U.PORTO

2º CICLO DE ESTUDOS
PSICOLOGIA

Prospective Parenthood Among Transgender and Gender Diverse Individuals: An International Study

Iolanda Dore

M

2024

Universidade do Porto
Faculdade de Psicologia e de Ciências da Educação

PROSPECTIVE PARENTHOOD AMONG TRANSGENDER AND GENDER DIVERSE INDIVIDUALS: AN INTERNATIONAL STUDY

Iolanda Dore

Outubro, 2024

Dissertação apresentada no Mestrado em Psicologia Clínica e da Saúde, Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto, orientada pelo Professor Doutor ***Jorge Gato*** (FPCEUP).

AVISOS LEGAIS

O conteúdo desta dissertação reflete as perspetivas, o trabalho e as interpretações do/da autor/a no momento da sua entrega. Esta dissertação pode conter incorreções, tanto concetuais como metodológicas, que podem ter sido identificadas em momento posterior ao da sua entrega. Por conseguinte, qualquer utilização dos seus conteúdos deve ser exercida com cautela.

Ao entregar esta dissertação, o/a autor/a declara que a mesma é resultante do seu próprio trabalho, contém contributos originais e são reconhecidas todas as fontes utilizadas, encontrando-se tais fontes devidamente citadas no corpo do texto e identificadas na secção de referências. O/A autor/a declara,ainda, que não divulga na presente dissertação quaisquer conteúdos cuja reprodução esteja vedada por direitos de autor ou de propriedade industrial.

Agradecimentos

Gostaria de aproveitar esta oportunidade para agradecer ao meu orientador, Professor Doutor Jorge Gato, pela orientação durante a elaboração desta dissertação e por todo o empenho e disponibilidade para ensinar que mostrou durante toda esta jornada. Um muito obrigada por todo o seu apoio e pelo incentivo a fazer sempre mais e melhor.

Gostaria também de agradecer a toda a minha família, principalmente à minha mãe e ao meu tio que sempre me apoiaram e incentivaram a sonhar. Quero também agradecer ao meu pai e aos meus avós que, mesmo não estando presentes fisicamente, não deixaram de fazer parte desta caminhada, inspirando-me a ser quem sou hoje. Sou também grata pela minha família que, mesmo estando do outro lado do mundo, me mostra constantemente que eu nunca estou sozinha. Por isso, quero agradecer ao meu Gio, por ser uma das minhas maiores alegrias e por me animar sempre que preciso e mando um grande abraço à Caterina por ser a melhor pessoa que conheço. Não posso ainda deixar de agradecer à minha zia Paqui, ao Gianfranco, à minha irmã, à minha sobrinha, ao zio Franscesco, à zia Renata, à Stef e ao Micky por serem a melhor família que poderia desejar. Aproveito também para agradecer à minha madrinha, ao Renato, ao Gonçalo, à Rita, à Dona Isabel e à Liliana por serem como família e por estarem sempre lá para mim.

Por serem a minha família longe de casa, agradeço aos meus amores de estudante da RUF e da Ventura Terra, especialmente aos meus parceiros da hora do chá com bolachas de canela. Estendo o meu sincero agradecimento às minhas pessoas da Atituna e da A'Corda por serem casa fora de casa. Agradeço ainda às minhas madrinhas, principalmente à Maria Inês pelo constante apoio. Sou também muito grata à minha Mariana e ao meu querido Clube do Chá de Camomila por serem o meu porto seguro. Expresso também especial gratidão à Lisandra e à Constança por serem as melhores mentoras que poderia ter. Agradeço também às minhas mentoradas, principalmente à Patrícia, por tornar os meus dias mais bonitos.

Ao Doutor Miguel Saraiva, um agradecimento por me dar a oportunidade de ter o meu primeiro contacto com a intervenção com pessoas trans e não binárias e pela oportunidade de poder aprender com ele a ser uma melhor profissional.

Por último, um grande obrigada a todos os que estão a ler esta dissertação. Espero que seja tão proveitosa para vocês como está a ser para mim e que vos desperte curiosidade por este bonito tema.

Resumo

A investigação sobre a parentalidade prospetiva em pessoas trans e com género diverso (TGD) permanece incompleta relativamente às suas aspirações parentais (desejos, intenções e expectativas), perceções parentais e vias escolhidas para constituir família. Este estudo investigou a parentalidade prospetiva em indivíduos cisgénero heterossexuais (cisheterossexuais) e TGD, sem filhos, provenientes de Portugal, Israel e Polónia. Os participantes TGD reportaram menos desejos, intenções e expectativas de parentalidade, em comparação aos participantes cisheterossexuais. Também anteciparam menor enriquecimento psicológico e mais estigma em papéis parentais, apesar de esperar apoio social semelhante. Quanto às vias para a parentalidade, comparativamente com participantes cisheterossexuais, participantes TGD optaram menos pela relação sexual e inseminação artificial, sem diferenças na preferência pela gestação de substituição ou pela adoção individual/em casal. Ainda, indivíduos TGD portugueses, israelitas e polacos apresentaram níveis de desejos parentais, intenções, expectativas e antecipação de enriquecimento semelhantes. No entanto, pessoas TGD polacas e portuguesas anteciparam mais estigma na parentalidade do que as israelitas. Em Israel, participantes TGD anteciparam mais apoio social do que na Polónia. O estigma contra a diversidade de género e o contexto cultural afetam a perceção das pessoas TGD face à parentalidade. A não identificação com órgãos reprodutores e obstáculos nos serviços de saúde podem ter levado à maior rejeição das relações sexuais e da reprodução medicamente assistida como vias para a parentalidade. Sendo a parentalidade um direito humano, recomenda-se que profissionais da saúde, educação, serviço social e decisores políticos sejam sensíveis às especificidades da parentalidade prospetiva em pessoas TGD.

Palavras-chave*:* trans e não-binário, Portugal, Israel, Polónia, parentalidade

Abstract

Research on prospective parenthood among trans and gender diverse (TGD) individuals remains incomplete regarding their parenthood aspirations (desires, intentions, and expectations), parenting perceptions, and preferred ways to form a family. This study explored prospective parenthood among cisgender and heterosexual (cisheterosexual) and TGD childless individuals from Portugal, Israel, and Poland. Trans and gender diverse participants reported lower desires, intentions, and expectations towards having children compared to their cisheterosexual peers. Likewise, they anticipated less enrichment and more stigma upon parenthood, although they expected similar social support. Regarding pathways to parenthood, compared to cisheterosexual participants, TGD participants chose less sexual intercourse and artificial insemination, although there were no differences in preference for surrogacy or single/couple adoption. Furthermore, Portuguese, Israeli, and Polish TGD individuals presented similar parenting desires, intentions, expectations, and anticipated enrichment. However, Polish and Portuguese TGD individuals anticipated more stigma upon parenthood than their Israeli counterparts. In Israel, TGD participants also anticipated more social support than in Poland. Stigma against gender diversity and the cultural context may account for the less optimistic way TGD perceive parenthood. Not identifying with one's reproductive organs and anticipating obstacles in health services may have led to a greater rejection of sexual relations and medically assisted reproduction as ways to parent. Given that parenthood is a human right, it is recommended that health, education, social service professionals, and political decision-makers, become sensitive to the specificities of prospective parenthood in TGD people.

Keywords*:* trans and gender diverse, Portugal, Israel, Poland, parenthood

Index

1. Introduction **1**

2. Theoretical Framework **2**

2.1. (Trans)gender Identities and Parenthood 2

2.2. Parenthood Aspirations and Parenting Perceptions Among Individuals With Minoritized Sexual and Gender Identities 3

2.3. Preferred Pathways and Barriers to Parenthood Among TGD Individuals 5

2.4. The Situation of TGD Individuals and Their Access to Parenthood in Portugal, Israel and Poland 6

2.5. Cultural Values Regarding Family and Economic Constraints to Family Formation in Portugal, Israel and Poland 8

2.6. Gender Identity and Access to Parenthood: The Legal Context in Portugal, Israel and Poland 9

2.7. The Present Study 11

3. Method **12**

3.1. Participants 12

3.2. Data Collection Procedure 14

3.3. Materials and Measures 14

3.3.1. Sociodemographic Characteristics 14

3.3.2. Parenting Desires 15

3.3.3. Parenting Intentions 15

3.3.4. Parenthood Expectations 15

3.3.5. Parenting Perceptions 16

3.3.6. Pathways to Parenthood 16

3.4. Statistical Analyses 17

4. Results **18**

5. Discussion **22**

6. Conclusion.....24

References.....26

Suplementary matterials.....37

Annex A 37

1. Introduction

Although family configurations have changed over the years, there is still an idea of incompatibility between identifying as a transgender or gender diverse (TGD) person and being a parent (Petit et al., 2018). This is not correct since there is a significant number of TGD individuals who already have or want to have children in the future (Cipres et al., 2017; De Sutter et al., 2002; Marinho et al., 2020; Riggs et al., 2016; Stotzer et al., 2014; Tasker & Gato, 2020a; Tornello & Bos, 2017; von Doussa et al., 2015; Wierckx et al., 2012a, 2012b).

There are still relatively few studies about the parenthood aspirations of individuals with minoritized sexual identities (LGB: lesbian, gay, or bisexual) and even fewer investigating the aspirations and options open to TGD people. Research about TGD parenthood often focuses on specific aspects of these people's lives, such as gender affirmation procedures, fertility preservation, interactions with health services, and possible pathways to parenthood (e.g., Marinho et al., 2020; Tasker & Gato, 2020b). However, the way people with gender minoritized identities anticipate parenthood is also shaped by the opportunities and constraints they find in their social context, namely the country they live in (Gato et al., 2022; Leal et al., 2019; Shenkman et al., 2021; Tasker & Gato, 2020b).

Some studies have indeed shown the important role of societal aspects in prospective parenthood processes (Gato et al., 2022; Leal et al., 2019; Shenkman et al. 2021). This cross-cultural body of research has found differences between LGB and heterosexual young adults on overall parenthood aspirations and parenting perceptions, that mapped onto diverse economic sociocultural and legislative contexts. For instance, when compared to the UK, both heterosexual and LGB participants from Portugal and Israel perceived parenthood in a more positive way, reporting higher levels of enrichment and social support and anticipated lower levels of stigma upon parenthood (Gato et al., 2022; Leal et al., 2019; Shenkman et al., 2021). To the best of our knowledge, prospective parenthood processes among TGD individuals have not yet been investigated in a cross-cultural way.

This study aims to explore TGD individuals' parenthood aspirations (desires, intentions, and expectations), parenting perceptions (enrichment, social support, and anticipation of stigma upon parenthood), and preferred pathways to parenthood (e.g., sexual intercourse, adoption, artificial insemination, etc.), comparing them with those of their cisheterosexual peers, in three

countries with different legal frameworks, cultural values, and attitudes towards TGD individuals: Portugal, Israel, and Poland.

This dissertation has two distinct parts. The first is the theoretical framework describing aspects such as gender expression and identity, guidelines that support transgender parenthood as a right, parenthood aspirations, parenting perceptions, and preferred pathways to parenthood among TGD individuals, and the legal and social context regarding TGD individuals in Portugal, Israel, and Poland. The second part consists of the description of the empirical study, where the methodology is explained, including the characterization of the sample, the instruments, the data collection procedure, the results, and their discussion. Finally, conclusions and limitations, as well as suggestions for future research are presented.

2. Theoretical Framework

2.1. (Trans)gender Identities and Parenthood

Gender identity refers to the personal and profound self-recognition as a man or a woman, as both, or neither (OPP, 2020). Transgender people manifest a divergence between their biological sex and the gender they identify with (Obedin-Maliver & Makadon, 2015), not conforming to the anatomical and physiological characteristics they present, nor to legal and social gender norms (McGuire et al, 2016). Some of these people resort to gender affirmation procedures to realign their external gender expression and physical appearance with their internal gender expression and identity (OPP, 2020). This procedure is complex and can take a long time due to social, legal, and medical processes (Obedin-Maliver & Makadon, 2015). Some transgender people live with their biological sex characteristics, making only a social transition and not requiring any medical intervention (Winter et al., 2016). Non-binary or gender diverse individuals are those whose gender identity and/or expression do not fit into the binary gender norms that exist in society (Cheung et al., 2020).

Parenthood as a human right is stated in international guidelines, such as the Yogyakarta Principles (International Service for Human Rights & International Commission of Jurists, 2006) and the Standards of Care for the Health of Transgender and Gender Diverse People (Coleman et al., 2022). The Yogyakarta Principles (International Service for Human Rights & International Commission of Jurists, 2006) are a universal guide to the human rights of people

with sexual and gender minoritized identities. These advocate for the right that all individuals, even if belonging to a gender or sexual minority, have to the reach standard of physical and mental health, being reproductive health a fundamental aspect. Under these principles, every individual should have the right to start a family, independently of their sexual orientation or gender identity, and no family should encounter discrimination based on these characteristics (International Service for Human Rights & International Commission of Jurists, 2006). To ensure these rights, legislative and administrative measures in every country should be taken to ensure that everyone has access to fertility preservation methods and can choose adoption or medically assisted reproduction as pathways to parenthood without discrimination (Onufer Corrêa & Muntarbhorn, 2007).

The Standards of Care for the Health of Transgender and Gender Diverse People (Coleman et al., 2022) call for the right of TGD individuals to decide whether they want to have children. This aspect is fundamental since hormonal and surgical treatments during the process of gender affirmation can alter reproductive capacity and limit biological pathways to parenthood (Hembree et al., 2017). The Standards of Care for the Health of Transgender and Gender Diverse People (Coleman et al., 2022) also support the idea that, before and during these treatments, it is important to discuss the risk of infertility and assess the possibility of fertility preservation (Hembree et al., 2017).

2.2. Parenthood Aspirations and Parenting Perceptions Among Individuals With Minoritized Sexual and Gender Identities

Despite the crescent number of families formed by individuals with minoritized sexual and gender minorities, these individuals consistently express lower parenthood aspirations in comparison to cisgender and heterosexual individuals (Gato et al., 2021). Various studies have operationalized parenthood aspirations in various ways such as parenting desires (Baiocco & Laghi, 2013; Costa & Bidell, 2017; Machin, 2016; Riskind & Patterson, 2010; Shenkman, 2012, 2020), parenting intentions (Baiocco & Laghi, 2013; Gato et al., 2020; Riskind & Patterson, 2010, Shenkman, 2020), parenthood expectations (D'Augelli et al., 2008; Meletti & Scorsolini-Comin, 2015; Shenkman, 2012, 2020), or parenting perceptions and motivations (e.g., Baiocco & Laghi, 2013; Gato et al., 2020; Leal et al., 2019).

Parenting desires correspond to expressed wishes to have children while parenthood intentions imply an explicit planning to become a parent (Riskind & Patterson, 2010).

Parenthood expectations include additional considerations beyond desires and intentions, such as circumstances that might not factor into expressing intentions or goals (Armitage & Conner, 2001). Thus, expectations are another important construct for assessing complex situations, including prospective parenthood processes (Shenkman, 2012).

Although there is a lack of studies regarding parenting desires, parenting intentions, and parenthood expectations in TGD individuals, the parenthood aspirations of LGB individuals are a growing area of research (Gato et al., 2021). When compared to their heterosexual peers, LGB individuals tend to report lower levels of parenting desires, intentions and expectations (Baiocco & Laghi, 2013; Costa & Bidell, 2017; D'Augelli et al., 2008; Gato et al., 2020, 2022; Leal et al., 2019; Machin, 2016; Meletti & Scorsolini-Comin, 2015; Riskind & Patterson, 2010; Shenkman, 2012; Shenkman et al., 2020; Shenkman et al., 2021). These differences are usually attributed to the additional legal, financial, and reproductive hurdles more often encountered by LGB individuals when contemplating parenthood (e.g., Blake et al., 2017; Goldberg et al., 2007; Patterson & Riskind, 2010).

Some studies also documented the needs that children fulfil for adults and how parents evaluate the perceived value of children (Hoffman & Hoffman, 1973). According to Lawson (2004), parenting perceptions can be subdivided into positive (enrichment, continuity and perceived support) and negative ones (isolation, instrumental costs and commitment). In the present study, attention will be given to three parenting perceptions that seem to be associated with parenting intentions for sexual minoritized individuals: social support, enrichment, and anticipation of stigma upon parenthood (Gato et al., 2019; Gato et al., 2020; Leal et al., 2019). However, studies about the way TGD individuals perceive parenthood are scarce (Riggs et al., 2016).

Individuals with minoritized sexual identities reported lower levels of perceived support upon parenthood than their heterosexual counterparts (Baiocco & Laghi, 2013; Leal et al., 2019; Shenkman et al., 2019). To the best of our knowledge, comparisons between TGD and cisgender individuals regarding their parenting perceptions of social support have not been carried out. Still, the support provided by the family of origin was found to be positively linked with TGD individual's desires to have children in the future (Riggs et al., 2016). Enrichment refers to the appreciation of children as an enriching factor in one's future life (Lawson, 2004). Lesbian and gay individuals have reported a lower level of perceived enrichment upon having children when compared to heterosexual participants (Baiocco & Laghi, 2013). When examining sexual and gender minoritized populations' parenthood aspirations, it is important to consider the role of social stigma (Bos and van Balen, 2008; Gartrell et al., 2005; Gato et al.,

2020). As expected, individuals with minoritized sexual identities anticipate more stigma upon parenthood than heterosexual participants (Gato et al., 2022; Leal et al., 2019; Shenkman, 2020).

2.3. Preferred Pathways and Barriers to Parenthood Among TGD individuals

Transgender and gender diverse individuals can have children either through adoption/fostering or through genetic parenthood (Marinho et al., 2020; Nahata et al., 2017; Tornello & Bos, 2017; von Doussa et al., 2015). The previously mentioned pathway can be achieved via sexual intercourse, fertility preservation or donated gametes to a partner or surrogate (Marinho et al., 2020; Nahata et al., 2017; Tornello & Bos, 2017; von Doussa et al., 2015). The preference for choosing fostering or adoption as pathways to parenthood was evenly split in the sample of australian TGD individuals inquired by Riggs and colleagues (2016). Over half of the surveyed individuals reported wanting to pursue genetic parenthood, predominantly through their partner giving birth, whereas the rest wanted to explore foster care or adoption (Riggs et al., 2016). Similar results were found by Marinho et al. (2020) with half of the 14 TGD participants choosing adoption as a pathway to parenthood.

Preferred pathways to parenthood among this population may differ according to several factors (Chen et al., 2018; Marinho et al., 2020; Riggs et al., 2016; Tornello & Bos, 2017), including TGD individuals sociodemographic characteristics (e.g., age and gender) or structural barriers (e.g., financial costs). Regarding age, Chen and colleagues (2018) showed a greater preference of TGD young people considering adoption and foster care as pathways to parenthood, with 70% of their total sample of over 150 individuals considering this option as a possible path to forming a family.

Considering gender, differences were found between TGD and non-binary individuals, with the latter preferring more genetically related parenthood when compared with transgender people (Chen et al., 2018). Additionally, differences were found between transgender men and women, with transgender women preferring adoption (75%) and transgender men preferring sexual intercourse or pregnancy (58%) (Tornello & Bos, 2017). This can be explained by the fact that the second group expressed more often the desire to develop a biological relationship with their children and ensure biological offspring, while the first directed their justifications towards the desire to provide a warm home for children (Tornello & Bos, 2017).

One of the most salient structural barriers that hinder parenthood among TGD individuals is the economic implications associated with medically assisted reproduction (MAR) technologies (Gato et al., 2021). The high financial burden of the fertility preservation (FP) procedures and gender affirmation treatments can lead individuals to abandon the FP option, becoming unable to resort to MAR as a pathway to parenthood (De Sutter et. al., 2002).

Regarding FP, this is a procedure which is contingent upon several circumstances. This procedure (FP) is physically and psychologically invasive and is often perceived by TGD individuals as disruptive to their gender identity (Gato et al., 2021). Transgender individuals report discomfort with this procedure since it involves contemplating their internal or external anatomy associated with a gender they don't align with (Gato et al., 2021; Kyweluk et al. 2018; Murphy 2012; Tasker & Gato, 2020a). This procedure implies stopping or postponing hormonal therapy (Chen et al. 2018; Kyweluk et al. 2018; Marinho et al. 2020; Tornello and Bos 2017; von Doussa et al. 2015), which can result in the reappearance of certain sexual characteristics and functions (Kyweluk et al. 2018; Murphy 2012; Tasker & Gato, 2020). In the study of Gato and Fonseca (2022), the sample of TGD youth reported limited interest in FP, revealing a preference for adoption as a way to have children. When asked for reasons for not engaging in gamete preservation, the lack of knowledge about this procedure was given as the main reason (Gato & Fonseca, 2022).

Second, although several studies evidentiated positive experiences of TGD individuals within health services (Marinho et al., 2020; Payne & Erbenius, 2018; Wakefield et al., 2018), the majority of research points to a lack of quality of the services and cultural incompetence of professionals in the field (Coleman et al., 2011; James-Abra et al., 2015; Payne & Erbenius, 2018; Wingo et al.,2018). The lack of quality of health services include that TGD individuals are confronted with normative assumptions (Marinho et al., 2020), comments that demonstrate discrimination (Wingo et al., 2018), and/or the denial of services (James-Abra et al., 2015). In the qualitative study of Marinho et al. (2020), all interviewed TGD participants (N =14) were made aware of the reproductive consequences of the gender affirmation process in endocrinology and/or psychology consultations, but only four obtained information about FP (Marinho et al., 2020).

2.4.The Situation of TGD Individuals and Their Access to Parenthood in Portugal, Israel, and Poland

To better understand the influence of structural factors on parenthood aspirations, cross-cultural comparisons are of utmost importance (Bauermeister 2014; Hatzenbuehler et al. 2010). Some studies have indeed shown the important role of societal aspects in prospective parenthood (Gato et al., 2022; Leal et al., 2019; Shenkman et al. 2021). For instance, compared to heterosexual people, LGB adults in the UK perceived parenthood as being a less enriching experience and coming with a higher level of personal cost – a difference not apparent between LGB and heterosexual people in Portugal (Leal et al., 2019).

Two studies found differences between LGB and heterosexual young adults on overall parenthood aspiration levels that mapped onto the diverse economic sociocultural and legislative contexts of Israel, Portugal, and the UK. Differences were found when comparing these three countries with portuguese and israeli LGB participants perceiving parenthood in a more positive way, anticipating higher levels of enrichment and social support, and lower levels of stigma linked to the experience of being a parent, when compared to their british counterparts individuals (Gato et al., 2022).

When comparing LGB and heterosexual participants, LGB participants from the three countries reported lower levels of desire, intent to parent, and concern about childlessness (Shenkman et al., 2021). They also perceived parenthood in a less positive way, anticipating lower levels of enrichment and higher levels of stigma upon parenthood, when compared to their heterosexual peers (Gato et al., 2022).

Also, when comparing these three countries, LGB participants from Israel and Portugal reported higher levels of perceived social support upon parenthood and lower anticipated stigma than their counterparts from the UK (Gato et al., 2022). This was also a result when comparing heterosexual individuals from the three countries (Gato et al., 2022). In addition, when comparing Portugal and Israel, while heterosexual participants from Israel had higher parenthood intent and concern about childlessness when compared to participants from Portugal, these differences were not observed among LGB individuals (Shenkman et al., 2021).

Although the study by Baiocco and Laghi (2013) isn't a cross-cultural study, it's of most relevance because it's the only study that compares the personal enrichment anticipated with parenthood between LGB and heterosexual individuals living in Italy. According to this study, childless lesbian and gay individuals reported fewer parenting desires and intentions when compared to their heterosexual peers. Also, in the same study, lesbian and, in particular, gay male participants reported a lower level of perceived enrichment and a more negative perception of social support when becoming parents than did heterosexual participants.

Given the previous cross-cultural findings, it is important to study the influence of societal aspects when studying prospective parenthood. To the best of our knowledge, the present study is the first to analyse prospective parenthood processes among TGD and cisgender heterosexual individuals, in three countries with distinctive social attitudes towards TGD people and different legal opportunities for these individuals to form a family: Portugal, Israel, and Poland.

2.5. Cultural Values Regarding Family and Economic Constraints to Family Formation in Portugal, Israel, and Poland

Variations in cultural values, such as individualism versus collectivism (Hofstede, 2011) might account for country differences in parenthood aspirations and parenting perceptions. Individualism refers to the degree of interdependence a society maintains among its members (Hofstede, 2011). According to this author, in individualist societies, people are supposed to look after themselves and their direct family only, while in collectivist societies, people belong to 'in groups' (such as families) that take care of them in exchange for loyalty. Portugal, Israel, and Poland are all characterized by moderate individualistic values (Hofstede, 2011) and family is highly valued in all three countries (Minkov & Kaasa, 2022).

Considered countries also show differences in fertility indicators. In 2021 the mean age of women at the birth of the first child was 27.8 in Israel, 28.1 in Poland, and 30.4 in Portugal (OECD, 2024). According to UN, World Population Prospects (2024), the rates of live births per woman were twice as high in Israel (2.8) than both in Portugal (1.5) and Poland (1.3). It should be noted that Israel has a strong pronatalist society (Birenbaum-Carmeli & Dirnfeld, 2008), that sees motherhood nearly as a "national mission" (Donat, 2011).

Economic opportunities and constraints certainly play a role in the above-mentioned differences (Gato et al., 2021). In fact, Portugal has a very low birth rate partially as a consequence of economic factors such as a downturn in the labour market, a traditionally high youth unemployment rate, and low social expenditure targeted at young adults (Oliveira et al., 2014). These economic factors cause a prolonged co-residence between young adults and their parents and late transitions to conjugal and parental roles (Oliveira et al., 2014).

As shown before, parenthood aspirations and parenting perceptions vary cross-culturally (Gato et al., 2022; Leal et al., 2019; Shenkman et al. 2021). When comparing Portugal and Israel, participants from Israel reported, in a study by Shenkman and colleagues (2021),

higher levels of parenthood intent and this was partly attributed not only to the highly pronatalist culture characterizing Israel but also to the less favourable economic situation of Portugal.

Previous cross-cultural comparisons revealed similar results regarding the levels of parenting desires and intentions among LGB individuals in Portugal and Israel, in contrast to the more individualistic society of the UK, where lower parenting desires and intentions were apparent (Leal et al., 2019). Adding to this study, Gato and colleagues (2022) also found that participants from less individualistic cultures (Portugal and Israel) perceived parenthood in a more positive way than participants from the UK. Consequently, participants from Portugal and Israel, independently of their heterosexual or sexual minoritized identity, anticipated higher levels of enrichment and social support and lower levels of stigma upon parenthood, when compared to participants from the UK (Gato et al., 2022).

2.6. Gender Identity and Access to Parenthood: The Social and Legal Context in Portugal, Israel, and Poland

The Global Acceptance Index ranks different countries around the world in relation to their average LGBTI acceptance score (Flores, 2021). Portugal had a score of 6.87 in the 2017-2020 report which was higher than the one from Israel (5.69) and Poland (5.15) (Flores, 2021). This higher ranking of Portugal regarding LGBTI acceptance is also reflected in this country's legislation. First, the Portuguese law is the only one, among the compared countries, stating that gender is a matter of self-determination (Diário da República Portuguesa, 2018), and granting that TGD individuals aged 18 or older have the right to have their binary gender identity recognized in the civil registry. Youth between the ages of 16 and 18 can legally change their gender with expressed parental consent and a statement from a clinician indicating that they can make informed decisions regarding their lives. The law also prohibits medical treatments that change corporal characteristics of intersex babies (Diário da República Portuguesa, 2018).

Second, the Portuguese Constitution (Diário da República Portuguesa, 2005), states that everyone has the right to form a family on equal terms. Third, according to Law no. 17/2016, of June 20, which broadened the scope of beneficiaries of MAR, women are granted access to MAR regardless of their marital status, sexual orientation, and infertility diagnosis (Diário da República Portuguesa, 2017). Surrogacy is only a possibility for exceptional situations and with strict admissibility requirements (Decree-Law no. 58/2017). It is worth noting that there are

services such as the Fertility Preservation Consultation at the Reproductive Medicine Service in conjunction with the Genitourinary and Sexual Reconstruction Unit (URGUS) at the Coimbra Hospital and University Center (CHUC), that offer a multidisciplinary consultation that involves counselling and decision-making support for transgender men and women (Ramos et al., 2019). Fourth, although no mention is made to candidates' gender identity, same-sex adoption and fostering are allowed in Portugal (Diário da República Portuguesa, 2016).

As in Portugal, in Israel TGD individuals have the right to change their gender without sex-reassignment surgery, but there is no legal recognition of non-binary gender (Equalex, 2024). Although it's possible to change one's gender without realizing medical interventions such as surgeries, a document written by a medical gender reassignment committee (consisting of a psychologist, psychiatrist and endocrinologist) is required (Katri, 2021).

The Israeli Health Insurance Law provides public funded access to gender affirmative treatments for trans people, being hormone replacement therapy (HRT) easier to acess than genital surgery (Katri, 2021). Although these circumstances, the patient still needs to provide a letter from a mental health professional before being prescribed hormones (Katri, 2021).

In addition, although the Health Insurance Law covers gender-affirming surgeries and HRT, the access to both is limited (Katri, 2021). Most surgical procedures have to be approved by a medical gender reassignment committee (Engelstein & Rachamimov 2019). This is an obstacle to trans-affirming care (Engelstein & Rachamimov 2019). Contrary to chest surgeries that can be performed in several hospitals, genital surgeries can only be performed in one hospital, which leads to a waiting list of over three years (Stoler, 2021). Individuals interested in these surgeries also need to navigate through complicated bureaucracy to receive state-funded medical care (Stoler, 2021). On top of that, all surgical procedures, such as genital surgeries for individuals designated female at birth, may have to be privately funded and may require to travel overseas if they do not receive the committee's approval, which makes gender-affirming procedures unaffordable (Stoler, 2021). Regarding pathways for parenthood, in this country, trans people face difficulties accessing surrogacy services and negotiating parenthood status in courts (Katri, 2021).

In Poland, TGD individuals have the right to change gender, but this procedure requires a medical diagnosis (Equalex, 2024). As in Portugal and Israel, there is no legal recognition of non-binary gender (Equalex, 2024). In Poland, although hormone treatments are funded, surgeries are not (European commission, 2018). According to Leibetseder (2018), in Poland, TGD people experience apprehension in disclosing their wish to have children, driven by the fear that their wish for sex re-assignment would not be believed. On the positive side, TGD

people can marry a person of the other gender and have legal access to ART (Leibetseder, 2018). This is also true for Portugal and Israel. Trans individuals married to a same gender partner, are faced with a lack of registered partnerships, absence of cohabitation registration, no recognition of marriage equality, no recognition of adoption or co-parenting, and no access to medically assisted insemination (for couples or singles) (Leibetseder, 2018).

In sum, Portugal is the country whose law takes more of TGD's rights into account. Israel is the country that most supports fertility preservation among TGD individuals, while Poland seems to have a less favourable social climate and less progressive laws.

2.7. The Present Study

Trans and gender diverse individuals are seldom a target population when researching LGBTQ+ issues (Salvati & Koc, 2022), and more so when studying prospective parenthood processes (Gato et al., 2021). The aim of the current study is twofold. First, to explore differences in parenthood aspirations (parenting desires, intentions, and parenthood expectations) and parenting perceptions (enrichment, anticipation of stigma, and social support) as a function of gender identity (TGD vs. cisgender individuals). Second, to explore the association between preferred pathways to parenthood and gender identity (TGD vs. cisgender individuals). Third, to explore if parenthood aspirations and parenting perceptions differ across countries (Portugal vs. Poland vs Israel), among TGD individuals.

Considering the reviewed literature, we expect TGD participants to report lower parenting desires and intentions, and lower parenthood expectations when compared to cisgender heterosexual individuals (Hypothesis 1a). As parenting perceptions are concerned, we expect TGD participants to anticipate encountering more stigma upon parenthood, perceive less social support, and perceive parenthood as less likely to be a source of psychological enrichment, than their cisgender heterosexual peers (Hypothesis 1b).

This study also intends to assess if the choice of pathways to parenthood from more non-biological paths (single and couple adoption) to less biological paths (sexual intercourse, artificial insemination, and surrogacy) differ depending on gender identity (Research question 1). Finally, we seek to understand to what extent parenting desires and intentions, parenthood expectations, and parenting perceptions differ in the three countries, among TGD participants (Research question 2).

3. Method

This is a correlational study with self-report instruments. The study is part of an international investigation that aspires to observe the prospective parenthood processes and its psychological and cultural determinants among people with different sexual orientations and gender identities, from four countries: Portugal, Israel, Poland, and the UK.

3.1. Participants

Data was initially collected from 2181 participants in Portugal, Israel, and Poland (data from the UK were not yet available as of the redaction of this work). The inclusion criteria for the present research were the following: (i) to have between 18 and 45 years, (ii) to reside either in Portugal, Israel or Poland, and (iii) to be without children. This way, 600 participants with children and 6 participants older than 45 years old were excluded from the present study. We further eliminated 19 participants because they did not identify as cisgender nor as TGD. In the end, we remained with 1556 participants (1459 cisgender and 97 TGD). To obtain a normative comparison group, we selected cisgender participants who were heterosexual (n = 860) and, from this sub-sample, we randomly selected 97 cases to run comparisons with TGD individuals.

The final sample comprised 194 participants (Portugal: n = 87; Israel: n = 50; Poland: n = 57), aged from 18 to 45 years (M = 24.85; SD = 5.01). As can be seen in Table 1, the majority of the individuals identified as white/caucasian, half the individuals identified as cisgender and half as TGD; heterosexuality was the predominant sexual orientation. Half of the participants had a university degree and slightly more than half had a job. The majority was in a relationship, lived in an urban area (city), had an average income, and considered religious values as almost not important.

Table 1

Sociodemographic Characteristics of the sample.

Variable	*n*	*%*
Gender		
Cisgender	97	50.0%
Transgender	32	16.5%

Non-binary	63	32.5%
Other	2	1.0%
Sexual orientation		
Gay	5	2.6%
Lesbian	16	8.2%
Bisexual	24	12.4%
Heterosexual	101	52.1%
Pansexual	29	14.9%
Asexual	10	5.2%
Queer	5	2.6%
Demisexual	2	1.0%
Prefer not to say	2	1.0%
Ethnicity		
White/Caucasian	174	90.2%
Black	1	0.5%
Other	16	8.3%
Doesn't want to define	2	1.0%
Educational level		
<12 years of school	89	46.4%
University level	103	53.6%
Relationship status		
No	55	28.5%
Yes, casual relationship	24	12.4%
Yes, committed relationship but not living together	40	20.7%
Yes, living with my partner	44	22.8%
Yes, married or in a civil partnership	30	15.5%
Employment status		
Student	77	39.7%
Full-time worker	52	26.8%
Part-time worker	7	3.6%
Unemployed, retired, or not in paid employment	9	4.6%
Student and part-time worker	27	13.9%
Student and full-time worker	15	7.7%
None of the above	5	2.6%
More than one option	2	1.0%
Place of residence		
Urban area (city)	133	69.3%
Urban area (town)	46	24.0%
Rural area	13	6.8%
Income		

M	2.91
SD	1.08
Religious Values	
M	2.26
SD	1.33

Note. The variable income was measured in a scale from 1= "low" to 6= "very high"; Religious values were measured in a scale from 1= "not important at all" to 6= "extremely important".

3.2. Data Collection Procedure

In Portugal, data was collected between December 2022 and 2023 and February 2024 through an online questionnaire in Lime Survey. The questionnaire was shared through digital platforms and social media such as *Instagram* and *Facebook* a page created for this purpose, named "Parentalidade Arco-Íris" (Rainbow Parenting). Entering the questionnaire, participants had information about the voluntary, confidential, and anonymous nature of their participation and the research project's objectives. In addition, the contact information of the researchers was provided for doubts or questions about the study. No financial compensation for participants was given. The study was approved by the Ethics Committee of the Faculty of Psychology and Sciences of Education of the University of Porto, on the 9th of December of 2021 (Ref.ª2021/11-03).

Regarding Israel, data was collected between October 2021 and February 2022 and, similar to Portugal, no financial compensation for participants was offered. The recruitment of participants was made with a convenience sample strategy with the collaboration of students and researchers who sent a university URL, or the questionnaire to the participants via announcements on internet forums, social media, and various mailing lists of acquaintances.

Data from Poland was collected between February and March of 2023, using a self-report questionnaire in the Qualtrics.com platform. Participants were volunteers, and those who were students were granted some credits for taking part in the study.

3.3. Materials and Measures

3.3.1. Sociodemographic characteristics

Participants were asked about their age, nationality, country of residence (Portugal, Israel, Poland), ethnic identification (open question), gender identity (cisgender, transgender, non-binary, prefer not to say, or other), sexual orientation (gay, lesbian, bisexual, heterosexual, pansexual, asexual, queer or demisexual, prefer not to say, or other). Concerning educational level, participants answered an open question. People were also asked about their income (low, below average, average, above average, high, or very high) and religious values (not important at all, almost not important, somewhat important, important, very important or extremely important).

For this study, we created composite variables to facilitate analyses. Regarding ethnicity, we created four categories, "white/caucasian", "black", "other" or "doesn't want to define". For educational level, participants were categorized into two groups: "12 years of school" or "university level". Regarding relationship status, we created two final categories, "yes" (where we consolidated all the positive answers, including casual relationship, committed relationship but not living together, living with my partner(s), married or in a civil partnership) and "no". In terms of employment status, we crated two categories: "not working" (where we grouped students and unemployed, retired, or not in paid employment) and "working" (where we combined full-time workers, part-time workers, students and part-time workers or students and full-time workers). In addition, we combined, for place of residence people that lived in an urban area (town) and urban area (city) into "urban area" and ended up with two categories: "urban area" and "rural area".

3.3.2. Parenting Desires

To assess parenting desires, we used an instrument developed by Gato et al. (2019). comprising three items (e.g. "Being a parent is something I want"). Each statement was rated on a 5-point Likert scale (1 = *no* to 5 = *Definitely yes*). The reliability was excellent for the overall sample and for cisgender heterosexual and TGD individuals, as can be seen in Table 2.

3.3.3. Parenting Intentions

To measure this variable, we used the Parental Intentions Scale (Gato et al., 2019), comprising three items (e.g. " I plan to have children at some point"). Each statement had five possible answers, on a 5-point Likert scale (1= *Definitely not* and 5 = *Definitely yes*). The instrument presented a high reliability with an excellent level of internal consistency for all sample and for both cisheterosexual and TGD individuals (Table 2).

3.3.4. Parenthood Expectations

This instrument, developed by Shenkman (2012), aims to assess what the respondents think is their likelihood of becoming a parent in the future ("If you are not a parent, please rank your chances of becoming a parent in the future"). The answers to this question were indicated on a scale ranging from 1 (0-20%) to 5 (81-100%).

3.3.5. Parenting Perceptions

To assess this variable, we resorted to the Enrichment and Social Support subscales of the Parenting Perceptions Inventory (Lawson, 2004). The subscale of enrichment comprises nine items (e.g. "Caring for a child would bring me happiness.") evaluating the benefits that a child would bring to the lives of their parents. The social support subscale is made up of three items (e.g. "My friends and family would help me take care of a child."), evaluating the perception of social support from the family, friends and the community. The anticipation of stigma upon parenthood, developed by Gato et al. (2019), comprises five items intended to measure to what extent participants believe they will be stigmatized as parents (e.g., "People would have doubts about my parenting skills"). Answers are evaluated on a 7-point Likert scale from 1 (*Strongly disagree*) to 7 (*Strongly agree*).

The enrichment subscale had an excellent (high) internal consistency for all sample and for both cisheterosexual and TGD individuals. The anticipation of stigma upon parenthood subscale had a moderate internal consistency for the total sample and for both cisheterosexual and TGD individuals. Finally, the internal consistency of the social support subscale was good for the total sample and for cisheterosexual individuals and was very good for TGD individuals (Table 2).

3.3.6. Pathways to Parenthood

To assess this variable, we used the Parenting Options Inventory (Gato, 2014) presents 13 pathways to parenthood, each of them with three possible answers (No, Probably, and Yes): (i) sexual intercourse, (ii) artificial insemination with known donor, (iii) artificial insemination with unknown donor, (iv) self-insemination with known donor, (v) self-insemination with unknown donor, (vi) surrogacy (child genetically related to me), (vii) surrogacy (child genetically related to my partner), (viii) surrogacy (child unrelated to either of us), (ix) co-parenting arrangement, (x) adoption by single person, (xi) adoption by couple, (xii) adopting a child from the country you are living in, and (xiii) adopting a child from abroad (international adoption). We created composite variables to streamline the analyses. In the analyses, the

options of pathways to parenthood were (i) sexual intercourse, (ii) artificial insemination (we grouped artificial insemination with known and with unknown donors), (iii) self-insemination (we grouped self-insemination with known and with unknown donors), (iv) surrogacy (we grouped surrogacy child related to me/child related to my partner/child unrelated to either of us), and (v) co-parenting arrangement, (vi) single adoption, and (vii) couple adoption. In all of the recoded variables, from the initial three options of answers, we chose to group the answers "yes" and "probably", so the possible answers for the analyses were "Yes/probably" and "No". The options "adopting a child from the country you are living in" and "adopting a child from abroad (international adoption)" were not considered in this study.

Table 2

Reliability Analyses.

	Total	TGD	Cishetero
Parenting desires	.97	.97	.96
Parenting intentions	.96	.96	.96
Enrichment	.95	.95	.94
Anticipation of stigma	.77	.75	.76
Social support	.79	.83	.73

3.4. Statistical Analyses

All statistical analyses were conducted using SPSS 29. The assumption of normality of of the scales was tested using the Kolmogorov-Smirnov test with Lilliefors correlation, and through the inspection of skewness (($|sk| < 3$) and kurtosis ($|ku| <$ 7-10) (Kline, 2005). To identify potential covariates, t-tests were performed for age, income and religious values, and chi-square tests were conducted for educational level, committed relationship, place of residence, employment status, and country. Univariate analyses of variance (ANCOVAs) were conducted to examine differences in parenting desires, parenting intentions, and parenthood expectations as a function of gender identity, introducing previously identified covariates. A power analysis using the G* Power 3.1.9.7 software indicated that a minimum total sample size of 128 participants would be needed to detect a medium effect size $f = 0.25$ with a conventional power of 0.80 at 0.05 significance level, using ANCOVA to compare 2 groups with 6 covariates. A multivariate analysis of covariance (MANCOVA) was performed to test

differences in parenting perceptions (enrichment, social support, and anticipation of stigma). Also, Chi-square analyses were conducted to explore the association between gender identity and pathways to parenthood. A power analysis employing the G* Power 3.1.9.7 software suggested that a minimum total sample size of 88 individuals would be necessary to detect a medium effect size $w = 0.30$ with a conventional power of 0.80 at 0.05 significance level, using chi-square analyses to compare 2 groups. One-way ANOVAs were conducted with country (Portugal, Israel and Poland) served as the independent variable, and parenting desires, parenting intentions, parenthood expectations, and parenting perceptions served, separately, as dependent variables. A power analysis performed with the G* Power 3.1.9.7 software indicated that a minimum total sample size of 159 participants would be recommended to detect a medium effect size $f = 0.25$, with a conventional power of 0.80 at 0.05 significance level, using One-way ANOVA to compare 3 groups. Finally, univariate analyses of covariance (ANCOVAs) were not performed as a power analysis using the same software specified that a minimum total sample size of 158 individuals would be required to detect a medium effect size $f = 0.25$ with a conventional power of 0.80 at 0.05 significance level, using this statistical test with 3 groups and 7 possible covariates.

4. Results

As can be seen in Table 3, the assumption of normality was violated in all items ($p < .001$). However, the values of asymmetry and kurtosis were acceptable (|sk| < 3; |ku| < 7-10), (Kline, 2005), so parametric tests were used to analyze the data.

Table 3

Descriptive Statistics (total sample).

Items	*M*	*SD*	Min	Max	*Sk*	*Ku*	*p K.S.*
Parenting desires	3.44	1.42	1	5	-0.48	-1.14	<.001
Parenting intentions	3.26	1.47	1	5	-0.25	-1.38	<.001
Parenthood expectations	3.03	1.62	1	5	-0.05	-1.60	<.001
Enrichment	4.43	1.59	1	7	-0.39	-0.86	<.001
Anticipation of stigma	3.69	1.54	1	7	0.15	-1.01	<.001
Social support	5.48	1.18	2	7	-0.95	1.06	<.001

Before inspecting differences in parenthood aspirations and parenting perceptions as a function of gender identity, we conducted preliminary analyses to identify potential covariates, The groups defined by gender identity differed in age, educational level, country, income, employment status, and religious values (Annex A).

In concordance with our first hypothesis (H1a), statistically significant differences were found in parenting desires, parenting intentions, and parenthood expectations, with TGD individuals reporting lower levels than cisgender and heterosexual individuals (cisheterosexual), as shown in Table 4.

Table 4

Means, Standard Deviations, and Statistical Differences for Parenting desires, Parenting intentions, and Parenthood Expectations as a Function of Gender Identity.

		TGD (*n*=80)	Cishetero (*n*=84)	*df*	*F*	*p*	*η2*	Power
Parenting desires	*M* (*SD*)	3.03 (1.51)	3.86 (1.28)	1,155	6.67	.011	.041	.728
Parenting intentions	*M* (*SD*)	2.78 (1.54)	3.79 (1.31)	1,155	8.84	.003	.054	.840
Parenthood expectations	*M* (*SD*)	2.48 (1.58)	3.66 (1.49)	1,153	14.19	<.001	.085	.963

Note. Age, educational level, country, income, employment status, and religious values were introduced as covariates.

As shown in Table 5, statistically significant differences were found when comparing perceptions of enrichment and anticipation of stigma upon parenthood, with TGD individuals anticipating less enrichment and more stigma upon parenthood than cisheterosexual individuals. However, no differences were found concerning social support. Thus, hypothesis 1b was only partially supported.

Table 5

Means, Standard Deviations, and Statistical Differences for Parenting Perceptions as a Function of Gender Identity.

		TGD (*n*=80)	Cishetero (*n*=80)	*df*	*F*	*p*	*η2*	Power
Enrichment	*M*	4.03	4.84	1,160	9.36	.003	.055	.860
	(SD)	(1.66)	(1.49)					
Anticipation of stigma	*M*	4.12	3.14	1,160	5.90	.016	.036	.675
	(SD)	(1.57)	(1.35)					
Social support	*M*	5.34	5.63	1,160	3.48	.064	.021	.458
	(SD)	(1.28)	(1.08)					

Note. Age, educational level, country, income, employment status and religious values were introduced as covariates.

Regarding our first research question, as shown in Table 6, an association between gender identity and choice of pathways to parenthood was observed in the case of (i) sexual intercourse and (ii) artificial insemination, with TGD individuals considering less these pathways than cisheterosexual individuals. In addition, no associations were found regarding surrogacy, adoption by single person, and adoption by couple.

Table 6

Association Between Choice of Pathways to Parenthood and Gender Identity.

Pathway	Response options	TGD $87 \leq n \leq 95$ %	Cishetero $86 \leq n \leq 91$ %	$\chi^2(1)$
Sexual intercourse	No	68.5	3.3	$\chi^2(1) = 84.30$,
	Yes/Probably	31.5	96.7	$p < .001$, $\Phi = -0.68$
Artificial insemination	No	47.9	33.0	$\chi^2(1) = 4.19$,
	Yes/Probably	52.1	67.0	$p = .041$, $\Phi = -0.15$
Surrogacy	No	50.5	47.7	$\chi^2(1) = 0.14$,
	Yes/Probably	49.5	52.3	$p = .705$, $\Phi = -0.03$
Adoption by single person	No	44.1	46.0	$\chi^2(1) = 0.07$,
	Yes/Probably	55.9	54.0	$p = .799$, $\Phi = 0.02$
Adoption by couple	No	11.6	11.1	$\chi^2(1) = 0.01$,
	Yes/Probably	88.4	88.9	$p = .920$, $\Phi = -0.01$

Regarding our second research question, as shown in Table 7, no statistically significant differences were found in all the variables, when comparing parenting desires, parenting intentions, and parenthood expectations in TGD individuals from Portugal, Israel and Poland.

Table 7

Means, Standard Deviations, and Statistical Differences for Parenting Desires, Parenting Intentions, and Parenthood Expectations in TGD Individuals Across Countries.

		Portugal ($54 \leq n \leq 56$)	Israel ($20 \leq n \leq 21$)	Poland ($n=20$)	*df*	*F*	*p*	$\eta 2$
Parenting desires	*M*	2.93	3.40	2.98	2,94	0.75	.475	.016
	(SD)	(1.46)	(1.57)	(1.52)				
Parenting intentions	*M*	2.65	3.19	2.63	2,94	1.11	.336	.023
	(SD)	(1.45)	(1.58)	(1.43)				
Parenthood expectations	*M*	2.37	3.05	2.05	2,91	2.28	.108	.048
	(SD)	(1.55)	(1.76)	(1.23)				

As shown in Table 8, differences were found when comparing parenting perceptions among the three countries. Pairwise comparisons, using Tukey's-b post hoc tests, indicated that Polish and Portuguese TGD individuals anticipated more stigma upon parenthood than Israeli TGD individuals.

Regarding social support, Israeli TGD individuals anticipated as much social support as Portuguese TGD individuals. Polish TGD individuals anticipate as much social support as their Portuguese counterparts, but less than their Israeli counterparts. No statistically significant differences were found when comparing perceptions of enrichment between TGD individuals from the three countries.

Table 8

Means, Standard Deviations, and Statistical Differences for Parenting Perceptions for TGD Individuals in Three Different Countries.

		Portugal ($n=56$)	Israel ($n=21$)	Poland ($n=20$)	*df*	*F*	*p*	$\eta 2$
Enrichment	*M*	4.01	4.45	3.62	2,94	1.36	.263	.028
	(SD)	(1.64)	(1.55)	(1.67)				

Anticipation of stigma	*M* *(SD)*	4.39a (1.63)	3.34b (1.36)	4.47a (1.12)	2,94	4.29	.016	.084
Social support	*M* *(SD)*	5.42ab (1.13)	5.59a (1.43)	4.70b (1.39)	2,94	3.10	.050	.062

5. Discussion

The present study aimed to explore prospective parenthood processes among TGD and cisgender heterosexual (cisheterosexual) individuals, with a cross-cultural focus. Transgender and gender diverse individuals presented lower parenthood aspirations (desires, intentions, and expectations) and perceived parenthood less positively than their cisheterosexual peers. Furthermore, TGD individuals considered less sexual intercourse and artificial insemination as pathways to parenthood when compared to the normative group. No associations were found regarding surrogacy, adoption by a single person, and adoption by couple. Finally, although no differences were found regarding parenthood aspirations among TGD individuals from Portugal, Israel, and Poland, TGD participants from Israel anticipated less stigma (when compared with Portugal and Poland) and more social support upon parenthood when compared with Poland.

Trans and gender diverse participants reported lower levels of parenting desires, intentions, and parenthood expectations than their cisheterosexual peers. Although there is a lack of studies regarding the parenthood aspirations of TGD individuals, previous research comparing LGB individuals and heterosexual individuals mirrors our results (Baiocco & Laghi, 2013; Costa & Bidell, 2017; D'Augelli et al., 2008; Gato et al., 2020, 2022; Leal et al., 2019; Machin, 2016; Meletti & Scorsolini-Comin, 2015; Riskind & Patterson, 2010; Shenkman, 2012, 2020; Shenkman, 2021). Regarding parenting perceptions, TGD people anticipated encountering more stigma upon parenthood and perceived this role as less likely to be a source of psychological enrichment when compared to their cisheterosexual peers, which is again in line with the results of studies comparing LGB and heterosexual individuals (Baiocco & Laghi, 2013; Gato et al., 2022; Leal et al., 2019; Riggs et al., 2016; Shenkman et al., 2019, 2020). This way, both sexual and gender identity put individuals are at disadvantage regarding prospective parenthood.

Some barriers that contribute to this disadvantage are financial ones that hinder parenthood among these minoritized individuals are the financial costs associated with

medically assisted reproduction technologies, fertility preservation procedures, and gender-affirming treatments (De Sutter et. al., 2002; Gato et al., 2021). In addition, TGD individuals face some difficulties when considering fertility preservation procedures since these can be disruptive to their gender identity (Gato et al., 2021; Tornello & Bos, 2017; von Doussa et al. 2015) and may need to stop or delay hormone therapy (Chen et al. 2018; Kyweluk et al. 2018; Marinho et al. 2020; Tornello & Bos, 2017; von Doussa et al. 2015), leading to the reappearance of certain characteristics and functions related to the assigned sex at birth (Kyweluk et al. 2018; Murphy 2012; Tasker & Gato 2020). The lack of quality and culturally competent health services can also hinder parenthood for TGD individuals (Coleman et al., 2011; James-Abra et al., 2015; Marinho et al., 2020; Payne & Erbenius, 2018; Wingo et al., 2018). Still, it is important to note that, in this study, levels of anticipated enrichment upon having children were moderately high in both groups.

Interestingly, no significant differences were found between TGD individuals and their cisheterosexual peers concerning social support upon parenthood. When lacking support from their family of origin, sexual and gender-minoritized individuals often establish alternative social networks that may evolve into their main source of support throughout their lives (Wardecker & Matsick, 2020; Weston, 1991). The absence of differences and the high levels of anticipated social support in the two groups may also be explained by the fact that all three countries involved in this study value family (Minkov & Kaasa, 2022), a social institution which is expected to be a source of support upon parenthood.

Trans and gender diverse individuals preferred less biological paths to parenthood (sexual intercourse and artificial insemination) when compared to their cisheterosexual peers. Similar disparities were found in several studies (Armuand et al., 2017; Chen et al., 2017; Marinho et al., 2020; Nahata et al., 2017; Petit et al., 2018; Riggs et al., 2015; Riggs & Bartholomaeus, 2018; Tornello & Bos, 2017; von Doussa et al., 2015). These results are not unexpected given the fact that paths to genetically related parenthood imply reproductive organs that are not associated with one's gender (Tornello & Bos, 2017). Furthermore, no associations were found between the two groups and choice for surrogacy, single adoption, and couple adoption, as pathways to parenthood. Previous studies have indeed signalled that transgender individuals prefer adoption as a pathway to parenthood when compared to biological pathways (Marinho et al., 2020; Nahata et al., 2017; Riggs et al., 2016; Tornello and Bos, 2017; von Doussa et al., 2015). In the case of surrogacy, the absence of differences may be because this method facilitates biological relatedness without hindering the gender affirmation process (Tornello & Bos, 2017).

Our results also show that, despite the inexistent effect of country on parenthood aspirations among TGD individuals, individuals from Israel reported higher scores in all three considered dimensions. Still, the absence of significant differences prevents further interpretation. Regarding parenting perceptions, although no differences were found in enrichment, Israeli participants anticipated less stigma than their peers from Poland and Portugal. Additionally, participants from Israel anticipated as much social support as the ones from Portugal. Israel is a strong pronatalist society, i.e., a country where parenthood is highly valued and stimulated (Birenbaum-Carmeli & Dirnfeld, 2008; UN, 2024), which may account for the found pattern of results.

6. Conclusion

Despite its many contributions, this study presents some limitations that should be considered in its interpretation. Findings from our research remain limited by the small sample size and future studies should inspect cross-cultural differences among larger samples. There was a lack of questions about which gender-affirming procedures (if any) were carried out by TGD individuals. Given the low representation of persons from rural areas, future studies should also make an effort to collect more geographically diverse samples. Other two limitations of the current study are related to sample characteristics: the overrepresentation of the White/caucasian ethnicity (n = 174) and the unbalance of gender diverse (n = 63) and transgender (n = 31) individuals in the sample. Several studies (Chen et al., 2018; Gato & Fonseca, 2022; Tornello & Bos, 2017) have pointed out some differences when comparing the choice of pathways to parenthood among (i) transgender men and women and (ii) gender diverse individuals, which should be taken into account in future research. Some studies also point to the fact that non-binary youth are less likely to receive counselling regarding fertility preservation when compared to trans youth (Clark, 2018; Riggs & Bartholomaeus, 2018; Tasker & Gato, 2020).

Due to the differences in legislation between the countries regarding access to medically assisted reproduction, important variables such as TGD individuals' sexual orientation, relational status, and partner's gender should be taken into account in future research. The restricted size of our sample did not allow us to inspect the effect of possible covariates when comparing parenthood aspirations between the three countries. Finally, future research should also address cultural indicators such as attitudes toward familism, individualism, and

pronatalism and inspect how these variables specifically interact with parenthood aspirations in diverse sociocultural contexts.

The study has several implications for practice. First, it is essential to ensure that professionals attend to the specificities of prospective parenthood among TGD individuals, to provide unbiased and culturally competent support (Gato et al., 2021). Trans affirmative healthcare is important to support and empower transgender patients, namely regarding their possible parenthood aspirations (Hoffkling et al., 2017). Providing TGD individuals with information regarding fertility preservation will allow for informed decision-making regarding parenthood (Marinho et al., 2020). It is also essential that professionals working in the adoption system support sexual and gender minorities when they choose adoption as a pathway to parenthood (Saleiro et al., 2022; Gato et al., 2021; Xavier et al., 2019). Finally, countries should also take legislative and administrative measures to guarantee that everyone has the right to form a family through adoption or medically assisted reproduction (International Service for Human Rights & International Commission of Jurists, 2006).

To the best of our knowledge, the present study is the first to analyse prospective parenthood processes among TGD and cisgender heterosexual individuals with a cross-cultural focus. Contributions of this work are important for a better understanding of parenthood aspirations among TGD individuals and of the influence of sociocultural aspects in this matter, as well as for affirming parenthood as a human right, independent of one's gender identity.

References

Armuand, G., Dhejne, C., Olofsson, J. I., & Rodriguez-Wallberg, K. A. (2017). Transgender men's experiences of fertility preservation: A qualitative study. *Human Reproduction, 32*(2), 383–390. https://doi.org/10.1093/humrep/dew323

Armitage, C. J., & Conner, M. (2001). Efficacy of the theory of planned behaviour: A meta-analytic review. *British Journal of Social Psychology, 40*(4), 471–499. https://doi.org/10.1348/014466601164939

Auer, M. K., Fuss, J., Nieder, T. O., Briken, P., Biedermann, S. V., Stalla, G. K., & et al. (2018). Desire to have children among transgender people in Germany: A cross-sectional multicenter study. *The Journal of Sexual Medicine, 15*(5), 757–767. https://doi.org/10.1016/j.jsxm.2018.03.083

Baiocco, R., & Laghi, F. (2013). Sexual orientation and the desires and intentions to become parents. *Journal of Family Studies, 19*(1), 90–98. https://doi.org/10.5172/jfs.2013.19.1.90

Bauermeister, J. A. (2014). How Statewide LGB Policies Go From "Under Our Skin" to "Into Our Hearts": Fatherhood Aspirations and Psychological Well-Being among Emerging Adult Sexual Minority Men. *Journal of Youth and Adolescence, 43*(8): 1295–1305. https://doi.org/10.1007/s10964-013-0059-6

Birenbaum-Carmeli, D., & Dirnfeld, M. (2008). In vitro fertilization policy in Israel and women's perspectives: The more the better? *Reproductive Health Matters, 16*(31), 182–191. https://doi.org/10.1016/S0968-8080(08)31352-4

Blake, L., Carone, N., Raffanello, E., Slutsky, J., Ehrhardt, A. A., & Golombok, S. (2017). Gay fathers' motivations for and feelings about surrogacy as a path to parenthood. *Human Reproduction, 32*(4), 860–867. https://doi.org/10.1093/humrep/dex026

Byrne, B. M. (2010). *Structural Equation Modeling With AMOS: Basic Concepts, Applications, and Programming*. Routledge.

Bos, H. M., & van Balen, F. (2008). Children in planned lesbian families: Stigmatisation, psychological adjustment and protective factors. *Culture, Health & Sexuality, 10*(3), 221–236. http://www.jstor.org/stable/20461000

Chen, D., Matson, M., Macapagal, K., Johnson, E. K., Rosoklija, I., Finlayson, C., Fisher, C. B., & Mustanski, B. (2018). Attitudes toward fertility and reproductive health among

transgender and gender-nonconforming adolescents. *Journal of Adolescent Health, 63*, 62–68. https://doi.org/10.1016/j.jadohealth.2017.11.306

Chen, D., Simons, L., Johnson, E. K., Lockart, B. A., & Finlay, C. (2017). Fertility preservation for transgender adolescents. *Journal of Adolescent Health, 61*(1), 120–123. https://doi.org/10.1016/j.jadohealth.2017.01.022

Cheung, A. S., Matson, M., Macapagal, K., Johnson, E. K., Rosoklija, I., Finlayson, C., Fisher, C. B., & Mustanski, B. (2020). Non-Binary and Binary Gender Identity in Australian Trans and Gender Diverse Individuals. *Archives of Sexual Behavior.* http://doi.org/10.1007/s10508-020-01689-9

Clark, B., Veale, J., Townsend, M., Frohard-Dourlent, H., & Saewyc, E. (2018). Non-binary youth: Access to gender-affirming primary health care. *International Journal of Transgenderism, 19*(2), 158-169. https://doi.org/10.1080/15532739.2017.1394954

Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., De Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, M., Goodman, J., Green, L., & et al. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health, 23*, S1–S259. https://doi.org/10.1080/26895269.2022.2045031

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., & et al. (2011). Standards of care for the health of transsexual, transgender, and gender nonconforming people, version 7. *International Journal of Transgenderism, 13*(4), 165–232. https://doi.org/10.1080/15532739.2011.700873

Costa, P. A., & Bidell, M. (2017). Modern families: Parenthood desire, intention, and experience among Portuguese lesbian, gay, and bisexual individuals. *Journal of Family Issues, 38*(4), 500–521. https://doi.org/10.1177/0192513X16683985

Costa, P. A., & Shenkman, G. (2020). LGBT parent families in non-west contexts. In A. E. Goldberg & K. R. Allen (Eds.) LGBT parent families: *Innovation in research & implications for practice* (2nd ed., pp.319-336). Springer. https://doi.org/10.1007/978-3-030-35610-1_20

Cipres, D., Seidman, D., Cloniger, C., Nova, C., O'Shea, A., & Obedin-Maliver, J. (2017). Contraceptive use and pregnancy intentions among transgender men presenting to a clinic for sex workers and their families in San Francisco. *Contraception, 95*, 186–189. https://doi.org/10.1016/j.contraception.2016.09.005

Constituição da República Portuguesa Sétima Revisão Constitucional (2005). *Diário da República*, n.º 155 – I Série – A, de 12 de agosto de 2005. https://www.parlamento.pt/ArquivoDocumentacao/Documents/CRPVIIrevisao.pdf

D'Augelli, A. R., Grossman, A. H., & Starks, M. T. (2008). Gender atypicality and sexual orientation development among lesbian, gay, and bisexual youth: Prevalence, sex differences, and parental responses. *Journal of Gay & Lesbian Mental Health, 12*(1–2), 121–143. https://doi. org/10.1300/J529v12n01_08

Diário da República. (2016). Law No. 2/2016 of 29 February 2016. *Diário da República*. https://diariodarepublica.pt/dr/detalhe/lei/2-2016-73740375

Diário da República. (2017). Law No. 58/2017 of 25 June 2017. *Diário da República*. https://diariodarepublica.pt/dr/detalhe/lei/58-2017-107745743

Diário da República. (2018). Law No. 38/2018 of 7 August 2018. *Diário da República*. https://diariodarepublica.pt/dr/detalhe/lei/38-2018-115933863

De Sutter, P., Kira, K., Verschoor, A., & Hotimsky, A. (2002). The desire to have children and the preservation of fertility in transsexual women: A survey. *International Journal of Transgenderism, 6*(3), 1-12. https://doi.org/10.1300/J485v06n03_01

De Sutter, P. (2009). Reproductive options for transpeople: recommendations for revision of the WPATH's standards of care. *International Journal of Transgenderism, 11*(3), 183-185. https://doi.org/10.1080/15532730903383765

Donat, O. (2011). *Making a choice: Being childfree in Israel*. Miskal.

Engelstein, G., and Rachamimov, I. (2019). Crossing borders and demolishing boundaries: The connected history of the Israeli transgender community 1953–1986. *Journal of Modern Jewish Studies 18*(2): 142–159. https://doi.org/10.1080/14725886.2019.1593696

Eurobarometer. (2019). *The Social Acceptance of LGBTI People in the Europe.* https://ec.europa.eu/info/sites/info/files/ebs_493_data_fact_lgbti_eu_en-1.pdf

Eurostat. (2022). *Data on mean age of women at birth of first child in European countries.* http://ec.europa.eu/eurostat/data/database

Equality and Human Rights Commission. (2021). *Guide on Article 8 of the European Convention on Human Rights: Right to respect for private and family life, home and correspondence*. https://www.equalityhumanrights.com/en/human-rights-act/article-8-respect-your-private-and-family-life

Ethics Committee of the American Society for Reproductive Medicine. (2018). Fertility preservation and reproduction in patients facing gonadotoxic therapies: An Ethics Committee opinion. *Fertility and Sterility, 110*(3), 380–386. https://doi.org/10.1016/j.fertnstert.2018.06.007

Flores, A. (2021). *Social Acceptance of LGBTI People in 175 Countries and Locations 1981 to 2020.* The Williams Institute. https://williamsinstitute.law.ucla.edu/research/social-acceptance-lgbti-people-1981-2020/

Fontaine, A. M., & Matias, M. (2003). Familismo/Individualismo em Jovens Adultos: Construcão de um Instrumento e Estudos Exploratorios. *Revista Galego-Portuguesa de Psicoloxía e Educación 10*(8): 2348–2362.

Gartrell, N., Rodas, C., Deck, A., Peyser, H., & Banks, A. (2005). The national lesbian family study: 4. Interviews with the 10-year-old children. *American. Journal of Orthopsychiatry, 75*(4), https://doi.org/10.1037/0002-9432.75.4.518

Gato, J. (2022). Discriminação contra pessoas LGBTI+: Uma revisão de literatura nacional e internacional. *Estudo nacional sobre as necessidades das pessoas LGBTI e sobre a discriminação em razão da orientação sexual, identidade e expressão de género e características sexuais*. https://hdl.handle.net/10216/141331

Gato, J., Leal, D., Biasutti, C., Tasker, F., & Fontaine, A. M. (2021). Building a rainbow family: parenthood aspirations of lesbian, gay, bisexual, and transgender/gender diverse individuals. In N. A. de Morais, F. Scorsolini-Comin, & E. Cerqueira-Santos (Eds.), *Parenting and Couple Relationships Among LGBTQ+ People in Diverse Contexts* (pp. 193–213). Springer Nature Switzerland AG. https://doi.org/10.1007/978-3-030-84189-8_12~

Gato, J., Leal, D., Coimbra, S., & Tasker, F. (2020). Anticipating parenthood among lesbian, gay, bisexual, and heterosexual young adults without children in Portugal: Predictors and profiles. *Frontiers in Psychology, 11*, 1058. https://doi.org/10.3389/fpsyg.2020.01058

Gato, J., Leal, D., & Tasker, F. (2019). Parenthood desires, parenthood intentions, and anticipation of stigma upon parenthood among lesbian, bisexual, and heterosexual women in Portugal. *Journal of Lesbian Stududies, 23*(4), 451–463. https://doi.org/10.1080/10894160.2019.1621733

Gato, J., & Fonseca, M. (2022). Fertility Preservation and Parenthood: Perspectives of Trans and Non-Binary Youth and Parents in Portugal. *Social Sciences, 11*(10), 458. https://doi.org/10.3390/socsci11100458

Gato, J., & Fontaine, A. M. (2016). Predicting psychology students' attitudes toward the psychological development of children adopted by lesbians and gay men. *Journal of Homosexuality, 63*(1), 1–17. https://doi.org/10.1080/00918369.2016.1223316

Gato, J., & Fontaine, A. M. (2017). Predicting attitudes toward lesbian and gay parent families among portuguese students from helping professions. *International Journal of. Sexual Health 29*(2), 187–201. https://doi.org/10.1080/19317611.2016.1268232

Gato, J., Santos, S., & Fontaine, A. M. (2017). To have or not to have children? That is the question. Factors influencing parental decisions among lesbians and gay men. *Seuality. Research Social. Policy, 14*(3), 310–323. https://doi.org/10.1007/s13178-016-0268-3

Gato, J., Henriques, M., & Leal, D. (2021). Adoption by lesbian women and gay men: Perceived challenges and training needs for professionals in portugal. *Adoption Quarterly*, *24*(2), 152–175. https://doi.org/10.1080/10926755.2020.1834044

Gato, J., Tasker, F., Shenkman, G., & Leal, D. (2022). What would it be like to be a parent? Exploring the role of sexual orientation and culture on perceptions of parenthood in the future. *Sexuality Research and Social Policy*, *19*(4), 1611-1623. https://doi.org/10.1007/s13178-022-00721-3

Goldberg, A. E., Downing, J. B., & Sauck, C. C. (2007). Choices, challenges, and tensions: Perspectives of lesbian prospective adoptive parents. *Adoption Quarterly, 10*(2), 33–64. https://doi.org/10.1300/J145v10n02_02

Goldberg, A. E., Tornello, S., Farr, R., Smith, J. Z., & Miranda, L. (2020). Barriers to adoption and foster care and openness to child characteristics among transgender adults. *Children and Youth Services Review, 109*, 104699. https://doi.org/10.1016/j.childyouth.2019.104699

Giddens, A. (2005). The global revolution in family and personal life. In A. S. Skolnick & J. H. Skolnick (Eds.), *Family in transition* (13th ed., pp. 26–31). Pearson.

Hatzenbuehler, M. L., McLaughlin, K. A., Keyes, K. M., & Hasin, D. S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: A prospective study. *American Journal of Public Health, 100*(3), 452–459. https://doi.org/10.2105/AJPH.2009.163147

Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., ... & T'Sjoen, G. G. (2017). Endocrine treatment of gender-dysphoric/gender-incongruent persons: an endocrine society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism*, *102*(11), 3869-3903. https://doi.org/10.1210/jc.2017-01658

Hoffkling, A., Obedin-Maliver, J., & Sevelius, J. (2017). From erasure to opportunity: A qualitative study of the experiences of transgender men around pregnancy and

recommendations for providers. *BMC Pregnancy and Childbirth, 17*(S2). https://doi.org/10.1186/s12884-017-1491-5

Hofstede, G. (2011). Dimensionalizing Cultures: The Hofstede Model in Context. *Online Readings in Psychology and Culture,* 2(1): 3–25. https://doi.org/10.9707/2307-0919.1014

Human Fertilisation and Embryology Act. (2008). London: HMSO. https://www.legislation.gov.uk/ukpga/2008/22/contents

ISHR and UCJ (International Service for Human Rights and International Commission of Jurists). (2006). *Yogyakarta Principles.* http://yogyakartaprinciples.org/wp-content/uploads/2016/08/principles_en.pdf.

James-Abra, S., Tarasoff, L. A., Green, D., Epstein, R., Anderson, S., Marvel, S., & Ross, L. E. (2015). Trans people's experiences with assisted reproduction services: A qualitative study. *Human Reproduction, 30*(6), 1365–1374. https://doi.org/10.1093/humrep/dev050

Constitutional Court. (2019). Judgment of the Constitutional Court No. 465/2019 of 18 October 2019. *Diário da República, Part I No. 201,* 117–137.

Katri, I. (2021). The protection of trans rights in Israel. In *Trans rights and wrongs: A comparative study of legal reform concerning trans persons* (pp. 305-332). Cham: Springer International Publishing. https://doi.org/10.1007/978-3-030-68494-5_14

Kline, R. (2005). *Principles and Practice of Structural Equation Modeling*. Guilford Press.

Kyweluk, M., Sajwani, A., & Chen, D. (2018). Freezing for the future: Transgender youth respond to medical fertility preservation. *International Journal of Transgenderism, 19*(4), 401-416. https://doi.org/10.1080/15532739.2018.1505575

Lawson, K. L. (2004). Development and Psychometric Properties of the Perceptions of Parenting Inventory. *The Journal of Psychology, 138* (5): 433–455. https://doi.org/10.3200/JRLP.138.5.433-455

Equalex. (2024). *LGBT rights by country & travel guide*. https://www.equaldex.com/

Leal, D., Gato, J., & Tasker, F. (2019). Prospective parenting: sexual identity and intercultural trajectories. *Culture, Health and Sexuality, 21*(7), 757-773. http://doi.org/10.1080/13691058.2018.1515987

Leibetseder, D. (2018). Queer and trans access to assisted reproductive technologies: A comparison of three EU-states, Poland, Spain and Sweden. *Journal of International Women's Studies, 20*(1), 10-26.

Machin, R. (2016). Homoparentalidade e adoção: (re) afirmando seu lugar como família. *Psicologia & Sociedade, 28*(2), 350–359. https://doi.org/10.1590/1807-03102016v28n2p350

Marinho, M. I., Gato, J., & Coimbra, S. (2020). Parenthood intentions, pathways to parenthood, and experiences in the health services of trans people: an exploratory study in Portugal. *Sexuality Research and Social Policy.* http://doi.org/0.1007/s13178-020-00491-5

Mazurczak, A., Mrowicki, M., & Adamczewska-Stachura, M. (2020). *The Legal Situation of Non-heterosexual and Transgender Persons in Poland: International Standards for the Protection of LGBT Persons' Human Rights and Compliance Therewith from the Perspective of the Commissioner for Human Rights: Report Synthesis*. Commissioner for Human Rights.

McGuire, J. K., Kuvalanka, K. A., Catalpa, J. M., & Toomey, R. B. (2016). Transfamily Theory: How the Presence of Trans Family Members Informs Gender Development in Families. *Journal of Family Theory & Review. 8*(1), 60-73. http://doi.org/10.1111/jftr.12125

Meletti, A. T., & Scorsolini-Comin, F. (2015). Conjugalidade e expectativas em relação à parentalidade em casais homossexuais. *Revista Psicologia: Teoria e Prática, 17*(1), 37–49. https:// doi.org/10.15348/1980- 6906/psicologia.v17n1p37- 49

Minkov, M., & Kaasa, A. (2022). Do dimensions of culture exist objectively? A validation of the revised Minkov-Hofstede model of culture with World Values Survey items and scores for 102 countries. *Journal of International Management*, *28*(4), 100971. https://doi.org/10.1016/j.intman.2022.100971

Mitu, K. (2016). Transgender reproductive choice and fertility preservation. *AMA journal of ethics*, *18*(11), 1119-1125. https://doi.org/10.1001/journalofethics.2016.18.11.pfor2-1611

Murphy, T. (2012). The ethics of fertility preservation in transgender body modifications. *Journal of Bioethical Inquiry, 9*(3), 311–16. https://doi.org/10.1007/s11673-012-9351-2

Nahata, L., Tishelman, A. C., Caltabellotta, N. M., & Quinn, G. P. (2017). Low fertility preservation utilization among transgender youth. *Journal of Adolescent Health, 61*(1), 40–44. https://doi.org/10.1016/j.jadohealth.2016.12.012

Obedin-Maliver, J., & Makadon, H.J. (2016). Transgender men and pregnancy. *Obstetric Medicine, 9*(1), 4-8. http://doi.org/10.1177/1753495X15612658

Onufer Corrêa, S., & Muntarbhorn, V. (2007). *The Yogyakarta Principles*. http://yogyakartaprinciples.org/wp-content/uploads/2016/08/principles_en.pdf

OECD. (2024), *Society at a Glance 2024: OECD Social Indicators*. OECD Publishing. https://doi.org/10.1787/918d8db3-en.

Oliveira, J. E., Mendonça, M., Coimbra, S., & Fontaine, A. M. (2014). Family support in the transition to adulthood in Portugal—Its effects on identity capital development, uncertainty management and psychological well- being. *Journal of Adolescence, 37*(8), 1449–1462. https://doi.org/10.1016/j.adolescence.2014.07.004

Ordem dos Psicólogos Portugueses [OPP]. (2020). *Linhas de orientação para a prática profissional no âmbito da intervenção psicológica com pessoas LGBTQ.*

Organization for Economic Co-Operation and Development. (2019*). Society at a glance 2019: OECD social indicators.* https://doi.org/10.1787/soc_glance-2019_89d03b34-en

Patterson, C. J., & Riskind, R. G. (2010). To be a parent: Issues in family formation among gayandlesbian adults. *Journal of GLBT Family Studies, 6*(3), 326–340. https://doi.org/10.1080/1550428X.2010.490902

Payne, J., & Erbenius, T. (2018). Conceptions of transgender parenthood in fertility care and family planning in Sweden: From reproductive rights to concrete practices. *Anthropology & Medicine, 25*(3), 329–343. https://doi.org/10.1080/13648470.2018.1507485

Petit, M., Julien, D., & Chamberland, L. (2018). Interlinkages between parental and trans trajectories: A life course perspective. *Psychology of Sexual Orientation and Gender Diversity, 5*(3), 371-386. https://doi.org/10.1037/sgd0000280

Ramos, I., Lopes, A. S., Sousa, D., & Santos, A. (2019). Preservação de fertilidade em pessoas transgénero. Presented at the 7º Congresso Português de Medicina da Reprodução, Porto.

Riggs, D. W., & Bartholomaeus, C. (2018). Fertility preservation decision amongst Australian transgender and non-binary adults. *Reproductive Health, 15*,181. doi: 10.1186/s12978-018-0627-z

Riggs, D., & Bartholomaeus, C. (2019). Toward trans reproductive justice: A qualitative analysis of views on fertility preservation for Australian transgender and non-binary people. *Journal Of Social Issues.* doi: https://doi.org/10.1111/josi.12364.

Riggs, D. W., Power, J., & von Doussa, H. (2016). Parenting and Australian trans and gender diverse people: An exploratory survey. *International Journal of Transgenderism, 17*(2), 59-65.

Riggs, D., von Doussa, H., & Power, J. (2015). The family and romantic relationships of trans and gender diverse Australians: an exploratory survey. *Sexual Relationship Therapy*, *30*, 243–255. https://doi.org/10.1080/14681994.2014.992409

Riskind, R. G., & Patterson, C. J. (2010). Parenting Intentions and Desires Among Childless Lesbian, Gay, and Heterosexual Individuals. *Journal of Family Psychology*. *24*(1), 78-21. http://doi.org/10.1037/a0017941

Saleiro, S. P., Ramalho, N., Gato, J., & De Menezes, M. S. (2022). *Estudo nacional sobre as necessidades das pessoas LGBTI e sobre a discriminação em razão da orientação sexual, identidade e expressão de género e características sexuais.* (Vol. 14). Comissão para a Cidadania e a Igualdade de Género.

Salinas-Quiroz, F., Costa, P. A., & Lozano-Verduzco, I. (2020). Parenting aspiration among diverse sexual orientations and gender identities in Mexico, and its association with internalized homo/transnegativity and connectedness to the LGBTQ community. *Journal of Family Issues*, *41*(6), 759–783. https://doi.org/10.1177/0192513X19881675

Salvati, M., & Koc, Y. (2022). Advancing research into the social psychology of sexual orientations and gender identities: Current research and future directions. *European Journal of Social Psychology*, *52*, 225–232. https://doi.org/10.1002/ejsp.2840

Sarason, I. G., Levine, H. M., Basham, R. B., and Sarason, B. R. (1983). Assessing social support: the social support questionnaire. *Journal of Personal. Social Psychoogy*. *44*(1), 127–139. https://doi.org/10.1037/0022-3514.44.1.127

Shenkman, G. (2012). The gap between fatherhood and couplehood desires among Israeli gay men and estimations of their likelihood. *Journal of Family Psychology*, *26*(5), 828–832. https://doi.org/10.1037/a0029471

Shenkman, G., Bos, H., & Kogan, S. (2019). Attachment avoidance and parenthood desires in gay men and lesbians and their heterosexual counterparts. *Journal of Reproductive and Infant Psychology*, *37*(4), 344–357. https://doi.org/10.1080/02646838.2019.1578872

Shenkman, G. (2020). Anticipation of stigma upon parenthood impacts parenting aspirations in the LGB Community in Israel. *Sexuality Research and Social Policy*, 1–12. https://doi.org/10.1007/s13178- 020- 00498- y

Shenkman, G., Gato, J., Tasker, F., Erez, C., & Leal, D. (2021). Deciding to parent or remain childfree: Comparing sexual minority and heterosexual childless adults from Israel, Portugal, and the United Kingdom. *Journal of Family Psychology*, *35*(6), 844. ttps://doi.org/10.1037/fam0000843

Shenkman, G., Ifrah, K., & Shmotkin, D. (2020a). Interpersonal vulnerability and its association with depressive symptoms among gay and heterosexual men. *Sexuality Research & Social Policy, 17*, 199– 208. https://doi.org/10.1007/s13178-019-00383-3.

Simon, K. A., Tornello, S. L., Farr, R. H., & Bos, H. M. W. (2018). Envisioning future parenthood among bisexual, lesbian, and heterosexual women. *Psychology of Sexual Orientation and Gender Diversity, 2*, 253–259. https://doi.org/10.1037/sgd0000267.

Stacey, J. (2006). Gay parenthood and the decline of paternity as we knew it. *Sexualities, 9*(1), 27–55. https://doi.org/10.1177/1363460706060687

Stoler, M. (2021). *Public versus private healthcare utilization among transgender persons in Israel seeking to undergo gender-affirming surgeries* (Master's thesis). Ben-Gurion University of the Negev, Beersheba, Israel.

Stotzer, R. L., Herman, J. L., & Hasenbush, A. (2014). *Transgender Parenting: A Review of Existing Research.* The Williams Institute.

Tasker, F., & Bellamy, C. (2019). Adoption by same-sex couples – reaffirming evidence: Could more children be placed? In R. Lamont (Ed.), *Family law* (pp. 171–179). Oxford University Press.

Tasker, F., & Gato, J. (2020a). Gender identity and future thinking about parenthood: A qualitative analysis of focus group data with transgender and non-binary people in the United Kingdom. *Frontiers in Psychology*, *11*, 865. https://doi.org/10.3389/fpsyg.2020.00865

Tasker, F., & Gato, J. (2020b). Family formations and LGBT+ parenting: Pioneering waves of self-defining families and their implications for children. In A. Justicia-Arráez, G. Alba, A. Benavides-Nieto, & G. Álvarez-Bernardo (Coord.), *Investigaciones y avances en el estudio social y psicoeducativo de las familias diversas* (pp. 129–160). Dykinson S.L. https://doi.org/10.2307/j.ctv17hm8mp

Teman, E. (2010). The last outpost of the nuclear family: A cultural critique of Israeli surrogacy policy. In. D. Birenbaum-Carmeli & Y. S. Carmeli (Eds.), *Kin, gen, community: Reproductive technologies among Jewish Israelis* (pp. 107-122). New York, NY: Berghahn Books.

Tornello, S. L., & Bos, H. (2017). Parenting intentions among transgender individuals. *LGBT health*, *4*(2), 115-120. https://doi.org/10.1089/lgbt.2016.0153

United Nations Population Fund. (2014). *Reproductive rights are human rights: A handbook for national human rights institutions.*

UN, World Population Prospects. (2024). *Fertility rate, total– UN WPP* [dataset]. Processed by Our World in Data. Retrieved August 12, 2024, from https://ourworldindata.org/grapher/children-per-woman-un

von Doussa, H., Power, J., & Riggs, D. (2015). Imagining parenthood: the possibilities and experiences of parenthood among transgender people. *Culture, health & sexuality*, *17*(9), 1119-1131. https://doi.org/10.1080/13691058.2015.1042919

Wakefield, B., Boguszewski, K., Cheney, D., & Taylor, J. (2018). Trends in fertility preservation for transgender adolescents and young adults at an academic referral center. *Journal of Adolescent Health, 62*(2), S41. https://doi.org/10.1016/j.jadohealth.2017.11.081

Wardecker, B. M., & Matsick, J. L. (2020). Families of Choice and Community Connectedness: A Brief Guide to the Social Strengths of LGBTQ Older Adults. *Journal of Gerontological Nursing*, *46*(2), 5–8. https://doi.org/10.3928/00989134-20200113-01

Weston, K. (1991). *Families we choose: Lesbians, gays, kinship.* New York: Columbia University Press.

Wingo, E., Ingraham, N., & Roberts, S. C. M. (2018). Reproductive health care priorities and barriers to effective care for LGBTQ people assigned female at birth: A qualitative study. *Women's Health Issues, 28*(4), 350–357. https://doi.org/10.1016/j.whi.2018.03.002

Wierckx, K., Stuyver, I., Weyers, S., Hamada, A., Agarwal, A., De Sutter, P., & T'Sjoen, G. (2012). Sperm freezing in transsexual women. *Archives of sexual behavior, 41*, 1069-1071. https://doi.org/10.1007/s10508-012-0012-x

Wierckx, K., Van Caenegem, E., Pennings, G., Elaut, E., Dedecker, D., Van de Peer, F., Weyers, S., De Sutter, P., & T'Sjoen, G. (2012). *Reproductive wish in transsexual men. Human Reproduction, 27,* 483-487. https://doi.org/10.1093/humrep/der406

Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Whittle, & Wylie, K. (2016). *Transgender people: Health at the margins of society.* School of Public Health Sciences, Curtin University, Perth, WA, Australia. https://doi.org/10.1016/S0140-6736(16)00683-8

Xavier, P., Alberto, I., & Mendes, F. (2017). Same-Sex parenting: Identification of social representations in a sample of portuguese professionals. *Journal of Homosexuality, 66*(2), 274–296. https://doi.org/10.1080/00918369.2017.1400314

Suplementary matterials

Annex A

Table A1.

Sociodemographic characteristics of participants in function of gender identity.

Variable	Cis (n= 97)	TGD (n= 97)	Difference test t/ χ^2
Age			
M	26.44	23.26	t (192) = 4.64,
SD	5.00	4.54	p <.001, d=4.78
Ethnicity (%)			
White/Caucasian	94.9	85.4	
Black	1.0	0.0	χ^2 (3) = 7.82, p=.050,
Other	3.1	13.6	V= 0.20
Doesn't want to define	1.0	1.0	
Education level (%)			
1. <12 years of school	31.3	61.5	χ^2 (1) = 17.61, p<.001,
2. University level	68.8	38.5	Φ= -0.30
Country (%)			
1.Portugal	32.0	57.7	χ^2 (2) = 13.53,
2. Israel	29.9	21.6	p= .001, V=0.26
3. Poland	38.1	20.6	
Relationship status (%)			
1. No	14.5	21.0	χ^2 (1) = 1.00,
2. Yes	85.5	79.0	p=.317, Φ= -0.09
Employment status (%)			
1. Not working	36.1	52.1	χ^2 (1) = 5.01, p=.025,
2. Working	63.9	47.9	Φ= -0.16
Place of residence (%)			
1. Urban	95.8	90.6	χ^2 (1) = 2.06, p=.151,
2. Rural	4.2	9.4	Φ= 0.10
Income			
M	3.13	2.66	t (174) = 2.94, p=.004,
SD	1.05	1.07	d=1.06
Religious Values			
M	2.57	1.95	t (178) = 3.28, p<.001,
SD	1.44	1.13	d=1.30