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## **On Adoption Interest Among Transgender Individuals: Conceptual Ambiguity, Methodological Weakness, and Interpretive Overreach**

### **To the Editor—**

In their recent article, Ogunbajo et al.<sup>1</sup> report associations between “gender affirmation” and interest in adoption among transgender adults in Washington State from which they draw a series of health care and policy implications. Unfortunately, the analytic strategy and interpretations exceed what the data can support.

The multinomial regression results are largely uninterpretable because of sparse joint distributions across multiple predictors and outcome categories. Two related features drive this. First, extreme cell sparsity is induced by cross-classifying multiple highly imbalanced categorical predictors (e.g., residential geography, employment, education, gender identity) with a three-category outcome, yielding many cells with very small counts and some plausibly empty. Second, the “interested in adoption” category is overwhelmingly dominated by a narrow subgroup. For example, approximately 97% of respondents in this category are transgender women; 97% report receiving hormones (if wanted); 98% report gender-affirming surgery (if wanted); and 99% are employed. Together, these features leave too few informative comparisons to support meaningful regression estimates.

A second concern is how gender-affirming care is operationalized, which creates construct-validity and selection problems. Medical and legal affirmation variables are restricted to respondents whose “gender goals” included the relevant interventions, conditioning on a selected subgroup and redefining the estimand. These variables also plausibly proxy socioeconomic advantage. The operationalization therefore conflates affirmation with access (e.g., insurance, income, time, legal assistance), leaving the proposed mechanism empirically ambiguous.

A third concern is interpretive overreach. The outcome is a single attitudinal item (“Are you interested in adopting a child?”), *not* readiness, feasibility, eligibility, or engagement in adoption processes. Yet the conclusion states “important public health implications,” including that the findings “underscore the need for coordinated efforts across health care, legal, and social service sectors to create more inclusive and supportive pathways to family formation.” Adoption interest alone cannot establish unmet need, systemic exclusion, or readiness for family formation, and cannot justify interventions absent evidence on barriers encountered or transitions from interest to action.

Finally, additional modeling choices further undermine interpretability. The measure labeled “internalized transphobia” is a single item (“glad to be trans”), which does not capture the construct. Simultaneously including both overall family support and the proportion of supportive family members also conditions on overlapping information in a conceptually incoherent way (e.g., the effect of proportion of supportive family members net of level of family support).

In short, the analysis does not support the public health implications advanced.

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## **References**

1. Ogunbajo A, DeAtley T, Breslow A, et al. Association between gender affirmation and adoption interest among a large sample of transgender, nonbinary, and gender-diverse populations in Washington State, 2023. *Am J Public Health*. Published online January 14, 2026. doi:10.2105/AJPH.2025.308312