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Barriers for lesbian women and gay men who desire children: data from a mixed qualitative and quantitative study in Brazil

Julia Zandavali[1], Laura Leal[1], Rejane Cristina Malavazzi Casare[2], Kadija Rahal Chrisostomo[2], Renato Nisihara[1,2]

[1]Universidade Positivo (UP) – Curitiba (PR), Brazil
[2]Programa de Pós-Graduação em Ginecologia e Obstetrícia, Universidade Federal do Paraná (UFPR) – Curitiba, Brazil

ABSTRACT

Introduction: Non-heteronormative families, despite structural similarities to traditional models, face unique challenges such as discrimination and inadequate medical care. In assisted reproduction, barriers include limited access to inclusive clinics, insufficient provider training, and lack of insurance coverage for procedures. **Objective:** To explore the barriers faced by lesbian women and gay men in Brazil who wish to have children through assisted reproductive technology (ART). **Methods:** This cross-sectional, mixed-methods study was conducted through an anonymous online survey in 2022. A total of 178 participants met the inclusion criteria. Quantitative data were analyzed descriptively, while qualitative responses were categorized into six themes: compliments, difficulties, positive experiences, societal prejudice, healthcare professional prejudice, and other personal accounts. **Results:** Financial difficulties were the most frequently reported barrier (36.5%), followed by societal prejudice (23.0%). Discrimination from healthcare professionals was noted by 5.6% of respondents. Despite these challenges, 15.1% shared positive ART experiences. Notably, male participants were more likely to express positive feedback than female participants (p=0.035). **Conclusion:** LGBT individuals in Brazil face significant barriers to ART, including financial constraints, misinformation, and discrimination. Addressing these obstacles is essential to ensuring equitable reproductive rights for this population.

Keywords: Reproductive Techniques, Assisted; Sexual and Gender Minorities; fertility; perceived discrimination; Brazil; family planning services.

INTRODUCTION

The Lesbian, Gay, Bisexual, or Transgender (LGBT) community encompasses individuals whose sexual orientation or gender identity falls outside heterosexual and cisgender norms, representing a wide spectrum of sexual orientations and gender identities. For clarity and consistency, this study employs the acronym LGBT while acknowledging the broader diversity within this population. According to the Brazilian Institute of Geography and Statistics, approximately 2.9 million Brazilians identify as LGBT[1]. Internationally, data from the U.S. National Health Interview Survey indicate that about 6% of the population identifies as non-heterosexual[2]. Although structurally similar to heteronormative families, LGBT families often encounter unique challenges, including discrimination, social stigma, and barriers to adequate medical care[3]. In the field of assisted reproduction, these challenges may manifest

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Corresponding author: Renato Nisihara - Departamento de Medicina, Universidade Positivo - Rua Prof. Pedro Viriato Parigot de Souza, 5300 – Cidade Industrial - CEP: 81280-330 – Curitiba (PR), Brazil - E-mail: renatonisihara@gmail.com

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as limited access to inclusive clinics, insufficient training among healthcare professionals, and lack of financial or insurance support for procedures such as intrauterine insemination (IUI) and *in vitro* fertilization (IVF).

A major landmark in reproductive medicine occurred in 1978 with the birth of the first infant conceived through IVF[4]. In Brazil, this advance catalyzed broader discussions on reproductive rights and subsequently informed regulatory frameworks that expanded access to assisted reproductive technologies (ART) for LGBT individuals[5,6]. Despite these developments, the LGBT population remains underrepresented in ART research, as most clinical guidelines and scientific literature have traditionally centered on heterosexual couples[3].

Nonetheless, ART plays a pivotal role in enabling LGBT individuals and couples to pursue genetic parenthood. Advances in techniques such as IUI and IVF have expanded reproductive possibilities across diverse sexual orientations and identities. IUI consists of the placement of sperm directly into the uterine cavity around ovulation, with or without ovarian stimulation, whereas IVF involves ovarian stimulation, oocyte retrieval, *in vitro* fertilization, and embryo transfer. Although IVF generally has higher success rates, it is also more costly and technologically complex[3]. For individuals assigned female at birth, conception can be achieved through IUI or IVF with donor sperm. In contrast, cisgender male couples face inherent anatomical limitations, requiring an oocyte donor and a gestational carrier[3]. Understanding these reproductive routes is essential to promoting equitable, inclusive, and evidence-based fertility care for the LGBT population.

Globally, legal recognition of same-sex unions varies widely. In Brazil, the right to parenthood for same-sex couples is closely linked to the legal recognition of same-sex unions, a process that has progressed in parallel with the guidelines issued by the Brazilian Federation of State Medical Boards (CFM) regarding assisted reproduction[5-7]. The 2011 ruling of the Brazilian Supreme Federal Court (STF), which recognized same-sex civil unions as family entities, and the 2013 resolution of the Brazilian National Council of Justice (CNJ), which authorized civil marriage between same-sex couples, established the legal foundation for these couples to fully exercise their reproductive rights[5-7].

In alignment with these advances, the CFM has continually updated its regulations to ensure equitable access to assisted reproductive technologies, permitting the use of donor gametes and, under specific ethical conditions, gestational surrogacy, and subsequent updates permitting techniques such as oocyte sharing ROPA (Reception of Oocytes from Partner) and intrafamilial gamete donation[5-7]. Together, these legal and regulatory milestones form a sustained trajectory of inclusion, reaffirming that the formation of same-sex families is a right protected by Brazilian law and by the ethical principles of reproductive medicine. Access to ART for LGBT individuals was formally authorized by the CFM the same year.

Despite these advances, ART remains inaccessible due to persistent social marginalization, high out-of-pocket costs, limited availability of specialized services, and insufficient public policies[8].

This study aims to explore the lived experiences of lesbian women and gay men seeking ART in Brazil, providing a nuanced understanding of the facilitators and barriers within this reproductive landscape.

METHODS

Ethical approval

This is a cross-sectional study that was approved by the local Ethics in Research Committee under number 4352011. It was an anonymous and voluntary online survey, available during November and December 2022.

Study design

This exploratory study was conducted in two phases: a quantitative phase, involving administration of questionnaires previously published[9], and a qualitative phase, consisting of open responses with a subset of participants from the quantitative phase. Descriptive statistics of the quantitative data were performed.

Participants

The questionnaire was fully developed by the authors and formatted online using Google Forms. Recruitment was conducted through social media, with the questionnaire shared on platforms such as the researchers' Instagram and Facebook accounts, within LGBT community groups, and on personal blogs in Brazil. Additionally, it was distributed via email and WhatsApp groups. All responses were anonymous, ensuring that participants' identities were protected throughout the survey.

Inclusion criteria required participants to be Brazilian, self-identifying as cisgender and homosexual (male or female), and aged between 18 and 60 years. An introductory text explained the study's objectives, informing participants that the survey would take 15 to 20 minutes to complete. Participants were advised to complete the survey in a private, uninterrupted setting. After reading the introduction, participants gave their consent by agreeing to participate through an online consent form. Only participants who responded to the open-ended question in the main questionnaire by providing comments or sharing their personal stories were included in this study.

The following exclusion criteria were listed: incomplete questionnaires and duplicate responses. Additionally, people who declared themselves transgender, gender variant, gender nonbinary, gender fluid, cross-dressers, etc., were excluded to diminish bias, since this population has diverse needs for gender-affirming care that could affect fertility.

Questionnaire

The primary study utilized a quantitative questionnaire divided into four sections, concluding with an open-ended question allowing respondents to share their personal stories about their experiences, if they wished. The quantitative data from this questionnaire formed the basis of the study titled "Do LGBT People Desire to Have

Children? A Brazilian Cross-Sectional Survey", by Casare et al.[9]. This initial study included 698 respondents who identified as LGBT. Of these, 178 individuals (25.5%) chose to write about their personal experiences related to their desire, or lack thereof, to have children.

From this open-ended question at the end of the main questionnaire, the responses written by participants were classified into compliments, difficulties, positive stories, society's prejudice, Prejudice from healthcare professionals, and others.

Compliments

This category reflects participants' positive feedback about the research. Examples include: "I found this research to be very important and necessary. I hope studies like this one will help our society progress". "Congratulations on the research, both for addressing this theme and for the clarity of the questionnaire".

Difficulties

In this category, participants reported financial challenges, lack of accessible information, and difficulties with initiating the assisted reproduction process. Examples include: "Unfortunately, the cost of artificial insemination is extremely high and largely inaccessible". "I struggle to understand the process, especially if I choose a known sperm donor, and this issue has delayed my attempts to start".

Positive story

Positive personal stories include accounts from participants who have successfully achieved assisted reproduction or those currently progressing through the process. Examples include: "I have twin girls through *in vitro* fertilization, and our family feels complete and happy". "I've been married to my wife for 10 years; we did *in vitro* fertilization, and today we have our 3-year-old son".

Society's prejudice

This category includes participants' accounts of social stigmas faced by the LGBT community in assisted reproduction, such as discrimination, lack of legal recognition, and social disapproval. An example: "My family respects me, but they don't see my relationship as normal and certainly don't consider the possibility of me marrying and having my own biological children. They believe it's unnatural for two women to have babies".

Prejudice from healthcare professionals (HP)

Participants reported experiences of prejudice and insensitivity from healthcare professionals, noting a lack of understanding about the needs of the LGBT community and instances of discriminatory attitudes during treatment. Examples include: "I've consulted with three gynecologists, and they are the ones who discourage me the most, pretending they don't listen and making it even harder to pursue our dream". "I had an appointment with a breast specialist who was unaware of sperm banks and asked if I would 'be with' a man to get his sperm".

Others

Personal stories and third-party accounts were categorized as "others." A wide variety of experiences emerged from the LGBT community's encounters with reproductive health services. These narratives reveal both the challenges overcome and instances of discrimination, underscoring the importance of understanding the diverse realities faced by this community. Examples include: "I've been married for two years, and my partner has two children from a previous relationship. We raise them as if they were my own, but I still have a desire to become pregnant". "My partner and I plan to have a biological child, mainly for the experience of conceiving, not necessarily for genetics. We also want to adopt".

Statistical Analysis

Data were analyzed using frequency and contingency tables. Fisher's exact, Chi-squared, unpaired t-test, or Mann-Whitney applied as appropriate. A 5% significance level was adopted. Analyses were performed using GraphPad Prism 9.5.1 for Windows (GraphPad Software, San Diego, CA, USA; www.graphpad.com).

RESULTS

After applying the criteria, this study involved 178 participants, with 159 (89.3%) identifying as female and 19 (10.7%) as male, and an average age of 23.4±5.8 years. Key characteristics of the study sample are presented in Table 1. In general, the sample consisted of individuals with a higher level of education and a predominantly Caucasian ethnic background.

Table 2 displays the results regarding the classification of the participants' responses. A notable difference was observed in the expression of compliments, with 26.3% of male participants and 8.8% of female participants providing positive feedback (p=0.035). The category with the highest percentage of responses was the one reporting difficulties related to the possibility of having children, accounting for 36.5% of all responses, with no differences observed between gender, ethnicity, or age. The category reporting

Table 1: Demographic characteristics of participants (n=178)

As for the sex of birth, they have been designated as		
Women	159	89.3%
Men	19	10.7%
Ethnicity		
Afro Descendant	41	23.0%
Asian	39	2.8%
Caucasian	132	74.2%
Schooling		
Elementary school	9	5.0%
High-School	36	20.0%
Higher education	75	42.5%
Postgraduate degree	58	32.5%

Table 2: Data on the classification of the answers of participants

	Total (n=178)	Female (n=159)	Male (n=19)	p value
Compliments	19 (10.6%)	14 (8.8%)	5 (26.3%)	0.035
Difficulties	65 (36.5%)	58 (36.4%)	7 (36.8%)	0.42
Positive story	27 (15.1%)	25 (15.7%)	2 (10.5%)	0.25
Society's prejudice	41 (23%)	38 (23.8%)	3 (15.7%)	0.57
Prejudice of health professionals	10 (5.6%)	10 (6.2%)	0 (0.0%)	0.38
Other	16 (8.9%)	2 (10.5%)	14 (8.8%)	0.42

positive personal experiences accounted for 15.1% of responses, with no differences observed between gender and age. In the category of "Society's prejudice," about 23.0% of participants reported experiences of social prejudice, and 5.6% of respondents answered that they experienced "prejudice from health professionals," with no significant differences observed across gender, ethnicity, or age.

DISCUSSION

This study highlights the multifaceted challenges faced by LGBT individuals in Brazil who wish to have children. The most frequently reported difficulty involved barriers to achieving parenthood, particularly financial constraints, insufficient access to accurate information, and obstacles in initiating the ART process. More than one-third of participants mentioned these issues, underscoring their central relevance.

Currently, Brazilian regulations allow the use of one's own gametes, those of a partner, or those from anonymous donors (fresh or frozen from private banks), as well as gametes from relatives up to the fourth degree, provided the procedures are carried out in licensed medical centers. These rules create specific reproductive possibilities for same-sex couples: lesbian couples may use intrauterine insemination or IVF with donor sperm—anonymous or related—and may also opt for the ROPA method; male couples may pursue IVF using donor oocytes—anonymous or related—but must rely on a gestational carrier who is a relative up to the fourth degree[7].

In Brazil, cisgender gay men face particularly significant obstacles to biological parenthood due to restrictions on gestational surrogacy[5-7]. Although current CFM guidelines permit altruistic surrogacy, the requirement of a fourth-degree familial bond between surrogate and intended parent, combined with the prohibition of financial compensation, severely limits availability[5-7]. The absence of specific legislation and resulting legal uncertainties further complicate reproductive planning for male same-sex couples. Compared with the broader reproductive options available to heterosexual couples, these restrictions exacerbate inequities in access to ART, often resulting in prolonged waiting periods, high private-sector costs, or the need to seek treatment abroad.

LGBT individuals have historically been subjected to stigma and discrimination, and our findings reflect this pattern: 28.6% of participants reported discrimination as a significant barrier to accessing ART. For example, nearly half of fertility clinic and ART websites provide no content directed toward LGBT individuals, contributing to an unwelcoming environment that may discourage family-planning discussions[10].

In the United States, Buchmueller and Carpenter[11] found that healthcare providers were less likely to inquire about pregnancy intentions among lesbian patients, who were also less likely to seek medical care, have insurance coverage, undergo Pap tests within three years, or receive recommended mammograms compared with women in different-sex relationships.

Our results extend these observations by showing that discrimination is only one component of a broader set of obstacles. Participants also expressed limited knowledge of their legal rights and the reproductive options available when initiating ART. Notably, two studies have documented higher education levels among individuals in same-sex relationships compared with those in different-sex unions, a trend mirrored in our findings[11,12].

Although 75% of respondents in our study held a college or postgraduate degree, employment rates were reported to be lower among men in same-sex relationships—a pattern also reflected here. Despite higher educational attainment, financial constraints remain a central concern, given that income levels in this population tend to be lower than those of individuals in different-sex relationships.

Financial barriers emerged prominently, with 36.5% of participants describing economic difficulties related to ART. These burdens are especially pronounced for single men and gay male couples, who may need to cover costs for both an egg donor and a gestational carrier. For instance, in a U.S. study, nearly half of male participants reported that fertility treatment expenses caused substantial financial strain, limiting their ability to pursue treatment[13].

Beyond financial considerations, participants expressed persistent concerns about the stigma they have encountered throughout life and the potential impact of discrimination on their future children. Social support for LGBT families remains limited. Research has shown that non-heterosexual young Americans report lower expectations related to education, marriage, career prospects, financial stability, and homeownership compared with heterosexual peers[14].

Although equivalent Brazilian data are lacking, these disparities may be even more pronounced in a middle-income, unequal society. Further studies are warranted to explore how cultural norms, ethnic backgrounds, and economic constraints

collectively influence these expectations and experiences, ideally through designs specifically powered to assess the impact of these contextual factors.

This study has limitations, including its cross-sectional design and the relatively low participation of cisgender men. However, the use of an online questionnaire facilitated nationwide reach, which would otherwise be challenging. Dissemination through social media enabled engagement from individuals already involved in discussions about parenthood and fertility, which may have increased participation among those considering ART. Importantly, anonymity and the absence of identifying information allowed respondents to express their perspectives freely, reducing discomfort and encouraging honest responses.

Conclusion

Although advances in ART have expanded reproductive options for LGBT individuals in Brazil, substantial barriers remain. Financial constraints, misinformation, and discrimination hinder equitable access. Public policies and educational campaigns are essential to address these challenges and promote reproductive equity.

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