

What to Expect When He's Expecting:
A Literature Review on Transmasculine Reproduction

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Introduction

While reproductive rights have become increasingly discussed in mainstream popular discourse, people have often limited the battle for reproductive agency to that of women's rights. However, in associating pregnancy and childrearing to womanhood and femininity, the struggle for reproductive rights has left behind transmasculine individuals. Transmasculine can be defined as someone who was assigned female at birth but identifies with masculinity. I have decided to use the term 'transmasculine' as compared to 'trans man' to emphasize how many transgender individuals may align themselves with masculinity, but may not necessarily define themselves within the gender binary. Transmasculine individuals may choose to go through a large variety of surgeries and/or medical interventions such as hormone replacement therapy (HRT) in the process of transition. The process of medical transition is often accompanied by changes in primary and secondary sexual characteristics, and thus reproductive abilities and in turn medical needs are often different from those of cisgender women. It is a commonly held belief that transmasculine individuals would not want to become pregnant, as many believe masculinity and pregnancy to be mutually exclusive from one another.¹ However, many transmasculine individuals may become pregnant for a variety of reasons, either intentionally or unintentionally, and the number of men giving birth is expected to rise in the coming years as representation and resources increase and as people feel more comfortable in coming out.

The first case of transmasculine pregnancy to hit the mainstream media and become sensationalized was that of Thomas Beatie in 2008 when he was featured on the Oprah Winfrey Show.² Since then a number of individuals have become famous for going public about their

¹ Trevor MacDonald et al., "Transmasculine Individuals' Experiences with Lactation, Chestfeeding, and Gender Identity: A Qualitative Study," *BMC Pregnancy and Childbirth* 16, no. 1 (2016), <https://doi.org/10.1186/s12884-016-0907-y>.

² Rheana Murray, "He Was Famous for Being 'the Pregnant Man.' Here's Where Thomas Beatie Is Now," *NBCNews.com* (NBCUniversal News Group, July 2, 2021),

pregnancy such as Freddy McConnell³ and AJ Kearns⁴ who starred in their own documentaries, as well as Trevor MacDonald who has published his own memoir on his pregnancy⁵ and Kayden Coleman⁶, a well known influencer and activist on social media. Chella Man, a prolific trans artist and activist, recently had a performance piece at the Performance Space New York in which he investigates his potential to carry a pregnancy and what it means to him.⁷ Though transmasculine reproduction has increased in representation and discussion in public spheres, there is still a dearth of academia surrounding the topic. In this review, we will examine the existing literature that seeks to capture the multifaceted and understudied experience of transmasculine parenthood. The most identifiable types of academic literature relating to transmasculine reproduction are as follows: literature relating to the general experiences of pregnancy and chestfeeding from transmasculine individuals as well as the medical recommendations produced by these experiences, literature relating to more nuanced and specific experiences of transmasculine pregnancy, literature relating to trans and feminist theory and methodology which can help us conceptualize the current state of transmasculine reproduction, literature relating to transgender parenting and its potentialities, and literature relating to the legal aspects of transmasculine reproduction and parenthood.

<https://www.nbcnews.com/nbc-out/out-community-voices/was-famous-pregnant-man-thomas-beatie-now-rcna1328>.

³ Ben Kenigsberg, "'Seahorse: The Dad Who Gave Birth' Review: When He's Expecting," The New York Times (The New York Times, June 16, 2020),

<https://www.nytimes.com/2020/06/16/movies/seahorse-the-dad-who-gave-birth-review.html>.

⁴ Janine Cohen, "From Daddy's Tummy," AUSTRALIAN STORY (Australian Broadcasting Corporation, June 6, 2018), <https://www.abc.net.au/austory/from-daddys-tummy/6684254>.

⁵ Trevor MacDonald, *Where's the Mother: Stories from a Transgender Dad*, Winnipeg: Trans Canada Press, 2016.

⁶ Kayden Coleman, "About," Kayden X Coleman, December 24, 2021, <https://kaydenxcoleman.wordpress.com/about/>.

⁷Chella Man, "Is It Worth Doing?," Chella Man, 2022, <https://chellaman.com/Is-It-Worth-Doing>.

General Experiences of Trans Pregnancy & Chestfeeding

The most dominant topic in transmasculine reproduction literature is definitely that of the general experiences of pregnancy and chestfeeding (a gender neutral term used in replacement of breastfeeding), as well as the medical recommendations that these experiences have brought forth. Many transmasculine individuals cite their initial feelings towards pregnancy and parenthood as one that is dysphoria inducing. Dysphoria is characterized as an intense feeling of emotional and mental distress caused by the incongruence of one's gender identity and how it may be perceived by themselves and/or those around them. As posited by Charter in "The Transgender Parent: Experiences and Constructions of Pregnancy and Parenthood for Transgender Men in Australia," pregnancy is often thought to be central to female identity, creating a sense of what many describe as a 'motherhood mandate.'⁸ This positioning of pregnancy in relation to femininity creates dysphoria in transmasculine individuals at the thought of becoming pregnant, who may react with great overcompensation in their frustration and become anti-children and anti-motherhood. However, many transmasculine individuals often note shifting attitudes towards pregnancy later in their transition, when many are able to imagine themselves as a father for the first time instead of as a mother. This requires more attention, as more education should be provided to trans adolescents on options of fertility preservation before seeking medical transition that has the possibility to affect fertility outcomes.⁹

While studies suggest that testosterone has no negative effects on the fertility and health of eggs, studies on transmasculine people who take pre-puberty hormonal blockers are limited,

⁸ Rosie Charter et al., "The Transgender Parent: Experiences and Constructions of Pregnancy and Parenthood for Transgender Men in Australia," *International Journal of Transgenderism* 19, no. 1 (2018): 64–77. <https://doi.org/10.1080/15532739.2017.1399496>.

⁹ Lori Rebecca-Diane MacLean, "Preconception, Pregnancy, Birthing, and Lactation Needs of Transgender Men," *Nursing for Women's Health* 25, no. 2 (2021): 129–38. <https://doi.org/10.1016/j.nwh.2021.01.006>.

and long term effects on fertility are not known.¹⁰ Many transmasculine individuals are unaware of the fact that testosterone does not act as birth control, despite it commonly stopping menstruation. This is a result of misinformation within the medical community as well as the trans community, and awareness needs to be raised in order to allow transmasculine individuals to make safe and informed choices regarding their sexuality and family planning.¹¹ While testosterone does not affect the health of the egg, it is generally recommended that testosterone is stopped in the months prior to insemination and for menses to reinitiate (usually within 6 months) in order to maximize fertility and avoid teratogenic effects on a fetus during development¹² as well as pregnancy loss, yet that claim has been disputed in more recent studies.¹³

Because there is a dearth of studies being conducted on transmasculine reproduction and the effects of testosterone on fertility, some transmasculine individuals have cited waiting many years to start testosterone until they could be assured that they would be able to have children. Little to no time is spent training medical professionals on trans care, and so many trans people have reported having had to teach a healthcare provider how to care for them.¹⁴ Trans people face high levels of social and clinical discrimination, sometimes referred to as ‘minority stressors,’ and thus often avoid health care which leads to health disparities.¹⁵ This can be particularly

¹⁰ Justin Brandt et al., “Transgender Men, Pregnancy, and the ‘New’ Advanced Paternal Age: A Review of the Literature,” *Maturitas* 128 (2019): 17–21. <https://doi.org/10.1016/j.maturitas.2019.07.004>.

¹¹ Alexis Hoffkling et al., “From Erasure to Opportunity: A Qualitative Study of the Experiences of Transgender Men around Pregnancy and Recommendations for Providers,” *BMC Pregnancy and Childbirth* 17, no. S2 (2017). <https://doi.org/10.1186/s12884-017-1491-5>.

¹² Lori Rebecca-Diane MacLean, “Preconception, Pregnancy, Birthing, and Lactation Needs of Transgender Men,” 24-25.

¹³ Damien Riggs et al., “Men, Trans/Masculine, and Non-Binary People’s Experiences of Pregnancy Loss: An International Qualitative Study,” *BMC Pregnancy and Childbirth* 20, no. 1 (2020). <https://doi.org/10.1186/s12884-020-03166-6>.

¹⁴ Alexis Hoffkling et al., “From Erasure to Opportunity: A Qualitative Study of the Experiences of Transgender Men around Pregnancy and Recommendations for Providers.”

¹⁵ Anna Malmquist et al., “How Norms Concerning Maternity, Femininity and Cisgender Increase Stress among Lesbians, Bisexual Women and Transgender People with a Fear of Childbirth,” *Midwifery* 93 (2021): 102888. <https://doi.org/10.1016/j.midw.2020.102888>.

troubling in the case of reproductive health care. Many transmasculine individuals turn to midwifery due to fear of discrimination in the hospital setting, a trend which benefits from study.¹⁶ In the article “From Erasure to Opportunity: A Qualitative Study of the Experiences of Transgender Men around Pregnancy and Recommendations for Providers,” Hoffkling cites that the biggest challenges faced by pregnant transmasculine people were their erasure and illegibility, meaning that society could not comprehend that a masculine person can become pregnant, and thus no systems were in place to support or acknowledge their existence. This led to inadequate medical care and transphobia from people around them, though some individuals reported having more acceptance than others. Doctors often didn’t have experience with pregnant transmasculine people, and thus often tokenized, misgendered, or outwardly didn’t accept them as patients. Doctors were also prone to touching transmasculine individuals’ bodies without their permission, leading to dysphoria and distrust, resulting in further avoidance of healthcare.¹⁷ Those seeking assisted impregnation through fertility clinics were often denied access and described the process as embarrassing, discriminating, and uncomfortable, leading many to do-it-yourself at home insemination.¹⁸ Computer systems often could not process transmasculine individuals marked as ‘male’ seeking ‘women’s services,’ and many clinics had decoration or literature highly gendering their services as geared for women only. Some experienced harassment from social services and mental assessments which pathologized transness.¹⁹

Outside of healthcare, transmasculine individuals face other barriers in leading happy and healthy pregnancies, such as dysphoria. Many transmasculine individuals have described their

¹⁶ Lori Rebecca-Diane MacLean, “Preconception, Pregnancy, Birthing, and Lactation Needs of Transgender Men,” 24-25.

¹⁷ Alexis Hoffkling et al., “From Erasure to Opportunity: A Qualitative Study of the Experiences of Transgender Men around Pregnancy and Recommendations for Providers.”

¹⁸ Rosie Charter et al., “The Transgender Parent: Experiences and Constructions of Pregnancy and Parenthood for Transgender Men in Australia,” 64–77.

¹⁹ Alexis Hoffkling et al., “From Erasure to Opportunity: A Qualitative Study of the Experiences of Transgender Men around Pregnancy and Recommendations for Providers.”

pregnancies as ‘functional sacrifices,’ or periods of endurance to meet a pragmatic goal, which in this case is to have a family.²⁰ Pregnancies lead to changes in the body which may increase dysphoria, such as the widening of hips and swelling of the chest, which may be interpreted as feminine by strangers and lead to misgendering. Some transmasculine people who are able to ‘pass’ as cisgender men are often not recognized to be pregnant and mistaken for fat men. Thus, they miss out on the excitement and kindness often offered by strangers to people experiencing pregnancy, leading to feelings of isolation and loneliness due to lack of community support. However, many choose to hide their pregnancies in order to protect themselves due to fear of violence and discrimination from those who may not understand.²¹

Little information is given to trans parents on emotional health and wellbeing as well, which can be particularly unstable due to having weaned off of testosterone and can combine with postpartum depression and minority stressors in severe ways. Typically, restarting testosterone postpartum may help curve these emotional issues, yet often it is advised against due to concern over the effects of serum testosterone on breast milk and how an infant may be affected by it.²² There have been very few studies conducted on this topic, but what research does exist suggests that it may not be as harmful as it has been assumed. In Oberhelman-Eaton’s “Initiation of Gender-Affirming Testosterone Therapy in a Lactating Transgender Man,” a study is done on a 30 year old transgender man who began reinitiating HRT 13 months postpartum. By that point, the baby was regularly consuming milk directly from the parent, as well as eating a variety of other foods as expected for his age. Serum testosterone was injected into the father subcutaneously at 50mg every week, and was raised to 80mg after a month. Milk was tested at

²⁰ Rosie Charter et al., “The Transgender Parent: Experiences and Constructions of Pregnancy and Parenthood for Transgender Men in Australia,” 64–77.

²¹ Alexis Hoffkling et al., “From Erasure to Opportunity: A Qualitative Study of the Experiences of Transgender Men around Pregnancy and Recommendations for Providers.”

²² Ibid.

set intervals before his injection, and after 5 months the infant self weaned. No adverse effects were observed in the infant, and milk supply did not change. Testosterone levels increased in the parent and in the milk throughout the study, but remained undetectable in the infant's blood levels. Testosterone is reported to have low oral bioavailability, which makes sense as to why the infant's levels remained undetectable. While this is not definitive proof that testosterone is harmless in breastmilk, it does offer some insight into the issue and can help guide transmasculine parents in making decisions about whether or not to restart testosterone whilst chestfeeding.²³

In further regards to chestfeeding, transmasculine individuals may encounter numerous challenges in simply feeding their infant. In MacDonald's study entitled "Transmasculine Individuals' Experiences with Lactation, Chestfeeding, and Gender Identity: A Qualitative Study," 22 transgender masculine individuals who were either in the process of or had already carried through a pregnancy were interviewed about their experiences with chestfeeding.²⁴ While discussing their chests, many trans masculine people cited not being able to carry through a pregnancy without having a chest reconstruction as to mitigate dysphoria and allow for enough self confidence to go through with this functional sacrifice. Surgeons didn't ask about future chestfeeding during initial consultations, and interviewees cited not wanting to reveal a desire for pregnancy at risk of not being allowed top surgery. This was explained as mostly an effect of the 'trapped in the wrong body' narrative, in which trans people are described as being trapped within the wrong body, and needing surgery in order to appear and function as close to their cisgender counterparts as possible. Because of the wrong body narrative, surgeons and medical

²³ Sara Oberhelman-Eaton et al., "Initiation of Gender-Affirming Testosterone Therapy in a Lactating Transgender Man," *Journal of Human Lactation* 38, no. 2 (2021): 339–43. <https://doi.org/10.1177/08903344211037646>.

²⁴ Trevor MacDonald et al., "Transmasculine Individuals' Experiences with Lactation, Chestfeeding, and Gender Identity: A Qualitative Study," *BMC Pregnancy and Childbirth* 16, no. 1 (2016). <https://doi.org/10.1186/s12884-016-0907-y>.

practitioners are often under the assumption that transmasculine individuals cannot desire pregnancy, as it is seen as a feminine function. Post top surgery, transmasculine individuals often have varying abilities and desires to lactate, and thus specialized support is needed in order to ensure infants receive proper nutrition.

During pregnancy, many transmasculine individuals cited that their chests grew to some degree, some back to pre-surgery size, which was a shock to many who had been told that surgery was permanent. Binding was intolerable during pregnancy and chest feeding due to tenderness of the chest, making it difficult for some transmasculine individuals to pass as masculine in public. There is much pressure involved in the decision to chestfeed, both from family and friends as well as from society. One participant in MacDonald's study cited being pressured into chestfeeding in order to prevent social workers from removing their infant from their custody due to the pathologization of transness. Participants cited varying degrees of dysphoria during chestfeeding, and many fought this dysphoria by reminding themselves of the utility of chestfeeding and how it would be important to their baby's health. Many experienced difficulty in finding masculine nursing clothes and explained often desiring privacy during nursing in order to avoid dysphoria. Some transmasculine individuals also cited contracting mastitis during chestfeeding, which their doctors were poorly prepared for.

While many individuals are able to regrow mammary tissue post top surgery, the amount of milk they are able to produce varies widely on a case to case basis. Some individuals may not produce enough milk to feed their infant on their own or may not desire to chestfeed, and require additions or alternatives in order to keep their baby healthy. In MacDonald's memoir *Where's the Mother: Stories from a Transgender Dad*, he describes his difficulties in lactating due to having had top surgery several years before becoming pregnant. Once his son is born, it becomes an

all-out scramble to obtain donor breast milk, for which MacDonald later jokes has turned him into a ‘milk junkie.’ MacDonald chooses to use a milk supplementing tube, which his son latches onto in addition to his own nipple, so that he is able to consume the donor milk as well as what he is able to produce from his own chest. He discusses the challenges in feeling judgement for not only being transgender, but in being deficient in producing milk and feeling like a bad parent despite his best efforts to raise a happy and healthy child.²⁵ It is commonly requested from transmasculine individuals that alternative methods of chestfeeding be explored and taught within healthcare settings so that parents may choose what is best for them and their family, without fear of being stigmatized.²⁶

Nuanced Experiences of Trans Pregnancy

In addition to general literature that has been written about the experiences of transmasculine pregnancy and chestfeeding, some studies have been conducted on more specific experiences of transmasculine pregnancy. This includes studies on transmasculine individuals who are considered of ‘advanced’ paternal age, individuals who experience unintended and teen pregnancies, as well as transmasculine individuals who have experienced pregnancy loss. In this section, we will briefly outline these studies and their findings, and how they further nuance the world of transmasculine pregnancy and offer us points to jump off of in regards to further research. These nuanced areas of pregnancy require specialized care due to their specialized nature, and serve to diversify what we consider to be a generalized transmasculine pregnancy experience.

²⁵ Trevor MacDonald, *Where's the Mother: Stories from a Transgender Dad*, Winnipeg: Trans Canada Press, 2016.

²⁶ Trevor MacDonald et al., “Transmasculine Individuals’ Experiences with Lactation, Chestfeeding, and Gender Identity: A Qualitative Study.”

In “Transgender Men, Pregnancy, and the ‘New’ Advanced Paternal Age: A Review of the Literature,” the authors hone in on transgender masculine individuals who are considered to be at an advanced paternal age, that being 35 years of age or older at the time of delivery.²⁷ The authors state that for many transmasculine people, advanced age health care checks such as pap smears, mammography, and colonoscopy may be outdated due to an avoidance of healthcare out of fear of discrimination or induced dysphoria. It is important for trans people of advanced age to seek preconception care and to discuss the risks associated with later age pregnancies such as miscarriage, infertility, aneuploidy, preeclampsia, gestational diabetes, intrauterine fetal demise, and preterm delivery. Not many studies exist on whether trans people experience these advanced age pregnancy complications at rates similar to cisgender women, and more research is recommended as to develop best practice procedures for those transmasculine individuals of advanced paternal age.

A similarly understudied group is that of transmasculine people who experience unintended or teenage pregnancies.²⁸ It has been found that transmasculine people are at least as likely to have a teen pregnancy as cisgender women. Gendered language within abortion settings was found to exclude or deter transmasculine individuals, similar to the general experiences of trans people within other healthcare settings. Many transmasculine people experiencing unintended or teenage pregnancy cited levels of acceptance to depend on their environment and beliefs around teen pregnancy, marriage, etc, and often noted the workplace to be unaccepting of gender identity and pregnancy. Age-related readiness was a more common theme in decision making regarding the pregnancy than was gender identity, which is an experience more similar to

²⁷ Justin S. Brandt et al., “Transgender Men, Pregnancy, and the ‘New’ Advanced Paternal Age: A Review of the Literature,” *Maturitas* 128 (2019): 17–21. <https://doi.org/10.1016/j.maturitas.2019.07.004>.

²⁸ Brittany M. Charlton et al., “Unintended and Teen Pregnancy Experiences of Trans Masculine People Living in the United States,” *International Journal of Transgender Health* 22, no. 1-2 (2020): 65–76. <https://doi.org/10.1080/26895269.2020.1824692>.

that of cisgender women. Many transmasculine individuals described suffering from financial hardships as a result of unintended/ teenage pregnancy, as well as having hostile family environments and experiencing lack of support during pregnancy. Chosen families tended to be places of support in replacement of biological families. Further studies are recommended for this group as well in order to provide more specialized support for transmasculine people experiencing unintended/ teenage pregnancy.

Another area warranting further support and study is that of transmasculine individuals who experience pregnancy loss. In the article “Men, Trans/Masculine, and Non-Binary People’s Experiences of Pregnancy Loss: An International Qualitative Study,” the authors note that varying research exists about the effects of testosterone on pregnancy in terms of its likelihood to cause a miscarriage, with some research finding correlation and others not.²⁹ In the study, most participants were devastated by their losses, but some were positive as they were happy that they were even able to become pregnant in the first place due to uncertainty surrounding testosterone and its effects on fertility. The fact that participants in this study understood their bodies to be working and for pregnancy loss to be a natural occurrence goes to counter ‘wrong body’ narratives such as those discussed in the section above. Many participants noted being concerned about having their pregnancy losses recorded at a hospital, as that would effectively out them as transgender. Generally, participants desired more ongoing support for people and their partners who have lost pregnancies than what was provided to them. Many reported having little to no support within their families, more specifically from their mothers, which resulted in the loss of pregnancy feeling more devastating. Friends and chosen family were cited as vital in being able to cope, especially those who had had miscarriages before and were able to empathize.

²⁹ Damien Riggs et al., “Men, Trans/Masculine, and Non-Binary People’s Experiences of Pregnancy Loss: An International Qualitative Study,” *BMC Pregnancy and Childbirth* 20, no. 1 (2020). <https://doi.org/10.1186/s12884-020-03166-6>.

In the end, the most common recommendation given throughout the existing literature regarding transmasculine experiences of pregnancy and lactation, both general and nuanced, is for there to be more research conducted. Many of the existing studies are quite limited in scope due to lack of funding and interest in trans issues, as well as difficulties in finding people willing to participate. Further research is recommended in order to better understand the experiences of transmasculine reproduction, as well as the effects of testosterone and surgery on fertility and breast milk. Having more research can better assist transmasculine individuals in decision making regarding their bodies, sexuality, and family planning. Having limited existing studies also results in their being a skewed selection of participants, with the majority being white and having a background of higher education. More research needs to be conducted on transmasculine people of color in order for statistical findings to be more representative of the population at large. In addition, the other most common recommendation given in existing literature is for there to be more training for healthcare providers on transmasculine reproduction, as well as for sensitivity in treating transgender individuals in general. The way healthcare providers treat their patients has a big impact on transmasculine individuals and their willingness to seek out healthcare during pregnancy and postpartum, and proper training can help end the disparities trans people face.

Trans and Feminist Theory & Methodology

Now that we have outlined the embodied experiences of transmasculine pregnancy and chestfeeding as well as the medical recommendations that have risen from them, we will now move into the more theoretical and methodological aspects of transmasculine reproduction and the potentialities that may rise from it. We will look at norms and societal perceptions of

pregnancy and lactation as feminine acts, as well as factors contributing to transphobia and conservative body politics. Both of these factors have gone to create the discrimination against transmasculine reproduction that we currently see in society today, and must be understood in order to hope to begin to undo the harm that it has caused. We will also review transgender historical methodology and how it can help us contextualize transmasculine reproduction and conceptualize its potentialities.

To begin, we will address the norms and societal perceptions of pregnancy and lactation as feminine acts. As noted in the sections above, pregnancy is often considered to be central to feminine identity at such a prevalence that it has been described as the ‘motherhood mandate.’ The feminization of pregnancy has deterred many transmasculine individuals from pursuing it as a means to starting a family due to the dysphoria induced by being perceived by society as a woman. In the study “How Norms Concerning Maternity, Femininity and Cisgender Increase Stress among Lesbians, Bisexual Women and Transgender People with a Fear of Childbirth,” eleven LBT people with Fear of Childbirth (or FOC for short) were interviewed in Sweden. Participants cited stress about the idealized feminine figure of the ‘primal woman’ who gives birth vaginally and feels connected to mother earth and all pregnant women.³⁰ They discussed how issues occurring during childbirth were perceived as weak and often kept hidden, leading to more FOC. On top of the idea of the primal woman, some participants remarked on the feminization of pregnancy and how pregnant bodies were seen as becoming ever more feminine as the body changed. Pregnant people are expected to be women in society, and pregnancy clothes are often extremely feminine. Many participants directly cited the fear of being perceived as feminine as their cause of FOC. The trans men in the study described being pressured into

³⁰ Anna Malmquist et al., “How Norms Concerning Maternity, Femininity and Cisgender Increase Stress among Lesbians, Bisexual Women and Transgender People with a Fear of Childbirth,” *Midwifery* 93 (2021): 102888. <https://doi.org/10.1016/j.midw.2020.102888>.

sterilization and being treated poorly by midwives, who could not comprehend that a man could want to become pregnant due to the preconceived notion that pregnancy is an inherently feminine act.

The ways in which pregnancy is yoked to an idealized femininity and becomes a necessity of female identity is further echoed in the study “The Gender of Pregnancy: Masculine Lesbians Talk about Reproduction.”³¹ Ryan states that women’s bodies are regulated by patriarchal expectations of femininity, and thus motherhood is characterized under patriarchy. Pregnant bodies are highly scrutinized to uphold compliance to patriarchy and meet the demands of the male gaze. Pregnant bodies are held accountable for meeting male expectations of being feminine and ‘fit,’ contradicting the very nature of pregnancy. Pregnancy becomes a feminine achievement to many women, who consider themselves more womanly for having gone through it, and women who fail to become pregnant are chastised and met with scrutiny for not performing what is considered to be their purpose. Pregnancy thus becomes a requirement of performing femininity.

Ryan further investigates how medical technology has alienated the pregnant body from its own bodily production and put control of pregnant people into the hands of doctors. Trevor MacDonald’s book *Where's the Mother: Stories from a Transgender Dad* also goes to exemplify the ways in which breastfeeding/ chestfeeding becomes highly scrutinized and policed within society, removing agency from the person whose bodily production is in question.³² MacDonald shares his experience in attending his local La Leche League, a support group designed to empower those in the process of breastfeeding and allow them to share their experiences with

³¹ Maura Ryan, “The Gender of Pregnancy: Masculine Lesbians Talk about Reproduction,” *Journal of Lesbian Studies* 17, no. 2 (2013): 119–33. <https://doi.org/10.1080/10894160.2012.653766>.

³² Trevor MacDonald, *Where's the Mother: Stories from a Transgender Dad*, Winnipeg: Trans Canada Press, 2016.

one another. Many members within the group described their various anxieties in their breastfeeding practices and the ways in which their families and friends influenced and critiqued their choices. Often, members of the group were described to become very emotional, even to the point of frequent crying spells, due to the stigmatization of their choices and fears concerning being a good parent.

In the forward to the memoir, Fiona Giles goes to describe the ways in which social norms have changed over time in regards to the decision to breastfeed compared to the use of formula, the extent to which breastfeeding is performed in public, the practice of milk sharing, as well as length of time in which a child is breastfed. She states that “We are taught to revere masculine strength and cohesiveness, the streamlined consistency of flesh that produces muscle more readily than fat, that doesn’t seep, or swell or change on a disturbingly regular basis. The female body is not far from monstrous in the imagination of many, who recoil at the thought of the blood and mucus signifying fertility, and the birthing process itself, not to mention lactation.”³³ That being said, the female body and its reproductive functions are often considered to be unruly and in need of control and regulation. The perceived unruliness of the female body and its functions is further echoed in “The Risky Womb and the Unthinkability of the Pregnant Man: Addressing Trans Masculine Hysterectomy,” in which the author Michael Toze describes the long history of female reproductive organs being viewed as the center of women’s illness.³⁴ Hysterectomies were often performed in attempts to correct a wide variety of conditions which we now know to be unrelated to reproductive anatomy, including gender nonconformance. These

³³ Fiona Giles, “Going With the Flow,” in *Where’s the Mother: Stories from a Transgender Dad* (Winnipeg: Trans Canada Press, 2016), p. xvi-xvii.

³⁴ Michael Toze, “The Risky Womb and the Unthinkability of the Pregnant Man: Addressing Trans Masculine Hysterectomy,” *Feminism & Psychology* 28, no. 2 (2018): 194–211. <https://doi.org/10.1177/0959353517747007>.

examples clearly showcase how the pregnant and lactating body are highly scrutinized and expected to perform in specific ways in order to reproduce patriarchal ideas, in which women remain subservient and meet expectations of motherhood that have been characterized and normalized under patriarchy.

Since pregnancy and childbirth has been yoked to femininity, and femininity is highly scrutinized and reinforced under patriarchy, we can see how and why transmasculine individuals have been excluded from it. As Fiona Giles says, "...the man who does take on feminine tasks is less likely to raise them to the status of maleness, and is instead more likely to be reduced to the feminine, to have been diminished — to be, in short, a failure or a freak."³⁵ That being said, what little acceptance transmasculine individuals receive from society is under constant evaluation. They must reinforce hegemonic masculine ideals and promote heterosexual values, and try to model their standards of masculinity off of the desires and experiences of cisgender men in order to become legible to society.³⁶ Transmasculine individuals who perform what is considered to be a feminine act, such as pregnancy, are invalidated and cast aside as freaks who have failed in their performance of masculinity.

In the article "Transgender Politics as Body Politics: Effects of Disgust Sensitivity and Authoritarianism on Transgender Rights Attitudes," the authors provide us with an alternative means of understanding prejudice against transgender people, as well as the body politics that follow.³⁷ Intolerance towards transgender individuals is prefaced under the context of disgust, often described as a 'behavioral immune system,' meant to react when one believes something to be 'physically infectious' or 'morally contaminating.' That being said, disgust is activated when

³⁵ Fiona Giles, "Going With the Flow," in *Where's the Mother: Stories from a Transgender Dad* (Winnipeg: Trans Canada Press, 2016), p. xvi-xvii.

³⁶ Maura Ryan, "The Gender of Pregnancy: Masculine Lesbians Talk about Reproduction," 119–33.

³⁷ Patrick R. Miller et al., "Transgender Politics as Body Politics: Effects of Disgust Sensitivity and Authoritarianism on Transgender Rights Attitudes," *Politics, Groups, and Identities* 5, no. 1 (2017): 4–24. <https://doi.org/10.1080/21565503.2016.1260482>.

one imagines the circumstances of another to be cast onto oneself. For example, the feelings of disgust that arise from seeing another person become pierced or tattooed originate from imagining what it may be like to receive a piercing or tattoo on one's own body. So when one is disgusted by the transgender body, it is because they fear the idea of themselves being morally contaminated and becoming transgender. Disgust may trigger an emotional reaction, and with this combination, it begins to become clear as to why stances may be taken against transgender bodies. Those who have strong predispositions to disgust may be particularly prone to making political stances to push what they believe to be right, in the fear that more people may become what they believe to be wrong. Transness is seen as a contagious phenomenon, and thus authoritarians seek to control this perceived threat to social order, as it threatens to overturn the gender binary and the patriarchal ideas and hierarchy that rest upon it. When it comes to transmasculine reproduction, there is a fear that the transgender parent will raise a transgender child. This fear concerning queer parents raising children to be queer has been widely documented since the 1990s, when same-sex couples began to gain rights and recognition in family building.³⁸ As a result of this fear, many queer parents took to respectability politics and enforced gender conforming, heterosexual values at home in order to avoid stigmatization and backlash from homophobes who painted queer parents as pedophiles and groomers.³⁹

In order to combat this disgust and fear towards childhood transness as a perceived illness that needs to be halted in its tracks, I turn to the methodology of Julian Gill-Peterson in her groundbreaking book *Histories of the Transgender Child*.⁴⁰ In this detailed account, Gill-Peterson refutes the supposed 'newness' of transgender children through outlining a history

³⁸ Maura Ryan, "The Gender of Pregnancy: Masculine Lesbians Talk about Reproduction," 119–33.

³⁹ Ellen Lewin, "Family Issues," *Encyclopedia of Lesbian, Gay, Bisexual and Transgender History in America*, no. 1 (2004): 359-367.

⁴⁰ Gill-Peterson, Julian. *Histories of the Transgender Child*. Minneapolis: University of Minnesota Press, 2018.

of medical archives reaching back as far as the 1920s in the United States, and even further back in Europe. She describes the various historical theories of the plastic and non-binary nature of human sex, and searches for transness in the histories of intersex and gender transgressive children, who became the living laboratories for doctors to experiment and theorize about the biological, psychological, and developmental aspects of sex and later gender, often against their will. She concludes with how the unruliness of plasticity forces us to rethink our need to hold on to binary gender and sex, and how plasticity itself goes to destabilize all of the assumptions we have created about the supposed ‘naturalness’ of the binary. She also argues for the rethinking of our use of plasticity and trans children as a figure to represent sex, gender, and transness, and to return autonomy and humanity to real trans children who have been harmed for decades under medical gatekeeping and experimentation, and who continue to prove to be multiple and impossible to pin under a single trans childhood experience.

In her final remarks, she states that “If, in the twenty-first century, we adults really desire to learn to care for the many transgender children in our midst, we need to learn first... what it means to wish that there *be* trans children, that to grow trans and live a trans childhood is not merely a possibility but a happy and desirable one. And we need to come into this desire *now*, not in the future.”⁴¹ That being said, in order to combat the perception of transness as a state of being eliciting disgust and contempt, we must understand that sex has never existed under a natural binary to begin with. Sexual and gender variation are natural phenomena that should be valued and seen as strengths. Fiona Giles even goes to remark on how all people have the ability to naturally lactate, including cisgender men and transgender women. She cites a study of a well researched Zulu chief who helped his wives breastfeed, and notes that the only requirements to

⁴¹ Gill-Peterson, Julian. *Histories of the Transgender Child*: 207.

successful breastfeeding are the desire to breastfeed, the opportunity to breastfeed, and the high cultural status of breastfeeding.⁴²

Using Gill-Peterson's methodology of reading the archive, we can also go on to say that not only are trans childhoods falsely being portrayed as 'new' and only recently widely spreading as if it were an infectious illness, we may also contest the supposed 'newness' of transmasculine reproduction. If gender transgressive people have always existed, peeking through the cracks in the archive, we can assume that there have been many who have become pregnant and had children. Through *Histories of the Transgender Child*, we understand that while the term 'transgender' has only existed in terminology more recently, many people have lived lives which can be read as trans in nature. Though they may not have medically transitioned, and some may have never come out or come to terms with their identity, transmasculine reproduction most certainly predates Thomas Beatie, and further studies of the archive may prove to be beneficial in outlining a more complete historical account than what is available in most recent years.

Transgender Parenting

Now that we have outlined the theory and methodology that give context to transmasculine reproduction, we will turn to literature relating to transgender parenting practices and the transformative potentialities that may lie within. It should be noted that studies on transmasculine parenting specifically are few and far between, and most of the information provided is based on speculation and data existing from similar populations that may shed light on this under-discussed topic. However, there is great promise in the prospect of transmasculine

⁴² Fiona Giles, "Going With the Flow," in *Where's the Mother: Stories from a Transgender Dad* (Winnipeg: Trans Canada Press, 2016), p. xvi-xvii.

parenting, and further research is advised in order to fully flesh out the topic and cement speculation into data.

Most of the existing literature on transmasculine parenting agrees that it has great potential in being able to transform the ways in which we understand gender and family. In “Transgender-Parent Families,” Downing argues that transgender-parent families transgress the heteronormative nuclear family ideal.⁴³ Transgender people are prone to creating found families, or what the author refers to as ‘families of choice,’ which destabilize dominant perceptions of family being determined merely by biological connection. They also destabilize dominant constructions of maleness and femaleness as inherent characteristics of men and women, and the supposed ‘naturalness’ of the gender binary. Similarly, Ryan states that masculine pregnancy is valuable in the sense that it can broaden our understanding of masculine gender expression in a context that is associated with women, showing the complexity of masculinity and the female body.⁴⁴

Downing argues that trans parents are often particularly attuned to allowing their children to explore a variety of masculine and feminine behaviors and expressions as their children develop their own gender identities.⁴⁵ However, that idea has been contested by other sources. In the article “Free to Be You and Me, Maybe: Lesbian, Gay, Bisexual, and Transgender Parents Doing Gender with Their Children,” Bergstrom-Lynch found in her study that while many LGBT parents had been gender nonconforming in their own childhoods, this did not cause them to be more likely to support their children in gender nonconformance.⁴⁶ Many of the parents

⁴³ Jordan B. Downing, “Transgender-Parent Families,” *LGBT-Parent Families*, 2012, 105–15. https://doi.org/10.1007/978-1-4614-4556-2_7.

⁴⁴ Maura Ryan, “The Gender of Pregnancy: Masculine Lesbians Talk about Reproduction,” 119–33.

⁴⁵ Jordan B. Downing, “Transgender-Parent Families,” 105–15.

⁴⁶ Cara Bergstrom-Lynch, “Free to Be You and Me, Maybe: Lesbian, Gay, Bisexual, and Transgender Parents Doing Gender with Their Children,” *Journal of Gender Studies* 29, no. 3 (2019): 282–94. <https://doi.org/10.1080/09589236.2019.1635000>.

interviewed described feeling pressure from family as well as people in their communities to raise their children within their traditionally assigned gender role, as to not make their queer relationship look bad. There is generally much ambivalence about whether trans people are more or less likely to reinforce binary gender in their children. The two transgender women who were interviewed in this study both were found to chastise their children for acts of gender nonconformance, but this is hardly a representative sample size for the entire transgender population, and may not be reflective of the attitudes of transmasculine parents at all. Parents who ‘lived beyond the closet’ and were more active in LGBT activism and feminism were more likely to raise gender nonconforming children, whereas closeted parents or parents with internalized shame were not. In the end, a queer identity may not be enough to determine whether a transmasculine parent would be more likely to raise gender transformative children, but a degree to which someone is ‘out’ may be a more reliable determinant. Regardless, transgender parenting is definitely a field warranting further research, and it is possible that future findings may find transmasculine parents to be more accepting of a child’s gender identity than that of their cisgender counterparts.

Similarly to the issues Bergstrom-Lynch found in her study, Downing notes that many children of transgender parents feel pressure to conform to traditional notions regarding male and female gendering to legitimate the healthy and ‘normal’ functioning of their family.⁴⁷ So while a transmasculine parent could be fully supportive of their child’s gender nonconformity, concerns about how society may perceive the family unit may influence the child’s ability to practice that nonconformity. Going further into societal influences on transgender parenting is the fact that trans people often face legal discrimination, lack of health-care services, employment discrimination, and lack of general societal acceptance, all things which can make family life

⁴⁷ Jordan B. Downing, “Transgender-Parent Families,” 105–15.

more complex and difficult. A complicated issue within the topic of transgender parenting is that of coming out. Depending on how gender nonconforming the trans parent is, children have varying amounts of agency in deciding who knows about their parent's gender identity. This negotiation of who has agency in coming out, the parent or the child or both, is one with little research and also warrants further interrogation. While there are concerns in the topic of transgender parenting, they tend to stem from lack of societal acceptance and not from any issue that results directly from the parent's status as transgender.

Legal Aspects

From a legal standpoint, it is worth noting that it wasn't until 2017 that the European Court of Human Rights ruled that requiring trans people to undergo sterilization in order to be legally recognized as their identified gender was a breach of human rights. This may be one of the reasons why we have seen an increase in transmasculine pregnancy in more recent years, as previously it would be impossible to be legally recognized as masculine and still have the ability to reproduce in many countries. In Toze's article addressing transmasculine hysterectomy, he outlines how transmasculine individuals have historically been forced into receiving hysterectomies so that they may legally change their gender marker to 'male' on their legal documents, as well as being pushed into it by medical professionals due to largely baseless claims around testosterone causing endometrial hyperplasia and malignancy.⁴⁸ In the past, transmasculine individuals have not been thought to be able to reproduce due to speculation that testosterone leads to infertility, and are often assumed to not want to be pregnant or to have children due to its perceived femininity. While fertility preservation is becoming more discussed,

⁴⁸ Michael Toze, "The Risky Womb and the Unthinkability of the Pregnant Man: Addressing Trans Masculine Hysterectomy," 194–211.

it is often expensive and requires surrogacy, which can become complicated under some countries' laws. Surrogacy may be prioritized for transmasculine reproduction due to the removal of the body from reproduction, further removing agency from the individual and negating the possibility of masculine pregnancy.

In addition to issues surrounding legal gender recognition, it should be noted that in many places gender status does not affect parental identity on a birth certificate, and thus pregnant transmasculine individuals are legally not recognized. In Alice Margaria's "Trans Men Giving Birth and Reflections on Fatherhood: What to Expect?," she discusses the legal cases of two transgender men who gave birth and were legally required to be marked as the children's mothers on their birth certificates, despite being recognized as 'male' on their own legal documents.⁴⁹ Both fathers went to court to be legally recognized as their children's fathers, but both lost. She describes the ways in which trans masculine fathers could transform our conceptions of what is legally defined as a father. Traditional definitions dictate that fatherhood is determined by who provides the sperm during a child's conception. She states that fatherhood is not typically seen as a direct relationship between father and child, but as a mediated tie that comes from the husband-wife relationship, as mothers are typically delegated to the actual work of child rearing. Transmasculine fathers have the potential to help define fatherhood as a direct relationship between father and child, one in which the father is accountable for his caretaking abilities and not merely for his ability to provide sperm.

⁴⁹ Alice Margaria, "Trans Men Giving Birth and Reflections on Fatherhood: What to Expect?," *International Journal of Law, Policy and the Family* 34, no. 3 (2020): 225–46. <https://doi.org/10.1093/lawfam/ebaa007>.

Conclusion

In conclusion, transmasculine reproduction is an incredibly large and nuanced field of study that has yet to be thoroughly researched. Most literature in existence focuses on the general experiences of pregnancy and lactation in transmasculine individuals, but the scale and makeup of the testing groups often prevents these studies from providing definitive data that could be used to represent the transmasculine community at large. More specialized areas of pregnancy and lactation experiences also warrant further research in order to fully flesh out the full range of transmasculine reproduction that exists in the world. Trans and feminist theory and methodology can help us understand the context for the transphobia that exists in the world and why it is especially difficult for transmasculine individuals to become pregnant in the first place. It also serves as a framework for considering how we can look in the archive for a more detailed account of the history of transmasculine reproduction, as well as what potential lies within the experience of transmasculine pregnancy and parenthood.

While there is not enough data to prove whether or not transmasculine individuals would necessarily raise gender transformative children more so than other people, as society changes and trans and queer identities become more accepted, parents as a whole, regardless of identity, may feel more comfortable in raising children outside of traditional gender roles. That is why the normalizing of transmasculine people having children is so important, as it goes to defy the biological determinism and heteronormative beliefs that gender roles are based so heavily on. It can go to promote less rigidity in gender, and begin to overcome the ways in which society upholds masculinity and devalues femininity. Our society has created the conditions in which men have difficulty in establishing healthy and emotionally fulfilling relationships, as emotionality and sensitivity is often discouraged and mocked as a feminine trait. Many men are

greatly disconnected from their children, and have difficulty bonding and nurturing them in emotional ways. To include men more within the role of parenting establishes that women are not responsible for being the emotional caretakers of all men and children. Men must also equally hold their weight as a parent, and directly support and raise their children hands on. Thus, transmasculine parenthood has the potential to change not only how we understand gender, but how we conceptualize family structure and the most foundational relationship of human existence: the bond between parent and child.

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