological children: *"It's absolutely fine to use a young, healthy, strong egg cell... you're still the one who will carry the child, and it will still be… yours"; "I understood that it was a woman just like me… only a bit younger, with better egg quality than mine, that's all".*

The belief that having children is a criterion of "normality" also applies to men, turning male infertility into "male inadequacy". Of 6 respondents planning conception with donor sperm, 4 were married, all reported psychological difficulties of their husbands due to infertility and the need to support them. A notable case is the decision to repeat an IVF cycle with a donor embryo (both egg and sperm from donors) after a failed attempt with donor sperm: *"It was clear that he felt uncomfortable in this situation. We just tried to forget about it… When I told him that we would still have to use donor material (a child, an embryo), I think he was even glad".* In general, men rarely suggest donor programs (only one case with the husband significantly younger then the wife) but are "supportive" or require that information be provided to them carefully and gently: *"I'll present it to him in the most minimal way possible, so that it doesn't even stick in his memory"; "His acceptance came right away... For a long time, since last year, I've been slowly making my approaches to him".*

Another important aspect of anonymity is the influence of public opinion and cultural norms. Our respondents have varying experiences of interacting with their social environment, which determines different expectations in case of reproductive donation. The family is mentioned most often, primarily parents and siblings, and in two cases adult children, which highlights the continuing importance of consanguinity in the context of planned pregnancy. Depending on the closeness of family ties and the internal dynamics of relationships, recipients decide whether to inform all their relatives or only some of them about the upcoming procedure: *"It's not that we're afraid of being judged; we just don't want anyone to look at the child differently later. I mean my own relatives"; "My mother wouldn't understand… she doesn't quite get all that — embryos and so on. Besides, she's elderly, over seventy, and she'll support me as much as she can. Once I tried to discuss the donor embryo, and she reacted like "What are you talking about? It's your own business, don't involve me". So, we didn't discuss it again"; "We decided*

not to tell them… What if they have their own issues about it, what if they don't accept it — who knows".

Close relatives are often seen as a source of additional stress and emotional pressure: *"I don't want my mother to worry or overthink. But we talked about donation once. She's against it. So, I just… don't involve her... after all, it's my life, not hers. As for giving birth and bringing the baby to her to look after, I don't think it'll make a difference. She won't even ask. Things will be as usual"; "The fear is about having to explain to relatives… Besides, it's still kind of a secret… only you and your husband know";"My grandmother says: "She gave birth to a granddaughter, and she doesn't look like her at all, she looks like so-and-so". The older generation tends to... compare. I've already decided that if something goes wrong... if they say the child doesn't look like me, I'll say: "He looks like his father"... I'm already running through these future conversations".* On the other hand, support from relatives can be decisive: *"It's surprising, but my brother supported me. If it weren't for him, I probably would still be thinking about it"; "My daughter supported me. She didn't say anything to me, nothing judgmental, but it was clear she was a little confused".*

The second social circle consists of close friends and colleagues, from which the most trusted and understanding are chosen, especially those with reproductive problems and IVF experience: *"My close friends know. Three of us do not have children, one gave birth young, and her daughter is eighteen… I'm the oldest. One friend, I think, is going through the program now — probably it's her third round of IVF. Another friend also visited the clinic for consultation. She will do IVF too, but with her own eggs. She's younger than me, and her tests are better. For me it's different. So, they know"; "My friend is the only person who knows about everything I'm going through… donation and everything else… She understands me… because… she also had 7–8 attempts".*

The third circle is the broader public, society. According to one informant, there are three groups — those who support, those who judge, and those who "couldn't care less": *"Society puts pressure on you. Everywhere you hear that if you haven't given birth, you haven't realized yourself as a woman… And some, if they find out, will definitely use it against the mother who had IVF with a donor egg. This is bad. That's why I will never tell anyone about donation"; "It seems to me that people have started to treat all this more normally... As they say, "One sees the goal — one doesn't see obstacles". That's why people are more willing to take advantage of new possibilities"; "The older generation doesn't understand this. For most of them, such problems rarely existed… It often happens that until you face this problem, you are not aware of it"; "To hear that "there so many IVF babies, soon everyone will look alike" for me was shocking"; "Very negatively social perception. If you meet someone new, you won't be telling them at all. Even that you're doing IVF. For example, my boss is completely against it… You simply have to experience it to understand"; "Well, judge me. Good for you, you judge*

because it worked out for you. But if it hadn't? What then? What right do you have?"; "Some will probably roll their eyes, others will say it's my business".

The decision to use donor material is emotionally complex, women describe it as their "last chance" and experience tremendous psychological strain. Their fears may be linked to social pressure like stigmatization of the child or family ties ("he doesn't look like you", "too many IVF kids these days"). To minimize this risk, recipients tend to choose donors whose eye color, body type and general appearance resemble their own, and prefer anonymity as a way to socially legitimize family ties ("so that noone would even have a thought about it"): *"What am I afraid of? That it may become public"; " I'm really, really scared that the child... will look kind of... not our child"*

The novelty of the method and its ambiguous public perception make women question even their maternal feelings, fearing that "maternal instinct might "fail to turn on": *"There's a fear that they'll give the child to me, and I... won't feel anything... I remember when I was pregnant, I remember what it's like, how you feel... And I'm afraid that this time it won't be there. I'm afraid to miss that magic"; "I'm afraid that if I ever get angry... I'll tell him that he is not even mine"; "for a second I might think that it's not my genes".* To on respondent her doctor explained that such doubts were temporary and that the birth of the child would quickly make her forget about the donor oocyte: *"He said it so gently that I believed him. That it was already mine, not someone else's. That later I would forget about it completely. And that's exactly what happened. When I paid for the procedure, I already felt something — that it was mine. Not someone else's, but mine".* Thus, the issue of anonymity can turn into a question of acceptance. Anonymity allows women to move past the fact of using donor material, to remove the donor from the structure of kinship and to free themselves from the burden of constant reflection.

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Reproductive donation, an integral part of ARTs, serves as a powerful catalyst for transforming ideas about kinship. ARTs, despite their revolutionary nature, often function as instruments for maintaining traditional values of biological parenthood and nuclear family. However, the technology of gamete and embryo donation radically divides the notion of kinship into genetic, gestational, and social, creating complex, multilayered family structures. At the core of these transformation lies the phenomenon of anonymity that affects the foundations of identity for all parties involved: for the child, it creates a gap in knowledge about one's origin (In medical, identification, and relational terms), which potentially threatens ontological security and leads to the desire to search for genetic roots; for the donor, anonymity provides a way to distance from moral responsibility for genetic offspring and to avoid difficult questions; for recipients, anonymity

is a strategy for protecting the family from stigmatization, preserving the normative image of parenthood and social ties. The empirical data shows a range of positions — from the pursuit of complete secrecy to partial or declared openness — motivated by a complex interplay of fears (of breaking family bonds, of social rejection, of "inauthentic" motherhood), feelings of guilt, dream of motherhood, and desire to protect the child. The question of anonymity is especially acute in cases involving donor oocytes, which is perceived as a loss of genetic connection.

Thus, ARTs are "technologies of hope", which at the same time determine new uncertainties and risks. The central uncertainty lies in the absence of established social frameworks for understanding kinship ties generated through donation and in the lack of adequate language to describe affective bonds. Anonymity helps to manage this uncertainty, while openness as an alternative to anonymity requires a transformation of public consciousness. Before enacting laws that require donors and recipients to disclose their personal histories, it is necessary to develop a stable social perception of new kinship structures that would support such transparency. Despite significant normative and cultural differences shaping attitudes toward kinship in different countries, there are several universal categories for suggesting how kinship structures should develop in response to the growth of ARTs: significance of genetic kinship; family resemblance as a sign of kinship; fears and doubts about one's maternal role and readiness to accept the child; uncertainty about relatives' and society's responses; belief in the epigenetic component. Anonymity acts as a guarantee of socially normalizing the family and as a mechanism of psychological protection.

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References

1. Andreassen R. *Mediated Kinship: Gender, Race and Sexuality in Donor Families.* London: Routledge; 2019.
2. Barnwell A. The genealogy craze: Authoring an authentic identity through family history research. *Life Writing.* 2013; 10 (3).
3. Crawshaw M. Direct-to-consumer DNA testing: The fallout for individuals and their families unexpectedly learning of their donor conception origins. *Human Fertility.* 2018; 21 (4).
4. Darroch F., Smith I. Establishing identity: How direct-to-consumer genetic testing challenges the assumption of donor anonymity. *Family Court Review.* 2021; 59 (1).
5. Dempsey D., Nordqvist P., Kelly F. Beyond secrecy and openness: Telling a relational story about children's best interests in donor-conceived families. *BioSocieties.* 2022; 17.
6. Edwards J. *Born and Bred: Idioms of Kinship and New Reproductive Technologies in England.* Oxford: Oxford University Press; 2000.
7. Edwards J., Franklin S., Hirsch E., Price F., Strathern M. *Technologies of Procreation: Kinship in the Age of Assisted Conception.* London: Routledge; 1999.

8. Franklin S. *Biological Relatives: IVF Stem Cells and the Future of Kinship.* Durham: Duke University Press; 2013.
9. Franklin S. *Embodied Progress: A Cultural Account of Assisted Conception.* London: Routledge; 2022.
10. Giddens A. *Modernity and Self-Identity: Self and Society in the Late Modern Age.* Cambridge: Polity Press; 1991.
11. Gilman L. Tracing pathways of relatedness: How identity-release gamete donors negotiate biological (non-) parenthood. *Families, Relationships and Societies.* 2020; 9 (2).
12. Gurko T.A. Development of the institution of parenthood: Analysis of empirical indicators. *Woman in Russian Society.* 2022; 4. (In Russ.).
13. Harper J.C., Kennett D., Reisel D. The end of donor anonymity: How genetic testing is likely to drive anonymous gamete donation out of business. *Human Reproduction.* 2016; 31 (6).
14. Hertz R. Single mothers as bricoleurs: Crafting embryos and kin. *Journal of Family Issues.* 2021; 42 (1).
15. Isupova O.G. Childbirth as a value in the online discourse of subfertile women about egg donation and surrogacy. *Journal of Social Policy Studies.* 2014; 12 (3). (In Russ.).
16. Kendal E. Whose (germ) line is it anyway? Reproductive technologies and kinship. *Bioethics.* 2024; 38.
17. Kramer A.M. Kinship, affinity and connectedness: Exploring the role of genealogy in personal lives. *Sociology.* 2011; 45 (3).
18. Kretser I.Yu. In search of kinship: On the issue of kinship relations in contemporary Western studies. *Journal of Sociology and Social Anthropology.* 2016; 19 (1). (In Russ.).
19. Kretser I.Yu. What happened to "kinship"? Contemporary perspectives on kinship studies in sociology and social anthropology. *Bulletin of the Saint-Petersburg University.* 2014; 12 (2). (In Russ.).
20. Lam R.X.-H. Rethinking "family": A call for conceptual amelioration. *Bioethics.* 2024; 38.
21. Lassalzede T., Paci M., Rouzier J., Carez S., Gnisci A., Saias-Magnan J., Deveze C., Perrin J., Metzler-Guillemain C. Sperm donor conception and disclosure to children: A 10-year retrospective follow-up study of parental attitudes in one French center for the study and preservation of eggs and sperm (CECOS). *Fertility and Sterility.* 2017; 102 (2).
22. Levinas E. *Totality and Infinity.* Pittsburgh: Duquesne University Press; 1961.
23. Macmillan C.M., Allan S., Johnstone M., Stokes M.A. The motivations of donor-conceived adults for seeking information about, and contact with, sperm donors. *Reproductive BioMedicine.* 2021; 43 (1).
24. Mason J. *Affinities: Potent Connections in Personal Life.* Hoboken: Wiley; 2018.
25. Mason J. Tangible affinities and the real life fascination of kinship. *Sociology.* 2008; 42 (1).
26. Newton G., Drysdale K., Zappavigna M., Newman C.E. Truth, proof, sleuth: Trust in direct-to-consumer DNA testing and other sources of identity information among Australian donor-conceived people. *Sociology.* 2023; 57 (1).
27. Nordqvist P. Origins and originators: Lesbian couples negotiating parental identities and sperm donor conception. *Culture, Health & Sexuality.* 2012; 14 (3).
28. Nordqvist P. Genetic thinking and everyday living: On family practices and family imaginaries. *Sociological Review.* 2017; 56 (4).
29. Nordqvist P., Gilman L. A sense of connectedness in reproductive donation. Contrasting policy with donor and donor kin lived experience. *Journal of Family Issues.* 2024; 45 (8).
30. Petersen L.M. Finding the "appropriate distance" in egg donor kinship relations. *Lambda Nordica.* 2020; 24 (2–3).
31. Ravitsky V. The right to know one's genetic origins and cross-border medically assisted reproduction. *Israel Journal of Health Policy Research.* 2017; 6 (3).
32. Ricoeur P. *Oneself as Another.* Chicago: University of Chicago Press; 1992.
33. Schneider D. *A Critique of the Study of Kinship.* Ann Arbor: University of Michigan Press; 1984.

34. Strathern M. *Reproducing the Future: Essays on Anthropology, Kinship and the New Reproductive Technologies.* Manchester: Manchester University Press; 1992.
35. Symanyuk E.E., Polyakova I.G., Menshikov A.S. Transformation of family ties under the influence of assisted reproductive technologies. *Quaestio Rossica*. 2022; 10 (2). (In Russ.).
36. Tallandini M.A., Zanchettin L., Gronchi G., Morsan V. Parental disclosure of assisted reproductive technology (ART) conception to their children: A systematic and meta-analytic review. *Human Reproduction*. 2016; 31 (6).
37. Taylor C. *Sources of the Self: The Making of the Modern Identity.* Cambridge: Harvard University Press; 1989.
38. Tkach O.A. Half-related? Problematization of kinship and family in newspaper articles on assisted reproductive technologies. *Journal of Social Policy Studies.* 2013; 11 (1). (In Russ.).
39. Turkmendag I., Dingwall R., Murphy T. The removal of donor anonymity in the UK: The silencing of claims by would-be parents. *International Journal of Law, Policy and the Family.* 2008; 22 (3).

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Родство в репродуктивном донорстве: анонимность или открытость*

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Аннотация. Ухудшение репродуктивного здоровья — одна из тревожных тенденций современности, механизмом корректировки которой все чаще становятся вспомогательные репродуктивные технологии (ВРТ). Однако технологические новшества значительно опережают социальные изменения, что обуславливает сложности в определении новых структур родства, возникающих в результате репродуктивного донорства. Цель статьи — проанализировать взаимосвязь концептов «родство» и «анонимность» в ситуации репродуктивного донорства. Предложен комплексный подход к анализу родства, который не только расширяет теоретическую рамку социальных наук, но и углубляет понимание российских практик репродуктивного донорства, рассматривая их на пересечении философских, социологических и антропологических перспектив. Авторы изучают соотношение родства и анонимности, чтобы показать значение проблемы генетического родства в контексте экзистенциальных вопросов об идентичности и развитии родственных связей. Эмпирическая основа статьи — 14 глубинных полуструктурированных интервью с реципиентами донорского репродуктивного материала. На основе данных нарративов обозначены личные и социальные аспекты восприятия генетического родства в программах ВРТ с привлечением в родительский проект третьих лиц, а также нюансы отношения к анонимности донорства и раскрытию информации об особенностях зачатия ребенка. Статья подчеркивает влияние анонимности доноров на концепцию родства

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в российском обществе, учитывая как социальные нормы и философские вопросы идентичности, так и антропологические аспекты формирования семейных и генеалогических связей. Основной вывод исследования заключается в том, что анонимность донорства оказывает значительное влияние на восприятие и поддержание родства, создавая границы между его биологическим и социальным измерениями. Несмотря на призывы к открытости, основанные на медицинской логике и праве личности знать о своем происхождении, российское общество в целом и традиционные семейные модели в частности не готовы к полной открытости в этой сфере.

Ключевые слова: репродуктивное донорство; вспомогательные репродуктивные технологии; ВРТ (вспомогательные репродуктивные технологии); родство; ценности; семья; анонимность

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