

A different path

Stories of LGBT+ birth-givers in the Netherlands

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ABSTRACT

In this paper, the following question is discussed: *How do birth-givers in LGBT+ parenting arrangements navigate and negotiate gendered biological and social parenthood, and in doing this, form fitting concepts of parenthood for themselves?* Using interviews with five birth-givers as my starting point, I discuss the influence of cis-heteronormativity on the creation of identities of these parents. Different institutional, social, and physical factors influence this process, and I take a closer look at their impact on the subjective bodily and gendered experiences of the birth-givers. Introducing the gender-neutral term birth-giver allows for a more critical engagement with gender norms and biological parenthood associated with childbearing.

Keywords

LGBT+ parenting; birth-givers; heteronormativity; cisnormativity

What does parenting mean for LGBT+ people? LGBT+ parenting does not fit into the hegemonic models for kinship and gender in the Netherlands, which revolve around the concept of the nuclear family (Folgerø 2008).¹ LGBT+ parents are still a very stigmatised group, being actively questioned in the legitimacy of their parenthood status due to hetero- and cisnormative expectations (Costa et al. 2018). According to Costa,

the existing belief that LGBT+ people are “unable to form and sustain healthy relationships” (ibid., 59) fuels the common prejudice that LGBT+ parents are unable to raise children in a healthy, stable environment, and consequently, they could never be good parents. Additionally, Costa found that negative attitudes were generally stronger towards gay men than lesbian women, suggesting that this is based on beliefs about gender roles.

Gender roles may influence LGBT+ parents in a plethora of ways. For both men and women, gender roles dictate biological parenthood as an important aspect of a healthy gender identity, although this holds stronger for women than for men (Goldberg, Kinkler and Hines 2011). The role of the biological mother is emphasised in the development of the child, and the father is often placed in a supporting role. Additionally, the presence of both a mother and a father are emphasised; families without a mother (Vinjamuri 2015) and without a father (Carroll 2018, Costa et al. 2018) are seen as unnatural. Lastly, in addition to this heteronormativity, cisnormativity also adds to the stigmatisation of LGBT+ parents, with a study by Worthen (2022) showing how cisnormativity results in negativity towards both trans mothers and trans fathers, even if they are in what could be perceived as a heterosexual relationship.

LGBT+ couples inherently challenge numerous aspects of the normative discourse around parenthood, sexuality, gender norms and children’s development (Folgerø 2008). LGBT+ parents may feel the pressure to perform and act in a certain way that is more coherent with gender norms. In trying to adhere to these norms, LGBT+ parents often look for parenting arrangements that fit better with the expected family structures, for example through co-parenting arrangements (Herbrand 2018). On many occasions, however, internalised gender norms still result in challenges in these relationships.

Both stigmatisation and expectations from their environment, as well as internalised notions of gender and parenthood, may thus influence

LGBT+ parents' conceptualisation of their parenthood status. They paradoxically aim to prove that LGBT+ parents can still be 'good' parents, while also trying to adhere to the normative idea of parenthood as much as possible.

Although research on this topic is becoming more common, a lot of articles use gender exclusive language, and only include cisgender people. Generally, while sexuality is explicitly discussed, gender is often taken as a given; the person giving birth is called the biological mother, and parents are either two lesbians, two gay men, or are in a co-parenting arrangement. Not only is more research on non-cisgender people desperately needed (Worthen 2022), questioning gender assumptions as a starting point for research will enable me to complicate and nuance the concept of biological parenthood and bring into question the gender norms associated with child bearing. Giving birth, and in addition being a mother, is often seen as the ultimate act of womanhood (Whitehead 2016), but for some parents, especially LGBT+ parents, this may be different. Thus, I introduce the term birth-giver as a replacement for biological mother. The term birth-giver does not assume that the person giving birth identifies as the mother or, by extension, that they identify as female. It opens up the conversation to allow for a wider range of parenting arrangements, not only for trans or non-binary parents, but also for women acting as surrogates for homosexual couples or cis-hetero couples who cannot conceive, and who do not want to call themselves a mother. Lastly, it also takes the focus off the biological aspect of parenthood, of which the ascribed importance often forms the basis for discrimination of LGBT+ parents. The term birth-giver allows me to be clear about the parenting relations, without giving extra importance to this role or assuming the gender of the person.

I will focus on different physical, institutional, and social factors that influence LGBT+ birth-givers' identities. I will be focussing on the following question: How do birth-givers in LGBT+ parenting arrangements navigate and negotiate gendered biological and social

parenthood, and in doing this, form fitting concepts of parenthood for themselves?

With my research, I hope to tell some stories of parenting relations that fall outside of the hegemonic gendered idea of parenthood. Researching lived experiences and refining the conceptualisation of LGBT+ parenting arrangements will hopefully add to the normalisation of these types of parenthood.

METHOD

To answer my research question, I have interviewed five birth-givers in LGBT+ parenting arrangements in 2021. We discussed bodily experiences before, during and after pregnancy; gender norms; and general assumptions and unwritten rules surrounding pregnancy and parenting for birth-givers. In addition to these topics, the practical side to having a child as an LGBT+ couple, including legal and medical complications, came up. I focussed on creating a safe and open space in my interviews, labelling and assuming the least possible and letting the interviewees share what they are comfortable with. In this paper, the names of the interviewees have been changed.

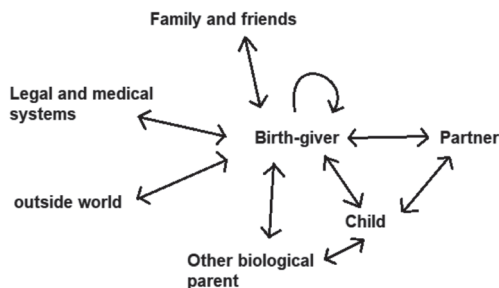


Figure illustrating the system of social and institutional relations surrounding the birth-giver. Both outside forces as well as self-perception influence the identity of the LGBT+ person as a parent, and all are in turn influenced by hegemonic cis-heteronormative ideas surrounding gender and parenthood. Made by the author.

As seen in the figure above, a complex system of social relations influences the birth-giver. The family, friends, and legal and medical institutions that LGBT+ parents are in contact with before, during and after pregnancy, form a social structure that is strongly influenced by and organised according to cis-heteronormative ideas surrounding parenthood. I will start by painting a brief overview of this social structure in the Netherlands, with the help of several examples the interviewees gave me. Next, I will take a closer look at the subjectivity of the birth-givers concerning their bodies and gender identities in relation to how they identify as parents, and how this was influenced both by the aforementioned social structure, as well as possible internalised cis-heteronormativity. I will argue that gender norms may have a larger influence on the birth-givers' creation of their identity as parents than has been previously discussed in literature, although this influence is also diverse and may manifest in different ways for different people.

Before I begin, I will briefly introduce the interviewees, who either have been, are, or are trying to get pregnant.² I have interviewed Noor, Judith, Nicole, Iris, and Jesse. Noor is 35 years old and trying to have a child with a gay friend of theirs called Daan. After they and Daan decided this, they met their current partner, Paula. So, although Noor is in a relationship with a woman right now, she and Daan will be the parents of the child, not Paula. Judith is a 56-year-old woman, who had a daughter with her wife in 2001. Nicole has been together with her partner Emma for twenty years. They had their child eleven years ago, when Nicole was 32. Iris is 31 years old and in a relationship with Susan, who is Australian. Iris was 34 weeks pregnant at the time of our interview. She does not use labels for her gender or sexuality, and says she feels neither like a man or a woman. Jesse is 35 and has been together with his partner Sanne for six years. They have a three-year-old child, who Jesse has borne. Jesse identifies as a trans nonbinary guy, and as a father.

CIS-HETERONORMATIVE STRUCTURES IN THE NETHERLANDS

In the interviews, when talking about practical difficulties that the parents faced in their process of becoming a parent, the Dutch medical and legal systems came up multiple times. Through several examples, I aim to give an overview of the influence cis-heteronormativity has in these systems.

Judith, who had her daughter via a sperm donor, told me about the discrimination she and her partner faced when going to different hospitals in Amsterdam in 2001:

What was exceptional to me about it is that the two of us could not go to every hospital for the procedure. [...] That is what I found most confronting about all of it. The OLVG is catholic, so that was not possible. VU was not possible as well. We could only go to AMC, or the hospital in Noord, or one that was really far away. [...] And what was also funny, is that when we went to AMC, [...] you really noticed that the procedures they used were made for hetero couples. They assumed from the couples going there that the man was infertile.

When looking for a donor, Judith and her wife found themselves in a decidedly heteronormative and unaccepting space. Although they were legally able to find a donor through the medical system, this system did not initially recognize them as a legitimate couple. Although this was twenty years ago, problems still occur with finding a donor for many LGBT+ parents. Websites governed by LGBT+ foundations like COC, which allow people to find a donor, can feel very unsafe. Nicole, who had a child in 2010, told me she had to sift through men who came off as creepy. Recently, a case came to light of a sperm donor in the Netherlands who conceived more than one hundred kids (Donorconceptie 2021). Waiting lists for donor clinics can be up to two years long, and a lot of couples do not want to wait that long or may be in a rush, which can create real problems for LGBT+ couples trying to conceive.

In addition to this, legal procedures in the Netherlands also created difficulties for my interviewees. Iris explained the procedures that would allow both her and Susan to be legal parents. She told me they opted out of going to a clinic for another reason than the long waiting list: with the clinic, the most common method was for the partner to legally acknowledge the unborn child, which would result in them being the legal parent as soon as the child was born. This procedure is not legally recognised in a lot of countries outside the Netherlands, however, and since Susan was Australian and they were planning on moving, this was not an option, since this would mean that both of them were only officially parents while in the Netherlands, and not in other countries. Iris had already imagined a situation where, if their family were living outside the Netherlands and Iris would come to die, their child would go to one of Iris's relations, instead of staying with Susan.

The option that would allow Iris and Susan to move, was the *meemoeder* arrangement, which means something like co-mother. For this, they would have to go to a lawyer with the child, who had to bring the documents to a judge so that the biological father is able to appeal. If he does not appeal, the partner is recognised as a co-mother in most countries in the world. Another couple who took this route were Jesse and his partner Sanne. Jesse is a trans nonbinary guy, who became pregnant with the help of a sperm donor in 2018.³ They used the co-mother arrangement for Sanne to be recognised as a parent. This meant however that Jesse, who identifies as father, would legally be the mother, and Sanne would be the co-mother. He told me about what this felt like:

We were recognised by law as a lesbian couple, which was, emotionally, quite tough. In that sense we are not quite there yet, and I did feel invisible as a father, but... At least it is arranged that we are the parents, you know. That feels good.

Jesse's identity as a trans person and a father was actively being denied by the state in this situation, but it was necessary to go through with it for legal reasons. In this way, the existing legal system not only

creates practical problems for LGBT+ parents, but also adds to the erasure of some identities in the LGBT+ spectrum. Even though these systems appear to be inclusive because their existence allows for LGBT+ people to become parents, they are still set up in a cis-heteronormative way. Most people, when thinking of LGBT+ parents, think of lesbian or gay couples adopting, or a lesbian woman and gay man in a co-parenting arrangement. This limited view of LGBT+ parenting is prominent in the legal and medical systems, which exclude genderqueer people like Jesse.

This exclusion can coexist with the generally accepting and positive social atmosphere surrounding LGBT+ people and parents in the Netherlands, as seen in the following examples. A large study on acceptance of LGBT+ people in Europe has shown that the Netherlands is one of the least homophobic countries in Europe (Commissioner for Human Rights 2011). This sentiment was generally shared by my interviewees; they were thankful about their social surroundings and the acceptance that they found there, and they realised the privilege they enjoy by living in the Netherlands. However, they also came across underlying expectations and unwritten rules in their journey to parenthood. Noor described one example of the cis-heteronormative expectations she encountered surrounding pregnancy:

Well, I have the idea that with a lot of hetero couples, there are all these rules. You can only tell people after twelve weeks, and if you know a couple is trying for a baby you cannot ask about it. [...] So what I am doing is almost the opposite. For me that is part of how queer I approach this. That is what it feels like. Having a child and thinking about who the safety net is, being really open about it. [...] It feels like, because I discussed it with so many people, I am countering the heterosexual approach so to speak.

This heterosexual approach is of course not set in stone. It is a set of unwritten customs that you pick up by seeing how people around you approach pregnancy and parenthood, as we see in Nicole's case:

If you are aware of it or not, you always have this picture in your head. And I have a lot of brothers and sisters, I am one of the younger ones, so I have had all these examples, and you may or may not be aware of it, but that influences your visualisation of motherhood. Maybe that is why I did not want it (being a mother) for a long time. I felt like that was not about me, because I do not want to have four kids, for example.

For a long time, Nicole had internalised certain expectations surrounding motherhood, which impacted her urge to have children. When Nicole realised she could be a mother in her own way, she encountered another expectation, namely that of the father being in the picture:

No one ever said we were doing it wrong, or like ‘there needs to be a man here’, but sometimes you get questions like ‘which one of you is the man?’ ‘Who does the man stuff with your child?’ That took me by surprise. And it only happened a few times, but you do remember that. [...] And there were people who were relieved when we said the father was involved as well. Because a child needs a father, you know. And I am not saying I do not agree, but for people it seemed like something was missing. A sort of concern that the picture was not complete.

Unwritten and sometimes unspoken assumptions and customs make up a large part of how cis-heteronormativity was experienced by my interviewees. Another person who experienced this was Jesse. He told me about conversations he had with people around him during his pregnancy:

I was really busy justifying myself in a way, and that explaining, on top of being pregnant, took a lot of my energy. [...] I did realise it made my pregnancy more difficult. Women who had been pregnant came to me and said, ‘I felt most like a woman during my pregnancy, are you not scared that that will happen to you, because it is the most womanly thing you can do?’

Those were triggering conversations, in a way. And spoiler alert, nothing about my identity changed during or after my pregnancy.

Jesse told me he was very dissociated from his body during his pregnancy, and how he felt like this was mostly due to the pressure to explain himself, people using the wrong words, and people questioning his identity. Eventually, Jesse ended up having a premature birth, which he says is probably also due to these social factors. Cis-heteronormative and gendered ideas surrounding pregnancy put him in taxing, confrontational situations which implicitly suggested that his identity or parenthood were somehow wrong, even though this was not the intention of people he encountered. In these situations, Jesse was literally negotiating his gender with the people around him. His existence was actively challenging people's beliefs about gender and parenting, and this forced him to defend his identity in social settings.

After Jesse's pregnancy, people assumed Sanne had been the child bearer. This also meant that they were seen as a hetero couple, Jesse recounted:

When we were walking the dog, we would have conversations, and my daughter would be there, and that meant they would assume that Sanne had carried the child. She got questions that I should have been answering. [...] Since I started testosterone, we became more and more a hetero couple, a hetero family, and we are seen as such, and spoken to as such. It feels really weird, for both of us. I mean, I really identify as her dad, and she has a mom, and that feels right, but my whole queer identity is kind of invisible. And that is really hard.

Visibility and invisibility of queer ways of parenting has a large influence on what is considered as normal, and what is questioned in our society. Cis-heteronormativity adds to the general erasure of LGBT+ parents, and it specifically erases certain types of LGBT+

parenthood like trans parenthood. This means that no two situations will be the same for different LGBT+ birth-givers. While some people will be helped by the legal and medical systems surrounding LGBT+ parenthood in the Netherlands, since their identity might be more widely recognised in society, they might also encounter practical problems in navigating this complex system. Others however might additionally experience an erasure of their identities, and the diversity of identities in general, since the system is still largely cis-heteronormative. The birth-givers I interviewed felt like institutions lagged behind on inclusivity: although the government seems to stand for complete equality, this does not, apparently, translate to the institutions carrying out this ideology. This also extends to the social surrounding of birth-givers: although people are generally accepting and positive about LGBT+ parenthood, underlying cis-heteronormative norms still influence their expectations of what LGBT+ parenthood should look like. Oftentimes, LGBT+ people also internalise these expectations, meaning that they first have to overcome their own barriers, after which they will be confronted with external assumptions from friends and family. Thus, both the types of parenthood present in LGBT+ people's surroundings, and the reactions LGBT+ parents get, influence how they may form their own identity as parents. The complex cis-heteronormative social structure permeates the lives of (to-be) LGBT+ parents in many different ways, and might be completely different for different parents, depending on their own identity and their surroundings.

SUBJECTIVE BODILY AND GENDERED EXPERIENCES OF PARENTHOOD

To take a closer look at the influence of the social structures on the identities of LGBT+ parents, I now move to the subjective experiences of the birth-givers I interviewed in relation to their bodies and their gender identity. For any birth-giver, being pregnant and giving birth has an impact on their relationship with their body. Cisgender women may have just as difficult or easy a time with their pregnancy as LGBT+

people have. However, through the body, pregnancy is also linked with gender. Dozier (2005, 300) states: “gender is not simply conceptual but real, and experienced in the body. [...] Particular body characteristics are not important in themselves but become important because of social interpretation.” Body and gender, although not inherently linked, do have an influence on each other due to the social context. This link carries through when conceptualising pregnancy. Pregnancy is often perceived as “the defining element of ‘true womanhood’” in western society (Parry 2005, 338). For non-cisgender people, getting pregnant may thus create a social paradox, which could result in a questioning of the validity of their gender identity, or self-doubt about wanting to get pregnant or their identity as a parent. This was the case in some, but not all of the conducted interviews.

For Iris, who identifies as nonbinary, pregnancy never posed a problem for her gender identity. She feels very flexible in her gender identity and does not mind being perceived as a woman, and thus did not feel like her gender identity came into question when she became pregnant. Nicole, although never understanding the gender binary as a child, felt like her pregnancy strengthened her in her identity as a woman. She never doubted that she was a woman, but she did doubt for a long time if she was able to be a mother. Being pregnant unified these two aspects of her identity, giving it a physical place. In these two examples, my interviewee’s gender identity did not affect their decision to get pregnant or complicate their feelings around the pregnancy. In the cases of Noor and Jesse however, it did. For Noor, who was trying to get pregnant at the time of our interview, coming to this decision required working through an internalised notion of gender. She told me:

If I had to say what the challenge was as a queer parent, specifically the queer part, it was that I was not sure about my body, with stuff like breastfeeding. It made me nervous. [...] I always thought ‘I’m a tomboy (*jongensmeisje*), I could never get pregnant.’ [...] I almost thought I would not be able to do

that, it does not suit me. That would have been so stupid, letting that hinder me.

Noor's perception of her gender, which she does not label indefinitely but is at least non-cisgender, influences how she feels about what she can and cannot do with her body. Their tomboy identity might have resulted in them not deciding to get pregnant, were they not able to disconnect the internalised notion of a link between body and gender.

In the case of Jesse, I have already touched upon the external assumptions about his identity and pregnancy, triggering conversations he had with people, and how this influenced his physical and mental wellbeing. I wanted to touch upon this again, but now looking at the internal processes these outside forces set into motion for Jesse. He described in a lot of detail his personal relation with the idea of being pregnant, and his body during pregnancy.

I knew from the beginning, from puberty, that I wanted kids. And the idea to carry them myself was hard because I also grew up in this binary worldview, so I thought, if I am a boy, why do I want to carry a child, that does not make sense. And of course, eventually I realised that was nonsense, that my body can do that, and it does not have to do with my identity in any way, but I did have to learn that, to detach that so to speak.

Here, Jesse mentions that he had to unlearn a binary worldview to realise he could carry a child. This contradiction between existing gender norms and Jesse's identity as a parent and his relationship to his body forms a continuous struggle throughout and after his pregnancy. Although he knew his body was not necessarily linked to his identity, it still influenced his experience in different ways. Jesse explained the way his relationship with his body has changed over time:

I feel like a lot of trans people may recognise this; for a very long time I only functioned up here (gestures to his head), and I

was able to ignore my body, in a way. [...] I did that for a long time, and after my chest operation and coming out to more people, the feeling kind of disappeared. I felt really free, mentally and physically, and in connection with my body.

Socially and physically transitioning helped Jesse to feel more comfortable in his body. As a trans guy, he was able to find his place on the gender spectrum that is generally accepted in the Netherlands. When he decided he wanted to become pregnant, Jesse had to re-evaluate certain ways he stood in relation to his body. For example, he explained why he chose not to breastfeed:

That was one of the only choices I made purely for myself. I felt like being pregnant would be fine, but if I also get a lot of growth in my chest, that would make me really uncomfortable. So that was something I did for myself, for the rest I would do everything for the child.

During his pregnancy, Jesse unexpectedly started to disconnect more from his body again; as he describes it, he “snapped back into the role” he was in before he had transitioned:

I felt like I was functioning from my head, and I continued working and moving on, and whatever happened underneath... Well, I did not really put my focus there, I never went there. But I did regret that a bit afterwards, that I didn't... I never spent time on my body, I never put myself there. I wished I made more time for that, to realise what was actually happening. [...] I feel like it was kind of a coping mechanism, a way to protect myself and my mental health. But I did not really have any problem with my changing body, mentally, but I do not know if that was maybe because I just cut that part off, I dissociated.

Internalised notions of gender and external pressures interacted in complex ways during Jesse's pregnancy. In our current cis-

heteronormative society, being trans and a biological parent are seen as mutually exclusive. Jesse's identity is perceived as paradoxical, and thus, his physical existence as a trans guy and pregnant person forced him to constantly negotiate this identity, both towards himself and his surroundings. The premature birth of his child and his experience of dissociation during his pregnancy might be seen as results of this negotiation, which can be socially and mentally draining. Jesse said that he would have liked to experience another pregnancy safe from external forces, just him and his partner on an uninhabited island, because he felt like that would give him the possibility to truly experience the pregnancy.

Where do external pressures end, and internalised gender notions begin? Looking at Jesse's and Noor's stories has given us an insight into how social gender constructs, physical sex and the body interact to create identities in a cis-heteronormative society. When we define parenthood and pregnancy in an academic, medical, and social context not through the term mother but birth-giver, this does not only create inclusivity, but it also allows us to look more closely at the intersection of identities and engage more critically with them. The word can be used as an analytical tool to compare the stories of parents with different gender identities and sexualities, without reducing the complexity of their stories or excluding certain people's perspectives.

FURTHER RESEARCH

In Dutch society, LGBT+ parents are generally accepted, but are often still implicitly questioned in their parenthood whenever their form of parenthood does not match up with the cis-heteronormative standard. In the academic context, the same problem arises, where there is generally a lot of attention given to lesbian and gay couples adopting, and to people in co-parenting relations, but there is a strikingly little research on trans experiences, specifically those of trans women and non-binary people (Worthen 2022). Additionally, a large part of the research on trans experiences is focused on negative relations to the

body (Morris and Galupo 2019; Romito et al. 2021), which may produce a skewed image of trans experiences. For Jesse, it was important to share not only the negatives, but also the positives of his experience. He described how sharing stories and being in contact with other people who had the same experiences really helped him. Feeling like he was not alone in his journey strengthened him and validated him in his identity, which is crucial when that identity is constantly put into question. This is another reason why more research on this topic is desperately needed.

The group of people I interviewed was small, and though diverse in gender identity, they were not as diverse in ethnicity, class or (dis)ability. More research needs to be done with birth-givers in order to shed light on how these topics may intersect as well.

CONCLUSION

Being a parent, and creating an identity as a parent, is an ongoing process. It starts way before the child is even born. The route LGBT+ people take to become a parent will be different for every person. Over the last few decades, some new paths have taken shape. The clinic for sperm donations and websites to find a donor have created possibilities for LGBT+ parents, as have legal constructions like the *meemoeder* system. Still, no system that was made for one type of LGBT+ person will work for everyone. Jesse told me: “if you know your way in the system, which I luckily do, you will be able to figure it out. [...] In that sense, I had to make my own way, and to do that I did a lot of research.” Finding your identity and how parenthood will fit into this, takes time and energy. Nicole said to me “I think that is why I started so late. Because we take a different path through life.” You could say that the people I interviewed became parents both thanks to and despite the systems in place. The conversation surrounding LGBT+ parenthood in the social and academic context is still largely framed by cis-heteronormative ideas. Although existing legal and medical systems in the Netherlands create opportunities for LGBT+ people to

become parents, they are also implicitly exclusive to a large part of the community, especially trans and non-binary people.

To look further into the role that gender constructs may play in the identity formation of LGBT+ parents, there is a need for gender-neutral language that sets us outside of already established parenting categories. The term birth-giver allows for clarity about the physical aspect of parenthood, while not confining this person to a gendered category like birth mother. This creates space to think about cis-heteronormative structures, while not being confined by them, and allows us to compare the stories of people who have given birth, even if they are not all women.

In this paper, I have shown that cis-heteronormativity influences birth-givers on all levels, from the institutional to the interpersonal and the individual, regardless of the gender of the birth-giver. I have been able to look at five stories and see the similarities and differences in how these people created their identity as a parent, while negotiating existing gender norms and assumptions. Broadening our idea of what makes a parent will enable us to look more critically at the diverse influence cis-heteronormativity and gender constructs have on all parents.

Notes

- ¹ With the term LGBT+ I refer to all people that are not heterosexual or cisgender. LGBT+ parents refers to either single parents or couples of which at least one person is non-heterosexual or non-cisgender.
- ² All the interviewees either had no preference concerning their pronouns or specified the pronouns they used. Multiple pronouns may be used for one specific person.
- ³ When talking about this, Jesse specified that he did not feel like a man but did use masculine terms like the Dutch *jongen*, guy and father.

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