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Parenting Desire and Intention in the Health Trajectories of Transgender and Gender Diverse People: A Systematic Review

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ABSTRACT

The present study aimed at systematizing the psychological contributions on parenting desires and intentions of transgender and gender diverse (TGD) individuals from a minority stress perspective and considering the cis-heteronormativity of our societies. A systematic search was conducted on February 2, 2024, in four databases: Scopus, PubMed, Web of Science, and PsycInfo. The inclusion criterion consisted of selecting peer-reviewed, indexed English articles specifically addressing the parenting desire and intention in TGD individuals. Thirty-nine records were included in the review, which highlighted that TGD individuals desire and/or intend to have children through a variety of ways (e.g., sexual intercourse, surrogacy, adoption, etc.). The findings are mixed in relation to various sociodemographic variables of the TGD population, which vary based on individual differences. Overall, hindrances due to fertility preservation and the scarce information provided, along with legislative policies prohibiting filiation and other ways to have children (e.g., adoption or surrogacy) to TGD people in various countries can render TGD people's parenting desires and intentions unattainable fantasies. The reproductive path of TGD individuals is influenced by the cis-heteronormative norms of our society. Gender minority stress and resilience factors can have a significant impact on the TGD individuals' desire or intention to have children.

KEYWORDS

Transgender; gender diversity; parenthood; minority stress; resilience; systematic review

Introduction

Pursuing the aspiration to become a parent is one of the most life-changing human decisions. In this regard, parenting desires refer to what an individual wants or would like to do, whereas parenting intentions consist of what the person intends or plans to do as to their filiation perspectives (Riskind & Patterson, 2010). As such, a parenting desire might or might not be accompanied by an intention to have children. Parenting desires and intentions are generally influenced by a variety of factors, such as gender identity, age, the desire for emotional stabilization, social acceptance, education, and economic or financial issues (Kleinert et al., 2015; Mills et al., 2011; Simon et al., 2018). Parenting intentions are state- rather than trait-like in character, in that they mainly result from the tradeoff of parenting desires on the one hand

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and the effective opportunities and resources for parenthood on the other (Bachrach & Morgan, 2013; Kranz et al., 2018). Notably, these opportunities and resources are generally more limited for sexual and gender minoritized populations, and especially for transgender and gender diverse (TGD) individuals if compared to the general population (Riskind & Tornello, 2017; von Doussa et al., 2015). This is due to several factors, such as the person's experience of discrimination, internalized stigma, negative expectations regarding non-cis-heterosexual parenting, family-related values, legal concerns, the levels of social and personal acceptance of one's gender identity and sexual orientation, and the variety of policies regarding access to assisted reproduction treatments (ARTs) or to legal procedures for adoption (e.g., Auer et al., 2018; Chen et al., 2019; Ellis et al., 2015; Kleinert et al., 2015; Tasker & Gato, 2020; Tornello & Bos, 2017; Walton et al., 2023). Notably, parenting dimensions are more often investigated in heterosexual and/or lesbian, gay, and bisexual (LGB) populations than in TGD populations (Amodeo et al., 2018; Baiocco et al., 2014; Baiocco & Laghi, 2013; Costa & Bidell, 2017; Miscioscia et al., 2017; Riskind & Patterson, 2010; Scandurra et al., 2019). Thus, this work was aimed at systematizing the scientific literature on the TGD individuals' parenting desires and intentions from a psychological perspective.

In order to understand the disparities affecting the parenting desires and intentions in sexual and gender minoritized individuals, it is essential to focus on their life contexts (Tate et al., 2019), where cis- and heteronormative environments can seriously hinder the expression of minoritized identities (Bochicchio et al., 2024; Enke, 2012; Kennedy, 2013). Whereas the concept of heteronormativity refers to the normalization of heterosexuality and the stigmatization of sexual identities that do not fall inside the purview of heterosexuality, the concept of cisnormativity posits a normalization of cisgenderism, which marginalizes gender identities and expressions that are not congruent with normative expressions of one's assigned gender (Roy & Singh, 2024). In other words, cisnormativity indicates "the social and cultural structures that make us recognize certain gendered subjects, positions, and actions as intelligible and others as unintelligible" (Linander et al., 2024, p. 4), presumes that gender corresponds with one's assigned sex, and stigmatizes all other forms of gender identity (Schilt & Westbrook, 2009). In TGD individuals, the cisnormative features of societal interactions (Frost & Meyer, 2023), which have been used to explain the frequent transphobic attitudes that characterize societal attitudes toward this population (Worthen, 2016), are strictly intertwined with minority stress-related experiences.

The construct of "minority stress" refers to a chronic and socially based type of stress that hinders the health trajectories of stigmatized individuals, resulting in poorer health and quality of life (Meyer, 1995, 2003; Della Casa, Gubello et al., 2024; Della Casa, Malmquist et al., 2024; Frost et al., 2015; Testa et al., 2015). Originally conceptualized to target sexual minoritized individuals, the minority stress model (Meyer, 2003) posited that minority stressors lie on a distal-proximal axis: distal stressors are caused by external factors that marginalize the person or threaten their safe space (i.e., discrimination, harassment, microaggressions, etc.), and tend to be enacted by society and other institutionalized entities like healthcare services (Cruciani et al., 2024); in turn, proximal stressors refer to the subjective factors that are mobilized when confronting with a world experienced as stigmatizing or unsafe (i.e., expectations of rejection, internalized stigma, etc.). Resilience factors refer instead to variables supposed to buffer the negative impact of minority stressors on subjective experience and health outcomes, and include both group-level resilience factors (e.g., social support or community connectedness; Frost & Meyer, 2012), and individual-level resilience factors (e.g., personal agency, self-definition, and personality features; de Lira & de Morais, 2018).

To specifically target the minority stress experienced by TGD individuals, Testa et al. (2015) have extended Meyer's theory, thus outlining the Gender Minority Stress and Resilience (GMSR) framework, which also included (distal and proximal) minority stressors (e.g., victimization and internalized transphobia, respectively) as well as individual and group-based resilience factors, which have been proven to buffer the impact of minority stress on the health and well-being of TGD individuals (Matsuno & Israel, 2018; Meyer, 2015; Mezza et al., 2024; Tan et al., 2020).

Notably, minority stress, and specifically its dimension comprising anticipated stigma, has been shown to hinder parenting desires in marginalized populations (Gato et al., 2019).

Even though parenting desires and intentions have been typically investigated in heterosexual or LGB individuals, there seem to be a growing interest with regard to TGD parenthood, also given the modern techniques that render TGD parenting a relatively more achievable aspiration compared to the past. However, despite very recent legislative advances in this field, in some countries sterilization is still mandatory for TGD people to obtain the legal name and sex or gender change on identity documents (Dunne, 2017). Today, it is well-known that TGD people who wish to begin gender affirming hormone treatment (GAHT) have to go through the loss of fertility as “the price to pay for transition” (De Sutter, 2001, p. 612). Nonetheless, recent advances in fertility preservation (FP) can now provide TGD individuals with the possibility to decide for biological parenthood (e.g., De Roo et al., 2016). In this regard, the most recent International Standards of Care (SOC) of the World Professional Association for Transgender Health (WPATH; Coleman, et al., 2022) recommended informing patients about future reproductive options before starting GAHT, thus reducing the risk that TGD individuals regret their choice for a medical gender-affirming path because of their inability to have a genetically related child afterwards (Clark, 2021; Vyas et al., 2021). Various studies have shown that some TGD individuals desire genetically related children and are willing to delay or interrupt GAHT to preserve their fertility and/or conceive a child (Armuañ et al., 2017; Auer et al., 2018; Tornello & Bos, 2017). Accordingly, it has been recommended that TGD individuals be informed also about other parenting options such as fostering, adoption, and co-parenting, which they can take into account to fulfill their parenting aspirations (Bartholomaeus & Riggs, 2020).

Recent literature has fostered the discussion on TGD individuals' parenting desires and intentions, and the time is ripe to deeply understand the state of the art and the future perspectives on this topic. However, most of the reviews on this theme have been specifically interested in FP options (e.g., Baram et al., 2019; Bayefsky et al., 2022; Lai et al., 2020; Park et al., 2022) or in more general issues regarding TGD people's experiences with reproductive healthcare services (e.g., Agénor et al., 2021; Norris & Borneskog, 2022). De Castro-Peraza et al. (2019) addressed TGD parenthood in a revision of literature based on a single case study. Hafford-Letchfield et al.'s (2019) review is limited to a 2017 search, whereas Stolk et al. (2023) addressed the desire for children based on FP decisions. Therefore, as no systematic review has aimed at thoroughly discussing the parenting desire and intentions in the TGD population investigating the psychosocial processes that might challenge or else drive TGD individuals in pursuing parenthood, the present study intends to fill this gap.

Specifically, our aim is to provide a framework of findings that can allow us to better understand the psychological processes involved in TGD individuals' parenting desires and intentions, also given the obstacles they encounter in a cis- and heteronormative societal environment, where minority stress is intertwined with individual and collective discourses that produce substantial disparities in marginalized populations (Ericsson, 2021). Therefore, in this work we will be guided by specific questions: (1) How did the research literature present the parenting desire and/or intention in TGD individuals? (2) What are the factors that influence the TGD population's parenting desires and intentions? (3) How does fertility impairment related to the medical affirmation path impact the decision-making processes regarding the desire and/or intention to have children? (4) Are parenting options addressed when assisting TGD individuals in their gender affirmation path?

Method

For the present systematic review, we followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021). A systematic search was conducted on February 2, 2024, in four databases: Scopus, PubMed, Web of Science, and PsycInfo. The search strategy was based on the use of Boolean operators to combine terms related to the

TGD population and their parenting desires and intentions. The search terms used to identify eligible articles comprised: [(transgender* OR gender divers* OR gender nonconform*) AND (parent*) AND (desir* OR inten* OR choice* OR decision* OR wish*)].

Eligibility criteria

The inclusion criterion, which guided the data extraction process, consisted of selecting articles that specifically addressed parenting desires and intentions in the TGD population. To be included, studies had to meet all the following criteria: (1) being English-written and published in peer-reviewed, indexed journals; (2) having a sample comprised of TGD individuals (without limitations of age); (3) including original data; (4) including quantitative and/or qualitative original findings (i.e., not being merely theoretical); (5) containing at least one variable related to the parenting desires and/or intentions in the TGD population. Exclusion criteria were applied for non-English-written, non-indexed and non-peer-reviewed records, studies lacking (quantitative and/or qualitative) original findings, and gray literature (i.e., commentaries, letters to Editor, abstracts, editorials, etc.).

Selection process

The initial search identified a total of 1623 publications. After collecting the records and removing duplicates, eligibility criteria were applied. A total of 1074 records were screened by S.M. and M.M., assessing titles and abstracts according to the inclusion criteria. Disagreements between them were settled through the involvement of one other author, namely A.M. Nine hundred and ninety-six records were excluded in the screening process, which resulted in the retrieval of 80 records. The full text of these records was obtained and reviewed by S.M. and M.M., and any discrepancy over eligibility determinations was resolved through the involvement of one other author, namely, A.M. Among the 80 full-texts assessed for eligibility, 45 records did not meet the inclusion criteria, and were thus excluded from the systematic search. Specifically, 17 records did not focus exclusively on the TGD population's parenting desire and/or intention, 16 were descriptive in nature (i.e., they did not report original data), 5 were not in English, and 7 consisted of gray literature (3 were commentaries, 2 editorials, 1 was a letter, and 1 an abstract). Given that all databases used for our search allowed for the emergence of records containing the search terms in the title, abstract, and keywords, according to the PRISMA guidelines, in-text citations of the selected articles were then further inspected to identify additional records. As a result, 4 in-text citations, which were peer-reviewed and indexed, were also considered. Of these, one was not included in the review due to the article not focusing specifically on TGD individuals. The systematic search eventually led to the inclusion of 39 articles. The details of this procedure are illustrated in [Figure 1](#).

Data extraction process

Data were extracted from each full-text paper, which included: the author(s)' last name, year of publication, country of study performance, study design, measures (for quantitative studies) and methodology (for qualitative studies), sample characteristics (sample size and age), and the main topics addressed. Data extraction was cross-checked by all authors. The details of this procedure are outlined in [Table 1](#).

Quality assessment

To rate the quality of the quantitative studies included in this review we used the National Institutes of Health's Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies (National Heart, Lung, and Blood Institute, 2014). This tool comprises 20 items that assess various factors linked to the internal validity of the study (e.g., clarity of research question

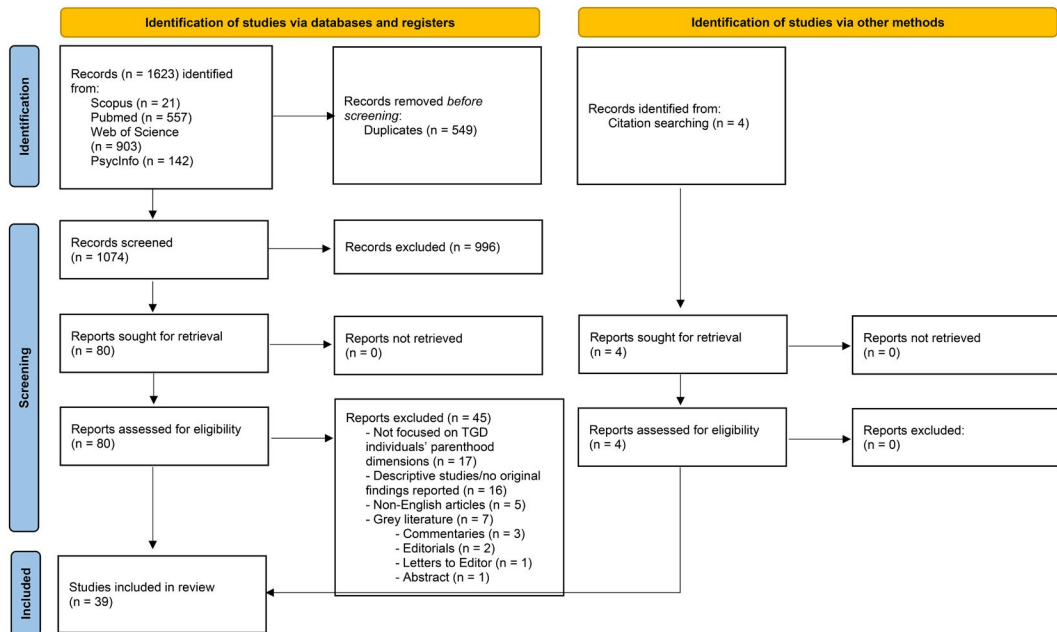


Figure 1. PRISMA 2020 flow diagram. From: Page et al. (2021). For more information, visit: <http://www.prisma-statement.org/>

and methods, representativeness of the sample and selection biases, appropriateness of study measures, etc.). Each study included in the current review was scored for each of the 14 domains as: yes, no, not applicable (N.A.), not reported (N.R.). For the qualitative studies, the guidelines based on the article by Walsh and Downe (2006) were used. Based on these scores, we obtained an overall rating determining the quality of each study as poor, fair, or good based on the responses to the quality assessment criteria. The quality assessment of studies was completed independently by V.D.C and A.M. Cohen's kappa (Cohen, 1960) was used to calculate agreement between evaluators and yielded a score of $\kappa = .89$, indicating strong agreement. Any discrepancies were solved by discussion between assessors and two additional reviewers (C.S. and V.B.). The details of the procedure are available as [Supplementary Materials 1 and 2](#).

Results

Of the 39 included studies, 20 (51.28%) were quantitative and cross-sectional, 15 (38.46%) had a qualitative design, 3 (7.69%) were based on a retrospective cohort, and one (2.56%) was mixed (i.e., quantitative and qualitative). In what follows, we present the main findings of the included contributions (see [Table 1](#)).

TGD individual's desires and intentions to become parents

The desire and/or intention to become parents is a construct that individuals report as an intimate subjective dimension. When the included articles were qualitative, the extent of such desire and/or intention was reported verbally by participants, thus not as a quantitative measure, since it could only be derived by their voices. In the quantitative studies, closed questions determined the extent to which the desire and/or intention was felt by participants on a Likert scale, including validated instruments, thus grasping directly the quantitative measure of such desire/intention. The findings collected in the studies included in the review are mixed in this regard. For instance, in mixed samples of TGD and cisgender participants, some authors found that TGD individuals reported lower levels of parenting desires

Table 1. Main characteristics of included studies.

Author(s), year	Country	Study design	Measures (quantitative studies)/Methodology (qualitative studies)	Sample size	[Age range (in years)] Mean (SD)	Main topic(s) addressed
1. Auer et al. (2018)	Germany	Quantitative, cross-sectional	<ul style="list-style-type: none"> Self-constructed questionnaire on demographics, GAHT, and surgery Adjusted version of the Dutch Biographic Questionnaire on Transsexualism Beck Depression Inventory-II 	189 (95 TGD women, 90 TGD men)	<ul style="list-style-type: none"> T women under treatment: mean 41 T men under treatment: mean 33 T women before treatment: mean 41 T men before treatment: mean 25 	Parenthood desire
2. Bonan et al. (2021)	France	Retrospective cohort	Retrospective review of medical and psychological records	43 heterosexual couples (43 transmen and their cisgender female partners)	TGD men: 32 (6.6) Cisgender women: 29.7 (4.6)	<ul style="list-style-type: none"> Parenthood intention awaiting sperm donation Parenthood desire Pregnancy experience
3. Charter et al. (2018)	Australia	Qualitative	Thematic analysis (self-constructed questionnaire with open-ended items conducted online on demographics, experiences of gender identity, parenting information, arrangements and relationship with coparents, and support systems; semi-structured interviews conducted by telephone on experiences of parenting, personal relationships, wellbeing, support systems, gender identity and transitioning within the family context)	25 TGD men	[25-46] 35.6 (6.66)	<ul style="list-style-type: none"> Attitudes toward family formation Attitudes toward FP
4. Chen et al. (2018)	USA	Quantitative, cross-sectional & qualitative	Thematic analysis (self-constructed questionnaire with open and close-ended items conducted online on demographics, sexual orientation, and gender identity, healthcare experiences, and fertility and family formation)	156 TGD adolescents	[14-17] 16.1 (0.96)	<ul style="list-style-type: none"> Attitudes toward FP Attitudes toward family formation
5. Chen et al. (2019)	USA	Qualitative	Thematic analysis (semi-structured interviews conducted in person on gender-affirming medical care received, knowledge of GAH effects on fertility and FP options, and FP decision-making)	18 TGD youth	[15-24] 18.4 (2.3)	<ul style="list-style-type: none"> Attitudes toward FP
6. Chiniara et al. (2019)	Canada	Quantitative, cross-sectional	Adjusted questionnaire on knowledge of potential effects of GD treatment on fertility, feelings associated with potential infertility, and preferences regarding fertility and future parenthood	79 TGD adolescents (81% AFAB, 19% AMAB) (+ 73 parents)	[12-18] N/A	<ul style="list-style-type: none"> Attitudes toward FP Attitudes toward reproduction
7. Clark (2021)	Canada	Qualitative	Content analysis (semi-structured interviews on decision-making process related to gender hormonal treatment and FP)	34 individuals (14 TGD youth, 10 parents, 10 HCPs)	TGD youth [14-18]	<ul style="list-style-type: none"> Decision-making processes related to FP and family creation Attitudes toward FP Attitudes toward reproduction
8. Defreyne et al. (2020a)	Belgium	Quantitative, cross-sectional	Fertility and Parental Desire Questionnaire conducted online and pen-and-paper	172 AFAB individuals (116 TGD men + 56 NB)	<ul style="list-style-type: none"> >16 y.o.: mean 24 T men: mean 23 NB individuals: mean 25 	<ul style="list-style-type: none"> Decision-making processes related to FP and family creation Attitudes toward FP
9. Defreyne et al. (2020b)	Belgium	Quantitative, cross-sectional	Fertility and Parental Desire Questionnaire conducted online and pen-and-paper	254 AMAB individuals (196 TGD women + 14 cross-dresser + 44 NB)	<ul style="list-style-type: none"> >16 y.o.: mean 43 T women: mean 41 NB people: mean 47.5 Cross-dresser: mean 50.5 	<ul style="list-style-type: none"> Decision-making processes related to FP and family creation Attitudes toward FP Attitudes toward reproduction
10. De Sutter et al. (2002)	11 countries	Quantitative, cross-sectional	Self-constructed questionnaire conducted online on demographics, sexual preferences, present partnership, past fertility, future desire to have children, impact of fertility loss on transitioning, and opinions toward sperm freezing before treatment	121 T women	70% [30-50]	<ul style="list-style-type: none"> Decision-making processes related to FP and family creation Attitudes toward FP Attitudes toward reproduction

(Continued)

Table 1. Continued.

Author(s), year	Country	Study design	Measures (quantitative studies)/Methodology (qualitative studies)	Sample size	[Age range (in years)] Mean (SD)	Main topic(s) addressed
11. Durcan et al. (2022)	Turkey	Quantitative, cross-sectional	<ul style="list-style-type: none"> Demographic Data Form Fertility Desire Data Form Childbearing Motivations Scale Fertility Desire Scale 	414 individuals (110 AFAB + 61 AMAB + 142 cisgender women + 101 cisgender men)	Gender Dysphoria group [23-32]; mean 26 Cisgender group [24-30]; mean 26 [29-41] 33	Parenthood desire Attitudes toward FP
12. Ellis et al. (2015)	USA	Qualitative	Grounded theory analysis (semi-structured interviews conducted online on conception, pregnancy, and childbirth perspectives)	8 AFAB individuals (2 TGD men + 6 gender variant)	[31-44] 34.8 (4.7)	Conception experience Pregnancy experience Birth experience
13. Fischer (2021)	Canada	Qualitative	Thematic analysis (unstructured interviews conducted online or in person on people's story of conception, pregnancy, and birth)	5 NB individuals	[15-17] N/A	Conception experience Pregnancy experience Parenthood experience Parenthood desire
14. Garborcauskas et al. (2022)	USA	Retrospective cohort	<ul style="list-style-type: none"> Retrospective review of medical records 	195 TGD AFAB individuals	[13-30] 21.24 (4.45)	Adoption desire Parenthood desire Attitudes toward FP
15. Gato and Fonseca (2022)	Portugal	Quantitative, cross-sectional	<ul style="list-style-type: none"> Demographic questionnaire conducted online or in person Trans Youth Fertility Attitudes Questionnaire conducted online or in person 	33 TGD adolescents and young adults (+ 27 parents)	[26-45] N/A	Experience of assisted reproduction services
16. James-Abra et al. (2015)	Canada	Qualitative	Descriptive phenomenological analysis (demographic questionnaire; semi-structured interviews on experiences with assisted reproduction services)	11 individuals (9 TGD, 2 partners)	[N/A] 24	Reproductive health Experience of assisted reproduction services
17. Ker and Shaw (2024)	New Zealand	Qualitative	Thematic analysis (semi-structured interviews conducted online or in person on views on and reasons for FP; access to services, attitudes about family creation and parenthood, and ethical issues relating to FP processes)	13 TGD individuals	[15-24] 18.4 (2.3)	Reaction to learning about reproductive technologies FP decision-making
18. Kyweluk et al. (2018)	USA	Qualitative	Thematic analysis (demographic questionnaire; adjusted semi-structured interviews on medical care, knowledge about the effect of hormones on fertility, options for parenthood, and decision-making and current opinion regarding FP)	18 TGD individuals (12 AFAB + 6 AMAB)	[18-44] 24	Desire for genetically related children
19. Kyweluk et al. (2023)	USA	Quantitative, cross-sectional	Self-constructed questionnaire on demographics, health behavior variables, gender-affirmation variables, and desire for genetically related children	10270 TGD individuals (5534 AMAB + 4736 AFAB)	[19-43] 28.57 (8.16)	Parenthood intentions Experience of assisted reproduction services
20. Marinho et al. (2021)	Portugal	Qualitative	Thematic analysis (focus group with semi-structured interviews conducted in person on parenthood intentions of the participants, ways considered to achieve it, and experiences in the health system)	14 T/NB individuals	[21-29] 25	Parenthood desire Attitudes toward fertility preservation
21. Mattawanon et al. (2022)	Thailand	Quantitative, cross-sectional	<ul style="list-style-type: none"> Demographic questionnaire Self-constructed questionnaire on gender identities, sexual orientation, and reassignment procedure Utrecht Gender Dysphoria Scale Self-constructed questionnaire on reproductive wishes and obstacles 	303 individuals (199 transgender women, 104 gender diverse AMAB)	[15-33] 19.6 (4.4)	Parenthood desire FP-related intentions during gender affirming surgery
22. Mehra et al. (2022)	USA	Retrospective cohort	Retrospective review of electronic medical records	162 TGD individuals (30 AMAB, 132 AFAB)		

(Continued)

Table 1. Continued.

Author(s), year	Country	Study design	Measures (quantitative studies)/Methodology (qualitative studies)	Sample size	[Age range (in years)] Mean (SD)	Main topic(s) addressed
23. Moleiro et al. (2023)	Portugal	Quantitative, cross-sectional	Self-constructed questionnaire conducted online or pen-and-paper	115 TGD individuals (64 AFAB + 45 AMAB + 6 unidentified)	[16-68] 30 (5.97)	Parenthood desire related to different gender affirmation paths
24. Morong et al. (2022)	USA	Quantitative, cross-sectional	<ul style="list-style-type: none"> Demographic questionnaire Self-constructed questionnaire on parenting intentions Adjusted questionnaire on barriers to FP 	80 individuals (29 TGD men, 11 TGD women, 40 other)	[18-65] 27.6 (8.2)	Parenthood intentions Attitudes toward FP
25. Morrison et al. (2020)	USA	Quantitative, cross-sectional	Adjusted questionnaire on fertility and attitudes toward future parenthood	23 TGD youth	[12-22] 16.2 (2.5)	Knowledge about fertility Attitudes toward future parenthood
26. Moseson et al. (2021)	USA	Quantitative, cross-sectional	Adjusted version of Pregnancy Attitudes Timing and How conducted online	1694 TGD AFAB/1 individuals	[18-78] 27	Pregnancy intentions
27. Nahata et al. (2020)	USA	Quantitative, cross-sectional	Self-constructed questionnaire on gender identity/ sexual orientation; contraception counseling and utilization; attitudes toward fertility/parenthood; and FP counseling, attempts, and reasons for decline	44 T/NB adolescents	[12-19] 16.3 (1.84)	Reproductive health attitudes Reproductive health behaviors
28. Persky et al. (2020)	USA	Quantitative, cross-sectional	Adjusted questionnaire conducted online on FP decision-making	64 TGD youth (+ 46 parents)	[12-24] 16.8 (2.1)	Attitudes toward FP FP decision-making
29. Riggs and Bartholomaeus (2018)	Australia	Quantitative, cross-sectional & qualitative	Content analysis (self-constructed questionnaire with open and close-ended items conducted online on demographics and FP decision-making)	409 T/NB individuals	[18-72] 28.54 (11.25)	FP decision-making
30. Riggs et al. (2016)	Australia	Quantitative, cross-sectional	Self-constructed questionnaire conducted online on demographics, experiences, and desire for parenting and family	160 TGD individuals	[N/A] 39.8 (13.49)	Correlation between family support and parenthood desire
31. Salinas-Quiroz et al. (2020)	Mexico	Quantitative, cross-sectional	<ul style="list-style-type: none"> Demographic questionnaire Adjusted questionnaire on parenting aspirations Internalized Homophobia Scale LGBTQ Community Connectedness Scale 	1995 LGBTQ+ individuals (1302 cisgender men, 524 cisgender women, 88 TGD people)	[14-68] 27 (9)	Parenthood desire Internalized homo/transnegativity LGBTQ community connectedness
32. Siegel (2024)	USA	Qualitative	Multi-stage analysis: thematic coding+matrix coding (semi-structured interviews conducted in person or online on parenthood experience or desire across race and class background)	54 T/NB women	[<18] N/A	Barriers to TGD motherhood rights
33. Stuyver et al. (2021)	Belgium	Retrospective cohort & Qualitative	Inductive content analysis (retrospective analysis of psychological and medical records; semi-structured interviews conducted in person on decision-making and perception of reproductive options)	47 TGD men and their cisgender female partners	T men [24-47]; mean 34 Cisgender female partners [22-41]; mean 31	Attitudes toward reproductive options Donor conception desire
34. Tasker and Gato (2020)	UK	Qualitative	Thematic analysis (demographic questionnaire; focus group conducted in person on fertility and parenthood)	11 individuals (4 TGD men, 1 NB man, 2 TGD women, 4 NB people)	[20-45] N/A	Correlation between gender identity and parenthood desire
35. Tornello and Bos (2017)	USA	Qualitative	Interpretative phenomenological analysis (questionnaire with open-ended items conducted online on demographics, timing of parenthood and family creation)	32 TGD individuals	T men: mean 26.25 (6.05) T women: mean 29.88 (9.06)	Parenthood desire Parenthood intentions

(Continued)

Table 1. Continued.

Author(s), year	Country	Study design	Measures (quantitative studies)/Methodology (qualitative studies)	Sample size	[Age range (in years)] Mean (SD)	Main topic(s) addressed
36. Von Doussa et al. (2015)	Australia	Qualitative	Constructivist grounded theory (semi-structured interviews conducted in person or by telephone on relationships with family of origin, intimate relationships and parenting desires, relationships and responsibilities)	13 TGD individuals	[23-62] 47 (14)	Parenthood desire Parenthood experience
37. Voultsos et al. (2021)	Greece	Qualitative	Thematic analysis (semi-structured interviews conducted in person on lived experiences and attitudes toward having biological offspring)	12 TGD individuals	[23-60] 40 (11)	Attitudes toward genetic parenthood Attitudes toward FP FP counseling Parenthood desire
38. Walton et al. (2023)	USA	Quantitative, cross-sectional	Non-validated questionnaire conducted online on demographics, family planning, and FP	57 T/NB individuals	[N/A] 23	
39. Wierckx et al. (2012)	Belgium	Quantitative, cross-sectional	<ul style="list-style-type: none"> • Self-constructed questionnaire on relationship and reproduction • Health survey short form-36 	50 TGD men	[22-54] 37 (8.2)	

TGD: transgender and gender diverse; NB: nonbinary; LGBTQ+: lesbian, gay, bisexual, transgender, queer, etc.; FP: fertility preservation; AFAB: assigned female at birth; AMAB: assigned male at birth; i: intersex; N/A: not applicable.

(Salinas-Quiroz et al., 2020), whereas others found that TGD individuals (specifically transgender women) had a stronger desire for children compared to their cisgender counterparts (Durcan et al., 2022).

Overall, however, the literature review showed that moderately high percentages of TGD persons desire to have genetically related children, and the percentage of TGD persons open to adoption also is very high in the majority of the included studies (e.g., Chen et al., 2018; Garborcauskas et al., 2022; Ker & Shaw, 2024; Kyweluk et al., 2023; Mehra et al., 2022; Moleiro et al., 2023; Moseson et al., 2021; Persky et al., 2020; Riggs et al., 2016; Salinas-Quiroz et al., 2020; Siegel, 2024; Walton et al., 2023). When present, the desire to become parents appears overall moderately strong and seems not to differ by plan for transition category (i.e., esthetic only, hormone therapy, and surgery) nor by medical transition stage (Auer et al., 2018; Morong et al., 2022). As to the gender differences of TGD individuals that desire or intend to have children, the results of the included studies are mixed, with some authors reporting a prevalence of transgender men wanting children as higher than transgender women (e.g., Moleiro et al., 2023), and others reporting the opposite (e.g., Walton et al., 2023).

Factors influencing parenting desires and intentions in the TGD population

The studies included in the review report mixed findings as to the factors influencing parenting desires and intentions in the TGD population when compared to cisgender individuals. Positive motivations underlying the person's intention to become a parent include family continuity, personal achievement, the agreeableness of the gestation process, and having children as a source of emotional support (Marinho et al., 2021). Accordingly, being in a stable relationship, already having a genetically related child, having a better financial status and a good relationship with the family, and enjoying a better quality of life were found by Mattawanon et al. (2022) to be among the factors influencing stronger parental desires. Among the reasons voiced in Clark's (2021) qualitative study for not planning to have genetic or gestational children was "reproductive incongruence," namely, the incompatibility of a person's reproductive body with their experienced gender. Even though, in the pioneering work by De Sutter et al. (2002), some participants believed that the psychological trauma they endured due to their gender dysphoria would impair a normal parent-child relationship, more recent research found that family and peer support are essential to the parenting aspirations of TGD people (Ker & Shaw, 2024). Age also acts as a varying variable in the parenting desire of TGD individuals, with some studies showing how there is no difference regarding parental desire between adult and young respondents (Walton et al., 2023), and others showing that the desire to have children would increase with age (Gato & Fonseca, 2022; Riggs et al., 2016).

Filiation perspectives in the TGD population

As to the TGD population's filiation perspectives, various authors found a significant desire for genetic parenthood among TGD individuals (e.g., Riggs & Bartholomaeus, 2018; Tornello & Bos, 2017; Wierckx et al., 2012), while other researchers reported lower levels of such desire alongside plans or intentions to adopt (e.g., Chen et al., 2019; Strang et al., 2018; von Doussa et al., 2015). More specifically, in addition to parenthood either through sexual intercourse, *via* FP, or *via* donated gametes to a partner or surrogate, TGD individuals also consider other options to become parents, such as adoption or, to a lesser extent, fostering or surrogacy (e.g., Morrison et al., 2020; Tornello & Bos, 2017). The most common reason put forward by individuals deeming genetic relatedness as unimportant appears to consist of planning to adopt (Riggs & Bartholomaeus, 2018). In Riggs and Bartholomaeus's (2018) study, the majority (71%) of TGD respondents ($N=409$) who had undertaken FP thought that genetic relatedness was important, whereas only a minority (31%) of those who had not undertaken FP agreed.

Among couples comprised of a transgender man and a cisgender woman, a frequently voiced reason to prefer donor conception as a way to become parents was the cisgender female partner's wish to become pregnant and the desire of both parents to be present from the beginning of pregnancy (which is not possible in adoption). Furthermore, donor conception was thought as rendering the family more like a heteronormative ideal family (Stuyver et al., 2021). In a similar sample of couples ($N=43$) comprising a transgender man and a cisgender woman awaiting sperm donation, Bonan et al. (2021) found that 95% of the couples intended to inform their child of the sperm donation, and 92% intended to inform their child of the father's transgender identity.

Overall, TGD young individuals tend to report that their feelings about having genetically related children might change in the future (e.g., Clark, 2021; Nahata et al., 2020; Strang et al., 2018). TGD youth can perceive pressures by the family of origin to have genetically related children in the future (Strang et al., 2018), and sociocultural expectations particularly influence TGD individuals thinking about family creation (Clark, 2021). According to Walton et al. (2023), a strong parental desire tends to be associated with considering it important to have a genetically related child. However, "having children" was found by Chiniara et al. (2019) to be the least life priority represented over 10 (the first three being "good health," "doing well in work or school," and "having friends"). Similarly, "not caring" to have a genetically related child, followed by feeling "too young" to consider it, were found by Nahata et al. (2020) to be the most frequent reasons for TGD adolescents to decline FP and thus future genetic parenthood.

Fertility preservation and informed parenting choices

Our literature review highlighted that several TGD persons receive poor or insufficient information regarding FP options (e.g., Chiniara et al., 2019; Ker & Shaw, 2024; Mattawanon et al., 2022; Voultsos et al., 2021). Studies have reported that up to 50% of adults and 80% of youth do not receive fertility- and reproductive-related counseling prior to initiating GAHT (Chen et al., 2018; Defreyne et al., 2020a, 2020b; Morong et al., 2022). Other recent studies showed that, whereas the vast majority of TGD individuals agree that FP should be offered to every TGD person, very few actually store gametes before undergoing GAHT (Auer et al., 2018; Marinho et al., 2021; Riggs and Bartholomaeus, 2018).

The most common challenges associated with decisions regarding FP comprise the worsening of body dysphoria (Armuand et al., 2017; Charter et al., 2018; Chen et al., 2018; Mehra et al., 2022; Voultsos et al., 2021), the delay of the transition process (Chiniara et al., 2019; Mehra et al., 2022; Morong et al., 2022; Stuyver et al., 2021; Voultsos et al., 2021), the costs involved (Clark, 2021; Morong et al., 2022; Persky et al., 2020), too much time and effort (Morrison et al., 2020), the invasiveness and complexity of the procedures (Chiniara et al., 2019; Mehra et al., 2022; Walton et al., 2023) and exposure of genitals (Armuand et al., 2017), the wish not to keep anything from the previous body (Stuyver et al., 2021), stigma toward gender minority parenting (Chen et al., 2018), family-related norms and expectations (Chen et al., 2019), opting for alternatives such as adoption or surrogacy (Chiniara et al., 2019), worries about side effects (Armuand et al., 2017), religious and ethical concerns (Persky et al., 2020), and the low chances of successful conception (Defreyne et al., 2020a). Other significant barriers mentioned as to (not) pursuing FP are social prejudices against children of TGD parents and perceived limited capability of parenting by TGD persons (Voultsos et al., 2021). Kyweluk et al. (2018) revealed that decoupling reproductive biology from gender identity, and biological parenthood from carrying a child, were two aspects difficult to conceive of for the majority of the TGD youth in their sample ($N=18$).

As to the gender differences affecting FP decisions, Brik et al. (2019) found that reported reasons for not wanting to be referred for FP among 35 TGD individuals assigned male at birth (AMAB) included not wanting to have genetic children (and wanting to adopt instead), feeling uncomfortable with masturbation or having an aversion of their penis, and feeling uncomfortable with the idea of being the child's genetic parent. Cooper et al. (2022) found that TGD AMAB

adolescents and young adults were significantly more likely to pursue FP than individuals assigned female at birth (AFAB), whereas the rate of FP in nonbinary people did not significantly differ from those in transgender binary individuals. Chiniara et al. (2019) showed that, for some AFAB persons with a cisgender female partner, the possibility to have the cisgender partner carry a child was a reason for not deciding for FP.

From a developmental perspective, some authors investigated and compared the point of view of TGD youth with their parents' perspectives. Most of the participants in Persky et al.'s (2020) study, comprised of 64 TGD young persons and 46 parents, stated they had considered the impact that GAHT may have on their or their child's future fertility. Very few young persons (3%) would choose to delay GAHT to take measures to preserve their fertility, but a higher percentage of parent respondents (33%) would be willing to do so to preserve their child's fertility. The most common influential factor for youth was discomfort with a body part they would identify with, and the most common factor for parents was whether FP was important to their child.

In James-Abra et al.'s (2015) study, comprising a small sample ($N=11$) of TGD individuals, most participants reported having mainly negative interactions with assisted reproduction staff (e.g., medical doctors); all of them appreciated when professionals used gender-neutral nouns (e.g., "parent" instead of "mother" or "father") when referring to their potential future parenthood. Notably, most participants in Moleiro et al.'s (2023) study who did not have children, but intended to have them, reported high levels of discrimination within the healthcare system based on their gender identity or expression. The main strategies employed to navigate discrimination in James-Abra et al.'s (2015) study seemed to cluster into two domains, namely, self-advocacy and intentional avoidance of confrontation with service providers of assisted reproduction.

Gato and Fonseca (2022) found that for most young persons, the Internet was strongly utilized to achieve information regarding how GAHT can hinder the process of having genetically related children, whereas only about 25% of the parents mentioned it. The percentage of TGD youth who obtained this information from their peers was very similar to the percentage of parents who obtained it from other parents. Finally, transgender binary participants seem to be more informed regarding FP than nonbinary participants (Gato & Fonseca, 2022; Riggs & Bartholomaeus, 2018).

From desire to intention: An (Un)attainable fantasy?

The ways in which TGD individuals who are not parents imagine the possibilities for parenthood represent a significant part of the narratives about their future, either as a hope or as an "unattainable fantasy" (von Doussa et al., 2015). Among the reasons voiced as obstacles that discourage TGD individuals from becoming parents feature the fear that one's gender identity might affect the child's well-being (Mattawanon et al., 2022), as well as one's financial status and the complexity of the medical process that is often perceived as prohibiting future parenthood (Walton et al., 2023).

As pointed out by Siegel (2024), the concept of "mother" often equals "birthing parent" to most people, whereas by "father" is intended the non-birthing parent. Therefore, difficulties might arise even within healthcare systems due to this highly frequent belief. In Ker and Shaw's (2024) qualitative study, participants ($N = 13$) facing structural barriers to both fertility preservation, adoption, and surrogacy, often talked about "redefining" family on their own terms, thus including gender diversity in their concept of "family."

Defreyne et al. (2020a) found that the main barriers for TGD AFAB persons to fulfill their parental desire included difficulties with the adoption procedure, the fear of their child being discriminated against due to their parent(s) being TGD, being discriminated against as a TGD parent, and the cost involved in using one's own gametes. In another study, the same authors found that, among transgender AMAB persons, the main barriers to fulfill their parental desire

similarly included the fear of their child being discriminated against due to their parent(s) being TGD and the assumed difficulties with the adoption procedure (Defreyne et al., 2020b).

In their qualitative study aimed at investigating the conception, pregnancy, and childbirth perspectives of TGD men and gender-variant gestational parents ($N=8$), Ellis et al. (2015) found that loneliness was the theme that overwhelmingly permeated all participants' experiences, social relationships, and emotional responses through every stage of the process of achieving gestational parenthood. All participants experienced some degree of conflict between the internal sense of self and the social norms that define a pregnant person as a "woman" and a gestational parent as a "mother."

Non-binary individuals often mention that, before conception, they tend to consider "how to balance their medical and social transitions with their reproductive goals" (Fischer, 2021, p. 80). One of the challenges they encounter consists of "finding appropriate, non-feminine maternity clothes" (p. 81), which adds to the gender dysphoria already triggered by the language used by others.

Overall, therefore, TGD individuals' parenting desires can be associated with various challenges, namely, (1) how to balance the parenthood desire with the desire for other life goals, (2) the realization that one's gender identity does not fit into the cisgender system of accessing fostering, adoption, or fertility services, (3) experiencing conflicting feelings as to one's gender identity and fertility attainment, and (4) searching for a gender appropriate self and the need for future planning centered on one's reproductive capacity (Tasker & Gato, 2020).

As Siegel (2024) pointed out, the construct of "parental fitness" (Brown & Rogers, 2020), evaluated based on racist and anti-trans stereotypes, represents a discriminating factor for TGD individuals that desire or intend to become parents. Accordingly, transmisogyny and especially racialized transmisogyny (Krell, 2017), which are related to sexism and transphobia, can allow for a deeper understanding of how intersecting oppressions influence the capacity to secure and maintain parenting rights by transgender individuals belonging to ethnic minorities (e.g., transgender people of color). As a result, TGD individuals must face intersecting barriers when it comes to family aspirations, involving issues related to their financial status, queerness, transgenderism, and disability (Siegel, 2024).

Discussion

The present systematic review focused on the parenting desires and intentions of TGD people and the factors that influence these desires and intentions, with the aim of outlining the state of the art on this topic based on the current literature. The studies included in the review showed that, overall, a moderately high percentage of TGD people desire or intend to become parents. However, the heterogeneity of the data presented in the included contributions makes it complex to define any clear prevalence of desire and/or intention. Indeed, the historical sociocultural and institutional processes of depathologization of gender diversity, different legislative systems, along with differences in the sociodemographic aspects (e.g., age, gender, socio-economic status, education, geographic area, etc.) of the samples considered, and the methods used to collect the data (e.g., self-report measures) contribute altogether to determine this difficulty. Such limitations can be overcome through the implementation of studies considering groups of people living in different sociocultural, geographical, and legislative systems, and including also multimethod approaches. Furthermore, future research should consider performing cross-cultural studies to determine the overarching personal, relational, and sociocultural factors that are likely to influence the TGD population's parenting desires and intentions.

Inequalities are exacerbated in the context of the typical vulnerability affecting sexual and gender minorities, in line with the minority stress theory (Meyer, 2003, 2007) and its development to target TGD individuals in Testa et al.'s (2015) GMSR framework. Notably, no articles included in this review utilized the concept "minority stress" to ascribe the difficulties that the TGD population encounters when desiring or intending to have children. Still however, we

argue that a close scrutinization of the obstacles for parenthood outlined in the reviewed studies reveal several barriers that may be understood as distal or proximal minority stressors. For example, stigma toward gender minoritized parenting (Chen et al., 2018), prejudice against children of TGD parents (Voultsos et al., 2021), and negative interactions with assisted reproduction staff (Moleiro et al., 2023) are all testimonies of distal minority stressors affecting the parental desires and intentions of TGD people. Conversely, difficulties of decoupling reproductive biology from gender identity (Kyweluk et al., 2018) can be interpreted as proximal stressors, as cisnormative associations between certain body parts and gender identity has been internalized.

In addition to affecting mental health outcomes and psychological well-being (Mezzalira et al., 2023; Scandurra et al., 2019b, 2023), minority stressors may in fact substantially impact on TGD individuals' FP decisions and consideration of parenting options in their lives. The stigma and transphobic discrimination, especially if internalized as a proximal stressor, can actually prevent from seriously envisioning oneself as a prospective parent. Specific gender minority stressors might thus prevent TGD people from believing that parenthood is achievable. Conversely, resilience factors (e.g., mentalization; Esposito et al., 2022) might buffer the impact of such stressors and facilitate the freedom for the TGD population to nurture their parenting aspirations. Indeed, our results highlight the presence of negative interactions reported by several TGD individuals with assisted reproduction staff such as medical doctors (James-Abra et al., 2015), to the point that TGD people often need to find coping strategies to face stigma, such as through self-advocacy and intentional avoidance of confrontation with service providers (Armuand et al., 2017). Ultimately, based on the included studies and drawing on the minority stress and resilience framework (Meyer, 2003, 2007; Testa et al., 2015), it is possible to hypothesize that several TGD people experience significant challenges in imagining themselves as parents, as they grew up in a cis-heteronormative context which may have led them to internalize a negative view of gender diversity. Given that the studies included in the review tend to embrace partial perspectives on TGD parenting, our review allows us to investigate the specific needs of the TGD population under a global and non-cis-heteronormative paradigm, which results in a less fragmented panorama as concerns the state of the art on the topic. In this regard, it is necessary to facilitate health-promoting pathways that consider the TGD individuals' parenting aspirations, so that to render them attainable phantasies.

As concerns FP, it is well-known that GAHT can have long-lasting effects, potentially leading to irreversible impairment of the individual's reproductive functioning (Chen & Simons, 2018). In this regard, the SOC of the WPATH (Coleman et al., 2022) recommend providing TGD people with specific information regarding access to FP options. However, the literature review highlighted how, despite the strong need to be informed regarding FP options, the majority of TGD individuals actually receive insufficient information about it (e.g., Chiniara et al., 2019; Mattawanon et al., 2022; Voultsos et al., 2021). Again, the minority stress model (Meyer, 2003; Testa et al., 2015) offers a helpful framework to address these deficiencies as discrimination and/or cisnormative prejudice. Potentially, healthcare providers might collude with the parenthood phantasies regarded as unattainable by many TGD individuals themselves. Legislative condition of the specific country may set ultimate limitations for the options to pursue FP in the first place, and in the long run, of the possibilities to actually utilize the gametes in a future fertility treatment. Further, healthcare staff, although when working specifically with FP in TGD patients, can be expected to bear hegemonic binary and cis-heteronormative views of gender. Indeed, a recent review (Cruciani et al., 2024) confirmed that there exist significant gaps in practitioners' knowledge and skills when addressing the needs of the LGBTQ+ population, including lack of competence, low clinical preparedness, insufficient training opportunities, and desire for further education on LGBTQ+ concerns. Indeed, a more thorough understanding of the factors influencing TGD individuals' parenting desires and intentions should guide the implementation of training programs aimed at educating healthcare professionals on the specific needs of TGD people (Santamaria et al., 2024), also and especially concerning their parenting aspirations.

The TGD person's reproductive path is influenced by the cis-heteronormativity that characterizes our society, according to which families must be comprised of heterosexual, cisgender couples with

heterosexual, cisgender children (Clark, 2021; Oswald et al., 2012). Bionormativity, namely, the belief that family creation must involve genetic and gestational links between parent and child, might similarly hinder TGD individuals' desires and intentions to become parents (Clark, 2021). In this regard, the idea of a transgender man's gestational process raises ethical debates due to the wide-spread societal belief according to which the act of gestating is exclusive to cisgender women (de Castro-Peraza et al., 2019). The normative notion that "mother" is synonym with (cisgender, heterosexual) "woman" contributes to the TGD individuals' experience of exclusion, isolation, loneliness, discrimination, and lack of resources during reproductive decision-making processes (Charter et al., 2018). For some transgender men, becoming pregnant can represent a "functional sacrifice" (Epstein, 2016), that is, something to endure to pursue a long-term goal. Accordingly, for these individuals, the "motherhood mandate" associated with becoming a parent is often accompanied by feelings of exclusion and alienation. As a result, during pregnancy, the mix of (female and male) characteristics that TGD men experience can produce distress and require specific psychological support based on the person's existing coping skills (de Castro-Peraza et al., 2019).

Even though the possibility of accessing gender affirmation paths at younger ages is a sign that some steps forward have been taken about the right to self-determination, contemplating the complex decision-making process regarding FP procedures might introduce for TGD youth negotiations with their parents that can potentially lead to intra-family conflicts (Anzani et al., 2024). Family discussions about FP is even more complex for adolescents, in that they ultimately rely on their parents' approval of it. Furthermore, in various countries the costs of FP are very high and still not supported by the national healthcare system, resulting in young people who are financially vulnerable (e.g., with a poor familial financial support) facing substantial barriers to accessing FP techniques. The complexity of these circumstances must be considered whenever parenting desires and intentions among TGD people are investigated. Any obstacles to achieving FP, and/or conflicts between FP and (un-delayed) access to GAHT can be expected to directly impact the possibility of imagining a future parenthood—and thereby parenting desire and intention.

Young TGD individuals often view becoming parents as unimportant and feel that their aspirations to have children might change in the future (Clark, 2021; Nahata et al., 2020; Strang et al., 2018). This might be explained by their developmental tasks, which not only comprise filiation perspectives, but need to address also the peculiarities of ongoing affirmation trajectories that have a different pace for each individual, and which needs to consider the social stigma and discrimination they face on a daily basis (e.g., Defreyne et al., 2020a, 2020b; Tasker & Gato, 2020).

Finally, no study has investigated the desire for parenting in older TGD people. A life-span perspective could allow us to capture not only the factors that influence parenting choices at a young age, but also the choices that have (or could have been) made in the past, and how the person's overall well-being is (or has been) affected by that.

Our systematic review presents some limitations that should be considered when interpreting its results. First, the literature search was conducted in four databases (i.e., Web of Science, PubMed, Scopus, and PsycInfo). Therefore, it might be possible that relevant studies that corresponded to our inclusion criteria might have been present in other databases, which we did not check. However, these databases are the most utilized in the scientific search for psychological articles. Second, the review is limited to English studies published in peer-reviewed, indexed journals. Therefore, the results from studies published in other languages, as well as gray literature (which we did not consider) may have been missed. Furthermore, the heterogeneity in the assessment of the different components of the parenting desire and/or intention makes the comparability of findings among studies questionable and precluded meta-analysis. In fact, we considered both qualitative and quantitative studies to more fully respond to the willingness of completeness. It is worth noting that the articles included in the current review involve samples of different ages and developmental stages, thus a clear synthesis of the results was difficult to perform. However, we believe that this heterogeneity adds to the richness of our work. Furthermore, the mixed findings that we outlined in the current review might be attributable to the low number of individuals participating in most of the included studies, to the cross-sectional nature of most of them, and to the highly

heterogenous sociodemographic variables (e.g., age, socio-economic status, etc.) that belong to the studied TGD populations. Increasing the number of the study participants and engaging in longitudinal studies might certainly improve the quality of the research literature. Also, differences exist as to the levels of sociopolitical discrimination from country to country. Given these substantial differences, in this review we did not address the legislative issues surrounding the transition to parenthood for TGD individuals. Finally, in most of the selected papers the ethnicity of the samples was not reported, and, among the few studies providing sociodemographic information, participants were predominantly white and belonging to Western countries. As a result, verifying the role of intersectionality between ethnic minority-related stigma and the stigma related to the parenting desire and/or intention in the TGD population was not possible. To improve the provision of comprehensive fertility and family planning among TGD individuals, professional should better understand these persons' interests in biological and non-biological parenthood, clarifying the impact of GAHT on fertility, and reducing barriers to FP (Mehra et al., 2022).

Conclusions

There is still a great deal of work to be done to make the desire and intention for parenthood an achievable aspiration for TGD persons. Professionals and activists should work to bring visibility to the topic and multidisciplinary studies with an intersectional perspective must develop research protocols deepening the investigation of the phenomenon. Medical progress, along with a deeper understanding of the processes underlying TGD people's parenting choices, should go hand in hand with political and social policies supporting and promoting the TGD population's fundamental rights. In its last report, the International Lesbian and Gay Association (ILGA) and Transgender Europe (TGEU) highlighted the great differences existing across countries in terms of TGD people's right, including the potential for accessing parenthood. Thinking of oneself as a parent in a social and political reality that does not support such a realization is a revolutionary act that has a very high emotional and social cost, and which significantly impacts people's quality of life.

Even though no articles included in the review made use of the construct of minority stress as a source of the difficulties that the TGD population encounters when desiring or intending to become parents, we highlighted how several barriers encountered by this population when aspiring to have children can be accounted for based on the (gender) minority stress framework, and especially as minority stressors, which can be either distal (e.g., stigma, prejudice, etc.) or proximal (e.g., internalization of discriminating attitudes). Ultimately, the difficulties that TGD individuals encounter when trying to imagine themselves as parents mainly derive from the cis-heteronormativity often present in our societies, which goes along with social norms that posit cisgenderism and heterosexuality as the 'normal' (and normative) status for the individual, thus regarding every other expression of sexual identity as somehow 'deviant.' Even though the internalization of the societal norms on gender and sexuality can hinder TGD individuals from seeking to become parents, these people can indeed mobilize significant resilience factors to counteract the effects of stigma and discrimination on their health and well-being, and on their parenting desires and intentions as well.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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