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Pursuing Reproductive Justice for Rainbow People in Aotearoa/New Zealand through Research: Insights from the Field

George Parker and Chelsea R. D'Cruz*

Abstract
Rainbow people experience unique challenges to equitable reproductive healthcare access and outcomes, resulting from entrenched norms and assumptions embedded in health services that anticipate, legitimise and privilege (White and able-bodied) cisgender, heterosexual women as the users of these services. This article presents a discussion of two recent Aotearoa/New Zealand research projects that have identified and addressed the effects of such norms and assumptions across two reproductive healthcare spaces: perinatal care and abortion care. The operation of cisheteronormativity within these services is explored through a reproductive justice lens that directs our attention to the broader power relations and social structures that shape and determine people's control of their reproductive destinies. The need to address cisheteronormativity and its intersectional entanglement with other oppressive power relations, such as colonisation and racism, to secure Rainbow people's reproductive self-determination is affirmed.

Keywords: reproductive justice; LGBT; cisheteronormativity; intersectionality; pregnancy; abortion

Reproductive justice is a framework developed by Black and Indigenous women of colour to challenge a narrow White, middle-class-centric conceptualisation of the struggle for reproductive freedoms, as largely confined to the ability and means to prevent and end unwanted pregnancies (Ross & Solinger, 2017). In order to foster a deeper, complex engagement with reproductive freedom and choice, *reproductive justice* centres intersectionality, the principles of social justice, and a holistic understanding of well-being (Ross & Solinger, 2017). The framework draws attention to the intersecting relations of power and oppressive social structures stemming from colonisation, racism, sexism, socio-economic disparities, queerphobia and transphobia, and ableism: systems that undermine people's ability to self-determine their reproductive destinies and exercise reproductive "choice" (Ross, 2017). Through the lens of reproductive justice, *reproductive freedom* demands securing not only the right to not have children through access to contraception and abortion, but also the right to have children, and to parent children with dignity and self-determination (Ross & Solinger, 2017). For (Rainbow) people of diverse sexualities, genders and variations of sex characteristics, this includes interventions across the reproductive life course including: trans people's ability to imagine and pursue family building as part of gender-affirming healthcare (Ker & Shaw, 2024); equitable access to the technologies and services to achieve family building (Tam, 2021; Vicinelli, 2024); equitable access to the means and resources to control fertility (Marshall et al., 2024); and equitable access to safe and inclusive healthcare across the reproductive life cycle including menstrual health, perinatal and abortion

* **George Parker** (they/them) is a registered midwife and a social researcher of health and health service delivery in the School of Health at Te Herenga Waka | Victoria University of Wellington. George's work centres around improving access to healthcare and reducing health inequities for LGBTQIA+ people and other marginalised communities, particularly in relation to reproductive healthcare and other services that support family formation.
Corresponding author: george.parker@vuw.ac.nz
Chelsea R. D'Cruz completed their Master of Science in Forensic Psychology in 2023 at Te Herenga Waka | Victoria University of Wellington and is currently undertaking their PhD in the School of Psychology. They are passionate about research in the LGBTQIA+ community, specifically regarding relationships, prejudice and experiences of harm.

care, menopause healthcare, and reproductive cancer prevention (Connolly et al., 2020; Lowik, 2021; Rydström, 2020).

The framework of reproductive justice is a critical resource for understanding and addressing the intersecting forms of oppression and privilege that undermine the reproductive self-determination of Rainbow people in Aotearoa/New Zealand. Queer theoretical developments in family studies highlight the impacts and harms of cisheteronormativity as one such form of oppression (Allen & Mendez, 2018; Oswald et al., 2005). *Cisheteronormativity* describes a socially and culturally embedded ideology that legitimises and privileges binary gender aligned with sex assigned at birth, heterosexuality, and traditionally organised nuclear families as natural and morally superior to other ways of being in the world (Oswald et al., 2005). Cisheteronormativities are pervasive and entrenched in societal understandings about reproduction and family building and reproductive health institutions, constituting the conditions for the erasure, exclusion and harming of Rainbow people. The emancipatory aim in research seeking to make cisheteronormativities visible is not to facilitate Rainbow assimilation into reproductive health and family building norms, but rather to resist and deconstruct these norms through acts and ideas that challenge gender, sexuality and/or family binaries and question what is natural and normal in relation to reproductive and family building (Oswald et al., 2005). Furthermore, the intersectional framework of reproductive justice insists that Rainbow people's self-determination over reproduction and family building will not be secured through addressing cisheteronormativities in isolation. Rather, reproductive justice calls for actions that challenge the multiple and enmeshed systems of power and oppression that limit reproductive freedom for multiple marginalised Rainbow people including the impacts of colonisation, racism, ableism and socioeconomic disparities (Allen & Mendez, 2018; Wesp et al., 2019).

The following discussion highlights two recent research projects into under-researched areas of Rainbow people's access to reproductive healthcare in Aotearoa/New Zealand, informed by a reproductive justice framework. We contextualise the need for these studies, briefly describe the studies, and connect these studies to the broader movement for Rainbow reproductive justice in Aotearoa/New Zealand.

Current gaps in knowledge

Rainbow populations have been underrepresented in existing research on reproductive healthcare. From research examining birth control, pregnancy and birthing to research investigating experiences of abortion, most literature focuses on the experiences of cisgender, mainly heterosexual, women. For example, in their research exploring the abortion experiences and preferences of people who are not cisgender, Moseson et al. (2021) highlighted that no studies had reported the types of abortions, gestational ages or preferences of transgender, nonbinary and gender diverse people in the United States of America. Furthermore, Greenfield and Darwin (2021) reported on the lack of data on nonbinary and trans parents, and in a scoping review of research in the Global North, identified a complete absence of research on trans and nonbinary experiences of traumatic birth and perinatal mental health. The dearth of research on Rainbow reproductive healthcare directly contributes to unmet healthcare needs and poorer outcomes, by perpetuating the invisibility of Rainbow people in services and producing a deficit in reproductive healthcare capability for Rainbow inclusive care (Ussher et al., 2022). Because reproductive justice calls for access to the means (and meanings) that enable people to self-determine whether they will have children and to bring those children safely and securely into the world, a shortfall in reproductive healthcare preparedness to provide Rainbow-affirming and inclusive care constitutes a reproductive injustice (Ross & Solinger, 2017). Moreover, reproductive justice puts the onus on healthcare systems and providers to have adequate knowledge about Rainbow people's unique reproductive healthcare needs and respond accordingly. Without addressing the exclusion of Rainbow people in reproductive healthcare research and ensuring reproductive health services are

resourced to provide safe and inclusive care, ultimately this population will continue to lack visibility and access to responsive care.

Despite these significant gaps, there has been a recent increase in research that aims to diversify the literature on reproductive healthcare. This research considers reproductive healthcare through a lens that acknowledges that not all people who experience pregnancy are women, heterosexual or organise themselves in nuclear family formations. For example, Falck et al. (2020) assessed the healthcare experiences related to pregnancy, childbirth and nursing of transmasculine people in Sweden, and identified the direct influence of cisheteronormativity as a barrier to affirming and safe care for this population. Similar research expands binary understandings of reproductive care through examining transgender and nonbinary experiences and perspectives of menstruation (Lowik, 2021), adolescent pregnancy (Lowik et al., 2023), and identity disclosure versus concealment in reproductive healthcare spaces (Lowik, 2023). Common across this research is the need to identify and address cisheteronormativity as a key contributing factor in the lack of Rainbow safety within reproductive healthcare. Furthermore, this research highlights that to achieve reproductive justice, research in reproductive healthcare must consider the diverse experiences of different population groups, especially those marginalised at the intersection of multiple oppressive social categories including race, class and disability (Parker et al., 2024). Indeed, these research findings demonstrate that the dismantling of cisheteronormativity, and its enmeshment with other oppressive power relations within reproductive healthcare, is vital.

Below we highlight two such recent research studies in Aotearoa/New Zealand that draw on a reproductive justice framework to address cisheteronormativity in reproductive healthcare: the Trans Pregnancy Care Project and the Rainbow Abortion Project. We briefly describe our approach to and key findings from these studies and discuss how they connect with broader movements to secure reproductive justice for Rainbow people in Aotearoa/New Zealand.

Trans Pregnancy Care Project

The Trans Pregnancy Care (TPC) Project was an 18-month, sequential, mixed methods, two-phase study, funded through a joint initiative between the Health Research Council NZ and Manatū Hauora | Ministry of Health (Parker, Ker, et al., 2023). The project's aim was twofold: (1) to understand what constitutes trans-inclusive and affirming perinatal care; and (2) to assess the preparedness of the perinatal care system to provide this level of care to trans people and their whānau (families) across the spectrum, from fertility treatment, pregnancy and birth through to postnatal care (up to six weeks after birth). Prior to this project, little was known about the perinatal care journeys of trans people and their whānau in Aotearoa/New Zealand. In fact, entrenched cisheteronormative assumptions about who uses perinatal services meant that figures on gender diversity were neither collected nor reported in perinatal data, resulting in the presumed absence of trans people as perinatal service users at a national and local level (Health New Zealand | Te Whatu Ora, n.d.).

We sought to address this absence in phase one of the study, by exploring the perinatal care experiences of trans people and their whānau. Twenty whānau with at least one trans parent (both gestational and non-gestational) participated in an in-depth semi-structured qualitative interview, where they reflected on their experiences of perinatal care. Interviews were transcribed and analysed using reflective thematic analysis (Braun & Clarke, 2022), informed by a constructionist perspective and drawing on the principles of intersectionality (Wesp et al., 2019).

The findings from phase one of the study were used to develop a national perinatal workforce survey in phase two. The survey asked respondents about their knowledge, beliefs and clinical preparedness for trans-inclusive practice, their education experiences, preferences for inclusive practice, and how they

rated their workplaces in relation to trans inclusion. A total of 476 responses were collected and analysed from midwives (67%), doctors (19%) and other health professionals (14%).

A key finding of the study, across both phases, was that trans whānau are currently neither anticipated nor actively included and affirmed at a system level in perinatal care. Individual perinatal care providers reported working in a system where cisheteronormative assumptions that legitimise and privilege cisgender women in heterosexual monogamous partnerships were built in and operationalised in ways that erased and excluded trans whānau. Expressions of cisheteronormativity were identified in the physical environment of perinatal services—for example, in the provision of 'women-only' bathrooms—and in normative imagery on display in services—for example, in posters and logos. The use of gendered language to describe who services were assumed to be for (such as 'women's clinic') and to describe service users (woman, mother) were another expression of cisheteronormativity commonly described in our data. Personal information-collection processes such as service registration or intake forms and care plans commonly did not collect information in ways that created space for trans whānau to be known to their care providers; for example, by not asking about gender and who is part of their whānau. In their interactions with unknown care providers, such as when whānau were in-patients in antenatal or postnatal wards, experiences of misgendering and negative attitudes were common. Navigating structural and interactional cisheteronormativity was described by trans whānau as a mental and emotional tax that undermined trust and engagement in perinatal care, added layers of stress and exhaustion, and detracted joy from the childbirth journey. The impacts of navigating cisheteronormativity during the family-building journey are exemplified in the following excerpt from an interview with Brodie (trans man) and Moana (cisgender gay man) discussing their first interactions with fertility services:

> But our first experience with [the fertility service] was very awkward in the sense that they misgendered Brodie straight off the cuff, they sent forms out that said female, we had to do all of these tests with them and that sort of stuff … but because it was misgendered from the start, right up front, even though our GP had provided them with medical advice on who we are, it triggered Brodie, and so it triggered Brodie to almost a paralysed state, I would say situational depression for that moment … was they just twinked out the 'fe' rather than resubmit the form. (Moana, Brodie's husband)

Intersectional analysis demonstrated how cisheteronormativity is interwoven with multiple power structures, resulting in compounded failures in care for trans whānau who were further marginalised along axes of colonisation, race, class and disability. Intersectional insights from the TPC Project are explored in a forthcoming manuscript (Parker et al., in press). The perinatal workforce identified a willingness to engage in systems change (including workforce education) to build their capability for trans inclusive care; however, they lacked opportunities to do so. Identifying the need for structural and intersectional solutions for progressing trans inclusion in perinatal care, the project team developed *Warming the Whare: A Te Whare Takatāpui informed guideline and recommendations for trans inclusive perinatal care* (Parker, Miller, et al., 2023). The guideline draws on Te Whare Takatāpui (Kerekere, 2023), mātauranga Māori (knowledge) gifted by Dr Elizabeth Kerekere which embeds the values of whakapapa (genealogy), wairua (essence), mauri (life spark), mana (prestige), tapu (sacredness) and tikanga (the right way to do things), in all structures and interactions in perinatal care to provide the conditions for trans inclusion and flourishing.

Rainbow Abortion Project

Following the TPC Project, we conducted research that explored the abortion care experiences of Rainbow people in Aotearoa/New Zealand. This research was also funded by Manatū Hauora | Ministry of Health, to evaluate whether abortion services were serving priority equity groups by providing accessible, timely and quality abortion care, following the implementation of the Abortion Legislation Act 2020. The study

conducted 10 interviews with self-identified Rainbow people in Aotearoa/New Zealand. The participants described diverse genders and sexualities including transgender (1), nonbinary (1), and queer, pansexual and bisexual (10). Transcripts were analysed using reflexive thematic analysis (Braun & Clarke, 2022) and recommendations for abortion care were also provided under the framework of Te Whare Takatāpui (Kerekere, 2023). Like the TPC Project, reproductive justice was at the heart of this research, which sought to understand the structural and intersectional processes that shape Rainbow people's movement through abortion services. While Rainbow people may receive supportive care at an individual level, this project set out to understand whether, and if so, how the dynamics of cisheteronormativity identified in perinatal services were also embedded in abortion care, and what the resulting impacts were on Rainbow people moving through their abortion experience.

Like in the TPC Project, Rainbow people's access to and experience of abortion services was strongly shaped by the dynamics of cisheteronormativity. The participants described encountering norms that assumed and privileged heterosexual cisgender women as the users of abortion services throughout the abortion pathway, including within telehealth and in-person services. Similar to perinatal care, the participants described normative assumptions about gender embedded in the names of services and in the information pamphlets they were handed. The participants also reported a lack of opportunity or invitation to share their gender or sexuality in intake processes and subsequently felt assumed to be cisgender and heterosexual by default. Blair (trans man) reflected on his abortion, saying:

> I think first off, I'd just call it like a reproductive clinic instead of a women's one. Um, there's something like … something like that would've made me feel a little bit more comfortable, like going there, going there in the first place. Um, I would've definitely liked to have like an option to put down your gender or pronouns like on the, sort of all the consent forms and sort of stuff, because, yeah, then it just felt like otherwise it assumes that by going there you are a woman. Um, and this is an experience that sort of defines womanhood or something.

Similar to perinatal care services, participants reported that this added an extra layer of stress to their abortion experience, resulting in the participants either actively seeking opportunities to have their gender/sexuality known to the service, or choosing to avoid disclosure to avoid experiencing the stigma attached to their gender/sexuality. This impacted on Rainbow people's confidence and trust to disclose other aspects of their sexual and reproductive health to their abortion providers and added layers of stress that undermined their emotional well-being during their abortion. Similarly, like trans whānau in the TPC Project, Rainbow participants who were further minoritised along the lines of race, class or disability experienced compounded stress and anxieties when abortion care failed to be responsive to multiple aspects of who they are. Aubry (Māori, bisexual), for example, reflected on the lack of cultural care such as the opportunity for karakia during her abortion, which, along with her non-disclosure about her bisexuality, led to an abortion care experience that felt depersonalised and distancing:

> It is like I mean, it is a clinic but it was very clinical, which I mean it's a hospital, … but I just think some of that … I guess for them to acknowledge as well that it is also an emotional experience, it's not just like … they offer the counselling and stuff, but just to be like "Hey yeah, you're a human, this is… this is hard, so here's some, some guidance and some words of well", you know? Just for you and passing—but I know not everyone will want that acknowledged, but maybe if it's like an option on the form, right?

Overall, this research showed that abortion care that welcomes and affirms Rainbow people through the unlearning of cisheteronormativity and other marginalising processes improves physical and emotional well-being throughout the abortion process and therefore contributes to reproductive justice. Specifically, abortion care must avoid assumptions, affirm diverse genders and sexualities, and do so even in the absence

of knowing Rainbow people are there. Ensuring self-determination is vital to Rainbow-inclusive abortion care. This can be achieved by providing opportunities for Rainbow people to feel assured in disclosing their gender and sexuality, and to make choices about the method of abortion and their need for counselling.

Towards Rainbow reproductive justice

Both the Trans Pregnancy Care Project and the Rainbow Abortion Project have demonstrated the additional layers of complexity, stress and harm that result for Rainbow people when they move through reproductive health services that are delivered on the assumption that the users of those services are heterosexual cisgender women. Whether accessing care when trying to conceive, during pregnancy and childbirth, or when approaching health services to end an unwanted pregnancy, the failure of healthcare providers to anticipate and provide conditions for safety, affirmation and inclusion for sexuality and gender diverse people undermines this population's self-determination and is, thus, a reproductive injustice. Through a reproductive justice lens, the task of securing reproductive self-determination is multi-dimensional and intersectional, recognising that reproductive choice and control is always structurally and relationally determined (Ross & Solinger, 2017). Reproductive justice accounts for the struggle to secure (and defend) basic material conditions to ensure reproductive choice and control, which, for many Rainbow people, includes access to assisted reproductive technologies, fertility treatment, surrogacy and adoption, alongside access to contraception, abortion and comprehensive perinatal health services. However, reproductive justice also directs our attention and energy to focus on the broader power relations and social structures that render certain choices harder, or even impossible, when the reproductive imaginaries and concerns of White, wealthy, able-bodied, heterosexual, cisgender, monogamously coupled people are prioritised and privileged.

Our research has identified that the pursuit of Rainbow reproductive justice necessarily involves locating, making visible and addressing the operation of gender and sexuality norms that may be taken for granted in reproductive healthcare (and broader social) systems. However, we have also identified how the harmful conditions produced by cisheteronormativity are interconnected with (and amplify) other forms of oppression stemming from colonisation, racism, ableism and entrenched social inequities, that together form a matrix of reproductive injustices. Progress towards Rainbow reproductive justice through research therefore necessitates a project-wide commitment to intersectionality that informs not only what research seeks to achieve but also how it seeks to achieve this (Abrams et al., 2020; de Bres & Morrison-Young, 2024; Parker et al., 2024; Rice et al., 2019). In the projects described in this article, and in context of Aotearoa/New Zealand, this begins with a commitment to fulfilling the articles of te Tiriti o Waitangi (Huria et al., 2023). As first steps we can ally ourselves to movements to: decolonise knowledge and practice in the health system; grow meaningful, reciprocal and collaborative relationships with takatāpui Māori; and centre gifted mātauranga Māori with oversight, reflexivity and accountability. An intersectional approach to research also asks us to be (and remain) clear about our social justice aims, to engage in ongoing reflexivity about our own positionality and privilege, and to build coalitions across related movements for reproductive and social justice (Rice et al., 2019). Through a reproductive justice lens, the task to secure reproductive self-determination and safety for Rainbow people increases in breadth and scale—but so, too, do the opportunities to effect meaningful change.

This essay has traced the contribution of two recent research studies in Aotearoa/New Zealand to Rainbow people's reproductive justice by naming and addressing the effects of cisheteronormativity embedded in reproductive healthcare. Through a reproductive justice lens, it is not enough to secure Rainbow people's access to reproductive healthcare services; the conditions in which they move through these services also matter. Reproductive justice can only be achieved for Rainbow people when we address intersectional relations of power that privilege White, able-bodied, cisgender, endosex and heterosexual

reproductive subjects and exclude and harm others, as they move through reproductive healthcare spaces and systems.

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