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Transgender parents in Sweden: insights from administrative data

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Abstract
This article uses longitudinal Swedish administrative data to provide the first population-level evidence on the prevalence and characteristics of transgender parents. In 2020, 10% of trans men (assigned female at birth) and 13% of trans women (assigned male at birth) were parents. Parenthood rates varied considerably by age, peaking at 41% for trans men aged 45–49 and 43% for trans women aged 50–64—about half the rates observed among cisgender peers. Paths to parenthood differed by gender: most trans women with children became parents before starting medical gender transition, whereas a majority of trans men with children initiated transition before having children. Compared to cisgender parents, transgender people entered family formation with weaker labor market attachment, and these gaps widened over time. However, transgender people with children were economically better off than transgender non-parents, suggesting a positive selection into parenthood. Taken together, our findings show that although a meaningful minority of transgender people form families, they remain a small and economically vulnerable group whose opportunities for parenthood are constrained by medical, legal, and social conditions.

Keywords Transgender, Parenthood, LGBTQ, Demography

Introduction

As the number of transgender people recorded in surveys and administrative data has increased (Kolk et al., 2025; Lagos, 2022), their visibility as parents has also grown. Descriptions of transgender parents appear in the press, films, and books (Finlay, 2019; Hempel, 2016; Pearce & White, 2019), and a growing body of research discusses transgender parental experiences (Ellis et al., 2015; Hoffkling et al., 2017; Light et al., 2014; Pearce & White, 2019). Yet population-representative studies on transgender parenthood remain almost completely absent. In non-representative samples, between a quarter and half of transgender respondents report being parents (Bane et al., 2024; Grant et al., 2011; James et al., 2016; Wilson & Bunton, 2024), whereas population-based estimates indicate that only 6–19% of trans people are parents or co-reside with children (Carone et al., 2021; Geijtenbeek & Plug, 2018; Kolk et al., 2025; Thomsen et al., 2024).

Beyond these basic prevalence measures, little is known about transgender parents' sociodemographic circumstances.

Our article uses population-wide data to provide the first comprehensive demographic description of transgender parents in Sweden. It has two aims: (1) to investigate the prevalence of parenthood in Sweden's transgender population and (2) to describe the demographic characteristics of Sweden's transgender parents compared with transgender non-parents and cisgender (i.e., non-transgender) parents and non-parents. To fulfill these aims, we link population-wide medical and socio-economic records and identify all people diagnosed with gender incongruence at a gender-affirming care clinic from 1972 onward. Due to the nature of our data, our scope is limited to the part of the transgender community that sought gender-affirming care. Within this population, we measure parenthood from 1990 to 2020 by combining two indicators: parental leave uptake, which is nearly universal among Swedish parents (Duvander, 2013; Swedish Social Insurance Agency, 2019), and co-residence with children after entering a legal union. Our data do not include parent–child links or partner identities and therefore do not allow us to distinguish biological from social parenthood or identify same-sex versus different-sex couples. Despite these limitations, this study constitutes the most comprehensive population-representative analysis of transgender parenthood to date.

Transgender people's paths to parenthood are often fraught with obstacles. The cisnormative view of parenthood assumes that people who undergo medical gender transition do not wish to have children (Baumle & Compton, 2017) or that they are unfit to be parents (Cheng et al., 2019). When Sweden became the first country to permit legal gender marker changes, sterility was a requirement (Act 1972:119). Several other countries later adopted Sweden's model, and many jurisdictions still require sterilization surgery for legal gender recognition. In Sweden, trans people were required to surgically remove their reproductive organs before legal gender recognition until 2013 (SOU 2017:92), even though such requirements have been widely criticized for violating trans people's human rights (Council of Europe's Commissioner for Human Rights, 2009; Dunne, 2017; Human Rights Watch, 2012; Transgender Europe, 2025). However, the extent to which surgical mandates have limited trans people's ability to fulfill their parenthood aspirations remains unknown.

Even for people who never have sterilizing surgery, infertility can result from using testosterone, estrogen, or androgen-suppressing medication as part of gender-affirming hormone therapy (Stolk et al., 2023). This risk is particularly pronounced for trans women, that is, people assigned male at birth (AMAB) who transition from male to female. Furthermore, trans men, that is, people assigned female at birth (AFAB) who transition from female to male, are often in relationships with cis women or with another trans or non-binary person (Carone et al., 2021; Carpenter et al., 2024). As a result, many transgender people rely on medically assisted reproduction, sometimes involving donated sperm or eggs, but such services have not always been accessible to them (Stolk et al., 2023).

Interpreting parenthood patterns among transgender people in Sweden also requires understanding the broader demographic changes. From the 1970s until the early 2000s, the number of people receiving gender-affirming care in Sweden was low—at most a few hundred—but thereafter rose to about 7500 in 2020 (Kolk et al., 2025). The growth was especially stark among young trans men, meaning this population is today relatively

young and recently diagnosed. By contrast, a larger share of trans women belongs to older cohorts, and previous studies show that trans women often transition later in life and after having biological children (Giami & Beaubatie, 2014; Motmans et al., 2012, 2015; Stotzer et al., 2014).

Over recent decades, opportunities for trans people to pursue parenthood in Sweden have improved, and surveys from several countries show that a wish to become a parent seems to be as common among trans people as among cis people (Bayar et al., 2023; Rodriguez-Wallberg et al., 2023). On the other hand, there are still considerable societal and medical barriers to parenthood (Armuand et al., 2017; Greenfield & Darwin, 2020). Trans people fear—and often experience—ignorance and discrimination when seeking health care, including reproductive care (Allen et al., 2025; Klittmark et al., 2025; Mezzalira et al., 2024; SOU 2017:92; Stolk et al., 2023). Fear of discrimination, both toward themselves as parents and toward the child, is one of the most common barriers to pursuing parenthood among trans and gender-diverse people (Allen et al., 2025; Defreyne et al., 2020a, 2020b).

Economic circumstances may also influence parenthood among transgender people. The only previous population-based survey comparing transgender and cisgender parents found that transgender parents had lower household income (Carone et al., 2021). This finding is consistent with studies on the trans population as a whole, which repeatedly find large disparities with cisgender peers in income, employment, labor earnings, and risk of poverty (Badgett et al., 2021; Carpenter et al., 2020, 2022, 2024; Lagos, 2022). We therefore expect Swedish trans parents to be worse off economically than cis parents. However, Carone et al. (2021) did find that trans people with children were better off than those without, suggesting that there could be a positive selection into parenthood among trans people. This would be in line with similar positive income–fertility gradients that have been found in Sweden for both cisgender heterosexual and sexual minority men and women (Boye & Evertsson, 2021; Kolk, 2023; Möllborn et al., 2025). Based on previous knowledge, we therefore expect a positive selection into parenthood also among trans people in Sweden.

What do we know about transgender people's parenthood?

Despite increased data availability on the transgender population and progress in legal options for parenthood, research on the prevalence and demographics of transgender parents remains limited (Baumle & Compton, 2017; Biblarz & Savci, 2010; Gates, 2015; Goldberg et al., 2020; Thomeer et al., 2018). Below, we summarize three relevant areas of nascent research. First, we review recent studies on parenthood aspirations among transgender people and societal and medical barriers that impact their pathways to parenthood (Baumle & Compton, 2017; Light et al., 2014; Mezzalira et al., 2024; Stolk et al., 2023). We then discuss research on the prevalence of transgender parenthood (Carone et al., 2021; Grant et al., 2011; Stotzer et al., 2014; Wilson & Bunton, 2024). Lastly, we examine the literature describing the demographic characteristics of transgender parents (Carone et al., 2021; Ellis et al., 2015; Hoffkling et al., 2017; Light et al., 2014; Wilson & Bunton, 2024).

Parenthood aspirations and barriers to realization

A cisnormative view of parenthood assumes that transgender people, particularly those who pursue gender-affirming medical treatments, do not wish to have children (Baumle & Compton, 2017). However, research suggests that parental aspirations among transgender people are as common as among cisgender peers (Bayar et al., 2023; Rodriguez-Wallberg et al., 2023). In addition, there are no systematic differences in parenthood desires between trans men and trans women (Mezzalira et al., 2024; Walton et al., 2023). To understand why parenthood aspirations often do not translate into actual parenthood, it is necessary to consider both societal and medical barriers. Fear of bad treatment by health care professionals, limited access to reproductive services, anticipated discrimination toward the child for having a trans parent, and barriers to recognition as the child's legal parents are some reasons why trans people do not pursue parenthood (Armuand et al., 2017; Greenfield & Darwin, 2020; Mezzalira et al., 2024; Stolk et al., 2023).

Medical factors are a second major category of barriers. The medical treatments that some transgender people undergo as part of gender-affirming care can affect their future fertility (Rodriguez-Wallberg et al., 2023; Stolk et al., 2023; Wilson & Bunton, 2024). Gender-affirming hormone therapy for trans women includes both anti-androgens and estrogens, which typically cause infertility during treatment and can reduce fertility even if discontinued. Trans women are therefore recommended to freeze their sperm before starting hormones (Stolk et al., 2023). In trans men, testosterone use at least temporarily reduces fertility, although pregnancies occasionally occur during treatment (Moseson et al., 2020; Stolk et al., 2023). Trans men can typically regain their full fertility after discontinuing testosterone, though more long-term follow-up studies are needed (Stolk et al., 2023). In addition to hormone treatment, many trans women eventually have gender-affirming genital surgery that renders them permanently sterile, whereas a majority of trans men retain their reproductive organs even after medically transitioning (Moberg et al., 2025; Obedin-Maliver & Makadon, 2016).

Given societal and medical barriers, many trans men see pregnancy as their best option for having children (Costacurta et al., 2025; Hoffkling et al., 2017; Lampe et al., 2019). Trans men who have children through their own or their partner's pregnancy most often use the pregnant person's own eggs and donor sperm if the partner is another trans man or a cis woman (Bane et al., 2024; Mezzalira et al., 2024). Pregnancies among trans men can be planned or unplanned (Bane et al., 2024; Light et al., 2014, 2018; Moseson et al., 2020), and many trans men report having used testosterone before becoming pregnant and stopping it to conceive (Stolk et al., 2023).

Another concern relates to the timing of gender-affirming medical treatment relative to parenthood. When weighed against the perceived benefits to quality of life of pursuing gender-affirming care, few transgender patients are willing to postpone treatments until after achieving parenthood (Mezzalira et al., 2024; Persky et al., 2020; Wierckx et al., 2012). Temporary postponements or interruptions in hormone therapy, which are timed to attempt pregnancy, can feel more acceptable (Mezzalira et al., 02024). Health care standards by the World Professional Association for Transgender Health (WPATH) recommend fertility counseling before adults and adolescents start gender-affirming care, but such counseling is often not provided (Bane et al., 2024; Chen et al., 2018; Defreyne et al., 2020a, 2020b).

Relatedly, decisions about fertility preservation add an additional layer of complexity. The percentage of trans people who save reproductive cells appears to be low, especially among trans men (Alpern et al., 2022; Auer et al., 2018; Bane et al., 2024; Cooper et al. (2022); Mezzalira et al., 2024; Riggs & Bartholomaeus, 2018). One factor shaping this decision is whether individuals wish to have a genetically related child; fertility preservation is more common among those who express such a desire (Mezzalira et al., 2024). Uptake also differs by gender: one clinical study found that 40% of trans women, but only 6% of trans men, preserved gametes (Alpern et al., 2022). For trans men, the relatively low share is partly explained by the more complex and physically painful process of oocyte preservation compared to sperm preservation (Alpern et al., 2022). Egg preservation involves hormonal ovarian stimulation, repeated vaginal ultrasounds, and needle extraction of oocytes. In addition, fertility preservation, especially egg freezing, can be costly, limiting its feasibility. Some trans people also hesitate because preservation procedures may trigger gender dysphoria or delay the start of gender-affirming medical treatments (for a psychology literature review, see Mezzalira et al., 2024). Finally, it is unknown how many choose not to preserve reproductive cells because they already have children.

In addition to medical and economic constraints, societal stigma may suppress parenthood opportunities. Many transgender people who are considering parenthood report fears of discrimination in reproductive care and concerns that their child may be bullied for having a trans parent (Allen et al., 2025; Defreyne et al., 2020a, 2020b). Stigma can also arise in family law settings, where courts or former partners sometimes attempt to limit contact between transgender parents and their children (Stotzer et al., 2014). At the same time, the small body of research on children of transgender parents consistently shows positive outcomes, including healthy attachments, good parent–child relationships, and acceptance of the parent's gender identity (Chiland et al., 2013; Freedman et al., 2002; Green, 1978, 1998; Pfeffer & Jones, 2020).

Prevalence of transgender parenthood

Transgender people become parents through various pathways, and prevalence measures typically include all these routes. Estimates of the prevalence of transgender parents primarily come from survey studies based on non-probability samples (Bane et al., 2024; Carone et al., 2021; Falck et al., 2025; Grant et al., 2011; James et al., 2016; Wilson & Bunton, 2024), with few population-based estimates available. The percentage of transgender people who self-report as parents appears higher in non-probability studies, varying from 15 to 46%, with consistently higher shares among trans women than trans men (Falck et al., 2025; Gates, 2015; Grant et al., 2011; James et al., 2016; Stotzer et al., 2014; Wilson & Bunton, 2024). In the limited evidence from probability samples, one U.S. study found that 18.8% of trans people were parents, most of whom were trans women (Carone et al., 2021). Population-based studies reporting descriptive statistics on co-residence with children found rates varying between 6 and 19% (Geijtenbeek & Plug, 2018; Kolk et al., 2025; Thomsen et al., 2024). However, these studies did not measure non-residential parenthood. The higher parenthood rates observed among trans women compared to trans men likely reflect trans women's older average age at transition (Kolk et al., 2025). People who come out or transition later in life are more likely to have biological children (Stotzer et al., 2014), and surveys and clinical data suggest that more

trans women have children before their gender transition (Giami & Beaubatie, 2014; Motmans et al., 2012, 2015). In summary, in all contexts where transgender parenthood has been studied, a non-negligible share of the transgender population is raising children. Still, the measured prevalence rates are significantly lower than among cisgender peers. These lower rates do not seem to arise from differences in parenthood aspirations, but rather from the medical, societal, and legal barriers discussed in the previous section. In a survey, 54% of trans women and 27% of trans men reported that they want to have children but cannot (Wilson & Bunton, 2024).

Socio-demographic circumstances

A limited but growing body of research examines transgender parental experiences (Ellis et al., 2015; Goldberg et al., 2020; Hoffkling et al., 2017; Light et al., 2014; Pearce & White, 2019). These studies describe the societal prejudice and internal identity conflicts that transgender parents face, with few role models in the media that generally reinforce cisnormativity (Lampe et al., 2019). To cope, some trans men reaffirm their male identities by using terms such as "dad," "carrier," or "gestational parent" (Light et al., 2014), while others are more comfortable with maternal descriptions (Ellis et al., 2015). Quantitative descriptions of transgender parents' demographics are exceedingly rare. One study using a U.S.-based non-probability sample of trans and non-binary people AFAB found that the 210 individuals (12%) who had ever been pregnant were demographically similar to those who had never been pregnant: predominantly White, well educated, and identifying with queer sexual orientations (Moseson et al., 2020). To our knowledge, the only population-representative work on transgender parenthood is based on the U.S. TransPop survey, which included 274 trans and 1162 cis individuals (Carone et al., 2021). Among the 18.8% of trans respondents who were parents, two-thirds were AMAB. Compared to cisgender parents, transgender parents were less likely to be White, had similar levels of education, and had lower household income. Only 14% of transgender parents identified as heterosexual, compared to 95% of cisgender parents. Compared to transgender never-parents, trans people with children were less likely to be low educated and to live in poverty. After controlling for age, education, and relationship status, there were no gaps in mental or physical health between transgender and cisgender parents (Carone et al., 2021). Other reports similarly find that transgender parents are more likely than cisgender people to have low income and to live in poverty (Light et al., 2014; Wilson & Bunton, 2024).

Transgender health care and parenthood in Sweden: a historical overview

To contextualize our findings on transgender parenthood in Sweden, this section describes the organization of Swedish gender-affirming care and historical developments affecting transgender people's family formation and access to parental leave from the 1970s to the present day. These institutional conditions shape both who appears in our data and how we measure parenthood.

Gender-affirming care in Sweden today

Gender-affirming care in Sweden is subsidized and provided by the public healthcare system. For the patient, it comes at a relatively low monetary cost, with annual out-of-pocket fees capped at about $500. However, patient demand exceeds capacity, leading to

long waiting times. National guidelines and policies also affect access to care. In general, practices have become more inclusive over time, for example by expanding coverage to non-binary people in the mid-2010s (Dhejne, 2017; SOU 2017:92).

Gender-affirming care typically involves the following steps, with waiting times of several months or years before each step: (1) undergo a psychological evaluation at one of Sweden's six specialized gender clinics; (2) if a gender incongruence diagnosis is confirmed, have referrals sent to other specialists, such as endocrinologists; (3) start hormone therapy and/or have upper-body surgeries; and (4) apply to the Legal Advisory Board at the National Board of Health and Welfare for permission to change legal gender marker and have bottom surgery. Except in special circumstances, people must be aged 23 or older to be approved for bottom surgery that renders them sterile (National Board of Health & Welfare, 2021). Additionally, they must have changed their legal gender marker before having genital surgery (Swedish National Council on Medical Ethics, 2025). Starting in 2013, people undergoing gender-affirming care can preserve sperm or eggs before starting hormones that may lead to lower fertility (National Board of Health & Welfare, 2015a, 2015b). Since 2025, steps (1)–(4) are no longer required before legal gender recognition.

Genital surgery, including sterilizing surgery, is typically the last step in a medical gender transition, though not all trans people pursue it. In a survey of patients at Swedish gender clinics, Axfors et al. (2023) found that 89% of trans women and 66% of trans men expressed interest in having genital surgery. Among trans people who changed their legal gender marker in Sweden after 2013, 70% of trans women and 44% of trans men had some form of sterilizing surgery within four years (Moberg et al., 2025).

These contemporary clinical practices operate within a broader legal framework for gender recognition and parenthood, which we describe in the next subsection.

Historical development of legal gender recognition and parental rights

To situate current gender-affirming care and family formation opportunities, we next provide a brief historical overview of key legal changes that have shaped transgender people's possibilities for legal gender recognition, marriage, access to medically assisted reproduction, adoption, and parental leave in Sweden (summarized in Table 1).

The first major legislative landmark for trans people in Sweden occurred in 1972, when a formal process for changing one's legal gender marker was established. There were several requirements: an applicant had to be diagnosed with "transsexualism," [1]be at least 18 years old, a Swedish citizen, unmarried or divorced, and infertile (Law 1972:119). The National Board of Health and Welfare, which handled all applications for legal gender recognition, adopted a strict interpretation of the infertility requirement. Their praxis until 2013 was to require surgical removal of reproductive organs (uterus and ovaries or penis and testes) as well as the destruction of any preserved reproductive cells (sperm, eggs, or embryos) before approving an application (SOU 2017:92).

The government bill leading to the adoption of the Legal Gender Recognition Act 1972:119 (Government Bill 1972:6) outlined the rationale for these requirements. The main justification for the sterilization requirement focused on legal certainty (Dunne,

[1] In the 1970s, "transsexualism" was the formal diagnosis given to individuals seeking medical treatments to align their bodily characteristics with their gender identity. Over time, both the medical terminology and diagnostic criteria have evolved. Table 7. in the Appendix lists all diagnosis codes over the study period, which we use to define the population of transgender people.

Table 1 Legal changes impacting transgender people's parental rights

Year	Description of the legal change	Relevance for transgender parenthood	Government proposal, law, or document
1972	Legal Gender Recognition (LGR) Act	Possible to change legal gender marker, but only after sterilizing surgery and destruction of any saved gametes Through fatherhood presumption, a married trans man can be automatically registered as the father if his wife gives birth to a child A trans person in a different-sex marriage can adopt their partner's child, or the couple can jointly adopt a child	Government Bill 1972:6 Act 1972:119
1974	Gender-neutral parental leave (PL)	Men and trans women have a right to use PL	Government Bill 1974:15
1985	MAR with donated sperm allowed for different-sex couples	A trans man in a relationship with a cis woman can have children using donor sperm	Government Bill 1984/85:2 Act 1984:1140
1995	Registered partnership for same-sex couples	Trans people with a partner of the same legal gender can enter legal unions and use some PL for their partner's child	Act 1994:1117
2003	Adoption rules became gender neutral	Trans people in registered partnerships can adopt their partner's child (stepparent adoption)	Government Bill 2001/02:123
2005	MAR opened for female same-sex couples	Trans women (after LGR) and trans men (before LGR) in relationships with another woman can have children through MAR	Government Bill 2004/05:137
2009	Same-sex marriage	Trans people could stay married when changing legal gender	Act 2009:253 amending the Marriage Code
2013	Abolishment of the sterilization requirement to change legal gender marker Divorce is no longer necessary before changing legal gender marker*	Trans people no longer have to relinquish their reproductive ability before LGR and can save gametes for future MAR treatments Trans people can remain married when changing legal gender marker	Government Bill 2012/13:107 Act 2013:405
2016	The Swedish Tax Agency's new policy is to recognize a trans man as a father and a trans woman as a mother	The parental status is updated in both the parent and child records after a change of legal gender marker	Swedish Tax Agency (2016)
2018	Marriage is no longer required for adoption	Cohabiting partners can be recognized as legal parents through stepparent or joint adoption	Government Bill 2017/18:121
2019	Removal of fatherhood presumption for married trans people MAR open to trans men after LGR. MAR with both donated eggs and sperm legalized Transgender parents are acknowledged as parents according to their legal gender marker	Trans men married to cis women can only be recognized as a parent by court or adoption Single and partnered trans men, and partnered trans women, can utilize MAR with donated sperm and/or eggs The Tax Agency's policy became enshrined into law	Government Bill 2017/18:155 Act 2018:1279
2019	PL can be transferred to a cohabiting partner who is not the child's legal parent	A trans person living with a partner and their child is eligible to use parental leave	Implementation of EU Directive 2019/1158
2022	The presumption of father/motherhood also includes same-sex and transgender parents	When a baby is born to a married couple, the non-birth giving parent is automatically acknowledged as a parent	Government Bill 2020/21:176
2025	(New) Legal Gender Recognition Act	LGR no longer requires medical diagnosis	Act 2024:238

In the table, we note the Law and/or the Bill passed to make the law change. Since a Bill is a proposal from the government, there may be deviations between the proposed law change and the actual law change.

LGR Legal gender recognition, MAR Medically assisted reproduction, PL Parental leave.

*In practice, the divorce requirement was no longer enforced following a court ruling in 2010

2017). Lawmakers argued that transgender parenthood would cause confusion in kinship relations—for example, if a man gave birth or a woman "fathered" a child. In fact, the original government bill even included suggestions of barring people who were already parents from changing their legal gender marker (Government Bill 1972:6, pp. 49–50), though this provision was not adopted in the final legislation. Further, because Sweden did not allow same-sex marriage at the time, existing marriages had to be dissolved before legal gender recognition could be granted. Other countries later adopted this reasoning when implementing similar criteria for legal gender recognition.

The infertility requirement in the 1972 law can also be understood within the historical context of eugenics politics (Lowik, 2018; Radi, 2020), which the Swedish government implemented through compulsory sterilization laws. At least 25,000 people were forcibly or coercively sterilized from the 1930s to the mid-1970s, including "promiscuous" women, men labeled as socially or sexually "deviant," and people with intellectual disabilities or psychiatric conditions (SOU 2000:20). Like these groups, trans people were presumably considered unfit for parenthood (Cheng et al., 2019), given that "transsexualism" was classified as a mental illness. However, although the eugenics laws were eventually repealed in the mid-1970s, the infertility requirement in the 1972 Act on legal gender recognition remained in place.

While Sweden's strict requirements for legal gender recognition profoundly restricted trans people's reproductive and marital rights, two legal mechanisms nevertheless offered trans men potential paths to fatherhood after changing their gender marker. First, although they had to be unmarried when granted legal gender recognition, trans men could later marry cis women and, in principle, become eligible for fatherhood presumption, i.e., automatic registration as a child's father if their wife gave birth. This presumption should have applied to all male spouses from 1972 to 2019, although its application to trans men in the earlier decades is unclear (Mägi & Zimmerman, 2015; RFSL, 2020). Second, Sweden's 1985 donor sperm law made medically assisted reproduction (MAR) available to different-sex couples through public health care, including married trans men and their wives. However, the law did not explicitly mention people who had changed their legal gender marker and stated that MAR could only be offered to medically, psychologically, and socially suitable couples who could provide their children with a good upbringing. Given the prevailing views of "transsexualism" at the time, these criteria may have excluded trans men and their wives from accessing MAR in practice. Ultimately, both pathways to fatherhood depended on marriage to a cis woman (only possible for trans men who had obtained legal gender recognition), and the number of trans men who became parents through these routes remains unknown.

Since the 1970s and 1980s, societal views on sexuality and gender have changed significantly, leading to policy adjustments that affect how transgender people can become parents. In 1995, Sweden legally recognized same-sex relationships through the Registered Partnership Act (Law 1994:1117). Thereafter, people who had divorced their spouse to comply with the requirements for legal gender recognition could enter a registered partnership with the same person.

Starting in 2003, registered partners could adopt their partner's child through stepparent adoption or jointly adopt children. Before then, only different-sex married couples could adopt. Since 2005, couples consisting of two women—for example, one cis and one trans woman—have been able to use MAR at Swedish clinics. For couples having

children this way, the parenthood of the birth mother's partner can be registered at birth. For most couples utilizing MAR abroad or at-home insemination, the birth mother's partner had to adopt the child to be legally recognized.

A year after Sweden legalized same-sex marriage in 2009, a court ruled that being unmarried should no longer be a requirement for legal gender recognition. A few years later, in 2013, the sterilization requirement was abolished, alongside officially dropping the demand to be unmarried and a Swedish citizen. This change occurred after a Swedish court ruled in December 2012 that requiring infertility violated a person's right to physical integrity, as consent could not be considered voluntary when sterilization was a mandatory requirement for legal gender recognition (Dunne, 2017). In a similar type of case, the European Court of Human Rights later argued that sterilization requirements force trans people to choose between their bodily integrity and recognition of their gender identity (Dunne, 2017). After the Swedish court's ruling, people who changed their legal gender marker could also preserve their reproductive cells and use them through MAR to become parents.

In Sweden, a legal parent can be recognized as either a "father" or a "mother," and until 2016, the Swedish Tax Agency interpreted the law in a way that classified trans men who gave birth as "mothers." Likewise, people who had children prior to changing their legal gender marker remained recognized as parents, but their records reflected their sex assigned at birth rather than their gender identity. After a court ruling, the Tax Agency revised its policy, and the change was later codified by an amendment to the Child and Parent Code in 2019 (Alaattinoğlu & Margaria, 2023).

The 2019 amendment of the law had additional implications for transgender parents. First, it became legal for clinics to provide MAR for trans men who want to become pregnant, and for couples and single people to use both donated eggs and sperm via MAR. Trans people thus gained more opportunities to have children, even if they had previously been sterilized or become infertile due to hormone treatment. Second, the 2019 amendment ended the principle of fatherhood presumption for married couples if at least one spouse had changed their legal gender marker. This amendment was heavily criticized by LGBTQ organizations and reversed just three years later with an additional law change in 2022. The 2022 law change also codified a presumption of motherhood for (trans or cis) women whose wife gives birth to a child, which was akin to the "fatherhood presumption" that had historically been in place. These presumptions provided more legal security to children and parents from the moment of birth, but the law also codified a wider set of circumstances under which presumptions of mother- or fatherhood could be challenged. The approach of repeatedly amending the Child and Parent Code, while keeping its gendered language on parenthood, has led to a patchwork of rules that can be difficult for parents to decipher (Alaattinoğlu & Margaria, 2023).

In July 2025, a new Legal Gender Recognition Act came into effect after being passed by parliament in 2024. Before then, and during the whole period under study in this article, achieving legal gender recognition required that a person had received gender-affirming care for at least two years and had lived with their "new" gender for a year—for example, using a new name, pronouns, and clothes (SOU 2017:92). Since 2025, applicants no longer need to have received a diagnosis or gender-affirming care, but they must submit a testimonial from a care specialist confirming that they permanently identify as another gender from their current legal gender (National Board of Health

& Welfare, 2025). The new regulation means that people undergoing gender-affirming care can change their legal gender earlier. Furthermore, people who do not want gender-affirming care now have the opportunity to achieve legal gender recognition. An earlier change of legal gender marker implies that transgender parents can be recognized sooner as "mother" or "father" in official documents in accordance with their affirmed gender.

Access to parental leave for transgender parents

Because we use parental leave utilization to identify parenthood in our data, it is important to clarify how the Swedish parental leave system works and which parents can access it.

In 1974, Sweden adopted the Parental Leave Act, which granted fathers, not just mothers, the right to parental leave. Throughout most of our study period, parental leave amounted to 13 months of leave at around 80% wage replacement and 3 months with lower reimbursement. Of these, a few months have been earmarked for each parent: 1 month each in 1995, 2 months each from 2002, and 3 months each starting in 2016. The remaining leave can be split between parents as they wish. If there is only one legal parent, that parent gets all the leave. If the child's parents are not married and do not live together, or if there is only one legal parent, the parent can transfer parental leave days to a new partner. This became possible in 1995 on the condition that the parent and their new partner were married or in a same-sex registered partnership. Since 2019, parental leave can be transferred to a cohabiting partner, and since 2024, to anyone who cares for the child while on leave. Unlike in many other countries, all parents, including unemployed people and full-time students, can go on parental leave in Sweden, though at a lower benefit level.

Trans women's ability to use parental leave has depended on how the children were conceived, the parents' civil status, and whether the child was born before or after legal gender recognition. Since 1974, trans women who had biological children before their transition have been able to use parental leave as long as they were registered as the child's parent (i.e., as "father"). A trans woman who had a child with a cis woman after a legal gender marker change (e.g., by using MAR) could have parental leave days transferred to her from her partner if they were same-sex registered partners (from 1995), married (from 2009), or cohabiting (from 2019). After the sterilization requirement was abolished in 2013, a trans woman who had changed legal gender and then had a biological child (with a cis woman or a trans man) could be registered as the child's "father" from birth, gaining access to leave. In contrast, trans women in relationships with cis men have had few routes to parenthood. If the man had children from a previous relationship, he could transfer leave to his new partner. The couple could also adopt a child together, which gives them the same rights to parental leave.

Trans men have probably had more opportunities for parental leave, also after changing their legal gender, and regardless of relationship status. To start with, a trans man who gives birth to a child has always been able to use parental leave, before or after legal gender recognition, and regardless of whether the child was conceived through MAR or not. Further, a trans man in a different-sex marriage to a cis woman (i.e., post legal gender recognition) should have been presumed to be the father if his wife gave birth to a child, giving him the right to parental leave. However, it is unknown to what extent this

legal principle was applied to trans men before the 2010s (Mägi & Zimmerman, 2015; RFSL, 2020). Before a legal gender marker change, if a trans man had a child with a cis woman who gave birth, she could transfer parental leave to him as long as they were in a same-sex registered partnership (from 1995), same-sex marriage (from 2009), or cohabiting (from 2019).

Besides the standard parental leave described above, Sweden's Social Insurance Agency has provided "temporary parental leave" since the 1970s (known as VAB, or "Vård av barn," in Swedish). This type of leave can be used to care for a sick child or by someone other than the birth-giving parent in connection with the child's birth. Extra yearly leave days are also given to care for a child with special needs (Swedish Social Insurance Agency, 2025). All these leave days can be used by any caregiver, not just biological or adoptive parents. This implies that, for example, a transgender partner could go on leave around the time of childbirth and/or to care for the child later on, even without any legal ties to the child or the child's registered parent. In conclusion, there have been opportunities for a person who had a de facto role as a caregiver to a child to use some type of parental leave throughout our study period.

Data and method

Our data come from population-wide Swedish administrative records stored at Statistics Sweden and the National Board of Health and Welfare. The medical data include diagnostic and procedural codes from inpatient care since 1972 and specialized outpatient care since 2001 (National Patient Register), plus pharmaceutical codes since July 2005 (Prescribed Drugs Registry). These data allow us to identify all people diagnosed with gender incongruence from 1972 to 2020 and track their use of gender-affirming medical care. Complementing these data with records from the Swedish Tax Agency, we can also observe if and when they changed their legal gender marker during this period. Finally, we obtain socio-demographic information for the entire population of Sweden since 1990 from the LISA register. These data include complete employment histories; annual amounts of taxable income from, e.g., work, enterprise, and various social benefits; level of education; and place of residence.

An important limitation of our data is that we lack parent–child links, as well as links between partners or household members. We do, however, observe information on household type, civil status, number of children in the household, and use of parental leave benefits, spanning the years 1990–2020.

Definitions of transgender and cisgender people in our data

Our administrative data do not include information on how people self-describe their gender. Instead, we infer gender identities based on two criteria: (1) sex assigned at birth and (2) history of gender incongruence diagnoses. For detailed information on the diagnostic codes used, see Appendix Table 7. We categorize everyone who ever received a gender incongruence diagnosis as transgender. Importantly, we apply this categorization retrospectively, meaning that, from a statistical viewpoint, we consider someone transgender throughout our entire study period, regardless of when their diagnosis occurred. Within this population, we categorize people as trans women if they were assigned male at birth (AMAB) and as trans men if they were assigned female at birth (AFAB). Further, we categorize everyone who never received a gender incongruence diagnosis as

cisgender (i.e., not transgender). Cisgender people who were AMAB are labeled cis men, and cisgender people who were AFAB are labeled cis women.

Our terminology may not align with people's self-described identities, which could be cisgender, transgender, woman, man, non-binary, and/or other identities. Indeed, there may be people we categorize as trans who (no longer or not yet) identify this way, and people we categorize as cis who would include themselves under the transgender umbrella. Although our definitions have shortcomings, we want to refrain from referring to people only in terms of their assigned sex at birth, which most people with gender incongruence do not identify with.

Definition of parenthood in our data

Due to data limitations, we are unable to observe ties between parents and children or determine who lives in the same household. Instead, we infer parenthood status from information on the number of co-resident minors, civil status, and use of parental leave benefits. For a detailed description of the variables used, see Appendix Table 8.

We define someone as a parent if they have either (1) claimed parental benefits or (2) co-resided with a minor at any point after entering a legal union. Consequently, our definition includes stepparents who co-reside with a partner and their child. We exclude cohabiting couples with minors if the adult has never used parental leave or been in a formal legal union, to avoid misclassifying people who live with their cohabiting parents and younger siblings as parents themselves. Since all household members are assigned the same household type in the data, some young adults living at home would otherwise be incorrectly categorized as part of a "cohabiting couple with children." For people who use parental benefits, we do not require that they be in a legal union or reside with a child. Thus, our measure captures single parents and parents who do not live with their children. Excluding people who receive parental benefits but never live with a minor after becoming parents would reduce our sample by 46 transgender parents (6.7% of all transgender parents) and 75,179 cisgender parents (1.9% of all cisgender parents).

Given the Swedish institutional setting, our definition offers a reliable proxy of social parenthood. As outlined in section "Access to parental leave for transgender parents", parental leave benefits are available irrespective of employment status, legal gender marker, and biological ties to the child. Leave-taking is widespread: almost all mothers and over 80% of fathers take some parental leave (Swedish Social Insurance Agency, 2019). Additionally, parents can use temporary parental leave when the child is sick. In 2021, 68% of eligible couples used some temporary parental leave during that year, and in almost all cases, both parents took some leave (Swedish Social Insurance Agency, 2024).

Analysis sample

Our analysis sample of transgender people consists of all Swedish-born residents who were aged 18–75 in the year of measurement and who received a gender incongruence diagnosis by the end of 2020. Table 9. in the Appendix reports the number of observations that remain after imposing these inclusion criteria. When selecting the sample, we chose a minimum age limit of 18 because our article's primary aim is to study transgender parenthood, and fewer than 10 trans people in our data became parents as minors. Additionally, we exclude people above 75 years old because many parents above 75 no

longer lived with a minor or took parental leave during our study period and would therefore be misclassified as "never parents." We also exclude people who are foreign-born because we cannot observe their sex assigned at birth or whether they became parents before moving to Sweden.

Figure 1 illustrates the number of trans men and trans women in our analysis sample each year. Because of our age restrictions and the fact that our definition of trans status is fully retrospective—classifying individuals as transgender even before their diagnosis—the time trends primarily capture birth cohort composition rather than diagnosis timing. In the 1990s and early 2000s, there were more trans women than trans men. During the 2010s, the number of trans men eventually overtook the number of trans women, as younger birth cohorts began to age into our sample. The shift in gender ratio reflects the fact that the population of trans men in Sweden is younger and diagnosed earlier in life than trans women (Kolk et al., 2025). In 2020, there were 2480 trans women and 3097 trans men in Sweden aged 18–75: about 0.01% of the general population in that age range.

Within this population, we define transgender people as parents from the year they fulfilled our definition of parenthood, i.e., having received parental benefits or entered a legal union and then co-resided with a minor. Because data used to measure parenthood start in 1990, some people are wrongly classified as never parents if they had children before 1990, were never in a legal union or did not live with the child, and did not use parental benefits, after 1989. This measurement error is somewhat limited by our upper age restriction of 75, particularly for more recent years. There are also young people in our sample who did not become parents or seek gender-affirming care before 2020 but who will do so in the future.

By our definition, we identify 359 trans women and 326 trans men who were parents in 1990–2020. Figure 2 shows the number of trans men and trans women who have become parents up to that point, according to our definition, in each year. Individuals enter the figure in the year they first become parents—even if their gender incongruence diagnosis occurs later—and are counted in each subsequent year that they reside in

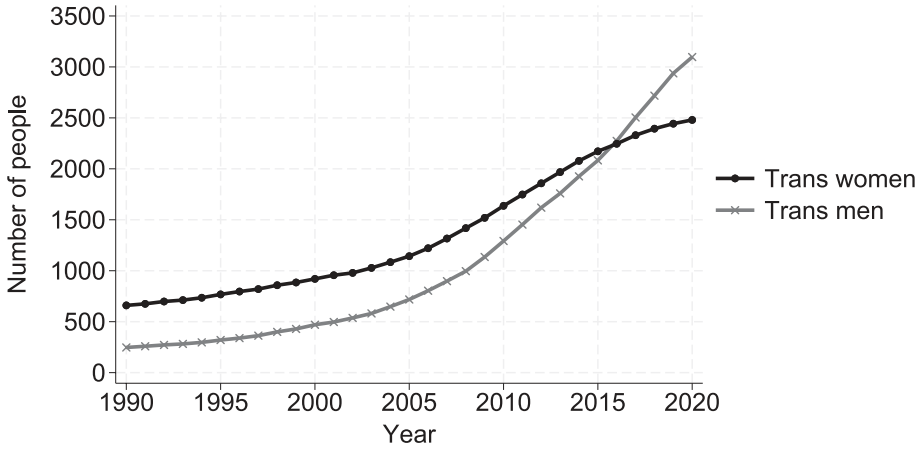

Fig. 1 Number of transgender people in our analysis sample by year. *Note* The figure shows the number of Swedish-born trans men and women, aged 18–75, who were living in Sweden in a given year. We classify people as trans throughout the entire period (i.e., retrospectively) if they appear in Swedish medical data with a gender incongruence diagnosis between 1972 and 2020. Using this definition, we identify 2,713 Swedish-born trans women and 3,205 Swedish-born trans men, for a total of N = 5,918, who lived in Sweden at ages 18–75 at any point between 1990 and 2020

Sweden and are aged 18–75. The time trends therefore reflect both the timing of entry into parenthood and the age composition of the trans population. Just as trans women outnumber trans men in total for most of the period, there are more trans women than trans men with children until the very last year. Moreover, just as the total number of trans men grew rapidly in the 2010s, the number of trans men with children grew slowly for the first 15 years of data and then increasingly rapidly.

As a comparison group, we include all cisgender people who are parents according to our definition. Over the period 1990–2020, we identify 2,490,373 cisgender men and 2,693,588 cisgender women with children. We classify all trans and cis people who do not fulfill our definition of parenthood as "never parents." These people are included in some analyses to contrast the characteristics of parents with non-parents.

Method

We first present descriptive statistics of transgender parents and non-parents in the 2020 population, with cisgender parents and non-parents as comparisons. To study the *prevalence of parenthood in the transgender population*, we present the share of the population who are parents in the total population and in different age brackets. Second, to investigate more deeply the *demographic characteristics of Sweden's transgender parents*, we describe them in their first year of parenthood, as compared to cisgender parents. These additional analyses help us understand whether transgender and cisgender people enter parenthood under similar socio-economic circumstances.

Previous research has documented disparities in the characteristics of trans men and trans women in Sweden (Kolk et al., 2025) and elsewhere (Carpenter et al., 2022, 2024; de Weerd et al., 2024). There are also known disparities between the outcomes of (cisgender) mothers and fathers (e.g., Budig et al., 2012; Evertsson et al., 2025; Miller, 2005, 2010; Musick et al., 2020). We therefore analyze both cis and trans people divided by gender.

The existing literature has also documented substantial differences in age distributions between trans and cis populations, as well as between trans men and trans women (Carpenter et al., 2024; de Weerd et al., 2024; Kolk et al., 2025). Our initial analyses do not adjust for these varying age structures and instead capture de facto group differences, some of which may reflect age-related variation. As a complement, we present results based on Coarsened Exact Matching (CEM) (Iacus et al., 2012), using reweighting to

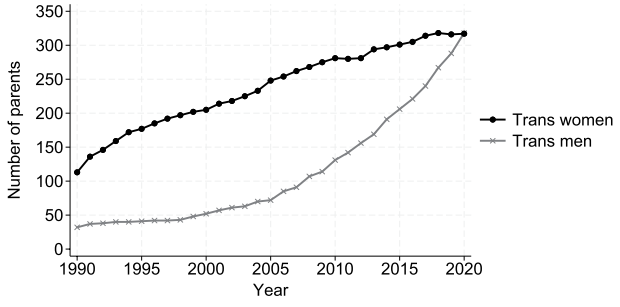

Fig. 2 Number of transgender parents in Sweden. *Note* The figure shows, for each year, the number of Swedish-born trans men and women, aged 18–75, who were parents by that year and living in Sweden. We use a fully retrospective classification, treating individuals as transgender throughout the study window if they ever appear with a gender incongruence diagnosis in Swedish medical records between 1972 and 2020. Throughout the period, there were 359 trans women and 326 trans men, in total N = 685, who were parents according to our definition

balance the samples on birth year and, where applicable, year of entering parenthood. We describe the weighting strategies in more detail alongside the relevant results tables.

Results

Prevalence of transgender parenthood

Table 2 describes all transgender and cisgender parents and non-parents in the 2020 Swedish-born population aged 18–75, comparing those who were ever parents to never parents. In 2020, there were 317 trans women and 318 trans men who were ever parents. This amounts to 13% of all trans women and 10% of trans men, and 11.4% of all trans people who ever received a gender incongruence diagnosis in Sweden. Among cis people, 67% of women and 58% of men were ever parents by the same definition. These shares likely understate the true population prevalence. The upper age limit implies that the oldest cohort we include was 45 in 1990. Because our data on parenthood are truncated, the group of "never parents" includes people who had children before 1990 but did not live with them or use parental leave after 1989. Further, trans people's lower rate of parenthood relative to cis people is partly explained by this population being younger than the cis population. Whereas trans women with children are about the same average age as cisgender parents, trans men with children and all trans "never parents" are considerably younger.

To partly account for the data truncation and differences in age structure, Fig. 3 presents the share of the 2020 population who were ever parents across age groups. Just like for cis people, the share of trans people who are parents increases with age. Among both cis and trans people, the share who are parents is higher for those assigned female at birth (trans men and cis women) in the younger age groups, though trans women and cis men partly catch up with increasing age. Among 45–49-year-olds, 41% of trans men and only 28% of trans women are parents, compared to 87% of cis women and 80% of cis men. The highest parenthood rate among trans women is among those aged 50–64, of whom 43% are parents, compared to only 30% of trans men in this age group. Thus, in the age groups with the highest likelihood, trans people are about half as likely to be parents as cis men and women.

Characteristics of transgender parents compared to all cisgender parents

Table 2 reveals that the average trans woman with children is in her 50 s, became a parent about 20 years ago, and received her gender incongruence diagnosis 9 years ago. The average trans man with children is in his late 30 s and had both his first child and his first gender incongruence diagnosis nearly 10 years prior. Around half of transgender parents have changed their legal gender marker, and about 34% have had a surgical procedure that rendered them sterile.

Transgender parents are as educated as cisgender parents but have lower incomes. The total income level of trans women with children is close to that of cisgender mothers but markedly lower than that of cisgender fathers. The incomes of trans men with children are even lower, but they are also younger—age differences that are further reflected in the higher share of trans women and cisgender parents who receive retirement benefits. Moreover, trans people with children are much more likely to be dependent on social benefits, less likely to have their main income from employment, and more likely to live in large urban areas.

Table 2 Descriptive statistics in 2020 by gender and parenthood status

	Trans women		Trans men		Cis women		Cis men	
	Ever parent	Never parent	Ever parent	Never parent	Ever parent	Never parent	Ever parent	Never parent
Age at end of 2020	51.8 (12.6)	32.4 (12.8)	38.9 (11.6)	26.9 (9.0)	51.6 (13.4)	36.3 (18.0)	52.7 (12.9)	37.0 (16.9)
Age at entering parenthood	32.2 (6.3)	–	29.4 (6.5)	–	31.2 (6.5)	–	33.0 (6.2)	–
Age at gender incongruence diagnosis	43.2 (12.2)	26.0 (9.5)	29.3 (9.3)	21.9 (6.6)	–	–	–	–
Ever changed legal gender (%)	44.2	40.6	53.8	39.2	–	–	–	–
Age at legal gender change (if ever)	45.2 (12.3)	29.8 (9.6)	31.2 (8.2)	25.5 (6.5)	–	–	–	–
Ever sterilized (%)	34.7	22.3	33.6	13.1	–	–	–	–
Age at sterilizing surgery (if ever)	46.0 (12.4)	31.4 (10.3)	32.3 (8.8)	28.3 (7.8)	–	–	–	–
Years of schooling	12.7 (2.6)	12.0 (2.2)	12.8 (2.3)	11.8 (2.2)	12.9 (2.4)	12.6 (2.3)	12.4 (2.4)	12.1 (2.2)
Total income, 1000 s of SEK	345.9 (249.3)	171.1 (166.3)	295.9 (149.7)	151.4 (126.7)	356.8 (214.0)	248.1 (169.8)	474.7 (387.9)	284.3 (219.3)
Main source income (%)								
Work	53.3	38.7	68.2	43.5	67.5	62.3	73.0	65.1
Study	2.2	15.8	5.3	25.6	1.1	13.0	0.3	10.1
Pension	19.6	4.4	5.0	1.0	20.8	14.0	21.7	11.6
Social insurance	23.0	34.6	20.4	26.2	9.8	8.3	3.9	9.6
None	1.9	6.5	0.9	3.7	0.8	2.4	1.0	3.7
Urbanicity (%)								
Large urban area	37.9	39.9	38.7	37.3	32.4	40.0	31.9	37.0
Medium-sized town or urban area	41.0	40.1	37.7	41.5	41.4	40.0	41.4	40.3
Smaller town or rural area	21.1	20.1	23.6	21.2	26.2	20.1	26.7	22.7
Current civil status (%)								
Never in a legal union	25.2	92.0	33.0	92.8	27.2	83.1	26.3	88.2
Widowed	1.6	0.1	0.0	0.1	3.1	1.8	1.4	0.5
Divorced or separated	46.1	3.5	24.2	2.9	16.0	4.3	14.3	3.0
In a legal union	27.1	4.4	42.8	4.2	53.7	10.8	58.1	8.3
Ever in a registered partnership if ever in a legal union (%)	0.4	2.9	8.0	5.5	0.1	0.6	0.0	1.2
Observations	317	2163	318	2779	1,837,998	901,270	1,653,703	1,181,887

The table presents descriptive statistics for Swedish-born people aged 18–75 in 2020. We report means with standard deviations (in parentheses) or percentages for categorical variables. Data come from the LISA register (socio-demographics), the National Patient Register (gender-affirming care), and the Swedish Tax Agency (legal gender changes). The reported statistics refer to characteristics at the end of 2020. For 160 trans women and 225 trans men, we use 2019 income data due to underreporting around the time of legal gender change. Cumulative measures for diagnoses, surgery, and legal gender change cover 1972–2020; registered partnership covers 1990–2020. The table excludes 41 trans women and fewer than 10 trans men identified as parents before 2020 who died or emigrated. Note that age at first diagnosis may be overestimated for older cohorts because outpatient data are only available from 2001 onward

A much higher share of transgender parents than cisgender parents—particularly trans women—are divorced. Whereas 50–60% of cisgender ever-parents are still married, only 27% of trans women with children are married and 46% are divorced. The high number may be partly explained by the previous requirement to be unmarried when changing legal gender marker. Moreover, trans men with children stand out as the group of parents that has the highest likelihood of having been in a registered partnership (if ever in a legal union). Registered partnership was a special legislation for partners with the same legal gender, in place between 1995 and 2009. Thus, the share ever in a registered

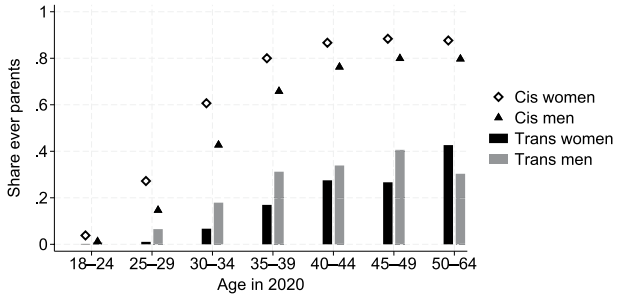

Fig. 3 Share who are parents in the 2020 population, by age group. *Note* The figure shows parenthood rates in 2020 by age group and gender. We exclude individuals above age 64 to avoid showing misleading rates due to low sample sizes for trans people and truncated parenthood data before 1990. N = 5,580,435 people (2,739,268 cis women; 2,835,590 cis men; 2480 trans women and 3097 trans men)

partnership very likely underestimates the proportion who have ever lived with a romantic partner with the same legal gender.

Weighted comparisons of transgender and cisgender parents and non-parents

All the comparisons above describe differences between transgender ever-parents and cisgender ever-parents, without adjusting for the varying age distribution across groups. Many of the observed gaps are likely driven by age, especially when comparing trans men with children to cisgender parents. To assess whether differences persist after accounting for age, we reweight cisgender parents to match the age distribution of, first, trans women with children and, second, trans men with children. Moreover, we apply the same reweighting to all never-parent groups so that they have the same age distribution as parents. This reweighting facilitates inferring differences in characteristics between parents and non-parents and studying how these gaps differ between the cis and trans populations, while keeping age constant. We present comparisons for transgender women in Table 3 and for transgender men in Table 4.

To check the validity of our results, we also replicate Tables 2–4, restricting the population to those born after 1971. The oldest people in this sample would have been 18 in 1990 (48 in 2020) and thus we arguably observe all included individuals throughout their whole childrearing period before 2020. These results are presented in Appendix Tables 10, 11 and 12 and are qualitatively similar to the results in Tables 2–4.

Transgender women's selection into parenthood

Table 3 shows the same information for transgender mothers (i.e., trans women who ever had children) as in Table 2, and descriptive statistics for cisgender parents and trans and cis non-parents in 2020, all reweighted to the age structure of trans women with children in 2020. The table also contains formally estimated gaps between parents and non-parents within each group and whether the gap is statistically significantly different from zero.

Compared to the unadjusted numbers, differences between trans women and cis people with children remain relatively similar, although the income gap between trans and cis mothers is now slightly larger. When instead contrasting trans women with and without children with the same age distribution (columns 1 and 2), it is clear that trans women without children went through gender transition longer ago, have gone through more steps in a medical and legal gender transition, and are far worse off

Table 3 Weighted descriptive statistics for trans women and cis people in 2020, adjusted to match the age distribution of trans women who are ever parents

	Trans women			Cis women			Cis men		
	Ever parent	Never parent	Difference	Ever parent	Never parent	Difference	Ever parent	Never parent	Difference
Age at end of 2020	51.8 (12.6)	51.8 (12.6)	–	51.8 (12.6)	51.8 (12.6)	–	51.8 (12.6)	51.8 (12.6)	–
Age at entering parenthood	32.2 (6.3)	–	–	31.0 (6.1)	–	–	32.6 (5.9)	–	–
Age at gender incongruence diagnosis	43.2 (12.2)	38.2 (11.6)	5.0***	–	–	–	–	–	–
Ever changed legal gender marker (%)	44.2	57.7	−13.5***	–	–	–	–	–	–
Age at legal gender change (if ever)	45.2 (12.3)	39.1 (11.5)	6.1***	–	–	–	–	–	–
Ever sterilized (%)	34.7	44.8	−10.1***	–	–	–	–	–	–
Age at sterilizing surgery (if ever)	46.0 (12.4)	38.7 (11.5)	7.3***	–	–	–	–	–	–
Years of schooling	12.7 (2.6)	12.3 (2.4)	0.4**	12.9 (2.4)	12.7 (2.5)	0.2***	12.4 (2.4)	12.0 (2.4)	0.4***
Total income, 1000 s of SEK	345.9 (249.3)	236.7 (190.3)	109.1***	363.8 (215.7)	317.4 (202.1)	46.4***	477.9 (385.0)	343.7 (251.2)	134.2***
Main source income (%)									
Work	53.3	37.1	16.2***	69.6	60.2	9.4***	75.7	61.3	14.5***
Study	2.2	1.9	0.3	1.0	1.2	−0.2***	0.3	0.8	−0.5***
Pension	19.6	18.9	0.6	19.0	19.2	−0.3***	18.8	19.6	−0.8***
Social insurance	23.0	38.2	−15.1***	9.6	16.4	−6.8***	4.1	14.5	−10.4***
None	1.9	3.9	−2.0	0.9	3.0	−2.2***	1.1	3.8	−2.7***
Urbanicity (%)									
Large urban area	37.9	44.5	−6.6*	32.6	39.3	−6.7***	32.0	35.3	−3.3***
Medium−sized town or urban area	41.0	35.0	6.0*	41.3	38.0	3.3***	41.4	39.1	2.3***
Smaller town or rural area	21.1	20.5	0.6	26.1	22.7	3.4***	26.6	25.6	1.0***
Current civil status (%)									
Never in a legal union	25.2	77.5	−52.3***	26.5	70.1	−43.6***	27.4	78.9	−51.5***
Widowed	1.6	0.3	1.3**	2.8	2.2	0.6***	1.2	0.8	0.4***
Divorced or separated	46.1	11.1	35.0***	16.3	8.1	8.3***	14.2	5.5	8.6***
In a legal union	27.1	11.2	16.0***	54.3	19.6	34.7***	57.2	14.8	42.4***
Ever in a registered partnership if ever in a legal union (%)	0.4	6.4	−6.0**	0.1	1.1	−1.0***	0.0	1.7	−1.6***
Observations	317	1533	1850	1,822,476	609,335	2,431,811	1,647,920	861,351	2,509,271

The table presents weighted descriptive statistics for the Swedish-born population aged 18–75 in 2020, reported as means with standard deviations (in parentheses) or as percentages. All groups are reweighted using Coarsened Exact Matching (CEM) on birth year to match the age distribution of trans women who are ever parents (column 1). The "difference" columns report weighted regression estimates of the gap between ever and never parents within each gender group. We denote statistically significant differences using asterisks: *** for p-value < 0.001, ** $p < 0.01$, * $p < 0.05$. See Table 2 notes for additional details about data sources and measurement

socio-economically. Within the group of trans women, there is a clear positive socio-economic selection into parenthood. This selection looks more similar to the selection into parenthood among cis men than among cis women: Cis men without children are also less likely to work, more likely to receive social benefits, less likely to be in a legal union, and earn significantly less than cis fathers.

Transgender men's selection into parenthood

Transgender fathers are, on average, 13 years younger than trans women with children. Consequently, Table 4, with cis people and non-parents reweighted to trans fathers (i.e., trans men who ever had children), contains a younger population than Table 3.

Contrasting trans fathers to cis mothers and fathers of similar ages, some gaps become much larger. Nearly 90% of similarly aged cis fathers work as their main source of income, compared to only 68% of trans fathers and 75% of cis mothers. When instead comparing similarly aged trans men with and without children, we again find evidence of a positive socio-economic selection into parenthood. Just like for trans women, the positive selection into parenthood for trans men is more similar to the selection into parenthood among cis men than cis women. Both cis and trans fathers are far more likely than non-fathers to be working, have higher earnings, and are less dependent on benefits than cis and trans men without children. However, unlike trans women, trans men with and without children show similar timing and progression in their legal and medical gender transition.

Lastly, trans men with children are much more likely than cisgender parents to have been in a same-sex registered partnership (conditional on having been in a legal union). This is a clear difference from the patterns of trans women. Tentatively, this might suggest that most trans women had their children in relationships with cis women, something that might also be common among trans men. In the next section, we dive more deeply into trans people's situation at the time of entering parenthood.

Characteristics of transgender parents when entering parenthood

To better understand whether transgender and cisgender people enter parenthood under similar socio-economic circumstances, we next examine transgender parents at the time they first become parents. Table 5 presents descriptive statistics for transgender parents in the year they were first recorded as parents by our definition. We exclude people whose first year of parenthood was 1990 (113 trans women and 32 trans men) because most of these people likely became parents before this year. Because we cannot observe parenthood before 1990, we also do not know if the first instance of parenthood thereafter is in fact someone's first child. A person who had children earlier but did not live with them or use parental leave in 1990 would not be classified as a parent in that year.

To get more comparable samples of cisgender parents, we match them to trans men and women, separately, based on each parent's birth year and year of entering parenthood. Hence, cisgender parents matched to, e.g., trans women with children, are born in the same years and had their first children in the same years as trans women. Table 5 thus presents unweighted ("raw") numbers for trans people and weighted averages for cis people, i.e., adjusted to match trans people's distribution of age and years when they entered parenthood.

Table 4 Weighted descriptive statistics for trans men and cis people in 2020, adjusted to match the age distribution of trans men who are ever parents

	Trans men			Cis women			Cis men		
	Ever parent	**Never parent**	**Difference**	**Ever parent**	**Never parent**	**Difference**	**Ever parent**	**Never parent**	**Difference**
Age at end of 2020	38.9 (11.6)	38.9 (11.6)	–	38.9 (11.6)	38.9 (11.6)	–	38.9 (11.6)	38.9 (11.6)	–
Age at entering parenthood	29.4 (6.5)	–	–	28.0 (5.5)	–	–	29.5 (5.4)	–	–
Age at gender incongruence diagnosis	29.3 (9.3)	29.4 (8.8)	−0.2	–	–	–	–	–	–
Ever changed legal gender marker (%)	53.8	56.7	−2.9	–	–	–	–	–	–
Age at legal gender change (if ever)	31.2 (8.2)	31.3 (7.9)	−0.1	–	–	–	–	–	–
Ever sterilized (%)	33.6	33.7	−0.0	–	–	–	–	–	–
Age at sterilizing surgery (if ever)	32.3 (8.8)	31.4 (8.8)	0.9	–	–	–	–	–	–
Years of schooling	12.8 (2.3)	12.7 (2.4)	0.1	13.2 (2.2)	13.3 (2.3)	−0.1***	12.6 (2.2)	12.6 (2.3)	0.0**
Total income, 1000 s of SEK	295.9 (149.7)	223.0 (148.2)	73.0***	332.3 (188.9)	315.7 (188.1)	16.6***	447.8 (309.4)	341.5 (239.7)	106.3***
Main source income (%)									
Work	68.2	51.2	17.0***	74.8	73.0	1.8***	88.9	74.4	14.5***
Study	5.3	6.8	−1.5	3.1	4.6	−1.6***	1.0	3.6	−2.6***
Pension	5.0	5.1	−0.1	5.1	5.3	−0.1***	5.1	5.3	−0.2***
Social insurance	20.4	33.0	−12.6***	16.3	13.4	2.8***	4.1	12.2	−8.1***
None	0.9	3.8	−2.9**	0.7	3.7	−2.9***	0.9	4.5	−3.7***
Urbanicity (%)									
Large urban area	38.7	45.8	−7.1*	32.9	44.3	−11.4***	31.6	39.8	−8.2***
Medium-sized town or urban area	37.7	36.9	0.8	42.0	36.9	5.0***	42.4	38.6	3.9***
Smaller town or rural area	23.6	17.3	6.3**	25.1	18.7	6.4***	26.0	21.6	4.4***
Current civil status (%)									
Never in a legal union	33.0	79.2	−46.2***	44.7	82.2	−37.6***	47.2	88.1	−40.9***
Widowed	0.0	0.5	−0.5	0.9	0.7	0.2***	0.4	0.3	0.1***
Divorced or separated	24.2	10.2	14.1***	9.2	4.6	4.5***	7.3	2.8	4.6***
In a legal union	42.8	10.1	32.7***	45.2	12.4	32.8***	45.1	8.9	36.2***
Ever in a registered partnership if ever in a legal union (%)	8.0	10.1	−2.1	0.1	0.8	−0.7***	0.0	1.1	−1.1***
Observations	318	2543	2861	1,759,459	845,521	2,604,980	1,581,194	1,116,152	2,697,346

The table presents weighted descriptive statistics for the Swedish-born population aged 18–75 in 2020, reported as means with standard deviations (in parentheses) or as percentages. All groups are reweighted using Coarsened Exact Matching (CEM) on birth year to match the age distribution of trans men who are ever parents (column 1). The "difference" columns report weighted regression estimates of the gap between ever and never parents within each gender group. We denote statistically significant differences using asterisks: *** for p-value < 0.001, ** $p < 0.01$, * $p < 0.05$. See Table 2 notes for additional details about data sources and measurement

Cross-checking with official statistics from Statistics Sweden, we first note that trans women's average age of entering parenthood is very close to the average for all cis men in Sweden in 2004 (31.4), and trans men's average age of entering parenthood is very close to the average for cis women in 2012 (29.0) (Statistics Sweden, 2025). Examining Table 5, it is evident that some of the differences between cisgender and transgender parents in the 2020 population (Tables 3 and 4) are already present in the year of entering parenthood, though less pronounced. Trans women's total income level at this time is between that of cisgender new mothers and fathers, whereas trans men's total income is on par with that of cis women. Moreover, almost all cis people supported themselves by working in the year before parenthood, whereas a sizable share of transgender parents-to-be depended on social benefits or student grants as their main source of income. In terms of geographic patterns, both cisgender and transgender parents mostly live in small- to medium-sized towns.

The average maximum number of recorded children in the household (in any year) is around 2 for trans women and cisgender parents, indicating that many of them have a second child. Among trans men, the number is lower, perhaps due to difficulties having more children or becoming legally recognized as a parent. Transgender parents are less likely to use parental benefits, but those who do take more benefits than cis fathers and much less than cis mothers. Among comparable trans fathers and cis mothers, 91% of cis mothers have a medical record indicating they have given birth, but fewer than 40% of trans fathers do. [2]Those who do not have a recorded birth could have given birth at home, adopted, or become parents or stepparents when their partner gave birth, or by marrying someone with a child.

There are also large disparities in civil status, with transgender parents noticeably more likely to be in a legal union when entering parenthood and cisgender parents more often (just) cohabiting. Trans men stand out as having the lowest share registered as being in a co-resident couple with children. Instead, a sizable share of trans men (34%) is recorded as either single parents or as single adults with no children in the household. These seemingly surprising numbers may be explained by both lifestyle and bureaucracy. The fact that trans men use much less parental leave than cis mothers and only 40% have given birth points to many trans men having children with a cis woman or another trans man who carried the child. In such cases, it may take longer to get both partners' parenthood legally recognized (see section "Historical development of legal gender recognition and parental rights"). A trans man whose partner gave birth may have to adopt the child to be recognized as a parent in official records. If the trans man gave birth, his partner may have to adopt to be legally recognized. While this process is ongoing, the partner who gave birth may be recorded as a single parent and their partner as a single childless adult in administrative records. It could also be that trans men are more often single parents or have separated from the child's other parent and do not live with the child (but use some parental leave). In light of these considerations, it is not that surprising that the average number of officially co-resident children is less than 1 for trans men.

Turning to Table 6, which describes the timing of common gender transition milestones in relation to entering parenthood among transgender parents, it is evident that many go through transition while raising children. There are a few eye-catching

[2] See Table 8 in the appendix for details on how this variable was constructed.

Table 5 Descriptive statistics in the year of parenthood

	Weighted to trans women			Weighted to trans men		
	Trans women	Cis women	Cis men	Trans men	Cis women	Cis men
Year of parenthood	2003.9 (9.1)	2003.9 (9.1)	2003.9 (9.1)	2012.3 (6.8)	2012.3 (6.7)	2012.3 (6.7)
Age at entering parenthood	31.3 (6.1)	31.3 (6.1)	31.3 (6.1)	29.2 (6.1)	29.2 (6.1)	29.2 (6.1)
Currently on parental leave (%)	79.3	93.5	89.5	83.7	95.2	92.2
Parental benefits (if on leave), 1000 s of SEK	22.4 (34.3)	71.4 (51.0)	17.1 (20.8)	34.1 (40.5)	70.4 (50.3)	19.4 (22.2)
Gave birth around the time of entering parenthood (%)	0.0	85.8	0.0	39.2	90.8	0.0
Average number of co-residing minors	1.1 (0.7)	1.1 (0.4)	1.1 (0.6)	0.9 (0.5)	1.0 (0.3)	1.0 (0.5)
Max number of co-residing minors after parenthood (mean)	1.8 (1.0)	1.9 (0.8)	2.0 (0.9)	1.4 (0.8)	1.8 (0.8)	1.8 (0.9)
Years of schooling	12.3 (2.4)	12.9 (2.2)	12.3 (2.2)	12.4 (2.3)	13.1 (2.2)	12.4 (2.2)
Total income, 1000 s of SEK	266.2 (151.9)	221.3 (118.6)	329.1 (197.7)	232.0 (127.0)	232.2 (131.2)	354.8 (201.5)
Main source income, lagged (%)						
Work	76.7	87.5	90.8	68.8	87.0	90.7
Study	7.3	4.4	2.6	10.1	6.2	4.1
Pension	0.0	0.1	0.0	0.0	0.1	0.1
Social insurance	14.3	6.8	5.5	18.8	5.5	4.0
None	1.6	1.2	1.1	2.4	1.2	1.1
Urbanicity (%)						
Large urban area	42.7	40.9	35.7	44.1	39.5	34.6
Medium-sized town or urban area	37.4	38.0	40.2	35.8	39.2	41.0
Smaller town or rural area	19.9	21.1	24.1	20.1	21.3	24.5
Household type (%)						
Couple with co-resident minor children	86.2	83.8	89.3	65.6	83.5	88.9
Single parent with co-resident minor children	3.3	12.7	1.3	17.0	12.9	1.5
Couple or single adult without co-resident minor children	10.6	3.6	9.4	17.4	3.6	9.7
Current civil status (%)						
Never in a legal union	53.3	63.1	65.1	48.3	70.0	72.0
Widowed	0.0	0.1	0.0	0.0	0.0	0.0
Divorced or separated	2.8	2.6	2.2	4.2	1.6	1.0
In a legal union	43.9	34.1	32.7	47.6	28.3	27.0
Ever in a registered partnership if ever in a legal union (%)	0.0	0.4	0.0	10.7	0.3	0.1
Observations	246	395,514	403,948	288	356,793	320,202

The table reports descriptive statistics measured in the year that people entered parenthood according to our definition. All statistics are reported as means with standard deviations (in parentheses) or as percentages. The sample includes Swedish-born individuals who became parents between 1991 and 2020, at ages 18 to 75. We use Coarsened Exact Matching (CEM) on birth year and year of first parenthood to reweight cis women and cis men to match the joint distribution of trans women (left panel) and trans men (right panel). Socio-demographic data come from the LISA register. Data on birth-giving come from the National Patient Register

differences between trans men and women. While trans women receive their gender incongruence diagnosis on average 8 years after parenthood, most trans men already have a diagnosis when becoming fathers. Ergo, at least 60% of trans men sought gender-affirming care before becoming parents, compared to 20% of trans women. Likewise, about one-third of trans men had changed legal gender already before parenthood, while the same share among trans women had done so only at the time the child turned

18. Finally, two-thirds of trans men but only half of trans women had started hormones by the time the child reached adulthood. However, this share could be underestimated because data on drug prescriptions are missing before 2006. In Fig. 4, we therefore restrict the sample of transgender parents to those who got a gender incongruence diagnosis in 2006 or later. The figure illustrates the share of transgender parents who have reached specific milestones in their transition by year since one year before parenthood, confirming the patterns for the full sample seen in Table 6. Only a small percentage were sterilized before having children.

These patterns support the notion that most trans women had children before starting their gender transition. Many trans men, on the other hand, were likely openly trans and/or male-presenting at the time they had their first child.

Table 6 Timing of gender transition milestones relative to parenthood

	Trans women	Trans men
Age at parenthood	31.3 (6.1)	29.2 (6.1)
Age at first gender incongruence diagnosis	39.7 (11.3)	28.0 (7.6)
Diagnosed before parenthood (%)	19.5	59.4
Diagnosed within 18 years of parenthood (%)	79.3	100.0
Hormones before parenthood (%)	8.5	35.1
Hormones within 18 years of parenthood (%)	47.6	70.5
Sterilized before parenthood (%)	6.9	15.3
Sterilized within 18 years of parenthood (%)	20.7	33.3
Legal change before parenthood (%)	7.7	28.1
Legal change within 18 years of parenthood (%)	31.3	58.7
Observations	246	288

Descriptive statistics are reported as means (with standard deviations in parentheses) or as percentages. Data on gender-affirming care comes from the National Patient Registry and the Prescribed Drugs Registry. Data on legal gender changes comes from the Swedish Tax Authority

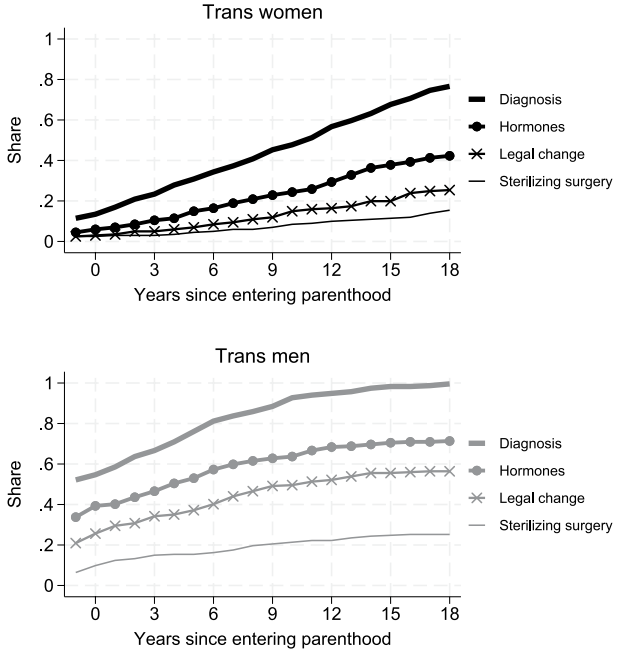

Fig. 4 Share who reached transition milestones over the first child's age. *Note* Share of trans women (top panel) and men (bottom panel) who reached 4 common transition milestones, from one year before parenthood and over the first child's age. The figure includes the population who were diagnosed in 2006 or later. N = 435 transgender parents (201 trans women and 234 trans men)

Discussion

This study presents the first population-level socio-economic and demographic information for transgender parents compared to trans non-parents and cisgender peers. The overall prevalence of parenthood in our study population—all Swedish-born individuals aged 18–75 with a gender incongruence diagnosis—was 11.4% in 2020: 13% among trans women (AMAB) and 10% among trans men (AFAB). Parenthood rates were highest among middle-aged people, peaking at 41% for trans men aged 45–49 and 43% for trans women aged 50–64, about half the rates observed among cisgender peers.

Despite similar parenthood desires (Bayar et al., 2023; Rodriguez-Wallberg et al., 2023), numerous medical, legal, and societal barriers likely contribute to transgender people's curtailed parenthood rates (Armuand et al., 2017; Dunne, 2017; Greenfield & Darwin, 2020; SOU 2017:92; Stolk et al., 2023). Medically, gender-affirming hormone therapy and surgeries can reduce or eliminate fertility, and many trans people face limited access to fertility preservation or medically assisted reproduction (MAR) (Armuand et al., 2017; Stolk et al., 2023). Socially, fears of discrimination in reproductive care and concerns that their child may be bullied for having a trans parent can deter parenthood aspirations (Allen et al., 2025; Defreyne et al., 2020a, 2020b; Greenfield & Darwin, 2020). Legally, people who transitioned in Sweden before 2013 were required to undergo sterilizing surgery before changing their legal gender marker, forcing older cohorts to choose between legal recognition as their true selves and retaining their reproductive capacity.

Despite these barriers, many transgender people pursue gender-affirming care, start hormone therapy, and even change legal gender while simultaneously having and raising children. Among those who became parents after 1990, 60% of trans men and nearly 20% of trans women already had a gender incongruence diagnosis at the time of their first child's birth. Over 1990–2020, we estimate that approximately 1200 children in Sweden grew up with a parent undergoing a medical gender transition. At the time of their first child's birth, transgender parents' incomes were on par with or above those of cis mothers but lower than those of cis fathers. By 2020, both transgender mothers and transgender fathers had fallen behind their cisgender counterparts in income and were much less likely to have employment as their main income source. These statistics point to the economic vulnerability of transgender parents and their children. Understanding the social and financial conditions of transgender families should therefore be a priority for future research.

Our results show that trans women and trans men likely follow different routes to parenthood. Most trans women with children became parents before starting their gender transition, likely in relationships with cis women. Many of these relationships seem to dissolve: nearly half of trans women with children were divorced by 2020. After transition, trans women face substantial barriers to parenthood. Estrogen treatment often leads to infertility, and many trans women eventually have genital surgery leading to permanent sterility, either due to preference or because sterilization was previously required. The fact that so few trans women have children after starting their transition may indicate that few form relationships with cis women or trans men who could carry a child. Previous research has shown that about two-thirds of trans women are unable to visually conform to a female gender (i.e., "pass"; To et al.,

2020), which qualitative work indicates can put strain on relationships and lead to less positive romantic interactions (Thornton et al., 2025). Conversely, the low number of trans women who become parents after transition may also suggest that more expensive routes to parenthood, such as adoption, surrogacy, or non-subsidized fertility treatments, are not feasible for them. Another possible explanation is that many trans women time their transition to after having children, knowing that the medical process could render them infertile. These questions warrant a deeper qualitative investigation.

For trans men, opportunities for parenthood appear greater, including years into their transition. Many trans men retain their fertility throughout transition (Axfors et al., 2023; Moberg et al., 2025), even after long-term testosterone use (Stolk et al., 2023). Trans men are thus less dependent on finding a partner who can become pregnant to fulfill their desire for parenthood. However, they may still choose not to carry a pregnancy themselves, for instance, because doing so can cause gender dysphoria. Swedish trans men with female legal gender (i.e., before legal gender recognition) partnered with someone who also has female legal gender have had access to heavily subsidized MAR since 2005 (Evertsson et al., 2020). The partner could be a cis woman, another trans man, or a trans woman after she changed legal gender. As most trans men have children before changing their legal gender marker, we think that a non-negligible share of trans fathers may have had children this way, if not with a cis man. This notion is in line with transgender parents' diverse sexual identities: in the TransPop survey, many reported attraction to more than one gender, including bi- or pansexuality, and 30% of partnered respondents had a trans or non-binary partner (Carone et al., 2021).

Looking more broadly at Sweden, the expanded opportunities to have children through MAR are a major reason why, today, almost 60% of Swedish married lesbians are raising children, most of whom were born within the marriage (Möllborn et al., 2025). Many lesbians are able to have children after coming out, and the same seems to be true for transgender men. For couples consisting of two people with female legal gender, entering a legal union is an increasingly common route to parenthood (Möllborn et al., 2025). Likewise, our data show that a majority of trans fathers started their transition before parenthood and that most had children within a relationship. This pattern aligns with previous studies suggesting that many trans men can maintain romantic relationships during their gender transition (Meier et al., 2013; To et al., 2020).

A comparison with gay men's parenthood further illustrates gendered constraints. For Swedish gay men, one of the few options to have children is to utilize (very expensive) surrogacy abroad, because surrogacy is not allowed in Sweden (Evertsson & Malmquist, 2023; Evertsson et al., 2020). As a result, only 10% of married gay men have co-resident children, and many of them are raising children from a previous heterosexual relationship (Möllborn et al., 2025). Like gay men, trans women face a biological limitation in that they cannot be pregnant. Combined with the infertility risks associated with estrogen therapy and gender-affirming surgery, trans women's opportunities for parenthood resemble those of gay men: structurally limited and financially burdensome.

Patterns of parental leave use are consistent with the interpretation that many transgender parents have children with a partner who carried and gave birth to the child.

Both trans women and trans men with children take up more parental leave benefits than cis fathers but much less than cisgender mothers (conditional on any use). This finding is reminiscent of the pattern in couples where both partners have female legal gender, where the partner who gives birth takes most of the leave, though the non-birth parent often uses more leave than cis fathers (Andresen & Nix, 2022; Moberg, 2016). To our knowledge, no previous studies have examined transgender people's use of parental leave.

Our study has several limitations. First, the trans population we observe includes only individuals who sought gender-affirming care and received a diagnosis. Thus, it does not capture trans people who never sought gender-affirming care, but who, for example, socially transitioned by changing their name and using new pronounce. Second, our data do not contain links between children and their biological or adoptive parents, nor any information on partners. We therefore infer parenthood from the presence of children in the household after entering a legal union and from parental leave use. Because this approach relies on administrative markers available only from 1990 onward, it may misclassify individuals who became parents before 1990 or who parent outside a co-residential arrangement. Our estimates, therefore, likely understate the true share of parents, especially among older cohorts. Our definition also excludes parents who never form a legal union and never use parental leave. However, although about half of Swedish children are born outside marriage (Perski, 2017), this measurement error is probably small because most parents take at least some parental leave (Duvander, 2013; Swedish Social Insurance Agency, 2019). These limitations may explain discrepancies between our overall prevalence measure (11.4%) and the 19% reported by Thomsen et al. (2024) for Danish trans people enrolled in gender-affirming care. In contrast, Kolk et al. (2025) found that only 6% of trans women and 9% of trans men aged 30–65 co-resided with young children in Sweden, but their estimates provide a narrow view of transgender parenthood, as they capture only co-residence in the year of first gender incongruence diagnosis. By following individuals over time and using a broader definition of parenthood, our study captures a more complete parenthood history. Still, we may be underestimating the total prevalence of parenthood in the trans (and cis) population. Finally, the absence of partner identifiers means we cannot distinguish between people who became parents in same- or different-sex relationships, except for those in registered partnerships. Combined with the lack of parent–child links, we cannot differentiate between biological parenthood, step, or adoptive parenthood, or various uses of MAR. More comprehensive data would make it possible to describe the full range of pathways to parenthood among transgender people.

To address remaining gaps in knowledge, future research needs to develop data that more closely capture transgender people's paths to family formation. First, using administrative records with parent–child links and partner information would facilitate a more reliable count of parents and their family constellations. Second, linking register data with survey-based measures of gender identity and parental aspirations would facilitate studying transgender people who do not seek gender-affirming care and examining how aspirations translate into parenthood across subgroups of the transgender community. Third, qualitative and mixed-methods research is needed to understand why trans people do or do not pursue parenthood and, if so, how. Such

studies could address concerns about discrimination and bullying, the legacy of sterilization mandates, and limited access to MAR or legal recognition of parenthood. Fourth, an in-depth study of reproductive care for trans people, including use of fertility preservation, MAR, and pregnancy and maternity care, could provide knowledge on how medical systems influence family formation. Fifth, comparative studies across countries would clarify how institutional environments shape opportunities to have children. Last, over the long term, research should examine the well-being and experiences of discrimination among children of transgender parents.

In conclusion, this study substantially advances current knowledge on transgender parenthood. It provides the first population-level evidence on the prevalence and socio-demographic characteristics of transgender parents in any country. By using high-quality register data, we move beyond the small non-probability samples used in earlier work and produce reliable estimates across age groups and gender. Our findings show that transgender people have been raising children in Sweden at least since the 1990s, but this group remains small and vulnerable. Our study identifies gender-specific reproductive possibilities and constraints and links these to the medical and legal context. We document how parenthood relates to the timing of legal gender change, indicating disparities between trans men's and trans women's opportunities for children post-transition. Hence, the study offers foundational demographic evidence for future research on the social, economic, and institutional conditions under which transgender people form families.

The broader historical context underscores the significance of this research. From a period when transgender people were vilified and legally required to undergo sterilization, Sweden has moved toward equal access to reproductive care and recognition of transgender parents as mothers and fathers in accordance with one's legal gender (Alaattinoğlu et al., 2023). Yet prejudiced views persist (Public Health Agency of Sweden, 2015; SOU 2017:92), and the binary legal gender system continues to limit recognition for non-binary parents. Looking ahead, future trends in transgender parenthood will depend on developments in reproductive technologies, clinical practices, and relationship patterns. Since 2013, Swedish gender-affirming care patients have been offered the option to preserve reproductive cells before starting hormones, although many young trans people appear reluctant or uninterested in doing so (Auer et al., 2018; Nahata et al., 2017). For trans men, pausing hormone therapy may still allow biological parenthood, and many are in relationships with partners who can carry a pregnancy. For trans women, the likelihood of having a genetic child after long-term hormone use is more limited. Many trans people will therefore likely rely on medically assisted reproduction, with or without donated gametes, to fulfill their parenthood desires. However, for trans women in relationships with cis men or with trans women, paths to parenthood in the Swedish context remain scarce. Our findings therefore speak to both the progress made and the continued challenges to transgender family formation.

Appendix

See Tables, 7, 8, 9, 10, 11, 12.

Table 7 Swedish ICD codes related to gender incongruence, 1968–2024

Code	Description	Manual	Years
302,30	Transvestitismus	ICD-8-SE	1968–1981
302,31	Transsexualismus	ICD-8-SE	1968–1986
302,99	Sexual anomalies, not otherwise specified	ICD-8-SE	1968–1986
302X	Sexual disorders	ICD-9-SE	1987–1996
F640	Transsexualism; gender dysphoria	ICD-10-SE	1997–2024
F641	Dual-role transvestism	ICD-10-SE	1997–2009
F642	Gender identity disorder of childhood	ICD-10-SE	1997–2009
F648	Other gender identity disorder	ICD-10-SE	1997–2024
F649	Gender identity disorder, not otherwise specified	ICD-10-SE	1997–2024

ICD-8-SE codes sometimes appear in the patient register without the final digit. We treat codes 302,3 and 302,9 as equivalent to codes 302,30 and 302,99

Table 8 Variable definitions

Variable	Definition
Civil status	Can take on one of the following values in each year: Unmarried Married (includes same-sex marriage since 2009) Registered partner (since 1995) Divorced from marriage Divorced from registered partnership Widowed from marriage Widowed from registered partnership
Gave birth around the time of entering parenthood	Constructed proxy variable based on medical records of pregnancy care, for example, when admitted to hospital to deliver. We include pregnancy care that took place the year before, of, or after the person was first recorded as a parent according to our definition. We choose a three-year window in order to capture birth giving among people who, e.g., gave birth in December or January, but went on parental leave in the calendar year before or after. 95% of those who gave birth had a pregnancy-related care code recorded in their first year of parenthood
Income	Annual pre-tax income, including income from employment, study allowance, parental and caregiver benefits for a child or relative, sickness benefits, unemployment benefits, disability or early-retirement benefits, social assistance, labor market program benefits, and old-age pension
Number of co-resident minors	Equal to the number of children 0–17 years old living in the same household. This variable is based on Statistics Sweden's definition of a household, where co-habitation with the child either requires having biological/adoptive/custodial links to the child or being in a marriage/registered partnership with the parent of a non-biological/adopted/custodial child residing in the household
Parental benefits	Annual sum of benefits received for staying at home to care for a child. Includes standard parental leave benefits, temporary parental benefit to care for a sick child (VAB), care allowance for children with special needs, and municipal child care allowance (2011–2016). Reported in 1000 s of Swedish krona (SEK). Benchmarked to SEK in 2020 using CPI data from Statistics Sweden. 1000 SEK ≈ €100 over the period

All variables are derived from Swedish administrative data in LISA (longitudinal integrated database for health insurance and labour market studies)

Table 9 Summary of inclusion criteria and sample sizes

	Trans women	Trans men	Cis women	Cis men
Main inclusion criteria (population in Fig. 1*)*				
Ever a resident of Sweden at ages 18–75, years 1990–2020	3393	3793	5,377,357	5,539,647
Born in Sweden	2713	3205	4,156,628	4,251,688
Tables 2–4 *inclusion criteria (in addition to main criteria)*				
Resident of Sweden at the end of 2020*	2519	3114	3,181,181	3,177,948
Aged 18–75 at the end of 2020	2480	3097	2,739,268	2,835,590
Tables 5–6 *inclusion criteria (in addition to main criteria)*				
Ever a parent by our definition	359	326	2,040,409	1,920,401
First entered parenthood 1991–2020	246	294	1,185,341	1,174,028
Aged 18–75 when entered parenthood	246	288	1,180,868	1,173,730
Matched sample for trans women by birth year and parenthood year	246	N/A	395,514	403,948
Matched sample for trans men by birth year and parenthood year	N/A	288	356,793	320,202

(*)Due to rare administrative errors, some people appear in our data multiple times per year with inconsistent records. We exclude these cases from our analyses. This restriction excludes 6 cis women and 14 cis men from Table 1, and no individuals from Table 2

Table 10 Descriptive statistics in 2020 by gender and parenthood status, restricting to birth cohorts 1972–2002

	Trans women		Trans men		Cis women		Cis men	
	Ever parent	Never parent	Ever parent	Never parent	Ever parent	Never parent	Ever parent	Never parent
Percentage/Mean (S.D.)								
Age at end of 2020	38.8 (5.9)	27.7 (7.3)	34.6 (6.5)	24.6 (6.6)	38.2 (6.6)	25.0 (7.6)	39.2 (6.1)	26.5 (8.3)
Age at entering parenthood	29.2 (5.5)	–	28.2 (5.7)	–	27.9 (4.8)	–	30.0 (4.7)	–
Age at gender incongruence diagnosis	33.0 (7.1)	22.9 (5.8)	27.0 (6.7)	20.4 (5.3)	–	–	–	–
Ever changed legal gender (%)	38.0	35.8	51.5	33.9	–	–	–	–
Age at legal gender change (if ever)	33.7 (6.0)	26.7 (5.5)	29.7 (6.1)	24.6 (5.0)	–	–	–	–
Ever sterilized (%)	26.4	17.3	29.0	10.0	–	–	–	–
Age at sterilizing surgery (if ever)	34.0 (6.8)	27.1 (5.6)	30.3 (6.6)	26.2 (5.6)	–	–	–	–
Years of schooling	12.6 (2.2)	11.9 (2.2)	12.8 (2.2)	11.6 (2.2)	13.5 (2.2)	12.3 (2.3)	12.9 (2.2)	12.0 (2.2)
Total income, 1000 s of SEK	300.8 (170.4)	156.7 (165.9)	297.2 (149.2)	136.4 (124.8)	364.1 (202.1)	212.1 (170.4)	486.2 (321.1)	244.9 (213.3)
Main source income (%)								
Work	69.0	38.2	72.9	39.9	82.9	63.3	94.7	65.2
Study	5.4	20.0	6.5	30.1	2.6	21.0	0.7	17.6
Pension	0.0	0.2	0.4	0.2	0.1	0.2	0.1	0.2
Social insurance	24.8	33.0	19.1	23.0	13.6	6.4	3.5	7.6
None	0.8	8.6	1.1	6.8	0.8	9.1	1.0	9.4
Urbanicity (%)								
Large urban area	38.0	39.0	39.3	35.7	35.1	41.5	34.7	39.0
Medium-sized town or urban area	35.7	41.1	37.0	43.2	41.2	40.0	41.4	40.3
Smaller town or rural area	26.4	19.9	23.7	21.1	23.7	18.5	23.9	20.7
Current civil status (%)								
Never in a legal union	42.6	95.3	35.5	94.6	42.2	95.0	42.2	96.1
Widowed	0.0	0.0	0.0	0.0	0.2	0.0	0.1	0.0
Divorced or separated	24.8	1.9	21.0	2.0	9.1	1.1	7.8	0.7
In a legal union	32.6	2.9	43.5	3.4	48.4	3.9	49.9	3.1
Ever in a registered partnership if ever in a legal union (%)	0.0	0.0	7.1	4.3	0.2	0.4	0.0	0.6
Observations	129	1997	262	2994	764,752	821,856	641,312	1,034,681

The table replicates Table 2 after restricting the sample to people aged 18–48. Refer back to Table 2 notes for additional details

Table 11 Weighted descriptive statistics for trans women and cis people in 2020, adjusted to match the age distribution of trans women who are ever parents and restricted to birth cohorts 1972–2002

	Trans women			Cis women			Cis men		
	Ever parent	Never parent	Difference	Ever parent	Never parent	Difference	Ever parent	Never parent	Difference
Percentage/mean (S.D.)									
Age at end of 2020	38.8 (5.9)	38.8 (5.9)	–	38.8 (5.9)	38.8 (5.9)	–	38.8 (5.9)	38.8 (5.9)	–
Age at entering parenthood	29.2 (5.5)	–	–	28.2 (4.8)	–	–	30.0 (4.6)	–	–
Age at gender incongruence diagnosis	33.0 (7.1)	29.9 (6.4)	3.1***	–	–	–	–	–	–
Ever changed legal gender marker (%)	38.0	53.1	−15.1**	–	–	–	–	–	–
Age at legal change (if ever)	33.7 (6.0)	31.9 (6.5)	1.7	–	–	–	–	–	–
Ever sterilized (%)	26.4	34.1	−7.7	–	–	–	–	–	–
Age at sterilizing surgery (if ever)	34.0 (6.8)	30.9 (6.6)	3.1*	–	–	–	–	–	–
Years of schooling	12.6 (2.2)	12.7 (2.4)	−0.1	13.6 (2.2)	13.5 (2.2)	0.1***	12.9 (2.2)	12.7 (2.3)	0.2***
Total income, 1000 s of SEK	300.8 (170.4)	244.7 (238.4)	56.0**	372.2 (203.1)	330.9 (196.0)	41.3***	483.3 (319.6)	359.2 (258.5)	124.1***
Main source income (%)									
Work	69.0	46.0	22.9***	84.4	76.8	7.6***	94.7	78.8	15.9***
Study	5.4	4.4	1.1	2.3	2.7	−0.4***	0.7	2.0	−1.2***
Pension	0.0	0.4	−0.4	0.1	0.3	−0.2***	0.1	0.3	−0.2***
Social insurance	24.8	43.4	−18.6***	12.4	16.1	−3.7***	3.5	13.8	−10.3***
None	0.8	5.8	−5.1*	0.8	4.2	−3.4***	1.0	5.2	−4.2***
Urbanicity (%)									
Large urban area	38.0	41.9	−4.0	35.7	44.7	−9.0***	34.6	40.8	−6.2***
Medium–sized town or urban area	35.7	36.6	−0.9	41.0	36.6	4.4***	41.5	38.0	3.4***
Smaller town or rural area	26.4	21.5	4.9	23.3	18.7	4.6***	23.9	21.1	2.8***
Current civil status (%)									

Table 11 (continued)

	Trans women			Cis women			Cis men		
	Ever parent	Never parent	Difference	Ever parent	Never parent	Difference	Ever parent	Never parent	Difference
Never in a legal union	42.6	87.8	−45.1***	40.4	82.8	−42.4***	42.8	88.7	−45.9***
Widowed	0.0	0.0	0.0	0.2	0.2	0.1***	0.1	0.1	0.1***
Divorced or separated	24.8	4.7	20.1***	9.4	4.7	4.8***	7.5	2.6	4.9***
In a legal union	32.6	7.5	25.0***	50.0	12.4	37.6***	49.5	8.6	40.9***
Ever in a registered partnership if ever in a legal union (%)	0.0	0.0	0.0	0.2	0.9	−0.7***	0.0	1.2	−1.2***
Observations	129	1261	1390	749,153	386,842	1,135,995	635,528	562,204	1,197,732

This table replicates the results in Table 3 after restricting the sample to people born between 1972 and 2002. See Table 3 notes for additional details

Table 12 Weighted descriptive statistics for trans men and cis people in 2020, adjusted to match the age distribution of trans men who are ever parents and restricted to birth cohorts 1972–2002

	Trans men			Cis women			Cis men		
	Ever parent	Never parent	Difference	Ever parent	Never parent	Difference	Ever parent	Never parent	Difference
Percentage/mean (S.D.)									
Age at end of 2020	34.6 (6.5)	34.6 (6.5)	–	34.6 (6.5)	34.6 (6.5)	–	34.6 (6.5)	34.6 (6.5)	–
Age at entering parenthood	28.2 (5.7)	–	–	27.0 (4.6)		–	28.5 (4.5)	–	–
Age at gender incongruence diagnosis	27.0 (6.7)	27.5 (6.5)	−0.4	–	–	–	–	–	–
Ever changed legal gender marker (%)	51.5	54.2	−2.7	–	–	–	–	–	–
Age at legal change (if ever)	29.7 (6.1)	29.7 (5.9)	0.0	–	–	–	–	–	–
Ever sterilized (%)	29.0	27.6	1.5	–	–	–	–	–	–
Age at sterilizing surgery (if ever)	30.3 (6.6)	28.7 (6.7)	1.6	–	–	–	–	–	–
Years of schooling	12.8 (2.2)	12.8 (2.4)	−0.0	13.3 (2.2)	13.5 (2.2)	−0.2***	12.7 (2.1)	12.8 (2.2)	−0.1***
Total income, 1000 s of SEK	297.2 (149.2)	224.7 (145.8)	72.5***	325.4 (179.0)	317.1 (183.6)	8.3***	440.7 (269.0)	342.5 (237.9)	98.1***
Main source income (%)									
Work	72.9	55.3	17.6***	77.3	77.5	−0.2**	93.8	79.0	14.8***
Study	6.5	8.3	−1.8	3.7	5.6	−1.9***	1.2	4.3	−3.1***
Pension	0.4	0.1	0.3	0.1	0.2	−0.1***	0.1	0.2	−0.2***
Social insurance	19.1	31.8	−12.7***	18.2	12.7	5.5***	4.1	11.6	−7.5***
None	1.1	4.5	−3.3*	0.7	3.9	−3.2***	0.8	4.9	−4.0***
Urbanicity (%)									
Large urban area	39.3	46.4	−7.1*	33.2	46.1	−12.9***	31.7	41.5	−9.8***
Medium-sized town or urban area	37.0	36.1	1.0	42.1	36.5	5.6***	42.7	38.3	4.4***
Smaller town or rural area	23.7	17.6	6.1*	24.7	17.4	7.3***	25.6	20.3	5.4***
Current civil status (%)									

Table 12 (continued)

	Trans men			Cis women			Cis men		
	Ever parent	Never parent	Difference	Ever parent	Never parent	Difference	Ever parent	Never parent	Difference
Never in a legal union	35.5	83.0	−47.5***	50.3	86.7	−36.4***	53.4	91.4	−38.0***
Widowed	0.0	0.1	−0.1	0.2	0.1	0.1***	0.1	0.0	0.0***
Divorced or separated	21.0	7.3	13.7***	6.8	3.4	3.4***	5.1	1.7	3.4***
In a legal union	43.5	9.6	33.9***	42.7	9.8	32.9***	41.4	6.8	34.6***
Ever in a registered partnership if ever in a legal union (%)	7.1	11.1	−4.0	0.1	0.6	−0.4***	0.0	0.7	−0.7***
Observations	262	2440	2702	764,426	635,874	1,400,300	641,283	836,745	1,478,028

This table replicates the results in Table 4 after restricting the sample to people born between 1972 and 2002. See Table 4 notes for additional details

Abbreviations

AFAB Assigned female at birth. A person whose legal gender marker was registered as female at birth
AMAB Assigned male at birth. A person whose legal gender marker was registered as male at birth
Cis Cisgender. An adjective describing people whose gender identity is similar to the sex they were assigned at birth
Trans Transgender. An adjective describing people whose gender identity differs from the sex they were assigned at birth
LGR Legal gender recognition. The process of changing the legal gender marker on official government records
MAR Medically assisted reproduction (e.g., in vitro fertilization or insemination)
PL Parental leave

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Author contributions
YM: Writing—original draft, Conceptualization, Interpretation of results, Manuscript revision, Project administration, Funding acquisition. LT: Conceptualization, Data analysis, Interpretation of results, Manuscript revision, Funding acquisition, Data curation. EvE: Conceptualization, Interpretation of results, Writing, Manuscript revision, Project administration, Funding acquisition, Data curation. All authors read and approved the final manuscript.

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Data availability
The datasets generated and analyzed during the current study are not publicly available due to Swedish privacy laws governing access to administrative data. However, eligible researchers may apply for access to the source data through Statistics Sweden (Statistiskmyndigheten, SCB) and the National Board of Health and Welfare (Socialstyrelsen), following ethical approval. Upon request, the authors can provide guidance on the application process for accessing these data.

Declarations

Ethics approval and consent to participate
Our research has been approved through the regional Ethics Review Board in Stockholm (2018/560-31/5) and the Swedish Ethical Review Authority (2021-03229 and 2022-03462-02).

Competing interests
The authors do not have any competing interests to declare.

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