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To build a family: exploring preferred paths to parenthood among plurisexual individuals without children

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ABSTRACT

Aims/Background: Limited research has examined family-building strategies among plurisexual individuals. Culture and gender are essential determinants of parenthood prospects among individuals with minoritized sexual identities. For plurisexual individuals, the partner's gender also seems to play a critical role. Our investigation aimed to explore cisgender plurisexual individuals' preferred paths to parenthood considering their country of origin, gender, and partner's gender.

Design/Method: We examined associations between preferred pathways to parenthood and country, gender, and partner's gender among 405 cisgender plurisexual individuals aged between 18 and 45 years ($M = 25.76$; $SD = 5.57$), from Portugal ($n = 140$; 34.9%), Israel ($n = 78$; 19.3%), Poland ($n = 85$; 21%), and the UK ($n = 102$; 25.2%).

Results: Overall, couple adoption and sexual intercourse were the most chosen pathways to parenthood, and self-insemination and co-parenting were the least chosen. Participants from Poland and the United Kingdom were less likely to choose artificial insemination, single adoption, and self-insemination than their Portuguese counterparts. Women were more likely than men to choose artificial insemination. Individuals in different-gender relationships were more likely to choose sexual intercourse as a means of having children than were those in same-gender relationships, and the opposite was true for artificial insemination.

Conclusion: Country, gender, and the partner's gender influence plurisexual individuals' choice of some parenthood pathways. Psychological and reproductive counselling should consider these aspects.

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Plurisexuality; cross-cultural; parenthood; gender; partner gender

Individuals identifying as plurisexual comprise the most numerous group of people with minoritized sexual identities (Ipsos Global Advisor Survey, 2023). Many plurisexual people are parents (Bowling et al., 2019; Jones, 2023), and a substantial number of those who are without children consider parenthood as a part of their future life course (Jeffries et al.,

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2020). However, prejudice and stigma directed at plurisexual individuals may influence their parenthood aspirations. Social constructions of family often prioritise a heterosexual family model, which may marginalise plurisexual individuals in same-gender partnerships (Bartelt et al., 2017; Tasker & Delvoye, 2015). Furthermore, the lack of support from the LGBTQIA+ community for plurisexual individuals when partnering with a different gender person can exacerbate feelings of erasure and exclusion (Lambe et al., 2017; Manley et al., 2018). Moreover, the biases of adoption workers can perpetuate misconceptions about the ability of plurisexual individuals to provide a stable home for a child (Ross & Dobinson, 2013). Finally, the internalisation of heterosexist beliefs and gender-role conflict may influence parenthood aspirations (Robinson & Brewster, 2014), leading plurisexual individuals to question the legitimacy of their sexual identity and their competence as parents.

The lack of a visible plurisexual community presence is often compounded by frequent categorisation within lesbian and gay sexual identities or under an LGBTQ+ umbrella grouping (Galupo et al., 2015; Ross & Dobinson, 2013). Consequently, the way plurisexual individuals live and anticipate parenthood has been disregarded (Power et al., 2012). Notwithstanding a few exceptions (e.g. Delvoye & Tasker, 2016; Gato et al., 2019; Riskind & Tornello, 2017), there is a dearth of research concerning the prospective parenthood experiences of plurisexual individuals. In addressing this neglected gap in understanding, the current paper aims to focus exclusively on the varied family-building strategies considered by cisgender women and men who identify as plurisexual.

Prospective parenthood among sexually minoritized individuals and associated factors

The way people with sexually minoritized identities plan parenthood is shaped by the opportunities and constraints they find in their social and legal context, namely the country they live in (Gato et al., 2022; Leal et al., 2019; Shenkman et al., 2021). In this regard, Leal et al. (2019) found that irrespective of sexual orientation, individuals who were without children in Portugal anticipated more social support and less stigma upon parenthood in comparison to their counterparts in the United Kingdom. Likewise, higher levels of parenthood desire, intent, and concern about childlessness were reported both in Israel and Portugal compared to the UK (Shenkman et al., 2021).

It is anticipated that the enactment of inclusive adoption and assisted reproduction legislation will have ramifications for the parental prospects of plurisexual individuals in same-gender relationships. Indeed, the pathways into parenthood among sexually minoritized individuals can be divided into two basic routes. First, sexual intercourse, self-insemination, and co-parenting arrangements are typically autonomous family-building strategies occurring independently of any state or even agency assistance. Second, becoming a parent through adopting a child or assisted reproductive techniques (ART) such as artificial insemination and surrogacy involve the intervention of public and private services. When comparing these two routes, pursuing parenthood via autonomous family-building strategies is less dependent on the legal possibilities and financial assistance opportunities available in the socio-cultural context than is either ART or adoption.

Different legislative situations characterise access to adoption and ART for sexual and gender minoritized people in the four countries considered in this study: Portugal, Israel, Poland, and the UK. Same-gender marriage and adoption are

possible in both Portugal and the UK (Leal et al., 2019), but not in Poland. In contrast, same-gender marriage is not possible in Israel, where adoption opportunities are also extremely restricted (Costa & Shenkman, 2020). Access to ART is now facilitated in Israel for same-gender couples, including surrogacy (Shenkman, 2022). In 2016, the Portuguese law extended publicly funded ART to all women, regardless of their marital status, sexual orientation, or any infertility diagnosis (Leal et al., 2019). However, surrogacy is not possible in Portugal either for same-gender or for different-gender couples. In Poland, ART in the form of IVF has been available in private practices. However, only long-term different-gender couples can qualify for governmental funding for IVF (Ministry of Health, 2024). Although surrogacy is not legally regulated in Poland, the child's legal mother is always the surrogate who gave birth, thus creating doubts about the legal status of the commissioning parents (Wilk, 2020). In the UK, the Human Fertilization and Embryology Act (HFEA, 2008) facilitated the legal recognition of parenthood for non-birth parents of gamete conceived children and paved the way for single parents to access fertility treatment by replacing the clause referencing the child's 'need for a father' with 'the need for supportive parenting' (HFEA, 2008). Likewise, the HFEA has facilitated non-profit making surrogacy arrangements for same-gender couples in the same way as it did for different-gender couples (Department of Health and Social Care, 2024). However, in contrast to Israel and Portugal, funding in the United Kingdom is only available for some types of ART and is region-specific (Moss & Parry, 2023).

Gender is also a key aspect when looking at the way sexually minoritized individuals foresee parenthood (for a review, see Gato et al., 2021). However, among those with a plurisexual sexual identity, research has primarily focused on partnered cisgender women (e.g. Delvoye & Tasker, 2016), while studies exploring how cisgender plurisexual men do or envisage future parenthood remain scant (Matthews et al., 2024; Robinson & Brewster, 2014; Ross & Dobinson, 2013). Studies have so far not considered the difference that partnership per se makes to plurisexual adults' consideration of pathways into parenthood. If in a partnership, then the gender of the partner is also an important characteristic relevant to plurisexual parenthood. In this respect, some studies have highlighted similarities between plurisexual and heterosexual samples regarding parenthood desires and intentions, particularly among plurisexual women who were in different-gender partnerships (Delvoye & Tasker, 2016; Gato et al., 2019).

Present study

The present study aimed to explore preferences for different parenthood pathways among cisgender plurisexual adults who are not parents. Specifically, we sought to examine whether country of residence and gender related variables (gender and partner's gender) were associated with the likelihood of considering each parenthood pathway, while accounting for relevant sociodemographic characteristics (age, religious values, education, employment status, place of residence, and relationship status).

Method

Participants

A sample of 2,632 people from Israel, Poland, Portugal, and the UK completed a self-report questionnaire about current and prospective parenthood as part of a larger research project. For the present study, we selected 405 cisgender individuals with a plurisexual sexual orientation who were without children. Participants ranged in age from 18 to 45 years old ($M = 25.76$; $SD = 5.57$). Most participants were women, bisexual, lived in Portugal, had a university degree, were not in a relationship, worked full-time, and lived in a city (see Table 1).

Data collection

Data were collected through an online questionnaire. The study's objectives and the confidential, voluntary, and anonymous nature of the answers were clarified at the beginning of the questionnaire, and the researchers' contact information was provided for doubts or questions about the study. In Portugal, the questionnaire was publicised through digital platforms and social media such as Instagram and Facebook, created for this purpose under the name 'Parentalidade Arco-Íris' (Rainbow Parenting). The data was collected between December 2022 and February 2024, and no financial compensation for participation was

Table 1. Sociodemographic characteristics.

	n	%
Gender		
Woman	316	78.0
Man	89	22.0
Sexual Orientation		
Bisexual	170	84.4
Pansexual	57	14.1
Queer	1	0.20
Demisexual	5	1.20
Country		
Portugal	140	34.6
Israel	78	19.3
Poland	85	21.0
UK	102	25.2
Educational level		
Less than 12 years of school	128	31.8
University level	274	68.2
Relationship status		
No	114	29.1
Yes, casual relationship(s)	41	10.5
Yes, committed relationship(s) but not living together	93	23.7
Yes, living with my partner(s)	83	21.2
Yes, married or in a civil partnership	61	15.6
Employment status		
Student	115	30.6
Full-time worker	140	37.2
Part-time worker	24	6.40
Unemployed, retired, or not in paid employment	23	6.10
Student and part-time worker	42	11.2
Student and full-time worker	32	8.5
Place of residence		
Rural	28	6.90
Urban area (city)	261	64.4
Urban area (town)	116	28.6

given. In Israel, participants were recruited through a convenience sample strategy with the collaboration of students and researchers who sent a link to the questionnaire to the participants via announcements on internet forums, social media, and various mailing lists of acquaintances. Data was collected between October 2021 and February 2022, and no financial compensation for participation was offered. In Poland, participants were recruited through Facebook, Instagram, and a dedicated students' platform at the local University. Data was gathered via Qualtrics between February and March 2023. Participants were volunteers, and those who were students were granted some credits for taking part in the study. In the UK, participants were recruited from March to June 2024 through Facebook, Instagram, and university-based social media publicity about the study, plus paid participation via Prolific at a 'fair rate' of reward. The study received approval from the local institutional Ethics Committees.

Measures

Sociodemographic variables

The participants were questioned about their age, gender, sexual orientation, country, educational level, relationship status, employment status, and place of residence. For this study, we created composite variables to streamline the data analysis. In accordance with the American Psychological Association's (2021) conceptualisation of plurisexuality, a unifying category was employed to encompass individuals identifying as bisexual, pansexual, queer, and demisexual. Regarding participants' paid employment status, we combined students and unemployed, retired, or not in paid employment into a 'not in paid employment' category, and full-time workers, part-time workers, students working part-time, or students working full-time were placed into a 'paid employment' category. Regarding relationship status, a committed relationship without cohabitation, cohabitation with a partner, or being married/in a civil partnership, were grouped into a single 'yes' category; Those who reported being in a casual relationship or not in a relationship were included in the 'no' category. Regarding residency, urban area (town) and urban area (city) were combined into an 'urban' category, resulting in two categories: 'urban' and 'rural'. Lastly, participants were categorised into two groups for educational level: 'less than 12 years of school' and 'university level'.

Pathways to parenthood

We used the Parenthood Options Inventory, an instrument created by the first author of this study, to assess this variable. The instrument presents 13 pathways to parenthood, each of them with three possible answers (No, Probably, and Yes): (i) Sexual intercourse, (ii) Artificial insemination with a known donor, (iii) Artificial insemination with an unknown donor, (iv) Self-insemination with a known donor, (v) Self-insemination with an unknown donor, (vi) Surrogacy (child genetically related to me), (vii) Surrogacy (child genetically related to my partner), (viii) Surrogacy (child unrelated to either of us), (ix) Co-parenting arrangement, (x) Adoption by single person, (xi) Adoption by couple, (xii) Adopting a child from the country you are living in, and (xiii) adopting a child from abroad (international adoption). For this study, we created composite variables to streamline the analyses. In the analyses, the options of pathways to parenthood were (1) sexual intercourse, (2) artificial insemination (we grouped artificial insemination with known and unknown

donors), (3) self-insemination (we grouped artificial insemination with known and unknown donors), (4) surrogacy (we grouped surrogacy child related to me/child related to my partner/child unrelated to either of us), (5) co-parenting arrangement, (6) single adoption, (7) couple adoption. For parsimony reasons, we did not assess country adoption and international adoption. We grouped the answers 'yes' and 'probably', so the possible answers for the analyses were 'Yes/probably' and 'No'.

Statistical analyses

All statistical analyses were conducted using SPSS 29. Frequencies were computed to describe participants' preferences for different parenthood pathways. Chi-square tests were used as preliminary analyses to explore associations between country and each parenthood pathway. To examine whether country of residence and gender-related variables (gender, partner's gender) were associated with the likelihood of considering each parenthood pathway, we conducted a series of hierarchical binary logistic regression analyses. In each model, sociodemographic variables (age, religious values, employment status, educational level, place of residence, and relationship status) were entered in the first block as control variables. Country of residence was entered in block 2, gender in block 3, and partner's gender in block 4. Each model was evaluated using the chi-square statistic, classification accuracy, and the Nagelkerke pseudo- R^2 to indicate explained variance (Field, 2018). Assumptions for binary logistic regression were checked before analysis, including the independence of observations, absence of multicollinearity, linearity of continuous predictors with the log odds, normality of continuous variables, and adequate sample size per predictor (Field, 2018).

Results

First, we considered parenthood pathway preference over the whole sample of plurisexual adults who were without children. Couple adoption was the preferred pathway to parenthood, with 82.3% of the participants answering 'yes/probably' to this option, followed by sexual intercourse (75.0%), artificial insemination (55.7%), single adoption (47.5%), surrogacy (46.1%), self-insemination (42.4%), and a co-parenting arrangement (40.7%).

Next, preliminary chi-square analyses were conducted to examine whether preferences for each parenthood pathway varied by country of residence. These analyses showed that participants from Portugal consistently reported higher-than-expected endorsement of most pathways. This pattern supported using Portugal as the reference category in all subsequent regression models. Although detailed chi-square results are not presented here, they are available upon request from the corresponding author.

We then conducted a series of hierarchical binary logistic regression models to examine whether participants' country of residence, gender, and partner's gender predicted the likelihood of considering each parenthood pathway. In each model, sociodemographic variables were entered as control variables in the first block, followed by country in the second block, gender in the third, and partner's gender in the fourth. Table 2 summarises the model fit indices and the odds ratios for all predictors. Only models that reached statistical significance are presented in the table; full results for non-significant

Table 2. Hierarchical binary logistic regression results predicting the likelihood of considering different parenthood pathways.

Predictor	Sexual Intercourse	Artificial Insemination	Self-Insemination	Adoption (Single)
Age	B = -0.06, <i>p</i> = .082 OR = 0.94, 95% CI [0.88, 1.01]	B = 0.03, <i>p</i> = .314 OR = 1.03, 95% CI [0.97, 1.10]	B = 0.01, <i>p</i> = .852 OR = 1.01, 95% CI [0.95, 1.07]	B = 0.02, <i>p</i> = .542 OR = 1.02, 95% CI [0.96, 1.08]
Religious values	B = 0.10, <i>p</i> = .522 OR = 1.10, 95% CI [0.82, 1.49]	B = -0.18, <i>p</i> = .205 OR = 0.84, 95% CI [0.64, 1.10]	B = -0.25, <i>p</i> = .074 OR = 0.78, 95% CI [0.60, 1.02]	B = -0.07, <i>p</i> = .603 OR = 0.93, 95% CI [0.72, 1.21]
Education level	B = 0.29, <i>p</i> = .461 OR = 1.34, 95% CI [0.62, 2.88]	B = -0.15, <i>p</i> = .665 OR = 0.86, 95% CI [0.44, 1.70]	B = -0.15, <i>p</i> = .660 OR = 0.86, 95% CI [0.44, 1.67]	B = 0.17, <i>p</i> = .599 OR = 1.19, 95% CI [0.63, 2.27]
Employment status	B = -0.02, <i>p</i> = .967 OR = 0.98, 95% CI [0.47, 2.05]	B = 0.34, <i>p</i> = .325 OR = 1.40, 95% CI [0.72, 2.72]	B = 0.37, <i>p</i> = .260 OR = 1.45, 95% CI [0.76, 2.79]	B = 0.05, <i>p</i> = .871 OR = 1.05, 95% CI [0.56, 1.98]
Place of residence	B = 0.36, <i>p</i> = .595 OR = 1.43, 95% CI [0.38, 5.40]	B = 0.04, <i>p</i> = .945 OR = 1.04, 95% CI [0.33, 3.34]	B = -0.13, <i>p</i> = .833 OR = 0.88, 95% CI [0.27, 2.94]	B = -0.77, <i>p</i> = .231 OR = 0.47, 95% CI [0.13, 1.63]
Relationship status	B = -0.14, <i>p</i> = .776 OR = 0.87, 95% CI [0.34, 2.25]	B = -0.39, <i>p</i> = .386 OR = 0.68, 95% CI [0.28, 1.63]	B = -0.25, <i>p</i> = .563 OR = 0.78, 95% CI [0.34, 1.84]	B = -0.42, <i>p</i> = .307 OR = 0.66, 95% CI [0.29, 1.47]
$\Delta\chi^2$ Block 1	χ^2 (6) = 4.36, <i>p</i> = .628	χ^2 (6) = 1.73, <i>p</i> = .943	χ^2 (6) = 2.36, <i>p</i> = .884	χ^2 (6) = 4.31, <i>p</i> = .635
Israel (ref: Portugal)	B = 0.76, <i>p</i> = .114 OR = 2.13, 95% CI [0.83, 5.45]	B = 0.05, <i>p</i> = .911 OR = 1.05, 95% CI [0.43, 2.56]	B = 0.60, <i>p</i> = .141 OR = 1.83, 95% CI [0.82, 4.08]	B = -0.70, <i>p</i> = .078 OR = 0.50, 95% CI [0.23, 1.10]
Poland (ref: Portugal)	B = -0.59, <i>p</i> = .275 OR = 0.55, 95% CI [0.19, 1.60]	B = -1.09, <i>p</i> = .011 OR = 0.34, 95% CI [0.14, 0.78]	B = -1.09, <i>p</i> = .020 OR = 0.34, 95% CI [0.14, 0.86]	B = -1.41, <i>p</i> < .001 OR = 0.24, 95% CI [0.10, 0.61]
UK (ref: Portugal)	B = -0.18, <i>p</i> = .715 OR = 0.83, 95% CI [0.31, 2.23]	B = -1.44, <i>p</i> < .001 OR = 0.24, 95% CI [0.11, 0.54]	B = -0.95, <i>p</i> = .020 OR = 0.39, 95% CI [0.17, 0.86]	B = -0.78, <i>p</i> = .046 OR = 0.46, 95% CI [0.21, 0.99]
$\Delta\chi^2$ Block 2	χ^2 (3) = 5.25, <i>p</i> = .154	χ^2 (3) = 18.78, <i>p</i> < .001	χ^2 (3) = 11.80, <i>p</i> = .008	χ^2 (3) = 12.71, <i>p</i> = .005
Gender (1 = man)	B = 0.98, <i>p</i> = .038 OR = 2.67, 95% CI [1.06, 6.75]	B = -0.74, <i>p</i> = .037 OR = 0.48, 95% CI [0.24, 0.96]	B = -0.59, <i>p</i> = .126 OR = 0.56, 95% CI [0.26, 1.18]	B = 0.39, <i>p</i> = .254 OR = 1.47, 95% CI [0.72, 2.99]
$\Delta\chi^2$ Block 3	χ^2 (1) = 3.23, <i>p</i> = .072	χ^2 (1) = 4.36, <i>p</i> = .037	χ^2 (1) = 2.34, <i>p</i> = .126	χ^2 (1) = 1.38, <i>p</i> = .240
Partner gender (1 = different)	B = 2.20, <i>p</i> < .001 OR = 9.04, 95% CI [4.05, 20.15]	B = -1.15, <i>p</i> = .001 OR = 0.32, 95% CI [0.16, 0.63]	B = -0.42, <i>p</i> = .196 OR = 0.65, 95% CI [0.34, 1.25]	B = -0.37, <i>p</i> = .240 OR = 0.69, 95% CI [0.37, 1.28]
$\Delta\chi^2$ Block 4	χ^2 (1) = 34.89, <i>p</i> < .001	χ^2 (1) = 11.28, <i>p</i> < .001	χ^2 (1) = 1.67, <i>p</i> = .197	χ^2 (1) = 1.38, <i>p</i> = .240

Note. Predictors in bold are statistically significant (*p* < .05). OR = Odds Ratio; CI = Confidence Interval.

models are available upon request from the corresponding author. Below, we briefly present the key findings for each parenthood pathway.

For sexual intercourse, the whole model was statistically significant, χ^2 (11) = 44.2, *p* < .001, explained 25.53% of the variance, and correctly classified 75.3% of cases. The Hosmer-Lemeshow test indicated good model fit, χ^2 (8) = 4.60, *p* = .799. The partner's gender was the only significant predictor. Participants in different-gender relationships were approximately nine times more likely than those in same-gender relationships to consider.

For artificial insemination, the full model was statistically significant, χ^2 (11) = 36.15, *p* < .001, explained 19.9% of the variance, and correctly classified 69.2% of cases. The Hosmer-Lemeshow test indicated good model fit, χ^2 (8) = 10.01, *p* = .264. Country of residence, gender, and partner's gender were significant predictors. Participants from Poland and the United Kingdom were 66% and 76% less likely, respectively, to consider

artificial insemination than those from Portugal. Men were 52% less likely to consider this pathway than women, and participants in different-gender relationships were 68% less likely to consider it than those in same-gender relationships.

The full model was statistically significant for self-insemination, $\chi^2(11) = 27.14, p = .004$, explained 15.4% of the variance, and correctly classified 64.1% of the cases. The Hosmer-Lemeshow test indicated good model fit, $\chi^2(8) = 8.91, p = .350$. Country of residence was the only significant predictor. Compared to participants in Portugal, those living in Poland and the United Kingdom were 66% and 55% less likely to consider self-insemination.

For adoption by a single person, the full model was statistically significant, $\chi^2(11) = 19.62, p = .049$, explained 11.1% of the variance, and correctly classified 61.1% of cases. The Hosmer-Lemeshow test indicated good model fit, $\chi^2(8) = 6.42, p = .600$. Country of residence was a significant predictor. Participants from Poland and the United Kingdom were 76% and 54% less likely, respectively, to consider this pathway than those from Portugal.

The full models for adoption by a couple, $\chi^2(11) = 16.86, p = .112$, co-parenting, $\chi^2(11) = 14.49, p = .207$, and surrogacy, $\chi^2(11) = 7.98, p = .715$, were not statistically significant. None of the predictors reached statistical significance in either model.

Discussion

The purpose of the current study was to investigate preferred pathways to parenthood among cisgender plurisexual individuals who were without children, considering the role of country, gender, and partner's gender. The analysis revealed that the most prevalent pathways to parenthood were couple adoption and sexual intercourse, while self-insemination and co-parenting arrangements were the least chosen routes. Country of residence was found to have a significant impact on a participant's choice of artificial insemination or single adoption. Participants from Poland and the UK were less inclined to opt for artificial insemination, single adoption, or self-insemination when compared to their Portuguese counterparts. Women exhibited a greater inclination to consider artificial insemination than did men. Individuals in a different-gender relationship were more likely to opt for sexual intercourse as a method of conception compared to their peers in same-gender relationships, and the reverse was observed for artificial insemination.

Couple adoption was the most widely accepted method of family formation. This preference remained consistent across both the country of residence and gender-related variables. Indeed, individuals who identify as plurisexual have the potential to form partnerships with individuals of different genders, or, in countries where it is legally recognised, same-gender partners. Notwithstanding the challenges frequently linked to the adoption process (Ross & Dobinson, 2013), including its persistent inaccessibility to same-gender couples under specific legal frameworks, such as those observed in Poland, this route to parenthood might have been regarded as more viable and less encroaching than alternative family-building pathways, namely artificial insemination and surrogacy.

The finding that sexual intercourse was the second most common route to parenthood, particularly among individuals in different-gender relationships, is not unexpected. This phenomenon can be attributed, at least in part, to the fact that sexual intercourse represents the most direct, least costly, and most socially acceptable method of starting a family for individuals in different-gender partnerships.

Artificial insemination was the third most frequently chosen method, mainly by women and those in same-gender relationships, and less frequently by participants from Poland and the UK compared to Portugal). In fact, access to publicly funded ART for female couples is available in all participating countries except Poland (HFEA, 2008; Leal et al. 2019; Ministry of Health, 2024; Shenkman, 2022). However, while publicly funded artificial insemination is available to all women regardless of marital status, sexual orientation, or infertility diagnosis in Portugal and Israel (Gato et al., 2022; Shenkman, 2022), lesbian couples in the UK may face some barriers when applying for publicly funded ART as this depends on regional health authorities. Although some NHS (National Health Service) regions offer funding for intrauterine insemination (IUI) and sometimes in vitro fertilisation (IVF) to lesbian couples, others require them to self-fund several IUI cycles before qualifying for NHS IVF (Moss & Perry, 2023).

The fourth option on the list was single adoption. Once more, participants from Poland and the United Kingdom were less inclined to contemplate this trajectory in comparison to their counterparts from Portugal. Given the absence of legal restrictions in either Poland or the United Kingdom concerning this specific parenthood pathway, this finding calls for additional investigation. It is important to acknowledge that plurisexual individuals have the capacity to adopt as members of either a different-gender or same-gender couple. This may provide a rationale for the comparatively lower prevalence of single adoption in contrast to couple adoption.

Surrogacy ranked fifth and was not predicted by any of the considered variables. Despite the existence of barriers to this method in both Portugal and Poland, but not in Israel (Shenkman, 2022) and the UK (Department of Health and Social Care, 2024), this option was not associated with any particular country. The financial costs associated with this method may also explain its low popularity among participants.

Self-insemination and a co-parenting arrangement were the two least chosen options. The utilisation of both methods as a family-building strategy has been previously documented among lesbian women and gay men in legislatures where adoption and ART opportunities were restricted for same-gender couples (Gato, 2014; Gross, 2012). This observation may offer insight into the apparent disinterest of plurisexual individuals in these methods. Compared to participants in Portugal, those living in Poland and the United Kingdom were less likely to consider self-insemination.

One potential explanation for this phenomenon is that in the UK, when insemination is conducted in a medical facility, the donor voluntarily relinquishes their parental rights and is not held financially responsible for the child's well-being. This is not the case, however, for a child conceived via self-insemination, in which the donor may claim parenthood. This cultural pattern, which also emerged for single adoption, warrants further investigation. It is also important to take into account the intersection between religious norms and the broader sociocultural context when interpreting the findings. In the Israeli context, for instance, Orthodox Judaism – despite its traditional orientation – often actively supports the use of diverse fertility technologies (Birenbaum-Carmeli, 2016). This approach may contrast with the positions of other religious traditions represented in the wider study. In Portugal, and more actively in Poland, the cultural context is overlaid with the general opposition of the Catholic Church to assisted reproduction whereas in the UK the Protestant Churches have generally held more liberal views (Sallam & Sallam, 2016). Since religiosity was one of the controlled variables in our research, we suggest that

future studies further explore the intersectionality between religiosity, cultural norms (such as pronatalism and familial conservatism), and parental aspirations. This line of inquiry holds considerable potential for deepening our understanding of how these factors jointly shape parenting choices.

Limitations and directions for future research

This study is not without caveats. Although this was one of the first studies that contemplated plurisexual men's prospective parenthood processes, there was an imbalance in the gender of the participants and future research should aim for a more expressive sample of plurisexual men. However, it should be noted that several studies have consistently found a higher percentage of cisgender women than men who identify as plurisexual (Ipsos Global Advisor Survey, 2023; Lilly et al., 2024). This imbalance extends to other sociodemographic characteristics, including educational level and area of residence. In addition, it is plausible that the participants in this study were individuals who, to a certain extent, may have a heightened level of interest in matters pertaining to parenthood. These additional factors impose further limits on the generalisation of the results. Furthermore, not all possible parenthood pathways were considered, and future works ought to explore nuances such as the identity status of the donors. Comparisons with other sexual minority and heterosexual individuals would contribute to a more comprehensive understanding of preferred paths to parenthood among cisgender individuals without children. Finally, future studies could explore a more fine-grained consideration of parenthood aspirations of plurisexual individuals by assessing desires, intentions, expectations, and perceptions of parenthood in conjunction with pathways to parenthood.

Implications for policy making and reproductive and psychological counselling

The most significant implications of the study for the design of public policies related to parenthood pertain to the approval and implementation of legislation that ensures parity in access to being assessed by ART or adoption services by single adults or couples, irrespective of whether they are composed of heterosexual lesbian, gay, or plurisexual individuals. In this respect, Poland still appears to have a considerable amount of progress to make. In the UK, regional and financial barriers to ART for same-gender female couples should also be removed. Finally, it is recommended that surrogacy be permitted in Portugal and Poland and be made more accessible in the United Kingdom, with a view to reducing disparities in access to parenthood for male couples.

The results of the present study suggest potential avenues for enhancing the efficacy of reproductive and psychological counselling. First, human service professionals, particularly those in adoption and fertility services, need to overcome possible biases about plurisexuality (for instance, the binary assumption that plurisexual individuals are either heterosexual or gay/lesbian based on the gender of their partner) and be attuned to the nuances of plurisexual individuals' parenthood choices. Understanding the diverse family-building choices and challenges faced by plurisexual individuals can help professionals provide more inclusive, tailored reproductive and adoption counselling. Recognising that this population

may have unique concerns, such as making decisions with or without a partner of varying genders or navigating societal pressures and legal barriers within specific socio-cultural contexts, thus leading to more personalised guidance. In turn personalised counselling may result in greater empathy and support in areas like fertility treatment, adoption, or surrogacy, which are often stressful. By ensuring that these needs are addressed in a non-judgemental and supportive manner, reproductive health professionals can improve the overall well-being of plurisexual individuals seeking parenthood.

Conclusion

Given that they can potentially resort to sexual intercourse to have children, plurisexual individuals seem to have a more facilitated access to parenthood, compared to their lesbian and gay peers. Nevertheless, individuals who self-identify as plurisexual in same-gender partnerships may encounter challenges similar to those experienced by lesbian women and gay men. In this regard, it is imperative to eliminate legal and financial impediments to same-gender couples' access to adoption and artificial insemination. To the best of our knowledge, this was the first study to examine the preferred pathways to parenthood among plurisexual individuals. Consequently, it represents a significant contribution to the mitigation of plurisexual erasure in research on parenthood.

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Data availability

The datasets for this article are not publicly available to protect the participants' confidentiality.

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