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TRANS- INCLUSIVE ABORTION: A KNOWLEDGE TRANSLATION CASE STUDY

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INTRODUCTION

Traditionally, abortion rights activism has been framed as a (cisgender) women’s issue. Cis women are often seen as the sole gender who gave the capacity to become pregnant and, therefore, the only ones who requires abortion-related services. Movements for abortion decriminalization and increased access have been viewed as spaces exclusively for cisgender women. However, there is a growing recognition to include transgender people in these conversations and within abortion spaces more generally. By recognizing the sexual and reproductive health needs of trans people, the need to access safe abortion services becomes important for all with the capacity to become pregnant, including trans men and nonbinary people.

In the Canadian context, there are no criminal laws restricting access to abortion. However, due to systemic barriers, such as lack of providers and trans-inclusive practice, many people are not able to access the services they need. This report highlights some of the knowledge translation issues that trans people face in the context of abortion care and access. The findings of this report was informed by a literature review and by an interview conducted with A.J. Lowik and Joyce Arthur from the Abortion Rights Coalition of Canada (ARCC), a grassroots advocacy organization dedicated to supporting abortion rights and access from a trans-inclusive perspective.

This report focuses on the experience of trans individuals. We utilize the term “trans” as a short-hand, umbrella term that includes a variety of identities, including transgender, nonbinary, genderqueer, gender-neutral, and other gender diverse experiences. We recognize that this term can be reductive and is not without its own issues. Further, we take an intersectional lens, recognizing trans peoples’ identities that intersect and that may affect their access to abortion, including, but not limited to income status, age, ability, and race. Through this approach, we recognize that trans Indigenous and people of color have different experiences than white trans people, particularly in terms of violence (Lowik, 2016).

WHAT IS THE KNOWLEDGE-TO-ACTION (KTA) PROBLEM?

Trans people have diverse sexual and reproductive health needs, including the need to access safe abortion services. However, their needs are often overlooked in policy and planning across all levels: from global health conversations to local clinics' policy implementation. The abortion rights movement historically has been framed as a cisgender women’s issue, leaving out those with the ability to become pregnant who are not women (Light et al., 2018; Jones et al., 2020; Cipres et al., 2017). These inequities exist across Canada, despite equitable access to safe abortion being considered a human right (Human Rights Watch, 2021) and a decriminalized health service across the country. This situation occurs on top of pre-existing inequities between different political and social contexts, such as a history of forced sterilization as a condition of legal gender recognition on official documents (Lowik, 2016; Sharpe, 2007).

Studies reveal that trans people face a range of additional systemic barriers, yet due to a lack of comprehensive data and the denial of trans people's lived experiences, health systems, policy makers, and abortion providers frequently fail to inclusive policies aimed at ensuring equitable abortion services for all people (Lowik, 2015). Trans people are often neglected in policy and planning due to limited provider knowledge and a habitual focus on cisgender women that leads to consistent misgendering and/or other forms of discrimination (Lothstein, 1988; Grant et al., 2011; Mosenson et al., 2021). The lack of inclusive policies serves to perpetuate discrimination and can cause people to delay or avoid necessary care, to the detriment of their health.

WHO DOES IT AFFECT?

Abortion facilities that frame services as “women-only” spaces may not recognize that people in need of such services may not identify as women and thus reproduce patterns of exclusion that affect access to safe abortions. These patterns of exclusion affect a wide range of people with the capacity of becoming pregnant, including those who are not cisgender women.

Little is known about the number of trans people using abortion services or in need of abortion services, both in Canada and in other contexts. A study in the U.S. estimated that between 462 and 530 trans and nonbinary people accessed abortion services in 2017; however, only 30% of the abortions occurred in facilities that provided transgender-specific health services (Jones et al., 2020). Even though this data approximates the amount of trans people in need of inclusive health services in a similar context, it must be noted that many facilities do not register the gender identity of their users, leading to underreporting (Jones et al., 2020). As well, less information is available about trans people in need of abortion care who do not attempt to access such services. In sum, although little is known regarding the number of trans people that may need to access abortion services, the barriers faced make it crucial to expand trans inclusive policy in abortion facilities with the goal of providing safe, accessible abortion spaces for every person in need.

HOW DOES IT AFFECT THEM?

The lack of recognition of trans peoples' abortion trajectories affects trans individuals in numerous ways. Health providers often misgender individuals in need of abortion care, creating distress and inadvertently perpetuating cis-normative healthcare provision (Berger et al., 2015). Unnecessary and problematic gendering of body parts (e.g. referring to ovaries, uterus as part of the “female” reproductive system), perpetuates reproductive capacity as a quintessential “woman” experience and isolates trans individuals in seeking and accessing care. This bioessentialism logic can also exacerbate feelings of gender dysphoria for trans people (Lowik, 2016).

The multiple barriers that trans people face in accessing safe abortion services may lead to delaying or avoiding seeking professional care, with potentially damaging consequences for both physical and mental health. A recent study from the U.S. among transgender and nonbinary people revealed that one in three persons had considered ending a pregnancy without clinical supervision, and one in five had attempted doing so in the past. Participants in this study also reported using a wide range of unsafe and/or ineffective methods for attempting abortion (Moseson et al., 2021). These facts reveal the urgent need for expanding trans-inclusive and safe abortion spaces, as well as the diffusion of accurate information regarding these services.

DESCRIBE THE “K”

WHAT DO WE KNOW ABOUT IT?

There is an astonishingly low amount of peer-reviewed data focusing on trans peoples’ abortion experiences, with no current studies published in the Canadian context. A small amount of research on abortion-trajectories exists, mostly based in the United States with limited sample sizes. For example, a recent study showed that 23 percent of U.S. abortion clinics offered transgender-specific health services, while the majority of transgender patients sought abortions at facilities that did not offer such services (Jones et al., 2020). Outside of the U.S., studies also showed that trans peoples’ general health were significantly negatively impacted by marginalization and that trans people were at increased risk of homelessness, low self-esteem, and suicide. Many in the community were unable to access necessary health and social services and sometimes avoided seeking services due to previous discrimination (Lowik, 2016).

Outside of peer-reviewed studies, what we do know is mostly through people’s shared lived experiences. Anecdotal experiences circulate on the internet, through social media, and in other settings can help us understand some of the barriers that exist for trans people seeking care.

We do know that there are significant barriers to accessing abortion services, especially for people living in rural areas (Lowik, 2016). Barriers to services are also not experienced equally and disproportionately impact marginalized communities, especially those who are low-income and people of colour (Lowik, 2016). There are specific barriers faced by trans people, such as seeking care from providers with “women-only” frameworks or from health professionals who are ignorant to the needs of clients who do not identify as women (Lowik, 2016). Abortion is a time-sensitive procedure, and any delays in receiving care can have dire consequences for people’s physical and mental health.

Finally, there is considerable evidence that people who face barriers to abortion care may consider ending a pregnancy without clinical supervision, more likely to result in unsafe care (Lowik, 2016). Therefore, the need to increase our evidence base while advocating for inclusive spaces is a matter of ensuring public health and safety.

WHAT DO WE THINK WE DON'T KNOW?

The way trans people navigate abortion in (cis) women-centered spaces

There are still no peer-reviewed articles that explicitly consider trans people's experiences and needs for abortion care in the Canadian context. The limited information we have is from anecdotes provided by trans persons.

The experiences and perspectives of providers in other contexts

Scholarly research is scarce and is almost entirely in English. There is literature coming out of Argentina on transgender reproductive justice, especially since a Gender Identity Law was passed that recognizes trans rights (Romero, 2021; Sutton et al., 2018). However, there is very little evidence published in other settings. Further, stigma and marginalization continues to limit transgender people's perspectives. These challenges go hand in hand with legal and structural limitations for providing safe abortions in general, as in many countries where it is an illegal procedure and societal stigma surrounding abortion prevails.

PROMISING PRACTICES



RECOMMENDATIONS

The idea that trans people should have access to abortion services is not always controversial among abortion providers, but implementing the necessary changes has its challenges. There are several recommendations for providers and advocates to ensure that they are creating and replicating inclusive spaces for trans people.

First, there must be recognition that a lack of evidence should not be used as an argument to avoid inclusive strategies and policies. The gap in knowledge persists due to the structural systems in place that perpetuate inequities (Lowik, 2016). Public statements and policies should be framed in trans-inclusive ways. Second, future research itself regarding trans people's needs and experiences must be prioritized. Research organizations should incentivize trans-specific and inclusive abortion research while giving precedence to knowledge produced by trans people. This way knowledge can be translated by members who are themselves community members (Lowik, 2016). As stated throughout, trans peoples' experiences are vast and varied

depending on other intersecting factors and should not be universalized. Finally, outside of these specific steps, it is critical to rethink the current knowledge hierarchy by considering experiential knowledge from lived experiences as an important component in contexts of producing policies and health guidelines.

CONCLUSION

Advocacy for abortion rights has often left out trans and nonbinary persons with the capacity to get pregnant. Due to systemic transphobia and a host of other factors, trans persons' needs and experiences attaining abortion-related services are not well known, especially in Canada where zero peer-reviewed studies dealing with trans persons' abortion experiences have been published. Lack of research, knowledge, and awareness, as well as transphobic practices and stigma that prevail in society, may lead to abortion facilities (advertently or not) systematically excluding trans people from services. Exclusion from these services can lead to avoidance of care, which may have profound health consequences in the lives of trans people.

Knowledge expansion might be key to counteract this pervasive issue. For this, not only an increase in specific research regarding trans people's experiences and needs related to abortion services, but also incorporating a trans-inclusive approach in all abortion-related research will be essential. In line with this, implementing participatory research approaches can be an important tool for informing practices in a way that is aligned with trans people's needs and priorities.

Beyond expanding research and academic forms of knowledge, recognizing other (non-academic) sources of knowledge is necessary to shed light into the current gaps in practice and necessary improvement steps. Moreover, even though knowledge may not always be deemed complete, a lack of sufficient knowledge should not preclude from taking action and/or creating policy that is aimed at protecting the fundamental rights of trans people.

ADDITIONAL RESOURCES

With the purpose of developing the present case study, an interview with two representatives from the Abortion Rights Coalition of Canada was conducted and recorded with their authorization. This interview has been edited and is attached alongside this report with the purpose of sharing it with the Canadian Association for Global Health community and beyond.

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Disclaimer

The findings in this report reflect those of the writers and are not reflective of the views of the Canadian Association for Global Health.

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