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Transgender Men Forming Two-Father Families with Their Cisgender Male Partners: Negotiating Gendered Expectations and Self-Perceptions

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ABSTRACT
This article explores the experiences of transgender men who became parents through childbirth and started families with their cisgender male partners. The study explores the transgender men's experiences of having and raising children in this family constellation, with a specific focus on how they experience gender in their parenting role. Semi-structured interviews were conducted with three participants. The data was transcribed and analyzed with thematic analysis. Results of the analysis showed that the participants had experienced gender dysphoria before and during pregnancy, but also embraced their childbearing capacity. As transgender fathers, they found themselves expected to fulfill gendered expectations for women and mothers but sometimes appreciated access to women's spaces. The participants had employed different strategies to protect their masculine selves, such as concealing their pregnancy and/or defending the right to be respected as transgender pregnant men. When passing as cisgender men, they experienced being praised for taking care of their children. They did not receive such praise when they were assumed to be women or known to be transgender men. The men struggled with inequality in their relationships, reflecting each partner's assigned gender at birth. Still, they emphasized that same-gender relationships facilitated attempts to achieve equality.

When a couple consisting of one transgender and one cisgender man decides to become parents, they have the possibility of creating a two-father family through pregnancy and childbirth.

Most previous studies on two-father families concern cisgender gay men who have children through surrogacy, adoption, or in joint parenthood with cisgender women (Carneiro et al., 2017), but transgender men have been rather invisible in the gay father literature. Transgender parents display a variation of family forms, and some transgender men share parenting with cisgender male partners (e.g. Ellis et al., 2015; Tornello et al., 2019). Studies of transgender parents generally focus broadly on the experience of gender transition as a parent (Hafford-Letchfield et al., 2019), or specifically on transgender men's pregnancy and birth experiences (Besse et al., 2020; Greenfield & Darwin, 2021; MacLean, 2021). However, no previous study has focused specifically on transgender men's experiences of forming two-father families with cisgender men.

A transgender-cisgender male couple shares some similarities with couples of two cisgender gay men. Just like the cisgender gay fathers, they are two men in a parenting unit who (commonly) raise their children in homes with two fathers and no mother. Both partners share a
male gender identity, and both may self-identify as gay or bisexual men. Like cisgender gay men, the couple may be exposed to homophobia, and additionally to transphobia.

Despite these similarities, transgender-cisgender male couples also differ from cisgender male couples in several ways. Unlike cisgender men, transgender men have the experience of being raised and socialized as girls. Therefore, the transgender partner may experience other (gendered) expectations on his parenting (Charter et al., 2018), compared to his cisgender male partner. Further, unlike cisgender gay male couples, the transgender-cisgender male couple will have the possibility to reproduce on their own, given that both partners are fertile, and the transgender partner is willing to gestate.

In terms of procreation, the transgender-cisgender male couples share similarities with heterosexual cisgender couples. However, the experience of being pregnant and giving birth often includes additional challenges for transgender men compared to cisgender women, in terms of gender dysphoria, minority stress and stigma (Charter et al., 2018; Ellis et al., 2015; Falck et al., 2021; Light et al., 2014). Going through pregnancy can be a highly stressful experience for a transgender man, also when the pregnancy is well planned and desired. Conflicts with the masculine gender identity, and the experience of feminizing bodily changes is often troublesome, with some people feeling detached from their own body. Feminine bodily changes, such as chest growth, often render dysphoric feelings. In addition, stigma – or fear of being stigmatized – may cause isolation and stress.

All in all, transgender men’s experiences of becoming parents and raising children with their cisgender male partners can be expected to include unique experiences formed by the couple’s gender composition and reproductive opportunities.

The present article draws on semi-structured interviews with three transgender men who share parenting with their cisgender male partners. The study explores these transgender men’s experiences of having and raising children in this family constellation, with a specific focus on how they experience gender in their parenting role. In the following, a brief overview of previous research on transgender men’s parenting is presented.

Transgender men becoming fathers

Some previous studies have focused broadly on transgender people’s parenting experiences. Topics that have been brought up in this field concern for example how transgender people and their children experience the impact of the transition on the parent-child relationship and on the children’s well-being, how transgender parents take their children into account when making decisions about disclosure, how transgender people describe their desire to parenthood, and the role of professional practice to support transgender families (Hafford-Letchfield et al., 2019). As with many other non-normative family forms, researchers have also explored child development outcomes in transgender parent families. In one such study, families with one transgender and one cisgender parent were compared to families with two cisgender parents, but no developmental differences were found (Condat et al., 2020).

Many transgender and other gender non-conforming people desire parenthood (Defreyne et al., 2020, Moseson et al., 2021). While some engage in adoption or foster care, most become parents to children to whom they themselves, their partner, or both, are genetic parents (Tornello et al., 2019). While most transgender parents have become parents prior to their gender transition, others become parents during or subsequent to their transition.

The presence of a partner, and what gametes this partner possesses, affect transgender people’s paths to parenthood. Previous research shows a tendency that when transgender people become gestational parents, they are often partnered with someone assigned male at birth, i.e. the partner does not have the capacity to give birth (see Tornello et al., 2019). In contrast, when both partners are assigned female at birth, and could have the capacity to give birth, it is less common for the transgender partner to be the gestational parent.
Most gender minority people who give birth become pregnant through sexual intimacy, and most such pregnancies are experienced prior to any testosterone hormonal treatment (Moseson et al., 2021). However, studies of pregnancy and birth experiences in transmasculine people often include a high proportion of participants who have gone through gender conforming treatment prior to becoming parents (e.g. Charter et al., 2018; Ellis et al., 2015; Falck et al., 2021; Light et al., 2014). Among those, some decide to become pregnant merely because they find this to be their only accessible path to parenthood.

Studies of transgender people's pregnancies and births generally describe these as dysphoric experiences (for overviews, see Besse et al., 2020; Greenfield & Darwin, 2021; MacLean, 2021). To many, pregnancy conflicts with the masculine gender identity, and the experience of feminizing bodily changes is often troublesome, with some people feeling detached from their own body (Charter et al., 2018; Ellis et al., 2015; Light et al., 2014). Chest growth is, in particular, often experienced as dysphoric. Ceasing testosterone treatment to become pregnant can also be highly stressful. Many pregnant transgender people experience loneliness and isolation, and a fear of being misgendered leads some to conceal their pregnancy. It is also common to experience cisgenderism in reproductive healthcare (Sbragia & Vottero, 2020). Some transgender people decide to lactate their infants (MacDonald et al., 2016), although this is less common among those who have had a previous testosterone treatment (Light et al., 2014).

Having grown up and been socialized as girls, many transgender men have felt expectations on them to become mothers one day (Charter et al., 2018). Such expectations can be difficult to handle, and the thought of future parenthood is often put aside, as motherhood and pregnancy is highly connotated with femininity. However, during or following the transition, some people come to consider the possibility of becoming fathers (Charter et al., 2018; Ellis et al., 2015). They may also embrace the capacity to become pregnant and incorporate this into their male gender identity. Such a process can be described as a reestablishment of a procreative consciousness, as transgender men (see Berkowitz & Marsiglio, 2007).

Some studies have investigated shared parenting between transgender people and their partners. One study focuses on the sharing of household and caretaking duties in parental couples where one or both partners are transgender (Tornello, 2020). This study shows common egalitarian sharing, where no differences were found between different compositions in the couples' gender identities. Those who were genetically related to the child did however take care of the child more than non-genetically related partners. Beside this study, most studies that highlight the shared parenting between transgender people and their partners focus on the experience of the transition process as such, e.g. if partners/ex-partners are supportive or not of the transition (Dierckx & Platero, 2018; Haines et al., 2014).

Gender non-conforming parents may challenge hegemonic understandings of mothering and fathering (see Ryan & Berkowitz, 2009). Therefore, it is surprising that no previous research has focused on the experiences of gender in shared parenting units of transgender and cisgender partners.

Transgender men in couple relationships with cisgender men

While several studies have explored the couple relationships between transgender men and cisgender women (E.g. Perri, 2021; Pfeffer, 2016), the literature about transgender men with cisgender male partners is sparse. Indeed, Pfeffer (2016) claims that transgender gay men have been invisible both in academic scholarship and within the gay community. One study addressing the experiences of transgender men who have sex with cisgender men display how the transgender men feel a need to prove their male gender by adapting a stereotypic masculinity, in contrast to their cisgender gay male partners who have less to prove (Tree-McGrath et al., 2018). In addition, Bockting et al. (2009) interviewed transgender gay men who explained that their attraction to men led others to question their transition – "Why not instead live as a
heterosexual woman?”, they reasoned. This shows how cisgenderism and heteronormativity amplifies each other in the everyday lives of gay trans men.

**The study context: Transgender parents in Sweden**

While generally known to be a LGBTQ-friendly society where gender equality is promoted (Dahl, 2018; Malmquist, 2015; Malmquist & Spånberg Ekholm, 2020), knowledge about transgender parents in Sweden is scant. Research about gay and lesbian parents has grown steadily the past decade, showing increasing opportunities to become parents, in particular for lesbian women (Malmquist, 2015). For gay fathers, concrete opportunities to become parents are still limited, but the visibility of gay fathers has increased and more options are slowly becoming available, not least for adoption and foster care (Malmquist et al., 2021; Malmquist & Spånberg Ekholm, 2020). In contrast, research on transgender parents in Sweden is to date limited to one study on transmasculine people’s pregnancy experiences (Falck et al., 2021). This study shows that ignorance in Swedish reproductive healthcare is a major problem for transgender people seeking parenthood through pregnancy and childbirth.

In 1974, Sweden was the first country to allow a legal gender reassignment for transgender people (Gunnarsson Payne & Erbenius, 2018). While this legislation was a groundbreaking advantage at that time, the law brought with itself limitations that obstructed transgender people’s human rights for decades to come. The original law required that the person applying for legal gender reassignment must be sterile and unmarried, i.e. sterilizations and divorces were forced on those who needed a legal gender reassignment. The European Court of Human Rights has declared the requirement of sterilization for a legal gender reassignment to be a violation of human rights (Toze, 2018).

In Sweden, these requirements were removed in 2013 (Gunnarsson Payne & Erbenius, 2018). Since then, transgender people have had the opportunity to freeze their gametes prior to any gender conforming treatment that affects fertility. Further, transgender people who underwent forced sterilization received financial compensation from the Swedish government in 2018 (Kammarkollegiet, 2018).

**Method**

**Data collection**

The present study analyses interview data from three semi-structured interviews with transgender men who share parenting with their cisgender male partners.

The data originates from the author’s larger research project on Swedish male same-gender couples’ parenting experiences (Malmquist, 2022), funded by Forte (2017-00617). In the project, a total of 38 gay/bisexual fathers were interviewed. Most of the participants (n = 35) were cisgender men who shared parenting with their cisgender male partner. These couples had become parents through surrogacy, adoption, foster care, or in joint parenting arrangements with cisgender women. In addition, three participants were transgender men who shared parenting with their cisgender male partners. The transgender men in these families had given birth to the couple’s children.

Participants were recruited through an advertisement posted in social media groups for LGBTQ families. The ad invited men who shared parenting with their male partner to participate in the study. An information letter was sent by email to those who responded to the ad, and if they remained interested in participation, an interview was scheduled. The interview followed an interview guide where the participants were asked to describe their paths to parenthood and subsequent experiences of raising children as a same-gender male couple. The interview guide covered three major themes: *Paths to parenthood* (e.g. “What were your initial plans when starting to considering parenthood”) *Everyday life as parents* (e.g. “If you would describe yourself as a
parent, what would you say?”, and Couple relationship (e.g. “How has your couple relationship changed since you became parents?”).

The transgender fathers were interviewed by the author in 2020 and 2021. Due to the COVID-19 pandemic restrictions, the interviews were conducted using Zoom, a platform for video and audio conferencing. Only audio recordings were stored and analyzed.

**Transcription and analysis**

For the purpose to the present article, the three interviews with transgender participants were selected for the analysis. The recordings of these interviews lasted between 58 and 80 minutes. The interviews were transcribed verbatim, with pseudonyms replacing names. The interview data was analyzed following a six-step inductive thematic analysis, as described by Braun and Clarke (2006). In the analytic process the author acknowledges meaning-making to be context-bound, positioned and situated, and consider themes as patterns of shared meanings. As a first step, the author read the entire dataset and made short notes about things that captured the author’s interest. Thereafter, detailed coding of all three interviews was carried out. Codes were kept close to the data and were compared across interviews to establish concurrency. Subsequently, codes were sorted into candidate themes, each covering aspects of relevance for the focus of the article. In the next step, relevant excerpts for each candidate theme were generated. The candidate themes were revised during this phase until the final themes were developed.

With only three interviewees being transgender men, this is a small-scale study. However, the three interviews contain a rich material, with a unique focus on forming two-father families, with transgender men sharing parenting with cisgender men.

**Participants**

Of the three transgender participants, two identified as binary transgender men, and one as a non-binary transgender man. All preferred the pronoun he/him. Two identified as bisexual and one as gay. All raised children together with their cisgender male partners. They were between 29 and 41 years of age at the time of the interview. All three had university level exams and were employed in their professions. Two participants resided in larger cities, and one in a smaller community close to a larger city.

The participants had become parents in different phases of their transition process, as described in the following:

Viktor had his children before he began his gender transition. He came out as a transgender man when his children were of preschool age, and they had subsequently grown up with him and his husband as two fathers. Viktor had three children, who were in their teens at the time of the interview.

Ture was under assessment at the gender dysphoria team when he decided to become pregnant. He postponed testosterone treatment and chest surgery until his child was born. At the time of the interview, Ture and his male partner parented one preschool aged child.

Love had undergone gender confirming hormone treatment and chest surgery several years before deciding to have children. He chose to temporarily discontinue his testosterone treatment to become pregnant. Love and his husband had two young children under two years of age (Table 1).

**Ethics**

The study was approved by the regional ethics board at Linköping University (2017/426-31). Each participant was informed about the structure of the interview, the purpose of the study
Results

The result of the thematic analysis is presented in the following as four major themes, with two sub-themes each. The four major themes are: Negotiating pregnancy, birth and lactation; Negotiating maternity and femininity; Negotiating paternity and masculinity; and Negotiating equality.

Negotiating pregnancy, birth, and lactation

The present theme focuses on the participants’ experiences of pregnancy, birth, and lactation, and shows how these experiences have been negotiated and incorporated into their gender identity. The theme consists of the two sub-themes “Gender dysphoria prior to, during and after pregnancy” and “Embracing the ability to give birth”.

Gender dysphoria prior to, during and after pregnancy

Two of the participants, Ture and Love, had initiated their transition processes prior to having children. They both described an extensive gender dysphoria when preparing for and being pregnant. Prior to becoming pregnant they feared how expected bodily changes would affect their self-perception.

Love had been determined to become pregnant and had gone off his testosterone treatment for the purpose of conceiving. Despite this determination, he remembered the preparation phase as highly distressful:

Still, I was quite afraid about how much dysphoria I was going to feel. [...] The fear of looking female, or feeling that my body would look very female, and that I’d feel a huge amount of self-hatred, as I did when I was younger, before the mastectomy and so on. [...] But, so, the dysphoria was about, well, a lot about how my surroundings would see me, would they treat me like a, or “girl” me, or would I hear “she” again.

As Love described, his fears regarded his own discomfort with the expected bodily change, and a fear of being perceived and treated as a woman. While Love had found the preparation time and the early pregnancy most difficult, Ture experienced the entire pregnancy as strenuous:

The pregnancy was very, very tough on me, mentally. I, I felt much worse than before, and so that, in combination with not being able to take the medicine [testosterone], it was very, very difficult.

The pregnancy was a period of mental illness for Ture, who had decided to go through this prior to initiating testosterone treatment. Postponing the onset of the hormonal treatment contributed to his mental illness.

While the pregnancy included difficult periods and feelings of dysphoria for Ture and Love, both described positive birth experiences. Love feared that giving birth would be a highly
dysphoric experience and had initially planned for a cesarean. However, he changed his mind, and in the end gave birth vaginally.

Love, who had had a mastectomy many years before his children were born bottle-fed his infants. Ture, in contrast, postponed a much-desired mastectomy because he wanted to be able to give his child his own milk.

I [have] thought that it's important to breastfeed, but it has also led to a huge amount of dysphoria, everything to do with my breasts has been tough. So it was very ambiguous, at the same time I could feel that they have a purpose, they provide food. [...] At the end it was very, very tough, the breastfeeding, because I felt so bad about it, and so bad about my breasts, I mean. And I really understand trans guys, transmasculine, who decide not to breastfeed. [...] That's really understandable. But for me it was important to breastfeed because I thought it was the best thing for my baby.

Ture described how his bodily discomfort intensified during pregnancy, when his bust grew in size. Lactation further increased his dysphoria. At the same time, he emphasized how the choice to lactate felt right, as he considered this to be the best for his child. However, being able to perform the mastectomy subsequent to the lactation period was a great relief for him and markedly increased his satisfaction with his own body.

Embracing the ability to give birth

While both Ture and Love struggled with gender dysphoria prior to, during and after pregnancy, Viktor had a different experience. He initiated his transition when his children were in preschool ages, but at the time of pregnancy, he had not yet adopted a male gender identity:

I think the time when I was pregnant, and also breastfed and that, was really wonderful, because my inner voices that said I wasn't a real woman were silenced a bit [...] because apparently everything worked.

The ability to be pregnant and to lactate his children felt like promising evidence to Viktor, that he actually was a woman. The childbearing experience postponed his self-perception as a transgender man a few more years, until a day when this was no longer possible to repress.

In contrast, both Ture and Love decided to go through pregnancy after adopting a male identity. Love described the period prior to pregnancy and during the first trimester as strenuous for him, as becoming and being pregnant conflicted with his male self-perception. But once he began to perceive the fetus movements, he was able to fully embrace his birth-giving abilities:

Then I started to feel the baby in my belly and then I let go of all the dysphoria and just thought that it felt very, very cool. And then, it didn't feel, I realized that it doesn't feel female at all, not in any way, it's just a very, very cool experience, which I'm really grateful to have experienced. [...] I don't think that any part of the pregnancy journey or the actual birth has felt female, rather I've felt like a very strong person, capable of carrying, creating a baby, and giving birth. [...] It's not the way I thought before, that it would make me less of a man, it's more I feel more of a person, and I feel just as much of a man as before. Yes, you feel cool, it's a bad description, but empowered, I think.

The perception of the baby growing inside his womb was important for Love when embracing his reproductive abilities and incorporating them in his gender identity. Ture suffered from severe bodily dysphoria during his pregnancy. Despite this, he described how the experience of being pregnant never conflicted his gender identity:

I've like never thought of it as if you have to be a mom to be pregnant, I've thought that it's a, I've thought that I, I've never seen myself as a mom, rather I've always seen myself primarily as a parent, a very gender-neutral idea, and then more and more I've arrived at being a dad.

Based on the participants' narratives, it is clear that gender dysphoria can coexist with the determination to become pregnant. Further, it seems fully possible to embrace and be happy about one's ability to carry a child, despite the simultaneous gender dysphoria. While Viktor experienced the ability to become pregnant and to give birth as confirmation of his female
gender, both Ture and Love embraced these abilities as a gender-neutral human capacity, and as something incorporated in the transgender male identity.

**Negotiating maternity and femininity**

This second major theme describes how the participants negotiated maternity and femininity in their parenting roles. The theme includes the two sub-themes “Dealing with maternity presumptions” and “Access to women’s spaces and experiences”.

**Dealing with maternity presumptions**

All three participants reflected on occasions where they had dealt with others’ assumptions that they were mothers, or when they had been expected to fill a female parenting role for their children. At the time of the interview, Ture had been on testosterone for about a year. Despite some bodily changes, most people still perceived him as a woman in everyday interactions. Therefore, he recurrently dealt with occasions where others labeled him “mom” in interaction with his child:

But say I’m in an elevator with someone and I’ve got my child with me, and someone says to the child who’s in a harness, “You look cozy there with mom!”, it has happened several times that in that situation I don’t say “dad”, though I wish I did.

Ture’s experience of being misgendered in everyday encounters put a permanent stress on him. Because Ture was read as a woman on many occasions, he was left with a decision of whether to ignore being misgendered, or to correct the other person. Despite the unpleasant feelings he experienced when being misgendered, Ture most often decided not to correct others, and in particular not strangers.

In contrast to Ture, both Viktor and Love had been on testosterone for many years by the time of the interview. They had an appearance that led people in general to perceive them as men, and therefore they were commonly perceived as fathers to their children. However, their transgender background was recurrently disclosed when people asked them about their child’s mother. Love reflected on occasions where the presence of his newborn child had raised questions from a curious surrounding:

Love: But there were many who were like, “Where’s the mom, are you on parental leave for the little one?”

Interviewer: Yes.

Love: That was more or less from every person I met.

Interviewer: How do you respond to that?

Love: That there is no mom and that we were two dads […] And they could ask, well, how did we have the child, and sometimes I answer yes “Let’s go over that another time”, or I’ve said who it was, said that it was me who had carried her.

Love’s presence with a young child led to repeated questions about the child’s mother. This in turn left him with a choice of whether or not to disclose that he was a transgender man who had given birth. Thus, the transgender background gained increased visibility due to the parenthood.

Viktor described how the disclosing of him as a transgender person, and the gestational parent of his children, generally affected what people expected of him as a parent. Those who knew that he was a transgender man put different expectations on his parenthood, compared to those who assumed him to be a cisgender man. Further, he experienced how people who knew that he was the gestational parent put different expectations on him compared to his cisgender husband.
I get far more questions about parenting and the like than what I perceive that my husband gets. I'm ascribed an expectation of expertise in things that, that, well, basically everything to do with parenting. [...] my experience is that it is very clearly related to me being trans, that it would, I'm expected to possess some sort of universal knowledge, of knowing everything that men should know, and knowing everything that women know.

Viktor's experience was that people who were informed that he was a transgender man and the gestational parent put expectations on him to fulfill the role of a mother and a primary parent. He explained how he, unlike his husband, was expected to ensure that the children had appropriate clothing for the weather, to attend parent-teacher meetings, and to be ready to pick up his children at preschool when they were sick.

**Access to women's spaces and experiences**

In contrast with how the participants in many situations had to struggle with the presumption of them being mothers, and/or having a female parenting role, they could also reflect on certain specific occasions when their transgender male parenting role had led to advantages in the form of access to women's spaces and experiences – an access not provided to their cisgender male partners. Sharing narratives about birth and pregnancy experiences with women was one such situation that both Love and Viktor had appreciated. Viktor reflected on an advantage he had in relation to heterosexual cisgender fathers: being a gay transgender man, he more easily gained trust from women and mothers, and therefore had been welcomed in their communities:

> If people assume I'm a heterosexual man, then I'm like part of the slightly threatening hetero-man collective because I mean, as a feminist I think that on a group level, most women on a group level are afraid of most men, and for good reason [...] and if you're taken as a gay cis man, you're a bit more disarmed and you can get into certain spaces and, like, get a different role. And as a gay trans man, very much of that threat disappears, I think. That's my own little theory about why the difference becomes so big with women [when they know I'm transgender].

When socializing with other parents, Viktor had appreciated the company of women and mothers, and was therefore relieved that he seldom felt excluded from their arenas after his transition. He described an access to both female and male spaces that few other people have.

Viktor further mentioned another advantage that his transgender identity had added to his parenthood, namely the ability to reflect over gender differences when having the experience of being perceived both as a woman and as a man. Being the father of daughters, Viktor described these experiences as important when raising them:

> I know exactly how tough it is to have large breasts because I had large breasts and they were removed in surgery, I know so much more than many other people exactly what a burden they can be on your back, because it's not only hypothetical, I know the difference between before and after. I know, I remember how I got, when I began to be gendered as male, how I got an opportunity to speak in other contexts in a way that I didn't [before], to be able to talk to my daughters about it.

The experiences of having had a feminine body was by Viktor considered an advantage when raising daughters. Further, the experience of being treated differently after his gender transition gave him important feministic insights about which he was happy when raising his children.

**Negotiating paternity and masculinity**

The third major theme focuses on the participants' negotiations of paternity and masculinity. The theme consists of the two sub-themes “Protecting the masculine self” and “Being praised as caretaking fathers".
Protecting the masculine self

All three participants reflected on situations where they felt forced to defend or protect their masculine self, and many of those occasions were related to them becoming, being, or having been pregnant. Love began his gender transition in his teens. At that time, sterilization was a requirement for changing legal gender, and this was widely seen as an evident part of the gender conforming treatment. Love described how he at that time had been prepared to go through the sterilization, as this had seemed like a natural part of his male identity:

Before that I was totally ready for and alright with being sterilized, so I, being a man, didn't want to give birth, that's how binary I was thinking. Because it wasn't logical that I would go around carrying a child. But later I changed my mind to “Who decides that? Can't I, as a man, carry a child, I'm physically able, I mean, I'm not less of a man by doing that?” So, yes, it was about becoming more mature.

In order to protect his male identity, Love had been willing to go through the sterilization procedure. However, personal maturation, in combination with a change to legislation, led him to change his mind, and eventually he found ways to incorporate his reproductive ability into his gender identity. Despite the legal change that since 2013 has allowed transgender people to keep their reproductive capacity throughout the transition, Love recounted how he, several years after the legal change, had been obliged to defend his decision in contact with his endocrinologist, who questioned that the desire to give birth was compatible with a male gender identity.

Both Love and Ture felt the need to protect their masculine selves during their pregnancies, both in contact with reproductive healthcare and in everyday encounters with people around them. Ture described his experience of attending an antenatal class, where the midwife who led the course seemed ignorant of transmasculine people's pregnancies:

The lecture on giving birth was extremely, I thought, trans-exclusive, and I told her afterwards and like, this person just didn't understand what I meant at all and I tried to explain like this “Yes but, you know that not everyone who has a baby is a woman”, and I tried saying “Yes, you know, trans people are no longer forced to be sterilized, you can get pregnant.” She didn't understand at all, and said “Do you mean partner?” “No, I mean that there are other people than women, there are nonbinary, there are trans men who get pregnant.” No, [she] understood nothing of what I meant.

The one-sided focus on pregnant women made Ture feel excluded, and he decided to take up this issue with the lecturer. In doing this, he was standing up for his and other trans people's right to their gender identities and their reproductive abilities.

However, both Love and Ture also described a different way of protecting their masculine self while being pregnant, namely through attempts to conceal their pregnancy. Ture was under assessment by the gender dysphoria team when he became pregnant. He described how he felt urged to conceal his pregnancy to the team, due to a fear that his pregnancy would interfere with their assessment and lead them to question his male gender identity. However, it had not been possible to conceal the belly throughout the entire pregnancy. Once he told the team that he was pregnant they had decided to pause the assessment, which had been a strenuous break for Ture.

Love had also concealed his pregnancy, but for different reasons. He feared that an ignorant surrounding would not be supportive of a pregnant man, and therefore felt urged to hide his pregnancy from colleagues and clients at his workplace. Due to this fear, Love made an agreement with this employer that he would work from home during the pregnancy. However, the remote work made him feel isolated, so he decided to return to work. This turned out to be a positive experience, as his colleagues had been kind and supportive during the remaining pregnancy.

Another aspect of protecting the masculine self concerns the transgender father's parenting style. Ture described how he feared that a soft parenting style would be associated too strongly with femininity and maternity. This led to an internal conflict for him, where he on the one hand wanted to be a soft and protective parent, but on the other hand feared that this would
raise other people’s doubts about his male gender identity. In the quote below, Ture highlighted how his experience differed from that of his cisgender male partner:

He [the partner] has much more scope for being a lot softer, I find, because it would never be questioned. Whereas I feel that if I am very caring it will, even if I keep being this way, I’m not going to stop being like this, but it’s still like it’s seen as a female attribute somehow. […] He still has that privilege that he’s a cis man and maybe he can be a bit more, that is, it’s much more ok for him to break masculinity norms because it doesn’t make anyone, or, no one would think that he isn’t a man because he’s doing it. He can be a little more overprotective, more concerned.

Ture believed that his partner, as a cisgender person, had access to a broader repertoire of attributes in his parenting. The partner could be soft, overprotective, and anxious without anyone raising doubts about his gender. This allowed his partner to relate to his masculinity in a more relaxed manner. Ture, on the other hand, always had to negotiate the threat that other people would invalidate his male gender identity, in particular if he behaved in a way that was understood as feminine.

Being praised as caretaking fathers

Two of the participants, Viktor and Love, had the experience of being perceived as male in most everyday interactions with other people. They reflected on the experience of being praised by strangers and acquaintances for being present and caretaking fathers. They explained that people in general do not expect men to be highly involved in parenting. Viktor, who had transitioned after he had his children, reflected on the difference in how he was treated when seen as a father, compared to when seen as a mother:

When everyone took me as a mom, that I was expected to be on top of everything and plan a whole lot and organize all this stuff, and when I was gendered as a dad, everything I do is great and I’m so appreciated. […] As soon as I started to look male, strangers came up to me and said I was so wonderful with my kids and all the teachers were like “Oh, you’re so engaged and good.”

The contrast when being seen as a father, compared to as a mother, was a striking experience for Viktor. While quite a lot had been expected of him as a mother, simply being involved and caring was enough for him to be praised as a father.

Love also highlighted the experience of being praised as a father. In addition, he described the relief of not feeling the pressure to live up to the high expectations generally placed on mothers:

I think that some moms feel they have expectations on them that they should be good at puttering with kids and good at […] sending greeting cards and sending this and that. But we, we don’t do stuff like that because we don’t think it’s expected of us and because we can’t be bothered. So we get out of that. No one has said “Where’s my Christmas card?”. I don’t know, but it seems like there isn’t very much, as a dad you get praised, if you’re on parental leave with your kid, you get praised.

According to Love, he and his husband could let go of things that would not be expected of them as fathers. Sending Christmas or Easter cards to friends and family was a task that they could not be bothered to do, and did not feel the pressure to do, as they associated this task with a female parenting role. Simply being on parental leave to care for their young children was enough to feel praised as fathers.

Being a couple consisting of two men can even further exaggerate the experience of receiving praise, according to Viktor:

When we go to a new place where everyone assumes we’re two cis men who have kids together in different ways, there are, there are very few people who spontaneously have the idea that one of us could be trans and that we have three biological children […] often people just assume that we’ve adopted or that, what was it, many think we’re a foster home […] so then it’s like “Wow, you’re so good, so kind!” again this obsession with being someone who is gendered as a man and that being engaged in parenting, I think people react as if I’m almost a saint.
The spontaneous assumption that Viktor and his husband are adoptive parents, or engage in foster care, added an extra dimension to the appreciation given by acquaintances. Thus, engaging in children who are assumed not to be one's biological offspring seems to be particularly cherished. Presumably, Viktor and his husband being a gay male couple, and thereby being in a relationship form where expectations to become a parent are generally lower, might also contribute to the ovations.

**Negotiating equality**

The final theme focuses on equality in the couple relationship and the shared parenting, between the transgender and cisgender male partner. The theme consists of the two subthemes “Struggling with inequality” and “The benefits of same-gender relationships”.

**Struggling with inequality**

All three participants described experiences of inequality in their couple relationships. In contrast to their cisgender male partners, who had been raised and socialized as boys, the participants had the experience of being socialized as girls. Despite now sharing a male gender identity with their partners, they were also affected by this background.

One participant, Viktor, talked at length about his socialization as a girl and young woman had provided him with knowledge, preferences and perspectives that differed from his cisgender male partner. These differences, he explained, had affected how the couple arranged household duties:

I was raised to cook and plan and clean and I've practiced it every day, whereas he could just come to a table that was all ready, and if he just says the food was good and “thank you very much”, then he has almost done his job. […] This means that [even if] we can [not] let go of our own experiences, we try to slowly push ourselves in a certain direction, this way. But I, I don't always cook but I cook, well, lunch maybe seven days a week and dinner five days a week, but two days I don't cook dinner. And I'm the one that initiates when we clean, but I can ask my husband to help and be a bit cranky because he doesn't see that it has been cleaned, but not too much, because I've got 20 years more training than him in noticing that sort of thing.

Viktor explained that he and his husband shared an ideal of equally distributed household tasks but had come to realize that this was hard to achieve. The gender roles they had learned and practiced for many years had huge effects on them and therefore they had come to terms with arrangements that were fairly unequal. According to Viktor, the different gender backgrounds had also affected their parental roles:

I get ascribed the main responsibility for the kids and that I'm some sort of, I'm a “mom” and a “woman” and I have that whole package, that I also get access to male spheres somehow, yes. I, even if I see myself as quite a binary trans man, I identify completely as a man, so that to have experienced a bit of this motherhood somehow makes me feel like I'm something more than a cis man. Because I've been able to, I've been at home with the kids a lot and I've been the one who has gone to most parent-teacher meetings and has picked up and dropped off and bought winter shoes in the right size and things like that.

In contrast to Viktor, who expressed an acceptance of the inequal performance of household and childcare duties, Love emphasized the importance of equal share and equal responsibility. He explained how he and his husband had agreed at an early stage to share caretaking duties completely equally. Despite this agreement, they had a fairly uneven arrangement during the first year of parenthood, where Love had been on full-time parental leave while his husband had continued to work:
Then it ended up anyway that because I was at home first for a whole year. [...] He was also building his career at the same time, so he had to devote a huge amount of time to his work, he came home late and it took a lot of his energy to be at work. [...] I carried the whole weight last year.

According to Love, the uneven caretaking arrangement was not planned by the couple, but was how things “turned out”. With this rhetoric, Love was not taking accountability for the inequality. Rather, it was presented as an unfortunate consequence of other circumstances.

**The benefits of same-gender relationships**

All three participants talked explicitly about their ideals of equal partner relationships. They described how they were motivated to share caretaking duties equally and/or to transfer feminist values to their children. Ture described how he and his partner had arranged caretaking of their infant child in the first weeks after birth:

“I actually got to sleep during the nights and he [the partner] slept during the mornings. [...] It was very important in the beginning for us to be, because it, that we got to be with each other, that the baby was with both of us a lot.”

According to Ture, equal caretaking had been important for both partners to bond with the child early on. Love also described an arrangement that involved both parents when the couple had their second child:

“He [the husband] is the one who does all the nights with the baby now and he, like, he keeps track of the baby and I keep track of the big one. Yes, that’s the way it ends up and his attachment is, it has become super strong. So there are advantages of us not seeing any difference between us, I think. Otherwise I think that it’s easy to think, well, there are so many dads who don’t take the opportunity to be at home with their kids.”

With two young children, Love and his husband were both on full-time parental leave. They had made an arrangement where each father took care of one child’s needs during the nights. Love attributed this equal caretaking to them being a same-gender couple – as two men they did not see any differences in their responsibilities, he claimed. From his point of view, the same-gender relationship was presented an advantage.

In contrast to Ture and Love, who emphasized the importance of equal share in everyday caretaking duties, Viktor put his emphasis on what values he and his husband communicated to their children. He explained how his transition had been the onset of a continuous dialogue about gender and gender equality. Living together as two men had led them to visualize and problematize their inequal share of household and caretaking duties. He explained:

“In a way we both feel, I think, that we have succeeded with our inequality in a good way because all of our three children at least, identify as feminists and think it’s unreasonable how things are sometimes. And, well, we have made our structures visible and talked about it calmly, so that at least the next generation can take another big step from where we come from.”

Rather than presenting their inequality in everyday duties as a failure, Viktor emphasized his and his husband’s openness and reflexivity about these issues. He believed that this had provided their children with feminist values, which in turn would be transferred to actual everyday practice in the next generation.

**Discussion**

Transgender men who share parenting with cisgender men offer unique perspectives for understanding the cultural meanings of gender in parenting. In such a parenting unit, both partners share a male gender identity. However, their own experiences of, as well as others’ expectations of, their parenting roles may differ, as one of them has been raised and socialized as male, while the other has been assigned female at birth, and claimed a male identity later. Given that
both partners are fertile, and the transgender man is willing to gestate, they may procreate using their own gametes. But conceiving through pregnancy and childbirth will give each father a different role in the process of becoming parents. These conditions give the couple unique prerequisites when it comes to forming a shared parenthood.

Pregnancy and birth experiences in transgender men and other gender minority people have been the focus of a number of previous studies (for overviews, see Besse et al., 2020; Greenfield & Darwin, 2021; MacLean, 2021). The present study confirms previous findings showing that becoming and being pregnant can be a highly dysphoric experience for transgender men. Both participants in the present study who adopted a male identity prior to becoming parents described their pregnancies as very strenuous periods, where they were negatively affected by their bodily changes and by how others related to them. Both participants felt uncomfortable with the thought and/or experience of being perceived as women when being visibly pregnant, and one of them in addition feared being exposed to violations when being perceived as a pregnant transgender men. Their testimonies confirm previous studies showing that transgender men are exposed to ignorance and disregard in a society where pregnancy continuous to be strongly associated with female gender and femininity (Falck et al., 2021).

Despite pregnancy being a strenuous period, the participants had been able to embrace their reproductive capacity. They were proud of their decision to become pregnant and felt empowered by their capacity to carry a child and give birth. Previous research has also noted that some transgender men are able to incorporate their procreative abilities into their gender identity, resulting in a feeling of pride in being a male gestational parent (Charter et al., 2018). With a focus on cisgender gay fathers, Smietana (2018) described a process of regaining belief in one’s own reproductive capacity, a capacity they believed they had lost when coming out as gay. Such a reclaimed “reproductive consciousness” can also be described among transgender men who are able to incorporate their reproductive capacity into their gender identity. This need for claiming one’s reproductive abilities to overcome the stigma of being a pregnant man, pinpoint the strong cultural connection between motherhood, femininity, and childbearing.

Despite identifying as men, all three participants in the present study reflected on experiences where others have presumed that they were mothers, or that they should fulfill a female parenting role. One participant reflected on such expectations regularly being directed at him because he most often did not pass as male. The other participants, generally passing as male, did however also describe how others assumed they would take on a maternal parenting role, as soon as their transgender background was disclosed. Thus, being a transgender gestational father seems to entail negotiations with maternity presumptions. The participants’ narratives show how the strong connotations between pregnancy, motherhood, and femininity did not end with the delivery of the child, but rather followed them throughout their forming of their fatherhood.

Previous studies on cisgender gay fathers raising children together show that they too negotiate maternity in their parenting roles. E.g. cisgender gay fathers sometimes describe themselves as “maternal” when declaring their caring abilities or close parental bonds (Averett, 2021). Being connotated to maternity may however potentially evoke different feelings in transgender men compared to cisgender men. For transgender men, imposed femininity risks becoming gender dysphoric experiences. Such dysphoria was described by the participants in the present study, and echoes previous research on transgender men feeling urged to protect their masculine selves, e.g. through presenting themselves as stereotypic masculine (Bockting et al., 2009). However, according to the participants in the present study, access to women’s and mothers’ spaces and experiences can also be seen as valuable resources for the transgender men.

The participants in the present study described different strategies employed to protect, stand up for and defend their masculinity and male gender identity. A male gender identity can be protected through the decision of not becoming pregnant, and one of the participants described his own initial belief that pregnancy would conflict his gender identity. For those who do go through pregnancy, a male gender identity can be protected either through concealment of the
pregnancy, or through claiming the right to be respected as a pregnant man (Charter et al., 2018). Both of these strategies were present in the participants’ narratives. Their struggles show how a male gender identity is not claimed once and for all, but must rather be reclaimed repeatedly in relation to others’ reactions.

Previous studies on cisgender gay fathers have shown how these parents are frequently praised for their mundane caretaking of their children (e.g. Carroll, 2018). Such praise can arise when they are assumed to be heterosexual men, who e.g. are applauded for “relieving their wife” when taking their children to the playground. Some gay men have also described being praised by people who know that they are gay fathers, as they react with astonishment over their capacity to take well care of a child without a woman in the household. Likewise, the participants in the present study described how they were recurrently praised, simply for taking care of their children. Such praise was given in situations where they had been read as fathers, i.e., presumably passing as cisgender men. One participant described a huge difference in how he was treated by people who presumed him to be a cisgender man, compared to when he was known to be a transgender man. As soon as people knew that he was transgender, and that he was the gestational parent, he was expected to be the main caregiver, and no one would praise him for his daily duties. Thus, caretaking engagements, which is often taken for granted when performed by women, seem to be similarly expected to be performed by transgender men who are gestational parents. The gender assigned at birth and/or the role as the gestational parent seem to trump the present gender identity when it comes to others’ expectations of a person’s parenting role.

The last theme in the present study suggests that the transgender and cisgender partners have different prerequisites, also within the couple. While all three participants expressed their confidence that their same-gender relationship had important advances when it came to forming an equal relationship, all still struggled with inequality, reflecting a pattern where the partner assigned female at birth performed more household and caretaking duties. While previous research has suggested that equal sharing of household duties is common in couples where one or both partners are transgender (Tornello, 2020), the present study shows that the partners were affected by the hegemonic gender roles of their own and their partners’ assigned gender at birth. Possibly, the different parenting roles were not just affected by the partners’ different experience of gender socialization, but also by their different roles as the gestational and non-gestational parent. As a comparison, cisgender lesbian women often hold strong equality ideals, and share their duties in a much more egalitarian way than heterosexual couples (Bos & van Balen, 2010). Still, gestational mothers often engage more in childcare than their partners, the non-gestational mothers.

Conclusions

While transgender men who start families with cisgender men have been rather invisible in the transgender literature, as well as in gay father literature, their experiences provide unique perspectives on gendered parenting norms. As they negotiate expectations on mothers as well as fathers, the inequality between these are displayed. For the gestational transgender father, the protection of the masculine self as well as of their reproductive capacity is an act of balance, both in relation to their own identity, their intimate partner, and in interaction with the surrounding society.

Limitations and directions to further research

The present article reports findings from a small-scale interview study. Given that the results are drawn from only three interviews, the findings must be considered as tentative suggestions of how experiences and expectations of gender may affect couples where one transgender and
one cisgender man start a family together. Larger and broader studies, with data collected from more individuals and different cultural contexts, would be important for future research. Another important limitation of this study is that it draws only on the transgender partners’ narratives. The present study was conducted as part of a larger research project on gay and bisexual men’s fatherhood in Sweden. The three transgender men’s participation in the project has contributed well to the research at large (Malmquist, 2022). Unfortunately, neither these men’s partners nor any other cisgender men who shared parenting with a transgender partner expressed interest in participating in the project. How gender and parenting roles are experienced from the cisgender partners’ perspective would however be of high interest for further research.

Declaration of interest

The author declares no conflict of interest.

References


