

**Imagining parenthood: the possibilities and experiences of parenthood among transgender people**

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**This is an Authors' Accepted Manuscript of an article published in *Culture, Health and Sexuality*. Copyright Taylor and Francis. DOI: 10.1080/13691058.2015.1042919**

## **Abstract**

This paper reports on a qualitative study exploring the ways in which transgender adults imagine a place for parenthood in their lives, and/or the ways they have negotiated parenthood with their transgender identity. A total of 13 transgender adults (including parents and non-parents) were interviewed with respect to their thoughts and experiences about family, relationships and parenting. The study sought to understand the possibilities for parenthood that transgender people create, despite barriers imposed by restrictive laws, medical practices and cultural attitudes. Interview data showed how normative assumptions about gender and parenthood shape the way people imagined and desired parenthood. It also showed how participants re-appropriated and resisted normative cultural scripts by either re-imagining parenthood in different terms (such as step-parenthood) or by creating different family forms, such as co-parented families. Participants reported a variety of experiences with healthcare providers when it came to conversations about fertility preservation and family building.

**Key words:** transgender; parenting; fertility preservation; Australia

## **Introduction**

Historically, and still in many jurisdictions still today, laws and medical culture have prevented people who are transgender from maintaining a biological capacity to have children (De Sutter 2009; Nixon 2013). According to an index produced by Transgender Europe, there are 24 European countries that require transgender people to be sterilised as a prerequisite for changing the gender mark on various identity documents and government records (cited in Nixon 2013, 85). While laws vary across and within countries, these laws tend to both reflect and frame the cultural perspective that gender transition requires the physical ‘erasure’ of one gender (including reproductive capacity) to enable someone to take on another (Hutchinson, Thompson, and Cederbaum 2006).

While attitudes toward gay and lesbian parenthood have become more accepting of same-sex families, there is less cultural acceptance for parents who have changed gender or whose gender is not clearly defined as either male or female (Spidsberg 2007). This was evident in the media response to Thomas Beatie, a transgender man in the USA who publicly announced his pregnancy in 2008. The fascination and horror in the notion of a pregnant man dominated headlines. In commentary about the Beatie pregnancy, Blaze (2008) demonstrated pejorative responses within television. David Letterman called Beatie an ‘androgynous freak show’, while other network presenters described the pregnancy as ‘disgusting’ and ‘useless’. Media commentators suggested Beatie had forfeited his ‘right’ to become pregnant with his decision to become a man. This negated Beatie’s maleness and rendered his pregnancy illegitimate (Riggs 2014). Within this social and political climate there is deep cultural suspicion about the parenting rights and capacities of transgender people (Dempsey 2013; Martin and Ryan 2000; Norton and Herek 2013). Despite such discrimination, many transgender people are parents or maintain a desire to become a parent

(Bjorkman and Malterud 2009; Hines 2006). To speak only of transgender people and parenthood in terms of restrictions or discrimination would tell only part of the story while denying agency for transgender people. Previous studies on transgender parents have emphasised the creativity and choice in the ways these parents negotiate parenthood within the complexities of social climate, the needs of children and the attitudes of people close to them (Hines 2006; Haines Ajayi, and Boyd 2014). Haines, Ajayi and Boyd (2014) write about the complex interaction between parenting identity and transgender identity, and the ways in which gender transitioning affects the dynamics within a family – not only due to potential transphobia within the family and the conflict this may bring, but because parenting is culturally constructed in highly gendered terms. A person cannot change their gender without altering the ways in which their children, partner and extended family view them as a mother or father. Haines, Ajayi and Boyd note that for many participants in their study, the shift in gender roles and dynamics between them and their partner often led to relationship breakdown and continued conflict around co-parenting. The transgender parents in their study were continually assessing the safety of various environments for themselves and their children with respect to disclosure of their gender identity. Hines (2006) explores similar themes around gender identity and intimacy between partners and within parent/child relationships. For some of Hines’ participants, gender transitioning influences the way in which traditionally gendered practices such as housework are negotiated within their relationship. With respect to children, Hines’ research demonstrates some of the creative ways in which transgender parents balance their self-identity with care for their children. For instance, some participants spoke to children about using a non-gendered pronoun, such as a special nickname, for them instead of mum or dad. This approach enabled families to adopt the change in their parents’ gender identity, while accommodating for the concerns some children had replacing the use of ‘mum’ with ‘dad’ or *vice versa*.

In this study, we explored how transgender adults imagine a place for parenthood in their current or future lives and/or the ways they have negotiated their transgender identities with parenthood. The aim was to understand the impact of discrimination or restrictive laws, medical practices and cultural attitudes on what transgender people imagine is possible for them with respect to parenthood. Alongside this, we sought to understand the possibilities for parenthood that transgender people create within, and despite, such a climate.

Dana Berkowitz (2007, 160) has written about the ways in which gay men have developed a 'procreative consciousness' in response to changing social and technological conditions. She draws on C. Wright Mills' concept of the sociological imagination to explicitly draw links between personal biography and social structure as a way of conceptualising why gay men today are more likely to imagine parenthood as part of their future narrative than they were two decades ago. Berkowitz concludes that gay men's thoughts about fatherhood are clearly located in the context of distinct social and cultural changes that allow for greater acceptance of gay fathers and enhanced options with respect to reproductive technology. However, she argues that it is the actions of gay men themselves that translate the conditions of possibility into a social reality. As more gay men navigate 'new' pathways toward parenthood, and demand greater recognition of their fatherhood identities, the possibilities for other gay men to imagine themselves as fathers are enhanced.

This paper adopts a broadly similar framework to that utilised by Berkowitz. We explore the place of parenthood in narratives of transgender lives. Given the way in which parenthood and gendered parenting roles are socially, legally and medically framed, and how laws and the medical profession withhold reproductive opportunities for people who sit outside normative family structures, we ask, (how) do transgender and gender diverse people imagine possibilities for themselves with respect to parenthood?

## **Methods**

Ethics approval for this project was granted by the Faculty of Health Sciences, Human Research Ethics Committee, La Trobe University.

### ***Recruitment and sampling***

The qualitative interview data reported in this paper are part of a larger mixed method project, which involved an online survey of Australian adults (aged over 18 years) who identify as transgender, gender diverse or intersex. At the end of the online survey participants were invited to leave their contact details if they were interested in participating in an in-depth interview. While the study was open to parents and non-parents, it was made clear that one of the key themes was exploring parenting issues. A researcher then contacted each person to provide more information about the qualitative study and confirm their interest in participating. Participants were also recruited to the qualitative study via targeted advertising through transgender, gender diverse and intersex networks, through the Victorian Rainbow Families (parenting) email network, and through snowballing methods in which interviewees passed on details of the study to their friends/acquaintances.

Participants who responded to an advertisement were asked to send an email to the project officer giving a brief description of themselves: describing sexuality, gender, parental status, age and, for those who were parents, what stage of their gender journey they were at when they became parents. Broadly following a constructivist grounded theory approach (Bryant and Charmaz 2007), collecting this information from potential participants enabled a theoretical sampling approach. While theoretical sampling is not about sampling for population representation, but about sampling to generate theory (Charmaz 2012), it was important for us to hear from populations within the transgender and gender diverse

communities that are not represented well in the literature. In particular this includes people who had become parents after transitioning.

### ***Data collection***

Following a constructivist grounded theory approach (Bryant and Charmaz 2007) the interview schedule was semi-structured, allowing for it to be directed by participants. The schedule was also reviewed in response to each interview. The three key areas around which interview questions were grouped were: (1) relationships with family of origin, (2) intimate relationships and (3) parenting desires, relationships and responsibilities. In addition to this, we asked participants a series of questions about their experiences with healthcare providers when they sought support around gender transition.

The interviews took between one and two hours and were conducted face-to-face or over the telephone. Participants were given the option to follow up via email if they had additional information they wanted to relay after the interview. Of the 13 participants, 3 sent follow-up emails.

### ***Data analysis***

All interviews were transcribed verbatim and de-identified. The data were coded following a constructivist grounded theory approach (Bryant and Charmaz 2007), which is based on acknowledgment of the multiple truths and realities of any one issue or position, making it a useful framework to explore narratives of culturally grounded notions like family and gender.

In the first round of coding, rather than looking for descriptive themes we searched the data and coded in relation to the 'actions' taking place (Charmaz 2012). The action-oriented coding was done line by line to extract as much detail as we could from the data.

Following the first round of coding, we developed, and added depth to, a number of emergent themes through writing analytic memos. This process involved re-reviewing the data to confirm and refine ideas and arguments. We also continued to review the data in the process of writing this paper.

### ***Participants***

A total of 13 people were interviewed. All participants identified as transgender, transsexual or gender diverse. One participant stated that their gender identity was ‘intersex, specifically transsexual’. We did not hear from anyone else who was intersex, despite the study being open to intersex people. As such, this analysis does not include an exploration of issues relating to intersex people as separate to transgender people.

The characteristics of participants are described in Table 1. Of the 13 respondents, 5 were parents and 1 was an expectant parent, having a partner who was currently pregnant. Two of these parents identified as transgender men using the terms transman and female-to-male to describe their gender identity, while there were four parents who identified as transgender women, using the terms transwoman, gender diverse or transsexual to describe their gender identity. All except one of the transgender female parents become a parent in the context of heterosexual relationships. One parent became a mother post transition when her lesbian partner gave birth to a child. Of the transgender men, one was currently a foster parent, the other was the expectant parent previously mentioned.

**Table 1. Interview participants**

<b>Pseudonym</b>	<b>Age</b>	<b>Gender identity*</b>	<b>Sexuality</b>	<b>Parent</b>
Cecilia	52	Transwoman	Lesbian	Yes, one child, 4 yo
Deb	67	Transsexual	Heterosexual	two children
Elizabeth	47	Transwoman		No
Finn	31	Transman		Expecting a child, will co parent with a gay male couple
Frances	62	Transgender	Attracted to women and transwomen	Yes, three children, son lives with her 7 days per fortnight
Hamish	38	F2M	Gay	Yes, foster parent to a trans young person
Janet	47	Transgendered woman	Queer	No
Jean	67	Trans	Poly	Yes
Joanna	In 40s	Transgender		No
Sarah	30	Intersex, specifically transsexual		No
Stacey	61	Gender diverse		Yes, 26 yo son, 22 yo daughter
Tom	36	Transman	Gay	No
Zoe	23	transwoman	Attracted to men	No

\* these were the terms used by participants to describe their gender identity.

The average age of participants was 47 years, with ages ranging from 23 to 62 years. The average age of transgender female participants was higher than that of transgender men (50 years and 31 years respectively). The difference in age between the two groups is consistent with other studies of the transgender population in Australia (Couch et al., 2007). One possible reason for the difference in age is presented by Couch et al., (2007) who note that transgender men typically present for treatment of gender dysphoria or support with transgender feelings at a younger age than transgender women.

## **Results**

### ***Imagined parenthood***

For participants who were not parents, the ways in which they imagined the possibilities of parenthood were an important part of narratives about their future. For some, the presence of children accompanied images of their ideal future life and was something they hoped to realise. For other participants, ideas of reproduction and parenting circulated in a context of what they described as ‘unattainable fantasies’ or ‘wishful thinking pipedreams’, but were often connected to the ways in which they imagined gender.

Janet, for example, equated being a parent with living as the ‘proper’ woman. However, this occupied an ambivalent place in her life because she valued speaking openly about her past and her gender journey. Janet stated that she did not want to become a ‘Stepford wife’ because she had never been one ‘to live stealth’ and ‘just didn’t want to have all that secretness’. For her, being open about her transgender identity was incongruent with the imagery of a ‘proper’ woman or mother. Despite this, she had often fantasised that at some point she would be the partner of a man and a mother of his children:

I’ve always considered, you know, I’ve fantasised about being heterosexual all my life, you know what I mean, as in being the woman with a man... I always assumed I would find some guy who had kids to a previous marriage and I could just mother them through their teen years.

Unlike Janet, the youngest woman in the study, 23 year-old Zoe, had a strong image of herself in a domestic setting; her idealised self as a homemaker in a heterosexual household:

I woke up with it [an image] so strong in my mind: my hair is quite long in a ponytail, and it’s over to one side and I’m standing at the kitchen sink doing dishes, and a man coming up and putting his arms just around my waist. That’s just what I want. That’s just what came to me. That image, that daydream, whatever it was, made me happy. I guess that’s what my fantasy would be.

Zoe did not immediately attach children to this fantasy. When asked later in the interview if she imagined children to be part of this image, she was uncertain. For her, the

image of a mother was connected to biological motherhood. Zoe stated: ‘Well, I’m never going to be able to carry them for myself.’ She therefore did not think that becoming a parent was an option for her. Zoe saw parenthood as an extension of a heterosexual exchange, consistent with traditional understandings of reproduction, gender identity and family building.

Before starting to take oestrogen, Zoe had been given the option of saving her semen to be used if she wanted to become a biological parent in the future. However, she declined this option, explaining:

I thought well, I’m not going to be able to carry them anyway, so if it’s really a matter of wanting them, I go with my partner’s or someone else’s semen or something like that for reproduction.

It was not that she did not want children *per se*, but that the mechanisms available to her were inconsistent with her beliefs about pregnancy and motherhood. For Zoe to imagine herself as the ‘ideal’ woman/wife/mother, she could not at the same time be a biological ‘father’ (from using stored semen). For Zoe, these two roles did not fit.

As with Janet, however, Zoe was comfortable with becoming a step-parent. Indeed, she had been raised with a step-parent, so her view of ‘family’ was inclusive of this.

I wouldn’t have any problem becoming a step-parent because I’ve been through that, and appreciate it. So that would never be a turn off if someone were to come into my life that I felt strongly about and they had kids.

Like Zoe, Sarah, another of the younger woman in the sample (aged 30 years), also felt that not being able to have children the way the majority of other woman do was a major inhibitor to her becoming a parent.

I don’t have any plans *per se* but I would like to and I’m kind of disappointed that I can’t have kids the way other women could... And adopting just doesn’t seem right to me. I mean, adopting is a good idea especially if it gives a kid a home and stuff but I

would want a child of my own so to speak. But I don't know, I'm not in any position financially or emotionally to be able to look after a child so it's more of a wishful thinking pipedream.

### ***Becoming a parent post-transition***

There were two parents in this study who became parents after or during transition. For Cecilia, who had one child, the desire for children came many years after transitioning, at around the age of 40, when her brother started a family, and 'something clicked' in her.

Cecilia said:

I felt really alone in terms of my lifestyle compared to the rest of my family, and the other thing was, I think as I was aging, I was realising that what family really does is it helps you connect to the lifecycle. It helps give us meaning in our lives, through being connected to the broader community, though being part of the cycle of life.

In her late 40s, Cecilia became a parent with her cisgender female partner. She spoke about being accepted into her local community (in an outer metropolitan setting) as part of a rainbow (lesbian) family but was struggling to incorporate her transgender identity with that of a parent. Cecilia spoke about finding it difficult to build genuine friendships with other parents because she felt she lacked authenticity in her identity.

On some levels I still struggle with it. Because I think part of being an authentic human being is about sharing of yourself, and how do you then share yourself as a whole person with your friends and your colleagues or whatever. If you don't share who you are at such a fundamental level, that's an issue and I don't know the answer.

Hamish, by contrast, became a parent as a foster carer while transitioning. Becoming a parent was a long journey for Hamish. Before transitioning, Hamish underwent long and unsuccessful efforts to conceive using IVF. As a lesbian couple, Hamish and his partner had moved interstate to be able to access IVF (where the laws at the time allowed for this) and he had gone through a number of treatments before accepting infertility. Prior to this, Hamish had seen the possibility for carrying a child as one positive of the female body he had

otherwise felt burdened by. Hamish described the realising that he could not carry a child as liberating because it enabled him to make different decisions about his gender. It also led him to pursue parenthood through fostering:

I wanted to be a parent, I wanted to have children and the one use I saw for having this body that I just felt trapped in, my entire life, was having children with it. And once I think I realised that I wasn't going to be able to do that and that wasn't going to happen, then it kind of freed me up in life to make other decisions.

Hamish is an active parent to the young person he came to foster. However, his desire to parent was a source of confusion to some people around him, including his extended family, who found it hard to reconcile the desire for gender transition in a 'woman' who had so actively pursued motherhood. This led to a lack of understanding and support when Hamish began to transition.

And so I think that [having gone through IVF for so long] was a difficulty too in the transition process because people didn't understand why somebody who was now saying they were male had wanted to have children.

The stories of Cecilia and Hamish again illustrate that for many people, including transgender people themselves, imagining the identity of transgender alongside the identity of parent is somewhat incongruent. Cecilia carried with her a strong fear that revealing her gender history would result in the breakdown of the friendships she had made as a parent, and for Hamish, the people around him could not understand how anyone who had so actively pursued motherhood could also embrace manhood.

### ***The influence of friends and family***

For participants who were parents prior to transition, their gender identity was inevitably connected to their sense of themselves as a parent and was often intertwined with the responses of their family to their transitioning. Deb, for instance, who has two adult children from a former marriage, described an ambivalent attitude from her family toward her gender

identity as she navigates her role as a grandparent. Deb was quite close to her family, and took care of her grandchildren several times a week. However, her gender identity was not openly discussed in the family.

[So I am] just treated as another person who is not called grandpa. I'm called Deb. Again, the family preference which I'm not sure is discussed, but probably [my former wife] has had the discussion with the two kids that they don't think I should be called grandma. I'm just called Deb. So that's how it is, and as they grow up if they ask questions they'll get answered honestly, and that's how I would sort of like to be remembered, as Deb.

Deb's experience illustrates that there can be positive outcomes for trans people who have transitioned and stayed connected to their family. It also shows, however, that gendered family relations such as mother or grandmother may not be acknowledged or celebrated when a person transitions, ultimately undermining their full social and cultural participation as their preferred gender. For example, Deb went on to say how much she would like it if she was celebrated as a mother or grandmother on mother's day.

I mean if they wanted to treat me equally on mother's day I'd be ecstatic about that, but I'm not going to suggest that's something I'm going to insist on, and I sort of ignore father's day and they do as well.

In contrast to Deb's story, some participants reported very open attitudes among their close networks. Tom, for example, who was not a parent (and could not pursue biological parenthood because he had a hysterectomy and oophorectomy as part of his transition), reported that on announcing his engagement to his partner, another trans man, friends and family asked, 'when will you start a family?':

People keep asking us when we said we were getting engaged, oh are you going to have children? It's something we've thought about a little bit especially since we've both now got... I've got a niece and he's got a nephew so we've got young kids around as well. I think it's something that we would consider maybe in a few years.

Tom's experience highlights the ways in which the attitudes of others can open possibilities for parenthood. Indeed, it was the attitude of Tom's sister, who saw him as someone 'who'd be good with kids', that encouraged him to consider parenthood.

With my sister I have [talked about children in the future] because she said I think you'd be good with kids and just sort of thought about it and how I could have kids as well and that is sort of an issue actually that came up with my parents when I decided to transition was, oh well now there'd be an assumption I wouldn't be having any kids and they were a bit upset about that but I think they've grown to realise that just because they're not my biological children doesn't particularly matter.

### *Experiences with service providers*

We did not ask participants to comment specifically on conversations with healthcare providers in relation to starting a family. We asked a more general set of questions about participants' experiences of healthcare providers in relation to the totality of their gender journey and drew themes relating to reproduction and parenthood from these data. Unsurprisingly, with a sample diverse in age, residential location, gender identity and available economic resources, we had a range of both positive and negative service provider experiences reported to us.

Of the more positive experiences, Finn spoke about the first visit to a new doctor with his pregnant partner and the two gay men who were co-parents. Finn reported that the service providers his family had encountered in the early stages of their parenting journey (the doctors and the midwife seen during pregnancy) were accommodating of their family form:

... look they've been fine. We've had some humorous experiences along the way. We went to a new doctor and so all four of us went and for a minute there the... because the boys turned up in suits because they'd come from work and for a minute there the doctor thought that they were [my partner] Kara's bodyguards, which was pretty funny, and telling him, no, no, no, here's the whole thing and had to go get extra chairs for his office so we could all sit down in there. So, there's been fairly humorous moments .... but actually we've had nothing but again, respect and good stuff from the clinics that we've been involved with. The midwife program now that Kara's signed up to, they're really good. They bought extra paper for their paperwork

so that they could write down all of the people involved in the relationships and all the things. Yeah, haven't had any bad experiences with anyone.

One of the less positive experiences came from Tom, who emailed the interviewer after the interview with reflections on the feelings of regret he lived with as a result of feeling he'd rushed in to (or *been* rushed into) making decisions about physical transitioning that prohibited his chances of carrying a child or preserving eggs or ovarian tissue for future use. Tom was given medical advice about the health benefits of having a hysterectomy and oophorectomy operations (and the benefits of having his 'top' and 'bottom' surgery within a short time period), without a consideration of reproductive needs or fertility preservation.

Looking back, it stands out to me that I didn't have any counselling at all around the implications for biological parenthood or options I could take before having the operation. I think I had always made the assumption that being trans automatically ruled out biological parenthood so when nobody else raised the possibility, I just accepted that my hysto operation was a part of the transition process.

Tom highlighted international examples of trans men who had used reproductive technologies for biological parenthood. He wrote about the case of Thomas Beatie as being influential on him. Tom also wrote about the increased visibility of trans men online who had their eggs harvested and frozen for future use. For Tom there was regret that he had not been given more information and options at the time of his operations, although he acknowledged that his operations were in 2007 before there had been much trans activism in Australia. Nevertheless, Tom wrote about becoming aware of the increased reproductive options for transmen:

I'm not sure that I would actually do any of these things myself, but I would like to have been aware that there was the option prior to having the operation.

## **Discussion**

While there is a growing body of scholarship on transgender identities and experiences, only a handful of studies to date have focused on transgender parents or parenting (Haines, Ajayi,

and Boyd 2014; Hines 2006). This paper makes a contribution to this work, exploring the ways in which transgender people imagine parenthood in their future narratives and/or negotiate parenthood in their current lives.

Recent social theory has explored the cultural and political context in which patterns of gender and reproduction that do not follow a conventional, nuclear family model are increasingly possible. The work of theorists such as Beck (1992), Beck and Beck-Gernsheim (2002), Giddens (1992) and others has emphasised the association between wider visibility of non-traditional family relationships and global economic and cultural shifts that mark late modernity. Rather than being bound by traditional expectations regarding marriage, reproduction and the nuclear family, it is thought that individuals now have capacity to define their individual life course. Hence, single-parent families, divorce, step families and same-sex couples families are increasingly common and culturally accepted (de Vaus 2004). Alongside this, reproductive technologies (including in-vitro-fertilisation and surrogacy) have stretched the boundaries of what is considered 'normal' reproduction. Increasingly, there is acceptance that children may not be the product of a heterosexual union, or indeed heterosexual intercourse (Gross 2005). In theory, there is now wide cultural space for people who do not sit within normative heterosexual or cisgender categories to form relationships and create families (Stacey 1996; Smart 2004). However, the findings of this study suggest a more complex picture. With respect to relationships, parenthood and family formation, participants tended to move between traditional ideals of heterosexual marriage and parenthood and more radical approaches.

For example, it was evident that imagining parenthood was intrinsically associated with preferred gender for some of our participants, and often aligned closely with normative gender practices. In the cases of Zoe and Janet, for example, becoming a mother was part of

their ideals of womanhood, although neither felt it was accessible to them as a transgender woman. Both Janet and Zoe held on to conventional notions of (reproductive) motherhood in the context of a heterosexual relationship. Without the ability to conceive and carry children as a woman, neither Zoe nor Janet could imagine becoming a mother. However, both had fantasies about becoming a step-parent. Step-parenthood appeared to be an available cultural script for parenting with which they were comfortable and familiar and which they could align more comfortably with their transgender identity, possibly as a way to care for children without having a defined role as those children's 'mother' or 'father'. In this way, both Janet and Zoe moved between very traditional, normative ideals of parenthood and more contemporary experiences of family and parenthood.

Theories of intersectionality have been used to understand the interplay between multiple axes of identity and social location, and the ways these interactions influence how people perceive and enact their place in the world (McCall 2005). Haines, Ajayi and Boyd (2014) deploy these concepts to explore how the moralising and often privileging social locations of parenthood intersect with the oppression that is typically part of a transgender axes. Cecilia's story illustrated the complex negotiation between axes of privilege and oppression. Cecilia was comfortable with her identity as a (lesbian) mother but felt she lacked authenticity in her mothering role because she was a transgender woman and was concerned how transgender oppression might play out if she disclosed her gender history. As with Janet and Zoe, Cecilia was comfortable being a mother on certain terms but she found it difficult to imagine how the nexus of two normatively divergent axes – transgender and parent - can sit comfortably. Again, Cecilia's story illustrates the ways which participants in this study embraced radical approaches to family on some levels, but still encountered cultural resistance in other areas, particularly around gender and parenthood. Cecilia found there was limited cultural space for her to be a 'mother' as a transgender women.

The tension between accepting a transgender identity and a mothering identity was also evident in the stories participants told about their families. Deb's family, for example, did not include her in Mother's Day celebrations and Deb did not push for it even though she would have been 'ecstatic' to be included. Deb's family struggled to imagine her parent/grandparent role outside of gender norms, and for Deb, rightfully staking a claim as mother or grandmother, was not something she felt she could do. Similarly, Hamish spoke about how his desire to become a parent prior to his transition made it more difficult for his family and others close to him to comprehend and accept his gender transition. People saw Hamish's desire for motherhood as a marker of being a woman and found it difficult to imagine how such desire could reside in someone who did not see themselves as a woman.

All these stories show a complex and shifting relationship between gender identity and parenthood. The lack of cultural scripts for transgender parenting was evident. It was difficult for participants and their families to align their transgender identity with normative (repronormative) notions of what it means to be a mother or father. However, many of these participants were able to imagine or embrace parenthood in ways that sat outside normative, traditional models of reproduction, family and parenthood – as a step-mother, a lesbian mother or foster parents. This is consistent with the conclusions drawn by Sally Hines (2006) in her research with transgender parents. Hines writes that the stories of her participants, 'speak of socio-historical changes in the diversification of meanings and experiences of gender, and the impact of these shifts upon intimate lives and social frameworks' (369).

Some potential limitations to this study should be noted. Firstly, the age of participants in this study covers a wide range with the youngest participant being 23 years and oldest 62 years of age. The authors of the study understand that this may limit the comparability of life-stories or family representations because they occurred at different

historical times. Nevertheless, the aim of this study was to document and understand the diversity of family and parenting experiences within the transgender communities. As such, while this vast age range may cause limitations in directly comparing experiences, the success with recruiting a diverse sample is also a strength of this study. In addition to the wide age range, we did not record the age at which participants began their transgender experience. The number of years spent in a traditionally gendered parenting role, as a mother or father, may influence the ways in which this role is enacted post transition.

Face-to-face and telephone interviews were conducted for this project. The authors acknowledge that face-to-face interviewing allows for a more nuanced dynamic within the interview process than telephone interviewing, which does not enable interviewers to pick up on the facial and body language clues of a face-to-face interview. However, the semi-structured interview process allowed for extended two-way discussion within both face-to-face and on the telephone, which the authors feel delivered a rich source of data from both sources.

The final potential limitation of the study is the relatively small sample size. Given the relative paucity of qualitative data reporting the experiences of transgender parents, the authors feel that 13 interviews makes a worthy contribution to an under-researched population, but are mindful that these data are not generalisable.

## **Conclusion**

For both parents and non-parents in this study, imagining children and parenthood was part of future narratives. These imaginings can be constrained or fostered depending on the social, legal, and discursive contexts in which they circulate – including the informal discourse and attitudes of families and close friends. A positive approach to parenthood from a family

member may have potential to encourage a transgender person to imagine parenthood into their future narrative. Formal institutional and legal responses also play an important role in establishing cultural attitudes to transgender people and creating possibilities for parenthood.

There is much that can be done to support transgender people who wish to engage in parenthood in the future. In the Australian context, restrictions that have previously inhibited and regulated access to parenting opportunities are beginning to shift. For instance, in 2013 Medicare (the national health insurance provider) restrictions were removed on certain claimable items that had previously only been available to people only of a particular gender. These include pregnancy and labour items, to enable transgender men to carry and birth children. It is noteworthy that between July 2013 and June 2014, 54 men utilised Medicare item # 16519 (management of labour and delivery by any means) (Medicare Australia 2014).

More globally, reproductive rights and options for transgender people are evolving (P. De Sutter 2001; Wierckx et al., 2012). Since 2001, the Standards of Care document from the World Professional Association of Transgender Health contains a section that addresses the need to discuss reproductive options with clients before starting cross-gender hormonal treatment. The Clinical Practice Guidelines of the Endocrine Society also encourage discussion about reproductive needs prior to hormonal treatment (Meriggiola, Jannini, Lenzi, Maggi, & Manieri 2010). However, medicine, of course, operates within cultural assumptions about gender and reproduction. The option to store sperm or eggs (while certainly allowing for this is to be encouraged) is generally conceptualised as maintaining opportunities for traditional biological parenthood – reproductive capacity belonging to a ‘past’ gender. This does not necessarily facilitate a more radical approach to enabling biological parenthood across gendered lines – legally recognised men carrying children or legally recognised women to become biological fathers – or indeed to developing understanding of parenthood

and reproductive bodies in non-gendered terms (Nixon 2013; Spidsberg 2007). In this sense, while medical-legal guidelines are important to facilitate biological parenting options for transgender people, a broader activism is needed to challenge normative assumptions about gender and parenthood at multiple levels.

### **Acknowledgements**

The authors would like to acknowledge the generous contribution made by the people interviewed for this study. The Bouverie Centre at La Trobe University supported this study.

## References

- Beck, U. 1992. *Risk Society: Towards a New Modernity*. London: Sage.
- Beck, U., and E. Beck-Gernsheim. 2002. *Individualization: Institutionalized Individualism and Its Social and Political Consequences*. London: Sage.
- Berkowitz, D. 2007. "A Sociohistorical Analysis of Gay Men's Procreative Consciousness." *Journal of GLBT Family Studies*, 3 (2-3): 157–190.
- Bjorkman, M., and K. Malterud. 2009. "Lesbian Women's Experiences With Health Care: A Qualitative Study." *Scandinavian Journal of Primary Health Care*, 27(4): 238-243.
- Blaze, A. 2008. "Hate Starts Rolling in for Thomas Beatie." 2004-2015. The Bilerico Project. [http://www.bilerico.com/2008/04/hate\\_starts\\_rolling\\_in\\_for\\_thomas\\_beatie.php](http://www.bilerico.com/2008/04/hate_starts_rolling_in_for_thomas_beatie.php)
- Bryant, A., and K. Charmaz. 2007. "The Coding Process and Its Challenges." In A. Bryant and K. Charmaz (Eds) *The SAGE Handbook of Grounded Theory* (pp. 265-290). London: Sage.
- Charmaz, K. 2012. "The Power and Potential of Grounded Theory." *Medical Sociology online*, 6 (3): 2-15.
- Couch, M., M. Pitts, H. Mulcare, S. Croy, A. Mitchell, and S. Patel. 2007. *Tranznation: A Report On the Health and Wellbeing of Transgender People in Australia and New Zealand* (Vol. no. 65). Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.
- De Sutter, P. 2001. "Gender reassignment and assisted reproduction: present and future reproductive options for transsexual people." *Human Reproduction*, 16(4): 612-614.
- De Sutter, P. 2009. "Reproductive Options for Transpeople: Recommendations for Revision of the WPATH's Standards of Care". *International Journal of Transgenderism*, 11(3): 183-185.
- de Vaus, D. 2004. *Diversity and Change in Australian Families: Statistical Profiles*. Melbourne: Australian Institute of Family Studies.
- Dempsey, D. (2013). *Same-sex Parented Families in Australia* (CFCA Paper No. 18). Melbourne: Child Family Community Australia, Australian Institute of Family Studies.
- Giddens, A. 1992. *The Transformation of Intimacy*. Cambridge: Polity Press.
- Gross, N. 2005. "The Detraditionalization of Intimacy Reconsidered." *Sociological Theory* 23(3): 286-311.
- Haines, B. A., A. A. Ajayi, and H. Boyd. 2014. "Making Trans Parents Visible: Intersectionality of Trans and Parenting Identities." *Feminism & Psychology*, 24(2): 238-247.

- Hayman, B., L. Wilkes, E. J. Halcomb, and D. Jackson. 2013. "Marginalised Mothers: Lesbian Women Negotiating Heteronormative Healthcare Services." *Contemporary Nurse*, 44(1): 120-127.
- Hines, S. 2006. "Intimate Transitions: Transgender Practices of Partnering and Parenting." *Sociology*, 40(2): 353-371.
- Hutchinson, M. K., A. C. Thompson, and J. A. Cederbaum. 2006. "Multisystem Factors Contributing to Disparities in Preventive Health Care Among Lesbian Women." *Journal of Obstetric Gynecologic and Neonatal Nursing*, 35(3): 393-402.
- McCall, L. 2005. "The Complexity of Intersectionality." *Signs: The Journal of Women in Culture and Society*, 30(3): 1771-1800.
- Martin, A., and D. Ryan. 2000. "Lesbian, Gay, Bisexual, and Transgender Parents in the School Systems." *School Psychology Review*, 29(2): 207-216.
- Medicare Australia. 2014. *Medicare Item 16519 Processed from July 2013 to June 2014*, Canberra: Department of Human Services.
- Meriggiola, M. C., E. A. Jannini, A. Lenzi, M. Maggi, and C. Manieri. 2010. "Endocrine Treatment of Transsexual Persons: an Endocrine Society Clinical Practice Guideline: commentary from a European perspective." *European Journal of Endocrinology*, 162(5): 831-833.
- Nixon, L. 2013. "The Right To (Trans)Parent: A Reproductive Justice Approach to Reproductive Rights, Fertility, and Family-Building Issues Facing Transgender People." *William & Mary Journal of Women and the Law*, 20(1): 73-103.
- Norton, A. T., and G. M. Herek. 2013. "Heterosexuals' Attitudes Toward Transgender People: Findings from a National Probability Sample of U.S. Adults." *Sex Roles*, 68(11-12): 738-753.
- Riggs, D. W. 2014. "What Makes a Man? Thomas Beattie, Embodiment, and 'Mundane Transphobia'." *Feminism and Psychology*: 1-15.
- Smart, C. 2004. "Rethorizing Families." *Sociology* 38 (5): 1043-1048.
- Spidsberg, B. D. 2007. "Vulnerable and Strong – Lesbian Women Encountering Maternity Care." *Journal of Advanced Nursing*, 60(5): 478-486.
- Stacey, J. 1996. *In the Name of the Family*, Boston: Beacon Press.
- Wierckx, K., E. Van Caenegem, G. Pennings, E. Elaut, D. Dedeker, F. Van de Peer, and G. T'Sjoen. 2012. "Reproductive Wish in Transsexual Men." *Human Reproduction*, 27(2): 483-487.