

# Transgender Men and Non-Binary Individuals' Right to Pregnancy

Sebastian Gaskarth, BSW, MACYS(c), and Sarah Reddington, PhD

Child and Youth Study Department, Mount Saint Vincent University, Halifax, Canada

[sebastian.gaskarth@msvu.ca](mailto:sebastian.gaskarth@msvu.ca)

[sarah.reddington@msvu.ca](mailto:sarah.reddington@msvu.ca)

**Abstract:** Transgender men and non-binary individuals' rights to conceive and bear children remain unimaginable through dominant gender constructs. Social reproduction and structural violence reinforce the gender binary and restrict transgender men and non-binary individuals from exercising their right to conceive, parent, and receive proper health support. This gender expectation is reified in Canadian historical, socio-economic, and legal contexts, creating significant barriers in relation to accessing trans-reproductive healthcare. This paper brings attention to the paucity of research to understand better the rights of transmen and non-binary individuals when wanting to conceive and raise a family. It highlights the underutilization of the social work profession and their critical role to support affirmative reproductive trans healthcare.

**Keywords:** Transmen; Nonbinary; Pregnancy; Health Access; Human Rights

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## 1. Introduction

The struggle for transmen and non-binary individuals to assert their right to conceive, to be legally acknowledged as a parent to their children, and to have their identities respected has been a long and arduous one. In 1999, Matt Rice made history as the first transgender man to carry a pregnancy in North America publicly. Unfortunately, legal protections for individuals with diverse gender identities and sexual orientations were not in place at the time, leading to accusations from some transgender men that Rice was confused and not a genuine man (Karaian, 2013). However, Rice's experience sparked interest among numerous transgender men and non-binary individuals in exploring their options for conception (Maiden, 2014). One notable example is Thomas Beatie, who, in 2008, gave birth to his first child after his wife was unable to conceive for medical reasons. Beatie gave birth to two more children, all while identifying as a transgender man. A transgender man named Jay Wallace faced difficulties accessing reproductive healthcare and establishing his rights as a father in Canada. During his third trimester, a nurse questioned the possibility of a man being pregnant. After his son's birth, he had to fight a legal battle to be recognized as the child's father in Ontario because the government form did not allow this option (Karaian, 2013; Nelson, 2011). These transmen's lived experiences highlight the dominant gender discourses that view reproduction as an inherently female attribute, resulting in systemic barriers, scrutiny, and discrimination for non-binary individuals and transmen seeking to conceive (Karaian, 2013).

The socioeconomic landscape for transgender and non-binary individuals in Canada is intricate and multifaceted, contributing to the stigma associated with transmen's rights to bear a child. While there has been some progress in 2SLGBTQIA+ rights, including amendments to the Canadian Human Rights Act in 1996 and the Assisted Human Reproduction Act in 2004 (AHRA, 2004), Bill C-38, and Bill C-16, there remain legal gaps that require attention. An essential area of discussion is the inequitable reproductive healthcare services for transmen and non-binary individuals (Berger et al, 2015; Coleman et al, 2022). For example, the Canada Health Act's primary objective is to protect, restore, and provide for individuals' well-being without barriers; however, transmen and non-binary individuals populations are not offered equitable access to assisted reproductive technology or safeguarded from gender discrimination when pursuing prenatal care (Government of Canada, 2020).

To complicate the inequities experienced by transmen and non-binary individuals, the burden to pay for their own fertility expenses, including the disparaging static discourses on transgender care they experience when advocating for care is highly oppressive (CanLii, 2004; Johnstone, 2018). While we have seen some progress with the World Health Organization's removing transgender as a mental disorder in 2019, North America persists in pathologizing transgender individuals through psychosocial assessments and unwarranted care (Hale, 2007; MacKinnon et al, 2020; Vipond, 2015). Therefore, there is a need to raise awareness and support transmen and non-binary individuals who aspire to start a family, given that reproduction is legally associated with female identity, as established in *Brooks vs Safe Way Canada Limited* in 1989 (Karaian, 2013). In Nova Scotia, for instance, most gender-affirming surgeries necessitate two letters of psychosocial assessment and a third letter from a surgeon verifying its medical necessity (Murphy, 2010; Government of Nova Scotia, 2020). The aim of this paper is, therefore, to bring attention to the inequities in relation to transmen and non-binary individuals' rights to bear children and highlight how dominant gender constructs continue to limit medical care for those who do not fit into cisgender binary categories. In addition, it will highlight the importance of including social

workers as a crucial component in ensuring cohesive and comprehensive reproductive healthcare. The next section discusses the barriers transmen and non-binary individuals face in accessing reproductive healthcare, including the dominant discourses and practices that perpetuate systemic discrimination and deny their human rights. It will examine gender identity and societal and medical expectations, policies that erode their rights, creating an interlocking and compounding web of discrimination that hinders their access to pregnancy and affirmative reproductive healthcare.

## **2. Systemic Reproductive Healthcare Barriers**

The exclusion of transmen and non-binary individuals from reproductive healthcare is a direct outcome of prevalent national values and policies that have influenced the attitudes and conduct of healthcare providers (Mancke, 1999). One example is the British New Elizabeth Poor Law of 1834, which established an alarming dichotomy of deserving and undeserving citizens based on their conformity to traditional moral and social norms, including White national cisheteronormative ideals. Explicitly, these White binary constructs frame any deviations as medically and psychologically abnormal which creates significant barriers for those outside the binary in relation to accessing reproductive healthcare (Ives, Denov, and Sussman, 2015; Ries, 2003; Thobani, 2007). That is, transmen and non-binary individuals are regulated by universal approaches that classify and regulate their bodies as certain kinds of subjects (Reddington, 2023). This binary logic is evident in the prioritization of cisgender women in reproductive healthcare (Berger et al, 2015; Scheim et al, 2021).

One primary area of debate concerns the medical practices regarding transmen and non-binary individuals and their reproductive organs. Transmen and non-binary individuals are vulnerable to inadequate reproductive healthcare due to medical assumptions based on inaccurate information regarding their bodies and gender. There is a common assumption that transmen desire to adhere to traditional gender norms and undergo gender-affirming surgeries to remove their "female" reproductive organs as part of their medical transition (Carastathis, 2015; Vipond, 2015). While there have been advances in this field, some physicians still recommend that transmen undergo surgical removal of their reproductive organs within two to five years of beginning testosterone therapy, rendering them infertile (Toze, 2018). One of the factors contributing to this situation is the pervasive social and medical public health messaging that promotes medical transition for transgender individuals within the confines of a binary gender system (Light et al, 2014). This often involves infertility surgeries, with the assumption that they aspire to the opposite gendered body that is different from their own, along with the gender-specific roles that come with it (Riggs et al, 2020). However, transmen and non-binary individuals who choose to retain their reproductive organs and conceive face a lack of research regarding their pregnancy needs (Obedin-Maliver et al, 2015).

Transmen and non-binary individuals similarly face substantial obstacles in accessing proper reproductive healthcare given the scarcity of medical information and knowledge, as well as limited research on the topic, which contribute to these barriers (Bauer et al, 2009; Colpitts and Gahagan, 2016; Ziegler et al, 2020). Specifically, healthcare providers often lack the training and understanding of gender identity and expression, leading to inadequate care (Clarke et al, 2018; Gahagan and Subirana-Malaret, 2018). Institutional and informational discrimination perpetuates these disparities, with transmen and non-binary individuals experiencing oppressive rhetoric within Western medical settings (Reis, 2020; Toze, 2015). Additionally, electronic medical records are often non-inclusive, raising ethical concerns and effectively erasing transmen and non-binary individuals' identities (Kronk et al, 2022; Kukura, 2022; Murphy, 2010; Riggs et al, 2020).

Given these inequities and injustices, some transmen and non-binary individuals are in a permanent state of awaiting parenthood (Myles, 2013). There is a requirement to examine what support is available in relation to trans-reproductive healthcare. One key factor that is rarely considered in public transgender healthcare is the role of social workers. Social workers are critical in care coordination and community navigation in supporting transmen and non-binary individuals seeking to conceive (Couturier et al, 2023). The next section will delve into the distinctive roles of social workers and how they facilitate cohesive direct service among professionals with coordinated care and case management to support transgender and non-binary conception, prenatal and postnatal care. Explicitly, this section will show evidence of how imperative social workers roles are in providing inclusive reproductive healthcare for transmen and non-binary individuals despite not being utilized in this current health field (Heffernan, Dauenhauer, and Cesnales, 2023).

### **3. The Role of Social Workers in Affirming Reproductive Trans Healthcare**

Social workers are an integral part of ensuring the health and well-being of transmen and non-binary individuals throughout conception, prenatal, and postnatal care (Couturier et al, 2023). They uphold human rights, advocate for social justice, and play various roles, such as counsellors, researchers, and educators. They work collaboratively with transmen and non-binary individuals, attending to their holistic needs from start to finish of their reproductive healthcare. While social workers affirm reproductive trans healthcare and hold professional values of integrity, competence, and confidentiality (Canadian Association of Social Workers, 2020), they are often underutilized. The medical profession must begin collaborating with social workers more intentionally to provide comprehensive and affirming reproductive healthcare for transmen and non-binary individuals (Heffernan, Dauenhauer, and Cesnales, 2023; Witt and Medina-Martinez, 2021).

One key role that social workers have when supporting trans healthcare is the time, they spend building a relationship with the client. The ability for social workers to have a strong working relationship with clients supports the effective coordination of prenatal care and case management especially when having to navigate the complexities of biopsychosocial assessments, social determinants of health, policy gaps, and community resources. Social workers also employ various approaches, such as: person-centred, solution-focused practices, trauma-informed care, and informed consent models that support transmen and non-binary diverse health concerns (Forsberg and Eliason, 2020; Obedin-Maliver and Makadon, 2015; Toze, 2018). This collaborative approach ensures that a tailored care plan is developed minimizing the impact of discriminatory consequences. For instance, a social worker may discuss the increased vulnerability to postpartum depression among transmen and non-binary individuals, informing the client and creating a care plan to address this potential need (Light et al, 2014). By acknowledging and addressing the diverse challenges experienced by transmen and non-binary individuals wishing to conceive and raise children, social workers can share this knowledge in interdisciplinary care collaborations ensuring an improvement in reproductive healthcare.

Social workers also hold a vital role in advocating for policy changes to ensure equitable healthcare for their transmen and non-binary clients. By applying their working knowledge and collaborative relationships with clients, social workers can apply a critical lens to identify and address any gaps in existing policies (Pezaro et al, 2023). Social workers recognize that current best practice interventions are based on a medical model that prioritizes cisgender women's bodies. Therefore, social workers prioritize transmen and non-binary individuals' needs to ensure equitable access to healthcare (Kukura, 2022). Social workers similarly advocate for changes in medical information systems and collaborate with medical departments to ensure that staff provide culturally responsive care to transmen and non-binary individuals (DeSouza, 2008; Hahn et al, 2019; Kronk et al, 2022; Kukura, 2022). This avoids misdiagnoses and ensures equitable access to reproductive healthcare (Carbonnel et al, 2021; Parker et al, 2023; Vallée, Feki, and Ayoubi, 2023). Thus, utilizing social workers dedication to affirming policy changes and applying a critical lens to their work can ensure ethical and socially just practices in relation to reproductive healthcare for transmen and non-binary individuals.

### **4. Critical Reflection and Thinking in Practice**

Critical self-reflection is a cornerstone of a social worker's profession, and it allows social workers to identify and address discriminatory practices that impede the provision of inclusive reproductive healthcare services for transmen and non-binary community (Morley and O'Bree, 2021). Critical reflection involves examining power structures and social systems that perpetuate the binary system and produce oppressive experiences for transmen and non-binary individuals. That is, critical approaches for social workers involves understanding the complexity of social work's history, colonization, and hegemony, which can perpetuate discrimination against transmen and non-binary individuals (Al-Krenawi, Graham, and Habibov, 2016; Beck et al, 2017; Crenshaw, 1989; Curlew, 2019; Donato, 2020; Robinson, 2019). For instance, a social worker understands that the narrative surrounding the human body is shaped by colonizers, leading to the exclusion of transmen and non-binary individuals' experiences, needs, and voices. Social workers acknowledge the significant impact of health and well-being disparities transmen and non-binary individuals face in care provision (Tabaac, Perrin, and Benotsch, 2018). They connect transmen and non-binary individuals to community resources, design effective programs, and advocate for their inclusion in pregnancy and reproductive healthcare.

Another way social workers utilize critical thinking and reflective practices to support transmen and non-binary individuals' access to reproductive healthcare is through integrating non-dominant knowledge. Indigenous perspectives, for example, challenge the dominant gender binary and promote the affirmation of many gender identities (Beck et al, 2017; Robinson, 2019). Social workers can also include spirituality in care plans (Baskin,

2016) and adopt an Africentric lens to prioritize emotions and thoughts equally (Este and Bernard, 2003). By doing so, they resist colonial and imperial domination and provide comprehensive care to support access to reproductive healthcare (Baikie, 2015).

Reproductive healthcare for transmen and non-binary individuals necessitates a continuous process of critical thought and adaptation by social workers (Curtis et al, 2019; Canadian Association of Social Workers, 2020). Given the complexity of intersecting power dynamics, social workers use their ethical standards to ensure that reproductive healthcare aligns with the rights of transmen and non-binary individuals (Shotwell, 2016). Although there is no definitive guidebook on this topic (Gerlach, 2012), social workers' core skills of reflection empower them to advocate for policy change and affirm the rights of transmen and non-binary individuals to pregnancy. It is a continuous journey of growth and pragmatics within complex bodies, contexts, cultures, and histories.

## 5. Conclusion

The paper discusses the struggle of transmen and non-binary individuals to access reproductive healthcare due to gender binaries, laws, policies, medical practices, and systemic barriers. The underutilization of social workers in the medical field contributes to fragmented care and marginalization. Social workers can offer advocacy, education, and care coordination to improve access to affirmative reproductive trans healthcare. Collaboration between the medical system and social workers is crucial to provide transmen and non-binary individuals with affirmative reproductive healthcare that promotes their overall health and well-being, free from dehumanization.

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