

Pathways to Parenthood among LGBTIQ People in Croatia: Who Wants to Become a Parent and How?

DOI: 10.5613/rzs.49.2.3

UDK: 316.644-055.34(497.5):316.362.34

316.362.34:347.63

Prethodno priopćenje

Primljeno: 20. 2. 2019.

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ABSTRACT

Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people can become parents using various methods, but actual possibilities differ between countries depending on the legislation and social norms. The main goal of this study was to explore parenting desire and family formation methods among LGBTIQ people in Croatia. Differences in parenting desire based on sociodemographic characteristics, the frequency and use of family formation methods, as well as the importance of different sources of support for parenthood were analysed. 486 childless LGBTIQ people (aged 18 to 54) and 24 LGBTIQ people who were parents (aged 24 to 54) participated in an online survey. Childless participants who did not want children were on average older in comparison to those who wanted to have children. There were no significant differences in desire for parenthood based on education, income and relationship status, as well as between cis-females and cis-males and lesbians and gays. Most of the participants who were already parents had a child in a previous heterosexual relationship, while most of those who tried to become parents used an assisted reproductive technology. Among all the participants, the most preferred family formation methods were adoption and foster care,

and partners were considered as the most important source of support for parenthood. Childless participants who wanted to have children perceived significantly more support from family, friends, and a significant other in comparison to those who did not want children. These results provide novel insights into the decision-making processes LGBTIQ people go through before family formation and indicate associations between the life context (e.g. age, social support) and parenting desire.

Key words: parenting desire, family formation method, social support, LGBTIQ people, parenthood among LGBTIQ people

1. INTRODUCTION

Non-cisgender¹ and non-heterosexual people can become parents in various ways, but limitations and resources available to them significantly differ between countries depending on the legislation and social norms. Nonetheless, there is a rising trend in parenting among lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people. For instance, US data shows an increase of over 10% in same-sex couples' adoptions between 2000 and 2009 (Gates, 2013). Recent data from Europe also shows that more and more same-sex couples are becoming adoptive and foster parents (Butler, 2016).

The research on LGBTIQ parented families was mostly focussed on the period *after* family formation (Mezey, 2013). Relevant issues regarding the processes *before* family formation are understudied worldwide and require further investigation. More specifically, we need more insight into the course of decision-making about parenthood and choosing a family formation method as well as a deeper understanding of different mediators and moderators of parenting desire.² In Croatia, only one qualitative study has been conducted regarding parenting desire (Maričić et al., 2016). Given that the decision whether to become a parent has an enormous influence on one's life, the main goal of this study was to explore parenting desire and family formation methods among LGBTIQ³ people in Croatia.

¹ Cisgender refers to people whose gender identity matches the sex they were assigned at birth.

² Instead of *fertility* intention/decision, which has a biological connotation and is common in literature on heterosexual parenthood, we use *parenting* intention/decision as a wider term that covers different pathways to parenthood, including non-biological (Kranz, Busch and Niepel, 2018).

³ The acronym LGBTIQ will be used for summative findings and conclusions. When writing about specific research results, we adjusted the acronym to reflect the participants' identity.

1.1. Parenting desire

Heterosexual and LGBTIQ people report similar reasons for parenthood (Jennings, 2014; Štambuk, Milković and Maričić, 2019). However, in contrast to heterosexual people, LGBTIQ people typically face complex challenges in the planning and realisation of parenting due to biological limitations reinforced by a heteronormative social and legal context (Oswald and Holman, 2013). Heteronormativity generates a twofold effect on LGBT people's lives; firstly, through social exclusion (e.g. stigmatisation, homophobia, and violence), and secondly, through social pressure to imitate heterosexual roles, norms, and patterns (Švab and Kuhar, 2008). Thus, for LGBT people, pathways to parenthood include navigating through various challenges and require proactivity combined with complex decision-making and problem-solving skills. These issues can affect the parenting decision, and for some people foster the decision to remain childless despite the desire to become a parent.

Although parenting desire is foremost a deeply personal matter for all people regardless of their sexual orientation or gender identity, it is also affected by sociodemographic characteristics (age, gender, income, work status, race, etc.) as these interact differently in various social contexts, creating opportunities and resources for parenthood (Kranz, Busch and Niepel, 2018). According to Mezey (2013), parenting desire depends on the dynamic interaction of several categories of factors. Foremost are *personal aspects*, such as motivation for parenting, attitudes, values and personality traits. The *quality of relationship with partner* can ease the pathway to parenthood, while *job-related factors* include work status, job security, and financial resources. The fourth category encompasses the availability of *formal and informal support*, such as being able to rely on family and friends, having various medical resources, supportive legislation and adequate childcare available.

1.2. Support for parenthood

Studies have shown that LGBTIQ people with social, financial and educational resources are more likely to receive appropriate support from friends and family, and, in turn, to intentionally decide to become parents compared to those who lack the resources (for a review, see Mezey, 2013). Also, the theory of planned behaviour (Ajzen and Klobas, 2013; Dommermuth, Klobas and Lappegård, 2011) posits that along with attitudes toward parenting, the pursuit of parenting desire is associated with social norms, i.e. perceived availability of support and (dis)approval of parenthood from relevant others, as well as perceived behavioural control, i.e. one's own sense of mastery of and capability for parenthood (Kranz, Busch and Niepel,

2018). A qualitative study conducted in Croatia (Maričić et al., 2016) showed that LGB parents, their partners and LGB people who would like to become parents, differed in the degree to which they needed support with child-rearing practices, family functioning, and partnership issues, but also with specific issues that they faced as LGB parents in a heteronormative society. The study also revealed that LGB parents and their partners most often received support from their partners, followed by friends, family members, LGBTIQ parent support groups and mental health professionals. Moreover, the study demonstrated that LGB parents had the most difficulties accessing formal support for services and important institutions, particularly regarding the rights of non-biological parents (i.e. biological parent's partner).

However, it is also important to note that, although social support matters a great deal for LGBTIQ people's parenting decisions, this does not mean that they need support more than heterosexual people. For instance, Bos, van Balen and van den Boom (2004) showed that Dutch lesbian parents in planned families and heterosexual parents were comparable in their overall use of informal and formal social support in child-rearing.

1.3. Sociodemographic profiles of LGBTIQ parents and LGBTIQ people planning parenthood

In many Western countries, LGBTIQ parents are becoming a sizeable group among parents overall. The 2010 US Census reported that approximately 19% of same-sex couples were raising children (Gates, 2013) while the Italian National Health Service reported that 15 to 20% of lesbians and 10% of gay men were parents (Baiocco and Laghi, 2013). Large national studies show that LGBTIQ parents usually live in urban areas, are more educated and have a higher income than the national average (e.g. Crouch et al., 2014).

Regarding *sexual orientation and sex/gender identity*, lesbian-parented families are usually the most frequent, followed by gay men and bisexual-people families (Crouch et al., 2014; Pillinger and Fagan, 2013). Some studies on parenting desire among childless lesbians and gay men reported a higher parenting desire among lesbians (Baiocco and Laghi, 2013; Pillinger and Fagan, 2013) while others did so among gay men (Gates et al., 2007). Interestingly, in a Slovenian study, gay men and lesbians did not differ in their parenting desire, but lesbians were less afraid that their desire would not be realised (Švab and Kuhar, 2005). In addition, some studies revealed a gap between parenting desire and intention for gay men and lesbians in comparison to their heterosexual peers. In an American study, lesbians who desired to become parents also intended to do so in the same proportion as

heterosexual women while gay men who desired to become parents were less likely than heterosexual men to express parenting intention (Riskind and Patterson, 2010). In an Italian study, the same gap between desire and intention was found for gay men and lesbians in comparison to heterosexual peers (Baiocco and Laghi, 2013).

It is important to note that some studies presumed sexual orientation based on the gender of one's current partner (Ross and Dobinson, 2013), which often left bisexual identity invisible in the research on heterosexual and non-heterosexual parenthood. Transgender-parent families are less frequent than LGB parented families (Downing, 2013) while, to the best of our knowledge, there are no specific studies on parenthood and parenting desire among individuals of other identities, e.g. pansexual, asexual or intersex people.

Regarding *age differences*, as lesbians and gay men are starting to come out earlier in life (Dunlap, 2016), they also start their pursuit of parenthood earlier than previous generations. Research on parenting desire in different age groups gives insights into life-course changes. While among lesbian and gay youth parenting desire is almost as frequent as among heterosexual people (D'Augelli et al., 2007), in research with adults, parenting desire is usually less frequent among lesbians and gay men in comparison to heterosexual people (Baiocco and Laghi, 2013; Kranz, Busch and Niepel, 2018; Riskind and Patterson, 2010). In contrast to common stereotypes, these results suggest that LGBTIQ people are not uninterested in parenthood. Rather, social and legal barriers could be the origin of the reduction in parenting desire and intention as they grow older.

1.4. Family formation methods

Early research mainly included lesbians and gay men who became parents in previous heterosexual relationships. These blended families (Braithwaite et al., 2001) still make up one of the largest groups of LGBTIQ parented families. However, this pattern is changing as other routes to parenthood become more available in many countries (McCann and Delmonte, 2005). Lesbians can plan parenthood by way of adoption, foster care and assisted reproductive technology (ART) using different combinations of home or clinic-based insemination with a known or unknown donor. Gay men can adopt or foster a child as well as become parents through surrogacy (traditional, using a surrogate's egg, or gestational, using a donor's egg). Another form of planned parenthood are co-parenting family arrangements involving an agreement between lesbian and gay adults (or couples) who wish to biologically conceive and parent a child within an agreed family environment (McCann and Delmonte, 2005). Since LGBTIQ parented families include bisexual and pansexual

people, heterosexual sex is also one of the family formation methods. Most of the aforementioned methods are also available to trans and gender-variant people who want to become parents post-transition, either through maintaining their own reproductive capacity or by their partner conceiving a child (Wierckx et al., 2012).

Due to different legal and social barriers, the use of family formation methods differs between countries. For example, an Irish study showed that over half of LGBT parents had children from a previous heterosexual relationship, followed by those who had children through ART (Pillinger and Fagan, 2013). Becoming parents through fostering, adoption and surrogacy was rare, reflecting legal barriers in Ireland at that time. In the same study, lesbians planning parenthood intended to use ART with a (un)known donor, while gay men were planning to adopt or, to a smaller extent, use surrogacy. The majority of respondents were planning to raise children with their partners. In a recent Australian study, among 500 children who had at least one parent who self-identified as same-sex attracted (Crouch et al., 2014), the most frequent method was ART, followed by heterosexual intercourse and different forms of surrogacy.

1.5. Social context and legal framework in Croatia

In the Croatian national censuses, no data on sexual orientation or gender identity has been collected so far and sex has been measured dichotomously (male and female). Thus, official data on the number and sociodemographic characteristic of LGBTIQ people does not exist in Croatia. According to Herek et al. (2010) this poses a serious challenge for researchers trying to interpret data from nonprobability samples and to assess their generalisability. The only LGBT-relevant data recorded in the latest national census (Central Bureau of Statistics, 2011) was the number of same-sex couples living together (140 were reported).⁴ Furthermore, the Ministry of Administration (2016, 2017, 2018, 2019a, 2019b) reported 297 same-sex life partnerships registered from 2014 to May of 2019. However, this data only refers to same-sex couples and does not allow inferences on the number or characteristics of the LGBTIQ population in Croatia. Official data about the number of LGBTIQ parented families in Croatia does not exist either but, according to recent studies, 3 to 5% of LGBTIQ participants report being parents (Kamenov, Jelić and Huić, 2016; Milković, 2013).

Cross-cultural statistics (European Union Agency for Fundamental Rights, 2014), as well as Croatian studies (Jugović, Pikić and Bokan, 2007; Milković, 2013; Vučković Juroš, Dobrotić and Zrinščak, 2015) show that Croatia is still highly

⁴ The last national census was conducted before the implementation of the Same-Sex Life Partnership Act (2014) and this number is very likely to have been vastly underreported.

homophobic, with LGBTIQ people facing prejudice and discrimination. Studies on attitudes about the civil rights of gays and lesbians show that the general public (Kamenov, Huić and Jelić, 2019) but also student populations (Huić, Jugović and Kamenov, 2015) are less supportive regarding the rights referring to family protection in comparison to labour and social rights. However, these attitudes could change in the years to come according to research showing that the introduction of same-sex partnership legislation into European countries could lead to a decrease in anti-gay/lesbian attitudes (Takács and Szalma, 2001).

In contemporary Croatia, the legal framework regarding the rights of LGBTIQ people has changed significantly, but many improvements are still needed to conform it to the EU guidelines for promoting and protecting the rights of LGBTIQ peoples.⁵ Along with positive changes, conservative movements aimed at restricting sexual and reproductive rights are also prominent (Hodžić and Štulhofer, 2017). Despite the constitutional definition of marriage as a unity between a man and a woman resulting from the 2013 popular referendum, the implementation of the Same-Sex Life Partnership Act (2014) followed in 2014. The act made same-sex couples in a formal and informal life partnership equal to heterosexual couples in a marriage or extramarital union. The act equalised legal rights concerning property, inheritance, social, health and pension rights, along with access to public and market services. However, these equal rights did not routinely transfer to other legislations related to same-sex couples. Life partners were included in amendments to the existing Social Welfare Act (2017) only after a public debate, but they were not made beneficiaries of the Foster Care Act (2018) or the Assisted Reproductive Technologies Act (2012).

Regarding family protection, the Same-Sex Life Partnership Act introduced “partner guardianship”. When the second parent of a same-sex life partner’s juvenile child is unknown, is deprived of parental rights, or upon the death of the same-sex life partner who was the child’s parent, the second same-sex life partner can be appointed partner-guardian. Permanent parental responsibilities and all rights and obligations are acquired, with the exception that his/her name is not written in the birth certificate as the second parent but as a note.

Overall, in Croatia, there are no options for childless same-sex life partners to become parents. They can do so only as a single individual and in the case of using ART with mandatory medical confirmation of infertility. Some hospitals offer sperm, oocyte or embryo cryopreservation for men and women facing possible infertility due to health issues, which allows transgender individuals to become parents after a medical transition.

⁵ For more information on the legal framework of LGBTIQ people’s rights in the European Union see Takács (2015).

As a result of restricted possibilities to become parents in Croatia, lesbians use clinic-based ART abroad or house-based ART with known or unknown donors and some lesbians and gays use co-parenting family arrangements (Maričić et al., 2016). Although there is an increasing trend of planned families, the majority of current LGBTIQ parents in Croatia are lesbian women who had children in a previous heterosexual relationship (Maričić et al., 2016; Milković, 2013).

1.6. Current study

The main goal was to explore parenting desire and family formation methods among LGBTIQ people in Croatia. First, we tested differences in parenting desire based on socio-demographic characteristics. Compared to those who did not want to become parents, we expected childless participants who wanted to become parents to be older, more educated, have higher income and be in a relationship. Such circumstances involve more resources to tackle the challenges related to becoming a parent as an LGBTIQ person in Croatia. The existing findings on the associations between sexual orientation and sex/gender identity on the one hand and parenting desire on the other are inconsistent and theoretically undeveloped. Therefore, the analysis of these differences was done in an exploratory manner.

Second, we explored the most frequently used and preferred family formation methods. Bearing in mind the legal and social restrictions in Croatia, we expected that previous heterosexual relationship would be the most frequent. However, we expected that methods such as adoption, fostering and ART would be more preferred.

Third, we expected that partner and close family would be the most important sources of support and that those who wanted to have children would perceive significantly more support from family, friends and significant others compared to those who did not want children.

2. METHOD

2.1. Participants

Data was obtained from 558 participants of whom 48 did not meet the inclusion criteria (9 participants did not self-identify as LGBTIQ, 26 were Croatian citizens living abroad and 13 were under the legal age of 18). Most of the participants in the final sample did not have children ($n = 486$) while 24 reported being parents.

Childless participants were on average 28 years and 3 months old ($SD = 7.12$; ranging from 18 to 54 years). High school was reported as the highest level of education by 40% of the participants, followed by MA degree (30%), BA degree (20%), postgraduate degree (9%) and elementary school (1%). Half of the participants were employed (52%), full time or as freelancers, and just over a third were students (37%). The rest of the participants reported being pupils (2%), unemployed (7%), retired (<1%) or something else (<1%). Participants mostly reported an average (44%) or above-average (29%) standard of living. Others reported a slightly (18%) or considerably (5%) below-average, and 4% considerably above-average standard of living. More than half (51%) were in a relationship lasting from one month to 21 years and 6 months ($M = 3.30$, $SD = 3.29$ years). The participants' sexual orientation was homosexual (65%), bisexual (22%), pansexual (3%), heterosexual (1%) and asexual (<1%), while 6% reported they did not identify with their sexual orientation and additional 1% labelled it as "other". Childless participants' sex and gender identity is shown in Table 1.

Table 1. Frequency of sex and gender identities among childless participants (n = 486)

Gender identity	Sex identity					Total	
	Female	Male	Transsexual	Intersex	Not identified with sex	f	%
Woman	269	0	2	1	1	273	56
Man	0	164	1	0	0	165	34
Transgender person	4	1	5	1	1	12	2
Not identified with gender	15	9	0	0	5	29	6
Non-binary gender identity	4	0	1	0	0	5	1
Other	1	0	1	0	0	2	< 1
Total	<i>f</i>	293	174	10	2	7	486
	<i>%</i>	60	36	2	< 1	1	100

Note: percentages do not add up to 100% as they were rounded to whole numbers.

Parent participants were on average 39 years old ($SD = 8.56$, $Md = 38.50$, ranging from 24 to 54 years). They reported high school ($f = 8$), college ($f = 8$), postgraduate degree ($f = 5$) or undergraduate degree ($f = 3$) as their highest completed education. Most of them were employed full time ($f = 17$) with an average standard of

living ($f = 13$). Almost all were in a relationship ($f = 21$) lasting from three months to 29 years ($M = 8.11$, $SD = 8.16$, $Md = 4.79$ years). They were mostly cis-females ($f = 18$) and only three were cis-males. Others did not identify with their sex/gender identity ($f = 2$) or reported non-binary gender identity ($f = 1$). The same number of participants reported sexual orientation as homosexual and bisexual ($f = 10$) while the rest did not identify with their sexual orientation ($f = 4$).

2.2. Procedure

Data for this on-line survey was collected within the project *Motivation for Parenthood among LGBTIQ People in Croatia* during a period of 6 months (summer–autumn, 2016) using The Google Forms.⁶ We approached the potential participants by posting advertisements on the relevant web sites, social networks, and facilities of non-governmental organisations and mental health experts working with LGBTIQ people. In line with snowball sampling, we also asked the potential participants to share the survey link with LGBTIQ people they knew. Before reaching the questionnaire, the participants were informed of the purpose and details of the study, were asked to provide consent and agreed to participate anonymously and voluntarily.

2.3. Measures

Age, education, working status, standard of living, income, relationship status and duration, sexual orientation, sex, and gender identity were measured as sociodemographic characteristics.

Parenting desire was measured as a single item in line with previous studies (e.g. Langdridge, Sheeran and Connolly, 2005). Participants choose one of the six response options combining whether they are already parents (“I am a parent and...” / “I am not a parent and...”) with three levels of desire (“I do not want... / I do not know if I want... / I want to have children in the future”).

Regarding *pathways to parenthood*, the family formation methods checklist was designed based on previous research (Crouch et al., 2014; Pillinger and Fagan, 2013). Participants could make multiple choices reporting which methods they had used with response options “I have not tried to become a parent yet” and “Other”, where they could add not listed methods (cf. Table 3). In a separate list, participants rated each method from 1 (*least preferred*) to 3 (*most preferred*). They were

⁶ Other results from the same project are described in Štambuk, Milković and Maričić (2019) from this issue.

also asked with whom they would like to raise children if they were still childless, or with whom they had children if they were parents.

Sources of support for parenthood was measured using a list containing 14 people or groups, including partners, immediate family members, and others from the broader social environment (cf. Figure 1). Participants reported from 1 (*not important*) to 4 (*very important*) the support from specific person/s in making the decision about parenthood. For each item the option “*I do not have that person/s*” was available.

Perceived support was measured using the 12-item Multidimensional Scale of Perceived Social Support (MSPSS, Zimet et al., 1988). Participants reported from 1 (*very strongly disagree*) to 7 (*very strongly agree*) how much instrumental and emotional support they received from family, friends and significant others. The terms used to describe different sources of support in scale items were purposefully designed to allow respondents free interpretation in ways that are the most relevant to them. For example, the items from the significant other subscale refer to a “special person” and can be interpreted as romantic partners, teachers, counsellors or something else (Canty-Mitchell and Zimet, 2000). The authors argued that the use of a more specific term would weaken the scale. The scale analyses indicated the expected three-dimensional structure and excellent internal reliability for each dimension ($\alpha_{\text{family}} = .95$; $\alpha_{\text{friends}} = .96$; $\alpha_{\text{sig.other}} = .95$). Scores were calculated for each dimension as an average result with higher results signifying higher perceived support.

3. RESULTS

3.1. Parenting desire

Most childless participants reported wanting to have children in the future (46%). The rest reported they either did not know (35%) or did not want to have children (19%). Among the participants who are parents, 10 of them did not want to have more children, 8 wanted to have more children, and 6 did not know.

Due to the small number of participants who were parents, we analysed differences in parenting desire based on education, income, relationship status, sex/gender identity, sexual orientation and age only among childless participants (Table 2). Differences in parenting desire based on education ($\chi^2(4) = 2.95$, $p = .566$), income ($\chi^2(10) = 13.94$, $p = .176$), and relationship status ($\chi^2(2) = 1.84$, $p = .398$) were not significant. To test the differences based on sex/gender identity, we divided the participants into three groups: cis-female, cis-male and transgender, gen-

der-variant and intersex (TGI). The results showed significant differences ($\chi^2(4) = 12.92, p = .012$) and a lower parenting desire among TGI people. For the testing differences based on sexual orientation, we divided the participants into six groups considering also their sex/gender identity: lesbian women, gay men, bisexual women, bisexual men, queer and TGI people.⁷ As group sizes were incomparable, we only tested the differences between lesbian women and gay men. The results did not show significant differences ($\chi^2(2) = 1.05, p = .593$).

Table 2. Parenting desire among childless participants in relation to education, income, relationship status, sex/gender identity and sexual orientation (n = 486)

	Parenting desire						Total	
	<i>I do not want to have children</i>		<i>I do not know if I want to have children</i>		<i>I want to have children</i>			
	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>	<i>f</i>	<i>%</i>
<i>Education</i>								
Primary and secondary education	40	20	65	32	96	48	201	41
Tertiary education – undergraduate	46	19	90	37	106	44	242	50
Tertiary education – postgraduate	5	12	15	35	23	54	43	9
<i>Income</i>								
< HRK 3,000	16	30	15	29	21	40	52	11
HRK 3,001–6,000	19	16	40	34	59	50	118	24
HRK 6,001–9,000	23	20	45	38	49	42	117	24
HRK 9,001–12,000	12	14	37	44	35	42	84	17
HRK 12,001–15,000	9	14	20	32	33	53	62	13
> HRK 15,000	12	23	13	25	28	53	53	11
<i>Relationship status</i>								
Not in a relationship	39	19	78	38	88	43	205	42
In a relationship	52	18	92	33	137	49	281	58

⁷ For sex/gender identity and sexual orientation of participants in the groups see Table A1 in the Appendix.

	<i>Parenting desire</i>						<i>Total</i>	
	<i>I do not want to have children</i>		<i>I do not know if I want to have children</i>		<i>I want to have children</i>			
<i>Sex/gender identity</i>								
Cis-female	42	16	99	37	128	47	269	55
Cis-male	30	18	54	33	80	49	164	34
TGI people	19	36	17	32	17	32	53	11
<i>Sexual orientation</i>								
Lesbian women	22	15	49	33	78	52	149	31
Gay men	28	19	48	33	71	48	147	30
Bisexual women	12	14	36	42	37	44	85	17
Bisexual men	2	17	3	25	7	58	12	3
TGI people	19	36	17	32	17	32	53	11
Queer	8	20	17	43	15	38	40	8

Note: percentages may not add up to 100% as they were rounded to whole numbers. TGI = transgender, gender-variant and intersex.

A small but significant difference was found in participants' age. The results from the one-way independent analysis of variance showed a significant effect of the group based on parenting desire on age ($F(2, 483) = 3.55, p = .029$; partial $\eta^2 = .014$). Tukey post-hoc test revealed that participants who did not want children ($M = 29.77$; $SD = 8.11$) were significantly older in comparison to those who wanted to have children ($M = 27.45$; $SD = 6.45$; $p = .024$), but there was no significant difference in comparison with those who did not know ($M = 28.41$; $SD = 7.30$; $p = .301$).

3.2. Parenting behaviour and aspirations

Among childless participants, 4% attempted to become parents. Different forms of ART, clinic- or home-based, were most frequently used (Table 3). It is important to note that the participants who attempted to become parents in heterosexual relationships reported their sexual orientation as bisexual or pansexual. Participants who are already parents most frequently became parents in a heterosexual relationship. The most preferred methods were adoption and fostering, while a heterosexual relationship was the least preferred.

Table 3. Preference and use of family formation methods

<i>Family formation method</i>	<i>Preference of family formation method</i>		<i>Use of family formation method</i>	
	<i>Total sample</i>		<i>Childless participants</i>	<i>Participants parents</i>
	<i>M</i>	<i>SD</i>	<i>f</i>	<i>f</i>
Adoption	2.34	0.53	4	1
Foster care	2.21	0.53	2	0
Clinic-based ART (known donor)	2.05	0.62	2	0
Home-based ART (known donor)	2.05	0.64	7	5
Partner's former relationship	1.98	0.47	2	3
Clinic-based ART (unknown donor)	1.94	0.66	5	1
Surrogacy (donor's egg)	1.83	0.66	0	0
Surrogacy (surrogate's egg)	1.81	0.67	1	0
Heterosexual relationship	1.71	0.68	6	14
<i>N (total)</i>	400–409 ^a		19	24

^aTotal number varies due to missing data

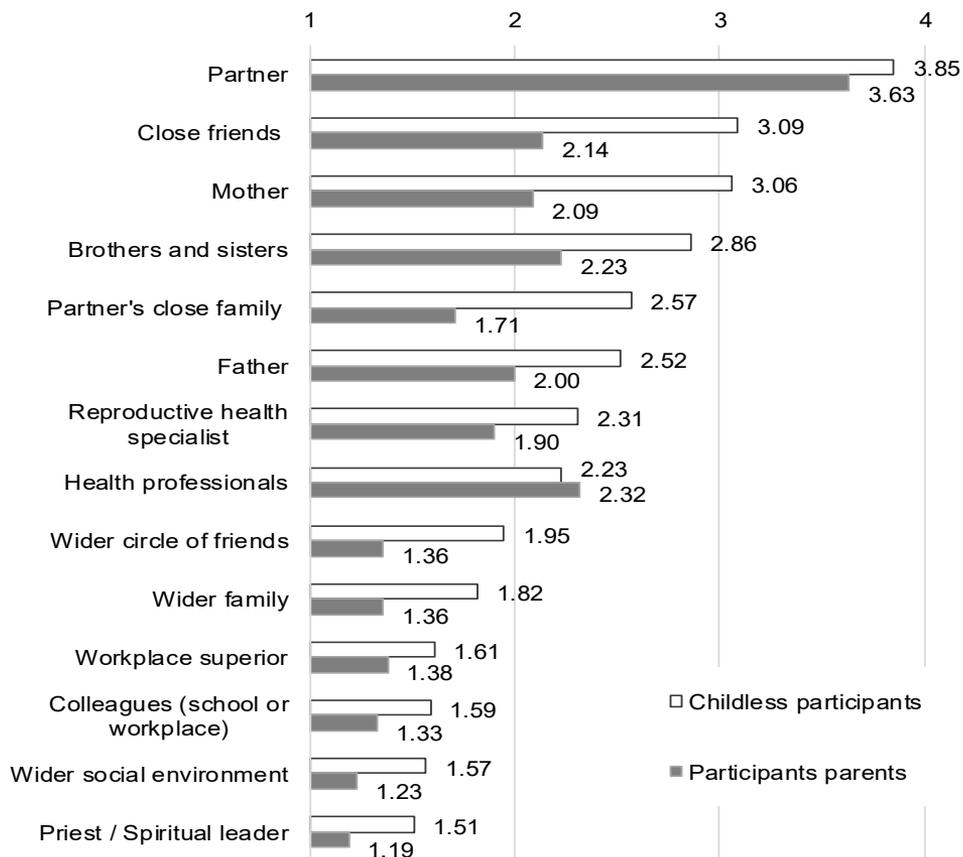
Additional methods reported in the open-ended question were home-based ART with an unknown donor, co-parenting arrangement, and fertility preservation technologies (egg/sperm preservation before medical transition).

Among childless participants who wanted to have children, almost all would like to have children with their partner (90%). Others would prefer to have them as single parents (6%), with their ex-partners (3%) or in a co-parenting arrangement (< 1%). The rest did not specify any of the options (1%). Participants who were already parents have a child with their current or ex-partners (11 per group). The remaining two participants have a child in a co-parenting arrangement.

3.3. Support for parenthood

Childless participants considered their partners as the most important source of support for parenthood. Close friends were rated as moderately important followed by family members. Support from mother and siblings were rated as more important than support from father and partner’s close family. At the descriptive level, participants who are parents rated support from these sources as somewhat less important than childless participants. Other sources, representing different people/groups from the wider social environment, were mostly rated as unimportant (Figure 1).

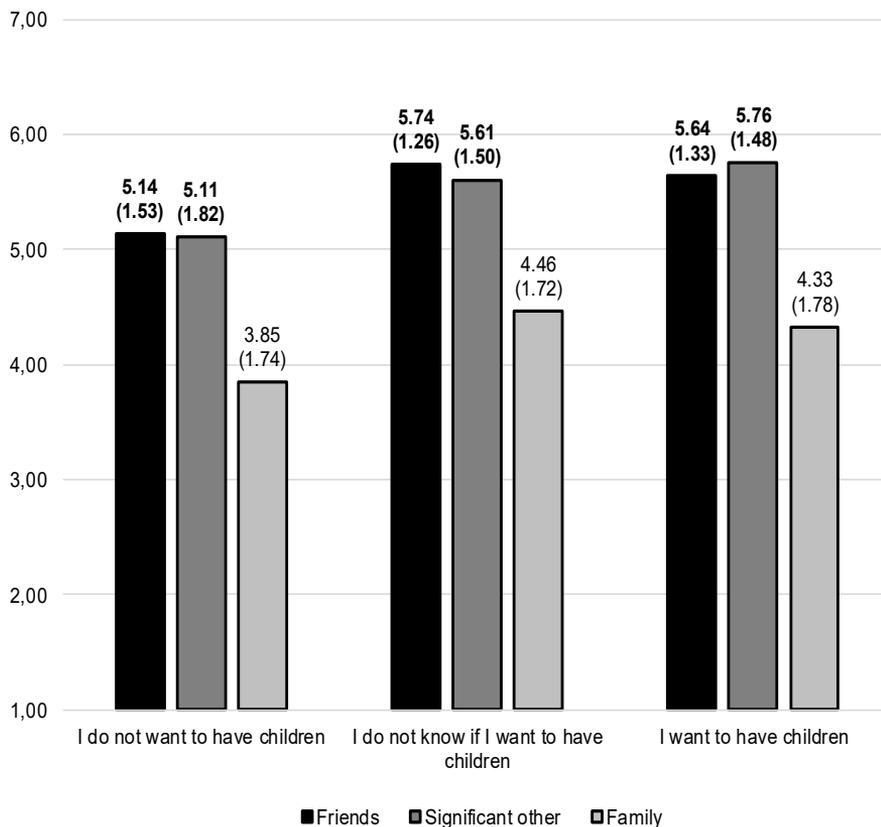
Figure 1. The importance of support sources for parenthood (mean values)



A multivariate analysis of covariance showed significant differences in the perceived support measured by MSPSS between participants’ groups based on par-

enting desire (Wilks' Lambda = 0.95, $F(6, 960) = 4.15$, $p < .001$, partial $\eta^2 = .025$) after controlling for participants' age. The subsequent univariate analysis of variance showed significant effects for all sources of support: family ($F(2, 482) = 4.79$; $p = .009$; partial $\eta^2 = .019$), friends ($F(2, 482) = 7.59$; $p = .001$; partial $\eta^2 = .031$) and significant other ($F(2, 482) = 7.64$; $p = .001$; partial $\eta^2 = .031$). Finally, pairwise comparisons revealed that participants who wanted to have children perceived significantly more support from all sources in comparison to those who did not want to have children, while there were no significant differences in comparison with those who did not know (Figure 2).

Figure 2. Differences in perceived support from family, friends and significant other between childless participants' groups based on parenting desire after controlling for age



Note: means are indicated above the bars with standard deviation in the brackets.

4. DISCUSSION

The main goal of this study was to investigate parenting desire and family formation methods among LGBTIQ people in Croatia. Participants who expressed parenting desire were younger than those who did not want to have children. In contrast to previous studies, this study did not find any significant differences in parenting desire based on education, income, relationship status or differences in parenting desire between lesbian women and gay men. However, the study revealed significant differences based on sex/gender identity. TGI participants reported less parenting desire than cis-female and cis-male participants. Bearing in mind that parenting desire formation is a complex process occurring under a variety of influences and that making a decision on whether or not to pursue that desire has large consequences for one's life, this study's findings have several important contributions to the existing literature.

It was shown that LGBTIQ participants worked towards forming families with children (4% of the sample) and that some of them already had children (5% of the sample). In addition, many childless LGBTIQ participants expressed parenting desire while only a minority did not want to have children. These results are important because, in the current Croatian legislation, LGBTIQ parented families are mostly invisible and becoming parents is a perplexing endeavour for same-sex couples.

Our findings also corroborated the relevance of age as an important factor for parenting desire. Childless LGBTIQ participants who wanted to become parents were on average younger in comparison to those who did not want children. Older participants in our study were middle-aged, which means that they typically have resources (e.g. job security, social support) and life experience to feel more competent to pursue parenting compared to younger people. However, they were also probably more aware of the restrictions they had to face and consequently gave up desiring parenthood during their life-course. This result is in line with findings showing frequent and comparable parenting desire among sexual minority youth and heterosexual people (D'Augelli et al., 2007), but less frequent parenting desire among adult lesbian and gay men when compared to their heterosexual peers (Baiocco and Laghi, 2013; Kranz, Busch and Niepel, 2018; Riskind and Patterson, 2010). Nevertheless, studies on parenting desire among heterosexual people show an increasing trend of delaying childbearing and choosing not to have children due to various bio-medical and cultural changes (Langdridge, Sheeran and Connolly, 2005). Thus, just as among heterosexual people, for some LGBTIQ people not having children could be unrelated to sexual orientation and non-cisgender identity.

Contrary to our expectations, there were no significant differences in parenting desire based on education, income or relationship status. The present finding

could be explained by the fact that our participants were asked about their desire rather than their plans or intentions. The desire represents the first step towards a decision to act, and may or may not be accompanied by an intention to do so. Also, while intentions are mainly realisable, desires do not need to be (Ajzen, Brown and Carvajal, 2004). Therefore, education and finances may be more relevant once people start planning how to realise their parenting desire as this, for LGBTIQ people in Croatia, requires navigating through complex challenges and substantial material resources (e.g. ART abroad).

Contrary to our expectations, LGBTIQ participants in a relationship also did not differ in parenting desire from the ones who were not. Due to the biological aspects of LGBTIQ parenting, as well as social and legal limitations, relationship status may have different connotations for LGBTIQ individuals' parenting desire in comparison to heterosexual individuals. Single LGBTIQ people in Croatia can adopt and foster children while same-sex life partners cannot, so it is more difficult for registered same-sex couples to become parents than for single lesbians and gay men. Non-registered same-sex couples and single people who are open about their LGBTIQ identity are protected under the Anti-Discrimination Act (2008), but in reality, married heterosexual couples are preferred in the adoption/foster care processes. Although relationship status did not contribute to parenting desire, most of the participants would like to have children with their partners and the partner was the most important source of support for parenthood. Finally, other relationship factors were found to have a significant influence on parental motivations, such as relationship duration and quality (cf. Wilson and Koo, 2006).

The results regarding sexual orientation and sex/gender identity did not show significant differences in parenting desire between lesbians and gay men, or between cis-females and cis-males. Previous findings on these differences are inconsistent, which might reflect cultural differences in limitations and resources for lesbians and gay men to become parents. For instance, in countries with liberal laws on same-sex parenting, more gay and heterosexual men expressed parenting desire than lesbian and heterosexual women (Gates et al., 2007; Riskind and Patterson, 2010). In contrast, in countries with restrictive parenting rights and norms, parenting desire was more frequent among lesbian and heterosexual women in comparison to gay and heterosexual men, respectively (Baiocco and Laghi, 2013). It is important to note a significant difference in measuring desire. In the mentioned studies, participants had only two response options (*yes/no*), while in our study a third was provided (*I do not know*). It is reasonable to assume that undecided participants when forced to choose between “yes” and “no”, respond in line with the possibilities for achieving parenthood in their cultural context. That way, undecided gay men could be more inclined to express their parenting desire where they can

adopt, foster or use surrogacy. Restrictive laws that make parenting almost equally unreachable for lesbians and gay men in Croatia, as well as the methodological issues regarding response options, may have contributed to our no-difference finding.

TGI people reported somewhat less parenting desire when compared to cis-women and cis-men. Research shows that TGI people are particularly vulnerable given that their desire for parenthood is often overlooked during the preparation for the gender transition processes that can result in infertility and legal changes of gender in documents (Downing, 2013). Thus, their parenting desire could have been suppressed due to covert and overt transphobia in Croatian society (European Commission Against Racism and Intolerance, 2018; European Union Agency for Fundamental Rights, 2014; Milković, 2013).

Regarding family formation methods, participants that already have children reported heterosexual relationship as the most frequent. Among childless participants who attempted to become parents, different forms of ART, clinic- or home-based, were most frequently used. Adoption and fostering, followed by the clinic- and home-based ART, were the most preferred methods while heterosexual relationship was the least preferred. Although we had a small sample of participants who were parents and who tried to become parents, the observed trend in the use and preference of family formation methods was in line with the *generational shift* among lesbian mothers and gay fathers noticed internationally (Patterson and Riskind, 2010). Positive social changes allowed LGBTIQ people to come out younger (Dunlap, 2016), and, simultaneously, various routes to parenthood have become available in more countries in recent years (McCann and Delmonte, 2005). Consequently, existing lesbian mothers and gay fathers mostly became parents in previous heterosexual relationships before coming out, but other methods, namely ART for lesbians and adoption or surrogacy for gay men, have become more frequent among new parents (e.g. Gates, 2013) and preferred methods for those who are planning parenthood (Pillinger and Fagan, 2013). Thus, it is reasonable to expect more planned families with children among gays and lesbians in the future.

The importance of partners as sources of support for parenthood was followed by the support from close friends, close family members, and health workers. Also, among childless participants, those who wanted to have children reported significantly more perceived support from family, friends and significant others in comparison to those who did not want children. Our results complement findings from an Italian study where lesbians and gay men reported less confidence in receiving social support for parenthood in comparison to heterosexual participants (Baiocco and Laghi, 2013). Moreover, participants reported less support from family than from friends or significant others. This could be related to coming out processes

given that LGBTIQ people are usually more open about sexual orientation with their partners and close friends than with close family members (Kamenov, Jelić and Huić, 2016; Milković and Štambuk, in press) and that many of them had negative experiences in their families while coming out (Heatherington and Lavner, 2008) or discussing parenthood desire (Maričić et al., 2016).

4.1. Limitations and future research

Notwithstanding the important contributions presented in this study, some methodological limitations need to be considered. First, our study was carried out using an on-line questionnaire with no in-built duplicate protection⁸ and snowball sampling. This sampling strategy is appropriate in researching hard-to-reach populations (Švab and Kuhar, 2008). Generally, it has advantages in comparison to other methods (quick, low cost, provides higher levels of anonymity and privacy), as well as some shortcomings (low response rates, biased samples, self-selection bias, lack of control during participation; Dillman, 2007). Consequently, in our study – and most studies involving on-line methodology and samples from the LGBTIQ population (Kamenov, Jelić and Huić, 2016; Švab and Kuhar, 2008) – the participants were rather young, well-educated, employed and with an above-average socio-economic status. Future studies should aim towards exploring these issues in larger and, ideally, representative samples. A larger sample with more diverse sociodemographic characteristics would allow for more complex analysis and comparison of different factors of parenting desire in subsamples of gay, lesbian, bisexual and TGI people. Second, although self-reports are generally valid and useful means for assessing parenting desires (Kranz, Busch and Niepel, 2018), future research could benefit from investigating the intention as well as specific behavioural manifestations of parenting desire. Third, this study's design was cross-sectional. To improve the knowledge about relevant aspects of LGBTIQ people's family lives, a longitudinal design should be used as it provides more ground for causal inferences as well as an opportunity to follow the long-term evolution of parenting desire, underlying motivation, and resulting behaviour.

⁸ The Google forms tool used in this study has no in-built duplicate protection, so we were not able to use either IP-based or Cookie-based duplicate protection.

5. CONCLUSION AND IMPLICATIONS

One of the key steps towards reducing inequalities and discrimination is developing efficient evidence-based strategies aimed at raising awareness, enhancing acknowledgement and providing better support for LGBTIQ people and their families at important formal (legal) and social levels. Therefore, it is important to consider the results of the current study in a broader social context, that is, in terms of practical and policy implications that could result in better support for LGBTIQ parents and those who wish to become parents in Croatia.

The results of this study suggest that potential adoptive parents and foster care-takers exist among LGBTIQ people in Croatia. This may not only be a call for policymakers to reduce the inequalities of legal rights for LGBTIQ people but also to take responsibility for the well-being of children without adequate parental care. Mental health professionals should be aware and available to give LGBTIQ people the support that is often denied yet crucial for their parenthood to be wished for and pursued.

In order to make progress in respecting the rights of LGBTIQ people, it is essential to formally acknowledge and accept the complexity and diversity of family structures and relationships in general. In line with these notions, LGBTIQ parents and those who wish to become parents should be formally recognised in laws and regulations related to family and children. This is important for several reasons. First, it would enable formal and actual equality for LGBTIQ parents and their children, as well as LGBTIQ people who wish to become parents, in terms of policies, accessibility of formal and informal support, services and protection within the education, legal and healthcare systems (e.g. medical care, accessibility of ART, safe coming-out in schools, kindergartens etc.). Second, existing studies have demonstrated that people generally have more favourable attitudes towards LGBTIQ people and their rights in countries that have more liberal laws regarding LGBTIQ issues (e.g. Gerhards, 2010; Hooghe and Meeusen, 2013; Kuntz et al., 2015). This is in line with Coleman's (1990) boat hypothesis, which posits that progressive country-level laws acknowledging and supporting LGBTIQ parenthood may promote citizens' positive attitudes and positive behaviour towards LGBTIQ people that, in turn, further positively affect progressive laws (Kuntz et al., 2015). According to Yerkes, Dotti Sani and Solera (2018), attitudes towards LGBTIQ parenthood among citizens as well as relevant experts (i.e. social workers, psychologists, judges, healthcare and school employees) are, among other things, also influenced by the mere presence or absence of specific LGBTIQ policies. More specifically, the presence or absence of policies sends the message that some people do not deserve the support, protection or access to services that other peo-

ple deserve, which is highly problematic, and, in this context, does not serve the best interests of families and children's well-being.

It is also important to bear in mind that the presence of non-governmental organisations (such as the Rainbow Families in Croatia) and other types of micro-level practices can support LGBTIQ people who want to become parents and those who are already parents. It raises awareness about these issues as well, which, in turn, can positively affect institutional changes and progress.

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APPENDIX

Table A1. Groups of childless participants formed based on their sexual orientation and sex/gender identity (frequencies)

	<i>Lesbian</i>	<i>Gay</i>	<i>Bisexual men</i>	<i>Bisexual woman</i>	<i>TGI</i>	<i>Queer</i>	<i>Total</i>
<i>Sex identity</i>							
Female	149	0	85	0	24	35	293
Male	0	147	0	12	10	5	174
Transsexual	0	0	0	0	10	0	10
Intersex	0	0	0	0	2	0	2
Not identified	0	0	0	0	6	0	6
Other	0	0	0	0	1	0	1
<i>Gender identity</i>							
Woman	149	0	85	0	4	35	273
Man	0	147	0	12	1	5	165
Transgender	0	0	0	0	12	0	12
Not identified	0	0	0	0	29	0	29
Non-binary	0	0	0	0	5	0	5
Other	0	0	0	0	2	0	2
<i>Sexual orientation</i>							
Asexual	0	0	0	0	2	2	4
Bisexual	0	0	85	12	8	0	105
Heterosexual	0	0	0	0	6	0	6
Homosexual	149	147	0	0	21	0	317
Not identified	0	0	0	0	9	22	31

	<i>Lesbian</i>	<i>Gay</i>	<i>Bisexual men</i>	<i>Bisexual woman</i>	<i>TGI</i>	<i>Queer</i>	<i>Total</i>
Pansexual	0	0	0	0	3	13	16
Other	0	0	0	0	4	3	7
<i>Total</i>	149	147	85	12	53	40	486

Putevi do roditeljstva LGBTIQ osoba u Hrvatskoj: tko želi postati roditelj i kako?

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SAŽETAK

LGBTIQ osobe mogu postati roditeljima na različite načine, ali stvarne se mogućnosti razlikuju među zemljama, ovisno o zakonodavstvu i društvenim normama. Glavni cilj ovog istraživanja bio je istražiti želju za roditeljstvom i metode formiranja obitelji među LGBTIQ osobama u Hrvatskoj. Ispitane su razlike u roditeljskoj želji s obzirom na sociodemografske karakteristike sudionika/ca, učestalost korištenja i preferiranje načina na koje LGBTIQ osobe mogu postati roditeljima te važnost različitih izvora podrške za roditeljstvo. U internetskom anketnom istraživanju sudjelovalo je 486 LGBTIQ osoba bez djece (dobi od 18 do 54 godine) i 24 LGBTIQ osobe koje su roditelji (dobi od 24 do 54 godine). Rezultati su pokazali da su među sudionicima/cama koji nemaju djecu oni koji ne žele djecu u prosjeku stariji u odnosu na one koji žele imati djecu. Nisu utvrđene statistički značajne razlike u želji za roditeljstvom s obzirom na obrazovanje, prihode i status veze, kao ni između cis-žena i cis-muškaraca te lezbijki i gej muškaraca. Većina sudionika/ca koji su već bili roditelji postali su roditeljima u prijašnjim heteroseksualnim vezama, dok je među onima koji su pokušavali postati roditeljima najčešće korištena metoda potpomoćne oplodnje. Rezultati na cijelom uzorku pokazali su da su usvajanje i udomiteljstvo najpoželjnije metode formiranja obitelji te da su partneri najvažniji izvori podrške za roditeljstvo. Među sudionicima/ama bez djece, oni koji su željeli imati djecu, izvijestili su o značajno više percipirane podrške obitelji, prijatelja i značajne osobe u usporedbi s onima koji nisu željeli imati djecu. Ti rezultati daju nove uvide u procese

donošenja odluka kroz koje prolaze LGBTIQ osobe prije nego što krenu u zasnivanje obitelji te odnose između životnog konteksta (npr. dob, društvena podrška) i želje za roditeljstvom.

Ključne riječi: želja za roditeljstvom, oblici formiranja obitelji, društvena podrška, LGBTIQ osobe, roditeljstvo kod LGBTIQ osoba

