



Trans-Centered Reproductive Justice Factsheet

What is trans-centered reproductive justice?

SisterSong defines reproductive justice as the human right to maintain personal bodily autonomy, have children, not have children, and to parent in sustainable communities. This vision can be realized when people of all genders have the economic, social and political power necessary to make healthy decisions about their bodies, reproduction and sexuality without threat of violence, coercion, stigma, or discrimination.

The needs of transgender, gender non-conforming, and non-binary (TGNC) people must be intentionally and meaningfully integrated into reproductive justice advocacy. TGNC people face pervasive social and economic discrimination, and are targeted for violence by individuals

as well as law enforcement and the State- the very institutions that are supposed to protect them. Further, TGNC folks who are also people of color, immigrants, sex workers, living with disabilities, or living with HIV face additional forms of marginalization, discrimination and violence.

We define trans-centered reproductive justice as an approach to reproductive justice that centers the experiences, needs, and power of those whose genders and sexualities are most marginalized. In this factsheet, we explore each aspect of the definition of reproductive justice to outline some key issues that impact the TGNC community.

The human right to maintain personal bodily autonomy.

Many TGNC and intersex people have unintentionally lost the option of having biological children because of the lack of full and accurate fertility preservation counseling during the transition process. One way these groups of people have lost control over their bodily autonomy is via coerced sterilization. Coerced sterilization is the practice of incentive, threat of harm or denial of services, misinformation, or lack of information about the procedure and its consequences is used to influence someone's decision to undergo a procedure that would sterilize them.

The practice of coerced sterilization has a long history linked to racism, ableism, and eugenics in the U.S. Eugenics is the practice of selective breeding of humans with the intent of "improving" the human species, and has been used to police the bodily autonomy of marginalized communities. For example, in at least 27 countries women living with HIV are subject to involuntary sterilization under the guise of safeguarding maternal health and preventing transmission of HIV to a child. However, the practice of involuntary and/or coerced sterilization not only reinforces stigma and discrimination based on HIV status, but completely removes the ability of any person living with HIV to make decisions about their own body and around family formation. Moreover, in the U.S., although there is no explicit requirement at the federal level that TGNC people undergo sterilization in order to update identity documents, some states do require "sex reassignment surgery" for TGNC people to update state identity documents.

The right to bear children or not have children

TGNC people face high rates of discrimination, stigma, and lack of trans-competent care in the health care setting. This creates an enormous barrier to basic health care even outside of other issues like the affordability or accessibility of services.

- One in three TGNC people delayed or avoided preventive health care, like a pelvic exam or STI screening, out of fear of discrimination or disrespect. This number is even higher – almost one in two -- for transgender men. ([NTDS, 2015](#))
- One in five TGNC people report having been turned away by a doctor because of their transgender or gender non-conforming status. ([NTDS, 2015](#))
- One half for TGNC report having to teach their health care provider some aspect of transgender care. That number jumps to 62% for transgender men. ([NTDS, 2015](#))

In the reproductive health sphere specifically, there are unique challenges for people assigned female at birth (AFAB). Provider bias, insurance coverage restrictions, physical discomfort, and misinformation can stop AFAB people from accessing quality, gender-inclusive care like abortion care, pap tests, breast cancer screenings, pregnancy and post-natal care, and fertility preservation services.

- In a study of obstetrician-gynecologists, 80% had no trans-specific health care training in residency and only 33% reported feeling comfortable in providing care to transmasculine patients. (Unger, 2015)
- Transmasculine people are over 10 times more likely to have inadequate pap tests and are at higher risk of cervical cancer than cisgender women.

If patients are not fully and comprehensively counseled about their fertility options before transition-related treatment, they could lose their ability to have a biological child.

In one study, 77% of trans men had not considered freezing their eggs at the time of hormone replacement therapy despite more than half saying they wanted to have children (Nixon, 2013).

People transitioning on their own by buying hormones outside of the health care system are even less likely to have adequate counseling on potential infertility and fertility preservation options.

The cost of fertility preservation is exorbitant – \$500-\$15,000 depending on the option – and often most options are not covered by insurance for people of trans experience. The intersection of racial, gender, and class disparities in the U.S. exacerbates this reproductive injustice for Black and brown people of trans experience.

Economic, social, and political power

Government identity documents (IDs) are an important component of everyday life. State-by-state policies for name change and gender marker designation vary by state.

State-by-state policies for name change and gender marker designation vary by state. **Some states still have the barbaric requirement that people show proof of sex reassignment surgery, which can include sterilization, in order to change their gender designation on state documents -- even if the person does not want or cannot afford the medical procedure.**

Other states create a burdensome process to changing gender markers on IDs, such as certification from a medical or mental health professional or requiring an updated passport.

- Almost 60% of trans people living with HIV said that getting ID is a top legal priority (Positively Trans, 2015).
- More than two-thirds (68%) of transgender people do not have any ID or record that reflected their name and gender (USTS, 2015).
- Regardless of formal state policy, surgery makes a difference for updating ID documents: in a nationwide study, 81% of TGNC people who had surgery were able to update compared to 37% with no surgery (NTDS, 2015).

Being unable to change gender markers on documents exacerbates the health, social, and economic inequities that people of trans experience face. It also puts trans people at risk of involuntary disclosure and violence during daily encounters, such as entering a club or bar, at a traffic, or applying for a credit card.

- People have reported not updating health insurance records for fear of losing access to preventive and sexual and reproductive health care systems (NTDS, 2015).
- Nearly one-third (32%) of transgender people reported being harassed, denied benefits or services, asked to leave, or assaulted after showing an ID that did not reflect their name or gender identity (USTS, 2015).

Type of ID	Gender marker change ID policy
Birth certificate	State-by-state: 2 states prohibit amending gender markers; 15 states require proof of surgery
Driver license	State-by-state: 9 states require proof of surgery, court order, or amended birth certificate; 4 have unclear policies; 10 have other burdensome requirements, like health care provider certification
State ID	State-by-state: Policies differ
Social security card	Federal: No surgery required
Passport	Federal: No surgery required

Policy recommendations

- **Oppose conditioning ID gender marker changes on proof of surgery or other onerous requirements:** Conditioning legal recognition on a costly, invasive, and perhaps unwanted sterilization reflects a dogmatic and dangerous approach to gender that fixates on genitalia rather than personal agency and autonomy.
- **Support full public coverage for fertility preservation services** regardless of medical “need” determinations.
- **Support informed consent standards that accurately and fully inform** people of the implications of transition-related care, regardless of age, gender, or gender expression.
- **Support gender-inclusive language** in reproductive health, rights and justice policy.

This factsheet is available with additional information and more resources on our website at

pwn-usa.org/trans-centered-RJ