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Repronormativity in cisgender men's reasons why they would not use womb transplant technology to become pregnant

Abstract

Much reproductive scholarship presumes that cisgender men do not wish to become pregnant. And within scholarly discussions on womb transplant technology in particular, cis men's desires to be pregnant are constructed as 'insubstantial', and cis men are positioned as neither desiring nor requiring womb transplant technology. Repronormativity, including the assumption that pregnancy and gestational desire are antithetical to cis masculinity/manhood, underpins both bodies of work. As part of a study that sought to visibilise and analyse cis men's desires to be pregnant and/or gestational parents, six cis men were asked whether they would use womb transplant technology to enable their pregnancy if womb transplant technology included men as recipients. The majority of participants said they would not do so, giving different reasons. Using a narrative-discursive approach to analyse their responses, I argue that their varied responses disrupt and re-circulate normative discourses on sex/gender, pregnancy, parenthood, and (assisted) reproduction. Ultimately, their varied reasons trouble the normative assumption that cis men do not want to be pregnant and would not take up the opportunity to do so, *because they are men*.

Keywords: Cisgender men, womb transplant technology, pregnancy desires, pregnancy decision-making, repronormativity, discourses

Introduction

Understandings of Assisted Reproductive Technologies (ARTs) are shaped by and in turn shape how we understand reproduction itself. And since their development, understandings of

these technologies have varied considerably. Some discourses on ARTs cast them as 'antithetical' to or a 'perversion' of 'natural' reproduction (Storrow, 2011; Takhar & Houston, 2021). Cis-feminist framings of these technologies construct them as medico-patriarchal control over cisgender women's reproduction (Hammons, 2008; Parks, 2009) and as reproducing oppressive regimes in transnational reproductive economies (Fixmer- Oraiz, 2013; Gupta & Richters, 2008; Vertommen et al., 2022) on the one hand, and as enabling cisgender women's reproductive autonomy on the other (Hammons, 2008; Parks, 2009). The queering of ARTs frames them as a challenge to cisheteronormativity, including heteronuclearity, by enabling *some* queer people to have bio-genetically related children and families, in ways that challenge normative family-making and normative understandings of what constitutes a family, even as queer access is limited due to cisheteronormativity and the legal, financial, and social barriers it creates for queer bio-family-making (Fixmer-Oraiz & Yam, 2021; Ho, 2019). And in trans constructions in particular, ARTs (including, but not limited to gamete preservation and retrieval, IVF and AI procedures) are framed as a resistance to the privileging of cisgender reproduction and the ways in which the state and societies actively prevent trans reproduction (Cárdenas, 2016; Fixmer-Oraiz & Yam, 2021; Strangio, 2016; Chace, 2018), whilst being largely inaccessible in anti-trans, transmisogynist, racist, and capitalist ways (Cárdenas, 2016).

As the above discussion also suggests, ARTs have played a significant role in transforming human reproduction. Indeed, changes in the discursive construction of ARTs has occurred alongside a necessary expansion, albeit incremental and uneven, in *who* the assisted reproductive subject is and should be, broadening beyond white cisheterosexual women (who nevertheless remain the primary subject in ARTs imaginaries and practices) to include queer people and people of colour (Tam, 2021). In particular, trans men and trans masculine people's use of ARTs means not only a radical and rightful transformation of who

reproductive subjects are and can be, but also and especially who *gestational* subjects are and can be. That is, trans men and trans masculine people's pregnancies through ARTs is a powerful disruption of the normative socio-medico-cultural (and legal) entanglement of pregnancy, cis womanhood, and femininity (Karaian, 2013). It is also a challenge to the attendant patriarchal construction of masculinity and manhood as *non*-gestational, evident in the socio-medico-cultural preference for trans men and trans masculine people's hysterectomies (Toze, 2018).

With the first successful womb transplant taking place in 2014 (Hammond-Browning, 2019), womb transplant technology is perhaps the most recent example of the potential for ARTs to radically transform reproduction, including in our social imaginary. Yet, in scholarship discussing womb transplant technology[1] and the possibilities it presents for gestational reproduction and parenthood, repronormativity – the hegemonic construction and privileging of certain kinds of reproduction and certain reproducers as 'normal', 'natural', idealised, and 'legitimate' with the attendant devaluing and delegitimation of 'others' (Weissman, 2017) – works in tandem with various discourses, including sex/gender, pregnancy and parenthood discourses, to shape discussions of who the recipients of *this* ART *should*, '*rationally'*, be. Within this literature, the imagining of cisgender non-menopausal women as primary and 'obvious' recipients, and the *hedged* inclusion of trans women are both predicated on the taken-for-granted importance of pregnancy for womanhood and motherhood (see Arora & Blake, 2015; Hammond-Browning, 2019; Sparrow, 2008).

Men are positioned as unlikely, undesirable, and/or undesiring recipients (see Robertson, 2017; Sparrow, 2008) within this literature. Trans men are *tentatively* discussed as

[1] For the purposes of my study, and this paper, I discuss womb transplant technology in discrete terms, focusing on the womb transplant itself. This has meant that I have set aside further procedures and care that are part of organ transplantation practices generally, as well as further assisted reproductive procedures and care that would be required, alongside a womb transplant, to enable pregnancy. See Jones et al. (2021) for more information on the procedures and care involved.

possible recipients at an *anatomical* level while their desires to be pregnant are precluded (see Robertson, 2017). And, of particular interest to this article, cis men's desires to be pregnant and cis men's pregnancies are largely framed as 'hypothetical', 'trivial', 'abnormal', 'harmful', and/or 'antithetical' to masculinity, with the intelligibility of their desires being limited to cis men who are gay, single, and/or are partnered with women who are themselves unable to become pregnant (for examples, see Alghrani, 2018; Murphy, 2015; Robertson, 2017; Sparrow, 2008).

Beyond scholarly debates on womb transplant technology, however, gendered and repronormative discourses are both reproduced in and have shaped reproductive knowledge production more broadly (Radi, 2020). Indeed, research on cis men and reproduction is still predicated on masculine subjectivity as *non*-gestational, including the *absence* of gestational desire. By exploring and visibilising cis men's desires to be pregnant and/or gestational parents, the study on which this article is based sought to disrupt these normative frames for understanding gender and gestational reproduction. As part of this study, and the focus of this article, I interviewed six cis men about their desires to be pregnant, and asked them about whether they would use womb transplant technology to enable their pregnancy if it ever became available for men to use. The majority of participants said that they would not. In this article I analyse their responses, specifically the ways that they both subvert and reproduce various discourses, including ones that essentialise men and masculine people as neither pregnant nor *desiring* to be pregnant (Toze, 2018), and ones about the kinds of reproduction that are socio-culturally taken-for-granted as 'ideal' and 'normal'.

Materials and methods

This study on cis men's desires to be pregnant and/or experience pregnancy sought to explore the ways that cis men speak about their desires. Specifically, the project was guided by the following research questions: (1) what discourses and narratives are constructed? What

positionings and subjectivities are constructed, taken up and resisted? And (2) in what ways do the discourses used challenge and/or reproduce patriarchal and repro-normative understandings of and expectations around gender(s) and sexualities, reproductive desire(s), reproduction/pregnancy, and parenthood?

Following ethical approval, I recruited participants in the following ways: (i) asking friends and close family to share the research flyer with their contacts, (ii) sending the research flyer to email networks, and (iii) posting a call for research participants to my personal Instagram, Twitter, and Facebook accounts. The last of these proved unsuccessful. Participants were recruited if they were non-trans men who had ever wanted to or wished that they could be pregnant/experience pregnancy, were 18 years or older (for consent reasons), and would be comfortable being interviewed in English. Initially, cis men had to be living in South Africa (but did not need to be South African) to be interviewed. However, this was broadened to anywhere in the world.

A total of six non-trans men were recruited (three per strategy). Participants were a diverse group, despite being a small sample. At the recruitment stage, I used consent forms to ask participants about themselves through an open-ended question: 'Please describe yourself, including anything you feel is relevant to your identity/identities'. Additionally, and unprompted, participants shared further personal information during their interviews. This information is reproduced in Table 1 below.

<Insert Table 1>

Over the course of 2021, semi-structured interviews were used to collect data, all of which were conducted by myself, a black, queer, trans-nonbinary person who is often invisibilised as trans-nonbinary whilst often being misgendered as a woman, and who has South African citizenship status through birth. Interviews proceeded with a narrative-

inducing opening question: ‘Please tell me about your desire or your wish that you could be pregnant or experience pregnancy yourself’. In subsequent questions, participants were asked about various topics. In this article, I focus only on participants’ responses to whether they would consider having a womb transplant in order to become pregnant if the technology became available for men to use. Interviews were audio recorded with permission from participants (the total length varied:18 mins, 28mins, 40mins, 44mins, 46 mins and 48mins) and were subsequently transcribed verbatim by me, using pseudonyms that were chosen by participants themselves prior to their interview. Transcription conventions are used in the extracts presented in this article (/ /: interviewer dialogue; <u>underlined</u>: participant emphasis; *italics*: word not in English; – : self-interruption; * *: said with laughter in voice; [ ]: contextual information).

The data extracts presented in this article are analysed using a narrative-discursive approach which views talk as social (author, date; Taylor & Littleton, 2006). Within this approach, narratives are both a discursive resource to be drawn on *and* a construction made up of other discursive resources. Discursive resources are socially accumulated and available commonalities that are drawn on during talk to construct narratives (Reynold & Taylor, 2005; Taylor & Littleton, 2006). Pre-existing any single telling, discursive resources can include ideas, images, associations, metaphors, interpretive repertoires (Reynolds & Taylor, 2005; Taylor & Littleton, 2006), and discourses which I use in my own analysis. Individuals are understood as being constrained by the social un/availability of these discursive resources, and by the need to be consistent with their previous tellings and the normative expectations and ideas constructed within discursive resources themselves. Failure to be consistent may result in conversational trouble which may need to be repaired (Morison & Macleod, 2013). At the same time, a narrative-discursive approach understands individuals as *taking up* and shaping discursive resources, sometimes in ways that re-work, expand, and reformulate them.

Typically, a narrative-discursive analysis involves the identification of narratives, and the discursive resources used to construct them. In this paper, however, I have limited myself to focusing only on discursive resources. Thus, to analyse the extracts presented here, I repeatedly read each participant's account, focusing on their talk about whether and why they might use womb transplant technology if it ever became available to men. During this process, I identified the discourses used in their talk and attendant subject positioning, paying attention to any conversational trouble and repair work.

Results

Of the six cis men who were interviewed for the study, one participant said that he *would* use womb transplant technology if it became available for men to use. The remaining five participants said they would *not*. I first present and analyse the extract of the only participant who said he would unequivocally, followed by the extracts of those who said they would not. In doing so, I call attention to the discourses employed in their explanations for why they would or would not want to be the recipient of a womb transplant to enable their pregnancy. I also frontstage the ways these discourses are used to construct reproductive healthcare practices (including womb transplant technology in particular, ARTs more broadly, and also birth care), pregnancy, reproduction, parenthood, and sex/gender in particular ways. I conclude this article by linking participants' constructions to broader discursive patterns, and discussing the implications thereof.

> **Mambane:** *Ja* [Afrikaans: yes]. *Ja*, I would like to. I would, if possible that maybe they can do things like that. As you're saying, it's for women now and only overseas. But, if maybe something can change, maybe in [the] <u>future</u> and [they'll] say, 'Ooh! We've got this thing, we can implant this thing into a man', I would like to. As I'm saying, I would like to see myself becoming a little bit {laughs} a little bit *<u>fat</u>, a little bit changing* things like that. But those implanting a womb inside a man, what about the breasts and [so on]? Will they do those things or it's just the womb that they just install maybe, if possible, as you're saying?

The only participant to say that he would likely have a womb transplant if the opportunity became available for him, Mambane (black, married to a woman, father of two young

children, South Africa) explains that he would do so to experience himself as a pregnant, changing body, a body that is "a little bit fat". In doing so, he somewhat troubles anti-fat discourses that problematise fatness as undesirable, including during pregnancy (Parker & Pausé, 2019). This challenge to anti-fatness is limited and also harmful, however, because the desirability of fatness is bounded by: 1) the confinement of fatness to pregnancy, which constructs fatness as necessarily temporary (Underwood, 2022), and 2) his use of qualifiers to describe pregnancy fatness ("a little bit fat").

Importantly, in his response Mambane imagines a future where assisting cisgender men to become pregnant through womb transplant technology is an emerging practice that is met with excitement by ARTs providers. And in querying whether womb transplants for cisgender men would include breast implants for breastfeeding, Mambane seems to suggest that a womb transplant would for him be incomplete without them ("or it's just the womb"), and that breastfeeding capacity should, ideally, also be created to enable a 'full', essentialised experience of gestational reproduction and gestational parenthood. In doing so, he re-circulates repronormative discourses in which breastfeeding is idealised as 'infant-feeding proper' and is framed as a distinctive aspect of gestational parenthood (Williams et al., 2012). He also draws on repronormative ideas about what (post-)pregnant bodies 'should' look like and what they 'should' (be able to) do, i.e. the normative presumption that pregnant people are able to breast/chestfeed. At the same time, his desire to have a nurturing body that has milk-producing breasts, and his desire to breastfeed, also troubles gendered discourses that feminise breasts, breast/chestfeeding, and infant nurturing (see Williams et al., 2012 for an example of these normative discourses).

Furthermore, Mambane draws on a post-humanist discourse to cast technology's role in human life as positive and enabling. In doing so, he collapses the socially constructed boundary between humans and technology (Archibald & Barnard, 2018) with the use of the

word “install”, framing wombs and their recipients as part of and indistinguishable from technology itself. Through a mechanical discourse, Mambane frames bodies as transformable and enhanceable and akin to machines; bodies have dividable parts that can be added and “installed” (Gupta & Richters, 2008). As part of this discourse, any possible risk[2] is minimised or absent from the process of transplantation (Challenor & Watts, 2016). In his response, then, Mambane draws on a science fiction/futuristic narrative (Biezenski, 1982; Gilliland, 2016) to critique the present use of ARTs as limited and to imagine an expanded ARTs as both part of and key to an ideal, gender-inclusive, yet tentative (“maybe”, “if possible”) reproductive future.

Importantly, in Mambane’s use of posthumanist and mechanical discourses, organ transplantation produces altered, expanded, and desired subjectivities and experiences, and allows for different self-formations (Wohlmann & Steinberg, 2016). This challenges normative framings which construct human bodies and biology as immutable, and therefore sacrosanct (Denbow, 2014; Garner, 2014). Simultaneously, however, using these discourses in this way results in objectification, of both recipient and donor[3], as well as the erasure of the people, including their labour, who would enable cis men’s pregnancies through organ donation (Mamo & Alston-Stepnitz, 2015).

Below, I turn to the remaining five participants, all of whom said they would not have a womb transplant if men were included as recipients.

> **Paul:** To tell you the truth for me? No {laughs}. *Ja, eish* [South African: exclamation]. Transplant? I believe in— not to say I— I know sometimes there are people which, like, they can’t bear children if I may put it that way, *neh* [Afrikaans originally: right?]? So, that’s the route which they can take, *neh*? But for me? *Eish.* I can’t imagine doing that. I

[2] I am calling attention to the absence of possible risk as it features in mechanical discourses (see Jones et al. (2021) for a discussion of some possible risks anticipated with womb transplants), not to frame these possible risks as specific or inherent to *men’s* use of womb transplant technology, nor to immoralise pregnancies enabled through womb transplants.

[3] According to Hammond-Browning (2019), both living and deceased donors have to date facilitated womb transplants, and successful births from womb transplantation.

hope I don't have to do that, you know? So, if there was a, like, if there was a need, like, if that's the only way that I must take to have a baby, well, I might but in a very painful {chuckles} I will agree but not **/Not happily?/** Yes, because that's not the way I imagine that I will have a child. *Ja*, so, but for the fact that I want a child, well, so be it. And obviously I'll love that child completely irrespective of how he or she came about. *Ja.*

Jabulile: I see. So, your— the reason that would make you not want to do it, do the womb transplant is that it's not the way you imagine it happening **/yes/** I see, so how would you— how would you prefer it to happen, if it could happen?

Paul: Eh well I prefer, like, in a normal way like, *ja* like when you are pregnant and then— in a normal way. It's either that or that one of the transplant, I think. I know only those two ways, *ja*. *Ja*, so, I'll prefer the other one

Jabulile: I see, I see so without— without the use of technology and the transplant and

Paul: Yes

In the extract above, Paul (black, relationship status undisclosed, no children, South Africa) uses repronormative, and humanist discourses to explain why he would not like to become pregnant and have children via womb transplant technology. Using these sets of discourses in conjunction, Paul constructs ARTs as a "painful" last resort to be used only when absolutely necessary; when 'natural' reproduction, that is reproduction through sexual intercourse, has failed. In doing so he reproduces normative understandings of reproduction that idealise and privilege sexual reproduction between cis women and cis men as the "normal way" to get pregnant and have children, as 'reproduction proper' (Love, 2022; Weissman, 2017). Notably, in his interview, Paul's desire to experience pregnancy was framed around pregnancy experiences that are socially quintessentialised in the pregnancy imaginary: his bodily experiences while pregnant, sharing first news of his pregnancy with loved ones, experiencing childbirth and first contact with his baby. Given that reproduction and pregnancy through sexual intercourse, not via assisted reproductive technology, is part of this normative imaginary (Ussher et al., 2018), Paul's framing of pregnancy through womb transplant as undesirable may reflect this aspect as well.

As evident in Paul's extract, sexual reproduction as 'reproduction proper' takes place with the attendant and implicit stigmatisation of ARTs as an 'unnatural', 'inferior', 'lesser'

method of becoming pregnant and having children (Storrow, 2011; Takhar & Houston, 2021). This stigmatisation of ARTs adheres to parents who are assisted through ARTs, evident in Paul's distancing himself from this group. It also sticks to children born through ARTs. Paul thus attempts to repair the trouble of negatively positioning others in this way, and negatively positioning himself as uncompassionate and ignorant of the challenges others experience in conceiving and bearing children. As part of this repair work, Paul simultaneously positions himself as someone whose "preference" is 'natural' reproduction, but who, being a 'good' parent, would "obviously love that child completely, irrespective of how he or she came about".

Importantly, Paul's response shows the normativity of a 'natural reproduction' discourse, as well as its limitations. The normativity of this discourse is evident in Paul's use of it to envelop the pregnancies of men without uteri. But, in articulating his desire for gestational parenthood via 'normal' means, he does so at the limits of a discourse that has cisgender heterosexual women with uteri as its privileged subject (Weissman, 2017). Thus, despite my attempts to get Paul to name the 'normal' reproduction he is referring to, Paul uses vague terms ("when you are pregnant and then— in a normal way"; "that"; "the other one"). Alternatively, Paul's use of vague terms may simply reiterate the normative taken-for-grantedness and privileging of sexual reproduction, rather than point to the limits of this discourse. Either way, whilst re-circulating repronormativity, Paul's use of the discourse to incorporate his own desires for gestational reproduction via sexual intercourse is both an expansion of this discourse, and an important challenge to normative discourses that frame cisgender men's pregnancies as 'impossible', 'abnormal' and 'unnatural'.

> **Stephen:** I was [considering it] but I think yesterday I saw something on Facebook. There's a woman who did a c-section and then while they were doing the c-section on her they took a kidney **/they took a kidney? /** *Ja*, that's what I saw on Facebook so, I— the guy was saying after a woman does that they must scan her after the c-section to

check if both kidneys are **/are still there?/** *Ja*. *Ja*. So, now *it scared me, that part* {laughs}

**Jabulile: ***Oh I see. So, that made you scared?*

Stephen: **Ja*, that part* […] *Ja*, *it's funny because I saw it yesterday* {laughs}

Jabulile: *Ok* {laughter} so, if we had spoken before yesterday, you—

Stephen: **Ja*, I was going to say yes, doc*

Jabulile: *Ok*

Stephen: *I was gonna say yes* but that one spooked me. It spooked me.

Above, Stephen (black, single, without children, employed, South Africa) explains that after seeing a post on Facebook about how healthcare providers took a woman's kidney during a c-section birth, he would not have a womb transplant if the technology became available for men out of fear that an organ would also be taken from him during the womb transplant procedure and/or childbirth. Notably, the medical malpractice and abuse described by Stephen is implicitly constructed as a commonplace and inevitable risk. Through a risk and responsibilisation discourse, medical doctors are not responsibilised to *not remove* the kidneys of people giving birth who are normatively imagined as cisgender women. Instead, healthcare providers are responsibilised to *scan* a pregnant person after a c-section, which may put onus on the person who has just given birth to first request a scan, and then to pursue redress should the scan reveal that an organ has indeed been stolen. As such, the risk of this violence is only avoidable by opting out of pregnancy-related healthcare.

Like Stephen, Ted, below, said he would likely have received a womb transplant had the circumstances been different.

Ted: At my age now? No. Had it been something that was offered to me at a younger stage? Interesting, because the— if you go back sort of 25 years ago the— I was obviously the main breadwinner at that stage, so it would have been— if it had been a case of where I could afford to take off the 3 months [parental leave] and be paid for that or receive the— so, just looking at it from a logical point of view, if everything had worked out the way it had with the roles reversed, yes, I think I would have actually. Wow **/{chuckles}/** {laughs}. Very interesting. Yes.

Jabulile: *ok, cool, yeah*

Ted: I'm not quite sure how the actual birthing would take place but I mean that's a *whole other scenario altogether*. But, yes, interesting.

Jabulile: Yes, yes. Well, I mean I think one of the options— in terms of what I've read about— one of the options would be a c-section in terms of the birthing. *Ja.*

Ted: Well, both my girls were born by c-section so, yes, ok.

Jabulile: Cool, cool. And then you mentioned— just the last thing to follow up. I can't remember if you included your age in the consent form, but I know during the interview

Ted: Yes

Jabulile: You spoke about— you did?

Ted: *Ja*, 55.

Jabulile: Ok, ok. I just wanted to follow-up because you mentioned about [how] at your age now, you wouldn't want to go through experiencing pregnancy at your age but earlier you would have wanted to. Ok, I just wanted to follow-up on that {inhale}

Ted: You do the math. 55 [plus] 18 [so] 73 when they graduate. You know, [at] 73 am I still going to be around? I'm not quite sure **/mm-hm/** so, yes, it's just it's a little bit too old

In a moment of self-discovery, Ted (white, divorced and seeing someone new, father of two adult children, employed, South Africa) explains that had the opportunity to become pregnant and be a gestational parent been offered to him as younger man, he would very likely have agreed. At his current age of 55, however, Ted explains that he would be "a bit too old" to be a gestational parent. In doing so, Ted positions himself as a responsible, child-centred, caring, and a good reproductive subject by drawing on and adhering to repronormative, risk, and ageist discourses that construct reproduction and parenthood as experiences that are and should be bounded by age. Within these discourses, the period after the age of 20, but below the age of 45 are medico-socio-culturally defined and idealised as the 'reproductive years', especially concerning gestational reproduction (Braverman, 2017; Kelhä, 2009; Sparrow, 2008), with both teenaged (Hans & White, 2017; Macleod, 2001) and older reproduction (Kelhä, 2009) being stigmatised. Together, repronormative, risk, and ageist discourses construct parenthood during the '*non*-reproductive' years as inappropriate, wrongly-timed,

inherently inadequate, risky and/or harmful, and therefore selfish and irresponsible (Braverman, 2017; Caplan & Patrizio, 2010; Kelhä, 2009). Parenting within the 'reproductive years' is framed as well-timed, inherently less risky or non-risky, adequate, and beneficial to children's well-being.

Notably, normative ways of talking about the 'risks' of older reproduction and parenthood, especially gestational, frame these risks as somehow inherent to cis females (see Caplan et al., 2010 for an example of this discourse) but also as more present/unacceptable when older parents are cis women (Braverman 2017). However, this gendered framing, I argue, is produced by patriarchal discourses on gender/sex that conflate cis womanhood with pregnancy/gestational parenthood *and* that construct motherhood around primary care-giving. Indeed, an analysis of ageist, risk, medical, and repronormative discourses reveals the construction of different kinds of risks related to older reproduction and parenthood, that are not themselves gender/sex specific nor inherent. Within these discourses, an older person's body is assumed unfit and unable to 'successfully' carry a pregnancy and give birth, with various problematised outcomes deemed to be more likely (see Caplan & Patrizio, 2010; Kelhä, 2009). And older parents, including cis men, are assumed to be more likely to die, leaving their children without care (Braverman, 2017), as seen in Ted's narrative.

Against this backdrop, Ted's framing of his ability to adequately care for his imagined child as age-bounded and, precarious – his older age would make him more likely to die, with child abandonment being implicit – on one hand challenges the gendered framing of older parenthood as risky by showing that an older parenthood as risky discourse is not only applied to cis women. On the other, Ted's particular framing of older gestational parenthood as risky only in relation to parental death may be a product of this gendered framing where the socio-bio-medical language of obstetric risk is feminised and therefore absent in his case.

Although not presented by Ted as his reason to *not* undergo a womb transplant, Ted's statement that he was "not quite sure how the actual birthing would take place" had he become pregnant via womb transplant in his younger years, is nevertheless notable. It echoes birthing discourses which construct vaginal births as the ideal birth (Malacrida & Boulton, 2012), as well as patriarchal sex/gender discourses which feminise uteruses and conflate pregnant people with non-intersex cisgender women. The result is that vaginal births are taken for granted as, and come to *define,* childbirth. In turn, and despite the medicalisation of birthing in which c-section births are often encouraged in hospitalised births (Crossley, 2007), c-section births become invisibilised in the social imagination, at least in the sense that giving birth without a vagina seems 'strange', 'unimaginable', 'unintelligible', or 'impossible'. And in Ted's case, the normativity of these discourses is such that a c-section birth is socially obscured, and a vaginal birth socially normalised, despite the fact that Ted's ex-wife gave birth to their children via c-section, that is, despite c-section births being part of Ted's personal frame of reference.

> **Richard:** Yeah, I probably wouldn't personally make use of a womb transplant, in part because I know it's hard to disentangle my feelings around it from, as I say, the fact that we don't want to have children for various reasons. But I think that when, you know, when I think about that, like, I am— as a cis man that would actually disrupt and cause some, like, internal conflict around identity. Even though, as I say, like, I will queer present often but I don't— but that's sort of— that does feel different to— as I say, like, I do— I am a cisgender man, I'm not trans or currently trans so that kind of— that probably would disrupt my sense of self on some level. And, yeah, maybe the fact that— so, I've never really heard — I've never heard of that, I didn't know that [womb transplant technology] was a thing, but when now you mention it being a thing, it's almost, like, it kind of hammers home that, like, the desires that I have are very hypothetical {chuckles} kind of imagined *things, you know?* The second it's a possibility, it's like, 'Oh, no, I actually'— yeah, the reality makes me feel very different, I guess

Above, Richard (white, in a relationship with a woman, without children, employed, United Kingdom) first explains that he would not likely become pregnant via a womb transplant because him and his partner do not want to have children. Given that Richard wants to

experience pregnancy, and not parent, it is interesting that he would not receive a womb transplant to experience pregnancy for its own sake by acting as a surrogate for someone else. In constructing his narrative, then, Richard seems to implicitly construct womb transplants as intelligible only when used to enable parenthood for the one receiving the transplant (for examples of this implicit and taken-for-granted framing of womb transplant technology, see Alghrani (2018), Murphy (2015), Robertson (2017) and Sparrow, 2008). Conversely, undergoing a womb transplant to enable *someone else's* reproduction, i.e., by acting as a surrogate, which would enable one to experience pregnancy *without* parenting, is implicitly constructed as unintelligible.

Richard then explains that his identity as a cis man is an important context for his desire to *not* undergo a womb transplant. He draws on sex/gender and pregnancy discourses to make generalised statements about the relationships between pregnancy, pregnant embodiment, and masculinity. Thus, Richard describes how pregnancy, a *pregnant* body, and body that *has* a uterus, would cause him "internal conflict around identity". Importantly, in doing so, Richard implicitly frames pregnant embodiment as incommensurate with and a threat to cis masculinity, as having an inherently destabilising effect. In turn, he constructs a *non*-pregnant body, and a body *without* a uterus as *integral* to cisgender masculinity. And having said earlier in his interview (not shown here) that his desire to experience pregnancy *aligns* with his being a queer-presenting cis man, that is, a man who (at least in some ways) does not conform to normative rules for masculinity, Richard attempts to repair the conversational trouble by stating that pregnancy, pregnant embodiment and having a body that has a uterus would be a step too far for him: a queer-presenting cis masculinity would not be able to comfortably incorporate gestational capacity and pregnant embodiment. Implicit in Richard's account, then, is that there are limits to the framing of cis men's desires for pregnancy as *cis masculine*.

Simultaneously, Richard constructs trans masculinity as essentially distinct from cis masculinity. Where, in Richard's extract, pregnancy and pregnant embodiment would result in gender dysphoria in cis men, trans men and trans masculine people are constructed as uterine/gestational subjects. Trans masculinity is thus framed as defined by/through an entanglement and alignment between pregnancy and manhood/masculine identity. At a gendered level, pregnancy and pregnant embodiment are constructed, fairly explicitly, I argue, but at the very least by effect, as inherently unthreatening/non-destabilising for trans men and trans masculine people ("I am a cisgender man, I'm not trans or currently trans so that kind of— that probably would disrupt my sense of self on some level").

I now turn to the final extracts presented in this paper. In the two extracts below, Martin James gives two reasons for why he would not become pregnant through a womb transplant.

> **Martin James:** Yes, *ja*, it's less personal and more about this experience, you know, of going through pregnancy and childbirth. But, that said, if let's say by some, I don't know, if a genie pops out of a bottle, for lack of a better expression, and says to me, 'Ok cool, you can experience this. I'll let you be pregnant for nine months and then you give the child to the parents who want it, you know, whoever is— and you can go on with your life', I don't think that I would actually be able to take that— I don't think I'd be able to do that because I've seen now just how attached you get in those nine months. Some— I mean, I got quite attached *and it wasn't even* you know, it was what would have been my niece and nephew […] and I can imagine that it must be incredibly difficult not to be attached. But that like I said I just imagine because I can't— I've never been through it. But, I mean, there are loads of studies where women who are planning on giving their children up for adoption and have families lined up, they give birth and they decide to change their mind that they can't give up this little child that they've now for the first time seen and held in their arms after having grown this— you know, your own little human.

> **Martin James:** No. I don't think I would ever be able to, like I said, because I know the end result would be a child, whether it was, let's say, my child or not. I just I think it would be impossible not to be completely attached and in love with this being because I mean when I get a new dog or cat, as I have over the years as I've lost one or other, it's a matter of two or three days, and I'm like *'Oh, don't ever leave me! You are so special! I love you so much!'* So, *ja*, I don't know. It's a very— I don't think that if it ever was a realistic opportunity— and then also, you see, I can't help but think passed that, and not just the having a child [part]. Ok, let's say I decide to have a child and that's the way I want to go and there's a womb transplant and I have a baby. I also then think to myself

> kids are very very cruel and what— at such a, let's call it, even if it's perfectly safe, but's let's call it, it would be a new time, it would be a new era of medicine if that was happening. And, you know, what— is that child gonna have any different a quality of life, you know, from society, and where you think, 'ok, you know, I can still provide values in my child and give them all the tools that they need to equip them to cope and manage with society' for sure. But, at the end of the day, it still might not be enough. And then it also— (my thought) is that, at that time, would it be a fair thing for obviously a very selfish desire to put a child through and not just, well, obviously a child but then [the trauma] ends up staying with them often for the rest of their lives and it shapes who they become? […] because children don't understand the long-term effects. I think, hopefully, by the time we reach that point in society, hopefully grown-ups will be a lot more accepting and a lot more free-thinking. But, you know, adults will not necessarily be— adults will not necessarily treat children with a different origin story differently. But the problem is, like I said, kids don't always think like that. They just see something that is different and that makes you the target. So, it would depend for me on how far we've progressed and what— you know, but that's the thing. See, I can't definitively say but I can imagine hopefully by that time adults will be a little more accepting, but kids will always be kids.

During his interview, Martin James (white, in a relationship with a man, without children, student, South Africa) explained that he would love to be pregnant, not to have children (he has never wanted to be a parent) but to experience pregnancy for its own sake. For him to experience pregnancy, then, would necessarily mean being a surrogate for someone else or placing the resultant child up for adoption (not shown in extracts). Yet, in the fantastical, and unprompted, "genie pops out of a bottle" scenario that Martin James constructs, he turns down the opportunity to become pregnant.

Drawing on and re-working a "maternal bond" discourse, he constructs an emotional bond between a gestational parent and their child as engendered by pregnancy, as inevitable and therefore normative, and strong. And using a science discourse ("loads of studies"), he further explains that this emotional bond only intensifies after childbirth, upon first seeing and touching one's child, making separation between gestational parent and child untenable, unbearable, and altogether impossible. Thus, surrogacy and adoption become impossible, and parenthood inevitable. And when asked whether he would become pregnant through womb transplant technology if the opportunity was extended to men, he again explains that his

becoming pregnant is a non-option: he would be immediately and intensely attached to the child he would be carrying ("it would be impossible not to be completely attached and in love with this being"), whether the child would be his own or someone else's.

The second reason Martin James gives for why he would not utilise womb transplant technology is his fear that the child he would give birth to would be shamed, ridiculed, and bullied by other children. In the future Martin James describes, a child birthed by a cisgender man whose pregnancy was enabled by a womb transplant is novel, and the societal, especially other children's, response to such a birth is to subject the child to stigma, discrimination, and cruelty. Importantly, Martin James' acknowledgement of stigma, discrimination, and cruelty stems from his own childhood experience of being subjected to anti-gay and homophobic bullying and discrimination from other children (not shown in extracts).

One reading of this is that Martin James powerfully disrupts the innocence of childhood discourse that positions children as incapable of perpetrating harm, by acknowledging that, like adults, children have the capacity to be cruel to each other, and frequently *are* cruel. Indeed, the innocence of childhood discourse is often wielded by adults to deny the harms perpetrated by children in their care. Another reading is that Martin James draws on a developmental psychology discourse to implicitly construct this violent, oppressive, traumatic behaviour as behaviour that decreases as humans get older, as they mature, know better, and become more accepting and responsible, at least enough to not target *children*. Through this discourse, the child-perpetrated and child-targeted bigotry Martin James fears is somewhat depoliticised. Firstly, by being constructed as a 'normal' phase of development, albeit a harmful one. Secondly, through risk and 'good parent' discourses, this child-perpetrated violence and oppression are framed as inevitable features of life, as risks, at least in childhood. Cis men who are gestational parents cannot hope to manage these risks and therefore be good parents by fortifying their child: instilling values

and giving them the knowledge and skills to cope with harassment and discrimination, in turn responsibilising one's child, is constructed as futile and hopeless. Instead, any cisgender man wanting to become pregnant through womb transplant technology can only, and, it is implied, must, *avoid* these risks altogether by *not* becoming pregnant in the first place. Ironically, within these discourses, then, it is *precisely* by *not* becoming a gestational parent via womb transplant technology that cis men would be able to demonstrate 'good' parenting, and 'responsible' citizenship.

Finally, also worth noting is the ways in which cisgender men's pregnancies, and womb transplants, are themselves constructed in Martin James' account. In the "genie pops out of a bottle" scenario that Martin James constructed before I asked him about whether he would use womb transplant technology, cisgender men's pregnancies are confined to the realm of fantasy, implicitly framed as biologically, medically, and technologically impossible. And when he *is* asked, womb transplant technology that enables cisgender men's pregnancies is constructed as signifying and made possible by "a new time…a new era of medicine" that is distinct from what came before, and that is controversial, experimental, and psychologically and socially risky, even if procedurally safe. It also emerges as a rather unlikely future ("if it ever was a realistic opportunity").

Discussion

Six cisgender men were interviewed about their desires to be pregnant and/or a gestational parent. When asked, all but one said that they would *not* use a womb transplant to enable their pregnancy. Normative sex/gender discourses would frame their responses as 'indication': of the 'superficiality' of their desires to experience pregnancy, that most cis men would not take up the opportunity to become pregnant, and/or that womb transplant technology should not include cis men as recipients. Instead, and informed by a narrative-discursive approach, I argue that their responses reveal the ways in which discourses frame

understandings of ARTs, pregnancy, reproduction, parenthood, and sex/gender, and how these, along with the normative social practices described by participants (i.e. obstetric malpractice and harm, and stigma and discrimination) come to bear on the reproductive desires and decision-making of the cis men in this study who would not utilise womb transplant technology to become pregnant. Furthermore, understanding talk as social means moving beyond the cis men's accounts presented here to interrogate the broader social patterns in understandings of pregnancy, ARTs, reproduction, parenthood, and sex/gender, and the implications of these. It is to this that I now turn.

One participant constructed pregnant *embodiment* as inherently antithetical to cis masculinity, whilst framing (even by discursive effect) pregnancy as essentially *non-threatening* to trans masculinity. The construction of cis masculinity as incompatible with pregnant embodiment is not new: examples can be seen in some of the discussions of womb transplants in bioethics literature (Murphy, 2015; Robertson, 2017). It is also reflected in the lack of research on cisgender men's desires to be pregnant. The framing of trans masculinity as inherently enveloping pregnant embodiment, however, is a departure from discourses that frame pregnancy as *inherently gender dysphoric* for trans men (Riggs 2013).

There are implications to these essentialist framings of the relationship between masculinity and pregnancy, and between cis masculinity and trans masculinity. Distinguishing between cis and trans masculinity based on an in/compatibility with pregnant embodiment and pregnancy, means that trans men who *do* experience gender dysphoria during and after pregnancy (see Ellis et al. 2015; Light et al., 2014; MacDonald et al., 2016) are invisibilised and/or positioned as 'not quite trans'. On the other hand, constructing pregnant embodiment as *inherently* gender dysphoric for trans men contradicts and discounts research findings on some trans men's experiences of gender *euphoria* and a stable masculine gestational identity (MacDonald et al., 2016; White et al., 2022), and is equally homogenising

and essentialising with similar effects regarding invisibilisation and gender invalidation. Cis men who would take up the opportunity to become pregnant, and for whom pregnant embodiment would *not* be gender dysphoric, are similarly abnormalised within a framing of cis masculinity as non-gestational. These discourses on cis/trans masculinity and pregnancy/pregnant embodiment reflect the repronormative sexing and gendering of pregnancy as feminine and female (Karaian, 2013), and ultimately mean that a non-gestational masculinity (Toze, 2018) and a non-gestational *cis* masculinity in particular, are constructed and reinforced as 'masculinity proper'.

Two participants framed their gestational reproduction as in some ways having negative repercussions for the children they would give birth to. One described stigma, discrimination, and trauma for children birthed by cis men through womb transplant technology; repronormative cruelty from other children render cis men's gestational reproduction risky. Some bioethics literature argues against men's inclusion as womb transplant recipients by framing cis men's gestational reproduction as *harmful and risky in and of itself*, for men themselves, their children, and society at large (see Murphy (2015) and Sparrow (2008)). While distinct from this framing, in the participant's account cis men's pregnancies nevertheless emerge as risky, irresponsible, and undesirable, albeit not *inherently* so, thus bearing some similarity to this normative framing. For the other participant, parental abandonment (and the trauma implied therein) would ensue for children birthed by older parents, making older parenthood a risky and irresponsible endeavour. Again, a similar framing of older gestational parenthood as having negative repercussions has been used in some of the bioethics literature in arguments against including older women and men as recipients of ARTs (see Braverman (2017) and Caplan et al. (2010)).

What becomes apparent through a narrative-discursive approach is the connections between normative patriarchal constructions of cis men's gestational reproduction, and ageist

constructions of older people's (gestational) reproduction. Also visibilised are the broader, systemic connections and patterns. Indeed, the framing of some kinds of reproduction as socially risky and/or harmful is a repronormative framing that has seen many iterations, with various groups' (including people of colour, indigenous people, queer people, incarcerated people, fat people, young people, sick and disabled people, and immigrants) reproduction (whether gestational or social) being cast as 'undesirable', and various state efforts used to prevent this reproduction for 'the greater good' (Luna & Luker, 2013; Weissman, 2013), or for the benefit of individuals themselves whose reproduction is framed as harmful, as Toze (2018) shows in the case of UK medico-socio-cultural preference for trans men and trans masculine people's hysterectomies. Importantly, the findings of this study demonstrate how repronormative efforts to discourage some groups' reproduction include the ways in which individuals whose (gestational) reproduction is cast as 'socially harmful' and 'irresponsible' are *themselves* called upon and responsibilised *by* repronormative discourses to *not* reproduce. The consequence of this responsibilisation, is that repronormativity remains intact: rather than undermining the conditions (including repronormativity itself) that create harm (such as stigma and discrimination) and rather than supporting and normalising alternative parenting (such as collective and extended parenting) that might obviate or create support for parental abandonment, for example, the 'solution' becomes for individuals to *not* reproduce.

The repronormative privileging of certain kinds of reproduction and devaluing of other kinds of reproduction can also be seen in one participant's construction of pregnancies *through womb transplant* as 'unnatural' and therefore 'undesirable'. Discourses of un/natural reproduction are, of course, evident in relation to ARTs more broadly, for example, the framing of ARTs as 'unnatural' and sexual reproduction as 'natural' and idealised (Storrow, 2011; Takhar & Houston, 2021). Specific groups' use of ARTs has also been problematised through this discourse, such as post-menopausal cis women (Parks, 2009). Bigoted resistance

to queer, including trans people's, technology-assisted reproduction has also been advanced on this basis (Weissman, 2017). These discourses abnormalise assisted reproduction, with various consequences. This study points to how such discourses may shape cis men's desires to use ARTs to become pregnant. There are, of course, other consequences too, including the harm caused to groups whose (technology-assisted) reproduction is framed as 'unnatural'. Furthermore, the idealisation and naturalisation of sexual reproduction has consequences for people's experiences of infertility: together with gendered discourses that construct fertility as a condition of 'proper' femininity and masculinity, repronormative discourses position women- and men-identifying people who require ARTs as 'failed' reproductive-gendered subjects (Throsby & Gill, 2004).

That one participant cited obstetric malpractice as a reason why he would not undergo a womb transplant to become pregnant bears some consideration. Of particular interest to me is the absence of an obstetric violence discourse in producing his account. That he didn't name this malpractice as obstetric violence may point to the term's usage being confined to reproductive activism and scholarship, and not being taken up much outside of those spaces. It also, however, invites reflection on the normative feminisation of pregnancy, and pregnancy-related violence in reproductive activism and scholarship. Within such normative framing, violence that is perpetrated against people who are not cis women whilst receiving pregnancy-related care, and that denies and violates their right to autonomy, dignity and well-being in the process of becoming pregnant, and during and after pregnancy, is invisibilised as obstetric violence simply because they are not cis women.

I return now to the only participant who said he *would* make use of womb transplant technology to enable his pregnancy and gestational parenthood. His framing of ARTs as presently limited in scope, also calls attention to the ways in which the current implementation of womb transplant technology may be informed by an imaginary that has a

very particular reproductive body as its subject and recipient: cisgender women who have breasts that are presumed capable of infant-feeding. Simultaneously, his desire to take up the opportunity to become pregnant and be a gestational parent with the assistance of womb transplant technology directly challenges normative discourses that ground masculinity more broadly, and cis masculinity in particular, in the absence of gestational desire, and in non-gestational embodiment. Challenged, too, is the taken-for-granted idea that the fulfilment of gestational motherhood-femininity is, and should be, *the raison d'etre* for womb transplant technology. Thus, while not queer himself, his response nevertheless queers heteronuclear gestational reproduction, and underscores the capacity for ARTs to do so, by disrupting normative gendered expectations and patterns of people's participation in ARTs (Fixmer-Oraiz & Yam, 2021). Simultaneously, however, his use of mechanical and post-human discourses obscures the involvement and role of donors from womb transplant technology.

Indeed, donors' involvement in womb transplant technology was absent across the data set. This absence may owe to the fact that during interviews, I did not ask participants to discursively navigate donors' role in the process; my goal was to focus singularly on and attempt to isolate meanings around pregnancy/pregnant embodiment, reproduction, and gender/sex that would inform cis men's desire to (not) become pregnant via a womb transplant. However, the effect of this silence (my own and participants) around donors' participation is that it reproduces ~~normative~~ repronormative and capitalist patterns in assisted reproduction specifically and organ transplantation more broadly (Gupta & Richters, 2008) where donors' biomaterial contributions are minimised, their labour and personhood are invisibilised, and their well-being and dignity overlooked (Gupta & Richters, 2008; Mamo & Alston-Stepnitz, 2015; Vertommen et al., 2022). Underscored, then, is the need for accountable ART and organ transplantation practices where accountability means recognising

and supporting the labour, agency, freedom, well-being, and desires of donors and recipients alike, in all their diversity (Mamo & Alston-Stepnitz, 2015).

Conclusion

The data analysed in this article was produced from a small sample. As such, I do not believe the findings to be exhaustive of whether cis men desire to be pregnant, nor whether cis men would use womb transplant technology to enable their pregnancies. Indeed, I believe that there are many more men who want to be pregnant, and who would be recipients of womb transplantation in order to do so, than is reflected in this study. *Despite* the regulatory "illogics" (Harrison, 2021, p. 24) of repronormativity and patriarchal gender constructions, there is no reason why there would not be, given human diversity.

Yet, repronormativity, including but not limited to the normative construction of masculinity as necessarily and inherently non-gestational (where the desire to be pregnant and/or a gestational parent is also precluded), is an often-unacknowledged premise in much reproductive activism, research, and scholarship. Scholarly discussions about, and the implementation of, womb transplant technology reflects this trend where various groups of people are positioned as 'illegitimate,' and 'undesirable' gestational reproducers, and therefore ultimately as non-gestational reproducers, if reproducers at all. In particular, men (trans and cis), are assumed to have no ('real') desire nor real *requirement* of this form of reproductive assistance *because* they are *men*, an illogic that is underpinned by and reinforces the construction of masculinity as non-uterine and non-gestational. However, as evidenced by the study reported on here, some men *do* want to be pregnant and/or gestational parents. And of these men, some *would* take up the opportunity to do so, presently or under different circumstances characterised by an inclusive, supportive, non-harmful medico-socio-cultural environment. Indeed, participants' reasons to *not* undergo womb transplantation were varied, and implicate repronormativity: ageist reproductive norms, a medical culture of obstetric

violence, bigoted cruelty resulting from adherence to repronormative beliefs, *and* cis masculinity as non-gestational.

Circling back to the normative assumption that men would not make use of womb transplant technology to become pregnant and/or gestational parents because of the fact of being men, the findings of this study require us to resist such 'comfortable' and beguiling explanations, to push beyond the confines of repronormative, including patriarchal, intelligibility. Indeed, the men's responses showcased here demand this. Doing so may put us in a better position to reckon with the fullness of repronormativity, including how it may shape cis men's desires to not receive a womb transplant (and any other technologies). And then, we may perhaps be ready to see just how transformed human reproduction can be when untethered to norms about 'normal', 'natural' and 'ideal' reproduction and gendered (reproductive) subjectivities, norms about who *does*/should desire to be pregnant and/or a gestational parent, and whose desires *matter* and whose do not. Finally, although normative frames may suggest otherwise, radically transforming reproduction need not foreclose nor be inherently opposed to a reproductive present and future that is accountable (just) to all who wish to participate in the varied activities of human reproduction. *Both,* accountability and radical disruption of repronormativity, are possible. And to achieve either, *both* are imperative.

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References

Alghrani, A. (2018). Uterus transplantation in and beyond cisgender women: Revisiting procreative liberty in light of emerging reproductive technologies. *Journal of Law and the Biosciences*, *5*(2), 301-328.

Archibald, M. M., & Barnard, A. (2018). Futurism in nursing: Technology, robotics and the fundamentals of care. *Journal of Clinical Nursing*, *27*(1), 2473–2480. doi: 10.1111/jocn.14081.

Arora, K. S., & Blake, V. (2015). Uterus transplantation: The ethics of moving the womb. *Obstetrics & Gynecology*, *125*(4), 971–974. doi: 10.1097/AOG.0000000000000707.

Biezenski, R. P. (1982). *Science fiction as a social project: Subversion in the scientific age* [master's thesis, Memorial University of Newfoundland]. Memorial University, Memorial University Libraries. https://research.library.mun.ca/7657/

Braverman, A. M. (2017). Old, older and too old: Age limits for medically assisted fatherhood? *Fertility and Sterility*, *107*(2), 329-333.

Caplan, A. L., & Patrizio, P. (2010). Are you ever too old to have a baby? The ethical challenges of older women using infertility services. *Seminars In Reproductive Medicine*, *28*(4), 281-286. doi: http://dx.doi.org/10.1055/s-0030-1255175

Cárdenas, M. (2016), Pregnancy: Reproductive futures in trans of color feminism. *TSQ: Transgender Studies Quarterly*, 3(1–2), 48-57.

Chace, A. (2018). *Barriers to motherhood: Biotechnology, reproductive justice, and transgender women* [paper presented at National Women's Studies Association Annual Conference]. https://alexchace.com/assets/conferences/barriers_to_motherhood.pdf

Challenor, J., & Watts, J. (2014). 'It seemed churlish not to': How living non-directed kidney donors construct their altruism. *Health*, *18*(4) 388–405.

Crossley, M. L. (2007). Childbirth, complications and the illusion of 'choice': A case study. *Feminism & Psychology*, *17*(4), 543–563. doi: 10.1177/0959353507083103.

Denbow, J. (2014). Sterilization as cyborg performance: Reproductive freedom and the regulation of sterilization. *Frontiers: A Journal of Women Studies*, 35(1), 107-131.

Ellis, S. A., Wojnar, D. M., & Pettinato, M. (2015). Conception, pregnancy, and birth experiences of male and gender variant gestational parents: It's how we could have a family. *Journal of Midwifery &Women's Health*, *60*(1), 62–69. doi: 10.1111/jmwh.12213.

Fixmer-Oraiz, N. (2013). Speaking of solidarity: Transnational gestational surrogacy and the rhetorics of reproductive (in)justice. *Frontiers*, *34*(3), 126-163. https://doi.org/10.5250/fronjwomestud.34.3.0126

Fixmer-Oraiz, N., & Yam, S. S. (2021). Queer(ing) reproductive justice. *Oxford Research Encyclopedia of Communication.* https://doi.org/10.1093/acrefore/9780190228613.013.1195

Gilliland, E. (2016). Racebending fandoms and digital futurism. *Transformative Works & Cultures*, *22*(1). doi: 10.3983/twc.2016.0702.

Garner, T. (2014). Becoming. *TSQ: Transgender Studies Quarterly*, 1(1–2), 30-32. doi: 10.1215/23289252-2399515

Gupta, J. A., & Richters, A. (2008). Embodied subjects and fragmented objects: Women's bodies, assisted reproduction technologies and the right to self-determination. *Bioethical Inquiry*, *5*, 239–249.

Hammond-Browning, N. (2019). UK criteria for uterus transplantation: A review. *BJOG 126*(1),1320–1326. doi: 10.1111/1471-0528.15844.

Hammons, S. A. (2008). Assisted reproductive technologies: Changing conceptions of motherhood? *Affilia: Journal of Women and Social Work*, *23*(3), 270-280. doi: 10.1177/0886109908319119.

Hans, S. L., & White, B. A. (2019). Teenage childbearing, reproductive justice, and infant mental health. *Infant Mental Health Journal*, *40*(1), 690–709.

Harrison, D. L. (2021). *Belly of the beast: The politics of anti-fatness as anti-blackness*. North Atlantic Books.

Ho, S. (2019). Passing for reproduction: How lesbians in Taiwan use assisted reproductive technologies. In T. S. Bakhru (ed.), *Reproductive justice and sexual rights: Transnational perspectives* (pp. 105-124). Routledge.

Jones, B. P., Saso, S., Yazbek, J., Thum, M-Y., Quiroga, I., Ghaem-Maghami, S., & Smith, J. R. on behalf of the Royal College of Obstetricians and Gynaecologists. (2021). Uterine transplantation: RCOG Scientific impact paper No. 65. *BJOG* 128: e51–e66.

Karaian, L. (2013). Pregnant men: Repronormativity, critical trans theory and the re(conceive)ing of sex and pregnancy in law. *Social & Legal Studies*, *22*(2), 211–230. doi: 10.1177/0964663912474862.

Kelhä, M. (2009). Too old to become a mother? Risk constructions in 35+ women's experiences of pregnancy, child-birth, and postnatal care. *NORA: Nordic Journal of Feminist and Gender Research*, *17*(2), 89–103. doi: 10.1080/08038740902885722.

Light, A. D., Obedin-Maliver, J., Sevelius, J. M., & Kerns, J. L. (2014). Transgender men who experienced pregnancy after female-to-male gender transitioning. *Obstetrics and Gynecology, 124*(6), 1120-1127. https://doi.org/10.1097/aog.0000000000000540

Love, G. (2022). Trans pregnancy in a repronormative world. In, G. Guney, D. Davies, and P. Lee (eds.), *Towards gender equality in law: An analysis of state failures from a global perspective* (pp. 35-58). Palgrave Macmillan.

Luna, Z., & Luker, K. (2013). Reproductive justice. *Annual Review of Law & Social Science, 9*, 327–52. doi: 10.1146/annurev-lawsocsci-102612-134037.

MacDonald, T., Noel-Weiss, J., West, D., Walks, M., Biener, M., Kibbe, A., & Myler, E. (2016). Transmasculine individuals' experiences with lactation, chestfeeding, and gender identity: A qualitative study. *BMC Pregnancy and Childbirth, 16*(106). doi: 10.1186/s12884-016-0907-y

Macleod, C. (2001). Teenage motherhood & regulation of mothering in the scientific literature: The South African example. *Feminism & Psychology, 11*(4), 493-510.

Malacrida, C., & Boulton, T. (2012). Women's perceptions of childbirth "choices": Competing discourses of motherhood, sexuality, and selflessness. *Gender & Society*, 26(5), 748-772. doi: 10.1177/0891243212452630.

Mamo, L., & Alston-Stepnitz, E. (2015). Queer intimacies and structural inequalities: New directions in stratified reproduction. *Journal of Family Issues, 36*(4), 519-540.

Morison, T., & Macleod, C. (2013). A performative-performance analytical approach: Infusing Butlerian theory into the narrative-discursive method. *Qualitative Inquiry*, *19*(8) 566– 577. doi: 10.1177/1077800413494344.

Murphy, T. F. (2015). Assisted gestation and transgender women. *Bioethics*, *29*(6), 389–397. doi:10.1111/bioe.12132.

Parker, G., & Pausé, C. (2019). Productive but not constructive: The work of shame in the affective governance of fat pregnancy. *Feminism & Psychology 29*(2), 250–268. doi: 10.1177/0959353519834053.

Parks, J. (2009). Rethinking radical politics in the context of assisted reproductive technology. *Bioethics*, *23*(1), 20–27. doi:10.1111/j.1467-8519.2008.00675.x

Radi, B. (2020). Reproductive injustice, trans rights, and eugenics. *Sexual and Reproductive Health Matters*, *28*(1). doi: 10.1080/26410397.2020.1824318.

Reynolds, J., & Taylor, S. (2005). Narrating singleness: Life stories and deficit identities. *Narrative Inquiry*, *15*(2): 197-215.

Riggs, D. W. (2013). Transgender men's self-representations of bearing children post-transition. In Green, F. & Friedman, M. (eds.), *Chasing rainbows: Exploring gender fluid parenting practices* (pp.62-71). Demeter Press.

Robertson, J. A. (2017). Is There a Right to Gestate? *Journal of Law and the Biosciences*, 630–636. doi:10.1093/jlb/lsx010.

Sparrow, R. (2008). Is it "every man's right to have babies if he wants them"? Male pregnancy and the limits of reproductive liberty. *Kennedy Institute of Ethics Journal*, 18(3): 275–299.

Storrow, R. F. (2011). Religion, feminism and abortion: The regulation of assisted reproduction in two Catholic countries. *Rutgers Law Journal*, *42*, 725-764.

Strangio, C. (2016). "Can reproductive trans bodies exist?" *City University of New York Law Review*, 19(2). https://academicworks.cuny.edu/clr/vol19/iss2/3

Takhar, J., & Houston, H. R. (2021). Forty years of assisted reproductive technologies (ARTs): The evolution of a marketplace icon. *Consumption Markets & Culture*, *24*(5), 468-478, doi: 10.1080/10253866.2019.1687088.

Tam, M. W. (2021). Queering reproductive access: reproductive justice in assisted reproductive technologies. *Reproductive Health*, *18*(164). https://doi.org/10.1186/s12978-021-01214-8

Taylor, S., & Littleton, K. (2006). Biographies in talk: A narrative-discursive research approach. *Qualitative Sociology Review*, 2(1), 22–38.

Throsby, K., & Gill, R. (2004). "It's different for men": Masculinity and IVF. *Men and Masculinities*, *6*(4), 330-348. doi: 10.1177/1097184X03260958.

Toze, M. (2018). The risky womb and the unthinkability of the pregnant man: Addressing trans masculine hysterectomy. *Feminism & Psychology*, *28*(2), 194–211. doi: 10.1177/0959353517747007.

Underwood, J. (co-Host). (2022, October 9). The Whale. *Unsolicited: Fatties Talk Back* [audio podcast]. https://podcasts.apple.com/ee/podcast/the-whale/id1593026848?i=1000582035886

Ussher, J. M., Perz, J., & The Australian Cancer and Fertility Study Team (ACFST). (2018). Threat of biographical disruption: the gendered construction and experience of infertility following cancer for women and men. *BMC Cancer*, *18*(250).

Vertommen, S., Parry, B., & Nahman, M. (2022). Global fertility chains and the colonial present of assisted reproductive technologies. *Catalyst: Feminism, Theory, & Technoscience*, *8*(1). https://doi.org/10.28968/cftt.v8i1.37920

Weissman, A. L. (2017). Repronormativity and the reproduction of the nation-state: The state and sexuality collide. *Journal of GLBT Family Studies*, *13*(3), 277-305. doi: 10.1080/1550428X.2016.1210065.

White, F. R., Hines, S., Pfeffer, C. A., Pearce, R., & Riggs, D. W. (2022). Embodied experiences of trans pregnancy. *Body and Society.* https://westminsterresearch.westminster.ac.uk/download/24410b1e06bdd480fecb644a6987da25d94ebf045ba532ed040485f54dff13ab/281075/PRE-PRINT%20Embodied%20Experiences%20of%20Trans%20Pregnancy.pdf

Williams, K., Kurz, T., Summer, M., & Crabb, S. (2012). Discursive constructions of infant feeding: The dilemma of mothers' 'guilt'. *Feminism & Psychology*, *23*(3) 339–358. doi: 10.1177/0959353512444426.

Wohlmann, A., & Steinberg, R. (2016). Rewinding Frankenstein and the body-machine: Organ transplantation in the dystopian young adult fiction series *Unwind*. *Medical Humanities*, *42*(4), e26–e30.

TABLE 1 Participants' information

Participant [pseudonym used]	Response to open-ended question in consent form	Additional personal information shared during interview
Mambane (black, unemployed, living in South Africa)	"I'm 42 years, married, with 4 kids (2 boys and 2 girls). I'm unemployed, looking for a job"	Heterosexual, disclosed desire to be pregnant
Paul (black, employed, living in South Africa)	"I'm a goal-oriented person who likes challenges. I Always finish whatever I've started."	Relationship status undisclosed, no children, disclosed desire to be pregnant
Ted (white, employed, living in South Africa)	"I am a 55 year old father of 2 daughters, aged 22 and 24, divorced but in a relationship with an amazing lady. I work in the engineering industry"	No additional information shared, had not disclosed desire to be pregnant
Richard (white, employed, living in the UK)	"White, cis man, heteroromantic asexual, middle class, British"	Queer-presenting cis man in a relationship with a cis woman, is a feminist, works in gender studies, disclosed desire to be pregnant,
Martin James (white, employed and studying, living in South Africa)	"I'm a 27 year old classical singer, lectur [er], with an incredible love of animals, and a gift of sharing music"	Gay, has a boyfriend, disclosed desire to be pregnant,
Stephen (black, employed, living in South Africa)	"I am an introvert, quiet person, who enjoys his time at home"	has a girlfriend, no children, had not disclosed desire to be pregnant