

Sarah Kina Han ([00:00](#)):

Hello, everyone. Welcome to this session at the Adelaide Festival of ideas. My name's Sarah Kina Han from the conversation Australia and today's session is presented by Damien Riggs who will speak about futurity and fertility and transgender people's lives. I'll now hand over to our speaker Damien.

Dr Damien Riggs ([00:25](#)):

I too would like to acknowledge that we gather on the lands of the garner people and to acknowledge their sovereignty as first nations people. So this is a quote that I use a lot from the work of Turner Brian Turner, and he suggests that the state's interest in sexuality. And I'm going to talk today, how I put in brackets and gender diversity maybe is secondary and subordinate to its demographic, objective of securing and sustaining this connection of between reproduction and citizenship. So what does he mean? Turner's focus is on the idea that increasingly to be seen as good citizens, we need to be reproductive citizens, and we can see this in a range of different places. Then, you know, the baby bonus, other incentives to people to have children is very prevalent. Under previous governments, there was a very clear mandate to people to reproduce concerns.

Dr Damien Riggs ([01:14](#)):

And we're in the pieces in the conversation reasonably actually around concerns around falling population rates that we don't have. We're not at replacement rate. What's going to happen to people as they age, who's going to care for people. So this is something that I've used a lot of areas of my work. I've used it around surrogacy. I've used it around heterosexual first-time parents to think about what brings people to that path of reproducing and particularly interested in this around transgender people. I'm a researcher who does a lot of research on transgender people's lives. I'm also a psychotherapist and I work with transgender children. And so there's lots of moments where conversations about reproduction come up in all different areas of my work as a clinician, I'm guided by the w path, which is the world professional association for transgender health standards of care, which has a section on the reproductive rights of transgender people.

Dr Damien Riggs ([02:08](#)):

But my interest over the last decade of working with transgender children, having conversations around reproduction around fertility preservation has been, I guess, a concern in a way that those standards of care say we should be talking to people about their fertility, but we don't say, should we talking about people who don't want to have children who may want to have children in a range of ways other than using their own gametes? So that's why I put up here reproductive rights are diverse because I think the WPS standards sort of miss that conversation for me, it's about trans people having the right to store gametes, for example, to have access to services that aren't discriminatory access to say, I don't want to have children access to adopting and fostering children access to a whole range of different practices around. And of course, access to keeping children.

Dr Damien Riggs ([03:02](#)):

People have children and transitioned gender. We know there's cases where people lose custody of their children. So that's another part of reproductive rights. So to me it's much more complex trans people's reproductive rights than just the right to bear children. So when we think about, oh, well, that's bigger for you than it is for me back there. When we think about this idea of this, this injunction to reproduce this mandate to reproduce, I was sort of thinking, you know, we were encouraged with our size to put lots of images on it's easier than lots of texts. And I was thinking, how do I capture that? And

so what I did was just a Google image search for the word family. And this is the first page of Google images for family. And every single image is a family that involves children. And I think that really speaks a lot to what I'm thinking about today here, around what we think about as family, what it means to reproduce ourselves here really seems to be limited to reproduction of ourselves through having children.

Dr Damien Riggs (04:03):

So we might think about this as the word per naturalism, which is the idea that, that having children, raising children should be central to all of our lives as adults. It should be part of what we think of as a normal trajectory. We get older, we leave home, we get a job. We find a partner. We change to get married or have a partnership. We have children. This is the trajectory that's expected of most people, historically that wasn't expected of transgender. People was expected that if we transitioned gender, you have particular medical interventions, you would not be able to reproduce. And indeed, historically, who was seeing that you should not reproduce in some states, not south Australia anymore, but in many Australian states, that is still the case that you change your birth certificate. You need to have had surgeries that would have prevented your capacity to reproduce.

Dr Damien Riggs (04:49):

And that's why this topic of facility preservation is really important. But as I've added here, I think, and we can understand this properly, quite simply, that prenatal ism is gendered. It's really focused on one group of people. It's mainly focused on people assigned female at birth people. We often think of as women, but for transgender men who were assigned female at birth, that is also true. Is this push that you have a uterus, you can produce eggs, you should want to bear children. You should want to raise children. So it's very gendered. This, this push to reproduce. One of my entry points into this talk today was thinking about a great paper by Emily Martin. She's an anthropologist and she wrote a paper in the early nineties. I think it re I've read it many, many times. I re-read it a few weeks ago. I think it's no less true now than it was when she wrote it and published it at 91, she looked at a whole lot of gynecological reproductive textbooks and looked at how they represented sperm and eggs.

Dr Damien Riggs (05:47):

And it really was that narrative. We all know that, that the sperm who does all the work who's, who has the agency who penetrates the egg and then just sits there and waits. And that narrative, that, that actually really doesn't reflect what science tells us was the case in 91. If you look at those textbooks, now that same sort of narrative of sperm being the agent force and the sperm thing, the passive recipient is still just as evident. And when I again did a Google image search for sperms and eggs you found lots of just, you know medical images, but the ones that weren't medical images, this is what they look like. So we'd have this very masculine images of, of sperm with a top hat. We have the, the, the AK is pink and has lipstick on. So it's very sort of gendered understandings of gametes a sperm, isn't a male, an egg, isn't a female.

Dr Damien Riggs (06:40):

But these are very gendered understandings of gametes. So it's a more, this was a lovely collection that I paid to access from shutter stock. That was, is very heterosexual, gendered images of sperms and eggs. So then we have these babies from that. Not quite sure how that works, but you know, this, this, it reinforces this idea that the gametes are gendered. It's not just that there are two different types of gametes and one's called sperm and one's called eggs, but one is gendered as male. And one is

gendered as female. Another little cartoon here, we have Mr. Sperm meet Mrs egg. So again, it's this really normalizing of a male, something that's treated as male and something is treated as a female coming together. And here it's by, you know, I presume an IVF clinician bringing these two gametes together. So this is a big word.

Dr Damien Riggs ([07:29](#)):

I've been throwing a lot of big words today, but cis-gender is my colleague Garvey Ansari. He coined this term. He uses this. So we might have in the past, use the word transphobia to talk about discrimination that transgender people face, but Garvey suggests that cisgenderism is much bigger than just transphobia. Transphobia is when someone goes out of their way to proposedly hurt someone, to deny someone their rights, to commit violence against them. Cisgenderism is more systemic. It's about how in our everyday lives are transgender people's lives. Dismissed told that they're not true, that it's not a real thing that you're making it up, but it's a choice. So Gabby is definition. I should have put quote thrown. This is that cisgenderism is an ideology that de-legitimized people's own understandings of their bodies and genders. So if someone comes along a woman who was assigned male at birth and she hasn't chosen, or doesn't want to kind of afford to, or hasn't yet had surgery that she may want to have, and she still has her penis.

Dr Damien Riggs ([08:32](#)):

And someone says to her, well, you're not a woman. Then you're a man, and I'm going to call you here. And I'm going to find out what your other name was. And I'm going to call you by that. Cause I don't accept. You're a woman. That's a form of cisgenderism. Same as when we see often in the media, we see media reports of transgender people, and we'll talk about born female, born male, their name used to be this here's some features over them when they're with this. These are all forms of CIS genderism. That really challenge transgender people's gender question as legitimate. That's big enough for you to say. So I also looked at reproductive texts and examples of when we're talking about reproductive bodies. And again, they're very clearly marked this is a male body. So a body that has a penis that has testes as a male body and a female reproductive system here is one March by a uterus and fallopian tubes and ovaries.

Dr Damien Riggs ([09:25](#)):

So again, this is really reinforces this idea that particular bodies are marked by gender in very particular ways. And this one, which I think it does that even more clearly and actually then links it to the whole purpose of bodies of reproductive organs and of gametes is to reproduce. So there's the overall function of the reproductive system is production of offspring. Of course, for some people that isn't the case. Some people experience infertility. Some people are born without their reproductive organs. Some people have surgeries that remove their reproductive organs for a range of reasons. That's not just limited to change to people, but this really reduces bodies in a very gendered way to this very specific binary that is problematic for transgender people. So my interest, I guess, in today's target was a very long-winded introduction to that. But it was, as I was saying to Sarah before, it was about trying to find a way to tell a story today.

Dr Damien Riggs ([10:20](#)):

That would be interesting to you hopefully, and would make sense. And I had the whole talk a bit back to front when I first put it together and realized I needed to give you some of that background, thinking to think about what I'm going to talk about next. So this is, I guess my core question. How does, when

we talk about men have sperm and sperm is male and penises are male and these reproductive bodies are female, and this is what it means to be female and all the things or the assumptions I've just talked about. What does that mean for transgender people? What does it mean for transgender people whose bodies may be configured in different ways to those assumptions? What does it mean for transgender people when they hear those messages that if you have sperm, you are male. If you produce eggs, you are female.

Dr Damien Riggs ([11:04](#)):

Certainly some transgender people resist that. And we're certainly hearing more and more as the last decade has gone past, particularly about transgender men bearing children. So this is two transgender men who were pregnant and bore children. You may know the man on the left really well, which was Thomas VT. So there was a very, a lot of media reports about Thomas and the late two thousands around 2009, he was on Oprah. He was all over the media. Is this the first pregnant man that was often, you know, the, the, the media headlines. And I'm not certainly what don't want to suggest that there's more acceptance of transgender men now that we are doing a study, looking at transgender men's experiences of reproduction. But certainly we are seeing more about transgender men bearing children in the media now. And some of that is positive.

Dr Damien Riggs ([11:53](#)):

Some of it is not. So this was an example, and this is I think a good example. I don't know if you can read it or not, but they still, it's still resorts back to this very gendered language. So no being born a female and despite removing his breasts and having a wispy beard, it's all these sort of language that positions people like Thomas Beatty as, as not quite men as always having been women as having retained these reproductive organs that are marked as female. So it's this sort of questionable position that people like Thomas are put in around looking masculine, being men, but being doing something that is treated as traditionally feminine, which is reproducing when it comes to transgender women. And I'm going to talk about this a bit more when I put up some examples from our research it's much harder to find conversations about transgender women as mothers in, in the media, in public narratives.

Dr Damien Riggs ([12:49](#)):

I think some of that is around that gendered nature of reproduction. So we think about particular bodies. The job of particular bodies is to reproduce, and those are bodies marked as female. So transgender men are not female, but their bodies are marked by society often as female. So I think that's my sort of unpacking of why they might be some acceptance of transgender men, having children, whether people are accepting transgender men as men, having children is a different question, but it's about particular bodies that are meant to reproduce transgender women's bodies. So women who are not born with a uterus who are not born with a vagina are not marked in that same way as be meaning to reproduce. So this is a particular woman. You may have seen her and her daughter has written a great book called introducing Teddy about being transgender on what's.

Dr Damien Riggs ([13:40](#)):

That means, and her, the woman who wrote it, her mum is transgender. And she spoke to her about this publicly. That's why I've put her picture up there. But if you try and find stories about transgender women, not bearing children, but breastfeeding children, there are certain examples of that. It's really hard to find in the media. There's not a lot of talk about this in the media, even though it's very well known that, you know, anyone can induce lactation, transgender women can a partner, may bear a

child, a surrogate may bear a child for them. They can certainly induce lactation and feed their child. And there are cases of that happening. There's not a lot of talk about it in the media. There's been a little bit talk recently about experimentation around should uterus transplants. There's been some successful bursts, muse uterine transplants, not with transgender women.

Dr Damien Riggs ([14:27](#)):

So then of course I think that's led to conversations around, could this technology be used with transgender women. And again, we have the same gender language around hood men really get pregnant. When we're talking about transgender women in this articles, I want to talk about men, we're talking about women. But again, it's the same sort of idea of reducing people to something about their gender that connects to their reproductive. So not acknowledging transgender women as women. So all of this has been percolating in my mind for quite a number of years now. And certainly with regards to working with the young people I work with and needing to have conversations with them around fertility preservation. So we I did a presentation at their fertility society conference last year around fertility preservation, and really came to be aware that there was very little data around this topic in Australia.

Dr Damien Riggs ([15:20](#)):

So we launched a survey at the beginning of this year and we had an amazing response. So we had 409 trans and nonbinary people respond within a month, which is sort of unheard of. I think it was very, people were very keen to speak to us. And so what I'm going to put up now is just a few excerpts. We did a lot of you know, questions, tick box sort of questions. I'm not going to talk about. And I've talked about elsewhere and we're going to publish on that. But we also put some open-ended questions and ask people, what's your experience of fertility preservation? What's your experience of talking to healthcare providers or reproductive clinicians about will you want to do fertility preservation? And I guess that's the nub of where this talk today came from is that our participants, transgender men, non binary people who were assigned female at birth, they were the ones who are really getting the strong message from the health care clinicians.

Dr Damien Riggs ([16:10](#)):

You should want to reproduce. You're born with a uterus. You were born with ovaries. Why would you not have a child? So these are all quotes from participants. I feel like the counseling I received overemphasize the importance of parenthood, especially genetic parenthood assigned female at birth and I have never wanted to have children. And that decision has been constantly undermined. The insistence that I consider fertility was, should be, was very much consistent with the kinds of responses I would receive being a child-free woman. So again, this person really mapped out a lot of what I'm saying today, which is this idea that for transgender men or for non binary people who were assigned female at birth, there's still this message that you have these organs reproductive organs that we think should do their job. We think they should reproduce. And so for, for these sample of people, it, they felt like the messages they were receiving were the same messages that women receive.

Dr Damien Riggs ([17:04](#)):

Even though these participants were not women and not someone who ever wanted kids, I was assigned female at birth, and it's been an issue that society, and even those close around me have insisted. I will change my mind on, I have not having my fertility brought into a space where I do not want to be identified as female is upsetting to me. And this takes us back to that. You know, when I put

up the funny images of the gametes, there's a lot of problems around the use of language and lots of the young people I work with say, look, I went to a fertility counselor. I went to talk about possibly doing fertility preservation and they kept talking about sperm or they kept talking about eggs. Well, I don't want to think about those terms. I know I've got gametes. I know I could store them, but I don't want to think about those terms because I'm not a girl or I'm not a boy.

Dr Damien Riggs ([17:50](#)):

And I don't like how those terms are gendered. So there was a lot of disengagement from information that the young people I work with were hearing which to me, and as I wrote for Sarah and the conversation really brings up issues of informed consent. If you're not listening to the information you're being given by a medical professional, because it's too distressing because it's so gendered, what kind of consent are you? Are you not giving another person said there can be pressure from uneducated family partners or friends to not transition. So fear of our features, parents particular a fair bit is assigned female at birth people with social pressure to have maternal when sex. So it's the same idea of, of family members not being supportive of someone's gender transition, because that will mean they may not be able to reproduce. And for people assigned female at birth, that's a particular pressure that you have these reproductive organs, you should use them.

Speaker 3 ([18:45](#)):

And

Dr Damien Riggs ([18:45](#)):

Another people, I mean, there are certainly some people in our sample who had done fertility preservation. There was out of, there was 30 people out of the 400, there was 60 people out of our sample who had children. And there was maybe another 60 who wanted children in the future. So sometimes I, no one wanted children, but that probably adds up to around half. So it was a lot of people who didn't want children who were very clear that children weren't of interest to them. They had made that decision, but their decisions were being second guessed. So, and by medical professionals, someone else said, I do not want children at all. I feel that preservation fertility preservation in case you change your mind is demeaning to me is it feels like doctors are second guessing my decision and trying to Institute doubt in me.

Dr Damien Riggs ([19:28](#)):

And this is something that I really am very careful around with the young people that I work with. That historically there has been this narrative preserve your fertility, just in case we do this with oncology patients, the same logic maps across to transgender young people. And I'm really wary about this idea of just-in-case it's expensive, it's invasive. It's not guaranteed that if you preserve your facility at 14, those gametes can be viable at 24. If you decide you want to be happy at 24, you don't decide to your 34. They're probably not going to be good, not likely to be viable. So it's making a promise on something that may not be deliverable on. And it's also making people make choices about a really big, what if another person said people indicate they don't want biological children should have their wishes respected.

Dr Damien Riggs ([20:19](#)):

A lot of doctors seem far too focused on retain the viability of reproductive organs in case the owner changes their mind, which I think is a great quote. And it is this, this sort of juncture disjuncture between

the owner of the organs, knowing what they do, and don't want to do a medical professional saying maybe you don't really know what she wants to do, because this is what these organs are supposed to do. This is what you should want to do with them. So, and there was lots of other examples of this, and I think really important to note that all of those examples are people assigned female at birth. Most of the transgender men, some were non binary people, none of our transgender women who participated, made those same comments, they were not getting those same messages, not getting the message, or you should store sperm because you should want to have children.

Dr Damien Riggs ([21:07](#)):

You should want to be a mother. You ha you know, create a child made of your sperm. They were not getting those same messages, even though of the 30 people who had done fertility preservation and of the 60 people who had children, our majority in each group were women were transgender women. Transgender women were not in general getting that same message as transgender men from fertility specialists, from counselors, from healthcare providers that they should want to store this very measured, want to have children. So again, it's, it's very gendered understanding of bodies. But normally, you know, that there's this, this expectation upon women to reproduce, to be mothers, but transgender women are not experiencing that same expectation. So I guess my suggestion today is that there is research out there on transgender people and reproduction a little bit. There is a growing body of research on transgender people and parenting.

Dr Damien Riggs ([22:05](#)):

And we've done some of that research at colleagues and I, but I think inherently that research is limited by CIS. Genderism is limited by these assumptions. I think we, we repeatedly say low numbers of transgender people compared to the general population have children. And there's all these reasons that people suggest or people are more focused on gender transition. People are scared of discrimination. People have other interests, transgender people are critical thinkers, and they are critical of the idea that everyone should have children. There's lots of reasons given for why transgender people who don't have children on power of the general population. Some of those might be true. Some of them might be not true, but my suggestion today is that that what might also be true is how change strip gender people can imagine their reproductive futures, the options they feel available to them are potentially limited by the interactions they have with professionals, the messages they get about their bodies, about their gametes and how that shapes their decisions.

Dr Damien Riggs ([23:06](#)):

So these are some great little pictures that I found am I like them? I mean, I mean, I want to be cautious about them because I say, you know, we're real quick couple able to reproduce. It doesn't mean they have to. So we want to put that caveat there. Of course not everyone should want to have children. But it really draws attention to that. I've been speaking today about transgender people's reproductive futures, reproductive lives, but transgender people often like a majority of people have children in the context of relationships and lots of transgender people don't have relationships with other transgender people with have relationships with people who are not transgender. So that's what the word sissy means. Cis-Gender refers to people who are not transgender. So it's about also acknowledging that transgender people with reproductive futures decisions sit in the context of relationships and a lot of the work that my colleague Claire and I have done around transgender, young people and sexuality education, including education about reproduction focuses on this is not important just for transgender people.

Dr Damien Riggs ([24:07](#)):

Isn't important for transgender people with partners, some of who may not be transgender. So it's about acknowledging. There's lots of different conversations that go on around reproduction that shape transgender people's lives. I also wanted to put up here that from the beginning of this talk today, I've been challenging the idea that we should all be reproducing, that it must, it's a given that it's an expectation we should all take up. But it's also about, you know, when I did put up the Google image search and the images of families, all included children, it's also about acknowledging families more than children what's missing from this is a single person. And actually the abs does count single person households as a family, but in our everyday conversations, we don't often think about single person households as families. We think about the mess. I wonder if being alone or absent or family.

Dr Damien Riggs ([25:00](#)):

So this is, you know, this is certainly not comprehensive. It was just a neat image that I found, you know, acknowledging that it can be two parents that can be two people of the same gender to be able to have different genders. That can be one parent and a child. It can be two adults of the same gender or different genders it can be. And Sarah and I were talking about this before. It can be a person living with animals, and we've been doing a lot of research recently around lesbian, bisexual, and or transgender women's relationships, family relationships with animals and how animals for some people may feel a gap in, in life around not having close relationships with humans. For some of our participants. It was, it was not about filling a gap. It was about saying, I don't particularly like humans, but I really like animals.

Dr Damien Riggs ([25:44](#)):

And I really liked the kinship relationships that I share with animals. And so that's been a part of our, I guess, launching off of some of this other research I've done around reproduction is how do people find other ways to create family that isn't just focused on humans? And I guess that's part of a bigger story here. What is, [inaudible] about, it's about the perpetuation of the human species. We know that comes at the cost of animals. So, and, and the part of the in general. So it's about thinking about a range of different ways that people create families, not limited to their gametes, not limited to gametes that agenda in particular ways. And I guess I've to, to finish off for today, I really want to emphasize, and I hope it's been clear throughout my talk, but I'm not trying to promote some kind of new trans normativity.

Dr Damien Riggs ([26:34](#)):

So normativity means what should be taken as normal. Trans normativity is, is something that should be treated as normal for all transgender people. So I'm certainly not suggesting that all trans people should want to have children. I'm not suggesting that if healthcare providers stopped using gametes and gender terms and just talked about gametes, which is entirely feasible and possible and that made transgender people more able to hear information given to them, more able to make decisions around reproduction that then every transgender person should want to have children. That's certainly not my suggestion here today. It's about looking at how are transgender people wrapped up in different ways in this injunction to reproduce in Turner's idea of reproductive citizenship. I think a decade ago, having this conversation, having this talk would have looked very, very different. Two decades, decades ago, even more different.

Dr Damien Riggs ([27:28](#)):

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The idea that transgender people could for transgender men bear children that were, can have uterus transplants, that people could have the right to access fertility storage. Those conversations were not around 10 years ago or 20 years ago. So a lot has changed, but I guess my interest is in a, how do we look at how it's changed? How has it gendered? How has it still particular transgender people being pushed towards reproduction and other people being pushed out of reproduction and even the people that are such as transgender men that are being pushed towards it. Why is it because transgender men assume read as women? Is it because they're having a uterus they're treated in particular ways around reproduction? So I think it is around acknowledging, you know, reproductive rights, as I said at the beginning of this talk, but these are diverse. It can be the right to have children, the right, not to have children, the right to keep your children. And so my aim today has not been to talk about this is what we should, should happen for transgender people. But what is the bigger context we all live in that could be changed? Amended made more inclusive so that transgender people's reproductive choices are more possible. Thank you.