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Parenting Intentions Among Transgender Individuals

Samantha L. Tornello, PhD¹ and Henny Bos, PhD²

Abstract

Purpose: We know very little about how transgender people create their families and the issues involved in these decisions. This qualitative study explored the parenting intentions and desires of 32 self-identified transgender individuals who want to become parents in the future.

Methods: Data were collected using an open-ended survey with 32 transgender men and transgender women regarding when and how they want to become parents in the future.

Results: We found that transgender individuals expressed specific desires for parenthood, such as biological relatedness and barriers to parenthood, such as physical limitations or lack of legal protections, which influence how transgender individuals choose to become parents in the future. For example, many participants described wanting to be biologically related to a future child and how this can be complicated by being transgender due to hormonal treatments, surgeries, or not having the biological means of become a parent using “traditional” methods.

Conclusions: The barriers and desires discussed provide invaluable insight into the parenting intentions and reproductive health of transgender people. This study revealed numerous examples where healthcare professionals could benefit from this new knowledge, such as increasing communication with patients about these desires and issues related to treatment and reproduction.

Keywords: adulthood, fertility, foster care, parenting, transgender

Introduction

BEING TRANSGENDER AND being a parent are sometimes seen as contradictory. However, with shifts in social and legal attitudes toward transgender individuals, the discussion of transgender individuals becoming parents is a reality now more than ever. It is estimated that ~0.3%–2% of the population identifies as transgender, although this is likely a great underestimate due to a lack of data collection surrounding gender identity.^{1–3} In a review of the current literature, Stotzer et al.⁴ found that about 25%–50% of transgender individuals were currently parents. It is important to note that research on transgender parents has focused predominantly on individuals who had children before disclosure and transition,^{5–7} with much less attention paid to the experiences of parenthood after transition or disclosure.^{8–10} The focus of this study will be on individuals who are conceptualizing parenthood after identifying as transgender and/or transitioning.

Transgender people can become parents in different ways and many of these methods can pose unique challenges for transgender individuals.^{11,12} Wanting to have children biologically is one pathway to parenthood, which can be achieved

with or without medical intervention.¹³ Depending on the individual or couple’s biological capabilities and preferences, some of these methods can be financially and/or psychologically costly.^{12,14}

The long-term effects of hormone treatment are largely unknown, but it is suspected that the use of hormones could impact fertility.^{14,15} In addition, for transgender people to produce healthy sex cells (sperm or eggs), hormone treatments may need to be stopped, which can cause an array of adverse physical and psychological changes.^{14,16} Some transgender individuals are interested in having biological children in the future and think about preserving their sex cells for future use.^{9,15} However, for some, these options were not offered or available at the time of starting treatment,⁹ the cost was too high,¹⁴ or having to delay the process of transition was not worth the preservation of future fertility.¹⁵

There are also additional financial, legal, and social complications that transgender people face when thinking about parenthood. Often, options such as surrogacy and adoption are financially straining.^{17,18} Moreover, different family creation methods are linked with varying legal relationships between parent and child, which can cause difficulties surrounding child custody and parental rights.^{19,20} Many

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transgender individuals describe a sense of stigma and experiences of isolation due to a lack of understanding, knowledge, and cultural sensitivity from their healthcare professionals.²¹ In all, transgender individuals have to weigh many factors when thinking about becoming parents, yet it is largely unknown which factors impact these decisions most.

This study has two major aims. The first aim is to explore how childless transgender individuals want to become parents, the timing of parenthood, and desired family size. The second aim is to examine the reasons for choosing a particular method to become a parent.

Methods

Participants

All self-identified transgender individuals in this study participated in a larger study about prospective parents (i.e., Intended Parent Study). For the current investigation, participants were excluded if they identified as cisgender, as another noncisgender identity other than transgender women or transgender men such as genderqueer, gender nonconforming, or butch, did not reside in the United States, or did not respond to the questions being explored. Nontransgender self-identified individuals were excluded due to the variation of differences in the use of medical interventions (hormones and/or surgeries) among transgender compared to genderqueer and gender nonconforming individuals.²² The final sample comprised 32 self-identified childless transgender individuals who want to become parents in the future. The majority of participants identified their gender identity as transgender men ($n=24$; 75%), with a quarter of participants identifying as transgender women ($n=8$; 25%). See Table 1 for demographic information by gender.

Procedure

Advertisements describing the Intended Parent Study were distributed via family planning, parenting, and general Lesbian, Gay, Bisexual, Transgender, Queer, and Asexual (LGBTQA+) websites, listservs, and social media groups. In addition, paid advertisements were displayed on social media websites to target individuals who searched for, or demonstrated interest in, topics such as family planning or parenthood. Interested individuals e-mailed the principal investigator or requested a link via the study's website. Potential participants were e-mailed a unique link that directed them to the consent form. If the participant agreed to participate they checked a box consenting to participate and were directed to the survey. This study was approved by the Human Subjects Ethics Review Board at Pennsylvania State University.

Materials

Participants were asked questions regarding their social demographic background. If participants were in a romantic relationship, they were asked for demographic information regarding their partners. Participants were asked open-ended questions regarding their ideal timing of parenthood, how they would like to create their family, and their reasons for choosing that method (Supplementary Table S1; Supplementary Data are available online at www.liebertpub.com/lgbt).

Data analysis

Participants' responses to the open-ended family creation questions were examined using interpretative phenomenological analysis (IPA).²³ IPA is a methodology that examines participants' responses for themes that emerge from the data. The first author identified two major themes, along with

TABLE 1. DEMOGRAPHIC INFORMATION OF PARTICIPANTS

Variable	Transgender man ($n=24$), M (SD)	Transgender woman ($n=8$), M (SD)
Age (years)	26.25 (6.05)	29.88 (9.06)
Education (%)		
High school diploma/GED or less	45.9	50.0
Associates degree/trade/bachelor's degree	41.8	37.5
Graduate degree	12.5	12.5
Relationship status (%)		
Single	45.8	37.5
Dating	4.2	12.5
Married (legally recognized)	16.7	12.5
Committed relationship	33.4	37.5
Length of relationship	2.46 (1.50)	5.13 (4.21)
Hours worked in paid employment	21.67 (16.74)	18.00 (19.37)
Individual income	20,258 (21,812)	16,429 (20,065)
Household income	72,825 (118,926)	25,500 (30,038)
Race (%)		
White/Caucasian	83.3	75.0
Asian	0.0	12.5
Black/African American	8.3	0.0
Biracial/multiracial	8.3	12.5

Numbers may not total to 100 due to rounding.
M, mean; SD, standard deviation.

seven subordinate themes. All responses were coded based on two major themes, desires and barriers, along with seven subthemes, by the first author. The second author then independently coded the participants' responses using these themes and subthemes. The interrater agreement was 100% (Cohen's kappa = 1.0) between the two coders with respect to all statements by themes and subthemes.

Once the responses were coded, we used the recommendation of Sandelowski²⁴ to define the verbal frequency count of these themes. In the results section, if a theme was mentioned: 50% or more of the time (16 or more participants) it will be referred to by using the term "majority," 35%–50% of the time (11–15 participants) it will be referred to by using the term "many," 25%–35% of the time (8–10 participants) it will be referred to by using the term "some," and <25% of the time (7 or less) it will be referred to by using the term "few."

Results

Family formation methods

Participants reported wanting to become parents in many different ways. About half of the sample wanted to become parents through adoption (31.3%) or traditional sexual intercourse (25.0%). Others wanted to become parents using surrogacy (15.6%), using a known sperm donor (9.4%), sperm from a cryobank (9.4%), sperm donation (3.1%), or the foster care system (6.3%). The preferred method to achieve parenthood varied by participant's gender. Transgender women more often reported wanting to become a parent through adoption (75.0%) whereas transgender men more often wanted to become parents through sexual intercourse or pregnancy (58.3%). Participants wanted to have two children, on average (standard deviation [SD] = 1.2; range 1–5). The youngest age that participants reported wanting to become parents was 31 years of age (SD = 5.1) and the latest was 41 years of age (SD = 5.8).

In the participants' responses regarding why they wanted to become parents in a particular way, two major themes were identified: desires and barriers (Table 2 and Supplementary Table S2).

Desires

Biological relatedness. Many participants ($n = 15$; 47%) described choosing a pathway to parenthood based on wanting a biological offspring. Most responses with this theme centered on a desire to have children who would be related to the participant and/or their partner. Often these responses were from individuals who planned on having children through sexual intercourse or donor insemination, and almost all were from participants who identified as transgender men. One participant (transgender man, 20, single, gay) discussed having future children through traditional intercourse by saying, "I would like to experience pregnancy and have children that are related to me biologically." Another participant (transgender man, 19, partner transgender woman, queer) who wanted to have children through sexual intercourse stated, "We would like a child that is related to both of us." For some participants, biological relatedness was the reason *not* to pursue a particular method: "I don't like the idea of involving DNA from anyone other than myself or my partner

TABLE 2. THEMES BY PREFERRED FAMILY FORMATION TECHNIQUE AND GENDER OF THE PARTICIPANT

Family formation method	Gender of the participant	
	Transgender man	Transgender woman
Traditional sexual intercourse ^a	8	0
Desire ^b	7	0
Barriers ^b	3	0
Artificial insemination ^a	6	1
Desire ^b	4	1
Barriers ^b	4	0
Surrogacy ^a	4	1
Desire ^b	2	0
Barriers ^b	4	1
Adoption/foster care ^a	6	6
Desire ^b	5	4
Barriers ^b	3	4

^aValues indicate the total number of participants who preferred the family formation method.

^bValues indicate the number of individuals (for the listed method) who indicated a desire or barrier related to the method.

in the creation of a child. If we were to use any genetic material, I would like it to be an equal contribution and since I can't contribute, adoption seems best [transgender man, 23, partner cisgender woman, bisexual]."

Giving something back to children in need. Some of the participants ($n = 8$; 25%) described selecting a particular route to parenthood—adoption or fostering—based on the desire to give back to children in need. One participant (transgender woman, 39, partner cisgender man, heterosexual) explained that, "I believe there are plenty of children who need a good home." A few discussed how they could give back to these children stating, "There's a lot of kids already in this world without a family. I want to do the greatest good while I am here [transgender woman, 27, partner cisgender woman, bisexual]."

Expectations. A few participants ($n = 2$; 6%) described their own expectations, or those of others, as a reason for wanting to become a parent in a particular way; both of these participants wanted to become parents through sexual intercourse. One participant (transgender man, 20, partner cisgender man, pansexual) described the expectations of others by saying, "It's just what is expected of us," while the other described their own expectations, stating that, "This is really the only thing I've considered [transgender man, 22, single, heterosexual]." For these participants, the option of sexual intercourse was the available and expected method for becoming a parent.

Barriers

Being transgender. Many participants ($n = 12$; 38%) described their transgender status as a barrier to becoming a parent via their ideal method. Participants typically described wanting a physical reproductive system that matched their gender. One participant (transgender man, 29, partner cisgender woman, heterosexual) described this physical

desire of wanting to have children through sexual intercourse by stating, "I wish that I were born biologically male, and I would like the ability to impregnate my partner." Another participant (transgender man, 33, single, chose not to label sexual identity) elaborated that, "I would love to father my own children in the usual manner, but as a trans guy, this is impossible."

A few transgender men specifically described the inability to have children through some methods given that pregnancy or birth would disrupt their gender transition or contradict their gender identity. These participants typically described pregnancy as being highly undesirable. For example, one participant (transgender man, 30, single, pansexual) stated, "I'm interested in the possibility of having a child genetically related to me, but have no interest in being pregnant." Another participant (transgender man, 21, single, queer) stated that, "Becoming pregnant is my nightmare and I don't want to stop T [Testosterone] in order to be overloaded with Estrogen..." For many of these participants, their decisions about how to become parents were decided by physical barriers that rendered certain methods unavailable.

Financial. A few participants ($n=3$; 9%) described choosing a particular method of becoming parents due to financial considerations. Becoming a parent through sexual intercourse (if possible) was seen as cheaper than all other methods. One participant (transgender man, 21, partner transgender woman, bisexual) stated, "Insemination costs a lot of money and so does a sperm bank. By getting pregnant the natural way, it is more affordable for both me and my partner." A few participants wanted to become parents through surrogacy but viewed this method as unattainable due to prohibitive costs. In all, the financial burden of many of these methods make them unrealistic for a few participants and may lead to selecting pathways to parenthood that were not participants' ideal choices.

Infertility. A few participants ($n=5$; 16%) described infertility as a factor in making their decisions regarding parenthood. These responses may have pertained to assumed infertility due to gender affirmation treatments such as hormone therapy or gender affirmation surgeries but participants were unclear regarding the causes of their infertility. The impact of hormone or medical treatments on transgender individuals' fertility is still unclear but individuals are urged to preserve their sex cells before transition.¹³ For these participants, infertility is a barrier that makes some methods unattainable.

Legal and other complexity concerns. Due to a lack of legal protections for transgender people and their families, a few participants ($n=2$; 6%) described making decisions about parenthood based on the best legal situation for their future family. One participant (transgender man, 33, partner cisgender woman, queer) explained that, "A known donor is too risky in terms of legal status—I don't want a guy to try to take custody from us. So a sperm bank is the safest way for us to have a child through pregnancy." Particularly in situations involving sperm donation, donors can represent potential legal liabilities due to limited legal protections for participants and their prospective families.

Discussion

Becoming a parent as a transgender individual can bring unique challenges. Participants in this study described wanting to have their first child later than the general population.²⁵ Due to the complexity of becoming parents, and because the process of adoption or surrogacy can be more time consuming and costly, noncisgender individuals may be slightly older, compared to their cisgender peers, when having children. Transgender participants described their ideal family size as two children. This is similar to the average family size in the United States²⁶ and among transgender individuals with children.²⁷ Participants also wanted to become parents in many different ways, and often their decisions were based on personal desires or barriers. Common personal desires included wanting to be biologically related to their children or providing a loving home for a child through adoption, while common barriers included not being financially capable or lacking legal protections that rendered some methods unattainable.

Participants' reasons for using particular methods were characterized by themes of desires and barriers. The most common desire was biological relatedness. Typically, this desire was justification for why individuals expressed choosing to have children through sexual intercourse or through the use of sperm donation (cryobank or known donor). A few participants described having their own expectations or experiencing pressure from the outside world to have children in the "traditional" sense if they were able, such as in the case of a transgender man partnered with a cisgender man or a transgender woman. Some participants wanted to have children through adoption because they did not want to have children biologically. For adoption, the major motivation was to give back to children in need by providing loving, caring homes.

Many participants talked about the fact that "being trans" or lacking the physical ability to have children was frustrating. Many described wanting to have children biologically, but a few did not want to stop hormone treatment or have the feminizing experience of pregnancy. A few participants described wanting to have children through surrogacy to allow for biological relatedness but not wanting to impact the gender affirmation process. In addition, although many participants acknowledged that one method may be ideal, for a few the financial barriers to that method were so great that it was rendered unrealistic. Sexual intercourse was preferred, if possible, due to financial and legal barriers that characterized some of the other methods. Sexual intercourse, however, was often described as not ideal. Perceived legal barriers included complications surrounding the type of sperm donor (cryobank or known donor) due to the lack of legal protection for transgender parents and their children. For participants who wanted to become parents through adoption or foster care, the barriers to biological parenthood were typically due to infertility described as a side effect of gender affirmation treatment or surgery.

There are some practical implications of this study. First, both mental health and medical providers should discuss future childbearing options with transgender patients. This study reiterates the importance of giving transgender patients the option to freeze sex cells before transitioning.^{13,14} Although it may be possible to conceive even after hormone

treatment, there is some discussion that it may be optimal to preserve sex cells before transition, especially for individuals who transition at younger ages.^{13,14} Second, removing financial barriers would be ideal. Freezing of sex cells, which is often not an option due to prohibitive costs, should be considered a medical necessity if desired by the patient. The financial barriers to other methods, such as adoption or surrogacy, should be reviewed. Lastly, for many transgender participants, lack of legal rights or protections for their future family or children prompted a different choice of pathway to parenthood. Increasing the legal protections for and rights of transgender parents would likely improve the options for transgender individuals to become parents.

The limitations of the study should also be acknowledged. First, the participants' responses at the time of data collection represent hypothetical scenarios in the sense that these individuals are currently childless and considering future family creation. Future research should follow participants and their families longitudinally, across the transition to parenthood, to investigate the experiences of these individuals as they become parents. Second, this study only included those who identified as transgender, and excluded other noncisgender identified individuals. It is important to realize that the experience of gender nonconforming or other noncisgender individuals may be different than those who self-identify as transgender.²² Lastly, due to this study being internet based, this sample is not representative of all transgender individuals. Participants were disproportionately more likely to be transgender men and describe their race/ethnicity as White/Caucasian. Future research should explore a demographically diverse sample by using multiple recruitment and research techniques.

Conclusion

In all, this study provides insight into the decision processes and experiences of childless transgender people who want to become parents in the future. For these participants, becoming parents to an average of two children during their childbearing years represented the ideal experience that is typically held by the majority of people in the United States, regardless of gender identity.^{26,27} The decision of how and when to become a parent is likely influenced by the individuals' desires and the barriers they must overcome to become parents. Providers working with transgender individuals need to understand the desires and barriers that can affect the decisions of transgender people regarding becoming parents. In sum, decreasing these barriers and respecting these desires are of critical importance to ensure that transgender individuals have the opportunity to become parents if and how they choose.

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Author Disclosure Statement

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