

“I Want to Have Children Too”: Reproductive Motivations and Decisions in the LGBTQ+ Community



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Becoming a parent is a highly desired and anticipated life goal, seen by many people as an important developmental milestone in their adult life course, regardless of their sexual orientation (Gato & Fontaine, 2017). This goal shines through in the expectations of the lesbian, gay, bisexual, transvestite, transgender, queer, and other gender and sexuality (LGBTQ+) community even though for much of history, parenting in these groups has been contested, prohibited, or attacked. Today, policies legalizing marriage and parenthood in several countries promise a new and propitious period for the LGBTQ+ community. Such achievements represent important advances in their human and civil rights, creating opportunities for them to realize their desires and intentions to make their own families visible.

Parenthood aspirations have been operationalized in various ways as motivations, desires, intentions, probability estimates, attitudes toward childlessness, or even a parenting continuum (Gato & Fontaine, 2017). Most studies exploring parenting plans in young adults were based exclusively on samples of heterosexual individuals (Cohler & Michaels, 2013) due to the prevalent social prejudice and discrimination against sexual minorities. Fortunately, interest in the LGBTQ+ community's childbearing plans has begun to gain momentum (Gato et al., 2020) initiating theoretical, integrative, and critical discussions that analyze their motivations and reproductive decisions, as well as the aspects considered for the reproductive choice.

The goal of this chapter is to provide an overview of the factors that shape LGBTQ+ people's decisions in the decision-making processes of having children. The chapter will be divided into four thematic axes: (1) theoretical and historical review of family rights in the LGBTQ+ community, (2) forms of access to parenthood in the LGBTQ+ community, (3) differences and similarities between

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motivations and desires to have children between heterosexual and LGBTQ+ people, and (4) particularities in the reproductive choice of each group in the LGBTQ+ community.

Family Rights in the LGBTQ+ Community

LGBTQ+ rights have been and continue to be won gradually, through the incessant struggle of these groups. The movement seeks acceptance in society in order to achieve legal-institutional equality. These claims today are focused on the acquisition of citizenship rights, especially marriage and adoption (Figari, 2010). The struggle to legalize same-sex marriage and adoption rights has been ongoing and with varying results between countries. Today, same-sex marriage is already legal in 29 countries, recognized in three (Germany, Israel, and Mexico), and called civil unions and registered cohabitations, in another 16 (Plácido, 2021).

Most European Union countries have detailed regulations on same-sex marriages or civil unions and gay and lesbian parenthood: Denmark, for example, was the first to introduce a civil union registry that included same-sex couples in 1999 and the first to allow adoption by unmarried people regardless of their sexual orientation (it is worth mentioning that in Brazil the possibility of adopting as an unmarried person was admitted in the Statute of the Child and Adolescent in 1990; Brazil, 2001). Furthermore, in Denmark, since 2007, Danish lesbians also have access to assisted reproductive technologies. In the late 1980s and during the 1990s, many northern European countries such as Sweden, Iceland, and the Netherlands followed suit, with different forms of regulation of cohabitation, marriage, civil unions, and gay and lesbian parenthood. In the 2000s, these principles spread throughout Europe and countries like France, the UK, and Germany recognized same-sex partnerships, and in some cases gay and lesbian couples were allowed to adopt and access reproductive technologies (Plácido, 2021).

As far as countries where the legacy of Catholicism is most significant, Spain was the first to legalize civil marriages for gays and lesbians. Despite the strong campaign of the Catholic Church against same-sex marriage in the country, the Parliament amended the Civil Code, making same-sex civil marriages equal to heterosexual relationships and extending the right to have children to gay and lesbian couples through any form of adoption or reproductive technologies, including in vitro fertilization, but not surrogacy. Portugal, where the Catholic Church plays a dominant role in defining “what is socially desirable and what is morally wrong” (Santos, 2004), was the eighth country to legalize same-sex marriage in 2010. In the Portuguese territory, same-sex marriages were approved with the clause that lesbians and gays could not adopt children or have access to reproductive technologies,

but the Portuguese parliament repealed the bans on parenting and allowed adoption and assisted reproduction by same-sex couples and single women in February 2016 (Oliveira et al., 2014).

On the American continent, there are already ten countries that recognize this right. Canada was the first in 2005, and five years later was Argentina. In 2013 it was approved in Uruguay, in 2015 in Brazil; in 2016 in the USA, Puerto Rico, and some states in Mexico; and in 2017 in Colombia. In Costa Rica, the Constitutional Chamber declared in 2018 that the ban on same-sex unions was not constitutional. In Brazil, in 2011, the Federal Supreme Court (FSC) extended to same-sex unions the same rights and duties of the stable union between a man and a woman (Brasil, 2011). In 2013, the National Council of Justice passed a resolution requiring Brazilian notaries to perform same-sex marriages (Brasil, 2013). The last country to recognize same-sex marriage was Ecuador in 2020 (Soares & Cano, 2020).

Taiwan is the first, and for now only, Asian territory to allow such unions. In Oceania, New Zealand was the first country to legalize it in 2013, while Australia joined in 2017. As for Africa, only South Africa recognizes same-sex marriage, the continent is still working on decriminalizing homosexual relationships, and there are already 21 countries that do not criminalize them (Plácido, 2021). Legal advances in this debate, especially in Western countries, contrast with notable hostility to human rights in some parts of the world. According to the 2020 report of the International Lesbians and Gays Association (Fish et al., 2021), in 67 United Nations member states, same-sex sexual relations are criminalized. Among the countries that criminalize, the death penalty is a legally prescribed punishment in six of these states (Brunei, Iran, Mauritania, Saudi Arabia, and Nigeria). The legalization of the union and civil marriage between people of the same sex cannot be understood as a privilege of a few countries, but as a global demand (Paternotte, 2015). According to Kollman (2007), a transnational network of political activists and social learning by political elites have led to an international norm that obliges states to offer same-sex couples some form of legal recognition.

It is important to point out that although advances have been made in the legalization of same-sex unions, the possibility of adoption for these couples is still being discussed in many of these countries. Currently, 29 countries have approved the adoption law throughout their national territory. The first country to establish it was Holland in 2001 and Costa Rica the last, in 2020. It should be noted that in 2010, in Mexico, homo-parental adoption was only legitimate in half of its total territory. In countries like Argentina, Mexico, Colombia, Costa Rica, and Puerto Rico, it is possible for a gay or lesbian person to adopt as a single (Suárez et al., 2018). In Brazil, the system of adoption by same-sex couples is not legally formalized. The political support in place is the jurisprudence that regulates same-sex stable union and unilateral adoption (Campos et al., 2018). Unfortunately, none of these discussions were open to the transgender community (Suárez et al., 2018).

Ways to Access Parenting for the LGBTQ+ Community

Pursuing parenthood for the LGBTQ+ community can vary by geographic context and is usually sifted through a set of expenses. For example, in the USA, infertility treatments are affordable for cis-heterosexual fathers/mothers, while LGBTQ+ fathers/mothers are forced to pay out of pocket for up to 12 cycles before health insurance covers the costs (Carpinello et al., 2016). In addition to medical expenses, legal costs accrue when determining the need for donor or surrogacy contracts and adoption fees when states do not automatically recognize paternity/maternity (Sanabria, 2013). Today LGBTQ+ people who want to be parents seek adoption, the use of assisted reproductive technologies or surrogacy.

Adoption is recognized as a family-based, permanent care arrangement (Groza & Bunkers, 2014). The regulations of the adoption process are important to ensure legal framework that places children's rights and their best interests at the center of all actions and decisions. The United Nations Convention on the Rights of the Child (1989) states that the best interests of the child should be a primary consideration in all actions, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies (United Nations Children's Fund, 1989).

Joint adoption by same-sex couples is recognized in South Africa, Argentina, Brazil, Colombia, Costa Rica, Uruguay, Canada, USA, Israel, Andorra, Austria, Belgium, Denmark, Finland, France, Germany, Iceland, Ireland, Luxembourg, Malta, Netherlands, Norway, Spain, Portugal, Sweden, UK, Australia, and New Zealand (Mendos et al., 2019). However, the legal landscape regarding adoption rights for same-sex couples is very diverse (Mendos et al., 2019; Takács et al., 2016). Same-sex parenting issues, including adoption, are intrinsically related to social definitions of family and reflected in social and family policy measures (Takács et al., 2016). According to Takács and Szalma (2014), in many places, adoption by same-sex couples means the acceptance of a broader family definition. While sexual orientation can perhaps be regarded as a private matter, partnership relations and, moreover, family life belong in the social sphere. In this sense, the social visibility of same-sex parenting practices is notable and can cause higher levels of social rejection (Takács et al., 2016; Takács & Szalma, 2014).

Common arguments against same-sex couples' adoption are based on moral appreciation on parental homosexuality and also centered on children (Gato et al., 2015). Brooks and Goldberg (2001) found that one of the major barriers identified by lesbians and gay men in the adoption process was confronting beliefs and attitudes about their parenting skills. A Canadian study found that lesbian adopters suspected prejudice or reported experiencing discrimination during the adoption process (Ross et al., 2008). In the UK, the Cambridge Adoption Study (Mellish et al., 2013) revealed that the majority (75%) of lesbian mothers felt they had experienced negative reactions in the adoption system, compared to 50% of gay parents and 30% of heterosexual parents. A more recent study on the experiences of same-sex adoptive families conducted in Spain, France, and Belgium revealed that the

stressors faced during the adoption process were context-specific and superseded the legal barriers that existed in each country (Messina & D’Amore, 2018).

Thus, negative attitudes towards parenting by same-sex couples still persist worldwide (Di Battista et al., 2020). A common argument present in discourses unfavorable to LGBTQ+ parenting is characterized by the belief that a child raised by same-sex parents may suffer harm or be at risk due to the lack of a parenting relationship deemed adequate (Clarke, 2001; Di Battista et al., 2020; Hollekim et al., 2012). These attitudes are supported by prejudices around non-heterosexual orientation (Di Battista et al., 2020; Massey, 2007). Bias towards a group can result in negative causal attributions to unfavorable behavior (Massey, 2007). Child behaviors considered normal and attributed to the age of the children, in the context of same-sex couple parenting, may be seen as abnormal and caused by the child’s family situation (Tusl et al., 2020). As atitudes para a adoção de casais do mesmo sexo não são iguais entre os LGBTQ+. Algumas publicações sugerem que os gays podem ser avaliados mais negativamente que as lésbicas como potenciais pais adotivos, como resultado de estereótipos de gênero (Gato et al., 2015); Randles, 2018). Além disso, o preconceito contra os gays afirma que eles estão mais interessados em exercer atividade sexual do que a vida familiar e que são mais propensos a molestar sexualmente as crianças aos seus cuidados (Gato et al., 2015)

Depending on the context, it may be a requirement that the parents be married and undergo counseling in order for the adoption to be allowed (Malmquist, 2015) as is the case in Denmark. In some countries, single LGBTQ+ individuals may be able to successfully adopt a child, although they are likely to hide their sexual identity during the adoption evaluation process or avoid pursuing adoption as a pathway to parenthood due to legal uncertainties in family law (Costa & Bidell, 2017).

Other strategies used are the assisted reproduction technologies. Currently, we have the process of intrauterine insemination (IUI), in which the sexual gametes are mixed by fertilization and implantation in the uterus of the gestational parent, and in vitro fertilization (IVF), in which the gametes are mixed outside the gestational parent or by surrogate mother. We have to remember that there are countries, such as China (Lo et al., 2016), Italy, Germany, and France (Raposo, 2019) where access to assisted reproduction is restricted in the LGBTQ+ community.

Same-sex couples who choose artificial insemination must decide who will bear the child. This is a decision that can have profound legal implications, because the birth mother is automatically the legal parent, and only half of the US states allow the non-birth mother to become a legal parent to the child through adoption. Lesbian couples may face legal anxieties in the context of deciding whether to use sperm from a known or unknown donor. Women who choose unknown donors often do so out of a desire to avoid third-party involvement, imprecise boundaries, and custody challenges (Chabot & Ames, 2004; Goldberg, 2010). Women who choose known donors may also face legal concerns, but at the same time feel that their children deserve access to their biological assets (Agigian, 2004; Goldberg & Allen, 2013; Touroni & Coyle, 2002). In addition, they may choose donors known for their desire to avoid interfacing with institutions such as sperm banks and fertility clinics (Touroni & Coyle, 2002).

Lesbian mothers who choose unknown donors are increasingly likely to choose identity-released donors, when possible; that is, they choose donors who have indicated an openness to be contacted at some future time (e.g., after the child turns 18) (Scheib & Ruby, 2008). In this way, these women are able to balance their desire for primary decision-making authority with their desire to facilitate their future child's potential interest in knowing their genetic father.

Considering the high costs of performing artificial insemination, home artificial insemination is being used as an alternative method to achieve conception (Corrêa, 2012). This method is being widely publicized on social networks as the solution for those who wish to have a child because it is a low-cost self-insemination performed outside medical institutions. The technique involves a donor putting his semen into a sterile vial, so that later the woman injects the sperm with a syringe as close as possible to the cervix and remains in a gynecological position for 30 minutes (Corrêa, 2012). The fact that insemination occurs is not a complete guarantee that it will be successful, so even if the procedure is performed, there is the possibility of not having a satisfactory result (Tibúrcio, 2018).

Considering that only assisted reproduction clinics have access to the semen banks and that the sale of this biological material is forbidden, the acquisition of this material to perform the procedure may be the result of an agreement with a friend, a relative, or even a stranger who wants to donate or sell clandestinely (Corrêa, 2012). Nowadays, there are sites on the internet that teach women how to control their menstrual cycle and which material to buy, among other things, in order to achieve a successful procedure (Corrêa, 2012). There are also groups in social networks in which semen donors expose their physical characteristics and report how they collect semen, because the procedure varies from donor to donor (Tibúrcio, 2018).

Home insemination is totally criticized in the medical environment because of the risk of contracting donor diseases and cervical infection when injecting semen through a syringe (Corrêa, 2012). It is important to point out that, because of this, many people interested in insemination ask the future donors for tests for sexually transmitted diseases (Tibúrcio, 2018).

Surrogacy, also called surrogate motherhood and surrogate pregnancy, is a reproduction practice in which a woman bears a child for another individual or couple (Yee et al., 2019). A surrogate can be a genetic carrier, who provides her own egg for fertilization, and therefore has a genetic and gestational connection to the child or a gestational carrier, in which an embryo from fertilized donor gametes (sperm and egg) is implanted, and therefore does not have a genetic connection to the offspring. The choice of who will be the biological father and where the other gametes come from varies from couple to couple (May & Tenzek 2016).

Gestational surrogacy is preferred among prospective parents and surrogates, is considered more acceptable among fertility clinics (Dar et al., 2015), and is the type most commonly used by gay parents when seeking a biological child (Blake et al., 2016). Studies suggest that a strong desire to have a biological child may be a powerful motivator in seeking surrogacy rather than adoption (Berkowitz, 2013; Goldberg, 2010).

There are countries, such as Denmark, Canada, and New Zealand, where it is illegal to pay surrogates for their services, but it is legal for a free altruistic surrogacy to take place (Nebeling, 2016; Van Hoof et al., 2016). There are also others where these issues are not addressed in UHS policies and the legal status of surrogacy leaves little choice for same-sex couples. This is one of the many reasons why the use of transnational reproduction, which consists of crossing geographical boundaries to reproduce, has generated contentious debate (Karpman et al., 2018). The practice of commercial surrogacy expands the accessibility of parenting to same-sex couples and heterosexual couples. However, it is also an ethical challenge, sparking academic and political debate, especially with regard to combating the commercial exploitation of women (Smietana et al., 2021; Blazier & Janssens, 2020).

Reproductive Motivations and Desires

Reproductive motivations, desires, and intentions are the main factors in determining whether an individual will have children in the future (Simon et al., 2018). The decision to become a parent among LGBTQ+ individuals is arguably a longer and more complex process than for heterosexuals (Costa & Tasker, 2018; Gato & Fontaine, 2017) and their motivations are often stigmatized. While some social narratives lead some LGBTQ+ people to believe that their sexuality and parenting/maternity desires are mutually exclusive (Cao et al., 2016), others, aware of the double standard, feel they must prove their parenting capacity before conception (Wojnar & Katzenmeyer, 2014).

Some studies show that LGBTQ+ individuals report lower levels of parenting intentions than their heterosexual peers (Baiocco & Laghi, 2013; Gato et al., 2019; Goldberg et al., 2012; Leal et al., 2019; Patterson & Riskind, 2010; Riskind & Patterson, 2010; Riskind et al., 2013, 2017; Salinas-Quiroz et al., 2019; Shenkman, 2012; Simon et al., 2018; Tate & Patterson, 2019a, b). Others describe similarities in the preponderance of psychological and emotional motivations to have children between both groups, but also found peculiarities in the motivations of the LGBTQ+ community related to their minority status (Frashure, 2019; Marinho et al., 2020; Kranz et al., 2018; Santona et al., 2021). The barriers still faced by people from sexual minorities aiming for parenthood may be responsible for this situation (Gato & Fontaine, 2017). However, the hypothesis that sexual minority individuals may not feel socially pressured to have children should also not be dismissed as a potential explanation for these results.

The studies by Rossi and collaborators (2010) and Baiocco and Laghi (2013) in Italy found interesting results. In the study by Rossi and collaborators (2010) with a sample of 226 gay people, 57% (61.4% women and 53.8% men) stated that they would like to have children at some point in their life while in the study by Baiocco and Laghi where 201 lesbian women and 199 gay men participated, 51.8% of gay men and 60.7% of lesbian women stated parental wishes, and 30.2% of gay men and 46.3% of lesbian women expressed parenting/maternity intentions. This study also

found that lesbian and gay people reported significantly lower parental desires and intentions than their heterosexual peers, with lesbian women reporting higher desires and intentions when compared to gay men.

Valuing children as an enriching factor in one's life is an important parental motivator identified among both heterosexual people (Dion, 1995; Cassidy & Sintrovani, 2008; Langridge et al., 2005) as between lesbians and gays (Siegenthaler & Bigner, 2000; Goldberg et al., 2012). That said, in both heterosexual and LGBT groups, psychological motivations predominate and children are seen primarily as a source of personal satisfaction and a major emotional investment, anticipating the emotional enrichment that parenthood itself will provide (Giddens, 2005).

Comparing heterosexual people and LGBTQ+ people, it is identified that the latter are more willing to consider adoption as a process of access to parenthood. Sexual minorities tend to value the emotional relationship as a potentially family-defining factor, and not only bio-legal ties (Goldberg et al., 2012). Gato et al. (2019) found that lesbian women considered themselves at higher risk of becoming victims of social stigma as mothers than bisexual or heterosexual women in Portugal. Another difference found relates to the experience or anticipation of stigma about parenthood in LGBTQ+ groups (Bauermeister, 2014; Gato & Fontaine, 2017, 2019; Riskind et al., 2013; Scandurra et al., 2019; Simon et al., 2018) and its interest in contributing to the development of a more tolerant generation (Goldberg et al., 2012).

The perception that a child can ensure the continuity of the family line and can provide future support in life has also been described as a motivator to have children (Goldberg et al., 2012). However, the study by Siegenthaler and Bigner (2000) found that lesbian women seemed less focused on generativity and the transmission of family tradition than heterosexual women. Consideration of lineage as a factor in having children has not been researched in studies with gay men or bisexual groups.

Particularities of Each Group in the LGBTQ+ Community

The LGBTQ+ community is defined by the coming together of historically marginalized groups outside gender norms. Lesbian, gay, bisexual, transgender, queer, and other groups with diverse gender identifications and sexual orientation have particular experiences, which characterize differences in access to parenthood, in difficulties in achieving parenthood, and in degrees of social acceptance in forming their own families.

Some studies show that lesbian women reported higher levels of parenthood intention than gay men (Hicks, 2013; Pelka, 2009). These results may be attributed to the biological possibility of pregnancy and perhaps gendered views of parenthood as a female domain. Another finding found in the study by Goldberg et al. (2009) shows that lesbian women tend to be reluctant to seek adoption possibly because they prioritize biogenetic relatedness and may value pregnancy and birth experiences as many heterosexual women.

Research on the desires and decisions of gay parents is scarce. Compared to the studies conducted on lesbian motherhood, gay parenthood has been underrepresented (Herrera et al., 2018). Gay parenting requires conscious planning and evaluation of options, as well as an “other facilitator” (Norton et al., 2013). Pathways to gay parenthood (co-parenting, adoption, surrogacy) involve being creative and overcoming significant cultural barriers. For many of them, the use of surrogacy can be financially, legally, and emotionally insurmountable, and they may face greater reproductive barriers to pursuing biological parenthood than women (Berkowitz & Marsiglio, 2007; Mallon, 2004; Riskind et al., 2013). These difficulties may, at least partially, contribute to the motivations of potential gay parents to adopt (Berkowitz & Marsiglio, 2007).

There is also evidence of a greater prejudice against gays as candidates for parenthood (Berkowitz & Marsiglio, 2007). The exclusion of gay men from parenthood can be explained by several reasons: (1) Affective-sexual relationships between men do not “naturally” give rise to conception (Herrera, 2009). (2) While heterosexual men legitimize their position as fathers by “natural right” (Haces, 2006), gay men live in heteronormative social environments that devalue homosexuality and their ability to be fathers (Laguna, 2016). (3) Gay parenting conflicts with gender practices deeply rooted in our culture, which assume that caregiving and parenting tasks are essentially female (Miller, 2011). That said, gay parents violate an implicit social norm: women, not men, should be the primary caregivers of their children (Giesler, 2012). In this way, gay parents not only feel they are fighting against homosexual stereotypes, but also against cultural notions that feminize childcare.

These aspects are internalized by gay men to such an extent that many consider their sexual identity incompatible with parenthood (Bergman et al., 2010). The results of a qualitative study conducted by Murphy (2013) in the USA indicate that many gay men automatically assume that parenthood is not an option for them, so being gay is equivalent to not having children. For many, the process of assuming a gay identity is also linked to the process of giving up on parenthood (Giesler, 2012) and assuming that they will never be fathers (Murphy, 2013). Berkowitz and Marsiglio (2007) use the concept of “procreative consciousness” to refer to gay men’s awareness of their own reproductive capabilities. The authors argue that this awareness evolves throughout life and is influenced by external factors, such as a social context that devalues homosexuality and privileges heterosexual parenting.

Parenthood among bisexual individuals is also relatively poorly studied. In one US study, the parenthood intentions of bisexual individuals generally appeared to be closer to those of heterosexual individuals than to those of lesbian women and gay men (Riskind & Tornello, 2017). However, in a later study in Portugal, no differences were found between lesbian and bisexual women regarding parenting intentions (Gato et al., 2019). Furthermore, studies have suggested that bisexual women partners in fact have similar desires and intentions as lesbian women (Delvoe & Tasker, 2016; Riskind & Tornello, 2017).

Finally, parenthood among transgender individuals remains under debate, due to speculation that transgender identity and the process of gender reassignment may predict the absence of parenthood intentions in this community (Riggs et al., 2016).

However, many studies emphasize that parenthood is not necessarily an excluded area for transgender individuals, even for those who undergo gender-affirming procedures (De Sutter et al., 2002; Riggs et al., 2016; Wierckx et al., 2012). De Sutter et al. (2002) found in their study of 73 transgender women from the Netherlands, Belgium, France, and the UK that 40% of them would like to become mothers one day. In addition, Wierckx et al. (2012) found in Belgium a 54 percentage of transgender men who wanted to become fathers. Riggs et al.' (2016) study of transgender, queer, nonbinary, neutral, agender, and gender fluid individuals from Australia showed that most participants were eager to become fathers and mothers. Consistent with these findings, medical and scientific evidence points out that transgender people have similar parental desires as non-transgender people [American Society for Reproductive Medicine (ASRM), 2015]. Even so, studies focusing on expectations of parenthood in the transgender population are still scarce (Auer et al., 2018; Riggs et al., 2016).

Parenthood pathways for transgender individuals include sexual intercourse (when reproductive capacity is maintained), surrogacy, adoption, use of a sperm/egg donor, and also conception of a child by a partner (Tornello & Bos, 2017). The study by Tornello and Bos (2017) shows that adoption was the most chosen method by transgender people who express an altruistic motivation for this choice, mentioning the desire to provide children in need with a warm home. In this study, conceiving a child through intercourse presents an option for some (and also the most accessible method) specifying their desire to have biological children, while for others it is totally disregarded (Tornello & Bos, 2017). One of the arguments used in the rejection of conceiving a child through sexual intercourse is the aversion to the biological process of pregnancy. This obstacle is related to the way the body changes during pregnancy, which can further impact the feeling of inadequacy between gender and anatomical sex (Mitu, 2016), posing the emotional challenge of dealing with the antagonism between male gender identity and the femininity conventionally associated with pregnancy (Ellis et al., 2014). Although addressed by fewer participants, artificial insemination and surrogacy were also methods contemplated for achieving parenthood (Marinho et al., 2020).

Encouraging fertility preservation before gender-affirming procedures is a practice advised by the Endocrine Society and the World Professional Association for Transgender Health (WPATH) (De Sutter, 2001). A large percentage of the 121 transgender women studied by De Sutter et al. (2002) argued that healthcare providers should address the option of preserving sperm prior to gender-affirming treatments. In addition, many individuals who did not preserve their fertility lamented the inability to bear children by biological means (De Sutter et al., 2002).

Fertility preservation procedures have different requirements for transgender men and women. Although sperm collection appears to be a simple process, several transgender women admitted that it would be difficult for them to masturbate in a hospital laboratory (Wierckx et al., 2012). De Sutter et al. (2002) found that one-third of their sample of transgender women associated sperm preservation with an inability to bring closure to their past. Preserving the reproductive potential of transgender men is a challenging process because of the complexity involved in oocyte

collection, and the effectiveness of this technique is still uncertain (Mitu, 2016). In addition, pregnancy may be seen as incongruent with a male gender identity (Ellis et al., 2014). For this reason, it is important that healthcare providers are aware of the emotional difficulties that this process entails and understand that transgender people may need time to feel emotionally ready to begin this procedure (Payne & Erbenius, 2018).

Two of the main barriers to parenthood intentions of transgender people are anticipated discrimination, especially when directed at future children (Downing, 2012), and legal impediments, respect to access to assisted reproductive techniques (ART) (Hangan et al., 2016). Furthermore, while there is no effective prohibition on adoption by these individuals, the protection of this right is also not legally enforced. All these impediments make parenthood a daunting project for transgender people.

It is worth noting that the literature presents evidence of disparities between the mental health of the LGBTQ+ population and the heterosexual population (Pachankis & Safren, 2019). LGBTQ+ people have, for example, higher levels of depression and suicidal ideation (Valdiserri et al., 2018). Despite the changes in society and the increasing depathologization of homosexuality (de Oliveira Paveltchuk & Borsa, 2020), LGBTQ+ people are considered sexual minorities, in contrast to normative heterosexuality (Skinta & Curtis, 2016). According to Meyer (2003), who developed the minority stress model, besides living with stressors commonly shared with other social groups, social minorities are exposed to specific stressors, characteristic of the social stigma suffered, such as experiences of victimization and internalized homophobia.

Thus, this model points to stigma as a source of stress and of disparities in health indicators in LGBTQ+ people (Pollitt et al., 2020). Most studies on LGBTQ+ parenting have taken a similar approach, identifying differences and similarities between children of same-sex parents and children of opposite-sex couples, considered the “gold standard” by which researchers assume that children of same-sex parents would be healthy if they have similar outcomes to children of opposite-sex parents (Pollitt et al., 2020; Stacey & Biblarz, 2001). In this context, extensive literature, including meta-analysis studies, makes important contributions, identifying, for example, that there are no significant differences in mental health outcomes or psychosocial adjustment between children of same-sex parents compared to children of opposite-sex parents (Crowl et al., 2008; Pollitt et al., 2020; Fedewa et al., 2015; Miller et al., 2017).

Final Considerations

The purpose of this chapter was to provide an overview of the factors that shape LGBTQ+ individuals’ decisions in the decision-making processes of having children, with attention to theoretical and empirical advances as well as controversies and gaps in this area. The increase in the number of families formed by homosexual, bisexual, and transgender parents is a fact that impacts “traditional” family beliefs

and generates the need for changes in social and legislative fields to face the new demands. These changes are being established in different ways around the world with contexts where the reproductive rights of the LGBTQ+ community are being established while in others they are totally disrespected and neglected.

Research on the choice and reproductive process of the LGBTQ+ community is still incipient, but there is evidence of a gradual increase in interest in learning about their motivations, intentions, desires, and reproductive behaviors. This data will allow a deeper understanding of the processes that go through them and their social and emotional needs. Remembering always that the fight for these rights cannot make us forget that this community is made up of groups whose needs, experiences, and difficulties make their struggles unique.

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