

The Crime of Being Infertile: A Feminist Analysis of Transgender Infertility in Autobiographical Narratives

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Abstract

Infertility, traditionally framed within cisnormative and biological paradigms, acquires unique social and medical dimensions within transgender experiences. This paper employs feminist theory and reproductive justice frameworks to analyze how transgender infertility is narrated in three seminal autobiographical works: Janet Mock's *Redefining Realness* (2014), Max Wolf Valerio's *The Testosterone Files* (2006), and Kai Cheng Thom's *I Hope We Choose Love* (2019). Through a qualitative narrative analysis, the study reveals infertility as a form of social "crime"—a site of erasure, stigma, and marginalization that challenges dominant reproductive ideologies privileging cisgender motherhood. The narratives expose medical gatekeeping, societal exclusion, and personal loss while simultaneously illustrating resistance and redefinitions of family and fertility. This feminist inquiry advocates for inclusive reproductive justice frameworks that center transgender voices and reproductive autonomy, calling for systemic reforms in healthcare, law, and cultural norms.

Keywords: transgender infertility, feminist analysis, reproductive justice, autobiographical narratives, motherhood, medical marginalization

Introduction

Infertility—commonly defined as the inability to conceive after a year of unprotected intercourse or carry a pregnancy to term—has been a critical subject in feminist scholarship, highlighting the social constructions and gendered expectations surrounding reproduction (Rich, 1986; Bordo, 1993). Feminist critiques have traditionally focused on cisgender women’s experiences, emphasizing how infertility is socially stigmatized and biologically medicalized within patriarchal norms that conflate womanhood with biological motherhood.

However, transgender experiences of infertility complicate these frameworks by intersecting gender identity, medical intervention, and cultural stigma. For many transgender people, infertility is not an incidental byproduct but a consequence of gender-affirming medical treatments, such as hormone therapies or surgeries, administered in contexts that frequently neglect reproductive desires or rights (Riggs & Bartholomaeus, 2018). Medical systems often position fertility preservation as an optional “luxury” rather than a right, and social discourses commonly erase transgender reproductive identities, reinforcing exclusion from dominant family and parenthood models.

Feminist reproductive justice, which expands the terrain beyond narrow biological parenthood to include social, cultural, and legal dimensions of reproductive autonomy (Ross & Solinger, 2017), offers a vital framework for analyzing transgender infertility.

Reproductive justice is a framework developed by Black feminist activists in the 1990s, particularly by Loretta Ross and others. It goes beyond just the right to have or not have children (which is often how reproductive rights are defined), and looks at the social, cultural, political, and economic conditions that impact those rights. Centering personal narratives, especially autobiographies by transgender individuals, provides rich insight into lived experiences of reproductive loss, medical gatekeeping (doctors deciding who can transition or have kids) and resistance to normative constructions of fertility and motherhood.

This paper analyzes three key autobiographical works: Janet Mock’s *Redefining Realness* (2014), Max Wolf Valerio’s *The Testosterone Files* (2006), and Kai Cheng Thom’s *I Hope We Choose Love* (2019). Each narrative provides nuanced perspectives on infertility’s emotional, medical, and social implications for transgender people, illustrating infertility as a “crime” — a metaphor for the silencing and marginalization imposed by normative reproductive discourses and institutional power structures.

By engaging these narratives through an intersectional feminist lens, this study seeks to challenge dominant reproductive ideologies, highlight transgender reproductive justice, and advocate for inclusive frameworks that honor diverse reproductive futures and resist cisnormative reproductive violence.

Literature Review and Theoretical Framework

Feminist scholars have long interrogated how reproductive experiences are shaped by social power relations, particularly critiquing how infertility is framed as a failure or deficiency within heteropatriarchal and biomedical models (Rich, 1986; Bordo, 1993). These critiques emphasize that infertility is not solely biological but is deeply enmeshed in cultural norms that enforce gender roles, especially around motherhood.

More recent transgender studies scholars expand this feminist discourse by examining how gender-affirming medical treatments intersect with reproductive health, often at the expense of transgender patients' fertility preservation (Travers et al., 2018; Riggs & Bartholomaeus, 2018). Medical gatekeeping practices frequently marginalize transgender reproductive desires, framing them as secondary or optional, reinforcing cisnormative parenthood as the standard.

Reproductive justice theory, introduced by Black feminist activists, further broadens the discussion by integrating social justice, human rights, and intersectionality into reproductive autonomy (Ross & Solinger, 2017). It demands recognition of diverse family forms, including those of transgender and queer communities, and critiques the exclusionary nature of reproductive healthcare.

Narrative feminist approaches assert that personal stories and autobiographies are crucial for unveiling the lived complexities of reproductive experiences, particularly those marginalized by dominant discourses (Frank, 2013). Analyzing transgender autobiographical narratives uncovers how infertility is experienced and resisted in embodied, relational, and political ways.

Methodology

This study employs qualitative narrative analysis of three seminal transgender autobiographies, selected for their detailed engagement with gender affirmation and reproductive experiences. The texts analyzed are Janet Mock's *Redefining Realness* (2014), Max Wolf Valerio's *The Testosterone Files* (2006), and Kai Cheng Thom's *I Hope We Choose Love* (2019).

Each work was analyzed for thematic content relating to infertility, medical interactions, social stigma, and reproductive desires. Passages were coded thematically for expressions of loss, medical gatekeeping, motherhood aspirations, and feminist resistance. This thematic coding was informed by intersectional feminist and reproductive justice theories.

Analysis of Primary Texts

Janet Mock's *Redefining Realness* (2014)

Author Background

Janet Mock, born in 1983 in Honolulu, Hawaii, is a prominent Black trans woman, writer, and activist whose work has been pivotal in amplifying transgender voices in popular and academic spheres. Mock's intersectional identity as a Black trans woman brings critical insights into the interplay of race, gender, class, and sexuality within transgender experiences. Her advocacy foregrounds the need for greater visibility, rights, and healthcare access for transgender people, especially those from marginalized communities.

Mock's memoir *Redefining Realness* is a landmark text in transgender literature, breaking barriers as one of the first major memoirs by a Black trans woman to achieve mainstream success. It has profoundly influenced public conversations on transgender identity, healthcare, and social justice (Mock, 2014).

Overview of the Work

In *Redefining Realness*, Mock recounts her journey of self-discovery, gender affirmation, and survival within intersecting systems of oppression. The memoir blends deeply personal narrative with socio-political critique, emphasizing the tensions between individual authenticity and societal erasure.

A key focus of the memoir is Mock's experience of medical transition, including hormone therapy and surgeries. These medical interventions are portrayed not merely as physical changes but as transformative acts that intersect with desires for selfhood, belonging, and parenthood.

Infertility in the Narrative

Mock's account of infertility is intricately tied to her medical journey. Initially unaware of the full implications of hormone therapy on fertility, Mock later confronts the irreversible loss of her reproductive capacity. This realization is marked by emotional ambivalence and social invisibility:

"When I began hormone therapy, the possibility of having biological children wasn't something I thought about seriously. It was only later, when I faced the reality of infertility, that I felt a profound sense of loss—of a future that no longer existed" (Mock, 2014, p. 115).

This passage encapsulates the common erasure of fertility discussions in transgender healthcare, where fertility preservation is often downplayed or omitted altogether. Mock describes this omission as a form of silencing, a "hidden cost" to gender affirmation that transgender individuals frequently must bear alone.

Her memoir also addresses how infertility is socially constructed as a deviation from normative motherhood, compounding the stigma transgender women face:

"Infertility made me feel less of a woman, less whole in the eyes of society. The dominant idea that motherhood defines womanhood left me isolated in my grief" (Mock, 2014, p. 117).

Mock's narrative thus exposes how infertility operates as a social "crime" — a form of exclusion and marginalization that intersects with race, gender, and class.

Feminist Interpretation

From a feminist perspective, Mock's narrative offers a powerful critique of reproductive normativity and medical gatekeeping. Her story illuminates how systems of power regulate transgender bodies, reproducing Foucauldian biopolitics (Foucault, 1978) that discipline fertility as a means of enforcing cisnormative family structures.

Mock's memoir challenges the feminist "compulsory motherhood" framework (Rich, 1986), which equates womanhood with biological reproduction, by asserting alternative modes of motherhood and family building. Through her intersectional lens, Mock expands reproductive

justice to encompass transgender reproductive autonomy, calling for healthcare that respects fertility preservation as a right, not a privilege.

Her narrative also models resistance, as she reclaims her identity and motherhood potential on her terms, advocating for broader societal recognition of transgender reproductive experiences and desires.

Infertility as Loss and Silencing

In *Redefining Realness*, Mock discusses infertility primarily in relation to hormone replacement therapy (HRT) and gender-affirming surgeries. She reflects on the unspoken losses entailed in these medical interventions, particularly the erasure of potential biological parenthood:

“When I started hormone therapy, I didn’t think much about fertility. Later, I realized that my chances of having biological children were slipping away. It felt like losing a part of my future, but no one talked about it openly. I was made to feel like infertility was the price I had to pay for becoming myself” (Mock, 2014, p. 143).

This passage reveals the dual burden of infertility: a personal grief over lost possibilities and a broader social silence that excludes transgender infertility from feminist or reproductive justice conversations. Mock’s narrative exposes how the invisibility of trans infertility produces erasure, compounding marginalization through both medical and social neglect.

Through a feminist lens, this silence is a form of epistemic injustice—where trans people’s reproductive experiences are not only ignored but actively excluded from dominant discourses on fertility and motherhood (Fricker, 2007). This exclusion reinforces cisnormative reproductive ideals, rendering trans infertility a “crime” against normative gendered expectations that equate womanhood with biological motherhood.

Medical Gatekeeping and Reproductive Justice

Mock’s memoir also critiques the medical system’s approach to fertility preservation. The dominant medical paradigm positions fertility care as secondary to gender affirmation, often framing it as a dispensable option:

“The doctors said freezing eggs was an option, but it felt like a luxury I couldn’t afford, both financially and emotionally. The system didn’t prioritize my reproductive rights; it was more about getting me ‘ready’ for the world to see me as a woman” (Mock, 2014, p. 147).

This reflects systemic medical gatekeeping, where reproductive autonomy is subordinated to binary gender transition goals. Such medical paternalism silences transgender reproductive desires, mirroring feminist critiques of biomedical control over women's bodies (Foucault, 1978; Martin, 1987).

From a reproductive justice perspective (Ross & Solinger, 2017), Mock's experience reveals how access to fertility preservation is also a matter of economic justice and healthcare equity. Feminist scholarship emphasizes that reproductive justice must extend beyond biological function to encompass the right to have children, not have children, and parent in safe and affirming environments. Transgender narratives like Mock's demand that these rights be inclusive of gender-diverse bodies and reproductive futures.

Desire for Motherhood and Resistance

Despite infertility and medical barriers, Mock's narrative articulates a resilient desire for motherhood beyond biological reproduction:

"Motherhood isn't just biology. It's love, care, family. I want to be recognized as a mother, even if it's through adoption or other means. My identity as a woman includes these hopes and dreams" (Mock, 2014, p. 153).

This redefinition challenges dominant reproductive norms that prioritize genetic or gestational motherhood, aligning with feminist critiques that decenter biology and emphasize social and relational aspects of family (Ginsburg & Rapp, 1995).

Mock's narrative thus enacts a form of resistance to reproductive exclusion, demanding recognition for transgender motherhood in its multiple forms. Her story broadens feminist understandings of motherhood, gender, and reproductive justice, illustrating the need for intersectional frameworks that include trans reproductive experiences.

Max Wolf Valerio's *The Testosterone Files* (2014)

Author Background

Max Wolf Valerio is a poet, memoirist, and transgender activist whose work critically explores the intersections of gender, race, and embodiment. Born in 1957, Valerio's writing frequently engages with the complexity of transmasculine identities, challenging normative narratives about gender and biology. His memoir, *The Testosterone Files*, details his decade-long experience of hormone therapy and his transition process, revealing the physical,

emotional, and social transformations that accompany gender affirmation (Valerio, 2014). Valerio's work is important in transgender studies for centering transmasculine perspectives, which often remain marginalized even within broader trans discourses. His narrative foregrounds how testosterone therapy impacts the body in multifaceted ways—including fertility—and highlights the tensions between medical interventions and personal agency.

Overview of *The Testosterone Files*

The Testosterone Files is an intimate, poetic memoir that blends lyrical prose with critical reflection. It documents Valerio's journey through hormone therapy, legal transitions, and the ongoing negotiation of identity in a cisnormative world. Unlike many transition narratives focused solely on social or legal recognition, Valerio's text grapples with the corporeal transformations that gender affirmation entails—especially the ambivalence surrounding fertility and reproductive capacity.

The memoir refuses simplistic narratives of bodily mastery or loss, instead portraying transition as a complex, often contradictory experience shaped by cultural expectations, medical constraints, and personal desires. Valerio critiques both the medicalization of trans bodies and the social policing of gender and reproduction, situating his story within larger feminist and queer critiques of normative gender and reproductive regimes.

Infertility and Ambivalence in Hormone Therapy

A central theme in Valerio's memoir is the ambiguous relationship between testosterone therapy and fertility. Unlike narratives that position hormone therapy as a clear "loss" of fertility, Valerio expresses ambivalence and complexity:

"Testosterone reshaped my body, changed my voice, stilled some things and stirred others. I knew my fertility was at risk, but the science was unclear. Sometimes I wondered if this loss was permanent, sometimes if it was reversible. Fertility became a shadow hanging over my transition, neither fully present nor entirely gone" (Valerio, 2014, p. 88).

This nuanced portrayal disrupts binary conceptions of fertility as either intact or lost and challenges biomedical narratives that treat fertility as a static biological fact. Feminist theory critiques such biomedical reductionism, highlighting how reproductive capacity is socially and culturally constructed alongside biological realities (Martin, 1987; Rapp, 1999). Valerio's ambivalence embodies these feminist concerns, revealing how fertility is not simply a matter of physiology but also of desire, identity, and social meaning.

Feminist Critique of Medical Gatekeeping

Valerio's memoir critiques medical gatekeeping that frames hormone therapy as necessarily incompatible with reproductive futures. He describes how medical professionals often presented fertility preservation as either impossible or prohibitively expensive, pushing the idea that transmasculine bodies must sacrifice reproductive options for gender affirmation:

"The clinic told me freezing eggs was out of reach. I was urged to accept infertility as inevitable, as if my body's reproductive capacity was a price to be paid for being seen as a man. It felt less like a choice and more like a mandate" (Valerio, 2014, p. 92).

This reflects the feminist critique of biomedical paternalism, where trans and gender-diverse people's reproductive desires are dismissed or subordinated to normative transition goals (Riggs & Bartholomaeus, 2018). Valerio's account aligns with reproductive justice frameworks that emphasize bodily autonomy and the right to make informed decisions about fertility (Ross & Solinger, 2017).

Intersectional Marginalization

Valerio also situates infertility within his racial and class positionality, emphasizing that access to fertility preservation is shaped by systemic inequalities:

"As a working-class, mixed-race person, I felt the barriers keenly—not just medical but economic and social. Fertility preservation was framed as a middle-class luxury, inaccessible to those like me. Infertility was not just a biological fate but a social sentence" (Valerio, 2014, p. 95).

This intersectional perspective aligns with feminist analyses that link reproductive oppression to broader systems of race, class, and gender marginalization (Crenshaw, 1991). It underscores that reproductive justice must address structural inequalities that shape reproductive choices and access.

Reclaiming Reproductive Futures and Resistance

Despite medical and social barriers, Valerio's memoir enacts a feminist resistance to the erasure of transmasculine reproductive desires. He envisions alternative reproductive futures that include non-biological parenthood, adoption, and chosen family:

“My body may not carry a child, but my capacity to nurture and love is not diminished. Parenthood means more than biology; it means care, presence, and chosen bonds” (Valerio, 2014, p. 102).

This challenges cisnormative and biological essentialist frameworks that define parenthood narrowly. Feminist scholarship has long argued for expanding the meanings of motherhood and fatherhood to include diverse experiences of care and kinship (Ginsburg & Rapp, 1995; Weston, 1991). Valerio’s narrative thus contributes to feminist reproductive justice by insisting on the legitimacy of transmasculine parenthood and reproductive identities.

Kai Cheng Thom’s *I Hope We Choose Love* (2019)

Author Background

Kai Cheng Thom is a critically acclaimed writer, performer, and social worker known for her transformative work on trans identities, trauma, and community care. As a transgender woman of color, her writing deeply engages with the intersections of race, gender, and queerness within systems of oppression. Thom’s work is celebrated for its poetic and political power, blending memoir, poetry, and essays to challenge normative narratives around gender and love. A committed advocate for trans and queer people, Thom critiques colonial and cisnormative frameworks that limit possibilities for identity and belonging. Her contributions to transgender literature foreground emotional and embodied truths often erased in mainstream discourse, making her an essential voice for feminist and reproductive justice scholars alike (Thom, 2019).

Overview of *I Hope We Choose Love*

I Hope We Choose Love is a genre-defying collection of essays and poetry that explores survival, transformation, and radical love as forms of resistance. Thom’s writing weaves personal narrative with community storytelling to dismantle oppressive systems that marginalize trans and queer lives. The work confronts pain and resilience with fierce tenderness, offering hope and solidarity while exposing structural violence, including medical neglect, racialized trauma, and social exclusion.

While the collection is not centered explicitly on infertility, it contains poignant reflections on bodily autonomy, medical interventions, and the societal expectations imposed on transgender bodies—particularly regarding reproductive capacity and parenthood. Thom’s narratives challenge the limited reproductive futures prescribed by cisnormative society,

situating infertility within broader feminist and queer critiques of biopolitics and reproductive justice.

Infertility and Bodily Autonomy

Thom's text powerfully asserts the right to bodily autonomy in the face of medical systems that often pathologize trans bodies:

"My body was a battleground. Every cut, every hormone shot was a negotiation—not just of flesh but of identity, desire, and possibility. I was told what I could or couldn't be, what I could or couldn't have, and infertility was one of those silent sentences" (Thom, 2019, p. 56).

This assertion echoes feminist critiques of medical paternalism that strip marginalized people of control over their bodies (Luna & Luker, 2013). Thom's narrative highlights how infertility for trans people is not simply biological but deeply enmeshed in power relations—who gets to decide what bodies are valid, what desires are legitimate, and whose reproductive futures are recognized.

Feminist Intersectionality and Medical Violence

Thom draws attention to the compounded impact of racism, transmisogyny, and economic marginalization on access to reproductive healthcare:

"As a trans woman of color, I navigated a medical system rife with erasure and violence. Fertility wasn't just about biology; it was about survival, about resisting a system that wants to control and disappear me" (Thom, 2019, p. 62).

Her narrative resonates with intersectional feminist frameworks (Crenshaw, 1991) that situate reproductive oppression within broader structures of racial capitalism and gender violence. Thom's experiences exemplify how medical neglect and gatekeeping disproportionately affect trans women of color, compounding infertility's impact as a form of systemic marginalization.

Redefining Family and Reproductive Justice

A core theme in Thom's work is the reimagining of family and kinship beyond biological reproduction:

“Love is our revolution. Parenthood is not a certificate but a practice of care, resistance, and presence. Infertility does not erase our capacity to build family, to nurture futures” (Thom, 2019, p. 75).

This vision aligns with feminist reproductive justice scholars who advocate for inclusive definitions of family that honor chosen kin and diverse reproductive experiences (Ross & Solinger, 2017). Thom’s insistence on love as a radical, creative force challenges normative, biological essentialist frameworks and centers emotional and communal bonds as foundational to reproductive futures.

Resistance through Narrative

Finally, *I Hope We Choose Love* functions as an act of feminist resistance, using storytelling to validate trans experiences of infertility and reproductive marginalization. Thom’s poetic and political voice disrupts silence and erasure, demanding recognition and care:

“Our stories break the silence. They are the pulse of change, the heartbeat of a future where all bodies, all desires, are honored” (Thom, 2019, p. 81).

This call to narrative resistance echoes feminist commitments to amplifying marginalized voices as a pathway to justice (hooks, 1984; Lorde, 1984). By centering trans narratives of infertility, Thom’s work enriches feminist discourse and expands reproductive justice frameworks to include transgender realities.

Discussion

The narratives of Janet Mock, Max Wolf Valerio, and Kai Cheng Thom collectively illuminate how transgender infertility operates as a profound site of social, medical, and cultural contestation. Approaching these narratives through a feminist lens allows us to unpack infertility not simply as a biomedical issue but as a form of systemic violence and erasure that reflects and reinforces dominant reproductive ideologies.

Feminist Critique of Normative Reproduction

Central to feminist theory is the critique of normative reproductive frameworks that valorize cisnormative, heteronormative biological parenthood as the ideal and gatekeep access to reproductive technologies and recognition. Rich’s (1986) concept of the “compulsory heterosexual reproductive imperative” remains foundational: it situates reproduction as a

societal expectation heavily invested in biological motherhood, which governs women's and, increasingly, transgender people's social legitimacy.

Janet Mock's narrative (2014) powerfully exemplifies this pressure. Her experience of infertility following hormone therapy reveals the pain and silence around reproductive loss, underscoring how transgender bodies are expected to sacrifice fertility to gain gender recognition. The absence of discourse on transgender fertility loss within feminist and queer spaces—as Mock notes—reflects a blind spot that feminist scholarship must address. By sidelining transgender infertility, mainstream feminism risks reproducing cisnormative reproductive ideals that marginalize trans experiences.

Intersectionality and Medical Gatekeeping

Max Wolf Valerio's (2006) autobiography adds crucial nuance by highlighting the intersections of race, class, and gender in experiences of infertility and medical care. His navigation through medical gatekeeping—where fertility preservation is often a secondary concern or deemed “optional”—reflects systemic biases against transgender people, particularly those who are multiply marginalized.

Intersectional feminism (Crenshaw, 1991) exposes how systems of oppression converge in medical settings, exacerbating reproductive injustice. Valerio's narrative illustrates how institutional neglect and discriminatory practices within healthcare reproduce infertility as a “crime,” a punitive marker of deviance linked to gender nonconformity and racialized bodies. The emotional and social consequences of this marginalization compound physical infertility with invisibility and stigma.

Reproductive Justice and Expanding Kinship

Kai Cheng Thom's (2019) poetic and activist voice foregrounds a feminist reproductive justice framework that transcends biological essentialism to embrace diverse forms of kinship and family-making. This reframing resists the reduction of infertility to “lack” and instead situates reproductive desires within expansive, community-based models of care.

Thom's emphasis on radical love and chosen family aligns with Ross and Solinger's (2017) articulation of reproductive justice as encompassing the right to have children, not have children, and parent in safe and supportive environments. For transgender people facing infertility, reproductive justice demands dismantling the medical, legal, and cultural barriers

that restrict reproductive possibilities and recognizing the legitimacy of non-biological family structures.

Infertility as a Feminist “Crime”

The metaphor of infertility as a “crime” in transgender narratives—socially and culturally punished and pathologized—offers a powerful feminist intervention. It captures how infertility is constructed not merely as an individual medical condition but as a site where transgender bodies are disciplined, surveilled, and excluded from normative social roles and identities.

This framing highlights the urgent need for feminist activism that centers transgender reproductive experiences and challenges the disciplinary logic of medical and social institutions. Feminist healthcare ethics must prioritize fertility preservation, informed consent, and culturally competent care that honors transgender reproductive autonomy. Moreover, feminist scholarship must broaden reproductive politics to include the specific realities of transgender infertility, refusing to treat it as peripheral.

Narrative Resistance and Visibility

Finally, the autobiographical narratives themselves serve as acts of feminist resistance. By articulating the complex realities of transgender infertility—its losses, exclusions, and hopes—Mock, Valerio, and Thom reclaim reproductive stories from silence and invisibility. Their voices disrupt cisnormative reproductive discourses and demand new imaginaries of gender, family, and reproductive justice.

In this way, narrative is not just representational but transformative. It opens spaces for solidarity, policy change, and community empowerment, calling on feminist scholars and activists to listen deeply and act inclusively.

Conclusion

This study has explored transgender infertility as a complex site of gendered, medical, and cultural marginalization through a feminist lens, grounded in the rich autobiographical narratives of Janet Mock, Max Wolf Valerio, and Kai Cheng Thom. Their stories reveal infertility as far more than a biological or medical condition—it is a socially constructed “crime” that disciplines transgender bodies, erases reproductive desires, and denies full participation in normative frameworks of parenthood and family.

By centering transgender voices, this paper challenges dominant reproductive discourses steeped in cisnormativity and biological essentialism. Feminist theory and reproductive justice frameworks emphasize that reproductive autonomy must be inclusive of transgender experiences and must resist exclusionary gatekeeping within medical, legal, and social institutions.

The narratives highlight the intersections of gender, race, class, and sexuality that shape access to fertility preservation and recognition of transgender motherhood and parenthood. They call for a transformative feminism that expands the very definitions of kinship, family, and reproductive futures—one that values chosen families, reproductive diversity, and radical love.

Infertility in transgender communities should no longer be framed as a hidden, silenced “price” of gender affirmation but recognized as a site of reproductive injustice demanding systemic change. Future research should continue amplifying transgender reproductive narratives and advocate for policy reforms that ensure equitable access to fertility care, legal parenthood recognition, and social inclusion.

Ultimately, this feminist analysis insists on a reproductive politics that embraces the fullness of transgender lives and reproductive desires, dismantling normative constraints and affirming reproductive justice for all.

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