

TRANS REPRODUCTIVE AND SEXUAL HEALTH

Justice, Embodiment and Agency

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YOUNG MEN, TRANS/MASCULINE, AND NON-BINARY PEOPLE'S VIEWS ABOUT PREGNANCY

*Damien W. Riggs, Carla A. Pfeffer, Francis Ray White,
Sally Hines and Ruth Pearce*

Introduction

Over the past three decades there has been a shift in thinking about fathers, moving beyond the normative ideal of the traditional 'breadwinner' (Hunter & Riggs, 2020). Associated with this shift has been increased attention to how cisgender young men conceptualize a future in which they may become fathers (Marsiglio, Hutchinson, & Cohan, 2000; Bartholomaeus & Riggs, 2020; Thompson & Lee, 2011; Thompson, Lee, & Adams, 2013). Much of the literature in this area suggests that young cisgender men envisage future fatherhood as an opportunity for growth (i.e., in terms of self-understanding), a time for connection (i.e., developing a loving bond with a child), and as markedly different from their own experiences of being fathered (i.e., wanting to be involved with their children, rather than primarily fulfilling a traditional breadwinner role). The literature on first time heterosexual cisgender fathers, however, suggests that some of the imagined futures that young men hold may not always come to fruition, particularly with regard to the equal distribution of household labour (Riggs & Bartholomaeus, 2020a).

One reason for potential discrepancies between imagined and actual fatherhood among young heterosexual cisgender men pertains to the relationship between ideals and ideologies. A young heterosexual cisgender man may hold the ideal of equal parenting, or the ideal that they will be closely involved with, and connected to, their child's life. Yet normative ideologies about parenting, and gendered ideologies in particular, may shape whether or not such ideals actually occur in practice. The discrepancy between ideals and ideologies is perhaps most evident with regard to essentialist arguments about gender and parenting. Research suggests that while some young heterosexual cisgender men may hold liberal views about their role as fathers in their children's lives, this may be paired with essentialist beliefs about gender (Edley & Wetherell, 1999). For example, young men may appreciate that

gender imbalances in terms of household labour are both unjust and a potential threat to relationship happiness. But at the same time, they may hold the view that women are 'naturally' designed to raise children. Here essentialist views collapse the capacity to bear a child, with the capacity to raise a child, positioning women as inherently predisposed to undertaking a primary caregiving role.

Wrapped up in essentialist beliefs about parenting are young cisgender men's negotiations with discourses of masculinity. Again, many young heterosexual cisgender men may seek to challenge the traditional breadwinner role when it comes to fatherhood, but they must do so in a broader social context where caregiving is normatively associated with femininity, and paid work outside the home normatively associated with masculinity (Hunter & Riggs, 2020). Obviously, such essentialist beliefs are open to change, but for many people change requires active and purposive resistance to enshrined beliefs. In the context of fatherhood, and particularly first-time fatherhood, young men may struggle to reconcile the desire to enact change with the heightened demands of new fatherhood, and may default to culturally prescribed norms related to parenting roles. Such norms impact men who do seek to challenge normative gender roles and expectations, who are often met with sanctions from others with regard to their masculinity and parenting role, whereby both enacting involved fathering and adopting a normative place within discourses of masculinity may be heavily regulated by others (Hunter & Riggs, 2020).

Importantly, essentialist beliefs about parenting have negative impacts not solely for cisgender young men. Extensive attention has been paid to how essentialist beliefs about parenting fundamentally shape cisgender women's experiences (Pascoe Leahy & Bueskens, 2019). This includes the assumption that cisgender women should uniformly desire to have children, that they should uniformly find happiness in mothering, and that cisgender women automatically know what to do when it comes to parenting. Such assumptions marginalize the experiences of cisgender women who do not want to have children as well as those who are unable to have children. They also serve to discredit the experiences of women who feel regret about having children, or who find it difficult to bond with their children. And they can often translate into cisgender women being provided with inadequate parental support, under the assumption that gestation automatically equates with adequate knowledge about how to raise children.

Often missing from these important areas of focus on heterosexual cisgender men and women, however, has been attention to other groups of people for whom plans about future parenthood, the injunction to parenthood, and recognition as potential future parents are often left unsaid. In this chapter we focus specifically on young men, trans/masculine, and non-binary people. We use the term 'young men, trans/masculine, and non-binary people' to refer to people who were assigned female at birth, but report their identity as, for example, male, man, trans, masculine, transmasculine, non-binary, genderqueer, or agender. While a growing body of research has focused on the pregnancy-related experiences of this diverse group of people (e.g., Charter et al., 2018; Hoffkling et al., 2017; Light et al., 2014), less

often has attention been paid to how young men, trans/masculine, and non-binary people think about pregnancy in general, and how they think about potential pregnancy for themselves into the future. Drawing on focus groups conducted with 18 young men, trans/masculine, and non-binary people across three countries, in this chapter we argue that essentialist beliefs about reproduction very much impact the experiences of this diverse group of young people. In the sections that follow we first provide an overview of the limited body of literature in this area. We then briefly describe the background to our project, before presenting the findings of our thematic analysis of the focus group data. We conclude the chapter by exploring what our findings mean for a trans reproductive justice approach.

Literature overview and project background

As outlined in the first chapter of this book, cisgenderism as an ideology shapes and potentially limits the ways in which trans people are able to enact reproductive and sexual rights. Importantly, and as the following examples highlight, cisgenderism – through its emphasis on assuming a normative relationship between assigned sex and gender – enables what would otherwise be a contradictory set of ideological claims to be rhetorically reconciled. Consider, for example, the long-standing position, now increasingly referred to as trans-exclusionary radical feminism, in which transgender women are viewed as usurping the place of cisgender women (Vincent, Erikainen, & Pearce, 2020). At least part of this argument relies upon essentialist arguments about what constitutes a woman, emphasizing the capacity to gestate as key. Yet ignored in this type of argument is the fact that many cisgender women cannot or do not want to bear a child. Such accounts of transgender women sit in a broader context of particular radical feminist arguments about the function of patriarchy in usurping the role of (nominally cisgender) women in reproduction, particularly with regard to assisted reproductive technologies being framed as an inherently masculinist enterprise, one that ultimately is seen as denying what is viewed as the fundamental role of cisgender women in societies as those who reproduce (Corea, 1985).

Such expressed concerns about women and reproduction have arguably reached their zenith in public discourse about men and pregnancy. In one turn, public discourse about trans men and pregnancy has often adopted an essentialist approach, denying that trans men are men. In another turn, trans men who undertake a pregnancy are positioned as men whose pregnancies further usurp the role of women as reproducers. In yet another turn, trans men are positioned as ‘naturally fulfilling a biological destiny’, drawing on normative assumptions about people assigned female at birth and reproduction. In the latter such account trans men are both tentatively recognized as men, but also tied to bodies that are positioned by others as female. Such bodies are thus subjected to the same pronatalist injunctions as are other bodies read as female (Riggs & Bartholomaeus, 2019b). Meanwhile, trans people who undertake a pregnancy but do *not* identify as men (such as transmasculine non-binary individuals, for example) are typically erased from the conversation

entirely. Cisgenderism, then, while unified by a set of normative assumptions, takes many forms that negatively impact upon how trans people's reproductive decisions are both understood and enacted.

As one of the most well-known men who has undertaken pregnancies, considerable academic attention has been paid to the life of Thomas Beatie. The findings of academic research very much mirror the contradictory accounts outlined above. For example, Landau (2012) interviewed a group of North American cisgender women of 'child-bearing age', and asked them to respond to two images of Beatie that were widely circulated in the public: one of Beatie holding his pregnant stomach, and one of the cover of Beatie's book that featured both Beatie and his then wife holding his pregnant stomach. Of the women interviewed, most viewed the first image as inherently masculine, noting Beatie's body and facial hair, his large hands, and dismissing his pregnancy stomach as a 'beer belly'. Some women were critical of the image, suggesting that 'even as a joke' it served to usurp the role of women as reproducers. When presented with the second image, however, some of the women revised their account of Beatie, which had previously marked him as a man. Instead, some of the women remarked on the scars on his chest (a result of chest surgery), making conjectures about his gender history, revising their gendering of Beatie (from all initially referring to Beatie as 'he', to some questioning or changing the pronouns they used), and questioning more broadly the ethics and medical possibilities of trans men bearing children.

Riggs (2014) has examined the interview that Beatie and his then wife undertook with Oprah Winfrey. As Riggs argues, Winfrey repeatedly invited Beatie to explain to the audience how it was that he could be a pregnant man. This included asking Beatie to share his experiences with regard to the death of his mother (with Winfrey suggesting that the death of Beatie's mother meant he had 'no feminine images'), Winfrey repeatedly contradicting Beatie's account of his masculinity (which he framed as a lifelong feeling, and Winfrey countered this with a focus on Beatie taking part in Miss Teen Hawaii), and Winfrey insisting on a prurient focus on Beatie's genitalia. Throughout the interview Winfrey emphasized a highly normative account of gender, drawing on cisgenderist ideologies to suggest that pregnancy is the same for people of all genders, that there are only two genders, and reinforcing a normative account of Beatie's reproductive and sexed body. Throughout the interview Beatie effectively countered Winfrey's line of argument, yet in so doing was repeatedly forced to adopt a relatively normative account of his gender as masculine.

The topic of negotiations with masculinity are replete across the literature on men, trans/masculine, and non-binary people and pregnancy. Riggs (2013), for example, has explored how trans men, in their public self-representations, account for masculinity as part of their pregnancy journeys. For some men, their masculinity is positioned as tenuous in the face of highly feminized narratives of pregnancy. More specifically, their masculinity is positioned as tenuous by *other people*: by people who misgender them in hospitals, by strangers who refuse to view them as pregnant men, and by broader discourses that position all pregnancies as by default

undertaken by women. Other men may feel within themselves that pregnancy compromises their masculinity, particularly with regard to inhabiting a pregnant body that they struggle to view as masculine. Yet other men may refuse the feminization of pregnancy, instead seeing their pregnant or lactating bodies as serving a purpose, one that does not inherently undermine their experience of their masculinity. Indeed, in an account of their own pregnancy, Wallace (2010) talks about the ‘manly art of pregnancy’, noting that a

pregnant person is at once a biologist, a mechanic, a weight lifter, and someone providing for his family. Women can do those things, of course, but our culture still views them as masculine things, and in this way pregnancy made me more of a man, not less of one ... Pregnancy helped me look, feel and act more like an archetype of Man, and eventually lifted me to its pinnacle by making me a dad.

(p. 133)

In other research too, men, trans/masculine, and non-binary people have positioned pregnancy as an opportunity to enact a new understanding of gender and of the self. Non-binary or genderqueer gestational parents interviewed as part of a study by Carpenter and Niesen (2021), for example, saw pregnancy as an opportunity to create a ‘queer experience’ of reproduction. Similarly, in Tasker and Gato’s (2020) focus group research with 11 trans or non-binary people (of whom four were men and five were non-binary), many of the participants spoke about a desire to have a child in the future, even in the face of experiences of, or presumptions about the likelihood of, cisgenderism within reproductive services. Participants were particularly focused on the importance of needing a diversity of forms of support, eschewing the normative assumption that having a child can only occur in the context of a couple relationship. Interviews undertaken by Ryan (2009) with ten trans men also highlighted that many of the participants saw parenting as an opportunity to rework entrenched norms about ‘patriarchal fatherhood’, holding up their diverse experiences of gender as offering the potential to enable new ways of thinking about what it means to raise children. Fischer (2021) too found from interviews with ten non-binary gestational parents that many valued having the space in which to engage in parenting that resisted traditional gender norms.

The data we explore in this chapter are drawn from a broader international study focused on men, trans/masculine, and non-binary people’s experiences of reproduction. The study more broadly has involved interviews with this diverse group of people, focusing on their experiences of pregnancy (see Riggs et al., 2021 for more information about the broader project). In the study, however, we were also interested to explore how young men, trans/masculine, and non-binary people who had not undertaken a pregnancy viewed pregnancy for trans people. To that end, we ran focus groups to explore some of the topics introduced above in our overview of the literature, specifically in terms of views about pregnancy and masculinity, views about public representations of men, trans/masculine and non-binary people

and pregnancy, and the factors that shape people's decisions about possible future pregnancies. Our participants were 18 young men, trans/masculine, or non-binary people who attended one of five focus groups. Two focus groups were held in Australia, two in the United States, and one in the United Kingdom. Three of the focus groups were convened face to face, and two were held online. Participants were recruited via posts on social media, including to groups specifically for trans people. In the United Kingdom, the focus group was held in collaboration with a not-for-profit organization that specializes in providing support to trans young people.

Of the 18 participants, the average age was 23 years. In terms of gender, eight participants reported their gender as non-binary, five as trans men, two as agender, two as transmasculine and one as genderfluid. In terms of ethnicity, 16 of the participants reported their ethnicity as white/Caucasian/English/British, one as Asian, and one as mixed race. In terms of sexuality, six participants reported their sexuality as queer, six as bisexual, four as pansexual, one as asexual, and one as demisexual. When it came to analysing the data, we read through all of the focus group transcripts as one corpus of data. While we acknowledge that this has the potential to marginalize regional differences – and certainly in future publications we intend to focus more closely on any such differences – for the present chapter we sought to provide a broad overview of the most common ways that our focus group participants spoke about pregnancy. Adopting a thematic analytic approach (Braun & Clarke, 2006), the first author developed themes from the full data corpus, and identified indicative extracts for each theme. These are presented below along with analysis of the extracts at both the latent and semantic level.

Themes developed from focus groups

Pronatalism directed towards men, trans/masculine, and non-binary people

In this first theme, focus group participants spoke about experiencing an injunction from other people to reproduce, or at the very least to view the loss of the capacity to reproduce (as a result of, for example, a hysterectomy or commencing hormone therapy) as a significant issue. As was explored in the first chapter of this book, trans reproductive justice encompasses not simply the right to have children and raise them safely, but also the right to *not* have children, which included the rights not to be compelled to reproduce. As has been found in other research (e.g., Riggs & Bartholomaeus, 2020b), some of our focus group participants spoke about experiencing pressure from family members to have children, as is evident in the following extract:

ASH: People see us as people getting rid of their ability to give life, but some trans men don't give up that part of their bodies. So it just really depends on, like, who they are really.

OLLIE: Well I've never actually heard that ... like, that people see, like, trans men or transmasculine people as, like, giving up their ability to give life. I feel, like, that's really intense.

ASH: That's really what my mother said to me. Because my sister is asexual so she doesn't do sex. So my mum told me I was her only chance of having grandbabies. And then she found out I was trans and I was getting that cut out. And she got mad.

For Ash, his mother placed her expectations about having a grandchild onto him, and in so doing effectively reduced his body to a body capable of gestation. Rather than supporting the decisions that Ash made with regard to his body (i.e., in terms of having a hysterectomy), his mother 'got mad', precisely because his decision ran counter to his mother's desire for grandchildren. Certainly, from the extract above we cannot know if his mother was more broadly affirming of him as a man, but certainly in the extract above we can see that the reduction of Ash to a body capable of gestation does not inherently affirm his experience of what it means to be a man. Obviously, as our project more broadly shows, for some men, trans/masculine, and non-binary people gestational parenthood is very much an aspect of their experience of their gender and embodiment. But for people such as Ash, this was not his desire, yet he was nonetheless subjected to the views of his mother on the topic.

For other focus group participants, pronatalist assumptions were voiced by healthcare professionals, such as in the following extract:

DAVID: Um, I know when I started testosterone, like, they asked me very extensively about if I would ever want to have kids. And to be able to get testosterone, I had to tell them that I probably would never carry and that I was okay with possibly being sterile. Because I am, I mean, it's not something that I feel strongly for, strongly negative about. Um, but I know a lot of, like, cis women have a very hard time trying to get hysterectomies. Um, I had a friend, she's twenty-seven now and she doesn't want to have children. And she had to go to eight doctors to be able to get a hysterectomy, a lot of them asked what her boyfriend thought about that and, you know, that kind of stuff. So I can see it being as hard for trans people, especially trans men. People still have the stigma of, oh, you might want to have kids in the future, or maybe you want to do something, er, with your eggs, maybe you want to freeze them.

It is of course important, in order to ensure the reproductive rights of men, trans/masculine, and non-binary people, that healthcare professionals address the topic of reproduction prior to decision making about gender affirming medical treatment. Yet, as this extract would suggest, there is a difference between addressing the topic and outlining options, and making it a requirement that people are certain about their future decisions. As is true for any person, trans people have the right to change their mind, and for men, trans/masculine, and non-binary people

this might include deciding to commence hormone therapy, and later deciding to cease treatment for a period of time in order to potentially undertake a pregnancy. As David suggests, this type of logic about certainty is equally used to question the decisions made by cisgender women who seek a hysterectomy at a young age. Inherent in this type of questioning, and similar to the questioning that David suggests in terms of trans men possibly wanting children in the future, is pronatalism: that all people should, or at least are likely to, want to have children in the future, and that this is especially true for those who are capable of gestation.

Turning point in decision making about future parenthood

Given the broader context of pronatalism, as we explored in the previous theme, and how pronatalism intersects with cisgenderism (such as the normative expectation that people with bodies that can gestate will undertake a pregnancy), some of our focus group participants spoke about having to make mindful decisions about reproduction, decisions that required developing a critical take on gendered norms about reproduction. One focus group participant noted, for example, how critical reflection enabled them to realize that they don't want to bear a child:

OLLIE: When I got in to my undergrad, I was still at that point identifying as, like, a straight woman actually. And, um, dated a trans guy. Um, and he was adopted and so, like, adoption to him was super important. And so, like, at that point, like, I was, like, oh I don't have to ... like, I don't have to be pregnant if I want to have children. I don't know. Like, something clicked in that moment and I was like, oh, like, I don't have to do that. Um, and then from that moment on I was like, yeah, like, that just doesn't seem like something I would do. And, like, I don't have to, so that's cool.

As Ollie suggests, they experienced a 'click in that moment', where they came to realize that simply because, at that time, they identified as a 'straight woman', this did not automatically mean that they should want to be pregnant. For Ollie, this was part of a broader shift to understanding that not only was pregnancy not something they wanted, but the gendered box to which they had been assigned was also not something that reflected their own experience. In the following extract, PJ too talks about how normative boxes shaped their coming to a place of understanding about pregnancy.

PJ: With the whole boxing it into being a female, I think I put more pressure on myself to box myself out of that and not take into consideration what I actually want in terms of myself and ignoring gender as a box. 'Cause whether I do or don't, it's not to do with gender, it's to do with the fact of how I see my life going in a direction, hopefully. That's good in life. So I also went from being in the gender clinic basically saying, "I do not want

children, keep them away from me”. I don’t want to be part of a child biologically because that would mean I was accepting that I’m female. But I’ve sort of had a complete 180. And now I’m at a point where I do want to have children, not only biologically, but I do want to carry them.

KITE: Yeah, with the stigma of it being so gendered, especially with the nature of getting any gender confirmation stuff. You have to be so sure, and you have to have lived as your gender for two years. What even is that? So there’s a tendency to force yourself into the mindset of being like, “No I don’t want anything remotely female in my life, nothing, nothing, nothing. I don’t even want to have kids at all, too female, go away!” When actually, yeah, it’s something that if you stand back a second, you’re like, “Actually it’s not a gendered thing”.

Different to Ollie, PJ suggests that their turning point was from not wanting to be pregnant, to wanting to carry a child. This ‘180’, as PJ describes it, required PJ to critically unpack the normative assumption that ‘female’ and ‘pregnancy’ constituted the same box. For PJ, instead, pregnancy is ‘not to do with gender’, and thus a decision to potentially bear a child in the future was not a reflection of PJ’s gender. Kite in turn reflected PJ’s comments, noting that there is a ‘stigma’ associated with pregnancy for men, trans/masculine, and non-binary people, given the normative gendered association of pregnancy with womanhood. By contrast, Kite emphasizes that it is possible to resist the ‘mindset’ that pregnancy = female, and to instead recognize that pregnancy is ‘actually not a gendered thing’. We would take Kite here to mean not that pregnancy is not gendered: clearly, as all of the themes in this chapter note, pregnancy is heavily gendered as a result of normative social expectations. Rather, we would read Kite as suggesting that pregnancy doesn’t have to be *normatively* gendered: that it does not inherently reflect something about a person’s gender.

Prurient focus on trans conception

For some focus group participants, deciding that they would be open to undertaking a pregnancy in the future was not without its concerns. In this theme in particular, participants spoke about the concern that other people’s awareness about a potential future pregnancy would be seen as inviting prurient attention to their bodies. As we noted earlier in this chapter, certainly much of the attention given to Thomas Beatie involved a prurient focus on his body (Riggs, 2013). This is reflective of a broader social discourse evident particularly in the media, where trans people’s bodies are seen as deserving of, and indeed requiring, public commentary. For participants such as Ollie, a potential future pregnancy was thus fraught by the potential for prurient responses:

OLLIE: And another thing I was thinking about was, I feel like I’ve seen a lot of, like, representations of, like, um, couples where both partners are

trans. And, um ... or, like, a trans man, a trans woman, or a transmasculine person and a trans feminine person. And, like, there's this idea of, like, and they can still get pregnant, like, naturally ... air quotes, air quotes. And, like, this weird, like, fetishization of, like, these, like ... like, assigned sexes still, like, being together and being able to, like, create, like, a natural pregnancy, which is ... I think is, like ... like, a weird representation around, like, trans pregnancy.

In our interviews with men, trans/masculine, and non-binary people who had undertaken a pregnancy, some made recourse to normative language about conception, such as describing conceiving by 'bumpin' uglies', by 'the old-fashioned way', or by 'the conventional way' (Riggs et al., 2021). In so doing, our interview participants reworked the normative assumption that reproductive intercourse inherently reflects heterosexual intercourse, which was especially true for our non-heterosexual participants who were in relationships with cisgender men. While these examples from our interview participants demonstrate that it is possible to reclaim or rework normative understandings of conception, for focus group participants such as Ollie the idea of conception evoked the potential for 'fetishization', referring specifically to a prurient focus on bodies normatively associated with assigned sex. Parker explicitly noted that he wouldn't want to be pregnant precisely because of the potential for a prurient focus on his body:

PARKER: Like actually, the more I think about this, it's like ... like, I guess some of the tangible reasons why I wouldn't want to personally be pregnant is that, like, when I think about, like, the very fragile understanding of my gender that my, like, colleagues have who, like, I am out to, like, yes, they recognize me as male and, like, no, they didn't watch me transition. But I am willing to bet that if I showed up to work pregnant, their gears would probably start turning in their head ... like, there's this Internet meme going around right now that's, like, when a couple says they're trying to conceive, like, what ... what I actually hear them saying is that they've been, like, you know, going at it with no protection or whatever. And, like, if you extend that to a trans person, it's like, okay, like, what I'm saying is like, I am a man who is pregnant. And what my colleagues are hearing is that, like, okay, undressing that person in my head and have come to the terms that they have a vagina or like, has a uterus and ovaries. And, like, even the, like, concept of that is something that makes me, like ... even though it's like not even something I could, like, literally do, even the idea of, like, the thought experiment makes me, like, viscerally uncomfortable.

For Parker, becoming pregnant may be seen as an invitation to others to conjecture about his body, an invitation that reflects a broader cultural obsession with trans people's bodies. In one respect, then, for Parker pregnancy potentially removes any

presumption of embodied privacy, instead, in effect, making one's body visible to a cultural imaginary that makes a series of normative assumptions about the configuration of the bodies involved in conception. Parker's points speak to a very specific form of reproductive justice, namely the right to privacy about one's body and one's reproductive practices. Again, the broader cultural obsession with trans people's bodies in effect denies any right to reproductive privacy.

Pregnancy and negotiations with assumptions about masculinity

As we noted earlier in this chapter, pregnancy can bring with it a diversity of views about masculinity for men, trans/masculine, and non-binary people. For some people, undertaking a pregnancy can be experienced as undermining one's sense of one's masculinity, either due to the views of others, or due to one's own embodied experiences of pregnancy (which are certainly not separate from broader cisgenderist narratives that equate pregnancy with womanhood). For other people, by contrast, pregnancy is viewed as a masculine enterprise. Both of these positions were evident in our focus groups. In terms of pregnancy undermining masculinity, some participants endorsed this viewpoint:

ASH: I feel, like, being pregnant takes a lot away from masculinity. But getting someone pregnant gives you so much masculinity. Like, if you think about it ... 'cause they have the ways where it's, like ... you can use someone else's sperm and you can, like, use something and then you got her pregnant. But, like ... I don't know. I'm sure, like, being pregnant would take away from the whole idea of 'I'm a man'. Like, I see men who, like ... trans men who get pregnant and I'm like, go you, and I'll support it. But me personally, I can never get pregnant.

In this extract, while Ash is supportive of men who undertake a pregnancy, for him there is still a strong sense in which masculinity is inherently associated with 'getting someone pregnant'. Here Ash evokes a normative understanding of masculinity, echoing what might broadly be referred to as hegemonic masculinity (Connell & Messerschmidt, 2005), one in which men are seen as agentic, and women by contrast are seen as passive recipients (i.e., 'you got her pregnant'). Other participants too implicitly acknowledged the effects of discourses of hegemonic masculinity on their thinking about men and pregnancy:

Lee: I think logically I want to say pregnancy can be a masculine thing, but annoyingly my subconscious was immediately like, I don't associate that. Which I think is that sort of stuff that's ingrained in you, that even when you're a part of this community it's sometimes a conscious thing to sort of fight against. So ... I guess that is in the back of my mind, so it's probably going to be in the back of a lot of people's, which is an issue.

As has been raised in critiques of the concept of hegemonic masculinity (e.g., Connell & Messerschmidt, 2005), the concept refers less to the actual experiences or practices of all men, and more to a collective imaginary about what constitutes a normative masculinity, or as Lee suggests, a 'subconscious' understanding, one that is 'ingrained in you'. As such, for participants like Lee and Ash, there was a tension between respecting the reproductive decisions of trans men, and having a perception about cultural norms of masculinity.

By contrast, other focus group participants actively endorsed the idea that pregnancy could be a masculine enterprise, with some participants acknowledging that a refusal to see pregnancy as masculine constituted a form of 'toxic masculinity':

JIM: I definitely think [pregnancy] could be [masculine]. I know I ... I see a lot of, like, news stories about, oh, this trans man carried, er, the child for the relationship, 'cause whatever reason here. And those articles are really cool and I've never thought of them as being less a man or anything. And toxic masculinity is a hell of a problem. I don't know, I just think it definitely could be a masculine thing because pregnancy is, like, a really difficult and hard thing.

Jim's comments here in many ways echo Wallace (2010), who suggests that pregnancy can be a 'manly art' because it evokes normative concepts of masculinity, with Jim specifically suggesting that it is 'really difficult and hard'. This type of account of pregnancy as masculine draws attention to some of the problems associated with framing pregnancy as masculine. Given the types of normative associations attached to the concept of masculinity – associations that are often sexist or patriarchal – it is difficult to speak of 'masculine pregnancy' without resorting to traditionally masculinist discourses. Other participants too equated pregnancy with masculinity through recourse to normative assumptions about men's bodies:

PARKER: Um, and so when I think about, um, like masculinity and pregnancy, for me it's like, okay, like I've had top surgery, like, if I, you know, magically had a uterus and was able to get pregnant, um, like I don't think it would necessarily change my sense of masculinity because, like, with the way I look, like ... I mean, I'm a little bit heavy set, like if I ate a lot of food, like ... I mean, like, I might be, like, bloated to the point where it looked like I had a baby bump, or something like that. So, like, having that, like, you know, like beer ... beer gut or whatever, doesn't change my sense of masculinity, it almost of kind of, in a funny way, it makes me feel like, oh, like, I'm a man's man, with, like a [laugh] a little bit of, like, a beer stomach going on.

Echoing Landau's (2012) interviews with cisgender women, here Parker suggests that, if anything, being pregnant would make him 'a man's man', as it could appear that he has a 'beer gut'. Similar to Jim, then, Parker suggests that pregnancy can be a masculine enterprise precisely because it changes trans men's bodies in ways

that make them potentially appear as readable as (cisgender) men. This, of course, is a problematic account of masculinity for trans men, as it requires adherence to a particular bodily norm, one that may not be appealing to all trans men, and one that more broadly reinforces cisgenderist and normatively masculinist understanding of trans men's bodies. Normatively masculinist accounts of men were again evident in other participants' accounts of pregnancy:

JAKE: I mean I don't really see why there's any reason that [pregnancy] couldn't be [masculine]. There's a lot of things about it that are pretty hard core and would be associated with traditional masculine traits, such as pushing a whole human out of your genitals, or being sliced open so that a whole human can be removed from your body. That's pretty intense, it's very extreme. So those traditional qualities of masculinity could definitely be applied to it, I think.

Here again, normative accounts of masculinity as 'hard core', 'intense', or 'extreme' are positioned as applicable to pregnancy among men, trans/masculine, and non-binary people. The challenge in this type of masculinist account, however, is that it raises questions about its applicability to pregnancy in general (i.e., in framing 'hard core', 'intense', or 'extreme' as masculine attributes, there is a denial that cisgender women, for example, experience pregnancy as 'hard core', 'intense', or 'extreme'), which has particular implications for men, trans/masculine, and non-binary people who undertake a pregnancy and who do not identify as masculine, as the following participant elaborated:

KARL: I just think whether you would associate pregnancy with masculinity is super subjective. If I were pregnant I wouldn't associate it with masculinity but that's because I don't identify as masculine. For me, it wouldn't be an experience of masculinity, but if you do identify as transmasculine and you are pregnant, then kind of inherently it is masculine, right? Because it's a part of your experience and it is, whether you want it to be or not, it's inherently gendered. So yeah. I think it's really subjective whether that's true for you, or not.

Karl makes two important points. First, that whether or not pregnancy is experienced as masculine is dependent on your own experience of your gender. This is an important counter to the assumption that all men, trans/masculine, or non-binary people experience their gender as masculine. Rather than the only options for experiencing gender as being limited to masculine or feminine, Karl signals that there are other ways of experiencing gender, and further, that there is no normative association between one's gender and one's experience of it. Second, Karl makes the point that pregnancy is not masculine because of particular actions, as suggested by some of the previous participants. Rather, pregnancy can be masculine precisely because a person experiences their gender as masculine.

Pregnant men as a problem for trans communities

In many ways, the views about pregnancy and masculinity that we explored in the previous theme directly relate to the views included in this final theme, specifically with regard to the idea that there are specific ideals that some people hold about what it means to be trans or gender diverse, and men, trans/masculine, and non-binary people who undertake a pregnancy are seen as failing these ideals. As was outlined in the first chapter of this book, the concept of transnormativity refers to the assumption that there is only one way of being trans or gender diverse. While the first chapter of this book explored how transnormativity is directed towards trans people by cisgender people, including medical professionals, in this final theme we explore evocations of transnormativity within trans communities. Importantly, the participants included in this theme did not endorse transnormativity, but rather spoke about how it occurs with regard to pregnancy, as we can see in the following extract:

PARKER: In these [social media] groups, like, a lot of trans men who, like, post about pregnancy or, like, post links to, like, these, like, viral stories about 'trans man gets pregnant', or like Instagram accounts, they get, like, totally raked over the coals by, like, a lot of the posters in the group who are just, like, this is a shame to our community and people are gonna be confused and think that, like, trans men want to have babies and that's disgusting, and, like, that makes you a woman, like why would you even want to be a man if you would do that.

In this extract, Parker talks about tension within trans social media groups, tensions that arise in regard to transnormative views about trans men and pregnancy. As Parker notes, pregnant men are viewed by some people as 'shameful', as they may 'confuse' other (cisgender) people who already struggle to understand and accept trans people. Here there is a sense in which trans people are expected to pander to the broader cisgender population in order to warrant inclusion: to not do anything that could cause 'confusion'. Other participants specifically noted that in some sectors of trans communities, pregnancy is seen as inherently feminine, meaning that pregnancy should be avoided for any man, trans/masculine, or non-binary person:

ROSA: It's really weird, because I have these two dichotomous communities. I have one friend who's also non-binary and they would like, they constantly talk about having kids and how their mum's been real inspirational about wanting to raise someone. Have sort of that really nice, close relationship. And I have others that have literally the same sort of sentiments that have been brought up, like, "You're not trans if you want to get pregnant, you're not, you're like, if you're designated female at birth don't even transition if you think about anything feminine", it is a really weird dichotomy.

As Rosa notes, there is an interesting dichotomy in their experience between a friend feeling affirmed to potentially have children in the future, including by a supportive mother, and community members who suggest that men, trans/masculine, and non-binary people who have undertaken a pregnancy are not actually trans. Given that it is often the opposite – as we found in our interview research, where for some men, trans/masculine, and non-binary people trans communities were supportive while families were not – it is interesting to note here the perception that sometimes it is communities who can endorse and enforce transnormative understandings. In the final extract below Jake makes some important points about the mismatch between trans reproductive justice and transnormativity in trans communities:

JAKE: Well some people in the trans community are super against people being pregnant which I find weird. Because I feel like if it's not your body then you don't really have a say about whether someone's pregnant or not. Whether they are pregnant or not, or whether someone is trans and is pregnant, it doesn't affect you, so it kind of frustrates me because there's so much control over trans people's bodies and ability to access different transitional medical care. There's so much that you have to go through to access those things. Or when people say, "Oh, you shouldn't be pregnant if you're trans because you're not really trans if you become pregnant" it really makes me angry because if people choose to do that, it's almost as if they are trying to control other people in the same way that they have been controlled. I think that is very messed up.

As Jake notes, "if it's not your body then you don't really have a say". Yet as they also note, some trans people seem to want to enact transnormative control in ways similar to that which they would have experienced within medical care. Whether such views are about staking a claim to a place within the norm, or about the wholesale acceptance of transnormative discourses within the medical professions, cannot be determined on the basis of this extract. But what Jake points to is a wider phenomenon in which cisgenderism as an ideology is not limited to cisgender people: it can influence the views that trans people hold with regard to pregnancy, and which they can attempt to enforce upon others to the detriment of individual reproductive autonomy.

Conclusions

We started this chapter by considering the views of cisgender younger men with regard to future fatherhood, highlighting that there are tensions between the desire to enact fatherhood beyond the norm of the 'traditional breadwinner', and the impact of normative gendered assumptions. Research on trans people who are, or who desire to be, gestational parents similarly highlights tensions, specifically with regard to the desire to enact parenthood in ways that refuse gendered stereotypes,

and the impact of cisgenderism in terms of how trans gestational parents are understood. To a certain extent the findings from our thematic analysis of focus group data with young men, trans/masculine, and non-binary people point towards tensions with regard to views about pregnancy and potential future parenthood. For some participants, there was a tension between endorsing the reproductive rights of other men, trans/masculine, and non-binary people, and the perception that participants had been subjected to pronatalist expectations, or that pregnancy invited a prurient focus on men, trans/masculine, and non-binary people's bodies. Additional tensions were evident in discussions about masculinity and pregnancy, with some participants struggling to see pregnancy as masculine, others endorsing normatively masculinist accounts, and others still questioning what it means to think about pregnancy as masculine. These tensions about masculinity and pregnancy were then particularly acute with regard to views within trans communities about the alleged 'cost' or appropriateness of pregnant men in terms of broader social inclusion and understanding.

In some respects, these tensions all centre upon gender norms, and specifically cisgenderist expectations. As much as men, trans/masculine, and non-binary people who are considering undertaking a pregnancy must negotiate with cisgenderist assumptions about their bodies and genders, so too are cisgender men who are considering fatherhood negotiating with the cisgenderist expectation to conform to normative gender ideals that endorse not only the assumption that assigned sex determines gender, but that gender will be 'displayed' in particular normative ways. Yet as we will explore in the remainder of this chapter, while cisgenderism would appear to impact upon all people, its impact is differentially experienced. Cisgender young men, for example, may feel pressure to adopt a normative fathering role, despite their desire to enact fatherhood in new ways. Young men, trans/masculine, and non-binary people considering gestational parenthood, by contrast, may be pressured into enacting parenting roles that are normatively associated with the sex they were assigned at birth, rather than their lived sex or gender. Men, trans/masculine, and non-binary people may be subjected to pronatalist expectations based on assumptions about their assigned sex, and may see no option other than to conform to normative masculinist understandings of parenthood. As such, despite similarities between these groups, there are marked differences that have clear implications in terms of reproductive justice.

In terms of the differential impact of cisgenderism, our thematic analysis of the focus group data would suggest the importance of inclusive sexual health education for trans people. As some of our participants suggested, making a decision about reproduction required first unpacking gender boxes so that they could ascertain the extent to which cisgenderism was shaping their views on whether or not they would consider bearing children in the future. In other interview extracts not included in this chapter, some participants spoke about 'switching off' when undertaking consultations about potential fertility preservation, a form of disengagement triggered by the view that potential future reproduction was too normatively gendered to be palatable. Inclusive sexual health education that unpacks normative

gendered assumptions about reproduction, and which opens up alternate ways of thinking about future parenthood, thus holds the potential to increase the likelihood that trans people can be actively engaged with decision making about fertility, rather than simply ‘switching off’.

The findings from the thematic analysis reported in this chapter also present a novel angle on the topic of sexualization, as introduced in the first chapter of this book. In the first chapter of this book we explored how trans people are alternately desexualized (i.e., in the historical expectation that trans people presented themselves as asexual to medical professionals), or hypersexualized (i.e., in the assumption that trans women specifically transition in order to be sexually desirable to men). In this chapter we explored how men, trans/masculine, and non-binary people may feel subjected to prurient focus on their bodies, a prurient focus that one participant noted constitutes a form of fetishization. This finding illustrates how reproductive and sexual justice are interconnected: that both reproductive and sexual rights centre on the right to freedom from public scrutiny of one’s private decisions. For men, trans/masculine, and non-binary people, this right to privacy is particularly fraught by ongoing prurient public focus on trans people’s lives and bodies.

Both the point above about the need for inclusive sexual health education, and the impact of a prurient focus on trans people’s bodies, highlight how cisgenderism potentially shapes trans people’s reproductive imaginaries. For some people, pregnancy may be eschewed for fear of how other people may respond. Pregnancy may be eschewed for fear of what it might say about a person’s gender. Both constitute significant barriers to genuine reproductive autonomy. That, as some participants suggested, trans people who undertake pregnancies may be further marginalized within trans communities illustrates the significant costs of cisgenderism to reproductive autonomy. Challenging cisgenderism requires the types of open conversations that our participants engaged in: conversations that seek to unpack cisgenderism and its costs. Our findings would suggest that such conversations need to occur with regard to public discourse, professional practice, and also within trans communities. Specifically, in countries where trans reproductive rights are enshrined in law and public policy, conversations about cisgenderism constitute one avenue through which to pursue reproductive justice: to explore potential barriers to the enactment of reproductive rights, barriers constituted by cisgenderism.

In conclusion, in this chapter we have demonstrated how cisgenderism potentially impacts upon the reproduction autonomy of young men, trans/masculine, and non-binary people specifically, and trans people more broadly. We have highlighted how young men, trans/masculine, and non-binary people’s reproductive imaginaries are shaped by three interrelated factors: (1) pronatalism, (2) cisgenderism, and (3) normative ideals about masculinity. That these three factors appear to be enforced both within and from without trans communities demonstrates their ongoing regulatory force. As such, trans reproductive justice requires a continued focus on unpacking each of these three factors, and exploring alternate ways of thinking about reproductive intentions, bodies, and the relationship between gender, gender expression, and parenthood.

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