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## BRIEF REPORT

# The Desire for More Children Among Israeli Lesbian, Gay, and Heterosexual Couples Who Became Parents Through Assisted Reproduction

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The present online questionnaire-based study compared 72 lesbian mothers by donor insemination (within 36 families), 78 gay fathers by gestational surrogacy (within 39 families), and 72 heterosexual parents by assisted reproduction (without donated eggs and/or sperm; within 36 families), on their desire to have more children and their ideal number of children. All participants self-identified as cisgender, lived in Israel, and had a mean number of two children. The study also explored the predictors of participants' desire for more children. Multilevel modeling analyses indicated that, when participants' actual number of children was controlled for, lesbian and gay parents did not differ from heterosexual parents on their desire for more children and their ideal number of children. Parents' younger age, greater positivity, and lower attribution of responsibility to children for misbehavior, in addition to a lower discrepancy between their actual and ideal number of children, were associated with greater desire for more children. The results suggest that lesbian and gay parenthood may mark an entrance to the Israeli familistic "mainstream," which, in turn, may decrease differences in parenthood aspirations as a function of sexual orientation. The study contributes to the scant literature on the desire for more than one child among parents in diverse family configurations. It further provides family researchers and policy makers with vital information on the most influential factors associated with the desire for more children among lesbian, gay, and heterosexual parents.

**Keywords:** desire for more children, parenthood desire, assisted reproduction, Israel, sexual minority parents

The number of families comprised of lesbian or gay parents with children conceived via assisted reproduction is growing worldwide (Bos & Gartrell, 2020; Carone et al., 2021; Shenkman et al., 2020). Research on parenthood aspirations among sexual minority people has gained increased interest across diverse countries (Baiocco & Laghi, 2013; Costa & Bidell, 2017; Shenkman et al., 2019; Tate & Patterson, 2019). To date, this research has focused on the parenting aspirations of child-free sexual minority individuals (Gato et al., 2020; Shenkman, 2012), leaving the desire of sexual minority parents to have more children underexplored. The present study aimed at investigating the desire for more children and parents' ideal number of children among a sample of Israeli couples who became parents through assisted

reproduction with diverse sexual orientations, namely couples of lesbian mothers, gay fathers, and heterosexual parents. The couples differed on the type of assisted reproductive technology they employed, including donor insemination (lesbian mothers), surrogacy (gay fathers) and in vitro fertilization (IVF) without donated eggs and/or sperm (heterosexual parents). Finally, the study examined the potential predictors of the desire for more children using standardized questionnaires.

This research topic is especially relevant in Israel, given its familistic and pronatalist context (Birenbaum-Carmeli & Dimfeld, 2008), manifested in one of the highest fertility rates of all Organisation for Economic Co-operation and Development countries (OECD, 2019), and by the world's highest rate of IVF clinics per capita (Birenbaum-Carmeli, 2016). Biblical commandments to "be fruitful and multiply," Jewish religious openness to assisted reproductive technology, recurrent wars, and the traumas of the Holocaust, which provoked an increase in death anxieties and the related wish to procreate, have all been proposed as contributing factors to this culture (Birenbaum-Carmeli, 2016; Shenkman et al., 2021). Correspondingly, in the Israeli population, COVID-19 appears to have given a boost to natality levels, contrary to most industrial countries where natality was reduced (Weinreb, A, 2021). In such a pronatalist environment that encourages having children, it is essential to understand the factors associated with the desire for more children.

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This study was not preregistered. Data are available on request from the authors. There was no prior dissemination of the ideas and data appearing in the article.

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Israeli legislation places, however, significant restrictions on access to parenthood for sexual minority people. In particular, adoption opportunities are extremely curtailed (Gross, 2014), and legal restrictions preventing gay men's access to surrogacy services were loosened only in January 2022 (State of Israel Ministry of Health, 2022). Prior to this, surrogacy services were illegal for sexual minority couples (Costa & Shenkman, 2020) and only accessible to heterosexual couples or single women who were otherwise unable to have a child. Such institutionalized discrimination might impair parenthood aspirations among Israeli sexual minority people (Shenkman, 2021).

The present study focused on parenthood desire (i.e., expressed wishes) and parents' ideal number of children as core indicators of the aspiration for more children. Studies with heterosexual parents have shown that the desire to have more children may be associated with variables such as younger parents' age, the offspring sex ratio (same-sex offspring associate with the desire for more children to increase the likelihood that an opposite-sex offspring is born), lower socioeconomic status, and better maternal physical condition (e.g., Kocourková et al., 2015; Mcallister et al., 2012). Also, difficulties in giving birth or with raising children (e.g., dealing with child misbehavior and blaming oneself) are linked with less desire for more children (Newman, 2008). These variables are also likely related to parents' ideal number of children. However, these studies have not included sexual minority parents. Thus, they have not been able to explore potential differences across diverse family types.

Current knowledge about the parenthood aspirations of sexual minority individuals comes from research on child-free individuals. Research has revealed that child-free sexual minority individuals report lower parenthood aspirations than their heterosexual counterparts (e.g., Gato et al., 2020; Riskind & Patterson, 2010; Shenkman & Shaia, 2021), likely due to the number of sociolegal hardships they anticipate (or face) in their journeys to parenthood (Shenkman, 2021; Shenkman & Abramovitz, 2021; Tate et al., 2019). Other explanations point to internalized homonegativity among lesbian and gay people (Salinas-Quiroz et al., 2020; Simon et al., 2018), experiences of service refusal from reproductive health centers (Stenfelt et al., 2018), and the higher pressure to have children and conform to traditional gender roles experienced by many heterosexual couples (Allen & Mendez, 2018). It remains to be seen whether the same pattern (i.e., a lower desire for more children and a lower ideal number of children relative to heterosexual couples) also holds true for sexual minority individuals who already have at least one child.

## Research Hypotheses

The present study examined the desire for more children and the ideal number of children, as well as the predictors of desire for more children, among a sample of Israeli lesbian, gay, and heterosexual couples who conceived using different assisted reproductive technologies (i.e., donor insemination, surrogacy, and IVF, respectively). Consistent with the literature discussed above, we hypothesized that lesbian and gay parents would report less desire for more children and a lower ideal number of children relative to heterosexual parents. As predictors of the desire to have more children among sexual minority parents have not been previously studied (Papaligoura et al., 2012), we mainly drew on prior research with sexual minority and heterosexual child-free individuals (e.g., Gato et al., 2020; Tate et al., 2019). In this

vein, we hypothesized that parents' younger age, greater religiosity, greater positivity, greater social support, and lower attribution of responsibility to children for misbehavior, in addition to a higher discrepancy between their actual and ideal number of children, would associate with the desire for more children. Notably, prior findings in Portugal found religiosity associated with lower parenthood intentions among sexual minority individuals (Costa & Bidell, 2017). Yet, our hypothesis leaned on results from a national sample from the United States, showing that greater religiosity was associated with a greater likelihood of parenthood intentions, irrespective of participants' sexual orientation (Tate et al., 2019).

## Method

### Participants

Participants were 72 lesbian mothers by donor insemination (within 36 families), 78 gay fathers by gestational surrogacy (within 39 families), and 72 heterosexual parents by assisted reproduction (without donated gametes; within 36 families), comprising a total of 222 parents nested in 111 families. Given the hard-to-reach population, we determined the sample size with a priori power analyses using G\*Power software. The results indicated that a minimum number of 204 parents was necessary for detecting at least a medium effect size ( $f^2 = .15$ ) with 16 predictors and  $\alpha = .05$  (two-tailed test). All parents self-identified as Jewish, cisgender, lived in Israel, and had a mean number of two children ( $M = 2.06$ ,  $SD = 0.68$ ). Table 1 presents participants' sociodemographic data, by family type.

### Procedure

Participants were recruited through announcements posted on the following: (a) Israeli internet forums for parents through assisted reproductive technology and (b) social media sites and the websites of surrogacy agencies and local lesbian, gay, bisexual, transgender, questioning, and queer (LGBTQ+) organizations. Participation was restricted to only parenting couples. The survey was preliminarily piloted with three couples (i.e., one lesbian couple, one gay couple, and one heterosexual couple) who were not included in the analytic sample in order to receive feedback on wording and estimate completion time. Based on this feedback, we amended the survey accordingly. Then, the questionnaires were administered between December 2019 and February 2021 through a personal email, which included a link to the questionnaires on the online Qualtrics platform or an attached (Word) version of the questionnaires to be completed and emailed back to the researcher. The majority of the parents (i.e., 69 lesbian mothers, 72 gay fathers, 62 heterosexual parents) completed the questionnaire during the first or second wave of COVID-19 and its related restrictions, including lockdowns (March–November 2020). However, no differences were found across family types in the number of parents who completed the questionnaire before or during the COVID-19 pandemic,  $\chi^2(df) = 3.38(2)$ ,  $p = .184$ . Similarly, the period of completion was not associated with differences across family types on any of the study variables. Prior to data collection, the study was reviewed and approved by the institutional review board of the Reichman University (IDC Herzliya). More details about the study procedure are presented in Shenkman et al. (2022). The data analyzed in this article are not publicly available. Requests to access

**Table 1***Means, Standard Deviations, and Frequencies of Study Variables, and Sociodemographic Information of Participants*

Individual characteristics ( <i>n</i> = 222)	Lesbian mothers ( <i>n</i> = 72)	Gay fathers ( <i>n</i> = 78)	Heterosexual parents ( <i>n</i> = 72)	$\chi^2(df)$	<i>p</i>
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)		
Parent educational level <sup>a</sup>				6.93 (2)	.031
Less than a bachelor's degree	19 (26.4)	11 (14.1)	23 (31.9)		
Bachelor's degree or higher	53 (73.6)	67 (85.9)	49 (68.1)		
Parent working status (full-time)				10.40 (4)	.034
Not working <sup>b</sup>	10 (13.9)	12 (15.4)	4 (5.6)		
Working part-time <sup>c</sup>	12 (16.7)	3 (3.8)	10 (13.9)		
Working full-time	50 (69.4)	63 (80.8)	58 (80.6)		
Personal income (monthly gross, in shekel) <sup>d</sup>				21.20 (2)	<.001
20,000₪ or less	57 (79.2)	37 (47.4)	55 (76.4)		
20,001₪ or more	15 (20.8)	41 (52.6)	17 (23.6)		
	<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )	<i>F</i> ( <i>df</i> )	<i>p</i>
Parent age (in years)	39.70 (5.15)	41.20 (5.49)	42.60 (7.58)	2.55 (2,108)	.083
Personal importance of religion <sup>e</sup>	1.18 (0.70)	1.05 (0.36)	1.50 (1.22)	3.56 (2,108)	.032
Time spent on childcare (hours per week) <sup>f</sup>	6.43 (8.88)	3.88 (1.85)	3.88 (2.49)	5.13 (2,108)	.007
COVID-19 impact on individual, couple, and family	1.17 (0.58)	1.14 (0.64)	1.20 (0.76)	0.11 (2,108)	.898
Child-responsible for child misbehavior	4.17 (0.89)	3.96 (0.82)	3.88 (1.06)	1.24 (2,108)	.294
Parent-causal for child misbehavior	4.76 (0.69)	4.62 (0.63)	4.51 (0.81)	2.10 (2,108)	.127
Life satisfaction	5.51 (0.85)	5.48 (0.89)	5.16 (1.10)	2.41 (2,108)	.095
Positivity <sup>g</sup>	3.99 (0.48)	3.77 (0.58)	3.74 (0.59)	3.34 (2,102)	.039
Social support <sup>h,i</sup>	6.12 (0.93)	6.12 (0.98)	5.63 (1.13)	4.96 (2,108)	.009
Desire for more children	5.82 (3.66)	5.62 (3.13)	5.60 (3.81)	0.06 (2,108)	.944
Ideal number of children	2.96 (0.96)	2.90 (0.95)	3.25 (0.96)	1.89 (2,108)	.156
Discrepancy between the actual and ideal number of children	-1.04 (0.78)	-0.85 (0.93)	-1.03 (1.01)	0.75 (2,108)	.476
	<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )	<i>F</i> ( <i>df</i> )	<i>p</i>
Family characteristics ( <i>n</i> = 111)	Lesbian mother families ( <i>n</i> = 36)	Gay father families ( <i>n</i> = 39)	Heterosexual parent families ( <i>n</i> = 36)		
Relationship duration <sup>j</sup> (years)	10.90 (4.01)	13.10 (4.43)	14.20 (4.19)	5.66 (2,108)	.005
Actual number of children <sup>k</sup>	1.92 (0.80)	2.05 (0.45)	2.22 (0.72)	3.78 (2,219)	.024

*Note.* Percentages may not equal to 100, due to rounding. *n* = number of participants;  $\chi^2$  = chi-square test statistic; *F* = Fisher's *F*-distribution statistic; *df* = degrees of freedom; *p* = *p* value; ARs = adjusted residuals. Personal importance of religion coded as: 1 = not religious/not important, 2 = a little bit important, 3 = neutral, 4 = important, 5 = very important.

<sup>a</sup> gay fathers > heterosexual parents (ARs = -2.5). <sup>b</sup> heterosexual parents < lesbian mothers and gay fathers (ARs = -2.0). <sup>c</sup> gay fathers < lesbian mothers and heterosexual parents (ARs = -2.6). <sup>d</sup> gay fathers > lesbian mothers and heterosexual parents (ARs = 4.6). <sup>e</sup> gay fathers < heterosexual parents, *p* = .010. <sup>f</sup> lesbian mothers > heterosexual parents, *p* = .007. <sup>g</sup> lesbian mothers > heterosexual parents, *p* = .024. <sup>h</sup> lesbian mothers > heterosexual parents, *p* = .008. <sup>i</sup> gay fathers > heterosexual parents, *p* = .007. <sup>j</sup> lesbian mothers < heterosexual parents, *p* = .001. <sup>k</sup> lesbian mothers < heterosexual parents, *p* = .018.

the data set should be directed to the corresponding author. This study was not preregistered, and no data were excluded.

## Measures

### Demographics

Participants supplied demographic data on family type, parent gender, sexual orientation, gender identity, age, religiosity, relationship duration, time spent on childcare, and socioeconomic status.

### Desire for More Children

Each participant was asked the following question: "Please rank how strongly you desire to become a parent of more children." Responses were provided on a 10-point Likert scale ranging from 1 (*not at all*) to 10 (*very much*).

### Discrepancy Between the Actual and Ideal Number of Children

The discrepancy between participants' actual (i.e., "How many children do you have?") and ideal (i.e., "What is your ideal number of children in your family?") number of children was calculated subtracting the former from the latter.

### Parental Attribution for Child Misbehavior

The 16-item Parent Cognition Scale (PCS; Snarr et al., 2009) measures the degree to which parents attribute their child's dysfunctional behavior to themselves or to the child. Responses are provided on a 6-point Likert scale ranging from 1 (*always true*) to 6 (*never true*). The Child-Responsible subscale consists of nine items (e.g., "My child wants what he wants when he wants it"), whereas

the Parent-Causal subscale includes seven items (e.g., “I’m not structured enough with my child”). Each item is reverse scored so that higher total mean scores indicate greater endorsement. Cronbach’s  $\alpha$ s for the Child-Responsible subscale were .87, .85, and .91 for lesbian mothers, gay fathers, and heterosexual parents, respectively; for the Parent-Causal subscale, Cronbach’s  $\alpha$ s were .75, .74, and .78 for lesbian mothers, gay fathers, and heterosexual parents, respectively.

### Social Support

The 12-item Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) measures social support from family, friends, and significant others (e.g., “There is a special person in my life who cares about my feelings”). Responses are provided on a 5-point Likert scale ranging from 0 (*strongly disagree*) to 5 (*strongly agree*). Higher total mean scores represent higher perceived social support. Cronbach’s  $\alpha$ s were .93, .94, and .93 for lesbian mothers, gay fathers, and heterosexual parents, respectively.

### Life Satisfaction

The 5-item Satisfaction with Life Scale (Diener et al., 1985) is a measure of global satisfaction with life (e.g., “The conditions of my life are excellent”). Responses are rated on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher total mean scores reflect greater satisfaction with life. Cronbach’s  $\alpha$ s were .81, .81, and .83 for lesbian mothers, gay fathers, and heterosexual parents, respectively.

### Positivity

The 8-item Positivity Scale (POS; Caprara et al., 2012) assesses the extent to which respondents view their life and experiences positively (e.g., “I look to the future with hope and optimism”). Responses are provided on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher total mean scores reflect greater positivity. Cronbach’s  $\alpha$ s were .82, .86, and .83 for lesbian mothers, gay fathers, and heterosexual parents, respectively.

### Individual, Couple, and Family COVID-19 Experiences

Parents who completed the questionnaires during the first or second wave of COVID-19 (and the associated lockdowns in Israel) were asked to report the extent to which COVID-19 had impacted eight individual, couple, and family domains (i.e., financial strain, work-related stress, homeschooling-related stress, personal frustration, worry about loved ones, couple tension, family tension, worry about the future) on a 4-point Likert scale ranging from 0 (*not at all*) to 3 (*very much*). Parents who completed the study prior to the first wave of COVID-19 were not administered this questionnaire and were assigned a score of 0 (i.e., 3 lesbian mothers, 6 gay fathers, and 10 heterosexual parents). Cronbach’s  $\alpha$ s were .74, .78, and .82 for lesbian mothers, gay fathers, and heterosexual parents, respectively.

### Data Analysis

All analyses were performed using the statistical software *jamovi* (2021). Preliminary chi-square tests (for categorical data) and mixed models (for continuous data) were run to compare potential differences

in individual and family sociodemographic variables between lesbian, gay, and heterosexual parent families. Given that parents were nested within families, to test potential differences in the desire for more children and the ideal number of children across family types, two mixed models were conducted using family type as a predictor, the actual number of children as a covariate, and the desire for more children and the ideal number of children, respectively, as outcomes. Subsequently, to test factors associated with the desire for more children, further mixed models were performed entering the following predictors simultaneously in the analyses: sociodemographic data, the discrepancy between the actual and ideal number of children, child attribution for misbehavior, parent attribution for misbehavior, social support, positivity, life satisfaction, and COVID-19 experiences (i.e., individual, couple, family).

## Results

Family types differed according to several sociodemographic variables. Table 1 reports all statistical means, standard deviations, and frequencies.

### Differences in the Desire for More Children and the Ideal Number of Children Across Family Types

To compare family types on the desire for more children and the ideal number of children, the actual number of children was included as a covariate in the analyses. The actual number of children was not significantly associated with the desire for more children ( $\beta = -0.071$ ,  $SE = 0.085$ , 95% CI  $[-0.238, 0.096]$ ,  $p = .406$ ); however, it was significantly associated with the ideal number of children ( $\beta = 0.418$ ,  $SE = 0.074$ , 95% CI  $[0.274, 0.562]$ ,  $p < .001$ ), with parents who already had more children reporting a higher ideal number of children. After controlling for the actual number of children, lesbian mothers did not differ from heterosexual parents on either their desire for more children ( $\beta = 0.031$ ,  $SE = 0.211$ , 95% CI  $[-0.382, 0.444]$ ,  $p = .883$ ) or their ideal number of children ( $\beta = -0.114$ ,  $SE = 0.182$ , 95% CI  $[-0.471, 0.243]$ ,  $p = .532$ ). Gay fathers also did not differ from heterosexual parents on either their desire for more children ( $\beta = -0.013$ ,  $SE = 0.204$ , 95% CI  $[-0.413, 0.388]$ ,  $p = .950$ ) or their ideal number of children ( $\beta = -0.261$ ,  $SE = 0.177$ , 95% CI  $[-0.607, 0.086]$ ,  $p = .143$ ). Overall, both models explained 52% of the variance ( $R^2_{\text{conditional}} = 0.521$  and  $R^2_{\text{conditional}} = 0.517$ , respectively).<sup>1</sup>

### Predictors of Desire for More Children

Parents who were younger, assigned less importance to religion, attributed lower responsibility to their child for misbehavior, reported greater positivity, and had a lower discrepancy between their actual and ideal number of children, reported a greater desire for more children (see Table 2). Family type, life satisfaction, social support,

<sup>1</sup> When these analyses were not controlled for the actual number of children, similar results were found. Lesbian mothers did not differ from heterosexual parents on either their desire for more children ( $\beta = 0.063$ ,  $SE = 0.027$ , 95% CI  $[-0.342, 0.469]$ ,  $p = .980$ ) or their ideal number of children ( $\beta = -0.303$ ,  $SE = 0.203$ , 95% CI  $[-0.702, 0.096]$ ,  $p = .139$ ). Gay fathers did not differ from heterosexual parents on either their desire for more children ( $\beta = 0.005$ ,  $SE = 0.023$ , 95% CI  $[-0.392, 0.403]$ ,  $p = .761$ ) or their ideal number of children ( $\beta = -0.366$ ,  $SE = 0.200$ , 95% CI  $[-0.757, 0.025]$ ,  $p = .069$ ). Both models explained 52% of the variance ( $R^2_{\text{conditional}} = 0.518$  and  $R^2_{\text{conditional}} = 0.517$ , respectively).

**Table 2**  
*Predictors of the Desire to Have More Children (n = 222 Parents  
 Nested Within 111 Families)*

Predictors	Desire to have more children			
	Estimate (SE)	CI [2.5%, 97.5%]	df	p
<b>Fixed effects</b>				
Intercept	.101 (.170)	-0.433, 0.232	162	.553
Lesbian mothers versus heterosexual parents	.066 (.225)	-0.378, 0.508	130	.769
Gay fathers versus heterosexual parents	-.170 (.228)	-0.617, 0.278	150	.458
Parent gender	.290 (.197)	-0.096, 0.677	106	.144
Parent age	-.222 (.076)	-0.371, -0.074	180	.004
Relationship duration	-.053 (.085)	-0.220, 0.114	97	.534
Personal importance of religion	-.178 (.074)	-0.323, 0.033	184	.017
Socioeconomic status	-.042 (.068)	-0.176, 0.091	156	.534
Time spent on childcare	.054 (.066)	-0.075, 0.182	161	.415
Discrepancy between the ideal and actual number of children	-.148 (.069)	-0.282, 0.013	187	.034
COVID-19 impact on individual, couple, and family	-.094 (.077)	-0.245, 0.057	187	.224
Child-responsible for child misbehavior	-.224 (.082)	-0.384, -0.064	186	.007
Parent-causal for child misbehavior	.057 (.082)	-0.103, 0.217	171	.486
Positivity	.179 (.087)	0.008, 0.349	170	.041
Life satisfaction	-.074 (.089)	-0.248, 0.100	183	.408
Social support	-.084 (.076)	-0.233, 0.065	171	.271
<b>Random effects</b>				
Intercept (within-couple variance)	.600	.360	.421	<.001
Residual	.704	.496		
R <sup>2</sup> <sub>conditional</sub> (explained variance)	.525			

*Note.* CI = confidence interval; SE = standard error; ICC = intraclass correlation coefficient. Estimates are reported as standardized betas. Parent gender was coded as 1 = female, 2 = male. Socioeconomic status was calculated as a composite score of parents' education, working status, and personal income through principal components analysis with oblimin rotation and factor loadings of 0.567–0.833.

and attribution of responsibility to parents for child-misbehavior were not significantly related to the desire for more children (see Table 2, for the full statistics).

## Discussion

The present study was the first to explore the desire to have more children and the ideal number of children amongst lesbian, gay, and heterosexual couples who became parents through assisted reproduction. The results showed that after controlling for the actual number of children, all family types reported a similar desire to have more children and a similar ideal number of children. After controlling for the actual number of children, the results further showed that, irrespective of sexual orientation, parents' younger age, lower religiosity, attribution of less responsibility to children for misbehavior, and greater positivity, as well as a lower discrepancy between their actual and ideal number of children, were associated with a greater desire for more children.

That lesbian and gay parents did not report less desire for more children and a lower ideal number of children than heterosexual parents contradict both our first hypothesis and previous findings showing that child-free sexual minority individuals commonly report lower parenthood aspirations than their heterosexual counterparts (Riskind & Tornello, 2017; Shenkman et al., 2021). A possible explanation for this result is that sexual minority parenthood may represent a triumph over legal, social, and financial obstacles in Israel (Shenkman & Shmotkin, 2016). Accordingly, parents' sense of triumph may elevate their psychological well-being (Shenkman et al., 2020), especially in the cultural context of Israel, which marks parenthood as a primary path to social acceptance (Tsfati & Ben-Ari, 2019). Therefore, it may be the case that once sexual minority individuals succeed in overcoming the abundant obstacles on their journey to parenthood, their desire for more children rises to match that of heterosexual parents. Similarly, once they become parents in Israel's pronatalist and familistic society (Birenbaum-Carmeli, 2016), sexual minority parents may experience greater social prenatal pressure to have more children, just like heterosexual parents. Accordingly, the desire for more children should be conceptualized differently from the desire to become first-time parents. Especially for sexual minority people, the first relates to "breaking a glass ceiling" linked with overcoming numerous difficulties, while the second seems to concern more attainable aspirations.

In line with our second hypothesis, parents' younger age, less attribution of responsibility to children for misbehavior, and greater positivity were associated with a greater desire for more children. These predictors align with previous findings among heterosexual parents, identifying the significance of both demographic and perceived parenthood experiences in determining the desire for more children (McAllister et al., 2012; Newman, 2008). Interestingly, lower, rather than higher, discrepancy between parents' ideal and actual number of children was associated with a greater desire for more children. It might be that after having at least one child, a lower mismatch between the ideal and the actual number of children reflect a more actionable fertility plan (Chen & Yip, 2017), resulting in a greater desire for more children. Yet, this should be further explored in future studies.

Contrary to our second hypothesis and previous findings pointing to a positive link between greater religiosity and a greater desire for more children (Hayford & Morgan, 2008), our results showed that parents with less religiosity reported a greater desire for more children. A potential explanation for this result is that the sexual minority parents may have experienced their family characteristics to clash with religiosity; indeed, in the Israeli context, the Jewish religion is prominent and tends to be disapproving of homosexuality (Costa & Shenkman, 2020). Specifically, religious law's impediments to sexual minority couples and their children were described as excluding practices deepening the gap between Jewish communities and lesbian and gay parent families (Lustenberger, 2013). Another novel result of the present study was that greater social support and life satisfaction were not associated with a greater desire for more children. This lack of effect might relate to parents' mean high level of social support and life satisfaction. Also, it may be the case that social support and life satisfaction are particularly relevant for first-time parents, but become less significant for further parenthood aspirations (Kiesswetter et al., 2020). Future cross-cultural research conducted with a more diverse sample may provide further insight into these results.

## Strengths and Limitations

The chief strength of the present study was that it compared, for the first time, three distinct family types on parents' desire for more children and ideal number of children. In doing so, it contributed important and original information on lesbian and gay parents' desire for more than one child. Also, the multilevel modeling enabled us to accurately analyze the reports from both parents in a couple, while accounting for within-couple dependency.

Nevertheless, certain limitations should be noted. First, as the study relied solely on parent reports, it was likely susceptible to self-presentation biases. Also, the family groups were not based on a random or representative sample. Additionally, the results cannot be directly generalized to heterosexual couples who conceived through unassisted reproduction or donated gametes or to parents in other family forms (e.g., single parents, those in newer relationships, divorced parents). It is important to note as well that assisted reproduction is the only way for sexual minority couples to have a biologically related child (along with coparenting arrangements), whereas heterosexual parents may be conceiving through assisted reproduction because of problems with their fertility. These differences suggest that the motivations underlying the heterosexual couples' desire for more children might differ from heterosexual couples within the general population, but this was not investigated in the present study. Similarly, whether family roles (e.g., being the primary caregiver) were associated with the desire for more children was not investigated. Since previous data suggest that sexual minority couples may allocate family roles differently than heterosexual couples do (e.g., Bos & Gartrell, 2020; Carone & Lingardi, 2022; Patterson et al., 2004), future research may examine whether this association (if any) varies across family types. Finally, the correlational research design does not allow causal inferences to be drawn. However, these methodological limitations reflect common challenges across investigations of sexual minority populations (Krueger et al., 2020).

## Conclusion

The present study found no differences in the desire for more children and the ideal number of children between lesbian, gay, and heterosexual couples who became parents through assisted reproduction. While child-free sexual minority individuals tend to report lower parenthood aspirations, the familistic and pronatalist environment of Israel may encourage sexual minority individuals to have more children once they breach the "glass ceiling" of parenthood. The findings identify the most influential factors for future parenthood aspirations among lesbian, gay, and heterosexual parents, and have relevance for family researchers and clinicians, in addition to policy makers and legislators promoting inclusive policies to support the creation of diverse family forms.

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