

Queer Reproductive Decision-Making in Saskatoon:
Pandemically Complicated

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ABSTRACT

This thesis examines how eighteen queer people living in Saskatoon, Saskatchewan, made their reproductive decisions during the COVID-19 pandemic. Through the twin lenses of queer theory and Cheryl Mattingly's critical phenomenology 2.0, I have found that queer people in Saskatoon are influenced in their reproductive decision-making by meanings they have created around queer and reproductive safety, the family structures they feel are best and are supported making, and how COVID has impacted meanings of place. One-on-one remote interviews elicited three significant areas that influenced queer reproductive decision-making. The first was how queer family structures are formed, including an analysis of the nuclear family and the ways that approach does or does not work for queer families, the gendered problems queer people face when contemplating pregnancy, and the impacts of COVID-19 on how queer families are formed. The second centres on safety, with people born and raised in Saskatchewan prioritizing social safety and people born in different, sometimes less queer-supporting countries prioritizing physical safety when making reproductive decisions. The third is the relationship between COVID-19 and place, dissecting how the COVID-19 pandemic has changed the meanings of place through social distancing and isolation, and how the space between places (i.e. travel, remote connection software like Zoom) has changed meaning during this pandemic, followed by how COVID-19 has specifically impacted queer peoples' reproductive decisions. Further research on the current queer experience in the prairie provinces is needed to explore this topic, as qualitative research with queer communities in places like Saskatoon is lacking.

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LIST OF TERMS

Author note: this is not intended to be a comprehensive compendium of 2SLGBTQIA+ terms. It is limited to the terms I discuss in this thesis. For a thorough (but not exhaustive) list of 2SLGBTQIA+ terminology, visit <https://www.glaad.org/reference/terms>

2SLGBTQIA+: an inclusive but not exhaustive acronym used to describe people who fall outside of the gender and sexuality mainstream identities of cisgendered and heterosexual. This specific configuration of the acronyms is Canadian in origin, as other countries focus on different identity categories. Broken down, it represents:

- 2S = Two Spirited, an umbrella term for Turtle Island (North American) Indigenous gender identities that do not align with binary man/woman designations, but can sometimes be used to refer to all non-straight/non-cis Indigenous people (Filice 2020)
- L = lesbian (see below)
- G = gay (see below)
- B = bisexual (see below)
- T = transgender (see below)
- Q = queer and/or questioning as in questioning their gender/sexual orientation
- I = intersex, or people whose bodies fall outside of the binary state of male or female (Planned Parenthood n.d.)
- A = asexual (see below)
- + = other gender or sexual identities not covered in this acronym. The world of gender and sexual identities is vast and everchanging, so no usable acronym will ever cover all identities but acknowledging their existence is important.

Gender:

Cis-gender: often shortened to cis, cis-gender refers to someone who is not transgender (GLAAD 2022a). However, a more informational definition is someone whose identity aligns with the sex they were designated at birth (Planned Parenthood 2022).

Designated Female/Male At Birth (DFAB/DMAB): someone born with the anatomy generally associated with a binary biological sex who has therefore been designated a “female” or “male” at birth (Harrington 2016). This term is used to describe how people have been gendered in their childhood, which may or may not be related to how they are currently choosing to gender themselves. For example, I am a non-binary person who was designated female at birth (DFAB), and I use the DFAB acronym to explain how I was socialized and grew up thinking about my gender as important contextual information.

Non-binary: sometimes said to fall under the trans umbrella, refers to someone whose gender identity falls outside of the societal norm of day-to-day life adhering unchangingly to one of the binary genders, i.e. girls and boys, women and men (adapted from Matsuno and Budge 2017). They may have a singular identity that falls somewhere between or outside of the binary male and female identities, they may shift in their gender identity by experiencing being female or being male at separate times, or they may not have a gender identity at all.

Trans-gender: someone whose gender, in either identity or expression, differs from societal norms expected of others who share that person’s designated sex at birth (King, Hughto, and Operario 2020). The most visible examples of trans-gender people are those who transition from one binary identity to the other, from female to male or from male to female. However, this is not how all trans people experience their gender and it can be an ongoing and shifting relationship with gender through the lifespan.

Sexuality:

Asexual: often shortened to “ace”, asexuality is defined by low or absent interest in sexual activity (Bogaert 2015). Asexuality does not inherently imply aromanticism – people who identify as asexual may still experience romantic attraction and seek out romantic relationships, so they may also identify as bisexual or lesbian or gay or straight. There are many different approaches to asexuality and have led to sub-groups within asexuality, including “grey-ace”, which refers to the spectrum between sexuality and asexuality, where a person may experience sexual attraction on occasion or in specific situations, but still identifies as someone on the asexuality spectrum (Decker 2015). People who are not asexual, who experience sexual attraction, are allosexual.

Bisexual: someone who is attracted to people of both of the binary genders (Halperin 2009).

Grey-ace: see Asexual

Gynesexual/gynephilic: someone who is primarily attracted to femininity, which includes gender femininity (such as the way people dress, act, or speak) and physical aspects of femininity (including female-coded genitals or other female-coded body parts like breasts) (GLAAD 2022b).

Gay: men who are attracted to other men (again, referring to men of all orientations), though the word “gay” is also used more broadly to refer to anyone who is attracted to someone of the same gender as themselves (GLAAD 2022b). Unlike the word “lesbian” for women, there is not a separate term for men who are attracted to men, so often the word “gay” refers to men.

Heterosexual: also called “straight” or “hetero/het”, heterosexuality is most commonly used to refer to people who identify within the gender binary of male/female and are attracted to people of the opposite binary gender as themselves. More broadly, “straight” can refer to someone who is attracted to someone of a gender or sex different than their own and does not need to be constrained by the gender binary (GLAAD 2022b).

Lesbian: women who are attracted to other women, a deceptively simple definition that requires me to clarify that I use the term to refer to women of all orientations (trans, cis, non-binary, etc.) (Tate 2012).

Pansexual: someone who has the potential to be attracted to people of all genders, regardless of the specificity of their gender identity or sexuality (Green 2019).

Chapter 1 – Introduction

1.1 – Vignette

It is a hot June day, and I am in my bedroom, sitting on a kitchen chair in front of a makeshift desk that is actually a cutting board, a stack of my broadest books, and desperation. In my bedroom-cum-office, my laptop is precariously perched on this pile of pilfered plunder turned pulpit. It has been a year and four months since the COVID-19 pandemic began, and I am conducting interviews in as private a way as I can while sharing a small one-bedroom apartment with a partner who is also working from home. With my headphones in and a fan outside the door to reduce the sound carrying to the next room, I am talking to people who live in the same city but must remain distanced from me for their safety and mine. On this day, the person I am talking to is James. I watch them on my screen in their little Zoom box, moving a bit jerkily as our shared internet connection destabilizes now and again. As a self-professed “non-binary bisexual queer woman”¹ in their early thirties who uses both they/them and she/her pronouns and lives in Saskatoon, James and I have much in common. To understand more about how James has made reproductive decisions throughout their life, they are telling me about their family and the context in which they experienced being a child.

Yeah, so my parents are both lovely, wonderful people. We’ve had a lot of healing. But they were not prepared to have kids when they had us. They wanted us, my mom wanted us, but that’s different from being ready for us, right? And so there was that, there’s a lot of intergenerational trauma in our family that I only found out about as an adult, which was like, “Oh! Many things make a lot more sense now.” So there’s that. My dad is a lot like me, which meant that he lived in our backyard mostly, so we didn’t really see him even though he lived with us. And then my mother has had ongoing mental health struggles which she takes very seriously and takes care of very well and is very responsible about managing and is actually very inspirational about managing. James is explaining to me the dynamics they experienced as normal in their life growing up, their absent-but-present father and their unprepared mother, as well as the intergenerational suffering passed on through family lines. Through hard work and love, they have since healed

¹ For a definition of all queer terminology used in this thesis, see the list of terms.

the pains caused by these experiences. Still, when child James experienced these familial hardships, those experiences gave way to particular meanings about what role children play in one's life and what building a family means.

Though James was born with anatomy usually associated with females and was thus raised as a girl, as they became an adult, they realized that the parenting role with which they most closely associated was that of a father. Their own father took on the family position of “logistical support and breadwinner” as opposed to their mother's role of “caretaker and nurturer,” and James felt they were far better equipped to provide that same logistical support and financial security. As James reckoned with their gender identity and came to identify as non-binary, the parental role of father became even more appealing because it allowed them to occupy a place in a family that was not dependent on the configuration of their body. As they explained, James eventually came to reject the notion that having particular anatomy meant they had to fit into a specific way of creating a family, leaving them free to explore an approach to family that fit them and their way of living in the world. That exploration continued to evolve as James matured and experienced more of the world, and they have now come to see family as something that does not have to include adults in the role of a parent.

As a result of these and a wide variety of other highly influential factors, James is now in a long-term committed relationship with a man who has a son, and they cohabitate together as a family. However, James has chosen a specific role for themselves within their partner's son's life – James is not a parent, and the family does not treat them like one. Instead, James is a trusted confidant, an adult whom the son can trust for advice, guidance, and non-parental love. In James' words, they became “the giver of information.” James and their family do not see James as a stepparent, but that does not preclude them from having an important and loving place in their family. James also took their cue from James' father and built their own space in the backyard, a small building where they could work and sleep if they needed some space of their own. This blend of independence and non-traditional family formation arises from the specific meanings James has found within their own reproductive decisions and the decisions made by their partner, their partner's son, and the partner's son's mother.

The COVID-19 pandemic has also influenced James in their position as an informational and supportive figure instead of a parent within their family configuration. During the pre-vaccination period, when social distancing mandates and other preventative measures were

heaviest and most restrictive, James and their partner were taking care of their partner's son for longer stretches of time as they reduced the number of transfers between the son's father and his mother, who lived in a different household. These reduced transfers were intended to diminish the number of exposures between household bubbles for everyone's sake but, most importantly, for James's sake, as they have an autoimmune condition that could make a COVID-19 infection especially dangerous. To help the tween son navigate this change in social dynamics and to help protect him, James stepped up their information-giving role in his life. Instead of telling their partner's son what to do and how to do it, James offers advice and data for this young man to consider. James has explained how this position has been advantageous in the family dynamic because the lack of parental-style emotional attachment has created a sense of freedom and trust between James and their partner's son, allowing them to exchange information on subjects where the son would be less comfortable discussing them with his parents, such as dating and sex, gender and sexual identity, difficult peer relationships, and now the COVID-19 pandemic as well. As James puts it, "Yeah. I don't think he worries about disappointing me in the way that he worries about his parents." Even during a problematic pandemic, James' unique relationship with concepts of parenthood and their queerness has helped to strengthen their family dynamic while continuing to solidify James' identity of not being a parent.

I have been graciously and generously given a glimpse into James' life and how they see meaning in their reproductive decision-making processes as a queer person living in Saskatoon during the COVID-19 pandemic. Through a screen and speakers, they have shared their thoughts and opinions about the most critical aspects of how they see the idea of parenthood in this place, this time, and their particular context of gender and sexual identity. I am immensely grateful for this gift of time and insight because these questions surrounding how queer people make their reproductive decisions are near and dear to my heart as they are relevant and vital aspects of the various cultural and social dynamics within those decisions. So how did I get to talking to James about their family life?

1.2 - The Building Blocks of This Project

The experiences and meanings about reproductive decisions that James described exemplify why I felt drawn to exploring how queer people make their reproductive decisions. My own family experiences align closely with those of James – unhealthy parents who did their

best but left me with pain surrounding my gender identity and reproduction. In my case, I have chosen not to have children because of my own experiences. After speaking to those who have shared their stories with me, I can trace the decisions I have made through my experiences and the meanings I have associated with those experiences. As a queer person, I am drawn to both the specific factors queer people must deal with in their reproductive journeys and the broader factors that affect every person in terms of reproduction. James' story perfectly highlights this blend of factors – everyone grows up with other people and can be impacted by those people, but navigating the gendered expectations of parenthood while not conforming to those genders is generally an experience specific to queer people. Due to the context in which I explored this curiosity around reproductive decisions, the scope of my research had to expand beyond the aspects of gender and sexual identity in relation to those decisions. And, as James' story demonstrates, much of reproductive decision-making relies on ideas of family and kin.

Anthropological considerations of reproductive decision-making must include a consideration of kinship. How do people conceive of the connections between themselves and others that constitute the relationships we call “kin” or “family”? Because of the cultural variations in who is considered related and understanding how kinship is built, there is no unifying approach or definition of the term. There are, however, some commonalities that should be reviewed. Kinship is not always reliant on the biological connections between kin and family, especially queer families, as they are often made up of people who share no genetic relation. This does not mean that biological connections can be completely ignored in understandings of kinship because reproduction must ultimately include the genetic processes that go into creating human beings (Scheffler 1973). It seems difficult to create an anthropological definition of kinship that completely avoids the biological aspect because, even if kinship is not about genetic relationships between people, it may involve shared biological processes such as eating together (Cucciari 1981).

However, kinship includes many other influences that create and reaffirm cultural perspectives on who is related. This is because kinship and the question of familial-style relations involves many other large questions. How do institutional definitions, such as political, legal, and educational, impact who is considered family (Ginsburg and Rapp 1991)? How do cultural understandings of gender and the roles gendered people play in kinship and relationality influence who builds families and how they are recognized (Dorow 2006)? How do kinship

structures and definitions respond to and incorporate large-scale events like climate change, disasters, and pandemics like COVID-19 (Faas and Barrios 2015; Hoffma and Barrios 2019)? Systems of relations that form family and kin, in their ever-evolving and highly culturally variable arrangements, play important roles in how we relate to the world and how the world relates to us (Strathern 1992). I have highlighted these particular aspects of kinship because they are most salient to the reproductive decision-making processes of the queer people in Saskatoon during the COVID-19 pandemic but it is by no means an exhaustive list of the important dimensions that should be considered in kinship and family formation.

It is also important that I delineate the terms I use throughout this thesis. I use the terms parenthood, family formation, and reproductive decision-making frequently because, while distinct, these terms are closely related. In the mainstream, the term “reproductive decision-making” may seem to be about making a decision about whether or not to reproduce in a biological sense with discussions of fertility rates often accompanying the term (Testa, Sobotka, and Morgan 2011), but in the practice of social science, the term can also be used to represent other aspects of family formation. Reproductive decision-making includes “the decision to have a child” (Klobas and Ajzen 2015), a decision which does not inherently require the people making the decision to be biologically producing the child themselves. The term therefore bleeds over into the idea of family formation or making families, a process that may involve decisions about adding family members without that family engaging in biological reproduction. These families can be made in many ways, including through adoption, surrogacy, or creating families through connections to non-related people like friends or community members, a process often called “found family” or “family of choice” (ten Have and Patrão Neves 2021; Schwartz 2016; Dewaele et al. 2011; Moore and Stambolis-Ruhstorfer 2013).

Family formation does not have to include parenthood, as families can be made without parental figures, but the context of reproductive decision-making means that, for this thesis, parenthood is an important aspect of those decisions. Parenthood is difficult to define because different institutions and approaches have a vested interest in defining parenthood their own way. For example, social definitions may differ from legal definitions, and legal definitions will differ from context to context and place to place (Meyer 2006; Nejaime 2017; Glazer 2014). I approach the term anthropologically and from the position of relatedness as discussed above which make a single definition of parenthood difficult, as the concept means different things to different people

again depending on their context. At its core, parenthood involves taking care of people with whom you have a relationship, but the specificities of that care and the nature of the relationship can be so broadly variable as to be difficult to define specifically (McKenzie 2022), and in even in the context of the Saskatonian interlocutors who shared their stories with me, parenthood meant many things. It is the interrelation between the three concepts of reproductive decision-making, family formation, and parenthood that leads me to use these concepts within this thesis. Anthropologically, I find it difficult to clearly delineate between these concepts when discussing a queer population. Reproductive decisions can be made on the basis of individual definitions of parenthood and in families that may not look like families to a non-queer observer, but the formation of these families and the decisions made within those families about how they are formed cannot be easily separated.

When I set out to research reproductive decision-making in Saskatoon, a city of 270,000 inhabitants on the Canadian prairies, I did not anticipate the highly global nature of the responses I would be receiving. This was perhaps an oversight on my part introduced by my bias as a White settler who has lived in Saskatoon all my life, as I failed to consider the global connections that are inherent to the multicultural makeup of the city. Immigration both past and present, as well as ongoing ties between Saskatonians and countries around the world, mean that it is impossible to consider Saskatoon in isolation from global connections (Saskatchewan Bureau of Statistics 2022; Dayal 2022). I was reminded of this fundamental fact by those who chose to share their stories with me. As my recruitment process continued, the people who participated in my research came from a wide variety of cultural backgrounds and experiences who came to Saskatoon for multiple purposes. I must thus include the questions of globalization and global citizenship in this thesis. Families and kinship are increasingly formed across the borders of countries, including transnational adoption, immigration and relocation, and digital communication that allows for the development of important kin relationships between people living in different cultural milieux (Dorow 2006; Ebaugh and Curry 2000; Shore, Goddard, and Llobera 2021; Matlock 2012; Hjorth 2022).

Part of the institutional definitions of family and kinship include who creates what kinds of families in order to develop the 'right' kinds of citizens for that particular institutional place, so these multinational/transnational approaches to kinship can complicate understandings and expectations of kin formation (Rabo 1997; Levitt 2018). Queer identity is also only one facet of

the identities that shape and inform experiences and definitions of family and reproduction. Like everyone else, queer peoples' identities are also intersectional. Queer people are sometimes immigrants who become ethnic minorities in their new location, or they sometimes become ethnic minorities when introduced to their hometowns through transnational adoption. Queer people who must also contend with other intersectional elements of class, gender and sexuality identity and many other factors besides, helps to highlight the intersections between family formations and global citizenship which are deeply complex (Mazzei and O'Brien 2009; Khader 2013; Mahler, Chaudhuri, and Patil 2015). Though this field is enormous and full of unanswered and perhaps unanswerable questions, my thesis will only address a narrow slice of kinship questions that apply to the people who shared their stories with me, especially as these questions grow more complex with the addition of other factors like global pandemics.

As I mentioned at the beginning of this vignette, this research occurred at a time when the COVID-19 pandemic changed the landscape of everyday life quite seriously. On a personal level, I was as burnt out on the pandemic as everyone else I knew when data collection started in this research project. But I had chosen to conduct anthropological research and, as Sherry Ortner mentions in her discussion of dark anthropology, "academic work, at least in the social sciences, cannot be detached from the conditions of the real world in which it takes place" (2016, 47). In my academic position of privilege and power, I have an ethical obligation to conduct (relatively) timely research on the issues impacting people who do not share my privilege and power. Whether it be SARS, Ebola, Zika, climate change, or other pressing and impactful situations, anthropologists modify their research or set out on new projects to respond to these emergent situations (Siu 2008; Abramowitz 2016; Gray and Mishtal 2019; Cartwright 2019). The timing of the COVID-19 pandemic meant that I could not ignore it or its impact on the reproductive decisions being made, so the scope of my research shifted to include the COVID-19 pandemic. For some, these severe disruptions to daily life that emerged in response to the infectiousness of COVID-19, including quarantines, social distancing, vaccination requirements, and masking, just to name a few, were undeniably impactful to reproduction even in the earliest days of this specific pandemic (Taekema 2020; Ewing 2020). As I explain later, this was a fruitful area of discussion. Many people who shared their stories with me found the pandemic had either changed their reproductive decisions or deeply impacted how they were thinking about reproduction.

The last piece of the puzzle in my research was in deciding where my research would take place. My undergraduate experience in anthropology excited me with notions of conducting research in locales quite unlike my hometown of Saskatoon, with stories of researching traditional medicine and illness in Belize, the relationship between humour and violence for prostitutes in Costa Rica, or the connection between health and land in Timor Leste from respected scholars like Dr. James Waldram, Dr. Pamela Downe, and Dr. Susanna Barnes (Waldram and Hatala 2022; Downe 1999; Palmer and Barnes 2021). These fieldwork examples showed the breadth of knowledge a researcher could gain from removing themselves from their comfort zone in search of information and experiences that can emerge within the unfamiliar. Sitting in my stiflingly hot bedroom on that June day, more than a year into the COVID-19 pandemic and still largely isolated from the communities in which I was usually situated, I looked around this room that I had spent at least ten thousand hours occupying and realized, it too could be unfamiliar.

Research around reproductive decision-making is not entirely unfamiliar to me. My research is a subset of the Deferred Motherhood project, a SSHRC Insight study conducted by Drs. Karen Lawson and Pamela Downe. The larger project is aimed at understanding how and when women form intentions on whether or not to defer motherhood using a cognitive-social model and the theory of planned behaviour. The Deferred Motherhood project examines the personal, the interpersonal, and the structural influences on how fertility intentions are formed with the intent of supporting women's abilities to meet their fertility aspirations. For my undergraduate honours thesis I analyzed a subset of the interviews that provide much of the data for the Deferred Motherhood project to understand how responsibility, community support, and personal context factor into reproductive intentions for these Canadian women. The research conducted by Dr. Lawson, Dr. Downe, and other associated graduate students throughout the lifetime of this project has provided me with a firm grounding in the subject matter and important experiences that have rendered the landscape of reproductive decision-making familiar to me. As I have mentioned, anthropological approaches to understanding complex subjects often benefit from seeing things in an unfamiliar way, so I decided to move my own research into an area unfamiliar to the Deferred Motherhood project: queer reproduction in Saskatoon.

As a queer person who has lived in Saskatoon for more than thirty years, I have intimate knowledge of the context in which queer Saskatonians live their daily lives, but that knowledge

is colloquial or the happenstance result of my everyday life. When I began to look at the queer people in this city through the lens of research, I realized that the familiar turf that is the queerness of Saskatoon was instead the suddenly unfamiliar terrain of a fieldwork site (Caputo 1999). I could interrogate everything I thought I knew about queerness in this city and immerse myself in the accounts of other peoples' experiences and their meanings to move beyond merely critiquing the social structures I see as contributing to queer existence and, instead, critically examine my assumptions underlying those critiques (Mattingly 2019). To add to this intriguing lack of familiarity was the fact that, no matter what site I chose for this research, I would be restricted by the safety guidelines surrounding research during the COVID-19 pandemic. Thus, remote options, like my eventual Zoom calls, were the most likely way I would gather the data for this project. I began to think of Saskatoon as the right place to investigate queer reproductive decision-making. Saskatoon has a storied queer history and, like most places in the world, queer people have long played an integral role in the formation and evolution of the city (Korinek 2018). Yet research into contemporary queer experiences in this relatively conservative city is uncommon. I could not find any research documenting experiences with queer reproductive decision-making centred on Saskatoon, Saskatchewan, or the prairie provinces. The research I found about queer reproductive decision-making during COVID-19 played a vital role in this work, and I will now explore it by unpacking why this research is important.

1.3 - Literature Review

The question of why this research on queer reproductive decision-making is important has a many-faceted answer. Starting on a global scale, the continuously increasing global population, in combination with other global forces like climate change and unequal resource distribution, raises concerns about who is reproducing and why they are doing it (Battin 1997; Hartmann 1995; Bodin and Björklund 2022). In Canada specifically, the trends of note come largely from the difference between fertility rates and age regarding the country's demographics. Canadian fertility rates have been declining since 2009, and 2020 saw a fertility rate of just 1.4 children per Canadian woman (Statistics Canada 2021c). Canadian mothers are also trending towards older maternal ages, with the mean maternal age steadily rising from 27.8 years old in 1991 to 31.3 years old in 2020 (Statistics Canada 2021d). In addition, the Canadian-born population of Canada is aging – by 2030, 23% of Canadians will be over the age of 65, up from

15.6% in 2014 (Government of Canada 2016). An aging and declining population presents severe problems in terms of the labour force, availability of healthcare, and federal income and spending areas, so research into how reproductive decisions are made can have serious implications for the structural and cultural makeup of the country (Jackson, Clemens, and Palacios 2017; Gibbard 2018). The fertility and age variables must also contend with the influence of immigration, as the country's population increased by 5.2% from 2016 to 2021 due to the highest rates of immigration within the G7 countries (Government of Canada 2022, 7). Much of Canada's labour force is bolstered by immigrants to Canada, though it is not enough to fully offset the effects of the aging Canadian population (Statistics Canada 2022a).

None of the participants in this study self-identify as Indigenous. However, all newcomer and settler participants are living and working in Saskatchewan where demographic population trends for Indigenous and non-Indigenous people are quite distinct. Within Canada, the Indigenous population is increasing almost double the rate of non-Indigenous people, and the Indigenous population within Canada is also 8.2 years younger on average, with a higher fertility rate and a lower average maternal age than the non-Indigenous population (Statistics Canada 2016; 2022b; Boulet and Badets 2017; Sheppard et al. 2017). Statistics Canada is predicting that the Indigenous population within Canada could increase up to 56% more than its current number, growing from the current 1.8 million to up to 3.2 million Indigenous people within Canada by 2042 (Statistics Canada 2022b). The differences of the demographics and reproductive trends between Indigenous and non-Indigenous people in Canada could hold fascinating potential for the impact of Canada's declining and aging population, as well as presenting the possibility for some cultural shifts around kinship and reproduction. Interestingly, none of the participants spoke to this distinction directly, focusing instead on the trends that they assess to be more immediate in their daily lives.

To narrow my point of focus even further, my interest in reproductive decision-making was not piqued by whether or not someone decides to have children but by the meanings those decisions held for the people making them and the experiences that influenced the decisions being made. This is a relatively unexplored niche of Canadian reproductive research. However, previous studies have highlighted the importance of fertility education, changes in the meaning of reproductive decisions from experiencing illnesses like Multiple Sclerosis or infection of the Human Immunodeficiency Virus, and the impacts of intersectional identities of assigned or

assumed membership within ethnic groups (Williamson et al. 2014; Alwan et al. 2013; Leyva-Moral et al. 2018; Huertas-Zurriaga et al. 2022). My interest in queer reproductive decision-making further narrowed the field, especially in exploring queer people who choose not to have biologically related children or to have children living with them. Much of the extant research focuses on queer people who want children in these ways, with the subject of reproductive justice for queer people being common. Reproductive justice research looks at work done to guarantee reproductive rights for queer people and to move towards social equity in both freedom and safety regarding reproductive decisions for queer people (Cameron 2008; Ross and Solinger 2017). Existing research also focuses on gaining access to support and ways of making families that are often necessary for queer people to reproduce, and the interaction between the medicalization of queer bodies and the reproductive health system (Tam 2021; Harder 2021; Marvel 2016; Epstein 2018). Understanding the variables that have informed the decisions queer people have made about their reproduction, especially if they have chosen not to reproduce, highlights a poorly-represented segment of the queer population who may understand kinship differently than people who want to reproduce (Dahl 2014).

The last point about the importance of further exploring reproductive decision-making returns to the now-familiar bedfellow of COVID-19. Large-scale threats or disasters undeniably impact people's reproductive decisions (Wenham et al. 2020; Ariyabandu 2009; Freed et al. 2021). The COVID-19 pandemic has spurred a vast amount of research into COVID-19's effects on the institutions that surround peoples' reproductive decision-making, such as health services and schools (Stanton and Bateson 2021; Luttik et al. 2020; Cachón-Zagalaz et al. 2020), changes to reproductive health and justice access specifically (Ferreira-Filho et al. 2020; Hashem et al. 2021), and exploring the impacts of COVID-19 on existing families with much focus on negative variables like family violence and stress (Humphreys, Myint, and Zeanah 2020; Xu et al. 2020; Lebow 2020). Reproductive decisions are often considered within a wider conversation about the pandemic's impact on reproductive health or access concerns (Nanda et al. 2020; Ferreira-Filho et al. 2020; Senderowicz and Higgins 2022). Research on how COVID-19 has specifically impacted fertility intentions or childbearing intentions has emerged across the world and has focused on issues such as physical and mental health in Shanghai, the role of restricted access to contraception on short-term decision-making in Moldova, financial insecurity and mental health in Poland, the intersectional impact on Black and queer women in the United States leading to

higher levels of delayed fertility intentions, and a lack of change to reproductive decisions in Kenya (Zhu et al. 2020; Emery and Koops 2022; Sienicka et al. 2022; Malicka, Mynarska, and Świdarska 2021; Naya, Saxbe, and Dunton 2021; Zimmerman et al. 2022). Some preliminary research has been done on fertility intentions in Canada as impacted by COVID-19, but it was described broad fertility demographics and predicted economic impacts that may arise from these pandemic-related fertility changes and did not address the social dynamics I have explored within this thesis (Fostik 2021).

Considering the extant literature and research surrounding queer reproductive decision-making during the COVID-19 pandemic in the city of Saskatoon in Canada, I feel that my research is well placed. There is a varied foundation of research examining the general categories I have reviewed, helping to prevent me from unnecessarily repeating already-answered questions and informing my thoughts and directions in my work. In addition, my research is unique and precise enough to ask questions that have not yet been asked through my focus on queer people in Saskatoon, my inclusion of the COVID-19 criteria, and my unique context that guides the work I have done. Thus, my thesis joins an important and diverse body of research about the social study of reproductive decision-making that also addresses a specific place and set of concerns that have not been previously explored.

1.4 - Theoretical Perspectives

The theories underpinning this research begin with my training and education as an anthropologist. After seven years of undergraduate and graduate training in medical anthropology and numerous social science experiences as a teaching and research assistant, I think in terms of social science and anthropological theory. I look for the cultural context in everything. I think in terms of cultural relativism alongside analytical judgments. I have been biased to think of people not in terms of their philosophical orientation, their financial position, or the health and balance of their body, but instead in terms of relational dynamics – how they relate to each other as individuals and as increasingly-larger social units (Dilley 2002; Brown 2008; Faier and Rofel 2014). I must stress that these orientations are not solely the purview of anthropology or even the social sciences (Rotman 2021). Rather than try to claim anthropological ownership of these ways of thinking, I bring them up only to illustrate that the theoretical orientation for this research goes beyond the specific theories I have chosen to

underpin this work and has instead emerged from the way I have been trained to see and hear and think.

Within the general anthropological theory, I have chosen a pastiche of two specific theoretical lenses through which I have viewed this research. The first and broadest is that of queer theory. As a theoretical orientation, queer theory is generally flexible, often vague, and therefore difficult to define. For use in this thesis, I appreciate Mark Graham's definition of queer theory, that it is "a critical inquiry into the alignments of sex, gender and desire that are in the service of normative forms of heterosexuality, the heteronormative, that saturates the social and cultural order" (2016). Graham has also borrowed from Steven Seidman's discussions of queer theory, who said that the theory is really the

study of those knowledges and social practices that organise "society" as a whole by sexualising – heterosexualising or homosexualising – bodies, desires, acts, identities, social relations, knowledges, culture, and social institutions" (1997).

I appreciate Graham's approach that labels queer theory a critical inquiry because Seidman's labelling of queer theory as a study does not go far enough to detail how queer theory can be used in an active and applied context. To take Graham's critical inquiry approach one step further, I also include some of Eliza Garwood's discussion of queer theory because it operationalizes my use of queer theory in this thesis, as I will use it to "deconstruct the normative notions of and established binaries surrounding 'male/female, masculine/feminine, heterosexual/homosexual', 'real families/pseudo families' to name a few" (Garwood 2016). Queer theory is thus a way to bring to light the powerful and frequently assumptive forces which code many social and cultural phenomena in binaries, like right or wrong, good or bad, and desirable or repulsive, through the lenses of gender and sexuality.

Within this research, I apply queer theory to the stories shared with me through the notion of queering, a shortened version of "queer reading," which is an analytical tool used to look beyond the surface of something to see and challenge implicit, and sometimes explicit, heteronormativity (Barker 2016). I am not alone in queering anthropology in general, and reproductive anthropology more precisely, because queering and queer theory are fantastic tools for revealing the taken-for-granted, the assumptions, and the unspoken expectations that frequently guide cultural phenomena like reproduction (Hekma 2000; Boellstorff 2007; Wilson 2019; Craven 2019; Valdez and Deomampo 2019). Since anthropology is, in many ways,

focused on estranging the familiar and understanding the tacit forces that guide cultures, queering and queer theory are handy tools, and they have greatly informed the work in this thesis.

Garwood's emphasis on using queer theory to deconstruct normative notions is an especially salient aspect of this thesis. Three theoretical aspects of normativity are worth deconstructing in the light of queer reproductive decision-making. Understanding normativity is the first step, as norms are "cultural phenomena that prescribe and proscribe behaviour in specific circumstances" (Hechter and Opp 2001, xi). Everyone experiences the impacts of normativity in some way, but some forms of norms are focused on specific areas of behaviours.

Heteronormativity is the basis for the norms of note in this section, and heteronormativity is "a hegemonic system of norms, discourses, and practices that constructs heterosexuality as natural and superior to all other expressions of sexuality" (Robinson 2016, 1). Heteronormativity sets the expectation that heterosexuality is the default state of being and that general behaviours ought to align with (socially acceptable) expressions of heterosexuality. If these expectations are not met, there may be consequences – subpar or non-existent healthcare, restricted access to forms of bureaucratic support or help, ostracization, or even many different forms of violence, to name but a few (Beagan et al. 2022; Enson 2015; Portillo, Humphrey, and Bearfield 2022; Avramopoulou 2022; Gentry 2020; Javaid 2018). Heteronormativity can be ephemeral and difficult to attribute to any one source, but its ubiquity can mean that everyone, including queer people, may encounter pressure to adhere to hetero norms on a regular basis, including policing and surveilling their behaviours in an effort to ensure compliance (Cumming-Potvin and Martino 2014; Manning and Stern 2018).

Homonormativity is a different take on this norm, but one that comes from much the same place. Over the decades of the queer civil rights movements and as mainstream acceptance of queer people, or more accurately middle-upper-class gay White cis-gendered men, gained traction in North America, it became expected that non-straight people assimilate into heterosexual society by adopting much of the same priorities and expectations as heteronormativity. The term "homonormativity" was publicized by Lisa Duggan but the definition I am using comes from Matthew Archer, who said "homonormativity refers to an idealized performance of queerness that is congruent with as many privileged cisheterosexual norms as possible and which offers the least challenge to dominant narratives" (Archer 2021,

284). By sending out the message that gay rights have been established and that queer people should be happy productive citizens who focus on their individual domestic lives and perform them the same way as their acceptable straight peers, an expectation is created that queer people contribute to society in exactly the same way that straight people do. In application to the exploration of reproductive decision-making, homonormativity borrows reproductive goals from heteronormativity, and those goals are about creating families with children and two parents, ideally with some biological relation between at least one of the parents and the children (Garwood 2016). This leads us to the third important type of normativity for this thesis, that of reproduction.

Repronormativity is the term used to describe norms around reproduction that have arisen from heteronormativity and is defined by Anna Weismann as “legitimized, state-sanctioned heteronormative acts of reproduction specifically through the patriarchal heteronormative family” (2017, 279). Heteronormativity champions creating children through ‘heterosexual’ intercourse, or more technically, a penis introducing sperm to egg(s) within a uterus. While this type of reproduction is definitely the most common, holding it up as a moral and cultural standard because of its association with heterosexuality is repronormativity. Repronormativity is as much about gender identities and sexual identities as it is about the practicalities of creating a new human being, such as reinforcing ideas about acceptable masculinity or femininity, about appropriate types of bodies for fertilizing or bearing children, and who is recognized as being appropriately female or appropriately male under institutional definitions (Mavuso 2022; Love 2022; Karaian 2013). Prioritizing and privileging repronormativity can negatively impact anyone, including straight people, but doing so makes navigating reproduction even more difficult for queer people because some of us cannot or will not engage with the types of reproduction that are considered normative. This thesis considers these three types of normativity (hetero-, homo-, and repro-normativity) in particular for two reasons. One is because contrasting and contesting normativity is a central aspect of queer theory, and the other is because my analysis showed that these concepts weigh heavily on the queer people with whom I spoke and the meanings they derived from the reproductive decisions with which they grappled.

The second theoretical approach is much more specific but it applies to this thesis just as broadly as the first, and that is Cheryl Mattingly’s approach to critical phenomenology, what she calls “critical phenomenology 2.0” (Mattingly 2019). Critically examining the concepts,

categories, and classifications anthropologists regularly use to understand the phenomena they are seeing is at the heart of Mattingly's approach because critical phenomenology 2.0 is "an experience-near process of concept destabilization" (Mattingly 2019). As anthropology continues its tasks of understanding and illuminating, the profession grows and changes but also solidifies, taking for granted some of the foundational frameworks that have become key – frameworks such as relationships of power and the violence enacted through structures and institutions. To look at individual experiences and divorce them from these dominant frameworks provides a chance to defrost and destabilize the "canonical" critiques that have long underpinned anthropological works, such as those at the heart of what Sherry Ortner calls "dark anthropology" (Ortner 2016). Within this version of critical phenomenology, Mattingly hopes to "awaken [anthropology's] critical gaze" by disrupting established categories and frameworks to keep them "open to scrutiny" (Mattingly 2019). Letting experiences and meanings be strange, confusing, and difficult to categorize opens space for new and critical ideas to emerge within academic thinking and research.

In explaining how I have applied Mattingly's intriguing views on thinking and meaning to my thesis, I must first state that I have done so inexpertly. The depth and potential contained within Mattingly's theoretical approach is one that I feel I will wrestle with throughout my career, and only through practice can I hope to come close to applying the critical approach she calls for. Embracing this theoretical approach has helped me on my journey of analyzing my assumptions around how things work and looking closer at the individual meanings and thoughts that others share with me and that I experience as a researcher. I thus apply Mattingly's theory here not to claim any kind of academic triumph but merely to recognize the beginning of what must be a life-long journey of awareness and reflection on what I know and how I have come to know it.

Mattingly's critical phenomenology was extremely useful in my exploration of queer reproductive decision-making in Saskatoon during the COVID-19 pandemic. Queer people already defrost and destabilize what we think we know – the queer landscape of identities and terminology is constantly evolving, and queer peoples' experiences of queerness tend to shift and change over time (Kirsch 2000; S. D. Miller, Taylor, and Rupp 2016). Who and what is queer and how queerness exists within a broader cultural milieu can surprise, startle, and even cause upset because of how little queerness can conform to our expectations and assumptions. Queer is

weird, queer is different, queer is strange (Dator 2022; Valentine 2002; Alexander 2017). Also, depending on your viewpoint, queer is normal, queer is stable, and queer is average (Warner 2000; A. I. Green 2007; J. Ward 2016). Queerness often resists categorization as much as it embraces it, and queer identities and their relationships with the world are often sources of contention within the queer community as much as without (Peters 2001; Phillips 2009; Drushel 2019). Queerness is, therefore, a perfect area in which to practice critical phenomenology 2.0.

Both parenting and COVID-19 also hold potential for critical phenomenology. As Western definitions of parenthood move away from the norms of the nuclear family, the definition of a family and how it is put together actively resists the categories of kinship and relationality often employed by anthropological analysis (Carsten 2004; Herman 2009; Otto 2017). What family means and how it is experienced is a subject ripe for the critical gaze of Mattingly's phenomenology 2.0 and is an area I have tried to explore in this thesis. There is a similarity between the variable meanings and experiences of family and the broad scope of experiences and meanings that have emerged in the COVID-19 pandemic. Individual variation in the effects of the viruses that cause COVID-19, in how people make meaning of the social response to these viruses, and how important experiences are understood in the face of these responses add up to turn a "global pandemic" into a highly individualized, difficult-to-categorize, amorphous blob of stuff that we still refer to with the broad label of "COVID-19" (Pereira et al. 2021; Joy et al. 2020; Sandbakken and Moss 2021; Karataş and Tagay 2021). How, then, does anthropological research wrestle with analyzing parenthood and COVID-19 experiences without resorting to "sedimented" concepts that might misrepresent or misunderstand the subjects with which they work? This thesis is my attempt to do so within the particulars of my setting and research question.

1.5 - Research Question and Thesis Layout

I have thus outlined the important aspects of my research - queer reproductive decision-making during COVID-19 in Saskatoon. In addition, my theoretical approach hints at what specifically I am looking for within that particular setting. These factors add up to the research question that has driven my research for the past two years: What meanings do queer people in Saskatoon find in their reproductive decision-making processes, and how do those meanings influence those processes during the COVID-19 pandemic?

Chapter two outlines the methodology I used within this thesis, including recruitment, data collection, analysis, an outline of those who participated in this research, and a discussion about the impact of COVID-19 on my methodology. Chapter three examines queer family structures and how queer people make meaning in the creation of their families, with a focus on making families that work for them. This chapter dives into the social primacy of the nuclear family and how it both does and does not include queer families, how queer people view and wrestle with the gendered aspects of pregnancy, and the unique impacts COVID-19 has had on both encouraging and discouraging queer family formation. Chapter four is an examination of the role of safety in queer reproductive decision-making, starting with a critical definition of safety as related to reproductive decision-making and then diving into the disparities and similarities of safety as experienced in Saskatoon and as experienced in the places that people came from before moving to Saskatoon. Chapter five describes the impact of normativity on how queer people in Saskatoon make their reproductive decisions, including a critical definition of norms, exploring the norms that seem to originate in Saskatoon and discussing how norms from other countries have impacted the people who have since moved to Saskatoon and are making their reproductive decisions here. Chapter six focuses on the COVID-19 pandemic and how it has impacted ‘place’, starting with a critical definition of place, describing how COVID-19 has changed what meanings people associate with place, how the space between places has gained new meanings and then inspecting the impact that the COVID-19 pandemic has had on reproductive decision-making specifically. Finally, in chapter seven, I conclude by discussing this research's implications and suggest avenues of further inquiry.

The information I provide and consider in these chapters is intended to support my answer to the research question posed above, which is that queer people in Saskatoon are influenced in their reproductive decision-making by meanings they have created around: queer and reproductive safety; the family structures they feel are best and are supported in making; and how COVID has impacted meanings of place.

Chapter 2 - Methods

2.1 - Unpredictable Changes – The Impact of COVID-19 on Methodology

Data collection for this research happened between May 4th and June 24th, 2021, with planning and proposals finalized by March of that same year. The COVID-19 pandemic had been in full swing for a year by the time the proposal process was completed, with the University of Saskatchewan and the University of Regina transitioning to full remote operation on March 13th, 2020 and the province of Saskatchewan declaring a state of emergency on March 18th (Fontaine 2020; Government of Saskatchewan 2020). Arguably, I had a full year of the pandemic to come to terms with the restrictions it would place on my research, but the constantly shifting variables of vaccinations, changing restrictions and gathering sizes, and the weather made planning the data collection process difficult at best. As a result, I abandoned the methodology I had hoped to use, that of traditional ethnography in the sense of participant observation and significant time spent in the contexts experienced by participants, and found myself instead engaging with the unfamiliar ethnographic possibilities found in remote interviewing and the observations and insights I could glean through a Zoom session. Though I was not conscious of this fact during my interviews, fitting this new version of ethnography into my research was, in some ways, an exercise in queering ethnography. I had had no prior experience with traditional ethnography but I had been prepared for it and had expectations set around what data collection within this anthropologic mainstay would be like.

This new type of ethnography, though limited in some of the ways I have mentioned, also provided new opportunities for exploring meaning and milieu and for experiencing the world through the borrowed perspective of those sharing their stories with me. In these ways, I was looking at my research “queerly”, i.e. strangely and without a normative sense of familiarity, and I was not alone (Dasgupta 2021). I am not the only one who has experienced these methodological fluctuations and challenges in trying to understand how ethnography fits into an ever-changing world, with some calling these new approaches “patchwork ethnography” (Fine and Abramson 2020; Günel, Varma, and Watanabe 2020; Podjed 2021; Abad Espinoza 2022). At the time of data collection I was making the best of a research trajectory I had not fully anticipated and with which I was not familiar, but with the gift of hindsight I can appreciate the

opportunities for new ideas and analyses presented by my engagement with patchwork ethnography. In this chapter, I outline the steps I have taken throughout this patchwork research.

2.2 - Recruitment

As social distancing mandates and other restrictions persisted, and remote school and work remained prevalent, my recruitment methods were entirely digital and remote. I engaged in three main avenues of recruitment. First, I posted to the University of Saskatchewan's internal events feed on the PAWS Web Portal (see appendix A – Recruitment). Second, I posted a recruitment request in multiple places on Facebook. I posted it to my own personal Facebook page to reach existing queer contacts. From there, friends and peers circulated and shared it on their own Facebook pages. I also asked OUTSaskatoon, the city's largest queer support and service organization, to share my post to reach people beyond my social circle. Third, and though this was not intentional, I received many contacts through snowball recruitment as participants shared their experiences with their friends, who in turn reached out to me, and as people who had seen the PAWS announcement but had not gotten involved in my research spread the word to others who they thought might be interested.

One aspect of recruitment shifted during the research process. The initial age range of participants was 18-35 years old, but during recruitment, I found it difficult to speak to any queer participants in that age range who had already had children. To hear the perspectives of people who experienced parenthood and how that impacted their reproductive decision-making processes, I expanded the upper age range from 35 to 45 years old.

2.3 - Individual Interviews

My data collection consisted of nineteen semi-structured and person-centred interviews. All interviews were one-on-one and were held over Zoom. Interviews ranged between forty-five minutes to two hours. During these interviews, I asked about four main topics – their lives and their contextual lived experience (the “get to know you” questions), how they feel about and have experienced the province of Saskatchewan, how the COVID-19 pandemic has impacted their lives, and about their thoughts, feelings, and plans regarding parenthood (see Appendix B – Interview Guide).

The remote nature of these interviews presented both opportunities and challenges. Due to the high prevalence of people working and learning from home, rescheduling interviews due to scheduling difficulties was easy, as we did not have to consider commute times or the business hours of potential interviewing locations. It may have also helped establish an interviewing relationship between myself and each participant, as interviewing someone in their home, when done carefully and with respect to them and their space, can help to develop rapport, safety, and ease of self-disclosure (Borbasi et al. 2002). Remote interviews also allowed participants some choice in the interview location if we considered the location to be where the participants physically were when interviewing, not within the online location defined by the boundaries of Zoom's video windows. Their choices in interview locations may have imbued the interviewing process with more agency and less inequality than if we had met up in person (Herzog 2012).

The challenges of remote interviewing were also complex, partially because of my expectations of interviewing. I chose the field of anthropology due to my extroverted nature, love of talking to others, and deep and abiding interest in connecting to people as much as possible. Facing the possibility of the culmination of my life's work thus far, the interviews that would form the backbone of my Master's thesis, without the in-person dynamics that I had perceived as the hallmark of anthropological data collection, left me disappointed in the situation. This aligns with John Johnson and Timothy Rowlands' observations about how the interviewing process, and the deep understandings that emerge from in-depth interviews, can be impacted and biased by the interviewer's feelings and connections to the interview itself (Johnson and Rowlands 2012). Interviewing by Zoom fundamentally changed the social interaction of the interview, the interaction I had expected and longed for (Warren 2012). While Zoom interviews did not prevent interaction, they removed aspects of social communication that I had considered fundamental to understanding other people, such as revealing the full range of their body language, sometimes flattening tone of voice through the audio encoding and decoding process, changing the rapport-building and process of trust establishment by removing physical proximity, removing some sensory experiences like smell or touch. Zoom interviewing also introduced new challenges, with the most universal one perhaps being the interruptions and delays due to bandwidth and other technical difficulties. All of these experiences, so far removed from the in-person processes I had expected to encounter, rendered a familiar concept, that of a conversation, rather strange and alien (Olliffe et al. 2021).

A year after conducting these interviews, I can now appreciate the perspective I gained from having my expectations subverted by the necessities of interviewing during the peak of COVID-19. By removing my sense of comfort and ease around the interviews, I was able to “estrangle the familiar” and gain insights I might otherwise have missed if I had done in-person interviews, which are a known entity to me. Being knocked off-balance, mentally speaking, was a great boon for the next step of my research – analysis.

2.4 - Analysis

All research data, including interview notes and field notes, were analyzed through the twin theoretical lenses of queer theory and Mattingly’s critical phenomenology 2.0. I had originally intended to use grounded theory by continuously refining my analysis against the data as I collected it, simulating the “continual interplay between data collection and analysis to produce a theory” suggested by Glenn Bowen (2006, 13). While I did engage in preliminary analysis throughout the data collection process by asking different follow-up questions to explore themes I saw emerging in earlier interviews, my analysis process may not have met the threshold for grounded theory. At the very least, my analysis was inductive, meaning that “the patterns, themes, and categories of analysis come from the data; they emerge out of the data rather than being imposed on them prior to data collection and analysis” (Patton 1980, 306).

Pre-analysis began by immersing myself in my data, including field notes and interview transcripts, reading each through multiple times. Field notes played an especially important role in this part of the analysis process, as my field notes were essentially aide-mémoires about the non-verbal aspects of the data collection experience. I had audio-recorded the interviews I conducted but did not video-record them, so my field notes mentioned facial expressions, the visible physical surroundings of the interlocutors, non-verbal reactions, and notes to contextualize sounds I heard that were not made by the interlocutors. While little of these notes were carried directly into the analysis and subsequent thesis, they were essential for re-immersing myself into the interviewing experience during pre-analysis and to thus represent the words of my interlocutors in as contextually accurate a way as possible. After this pre-analysis stage, I engaged in phenomenological analysis, aiming to “explore in detail how participants are making sense of their personal and social world” by analyzing “the meanings particular

experiences, events, states hold for participants” (Smith and Shinebourne 2012, 53). I did this by reading through each transcript, highlighting specific areas of meaning.

I analyzed the data using a phenomenological framework borrowed from Linda Finlay (2014). As such, I attempted to “bracket,” or put aside, what I take for granted about queer reproduction so that I could “dwell” on the data, thus making room so that “the phenomenon [could] reveal itself and speak its story into [my] understanding” (Finlay 2014, 126). After immersing myself in the data and the phenomenon of queer reproduction in Saskatchewan as told by the people I interviewed, I set out to distill the meaning contained within the phenomenon, or “discovering interrelated constituents of the phenomenon, then searching for connections across the data set and clustering any general or essential meanings that surface” (129). To do so, I followed the example of Paul Flowers and his colleagues (1997) by using thematic analysis to reveal phenomenological meaning within the emerging themes. This analytical approach aligns with the theoretical basis of critical phenomenology as espoused by Cheryl Mattingly, who sees the task of critical phenomenology as “an experience-near process of concept destabilization” (2019, 416). Finlay argues that phenomenological analysis includes a need to “break away from our own “natural attitude” and find a way to remain open to new understandings” (2014, 122).

I will note that I did not account for socioeconomic status (SES) in my analysis. Very few interlocutors gave me answers that related to their SES and, as my analysis was inductive, I did not find much relationship between SES and the themes I discuss in this thesis. The majority of interlocutors were university students and had thus attained a relatively similar baseline SES position, both due to their relatively young ages and to the financial necessities of attending university. This is not to imply that all interlocutors were financially privileged or had the same level of income, but rather that, through their status as university students, they occupied a similar SES category. This assertion does not cover the unique variables in each person’s financial situations but very few of them shared their financial positions with me and I did not include any SES-specific questions.

2.5 - Participants

In total, I spoke to nineteen different people. Because Saskatoon is the largest city in Saskatchewan and is culturally distinct from the province’s smaller cities, towns, and rural areas, I decided to focus my area of research on Saskatoon. All but one participant was located in

Saskatoon and so I excluded that one participant from my ongoing research and I therefore focused on a pool of eighteen Saskatonian interlocutors. Throughout this thesis I refer to interlocutors by the names they have chosen – some are their given names and others chose pseudonyms.

Table 2.1 – Interlocutor demographics and parenthood intentions

Preferred Name	Age	Area of origin	Sexuality	Gender	Children
Rowan (she and they)	25	Sask.	Bisexual	Cis-woman/female	0
Lula (she and they)	22	Sask.	Bisexual	Non-binary/"meh"	0
Thayara (she)	28	Brazil	Lesbian	Cis-woman	0
Claudia (she)	27	Brazil	Bisexual	Non-binary	0
Jason (he)	24	Sask.	Bisexual	Cis-man	0
Lisa (she)	21	Sask.	Bisexual	Cis-woman	0
Mariana (she)	26	Mexico	Bisexual	Cis-woman	0
Juan (he)	20	Colombia	Gay	Cis-man	0
Morgana (she)	27	Brazil	Bisexual	Non-binary	0
Ethan (he)	36	Quebec	Towards women	Trans-masculine	4
Jane (she)	29	Sask.	Lesbian	Non-binary	0
Elizabeth (she)	22	Sask.	Lesbian	Cis-woman	0
Nicole (she)	43	Sask.	Bisexual/queer	Cis-woman	1

James (she and they)	31	Sask.	Bisexual	Non-binary	0
Abi (she)	34	Philippines	Lesbian	Cis-woman	0
Carolina (she and they)	24	Alberta/Brazil	Bisexual	Non-binary	0
Cat (they)	27	Sask.	Pansexual/queer	Non-binary	0
Justin (he)	25	Sask.	Bisexual w/ grey-ace	Trans-man	0
Preferred Name	Plans for Future Parenthood				
Rowan (she and they)	Wants to have children				
Lula (she and they)	"it's dependent, it fluctuates, my feelings about it, depending on the day"				
Thayara (she)	"Some days I do, some days I don't."				
Claudia (she)	Wants to have children				
Jason (he)	Wants to have children (two kids)				
Lisa (she)	Wants to have children				
Mariana (she)	Does not want to have children				
Juan (he)	"So I don't know." (Ambivalent)				
Morgana (she)	"I don't feel like this is something I can think of right now cause there's so many things in life to be accomplished."				
Ethan (he)	Done having children				
Jane (she)	Wants to have children				
Elizabeth (she)	Does not want to have children				
Nicole (she)	Done having children				
James (she and they)	Does not want to have children				
Abi (she)	Wants to have children				
Carolina (she and they)	"Yeah, I still don't know where I land on whether that's a decision that I will make in the future."				

Cat (they)	"I am interested in parenting, and I would love to parent, but I do not want my own children."
Justin (he)	"I think I would like to have kids if I knew that I'd be stable enough and the world would be stable enough to raise a kid in my 30s, but I think right now, it's hard to say."

Participants ranged in age from 22-43 years old, with the average age being 27. Only four out of eighteen participants were over the age of 30. This age range encompasses the years that are often thought to be the prime years for reproductive decision-making.

The gender and sexual identities of the participants were quite varied. In describing these identities, I use queer terminology that may be new to the reader, so I have included a glossary of terms as at the beginning of this thesis. Seven participants identified as cis-gendered women, and two as cis-gendered men. Another seven participants identified as non-binary, and two as trans-masculine. This variation continued in their sexual orientations; the most common identity was bisexual, as eleven participants claimed bisexuality, though one bisexual participant also mentioned they had grey-asexual tendencies. Four identified as lesbians, with an additional participant saying their sexual orientation was “primarily towards women,” sometimes called gynosexuality/gynephilia. Finally, one participant stated he was gay, and one identified as pansexual/queer.

Another notable aspect of the participant demographics was the participants’ places of origin. While all were now located in Saskatoon, only ten participants were born or were primarily raised in Saskatchewan. Two participants had grown up in other Canadian provinces, one had immigrated from Southeast Asia, and the remaining five participants were of Central American and South American origins. All participants were fluent in English and all interviews were conducted in English.

Finally, there was a wide spread of responses regarding their current reproductive decision-making. As of our interviews, six people were firmly in favour of becoming parents, while one wanted to be a parent but did not want to have children biologically. Two were already parents and were done having children. Three were not interested in becoming parents. The remaining six participants were ambivalent – some had fluctuating feelings, desiring children some days and being happy in their child-free state on others. Some were unsure because they

felt other priorities needed to be addressed before children became an option. Yet others felt that they might be interested in having children if the proper contexts presented themselves.

2.6 - Timeline

An approved ethics amendment to BEH REB-334 was approved in April of 2021. Recruitment for this project began that same month, and the first interview was conducted in early May. Interviews concluded at the end of June, and the analysis was completed by the end of December 2021. The writing and editing process of this thesis was completed between January 2022-March 2023.

Chapter 3 - Queer Family Structures

3.1 – Introduction

Creating and maintaining kinship, family, or close relations with other people has been one of the main dimensions of human evolution and history (Bengtson 2001; Leonetti and Chabot-Hanowell 2011). The specifics of family and how they are built varies widely between cultures, generations, and individuals, but the importance of family in the social networks that keep people afloat is generally primary (Bott Spillius 2013). This chapter centers on the concept of “families that work”, an approach that ties into current anthropological approaches to kinship centering on the idea of relatedness. Instead of focusing on kinship structures that outline the specific matrilineal, patrilineal, or bilateral tendencies within cultures that dominated 19th and 20th century anthropology, the idea of relatedness is much more about what the concept of family means to the people creating those families (Carsten 2000). In discussing relatedness, Janet Carsten points out how the domestic space, including sharing of resources and nurturing, is the most important aspect of family-building (2004). I agree but will expand on this concept, as intersectional approaches to the notion of the domestic space and the sharing of resources among queer people in Saskatoon highlight adaptable definitions of what exactly a domestic space is and how resources are identified and shared. Flexible networks of relatedness and how those networks are used to construct identity and explore the meaning of family or kin is not a unique idea (Holmes 2009). Within that framework, I set out to explore the specifics of how relatedness is envisioned by queer people making families in Saskatoon in their unique cultural contexts, and how that family-making relates to reproductive decision-making in Saskatoon.

Unfortunately, some groups have been restricted or prevented from creating families, or creating families in the ways that work for them, based on a host of intersectional reasons: Indigenous family-making in Canada was severely impacted by colonialism and the systemic implementation of colonial practices such as the Indian Act (Tam, Findlay, and Kohen 2017). Socioeconomic status also changes how and what kinds of families can be formed, as lower access to housing and unemployment are associated with lower levels of family formation or increased interpersonal problems within families (Boyle and Lipman 2002; Mulder 2006; Ariizumi, Hu, and Schirle 2015). In addition, identities that fall outside of what is depicted as the norm (straight White middle/upper-class people) are not equally supported in creating or

maintaining their families and thus must make different reproductive decisions than people who fall within that norm.

In my conversations with queer people in Saskatoon, I found that a 2SLGBTQIA+ identity is also associated with difficulty in creating families that work. This difficulty emerged in three distinct themes. The first is that many of the queer people with whom I spoke did not want to create nuclear families, or “a family unit comprising parents and their dependent children” (Fortunato 2017, 102), and instead discussed exploring family structures and dynamics that align with queer values and realities. The concept of the nuclear family is steeped in a history assuming heterosexual cis-gendered biological reproduction as a state of normalcy (often shortened to “heteronormative”), and while in recent years there has been a shift to include non-heteronormative families under the nuclear family umbrella, the concept still carries heteronormative baggage and is therefore not always embraced by queer people (Peterson 2013; Herz and Johansson 2015). Unfortunately, the people who shared their stories with me also described the significant lack of institutional and social support for creating non-nuclear families, or families that do not center on the two-parents-and-their-children structure often presented as the familial default. The second theme was pregnancy and specifically how many of the queer interlocutors do not want to experience their own pregnancy, though some were open to building families through their partner’s pregnancy. Together, we explored how social expectations of gender and sexual identity performance are inherently tied to understandings and expectations of pregnancy and how queer people want to subvert, disrupt, or avoid those understandings and expectations in their reproductive decisions. The third theme dealt with the intersection of the impacts of COVID-19 on creating queer family structures, specifically focusing on how social distance and isolation allowed queer people to explore queer family structures without surveillance from others while also discussing the difficulties COVID-19 presents to marginalized communities like queer people in Saskatoon when it comes to support and family formation.

As part of the reproductive decision-making processes, queer people in Saskatoon are deciding how their families are formed. I have found that an important aspect of those processes is that most people want to make families that work for them. How queer people experience family can differ significantly from the experiences of non-queer people, including a reliance on families of choice and found families when families of origin are not accepting or supportive of

queer people. Queer peoples' experiences with family also include a different social relationship with the meanings of family and reproduction stemming from gender roles and stereotypes about sexual orientation (Bertone and Pallotta-Chiarolli 2014; Dixon 2018). Queer families are, therefore, more complex to make because of a lack of institutional or systemic support for making families that do not reflect the experiences or expectations of the cisgendered and heterosexual patriarchy. Ultimately, for the queer people in Saskatoon who shared their experiences with me, the reproductive decision-making process includes serious consideration of how to make families that work for queer people while lacking the same supports that cisgendered and heterosexual (or 'cishet') families receive.

3.2 - Exploding the Nuclear

Ethan is explaining to me the makeup of the family he and his fellow co-parents have built. There are four children in his family, five different parents in the mix, and three different levels of relationships that I am doing my best to follow – who is biologically related, who is maintaining interpersonal relationships, and who lives in which household. While I try to understand these intersections, Ethan reminds me that, regardless of these complexities, the kids are all siblings and are in a family full of love. For Ethan, the specifics of the makeup of their family structure are less important than ensuring that the family is supportive, functioning, and providing the best possible home for all four children. The multiple aspects of family that Ethan has shown me align with anthropological observations on the notion of relatedness which, as Pamela Downe points out, is multifaceted: “[r]elatedness, then, has social and emotional as well as material and behavioural dimensions that must be considered in discussions of family and kin networks” (2021, 28). Constructing family centers on the goal of the best possible home for these families and oftentimes for queer people what is best is not synonymous with the nuclear family. This sentiment is echoed by many participants and perhaps best summarized by Carolina, who says, “I’ve always preferred the concept of a larger family unit, whether that be my roommates or having an even wider net of support because one of my issues with parenting is I honestly feel like the nuclear family two-parent system just doesn’t work.”

Though the reasons each participant gave me about why the nuclear family system does not meet their needs were different, Carolina describes a difficult situation her little brother went through as an excellent example of why the nuclear family is not enough.

I think that's partly because I saw how [the nuclear family two-parent system] didn't really work with my family. When my brother was going through his stuff, I saw my parents could not have handled it by themselves, and I think sometimes I wish that they had already had a bit more of a net. In the moment, they really scrambled to create one, but if we'd already had that, I feel like maybe some of the things we went through would have been avoided.

Making decisions about reproduction means balancing a wide variety of variables, and for queer people considering these decisions during the COVID pandemic, some of the most important variables are those of support and family functioning (Shek 2021; Feinberg et al. 2022). These are extraordinarily difficult variables to navigate, as the role of support has changed due to the shifting and difficult experiences of this pandemic, the distance and shift to online methods of socializing, and the changing nature of childcare (Watson, Lupton, and Michael 2021; Stanley et al. 2021; Adams et al. 2021). Family functioning has also been impacted on a broad scale, as the pressure and uncertainty of the COVID-19 pandemic have led to decreased family mental health, increased conflict and dysfunction, leading to lower levels of family cohesion, and higher levels of stress and associated harmful coping mechanisms such as alcohol consumption (Gunawan, Juthamanee, and Aunguroch 2020; Gadermann et al. 2021; Peltz et al. 2021; Greenglass, Chiacchia, and Fiskensbaum 2022). The COVID-19 pandemic has undoubtedly highlighted the need for community-oriented collective care, but that need has existed for much longer than this particular virus has been around (Evans et al. 2017; Sargsyan 2019; Downe 2021; Jones 2020).

For queer people, having been historically denied the chance to create the typical nuclear family through laws and social norms that long prohibited “gay” marriage, assistance for queer reproduction such as adoption, artificial insemination, or surrogacy, and restricting access to legal protection of family units, making public decisions about their reproduction around the concept of the nuclear family is a relatively new phenomenon (Cox 2005; Cameron 2008; Pettinicchio 2010; Macintosh, Reissing, and Andruff 2010; Harder 2021). Instead, queer families have long made their own connections, their own structures, and their own ways of doing things – in many ways, they have been pioneers of communities of belonging that can go beyond the cis-het idea of families and become supportive relationships based on constructed and deliberate relatedness rather than consanguinity and genetics (Clare 2019; Garwood 2022).

Families of choice have been a common way for queer people to create families that love, accept, and support them by building a family from friends, colleagues, and neighbours instead of blood relations (Weston 1991). As such, families of choice often do not follow the nuclear family concept, including the power dynamics inherent to mother/father/child relationships (Lehr 1999). To be clear, queer nuclear families do exist and are becoming more prevalent now that, in many countries, laws and norms are more open and supportive of queer parenthood (Folgerø 2008). However, some queer people see this shift as a negative rather than a positive, as the nuclear family is seen as an inherently heterosexual social construction that intends to suppress and marginalize lifestyles that do not conform to heteropatriarchal norms (Folgerø 2008; Garwood 2016). Many queer people see the construction of families outside of the nuclear as a matter of culture, carefully cultivated during decades and centuries of oppression and violence (Lehr 1999; Reimann 2001).

Interlocutor Lula provided what they consider to be a salient example of queer family-making and ends up tying it back to how they perceive reproductive decision-making in Saskatchewan:

It's the biggest example of queer straight people, it's one of my straight movies for gay people... *Mamma Mia!* is, to me, the quintessential heterosexual queer parenting situation. To me, if they were straight straights, they'd be like, oh, paternity test. [...] And we're also going to judge Meryl Streep cause she had sex with three men and she shouldn't have done that and is irresponsible. But in the movie, they're like, we don't care who the biological dad is! All of us are your dad, we all love you, each of us will be your father. [...] Everyone in that movie is theoretically heterosexual, but to me that's not a straight parenting situation cause they're like, yeah, you have three dads and we're chill with that. [...] That to me really encompasses what could be, but... I'm tying it back to the question, but that's not Saskatchewan. In Saskatchewan, it would be like, paternity test and we shame the mother.

In their description of the movie, Lula highlights how closely tied the notion of the nuclear family is to straight people by pointing out that this flexible approach is “not a straight parenting situation,” even though the characters she describes are never shown in non-heterosexual situations. For many of the queer people I spoke with who were born or raised in Saskatchewan, this flexible parenting approach is seen as an ideal but is not terribly visible. By placing

themselves in Meryl Streep's shoes within the movie, Lula hypothesizes that if a similar parentage experience were to happen in Saskatchewan, the social and cultural dynamics of the province would not be open to creating the queer (i.e. strange, different) family whose dynamics are not based on biological relationships and the policing of the sexualities of people designated female at birth (DFAB), a term used to describe how people have been gendered in their childhood, which may or may not be related to how they are currently choosing to gender themselves. "Slut shaming," or the denigration of DFAB sexuality, is a prevalent concern in the province, and though Saskatchewan's systems and institutions are slowly becoming more open to families not based on genetic ties, the province still relies heavily on paternity testing and genetic relationships in determining family creation (Umereweneza et al. 2020; Wiegers 2010). While it is unlikely that the forces that make a Saskatchewanian *Mamma Mia!* an improbable prospect are intentionally aimed at preventing or shaming the creation of queer families, the outcome is still dissuading queer people from creating the families they think are best as part of their reproductive decision-making processes.

Another interlocutor also demonstrates the importance of flexible parenting practices to queer people in Saskatoon. Lisa, who grew up in a small town, only discovered the type of flexible parenting Lula pointed out when Lisa moved to Saskatoon for university. This knowledge changed Lisa's approach to reproduction. When she was younger, Lisa was sure she would never want children, but upon moving away from her hometown and attending post-secondary education, Lisa said,

Meeting so many diverse people and learning that there's so many ways to parent. [...] It doesn't look just how I thought it had to look, with this very nuclear heterosexual family where... Even though I knew that that's not what every family looked like, but it's different when you just know it but you still kind of have it internalized. But now it's definitely like, you can have kids and make that look any way that you want to, which I think is a lot more appealing.

Lisa's discussion of the internalization of the nuclear family norm highlights how deeply engrained these cultural messages about expectations of reproductive decisions are. Before she was exposed to ways of parenting that did not resemble the nuclear family model, she did not realize that there could be a different way of doing things. Through cultural narratives around reproduction, the nuclear family is often touted as the best, if not only, option for creating

families in many areas of the world (Fineman 1993; Pender 2007; Kradin 2009; Gachago, Clowes, and Condy 2018).

In Canada, even though the cultural narratives on queer reproduction are shifting, queer people like Lisa are sometimes not presented with the knowledge needed to make their families in any other way but nuclear, as many of the systems and institutions surrounding families are still based in the idea that the nuclear family is the norm (Ontario Human Rights Commission 2006; Harder 2011). Information about which reproductive decisions are possible, including the values, attitudes, and subjective norms to which a person is exposed, form core features of the reproductive decision-making process (Philipov, Liefbroer, and Klobas 2015). While queer people are almost always making the reproductive decisions that suit their current circumstances, it is important to note that many, like Lisa, may be making different decisions if they knew about the possibility of forming families that do not conform to the nuclear ideal.

As I have mentioned, the systemic and institutional influences on creating the nuclear family norm in Saskatchewan are strong. Interactions between the government, the provincial healthcare system, and the legal system all enforce the creation of specific types of families. The cultural orientation of appropriate types of Saskatchewan families, particularly White settler families, is partially controlled through forced and coerced sterilization of people deemed “unacceptable” parents, largely Indigenous and other marginalized Canadians (Clarke 2021; Akbari 2021). By making other peoples’ reproductive decisions for them and stripping them of their agency, doctors and social support personnel dictate who is allowed to be parents and how many children they are supposed to have, done in an attempt “to control [Indigenous] bodies while criminalizing Indigenous health and reproductive practices” (Standing Senate Committee on Human Rights 2021, 22).

In addition, other marginalized people like “racialized persons, persons with disabilities, persons with HIV, institutionalized persons and persons whose sex and gender do not conform to gender-based expectations of society” are frequently targeted for sterilization and control over reproductive practices (Standing Senate Committee on Human Rights 2021, 24). Queer people are heavily present in many of these groups. Even though queer people are listed as their own subgroup within the Senate report that I reference, queer people are also more likely to be disabled than their cis/het counterparts, are more likely to have been diagnosed with HIV, and are more likely to be institutionalized for mental health concerns (Fredriksen-Goldsen et al. 2017;

Centers for Disease Control and Prevention 2021; Veltman and Chaimowitz 2014). Even for those who are not queer, many of the groups mentioned are people who have had to build families of choice because their marginalization has either prevented them from engaging with typical nuclear family structures and/or because they have their own cultures and traditions surrounding family that does not match the social norms of nuclear families. Structural and institutional support in creating the right kinds of families for the people making them, whether or not that is a nuclear-style family, is an important aspect of reproductive decision-making in Saskatoon.

Structural family support also aligns with the primacy of nuclear families until it is actively challenged. Nicole shared with me her and her husband's struggle to overcome these structural assumptions about heterosexual nuclear families. Nicole's husband Jai is a transgender man, so when the couple decided to have children, Nicole became pregnant using the sperm of a known donor. As a result, when their daughter Alice was born, Jai was deemed ineligible to be listed as Alice's father on the birth certificate, instead requiring that the sperm donor be listed. Choosing to fight to have Jai legally recognized as Alice's father, the couple spent nearly \$20,000 and an untold number of hours working with their MLA to create the Children's Law Act 2019, also known as Alice's Law. As a result, parents no longer have to go to court to get a declaration of parentage, and verbiage in the law changed from "mother" and "father" to gender-neutral "parents" (Djuric 2021; Docherty 2020). While it is commendable that the Saskatchewan government was responsive to the concerns brought forward by Nicole and Jai, the costs of time, effort, and money that were necessary to amend the government's definition of family demonstrate that the biological relationships inherent to nuclear families are still given primacy unless directly challenged. Alice's Law also broadens the definition of nuclear families to include more diversity in creating them, but it does not disrupt the concept of the nuclear family itself.

All over the world, people want to build families in the ways that work for them. Family and kin are built systems of relationships and connections that vary depending on place, time, cultural orientation, and a vast host of other factors (Levine 2008; Read, Fischer, and Hlaing) 2014; Roy and Thompson 2019). In Saskatoon, queer people want to build the families that work for them - families that may run counter to norms and expectations that emerge from Saskatchewan's cultural and religious orientations. As a result, some queer people struggle to

build their families without the social and institutional support offered to their cisheteronormative counterparts because they are not creating a nuclear family. Even though the nuclear family no longer represents the majority of Canadian families and may never have accurately depicted the family make-up in Canada, it remains a cultural and spiritual ideal supported by systemic and legal approaches to family and kinship in the country (Scofield 2012; Campion-Smith 2012; Statistics Canada 2017). As a result, queer people in Saskatoon seek to explode the nuclear by establishing families that do not conform to these nuclear expectations.

3.3 - Pregnancy

Sixteen of the eighteen participants were designated female at birth (DFAB). Regardless of their current gender identities, they were born with anatomy commonly associated with females – vulvas, clitorises, ovaries, uteruses, and fallopian tubes, and someone recorded the child’s sex as “female” on their birth certificate (Harrington 2016). These anatomical features are socially and culturally interpreted as gender-specific, so having these parts means that the person is generally seen as a girl or woman (Hubbard 1996). In heteropatriarchal mainstream North American cultural narratives, those anatomical features, and the “women” who have them, are to fill specific cultural roles – namely, sexual pleasure for men and reproduction through creating more humans (Welldon 1988; Musial 2014). The heterosexual assumptions surrounding the association between DFAB peoples’ anatomy and reproduction are stark. As part of the heterosexual imaginary, people who have “female” reproductive organs are expected to become pregnant and reproduce (Ingraham 1997).

Regarding reproduction, the assignation of gender roles crystallizes for DFAB people as pregnancy is a “public symbol of femininity and also, however illusory, heterosexuality” (Goldberg 2010, 58). Pregnancy and motherhood are rendered highly visible and are thus objects of frequent and intensive surveillance by the societies in which pregnant and mothering people live (Neiterman 2013; Fox and Neiterman 2015; Johnson 2018). Queer people also experience surveillance, including surveillance of their bodies as gendered and sexual subjects through complex mechanisms of power (Dubrofsky and Magnet 2015; van der Meulen and Heynen 2016) because “non-normative gender and sexual identities disturb the norms in the dominant material, discursive, and symbolic logics of surveillance systems” (Ball et al. 2009, as cited in Kafer and Grinberg 2019, 592). The cumulative effects of being both queer and pregnant could

result in heightened surveillance (Hudak 2019) and was a significant consideration in the reproductive decisions made by the people who shared their experiences with me.

Lula, a DFAB person whose gender identity is “just vibes, I don’t care” and who goes by she/they pronouns, already felt surveilled by the gaze of others due to their body being coded as female and saw pregnancy as something that would increase that surveillance. In considering the circumstances in which they would be comfortable being pregnant, they said:

If I could somehow grow a child without having a baby bump, I probably would be chill with it, but it’s the visible... And I think that gets into the performance of gender... But being perceived that much as a woman would not vibe with me, I’d be like, mm, could you not perceive me? And particularly, don’t perceive me as a woman.

This is because, they said, “we have termed pregnancy into one of the most womanly things you can do and it’s so hyperfeminized.” In these two statements, Lula is referring to the tension they feel between their individual body image, or the “collective and idiosyncratic representations an individual entertains about the body in its relationship to the environment,” and how their body as an embodied social symbol, or using their body as “a cognitive map to represent other natural, supernatural, social, and even spatial relation” (Scheper-Hughes and Lock 1987, 16, 19). Lula’s personal experience in their body is one of ambivalence towards gendered assignments based on shape and presence of body parts, saying, “I know that my gender identity is queer but I don’t really care enough to label it or lock it down or anything. It is what it is – I don’t really worry about it”. Yet, by living within a culture that assigns gender based on those body parts, Lula’s body and its potential to become visibly pregnant become part of the social body that turns a rounded abdomen on someone who is assigned a (sometimes unwanted) female gender identity into a symbol for “self-sacrifice, hyper femininity, and heterosexually defined roles” (Goldberg 2010, 58). In making reproductive decisions, Lula is hyper aware of the socially gendered impacts of a potential pregnancy and is turned off by the idea of pregnancy because of how they would be perceived by others.

Lula was not the only DFAB interlocutor to respond this way about pregnancy. Some 65% of the DFAB people with whom I spoke told me they did not want to be pregnant and disliked the idea of being pregnant. For many of them, it was for similar reasons that Lula described – being visibly pregnant and coded as feminine was an unacceptable outcome. For some, the idea caused feelings of gender dysphoria, which is the distress or discomfort someone experiences

when their physical body and their gender identity do not align (Atkinson and Russell 2015). For others, it was disgust for, or fear of, the idea of pregnancy, including the difficulties associated with birth and the physical changes a pregnant body will undergo, with some descriptions of these feelings verging on tokophobia or an unreasoning fear of childbirth (Jomeen et al. 2021). These terms have specific clinical meanings and are frequently used to diagnose people who suffer severe effects from them, but among the queer community, both have been adopted into common use and do not specifically refer to more limited clinical definitions of the term (Demšar et al. 2018; J. Moore 2021). Instead, they are used to communicate the queer-specific feelings these terms describe (discomfort, distress, fear, disgust) about the embodied aspects of reproduction and gender.

Caitlin, another DFAB non-binary person, described this relationship with their body, saying:

I am interested in parenting, and I would love to parent, but I do not want my own children. I do not want to be pregnant at all. That's not something that I don't think I would ever actually be able to do and maintain a healthy brain. It would just make me feel too weird, I already feel real weird about lots of the parts of my body and it not fitting with what I think it should be in my brain.

Caitlin's experiences align with the broader queer experience. Dysphoria is often at the heart of these "weird" feelings Caitlin describes, as the assignation of assumed gender and sexual orientation that often surrounds pregnancy and the institutions involved in pregnancy can trigger similar feelings of disquiet and discomfort in people who do not conform to their designated gender at birth (Fischer 2021; Croll, Sanapo, and Bourjeily 2022). Dysphoria among queer people is also associated with lower levels of mental health and is often associated with mental health problems like depression and anxiety (Dhejne et al. 2016; Byne et al. 2018). Aside from dysphoria, queer people are more likely to experience a fear of childbirth in part because of a correlation between queer pregnancy and mental health concerns, because of a medical system that often traumatizes queer people because of heteronormative assumptions and cultures in birthing practices, and because systemic and institutional supports are often inappropriate for queer people (Ross et al. 2008; 2012; Abelson, Epstein, and Ross 2013; Carpenter 2021; Hallström et al. 2022). With these intersecting and complex factors, fear of or aversion to

pregnancy among queer people seriously impacts their reproductive decision-making in Saskatoon.

These aversions to pregnancy do not represent the experiences of all those who shared their stories with me. Three people had either already experienced pregnancy and were happy to have their resulting children, or were open to the possibility of pregnancy in the future, but they were decidedly in the minority among those who spoke with me. However, because pregnancy and its complications emerged as an important topic from my analysis and were not the focus of my questions, I did not directly ask the participants about their pregnancy experiences or expectations and they did not share with me stories about their positive feelings about pregnancy. The two participants who have already had children were clearly happy with their families and loved their children, but neither told me much about their pregnancy experiences or the meanings those experiences had. Both had had at least some of their children through conception by donated sperm, so their pregnancies were intentional and sought after but I did not receive much information about their pregnancy experiences beyond that. The pressing issues these parents shared with me were not related to pregnancy but instead surrounded the legal and structural difficulties that they experienced with having their families appropriately recognized by the institutions that govern aspects of those relationships. Thus it seems that pregnancy can be a difficult concept for many queer people to navigate but, when pregnancy is desired and sought after, the complexities surrounding queer parenthood then shift to parental relationships with institutions instead.

3.4 - COVID-19

Because Canada's settler society generally depicts families as mom + dad + kids living in a house through advertising, news media, social programs, and entertainment media, there is an implied social norm that "everyone participates in identical sorts of kinship relations and subscribes to one universally agreed-upon definition of family" (Weston 1991, 22). For those who do not fit into that definition, creating families that work, often based on families of choice, is an equally acceptable way to reproduce and love the people around them. And creating families that work has never been easy for queer people, but it is significantly more difficult with the COVID-19 pandemic. The social disruption caused by social distancing and other public health protective measures has deeply impacted whole family systems and the individual

relationships between family members, presenting challenges for pre-existing families (Prime, Wade, and Browne 2020). Yet these measures have also provided the fodder for a new take on families of choice with the suggestions of “bubbles,” or the small group of individuals who can safely socialize with each other because they have reduced their contact with others (Trnka and Graham Davies 2021).

For Carolina, the COVID-19 pandemic played a substantial role in creating their family of choice, impacting their thoughts about reproductive decision-making. They had already considered their best friend/roommate to be their family, saying:

We’ve been living together for six years, we raised our cats together, it’s very much one of those situations where... I was telling a friend recently that I think people confuse us for being in a romantic relationship a lot but we just have a really strong platonic relationship.

This happy and supportive relationship evolved with the addition of a third person, the romantic partner of Carolina’s best friend/roommate, as a result of the first wave of COVID-19 restrictions.

[Best friend/roommate’s] partner ended up moving to Saskatoon in November of 2019, October maybe, so there were three or four months there where my friend and their partner were really close, obviously, and [...] every once in a while I’d hang out with them, and then COVID hit. And my friend’s partner was living across the street from us, and was living alone. So we kind of just ended up creating this three-person household and I think, because of the pressures of social distancing from everyone else, it became really easy for us to create this sort of family unit when everything else about the pressure of society and the way everything else is supposed to work was kind of just removed all of a sudden. So it was really easy to be like, we’re just gonna create this little family.

As Carolina pointed out, the social disruptions inherent to COVID-19 responses changed existing systems of sociality and relationality in Saskatoon, paving the way for the quick formation of new family units within “bubbles.” This three-person family has become so central to Carolina’s concept of the future that they play a massive role in how they think about their reproductive decisions, saying, “So I think if I imagine what parenting would be like in the future, it would probably be... They [roommates] would definitely be involved, I would be the

more central figure or the person putting down my name on the documents.” But for Carolina, this particular family of choice is just the centre of a more comprehensive network of support that would be important in having a child, as they went on to say, “And I don’t think it would be just the three of us, either. I would still want to feel like there was a bit more support, yeah.” This wider support network is important to Carolina because “I don’t think anyone should have sole or even divided between two responsibilities for another human life. That’s a lot, that’s scary!” The COVID-19 restriction measures certainly reinforced Carolina’s perspective, as the removal of childcare options outside the home demonstrated that it is difficult for households to cover all of their needs, such as childcare, without the help of outside resources, leading to significantly increased burdens for many families (Cheng et al. 2021).

For others, reproductive decision-making changes the meaning of family structures concerning the state of the world, as highlighted by the COVID-19 pandemic. For many of the people who shared their stories with me, the struggles that all families faced during COVID-19, including the shutdown of childcare systems, the sudden transition to remote school and work, and the isolation of families and its impacts on mental health, brought a sharp focus to the less-than-glamorous realities of having children. Moreover, knowing that pandemic restrictions had such a sharp impact on everyone, especially families, led some people to wonder if they would want to have children because of the certainty of future pandemics and the possibility of necessarily harsh restrictions.

For some participants, the uncertainty surrounding how functional family structures can be made during the COVID-19 pandemic centered on the provincial government’s response to the COVID-19 crisis. For Justin, who goes by he/him pronouns, the government’s seeming focus on profits over people made him wary of how much the government would prioritize his family’s health, leaving him to wonder if having children in this province would be a good idea. When I asked about how COVID-19 in Saskatoon had affected his thoughts on parenthood, Justin replied,

We kind of have a government where they’re like, “Yeah, we should take the vaccine, we want to open up as fast as possible, we want to have this economic prosperity, we want to bring back the revenues”, but we’re not always thinking about the kind of people who are going to be interacting with each other in the public who are potentially getting themselves sick. So you’ve also got the idea of, does the government actually

care about my wellbeing, my family's wellbeing, and our health? I think that kind of worries me a bit when it comes to the SK's government's policies. [...] What if I have to send my kid to school with someone who doesn't vaccinate their kids or somebody who doesn't want their kids to wear a mask, or whatever. If something like this happens again and, for whatever reason, so-and-so isn't masking their kids and there are no policies to say that unvaccinated kids can't come to school, then you've got a problem.

In this discussion, the meaning of COVID-19 in relation to parenthood centred around aspects of the pandemic experience over which Justin would have little control but would seriously affect his life. The uncertainty he feels about how his family would fare in similar pandemic conditions under a similar government profoundly resonates with his uncertainty about having children, which rests on similar variables. Before we discussed COVID-19, I asked Justin how he felt about the possibility of parenthood, and he said, "I think I would like to have kids if I knew that I'd be stable enough and the world would be stable enough to raise a kid in my 30s, but I think right now, it's hard to say." Stability and certainty are key elements of family planning for people of many orientations and backgrounds, but family stability can be lacking for queer families, often due to queer-harming laws, policies, and social attitudes (Younkin, Firmin, and Zurlinden 2022; Sullivan 2004; Sullivan 2013).

Family stability in general faced further deterioration during the COVID-19 pandemic, and people in Saskatchewan have since expressed their displeasure with the Saskatchewan government's pandemic response, with half of Saskatchewanians believing that Saskatchewan premier Scott Moe did "a bad job" handling COVID-19 (Jadoo 2020; Angus Reid Institute 2022). In making reproductive decisions during the COVID-19 pandemic, the impact of the systemic pandemic response was, for many of those who shared their experiences with me, to reduce certainty in their plans for building families and to destabilize the structures around which people were making their decisions, such as childcare, schools, and jobs. Like Justin, they were left feeling unsure that they would be able to build the families that work for them because they were not sure of the government's support during this time of crisis and because the nature of pandemic responses (i.e. social distancing, quarantines, and isolation periods) eroded social stability by disrupting the social mechanisms on which people have come to rely (Maestriperi 2021; Schormans et al. 2021). If some people cannot trust that the families they make will not

remain safe and supported during a crisis like a pandemic, they may not trust that they can build the families that work for them.

In addition to the direct impacts of COVID-19, the pandemic also served to highlight the important global issues that some interlocutors were also considering when making reproductive decisions, including climate change and the carbon footprint of bringing new people into the world, global population trends and their interaction with housing, food, and climate crises, and issues of equity and equality in who can access healthcare, support, and services both daily and in crisis situations like the height of the COVID-19 pandemic. As a result of experiencing the current pandemic, some of those who shared their stories with me had to deeply consider their values and ethics as weighed in the desire for family vs. the impact of making that family. Mariana has given the ethics of her reproductive decisions a great deal of thought because of the confluence between the pandemic and her academic program, which includes a heavy focus on environmentalism. As she put it,

In the COVID context, I think it makes sense, when you're part of [her program] and all you talk about is climate change, you don't see the future as very bright. So that's something that worries me. That's a reason why I wouldn't put that future into someone else's life.

Mariana's experiences within her academic and professional context have attributed a specific meaning to the events of both climate change and the COVID-19 pandemic, which contribute to a future that she may not want for her family. It is not only the separate impacts of climate change and COVID-19, but the syndemic-like way they contribute to each other, increase the impact of each other, and, possibly, create each other, following the trail to COVID-19's likely origins in the bushmeat market (Di Ciaula et al. 2021; Maier 2021; Platto et al. 2021). By building a family, does she want to potentially contribute to the inequity and hardship likely to result from the effects of climate change and exacerbated by the responses to and consequences of pandemics (Di Marco et al. 2020; Sharif and Dey 2021)? Does she want her potential family to live with the various types of instability caused by climate change that also make pandemics more likely and their outcomes more severe (Lawson et al., 2019; Cooper and Nagel 2021)? Mariana is thus questioning the ethics of her reproductive decisions and considering how her family might both impact and be impacted by the world in which they are living, and in this, she

is not alone (Schneider-Mayerson 2022; Schneider-Mayerson and Leong 2020; Lin et al. 2021; Wenham et al. 2020).

To Mariana and many others, the relationship between COVID-19 and climate change seems obvious, as both are serious crises that need systemic responses and buy-in from the population to enact effective management strategies (Manzanedo and Manning 2020; Zang et al. 2021). In addition, COVID-19 and climate change seriously impact individual lives and the social and institutional structures that affect individuals. Both have produced significant anxiety and emotional turmoil among the population (Grundmann 2021; Marazziti et al. 2021). In considering these similarities and their effects on reproductive decision-making on a broad scale, it is important to remember the intersectional impacts, specifically the gendered impacts, of both COVID-19 and climate change. People identified as women faced increased domestic burden caused by COVID-19 restrictions, causing them to leave jobs or reduce their careers in greater numbers than people identified as men (Power 2020; Carli 2020). In addition, people identified as women are bearing the brunt of the impacts of climate change in their day-to-day lives, such as travelling greater distances to complete domestic chores, increased gender-based violence, asset insecurity, and deepening poverty (Sultana 2021).

This is not to say that both COVID-19 and climate change have not also affected people identified as men, but that the impacts on men, especially in rich developed countries, are less material than the impacts on women. Instead, men are more likely to struggle with impacts to their sense of masculinity, to their self-identities, and to the way they position themselves in relation to their employment as it is affected by the dual threats of COVID-19 and climate change (Hultman and Anshelm 2017; Nelson 2020; Mellström 2020). The intersection between COVID-19 and climate change, and between the loss of livelihood and increased stress facing women and the strong identity challenges faced by men, have led to reproductive decisions being made in an atmosphere that is, as Mariana describes it, not “very bright.” Especially for queer people, seeing a future for the families they build, sometimes called “futures,” can be an essential aspect of reproductive decision-making (Sullivan and Davidmann 2015). The state of the world, including the very real contextual considerations of both COVID-19 and climate change, significantly impacts and possibly restricts the reproductive decisions of queer people in Saskatoon.

The COVID-19 pandemic and the social, institutional, and personal responses to the pandemic have been a serious disruption to some peoples' everyday lives, a new and challenging state of the world with which most people must contend when making their reproductive decisions. Social distancing, work and school from home, isolation, and vaccine requirements have changed how our lives and our worlds look. For many of the people who shared their stories with me, building families that work when childcare, employment, support, and health are all in a state of flux is a difficult task, one that led some interlocutors to wonder if it is possible to build families that work for them under these conditions. For others, the interruption to regular social conventions and the monitoring of queer peoples' family creation that came with them was a welcome reprieve in which they could explore making non-normative families. Beyond the direct impacts of COVID-19 in the daily lives of interlocutors, this pandemic also serves as a metaphor, a currently salient example of what some people see as the larger "state of the world" or the ever-shifting and sometimes-frightening context in which they must make their decisions. In addition to COVID-19, more significant concerns about the state of the world include the current political climate, such as the growth of extreme far-right political parties across the globe, the ethics of producing children when global resource consumption is at all-time highs, and as previously mentioned, the very real effects of climate change (Shead 2021; Williams 2021). For queer people in Saskatoon, these elements of life and their meanings have led some people to ask serious questions about the feasibility of creating families that work.

3.5 - Conclusion

Everyone faces challenges when making families that work, but queer people must overcome additional barriers that cishet people do not often confront. I have highlighted the three barriers that were most salient in my conversations with queer people in Saskatoon – the problem of the nuclear family, the difficulties with pregnancy, and the effects of the COVID-19 pandemic. In Saskatoon, the social primacy of the nuclear family construct is increasingly inappropriate when applied to families broadly, but it has never been a useful way of talking about queer families. As a result, the people who have shared their stories with me discussed how the nuclear family construct led them to think that families could only be built in the nuclear fashion of two married parents having biologically related children, how they feel that the culture of Saskatoon (and Saskatchewan more broadly) would not welcome non-nuclear approaches to

parenting, and also how they have tried to subvert or challenge the nuclear family construct on both personal and institutional levels.

Another challenge of pregnancy comes with a host of gendered expectations that can be a struggle for any person considering pregnancy but are especially difficult for queer people who may not fit the gender assigned to their anatomy. In addition, the surveillance and norms that queer people experience during pregnancy can make physical reproduction challenging for some but turn it into an impossible obstacle for others because of problems with dysphoria and social reactions. The third challenge is that the COVID-19 pandemic plays a nebulous role in building families that work. For some, the isolation and social distancing measures created freedom to explore queer family structures outside the usual social surveillance they have experienced. For others, the insecurity of social support surrounding families that was demonstrated by the COVID-19 control responses made people unsure if they would want to reproduce, knowing that they too might face a lack of childcare and combined work/school from home situations. In addition, the worrisome “state of the world,” as seen through the dual lenses of COVID-19 and climate change, can reduce hope for the future and introduce uncertainty as to whether bringing a child into this situation is really the best decision for them and for the potential parents. By exploring the reproductive decision-making processes among queer people in Saskatoon, I hope to highlight how important it is for them to make families that work within the social and institutional structures that are designed to support cisgendered heterosexual families.

Chapter 4 – Safety

4.1 - Introduction

In queer circles, safety is usually a primary concern, regardless of the topic at hand. The queer collective consciousness remembers the violence many of us have faced: the brutal police raid of the Stonewall Inn and the resulting riots that led to the beginning of Pride celebrations (Pitman 2019), the horrific death of Matthew Shepard, who was beaten and left to die hanging on a fence post in Wyoming (Noelle 2002), the mass murder at Pulse, a queer nightclub in Florida where 49 people died and 53 were injured when a shooter opened fire during Latin night (Stults et al. 2017), the one-time prevalence of “queer-bashing,” or public assaults on people who “look” queer (Petersen 1991; Lunny 2013), and the often unseen and un-reported killings of queer and transgender sex workers, frequently racialized people, who have been marginalized by society and generally die in ways that go without investigation or systemic reaction (Stardust et al. 2021). This list does not include the deeply ingrained systemic violence aimed at queer people, such as the governmental and healthcare response to the HIV/AIDS epidemic in the 80s and 90s that left many gay men to die while other members of the queer community had to care for them because they were denied treatment elsewhere (Bell 2020). While the current cultural zeitgeist in Canada is one of respect and acceptance of queer people, we know that our safety is never guaranteed.

The precarity of queer safety is especially true when discussing reproductive decision-making. While queer parents are now staples of mainstream media, we remember that it was not long ago that queer parents were considered unfit, that children raised by queer parents would be damaged or tainted, and queer people were, and still are, legally prevented from forming recognized families in many places (Hicks 2005; Riggs 2012; Kazyak et al. 2018). Queer people also face safety difficulties in accessing options to prevent having children – queer people can have problems accessing birth control and abortions in a safe and timely manner and may even face violence in their journey to seeking this medical care (Hudak 2021; Mollon 2012; Carpenter 2021). When I set out to hear about queer peoples’ reproductive decision-making in Saskatoon, I did not ask about safety, but because of my understanding of the perilous safety experiences of being queer, I was not surprised when it repeatedly emerged in the stories people have shared with me.

There was a distinct contrast in safety experiences between people born in other countries but who have chosen to move to Saskatoon, often focused on aspects of physical safety, and the experiences of people born and raised in Saskatoon, who generally talked about elements of social safety. This contrast highlights the experiential, contextual nature of safety and how meanings of safety are constructed (Haukelid 2008; Bubandt 2005). For both groups, the formative experiences in their countries of origin have highlighted the most significant threats they feel to their safety and how their reproductive decision-making processes have been impacted by those threats. The difference emerges in the nature of those threats: for those not born in Canada and who were born in cultures lacking Canada's relative acceptance of queer people, threats to their bodies and their lives were the most poignant. For people born in Canada who have grown up with the experiences of relative physical safety, the focus shifted to feelings of belonging, of acceptance, and of freedom to live their lives how they choose, a concept I refer to as social safety. In combination, these experiences highlight the critical role of safety in queer reproductive decision-making in Saskatoon.

4.2 - Defining Safety

Before I explore how safety experiences were a key aspect of reproductive decision-making for the people who shared their stories with me, I first want to establish what I mean by safety. Constructing a critical definition of safety is difficult, as there are many different ideas about what safety can mean. Being safe is being “free from harm or risk; not able or likely to be hurt or harmed in any way; not in danger” (Merriam-Webster 2021b). The dictionary definition begins on the footing of “risk,” a term central to notions of safety. Risk is the “possibility of loss or injury” (Merriam-Webster 2021a). Safety is often defined and considered by relationships of risk (Erikson 2012; Sjöberg and Giritli Nygren 2021), to the point where discussions of safety are sometimes discussions of risk (Giritli Nygren and Olofsson 2020; Giritli Nygren, Öhman, and Olofsson 2017; Nygren, Öhman, and Olofsson 2016; Olofsson et al. 2014; Chapman 2006). However, the academic literature reveals no agreed-upon definition of “risk.” The definition of risk in the social sciences that finds some consensus is “uncertainty about and severity of the consequences (or outcomes) of an activity with respect to something that humans value” (Aven and Renn 2009). If safety is being free from uncertainty about the outcomes of an activity we value, safety must have a quality of certainty. Certainty is a cognitive and affective quality – you

“feel” certain about something; you think about the potential certainty of outcomes of a particular action. Risk, in this definition, is also centred around the results of activity – something must be occurring to introduce risk and to remove safety. If it is based in risk, safety is experiential, in that we experience both safety and risk. Safety based on risk is a complex phenomenon that covers many aspects of being a person (cognitive, affective, experiential) and is a widely-used approach to safety.

Risk can be in multiple aspects of safety; some definitions can be exclusionary, as risk has broader implications for people than mere uncertainty. The affective qualities of safety can be paired with aspects of social justice such as “the right to feel safe” (Sjöberg and Giritli Nygren 2021, 1251), and feeling safe has been “naturalized as a fundamental need” (Hutta 2009, 251). Safety is therefore personal, as each person wants to feel individually safe, but it is also a social construct, as the notions of rights and fundamental needs speak to “deeply entangled [and] complex relationships of power in the public arena” (Sjöberg and Giritli Nygren 2021, 1253). This leads us back towards the idea of risk, as Anna Olofsson and colleagues note that social problems, frequently the result of power differentials in the Foucauldian sense, are now framed in terms of risk and “thus, ‘social problems’, often associated with particular categories of ‘vulnerable’ people, are redefined, reframed, and ultimately managed as ‘risks’” (Olofsson et al. 2014, 417). The difference is that earlier definition of risk focused on the certainty of outcomes from activities that humans value, while safety in relation to social justice has a quality of embodiment in that it defines people, not outcomes, as risks. Both constructs of risk and safety must therefore be considered through an intersectional lens to understand how these constructs impact groups outside of the majority. This includes the safety and risk experienced by queer people.

Safety for queer people, just like all safety, is multifaceted. Safety (or a lack thereof) can emerge from discourses by and around queer people (Hackford-Peer 2010), can be defined by spaces like school, work, or home (Collins 2013; Moran 2002; Kentlyn 2008; K. Browne, Bakshi, and Lim 2011; Weems 2019), and is a part of queer social membership more generally (Giritli Nygren, Öhman, and Olofsson 2017; Nygren, Öhman, and Olofsson 2016; Ben Daniel and Berwick 2020). A common theme that unites these aspects of safety is that, by being publicly queer through performing their genders and sexualities, queer peoples’ safety is inherently less certain than those of cis-gendered heterosexual people, a concept Judith Butler

refers to as “precarity” (Butler 2009). This intersectional precarity is created and influenced by the social and political institutions that seek to reduce precarity for the entire population and, in so doing, end up introducing risk and reducing safety for minority groups like queer people through insufficient social and economic support. Precarity can be seen when trans people accessing assisted reproductive technology providers and services often end up with negative experiences or even iatrogenic harm, damaging their reproductive safety through services meant to support that safety (James-Abra et al., 2015). Precarity can be seen when governments and institutions refuse to acknowledge the children of queer people because their vital statistics systems are set up to support heteronormative approaches to reproduction, reducing familial safety by damaging queer families and preventing them from accessing necessary institutional supports (Leibetseder and Griffin 2018). Precarity can be seen when reproductive loss support groups exclude queer parents, especially non-gestational or non-biological parents, when the complexities of queer reproduction mean that queer people are even more likely to face reproductive loss than their cisgender heterosexual peers, putting their social and mental safety at risk (Craven and Peel 2014). No one is guaranteed safety, but queer people’s safety concerning their reproduction is especially precarious.

Resulting from these factors, I arrive at the definition of safety I am using for this chapter. First, safety includes assessments of risk, especially as risk relates to uncertainty within experiences. Safety is experienced at many different levels of social abstraction, from the intimately personal safety of whether someone may feel like becoming a parent is right for them to the global-social level of feeling it is not a safe time to have children because of the growing effects of global warming and population growth. Safety is intersectional, resulting in queer people’s safety being precarious and sometimes damaged by those forces created to help protect safety.

Lastly, safety can have embodied qualities, such as labelling particular people or groups of people safe or unsafe, like the restrictions on men who have sex with men donating blood. Between 1977 and 2022, Canadian men who had had sex with men (MSM) were restricted from donating blood through the Canadian Red Cross and its successor, Canadian Blood Services (Jubran et al. 2016; Health Canada 2022). This restriction began as a lifetime ban on donating blood that lasted from 1977 to 2012 (Canadian Blood Services 2023). These measures were communicated to be a response to growing rates of HIV which could be passed on through blood

transmissions, a disease that was growing prominent among MSM (Caffrey et al. 2022). The restriction was intended to reduce the potential risk of passing HIV along through donated blood, which had happened 1200 times between the late 1970s and early 1980s as the Canadian Red Cross was slow to implement HIV testing (Harvey 1996). Insufficient testing resulted in what is now called the Canadian Tainted Blood Scandal, when it was found that, between 1980 and 1995, 43% of Canadian hemophiliacs who had received donated blood were infected with HIV due to “tainted blood” (Dean 2002). Blood donation services focused on MSM because anal sex is more likely to pass along HIV infections than other sexual intercourse methods and , but instead of focusing on sexual behaviours, the message of the restriction was that MSM as people were inherently more risky and less safe than people with different sexual practices (Baggaley, White, and Boily 2010; Wainberg et al. 2010; Grace et al. 2019).

The restrictions on MSM donating blood have changed quite rapidly over the last decade. In 2013, Canadian Blood Services removed the lifetime restriction and instead said that MSM could not donate for five years after their last MSM experience, then 2016 saw that restriction reduced to one year, and in 2019 it was reduced to three months (Canadian Blood Services 2023). 2022 saw the MSM restriction removed in favour of restricting donations for three months after any person’s last experience with anal sex regardless of their gender presentation and the gender of their sexual partners, though some queer people argue that this change in rules can still stigmatize queer people by restricting their donations instead of testing drawn blood (Lam 2022; Kislenko 2022). While institutional attitudes about the embodied aspects of queer safety are changing, the social dialogue about how queer people embody safety in relation to blood donations and risk may be slower to evolve, leaving queer safety a complex topic to navigate (Grace et al. 2019; 2020; 2021) Safety, then, is a multifaceted, multi-experiential, intersectional consideration of how certain a person is that they will not be harmed by their experiences, with a broad scope of what could be considered harmful.

4.3 - Safety in Place - Queer Reproductive Safety Between Countries

In considering safety, context shapes the meanings of reproductive decision-making that were found by the people who shared their stories with me. Notably, the cultural environs and the norms associated with those places had clear influence on notions of reproductive safety. The experiences of participants who immigrated to Canada focus directly on physical safety, whereas

the experiences of Canadian-born participants focus on social safety. Interlocutors in the former category hailed from Brazil, Mexico, Colombia, and the Philippines. Though their specific experiences differed, the meanings they associated with safety and reproductive decision-making carried a common thread. Similarly, people who were born and raised in Saskatchewan had a wide variety of lived experiences and exposures to cultural nuance, but there were strong similarities in their descriptions of their experiences.

For people who have immigrated to Saskatoon from other countries, physical safety was key to their considerations of safety within reproductive decision-making. I define physical safety as the assessment of the perceived threat (or lack thereof) to a person's body. Many of these immigrant interlocutors were seeking reprieve from the levels of violence and threat they felt in their home countries. For Claudia, remaining in Brazil to have children was unacceptably dangerous. When I asked her what aspects of living in Saskatoon were important, she replied with a story.

We had some friend that went through something really terrible. He was one of my husband's best friends and he was walking with his fiancée back home, and they were... A van stopped right by them, and the guys were high and were trying to mug them, and he was like getting his backpack off to give it up. [...] And they just shot him in the head, right in front of his fiancée. He died in the spot. That was the kind of stuff you don't want to see happen to your friends and family, and it was getting more common where we lived, so we really wanted to go somewhere safer to live in. Well, eventually, I really want to have kids, so yeah, I dunno, I need a safe place to raise them, I guess. Living in Saskatoon represents safety in that the likelihood of Claudia's friends, her family, her partner, or her children being violently injured or killed seems lower than if she had remained in her home country. Just being there was unsafe enough, enough of a risk, that she made decisions to live her reproductive future in a different country. Mariana echoed these sentiments when answering the same question, "Well, I feel way more safe here than I do in Mexico, for example. So that's something that I value."

For some other immigrating interlocutors, that lack of physical safety was more intersectional. Thayara brought her queerness into the conversation when I asked her a similar question about the importance of living in Saskatoon. She replied somewhat flippantly and more succinctly: "Well, I'm not afraid of dying because I'm a lesbian." Her concerns are well-

founded, as her home country of Brazil sees high rates of violence in general, and especially against queer people (Francisco and Muggah 2020). The risk of direct or implied physical violence, and therefore a lack of physical safety, directly impacted the reproductive decisions some queer people make in immigrating to Saskatoon. Sometimes, even the potential threat to their physical safety without directly worrying about violence can be enough. This was the case for Abi, moving from the Philippines to Saskatoon. She described the potential problems that she and her partner would face when visiting family in the Philippines, saying:

What I'm concerned about is [...] if I marry my girlfriend and we have our kids and then I bring them back to the Philippines, people there are conservative and I personally don't know how I would react if people were going to be homophobic against us and what they're going to say about my kids. [...] As much as the Philippine media would say, 'Oh the Philippines is very tolerant', actual situation on the ground might be hit or miss. Some people might be progressive but a lot of people are not.

While Abi is not directly concerned with the potential for physical violence, the distinct uncertainty about how people would react to a visibly queer family in the Philippines contains a possible threat to their safety, and while Abi did not mention it directly, the homophobia she fears has the potential to threaten her and her family's physical safety. Violent homophobia and anti-queer sentiment is an ongoing struggle in the Philippines, so while Abi and her future family may not fear a direct threat to their bodies, the uncertainty about the potential for things to turn physical when there is a problem with anti-queer violence in the country is definitely enough to leave queer people feeling unsafe (Dakis and International Gay and Lesbian Human Rights Commission 2012; Human Rights Watch 2017; Redfern 2021). For Abi, there were many other reasons to move to Saskatoon and make her reproductive decisions here, but the ability to fully embrace her reproductive future as a queer person also raises the importance of considering the potential physical safety of her, her partner, and their future children.

When considering physical safety, others highlighted aspects of safety regarding their physical bodies and their health. Juan saw physical safety in the form of equal access to healthcare as a queer person. In describing his experiences in his home country of Colombia, he said, "Access to healthcare and all of that other stuff, it's related to who you are and what you can get to or how much money you have, so it's not very easy to get into, like... Yeah if you want to go to a medical check up, you always have to pay, it's not that easy." The uncertainty of

reliably accessing healthcare, especially if one is experiencing economic instability, is a form of structural violence (Farmer 2004; Garcia-Subirats et al. 2014; Ruiz-Sánchez 2021). This violence can lead to uncertainty about remaining in good health and being able to address urgent health concerns promptly, all of which can degrade a person's feeling of safety. This experience is magnified for queer people, many of whom face anti-queer treatment when seeking medical care and deal with higher rates of mental health problems than their cisgender counterparts (Choi et al. 2019). Juan pointed this out when he compared Saskatoon's medical system to that of Colombia, continuing,

And like also, doctors are more professional here as well. They understand if you're gay or LGBT or whatever. They also know how to understand that position and say hey, if you need to do this test or if you need access to something, feel free to reach out.

Whereas that doesn't happen in my country either because there's not that many policies for LGBTQ people as well, just kinda... Sad.

Gaining a feeling of certainty that the medical professionals helping you understand your needs and who you are as a person, essentially validating you and your needs, can greatly increase patient confidence in healthcare providers and improve the patient-provider relationship, leading to greater feelings of certainty and safety (Epstein et al. 2007; Linton et al. 2017; Heyhoe et al. 2016). This is especially important for people with mental health concerns, which queer people are more likely to have (Russell and Fish 2016). While this particular aspect of physical safety is not directly related to reproductive decision-making, it does influence the context in which people like Juan are making their reproductive decisions, making it an important aspect of safety to consider.

For this group of interlocutors, coming to Saskatoon was an important part of the meaning they find in their reproductive decisions because Saskatoon represents a reprieve from these worries concerning their physical safety. Of course, no interlocutor thought of Saskatoon as a perfect place, but it was a place where they found increased freedom to make their reproductive decisions because, in Saskatoon, there is no undercurrent of fear about facing random violence in the street or being the target of other types of violence due to their queerness. This is not to say that Saskatoon has no history of violence against queer people, as queer people in Saskatoon have been and continue to be targeted for violence (Modjeski 2016; Atter 2021). But rates of violence in Saskatoon for the relatively privileged group of university students who made up the

majority of these interlocutors are fairly low, and open “queer-bashing” is far less prevalent than it used to be (Moreau and Statistics Canada 2021; Statistics Canada 2021b). Thus these interlocutors have found that Saskatoon carries the meaning of a safer place in which to consider their reproductive decision-making and potential families in comparison to their countries of origin.

4.4 - Safety in Place - Queer Reproductive Safety in Saskatoon

Compared to the experiences of people who have moved to Saskatoon from other countries, interlocutors who were born and raised in Saskatchewan were also concerned about safety, but they were focused on what I am calling social safety. Borrowing from Jolanda Maas and colleagues, I define social safety as a subjective feeling of safety (or lack thereof) resulting from interactions between people within a social setting, whether public or private (Maas et al. 2009). Most often, feelings about social safety center on concerns of sociality; how does a queer person maintain feelings of safety and security within their sociality, the “dynamic and interactive relational matrix through which human beings come to know the world they live in and to find their purpose and meaning within it” (Long and Moore 2013, 2)? In Saskatoon, certain mainstream aspects of this relational matrix are biased against queer people as anti-queer sentiment is still prevalent (Edkins et al. 2015; Leroux 2021). Uncertainty and risk within mainstream sociality jeopardize queer people’s safety within a social context. It is less likely that they will encounter similar physical violence that Eugene Grosh, who was attacked at a bar for his queerness, and others have endured (Warick 2016). Still, severe potential remains for receiving stigmatizing, marginalizing, and/or discriminatory treatment, not having a “place at the table” (Bawer 2008) because they are queer. As Long and Moore point out, they are trying to know the world they live in, and most applicably to this thesis, they are trying to find meaning within that world. In this context, born-and-raised Saskatchewanians shared their concerns about safety within their reproductive decision-making.

Sometimes the meaning of social safety comes at the intersection of multiple avenues, such as religion, culture, and politics. Interlocutor Lula speaks to this complexity by situating their perception of their social safety in Saskatchewan at the nexus of the Catholic education system of Saskatchewan and the province’s recent history of political conservatism. For them,

Saskatchewan's separate but publicly funded Catholic education system creates space for anti-queer sentiment, thus reducing their experience of social safety. Lula explains,

[G]oing through the Catholic school system in SK where it's so... Because of the way it's set up in SK, it's really shoved down your throat, how unique it is to SK, and you learn the history of the legal battle to get the right to have a Catholic education. It's so enshrined and tied into being a part of SK, and I think that leads to a lot of sheltered prejudice.

Lula sees a lack of social safety arising from the prejudice introduced against queer people by the Catholic education system as a key part of who they became as a queer person. To Lula and others who shared similar sentiments, the current and ongoing Catholic anti-queer views (Loughlin 2018; Crary and Henao 2021) that influenced them and their peers made room for homophobia in the lives of the people who have attended these schools, an argument they are not alone in making (Callaghan 2016; 2019). The “enshrined” institution of separate Catholic education, and Lula's experiences there, contribute to their sense of feeling less than safe in their sociality in Saskatchewan. Lula then discusses how these identity-formative Catholic school experiences contributed to their political values and how they interact with the province's political values. Directly following their previous statement, Lula continued:

And I think too, I've only ever really known a conservative SK. I'm well aware that we're the birthplace of Medicare and we were one of the most progressive provinces. But as I was gaining my political awareness as a kid, it was right around the time when that flipped. So I've only known a SK that is very conservative and has only become more and more conservative as I've gotten older.

The tension Lula experiences in Saskatchewan's political identity results from the tension between the province's socialist past and its conservative present. Between the Cooperative Commonwealth Federation and the NDP, the left led the legislature for 43 of the 59 years between 1944-2003 (de Vlieger 2007; Bingaman 2013), but that changed with the current fifteen-year conservative leadership of the Saskatchewan Party.

The reigning conservative political power ties into Lula's perception of social safety within the province of Saskatchewan (Frew 2020; OUTSaskatoon 2020; Cameron 2021). Social reproductive safety is of special concern for queer people, especially in medicalized and politicized contexts. Such was the case when Rowan told me about her experience with abortion.

Rowan's birth control failed and she had a non-viable pregnancy² that she chose to terminate. Rowan's experience with abortion is not uncommon, as Canada has averaged 92,633 abortions per year since 2007, with an average of 1,932 originating in Saskatchewan (Abortion Rights Coalition of Canada 2022; Canadian Institute for Health Information 2022). And while I am unable to find any information regarding rates of abortion among queer people in Canada, abortion itself is a difficult subject for queer people, as they are more likely to have unplanned pregnancies that end in abortion than cisgender or heterosexual women, they are less likely to be able to access healthcare services for abortions, and when they do, they are more likely to experience negative or harmful treatment during appointments (Hartnett, Lindley, and Walsemann 2017; Carpenter 2021; Wingo, Ingraham, and Roberts 2018).

While Rowan did not share any difficulties in accessing abortion services or care, she did explain the intensity and significance of her experience to me:

And [abortion] is something that I have always been very strongly for, and at the time, it was the choice that I wanted. I was not ready, we were not ready, and I don't think would have worked out even if I was. But, I mean, definitely had to think about where I stood on all of those things when that happened. And it's definitely something that I continue to think about because of that. A lot of post-stress from it, it's something I'm still working through, but that kind of really made me have to start thinking about [reproduction] in a more serious light.

In describing her experiences, Rowan focuses on aspects of meaning – what does abortion mean to her? What does it mean to others? What meaning does reproduction hold for her? What meanings are present in the feelings she has after her experience with abortion? Together, these phenomenological questions add up to serious consideration about the social aspects of abortion or those aspects of the “dynamic and interactive relational matrix” that is human sociality regarding abortion. (Long and Moore 2013, 2). Part of those meanings are concerned with Rowan's social safety in accessing abortion services – the safety of her relationship with her partner (“we were not ready”), her emotional safety (“a lot of post-stress from it”), and positioning herself within the broader sociality surrounding abortion (“had to think about where I stood on all of those things”). For Rowan and other queer people accessing abortion services,

² A blanket term for a pregnancy that cannot result in a live baby being born. There are many potential causes for non-viable pregnancies (Doubilet et al. 2013).

their social and reproductive safety can be impacted by their individual experiences, how those experiences are situated within the broader context of their sociality, and how the meanings of those experiences interact with that sociality.

These diverse aspects of safety and sociality were of concern in June 2021 at the time of our interview, but now, writing in November of 2022, it is even more serious. On June 24 2022, the American Supreme Court overturned *Roe v. Wade*, the iconic case supporting abortion rights, and thus walks back much of those rights in the United States (Gerstein and Ward 2022; Housman 2022). The current justices of the Supreme Court are majority conservative, and conservatism is linked with anti-abortion sentiments within the USA and Canada (Oriana Gonzalez 2022; Tasker 2022; Shivaram 2022). The shockwaves of the overturn of *Roe v. Wade* in Canada could stir up similar anti-abortion sentiment in Canada that would likely disproportionately impact the queer community (Chung 2022; Lavery 2022). In Saskatchewan specifically, the province already has problems providing abortion services to many who need it, so concerns about reductions in access and rights coming from the conservative provincial government may be well-founded (Rasche 2022a; Vescera 2022; Kurz 2022). As of November 2022, the abortion debate has not been reopened in Saskatchewan's political and legal institutions, but the visibility of the issue has raised heated voices with multiple viewpoints (Ghania 2022; Hunter 2022; Rasche 2022b) Like Rowan, many queer people could have been harmed or killed if their pregnancies had continued, so these queer people would have had their physical, reproductive, and social safety threatened by reductions to Canadian abortion rights.

Social safety surrounding queer reproductive decisions can also result from interactions between personal relationships, institutions, and governing bodies. In my conversation with Ethan, a Canadian trans-masculine person raised in Quebec who moved to Saskatoon at the age of 12, considerations of safety revolved around his legal status in his children's lives. Ethan, his wife, his wife's ex-partner, and the sperm donor who helped them create their family form the parents in a queer family with their four children, creating a legally tricky situation for Ethan. He is not biologically related to his children, which made being listed as a parent on the birth certificate issue a challenge. Nicole, a different participant who shared her story with me, worked with her partner and their MLA in 2017 to legally recognize queer parents who may not be biologically related to their children. However, these laws were not in place when Ethan's family had their children. It is in that context that Ethan shared his story with me.

When we had our child, we asked our pediatrician and the pediatrician shrugged and said, “Sperm donors don’t have to go through this, so you shouldn’t have a problem.” So we didn’t bother. When we had the child in the hospital and it was time to sign the birth certificate, we asked the nurse, “What do we write down for the father?” and the nurse said, “Sperm donors don’t have any problem, and people write down the wrong name all the time. Just write down your name.” So I did. Technically that’s a felony. [...] If that ever comes back to bite me in the ass, I am facing jail time. [long pause] Because... This is not a small deal. But there were no systems in place for us and our family. What we would have had to do, legally, is write down the sperm donor as father and then he would have to give up his legal rights as a father, I would have to adopt my own kid. And that’s why Nicole and [her husband] went to court to fight. They spent I don’t know how many thousands of dollars, last time I heard it was over \$14k. We never had that money. We are very low income, like I have chronic illness, my wife has bipolar, we already had a child. That was not happening.

In creating their family, Ethan’s social safety was compromised. He committed a crime by signing his child’s birth certificate as the father because he did not contribute genetic material to the creation of that child. While it is unlikely that he would ever be punished for that crime, the experience invalidates his role as one of his children’s parents and can compromise his feeling of safety within his family and the society in which his family lives, an experience shared with other queer parents who are not biologically related to their children (Chbat and Côté 2022). The illegality of his actions due to an inflexible legal institution also puts his family’s feelings of social safety at risk.

Ethan and his family felt the injustice of not having any systems that worked with how they created their family. They knew this was not fair, but due to their intersectional position within Saskatoon’s social matrix (low income, chronic illnesses, multiple children to support), they could not pursue a legal resolution the way that Nicole’s family did. Queer people are more vulnerable to poverty than cisgender heterosexual people, and they are more likely to face issues with chronic illness and mental health, with non-birth parents facing different issues than birth parents (Badgett, Durso, and Schneebaum 2013; Kia et al. 2021; Abelsohn, Epstein, and Ross 2013; Grant et al. 2014; Rothblum 2020). These issues contribute to difficulty in accessing legal aid and additional barriers to seeking social justice for the challenges queer people face in

general, but especially in making their reproductive decisions. The difficulties presented to Ethan's family are not likely to be replicated, given the advocacy of people like Nicole, but how Saskatchewan's political and legal institutions influence their feelings of social safety definitely impacts the reproductive decisions queer people are making here.

4.5 - Conclusion

Canada enjoys a reputation as one of the safest places in the world to be a queer person, with 85% of the total population and 92% of the population under 30 years of age favouring the social acceptance of queer people (Ferguson and Ferguson 2022; Spartacus 2021; Poushter and Kent 2020). It was the third country in the world to formalize marriage equality by legally allowing same-sex marriage in 2005, with only the Netherlands (2001) and Belgium (2003) preceding it (Macintosh, Reissing, and Andruff 2010; CBS News 2016; McCann 2018). As such, queer people in Canada have had more time than most global citizens to construct legally recognized marriages, engaging in kinship structures of relatedness in an atmosphere of relative security. In comparison to many countries throughout the world, queer people in Canada have a different relationship to their sense of safety, based in the related legal and institutional protections they are afforded and the atmosphere of social acceptance from the majority of the Canadian population.

As a result of this relative acceptance of queer people in Canada, there is a marked difference in perceptions of safety between people who were born and raised here and people who were born elsewhere but have since relocated to Canada. The cultural norms related to reproductive decision-making were related to but distinct from those described by people originally from Saskatoon. For those coming from Central America, South America, and Southeast Asia, the meaning of safety they apply to their Canadian lives has its roots in their experiences with violence and risk against queer people in their countries of origin. Not having to be constantly vigilant about expressing their gender and sexuality in socially correct ways, as well as not having to constantly look over their shoulder to protect their sense of physical safety, removes a mental and emotional burden from queer people as well as physical damage that comes from violent events, allowing them to live more securely (D. Meyer 2015; Stoneman et al. 2020). Physical safety is essential for everyone, so much so that Canada has codified it as a basic

human right, and is crucial for queer people in the context of making reproductive decisions (Government of Canada 2017; Fixmer-Oraiz and Yam 2021).

For queer people born and raised in Saskatchewan who shared their stories with me, being raised in a culture that is accepting and offers relatively high amounts of institutional protections meant that their discussions of safety assumed their physical safety and it was never raised as a point of concern. Instead, they looked to their experiences of social safety to explain how, even though Canada is a queer-friendly place, mainstream society in Saskatchewan, and Saskatoon, in particular, is frequently less than safe for queer people. Important yet lacking elements of social safety for queer people in Saskatoon include legal safety surrounding their reproductive decisions and family creation, the political atmosphere of the province, and the complex intersection between the province's history with education and religion and how that intersection creates a social norm that is not inclusive of queer people. When added together, the impacts of these aspects of social safety make queer people feel less like they belong to their society than cisnet people (Dryden and Lenon 2015). As many people noted, feeling supported by an accepting and loving community is an important aspect of queer reproductive decision-making among those who shared their stories with me, so feeling like they belong to the society they live in can have a huge impact on how queer people build their families (Freeman 2007).

Ultimately, the contrast between the focus on physical safety for queer people who had moved to Saskatoon, and the emphasis on social safety for queer people born and raised in Saskatoon, demonstrate the importance of context in considering safety among queer reproductive decision-makers who spoke with me. Coming from a cultural context where your experiences of physical safety are unsure at best because you are queer means that moving to a place where you no longer must be afraid for your physical safety feels so much safer. Whereas being raised in the context of assured physical safety means you focus on the aspects of your safety that are still not guaranteed, and in Saskatoon, those aspects are social in nature. The experiences queer people have had regarding their safety have enormous implications for their reproductive decision-making, and the uniqueness of those experiences means that what it means to be safe is a highly variable and contextual thing.

Chapter 5 – Normativity

5.1 – Introduction

Whether or not we are aware of them, norms shape many of our experiences during our daily lives. Social norms play an especially important role in influencing how we interact with others and the expectations we have for them, and provide a sometimes-invisible set of rules and guidelines for how social experiences should go, all informed by specific cultural contexts (Horne 2001). For people who transgress these norms or actively resist them, there are generally consequences. Depending on the contexts and circumstances, these consequences can range from a raised eyebrow or shake of the head, to social shunning or disrupted relationships, to losing livelihoods or living spaces, to death (McDonald 2013; Huxley, Clarke, and Halliwell 2014; Lilja 2013). Norms, and the consequences for breaking them, pose problems for queer people, as implied by the word I have chosen to describe the 2SLGBTQIA+ community; the term ‘queer’ has its origins in describing something odd or strange, a concept that explicitly opposes and problematizes norms (Barnhart and Steinmetz 1999; Jagose 2013). As a result of being queer, these people live in a state of antagonism to the surrounding normative society. To be clear, not all queer people set out to consciously defy and disrupt norms, though active resistance to harmful normativity is a central aspect of North American queer culture. However, all queer people in dominant settler societies are considered defiant and disruptive through their very existence (Da Costa 2020; Getsy 2017). As such, many (though not all) queer people are conscious of the norms that are expected of them but to which they do not inherently conform (McDermott, Hughes, and Rawlings 2018; Idier 2020). For queer people, norms and their influence are an incredibly important aspect of day-to-day living.

The importance of norms is especially true for queer people making reproductive decisions, as there is a whole host of normative expectations surrounding reproduction that do not usually make space for queer experiences. There is a wide range of institutional, systemic, and social norms surrounding reproduction that exclude or alienate queer people, whether they are seeking to be parents or seeking to remain childless (Roulston 2021; Klesse 2019; Wilkinson 2020; V. Clarke et al. 2018). Norms surrounding reproduction are also culturally and contextually modulated, making an exploration of norms contingent on personal lived experience appropriately situated within the suitable framework (Ginsburg and Rapp 1991; Martin 2001). In exploring the influence of norms on experiences of reproductive decision-making in Saskatoon, I

found it became an exploration of norms deriving from multiple cultural backgrounds intersecting with the institutional influences of religion, politics, education, and colonialism. Queer experiences of reproductive decision-making in Saskatoon must contend with the variable and influential norms that seek to guide gender, sexual orientation, and questions of reproduction. For an in-depth discussion of the definitions of norms explored within this thesis, please refer to my discussion of theoretical perspectives in Chapter 1.4, but I will be examining the related concepts of heteronormativity, homonormativity, and repronormativity as they relate to queer reproductive decision-making among those who have shared their stories with me.

5.2 - Home-grown Norms in Saskatoon

Lula is a nonbinary person who grew up designated female at birth (DFAB), and though their family was not especially religious, Lula grew up attending a Catholic school. At school, Lula was exposed to specific flavours of heteronormativity combined with repronormativity, “I will say too that this probably a lot of my Catholic school trauma, you are a woman, your job is to bring life.” This perception was not just aimed at people with uteruses and vaginas, as demonstrated by Lula’s later observation about the seemingly inherent heterosexuality of people in Saskatchewan having children:

And maybe it’s my Catholic education background, but it feels like part of the heterosexual rite of passage. ‘I’m a man so I must have a son so he can take over the farm’ and it just feels very... Nuclear, still, to be like, well, that’s what we do! You know? We’re straight, then we have children, then our children- it just feels very, it doesn’t feel like, oh you have co-parenting situations. It all just feels very much like, children here are straight peoples’ children.

Lula’s experience within the public Catholic education system in Saskatchewan instilled within them a sense of what kind of reproduction is correct - heterosexual lineage-creating nuclear patriarchal families who will go on to create other heterosexual nuclear patriarchal families to continue the process. These religiously-influenced norms exclude other parenting approaches (“it doesn’t feel like, oh you have co-parenting situations”) even though the two-parent nuclear family is a decreasing way of creating families within Canada (Statistics Canada 2012; Zimonjic 2022). The provincial government of Saskatchewan also supports Christian schools grounded in anti-queer traditions and approaches, in addition to focusing on patriarchal gender and sexual

norms (Anton 2022). Saskatchewan has had a Catholic school system since before the formation of the province (Saskatchewan Catholic School Boards Association n.d.) and the availability of a separate school system is so engrained in the country's culture that denominational schooling for Catholics is a part of the 1867 Constitution Act (Government of Canada 2020) and has been subsequently upheld and strengthened by later laws.

Many Saskatchewanians are educated within the Catholic school system – in Saskatoon, of the 45,000 children enrolled in the main two school boards, 43% of them attended Catholic schools (Dayal 2021). And while not all children attending Catholic schools are Catholic, it does mean they are presented with Catholic education and worldview. To people like Lula, who went through the Catholic system, the Catholic influence on Saskatchewan's approach to reproduction is clear:

It's protected. There's a little more you can get away with as a teacher because it's enshrined within this institution that's viewed as part of the important part of SK. It definitely leaves a little more wiggle room for prejudice than you would have if we didn't have the worst sex ed curriculum in the country.

The perceived protection of educational institutions that deliver anti-queer messages alongside poor sexual education has had a lasting impact on the reproductive decisions made by Lula and other Catholic-educated queer people (Risch and Lawler 2003; Callaghan 2016; Montero-Ossandón et al. 2017). These influences lead to queer people like Lula coming away from their elementary and secondary education with expectations for reproduction to happen in ways that may be at odds, or even harmful, to the reproductive decisions many queer people are making.

Tying these heteronormative notions back to repronormativity, Lula extends her commentary on the heteronormative expectations in Saskatoon, saying, "Very much feels like breeder culture, I'll just say it." In queer slang, 'breeder' is a derogatory term, originally applied to heterosexual people who were heavily focused on their children to the exclusion of all else in their lives, but which eventually broadened to be a reference to straight people in general. The term implies they breed like livestock within an animal husbandry program, much like how Jonathan Swift used the term in *A Modest Proposal* (Mamo 2007; Swift 1729). Here, Lula uses the word to accent their assessment of how people in Saskatchewan are influenced by the prominent public Catholic education system and the culturally Christian nature of the province. Lula is also commenting on how these people have come to reproduce because it is how they

demonstrate their straightness and because it is, as Lula notes, a rite of passage to be considered an adult. Thus, they are expected to reproduce in heterosexual, state-sanctioned ways because it is a norm within the province.

Heteronormativity has also influenced Lula's views on reproduction through its interaction with notions of identity and performativity. In the following excerpt, Lula deconstructs the types and expectations of heteronormativity that they see as being culturally mainstream in Saskatchewan and how heteronormativity goes on to create homonormativity and its expectations for queer people and their reproduction.

Sometimes it feels like there are straight people that are straight people, then straight people that just happen to be straight. In Saskatchewan it feels like a lot more of the very straight people and less of the straight people that happen to be straight but are pretty chill. [...] It feels like, here there's a lot of straight-straight people. My best friend, I love her very much, but she married her high-school sweetheart, going to have kids right after the wedding, very straight straight, as opposed to more queer in the broad sense experiences of family and parenthood. [...] And also, an element of comp-het [author note: compensating heterosexual], where you're het but you're like, I need to be extra het. Not comp-het in terms of like, "I'll ignore my attractions", but there's a script where, like, if you're heterosexual, you have to follow this script. And buying into that entirely, being like, yes, I am hetero, so that means I will marry my high school sweetheart and we will have two kids. [...] To have the white picket fence and to have the children, like, of course that's what I would do. That's what heterosexual people do! ... [T]here are some people that are like, that's what you do, they can't imagine a world in which people don't want to have kids. But I'm like... Yeah, but there are other goals in life than having a big queer family. [Homonormativity is] one of the few acceptable ways to be queer, is like yes, you still have to have the goals we've associated with heterosexual people. You still want that life course, cause, we're okay with you if you follow exactly what we would like to do. And I think that, you're not gonna... I think that won't carry as much. I think a lot of younger people are like, no thank you, but it's become kind of normalized in its own way to have the gay nuclear family, essentially. For queer people like Lula, these heteronormative expectations are not directly related to issues of sexuality and procreation but instead speak to the social scripts that shape how people are

supposed to publicly perform particular sexualities and lifestyles associated with their heterosexuality, similar to Judith Butler's take on the performativity of gender (Butler 2006). These heteronormative constructs that seem to be part of the majority culture of Saskatchewan put pressure on queer people to take on heteronormative roles and perform acceptable heteronormativity in their daily lives.

Rowan also described this heteronormative pressure but hers emerged in her family's expectations of how and when she would reproduce in a heteronormative way.

It never occurred to me, no matter who I was with, that that was something that, you know, if we both wanted it and when we were ready, that would be something that we would do. My mom has had this really annoying joke for years where, she had me when she was 27, and both of my cousins had their first kids at 27, so that I should also have my first kid at 27, and I've been saying since basically I was old enough for her to start making the joke, that that would not be happening. [laughs] It's a joke, but it's one of those things where it's like, I'm not doing it because that's the timeframe that people start having kids, I'm going to have kids when I want to and when I'm ready.

Rowan's mother's framing of her expectations as a joke may have given her heteronormative expectations a veneer of deniability by implying a lack of seriousness, but repetitively hearing these messages over time sends a message that there are specific timelines and ways of reproducing that are normal and therefore acceptable. The way humans communicate with each other can be packed with pressures of normativity, even if they are not as blatant as the jokes Rowan grew up hearing (Goldberg 2020). And while Rowan articulated this expectation of normativity most succinctly, she was not the only one to describe expectations of heteronormative reproduction emerging from the systems with which queer people are often surrounded, whether it be through schools, family, the workplace, the media, and institutions of many varieties. The people who shared their stories with me shared many instances of pressure to reproduce, whether implicit or explicit, because having children is considered 'normal'. For some interlocutors, they continued to receive these expectations and pressures even after revealing that they were queer.

While the recent cultural shifts have led to a more tolerant and accepting zeitgeist for queer people that has reduced some of the pressure of heteronormativity, they have instead introduced a new source of pressure by funnelling those previously hetero expectations into

homonormativity. This is at least in part because, as Brad Van Eeden-Moorefield and colleagues assert, government action and policy around accepting queer people is often done based on heteronormative frameworks and approaches (2011). They continue,

by positioning gay and lesbian couples and families as *just like* heterosexual couples and families, the ways in which these couples may have experiences different than those of heterosexual couples are made invisible and unexamined” (Van Eeden-Moorefield et al. 2011, 563, emphasis in original).

From the perspective of critical phenomenology, the irreplaceable and irreplicable experiences that queer people have when making their reproductive decisions are being erased by assumptions that, because queer people are more widely socially accepted now, they have now achieved the state of “normality” that is usually defined by heterosexuality.

I find parallels between the phenomenological perspective and the experiences of other marginalized people, such as the idea that Black people are just “normal” citizens and should be treated like everyone else after the Civil Rights movement in the United States, even though the centuries of anti-Black laws and views in the country continue to have marginalizing impacts on the lives of Black people today (Rashawn and Perry 2020). There are also parallels with public perception of Indigenous people in Canada, with the idea that since Indigenous people living on Turtle Island are now “regular” Canadians because many of the most visible colonizing institutions have been dismantled, that they should not get additional governmental, institutional, or social support because they are just like us and should therefore be treated the same as “us,” i.e., White settler Canadians. This perspective ignores the particular challenges Indigenous people must face because of those centuries of colonialism and genocide, even if you ignore the fact that colonialism continues today in different guises, with the associated devastating impacts on even modern-day Indigenous people and their livelihoods and wellbeing (Yazzie 2000; Battell Lowman and Barker 2015). Assigning normative standards to marginalized people just because the current circumstances of their marginalization look different is an erasure of the important distinctions between the majority group who hold power to create norms and the marginalized groups now expected to adhere to those norms. Moreover, it ignores the unique experiences of marginalized groups and the benefits of those experiences.

Lula has noticed that the assumption that reproductive decisions for queer people are expected to mirror those of their straight counterparts has led to the invisibility of queer families, saying,

It feels like all the parents in Saskatchewan are straight, and I know they're not all, and I know, out there somewhere... I actually know some kids that have a co-parenting situation, but it feels like every child here is the child of a straight couple, where it might not feel like that as much in places we romanticize as the queer haven. You know? Like, "oh, but in New York, all the moms are lesbians," right? And I know that's just a representation thing, you don't see those stories told about SK.

Homonormativity in Saskatoon thus poses a dilemma – queer people are expected to engage in the "white picket fence" type of family creation that has been established as a norm by the cisgender heterosexual White patriarchy who hold much of the bureaucratic and political power in the city, but because those norms are so similar to those of heterosexual families, it erases the visibility of queer families. To Lula, places like New York make space for queer families to be visibly queer to the point where it almost becomes an assumption about reproducing ("in New York, all the moms are lesbians"). Like any other cultural group, queer people have long fought for the space to have their ways of life, so comparing the visible success of queer reproduction in New York to the relative invisibility in Saskatoon is disheartening for people like Lula.

Some participants experienced a difficult relationship between resisting the expectations of homo- and repro-normativity and determining how they truly wanted to make their reproductive decisions, but others have used the tension from that difficulty as a guide to making what they see as better decisions. Caitlin told me about the tough childhood they experienced due to tension between the person their parents expected them to be and the person they felt themselves to be, exacerbated by the restrictive norms they received from growing up in a conservative rural area. While their relationship with their parents and the norms to which they were exposed has improved in recent years, Caitlin has decided to use those negative experiences and the meanings they have elicited from them through reflection, self-work, and the letting go of expectations as a lens to guide their future reproductive decisions.

While I had a lot of resentment towards my parents and my rural area upbringing when I was a fresh adult, time, therapy, and perspective has allowed me to understand the importance of family – blood or chosen or however else family is defined – and that a

large part of it is the effort and attempts that people put into the relationships. My parents and I don't always see eye to eye, but my parents have mostly let go of who they expected me to be, and I've let go of who I thought my parents were. [...] [Now] I want to be an example to potential queer adopted kids and to show them that they can be who they are and not worry about it, and they can live their life and be successful and be fulfilled and be content with who they are by just being themselves, and I want to show them adult examples of that. I want to be an example not just queer kids, but all kids. I want to be an example that queer and non-binary people can live full, content, and thriving lives. I also want to be able to interact with other parents and maybe change a few minds while I'm at it. I just want to be a part of raising conscientious, caring, empathetic, thoughtful children.

Caitlin is tying their understanding of relatedness and how they want to build family regardless of the norms that dictate family structures to the meaning they attach to reproduction and the role they can play in the lives of others. By eschewing their own notions of normativity and the expectations that come with them, Caitlin has focused on the meaning they see in reproducing, that of being a positive role model for children by being a good and fulfilled person regardless of their intersectional identity.

It is arguable that the goal of raising “conscientious, caring, empathetic, thoughtful children” is a culturally mediated one arising from the settler-North-American values in which Caitlin has been born and raised and is thus still attributable to North American norms. Other cultures may have different values of how children should be raised and who they ought to become, though the individual variation in these values make for inaccurate generalizations (Tudge et al. 2000; Tamis-LeMonda et al. 2002; Wang and Tamis-LeMonda 2003). Yet as Caitlin and other Canadian-born interlocutors demonstrate, the variable and dynamic relationship between queer people in Saskatoon and the normativity surrounding their reproductive decisions can impact those decisions in serious and complex ways.

5.3 - Norms From Brazil

For people coming to Saskatoon after being born in other countries, their idea of norms will be influenced by the experiences, norms, and meanings they found within their originating cultures. To explore how these differences interact with their current reproductive decision-

making processes in Saskatoon, I am focusing on Morgana's story. Morgana is a DFAB non-binary person who uses both they/them and she/her pronouns, is in her mid-twenties, and she originally hails from Brazil. In our discussion about her family life and how she came to the reproductive decisions she is now making, Morgana narrates how she ran head-first into tensions around repronormativity early in life. Her life as a female child, and the assumptions that were made about her reproductive future, highlight her experiences of repronormativity.

But since I was 8 years old, some crazy teacher showed us a video of a woman giving birth. And who does that, right?? It's crazy! And I was so traumatized! I was like, what the...?! You know? Why would someone do that? And that's a crazy thing to have, so since I was 8 years old, I remember being at the family, the big Sunday family reunion, and being a kid and saying, 'I don't wanna have kids cause it's gross!' And my family, my grandma and grandparents and everybody, really, they're very religious except for my nuclear family, the rest of my family is extremely Christian, crazy Christian, almost borderline fanatics, and they were all shocked.

Exposing young children to medically graphic images of childbirth, seemingly without adequately preparing them for the experience, aligns with heteronormative and repronormative assumptions that children will grow up to be straight, will want to have children, and especially that female children are already interested in babies as they relate to their own reproduction (Martin 2009; Martin and Luke 2010).

Morgana draws a direct correlation between her exposure to this birthing video and her anti-children stance from a young age, finding that the idea of having kids was "gross" to her, disrupting the norms surrounding female-identified people and their interest in reproduction. In addition, her family's religious character influences the norms she experiences regarding her reproductive decisions, as she highlights their nature as "extreme," "crazy," and "almost borderline fanatic" Christians as the principal reason they were shocked by her disinterest in children. The colonial religion of Christianity has long been associated with reproduction and its complex place in life in many areas of the world but especially in Brazil, as has been highlighted by many eminent anthropological works like Nancy Scheper-Hughes' *Death Without Weeping* (1993). While Scheper-Hughes situates Christianity as a prominent aspect of the expected pregnancies and subsequent losses that women see as a part of their daily lives, Morgana resists that same Christian influence when she declares that having kids is "gross." Her family and

education system expected Morgana to be happy about the idea of giving birth and having children, so it shocked them all when she announced her clear intention not to engage with these expectations. These experiences gave Morgana the impetus to critically evaluate her understanding of the meanings behind reproductive decisions for people from many walks of life, essentially queering the lens through which she saw the “legitimized, state-sanctioned heteronormative acts of reproduction specifically through the patriarchal heteronormative family” that Weissman mentioned (2017).

As Morgana is from Brazil, her relationship with Brazilian colonialism and the complex interplay between forces of heterosexuality, Indigeneity, and family ties together to deconstruct the meanings behind reproduction in her home country. This deconstruction took many forms during our discussion. The first was noting the complex relationship between heterosexual fatherhood and familial obligations she observed within Brazil and her own family, saying, “it’s very common in Brazil for dads to divorce the woman, the partner, and divorce the kids too. So when [my bio-dad]’s relationship with my mom ended, his relationship with us kind of ended too.” She later described the impact of this phenomenon on her reproductive decision-making, saying,

But I do feel like adopting, because that would be, that makes sense for me. Like, in this crazy world where so many straight parents are just, you know, giving up their child, like my biological dad did a little bit, and most men in Brazil do, there are so many kids that need to be loved!

The experiences Morgana had with her biological father changed the meaning she associates with reproductive decisions, making adoption seem like a viable option because heterosexual families are not guaranteed to be loving or intact families, thus leaving a surplus of children who need to be loved, possibly by adoptive parents.

Morgana also deconstructs the meanings behind her reproductive decisions in Brazil in relation to her self-declared Whiteness by comparing her lack of desire for biological children to the reasons why Indigenous Brazilians may choose to bear children. She said,

Indigenous women want to have biological kids because the Indigenous population has been killed and it’s a long-lasting genocide, so for them, there’s this other side to giving birth, right? So it’s about culture. But for me, as a White woman, you know, it doesn’t make sense.

Both hetero- and homo-normativity within Saskatchewan (and, according to Morgana and other Brazilian interlocutors who shared their experiences with me, within Brazil) create an expectation of White reproduction, and some queer people like Morgana critically examine whether they want to proliferate Whiteness in the world while recognizing the decolonizing meanings of reproduction among Indigenous reproductive decision-makers.

But Morgana takes this critique of colonial family construction within the meanings she finds in her own reproductive decisions one step further in discussing her views on what ties families together.

So I feel like adopting for me is the most logical way to do this, and also just... Believe that family can be made from other ties than biological – my family, they think of blood, like my extended family, or my biological fathers. What are the connections, how are we connected, really, except by blood, you know? So for me, blood is just a Christian colonial idea of family.

The association between blood ties and family is common throughout the colonized world (Newman 2018), and the assumption that blood ties inherently make family was, at one point, the basis for kinship studies in anthropology, with seminal but now much-critiqued works like Lewis Henry Morgan's *Systems of Consanguinity and Affinity of the Human Family* (1871). This is partially because, in colonial contexts, acceptable blood ties created intergenerational legalities about owning people and property that kept ownership in the hands of the colonizers who were generally men (Newman 2018). As world-dominating cultures grew out of colonial roots, scholars and laypeople began to assume that the ties between blood relationships and social relationships were the universal basis for family-building, thus continuing the belief that, as Morgana says, the connections that make us family are in the blood (Feeley-Harnik 1999). In deconstructing and dismissing these colonial approaches to the creation of family, Morgana actively resists participating in colonialism through reproduction and, in turn, resists the related concepts of repro-, hetero-, and homo-normativity.

In deconstructing these approaches to normativity by discussing the meanings behind her reproductive decisions, Morgana is resisting the norms that are at the heart of the related concepts repro-hetero-homo-normativity. Queer people, queer movements, and queerness have often been cited as sources of resistance to the socially dominant norm (Grindstaff 2014), and part of that resistance has been the power that comes from organizing as a collective identity of

“homosexuals“, “gay and lesbian”, or “LGBT+” groups (Armstrong 2002). The meaning Morgana has found within her reproductive decisions aligns with familiar themes of resistance among queer groups – repronormativity, Indigeneity, and colonialism (Gosine 2010; Jackman and Upadhyay 2014; Hunt and Holmes 2015; Rowe 2017). These common themes, along with Morgana’s self-identified belonging to queer collective identities (in her words: “I have a bunch of identities, I guess I could just list them! I am Brazilian, I am White, I am bisexual and non-binary, cat mom [laughs]... I don’t know!”), denotes some significance to her belonging to the collectives or groups of queer people. The formation of these group identities and their meanings align with critical medical anthropology’s focus on critiquing the dynamics of power and the cultural dialogues power can produce.

Shifting to the lens of critical phenomenology, Morgana’s position regarding the influence of normative reproductive standards on the meanings she finds within her reproductive decision-making highlights her individuality and the necessity of critiquing and deconstructing the categories and constructs I have just used to describe her experiences. This is, in part, because my own experiences have helped me to highlight these particular statements and meanings she shared with me – as a queer person with a similar family experience to Morgana’s and as a White settler who benefits from the way my country has treated Indigenous people but who wants to contribute to decolonization, it seems clear to me that these aspects of Morgana’s experiences and the meanings she attributes to them are important and salient aspects of her reproductive decisions. That is because my own experiences, and the judgments I make of others, as a result, come with the dangers of what Hannah Arendt calls the insidious “veneer of certainty” (2003, 168). It is also because, as Cheryl Mattingly notes, “experience is always excessive, unruly; it has a singularity—especially if we pay close attention—that cannot be captured by explaining it in terms of underlying causes” (2019, 423). So, a critical examination of normative influences on reproduction, and my own assignation of Morgana’s experiences and meanings to the categories and concepts laid out above, will hopefully help to capture my uncertainty about the connections I have assigned to the singularity of the experiences shared with me that have informed these arguments.

Morgana’s experiences with normativity surrounding her reproductive decisions and the meanings she assigns them are representative of her experiences, her specific and unique context, and the way she, as a human, interprets her experiences and turns them into meaning. This is the

singularity to which Mattingly refers. Phenomenologically, Morgana's experiences may fit her into categories of identity and shared experience, but no one else will encounter her specific blend of experiences that have resulted in her reproductive decisions and the meanings they hold for her. For example, other Brazilian interlocutors in this study did not share experiences of their biological fathers leaving their families, even though academic literature suggests this is a relatively common phenomenon (Bastos et al., 2013; Vieira et al., 2013).

Indigeneity was a shared concern among interlocutors, but not from other Brazilians and not from the perspectives of decolonization. And while Christianity was a primary source of decision-making and meaning for some interlocutors, the discussion of blood making family in the Christian context was unique to Morgana. She shares many traits and experiences in common with the others who shared their stories with me, but Morgana's reproductive decisions and the meanings she finds within them are a singularity, unable to be sufficiently captured within the scope of a Master's thesis. There is an irony to discussing norms within the framework of Mattingly's approach to critical phenomenology, as norms assume group adherence and agreement to "what is good and what is desirable, [...] determining how people in the culture will behave" (Boyd and Richerson 1994). In contrast, critical phenomenology stresses the uniqueness and singularity of people, their standards of goodness and desirability, and the behaviours that are part of their experiences.

Morgana was not the only interlocutor to express these deeply complex and multifaceted relationships with the norms they experienced in their culture of origin and how they have interacted with the different norms they are now experiencing in living in Saskatoon. It is, however, difficult to summarize the experiences of those who were not born in Canada because they came from a variety of cultural backgrounds and differing experiences with their home-grown norms. Connecting threads that ran through these unique individual experiences include many facets I have highlighted from Morgana's experiences. Others discussed open experiences of homophobia, overt pressure to conform to heteronormative family structures and approaches to reproductive decision-making, and colonial pressure to adopt settler-oriented approaches to relatedness and reproduction including the privileging of blood relations and the primacy of biologically-related children.

These experiences varied based on intersectional identity, with DFAB and DMAB interlocutors sharing different experiences of hetero-, homo-, and repro-normativity, differences

along class lines and the financial expectations surrounding reproduction, and the impact of their relationships with normative expectations among their own ethnic groups and in contrast to other ethnic groups living in their countries of origin. Like Morgana, the pressures of these and further aspects of normativity fueled their desire to immigrate to Saskatoon in order to make their reproductive decisions in a climate with different and, to them, less stringent normative expectations. When considering culture within the norms that influence reproductive decision-making amongst queer people living in Saskatoon, there cannot be a singular cultural definition of Saskatoon – Morgana’s experiences in Brazil are just as influential over her reproductive decisions in Saskatoon as the experiences of others like Lula, for whom Saskatoon is their culture of origin.

5.4 - Conclusion

When discussing a group that is in the minority, the norms that are created by, upheld by, or conformed to by a majority will generally be of interest because, in some ways, minority groups are defined by not adhering to, or having a voice in creating, those norms (Gardikiotis 2011). In Canada, queer people represent approximately 4% of the population, making the people who shared their stories with me undeniable minorities through their gender and sexual identities (Statistics Canada 2021a). How much a queer person conforms to the normative expectations surrounding their gender, sexuality, and all other aspects of their lives can have profound implications for their health, wellness, quality of life, and, for this thesis, their reproductive decisions (Browne 2019). Within my conversations with queer people in Saskatoon, three categories of norms were especially relevant – heteronormativity, homonormativity, and repronormativity. These three constructs intersected with each other and the specific contexts in which interlocutors have lived their lives to influence their reproductive decisions. Since a significant portion of interlocutors in Saskatoon were originally from other places, a division emerged in my analysis – the cultural orientation of norms in Saskatoon, and the norms found in the cultures from which interlocutors originally hailed.

Normative experiences originating in Saskatoon that influence reproductive decision-making include the relatively widespread background of Christianity in the province, such as the Saskatchewan government’s close ties to Christianity and our publicly funded Catholic school system, as well as the institutional foundation of norms surrounding gender, sexuality, and

family formation found within areas like the provincial government, the province's legal system, and the construction of cultural norms that happens within the province's educational system. The norms in Saskatchewan stemming from Christianity have a strong legacy in the provincial government's legislature, as a Christian prayer is included at the beginning of every sitting of the Legislative Assembly, though occasionally prayers from other religions are included (White-Crumney 2018). In addition to Saskatchewan's long history of creating and supporting Christian schools, the provincial government's funding and softening of regulations of independent religious schools through a series of educational policies and amendments have contributed to a growth of heavily Christian education with relatively little institutional oversight of the SaskParty by deciding who qualifies as an eligible educator (Minister of Education 2012; 2018; 2022; Watkinson 2022; Langager 2022). Saskatchewan's government and associated institutions continue to maintain strong ties with Christianity and Saskatchewan-born interlocutors have noted the impact those ties have on the province's norms surrounding queer reproduction.

In comparison, the normative influences in other cultures are non-exhaustively illustrated by Morgana's experiences in Brazil. The cultural norms related to her reproductive decision-making were different but distinct from those described by people originally from Saskatoon. Morgana's notable experiences with norms and the meanings she finds within them include assumptions about femininity and the desire for children as informed by Christianity, the far-reaching influences of colonialism on who is considered family through relationships of blood, and expectations of masculinity and the norms of fatherhood in the Brazilian family.

It is also essential to keep my bias as a White Canadian person born and raised in Saskatoon at the forefront of my analysis of norms described in different cultural contexts with which I have no direct experience. The limitation in my analysis perfectly describes the inescapable and highly formative role of norms and their influence on how we experience the world and the meanings we associate with those experiences. The norms, or "cultural phenomena that prescribe and proscribe behaviour in specific circumstances," that inform the meaning I identify in Morgana's interview responses act similarly on residents of Saskatoon and the contexts in which they make their reproductive decisions. Just as I have specific ideas about what is interesting and meaningful in the experiences shared with me, so too do Saskatonians have particular ideas and behaviours about what constitutes normal reproductive decision-making. Those norms emerged as important talking points during our interviews. Finally, a wide array of

intersecting norms that derive from multiple cultural backgrounds then intersect with the institutional influences of religion, politics, education, and colonialism go on to seriously inform the reproductive decisions being made by queer people living in Saskatoon.

Chapter 6 – COVID-19 and Place

6.1 - Defining Place

The idea of place is tricky. While every place consists of location, locale, and sense of place (Cresswell 2014), the vast combinations in which these elements can be combined, and the specific meanings each element holds to each individual, make understanding place a life's work. But to narrow that immense scope for the purposes of this thesis, it is important that I consider place as it coexists and influences reproductive decision-making processes, especially as they relate to the COVID-19 pandemic.

How does a location, or “an absolute point in space with a specific set of coordinates and measurable distances from other location” (Cresswell 2009, 1), change experiences of COVID-19 and associated reproductive decisions? In broad terms, locations come with specific environmental climates – my location in Saskatoon, for example, leaves me more susceptible to COVID-19 in the winter months because our long, cold winters mean that people congregate indoors and thus introduce additional vectors of infection (del Rio, Omer, and Malani 2022; Djuric 2022). Knowing that childcare and schooling during those months present opportunities for infection is one small example demonstrating the specific concern surrounding location and the intersection of COVID-19, reproductive decision-making, and place.

Locale, or the physical shape that a place takes (Cresswell 2009), can be exemplified in the growing concerns about ventilation and its role in preventing the spread of COVID-19. The importance of adequate indoor ventilation in reducing the transmission of COVID-19 is high, especially in a world that is becoming primarily urban, meaning that most people spend their time indoors, often in fairly dense living situations (Bhagat et al. 2020; Connolly, Ali, and Keil 2020). If the locales in which a person spends the majority of their time do not provide adequate ventilation to reduce the spread of COVID-19, then that may be a place the person does not want to spend much time, a factor which may include their decisions about bringing a child into that same locale. Apartment buildings, schools, daycare centres, and stores all become locales in Saskatoon that could factor into the reproductive decision-making process.

Last, but perhaps most important, is the sense of place – essentially, the phenomenology of a place. What meaning does a location have for someone, what are their attachments to it, and what is their relationship like with that place? These are broad questions and, though narrower when considered in relation to experiences with the place of Saskatoon during the COVID-19

pandemic and its interaction with reproductive decision-making, remain large enough that they were at the centre of many of the participants who shared their stories with me. Yet, as the breadth of the question suggests, I did not receive a uniform answer about how their sense of place in Saskatoon and the impacts of COVID-19 were factored into reproductive decision-making processes. Ultimately, the meaning we attach to a location or space define it as a place, and this chapter includes an exploration of the individual meanings, and thus places, that are important to those people who shared their reproductive decision-making processes with me.

Having broken “place” into its constituent parts of location, locale, and sense of place makes it seem as though these are distinct and separate parts of place, but as Margaret Rodman points out, an anthropological approach to the idea of place involves unifying these aspects as essential to fully understanding the meaning of place (1992). Her observations on the significance of place and its meanings fit into Mattingly’s critical phenomenology 2.0, as Rodman says that places are “local and multiple. For each inhabitant, a place has a unique reality, one in which meaning is shared with other people and places. The links in these chains of experiences places are forged of culture and history” (1992, 643). The meaning of place is therefore unique to each person living within that place, but those meanings are connected to the meanings others find within and attribute to both that place and others, shared and influenced across time and across experiences. These meanings and experiences can be understood more deeply by looking at them through the lenses of location, locale, and sense of place, but ultimately they must be understood by looking at these and other aspects as a whole.

Places are created by the people that live in those places or, as Nancy Munn states, in the “ongoing formation [of place] in certain experiential syntheses that actors create in practices, and the events that transpire in their terms” (1990, 2). The people who have experiences and events within a location, locale, or even a sense of place are the people who turn that location, that locale, or even that sense into what we recognize as a place. Those experiences and events may be individual, but it is the connections between them that create a place. Place is a concept that belongs to and is created by those who are creating place by living it (Williams 1977). Understanding who makes place should give way to who defines and controls it because place, as with many other aspects of critical anthropology, is indelibly linked to questions of power and agency. As I have discussed in this thesis, power and agency are vital aspects of queer reproductive decision-making in Saskatoon, such as the power to legally and institutionally

define families and who is allowed to reproduce based on the place those people live and the agency to move between countries to fulfill reproductive intentions.

Within contemporary anthropological conceptions of place, movement between places, and thus the expansion of what place means, is also a key concern. Understanding place as it relates to movement is important because, as Sally Ward argues, movement “is the norm rather than the exception of human experience in the world today” if the term ‘movement’ is understood to include not just physically relocating but also the effects of “electronic communication, satellite technology, economic and environmental catastrophe and political turmoil” (2003, 81, 93). Movement contributes to the phenomenological nature of place because, no matter where an individual goes, they are in a place because their existence creates the place as it relates to the meanings that person applies to and creates from their experiences with that place. Anthropologically speaking, movement may always be an aspect of place because, as Edward Casey notes, “there is nothing like a completely static place, a place involving no movement, no change, no transiency” (1993, 289). Moving within places, moving between places, and even movement of the places themselves will always be an inherent aspect of the human, and cultural, experiences of place.

We create the meanings of a place based on how we move within it. Consider the cultural meanings attached to public transportation in pedestrian-heavy places like Tokyo in comparison to the car-centric cultural meanings of places like rural Saskatchewan. I have already discussed some of the meanings in moving between places, such as moving away from a lack of physical safety in Brazil to what people perceive to be as the safer location of Canada. And the places we are in are always moving and that movement changes what places mean to us. For example, as the planet rotates and produces seasons, the meanings people associate with the city of Saskatoon change from summer to winter, as I discuss later in this chapter. Saskatoon may stay in the same spot on the planet, but its movement in space and in relation to the sun changes what the city means to the people who create the place of Saskatoon by living it. These meanings and the resultant definitions of place are also deeply rooted in the cultures of and produced by the people living and creating these places – a Saskatonian in Tokyo may assign a completely different meaning to their public transit system, Brazilians may define their safety in relation to place differently than Canadians do, and the existence of snowbirds, or people who choose to spend their winters in warmer climates rather than stay in snowy Saskatoon, demonstrates a very

different meaning of place based on how Saskatoon is moving throughout the year than that held by people who enjoy and revel in the winter aspects of life in Saskatoon.

Place can be understood by breaking it down into aspects that benefit from further scrutiny, such as location, locale, and sense of place, but from an anthropological standpoint, these aspects must be unified to truly understand what place can be. Place is created by those living it and it is a phenomenological thing because the meaning of a place cannot be divorced from the place itself. Movement, a central concern of this thesis, is also an intrinsic part of place. The role of culture must also be highlighted as it interacts with individual experiences and the meanings of place produced by those experiences, then linked to how others have also experienced and created meaning about their places. Place, like most anthropological considerations, is more than the sum of its parts. Rodman points out that “the meaning of place often seems to go without saying” (1992, 640) but instead I find that, because of its complex and holistic nature, there is a neverending amount of things to say about place. For the purposes of brevity and this thesis, I will keep my exploration of place limited to queer reproductive decision-making in Saskatoon during the COVID-19 pandemic.

6.2 - How COVID Has Changed Meanings of Place

To understand how COVID-19 has changed the meanings of place in relation to reproductive decisions, I first consider how place ties to notions of family, especially in the queer context. I return to Ethan’s family and how they have built their family in relation to ideas of place. Ethan’s family has more than two parents involved because he and his wife have chosen to co-parent with the sperm donor who helped to create most of their children, and thus their children live in multiple households within the city. Normative perceptions of families, especially immediate family such as parents and children, often locate the family as residing within the same household and a common definition of family is the “household,” relegating family to one specific location, a shared house, and assigning particular meanings to “family” that are dependent on the place of that one shared house (Canetto 1996). Families spread across multiple households take on a different relationship with space and place, as outlined by Klas Borell, who said,

a common feature for contemporary family life is not just a more open and more flexible concept of the family, but also a significant spatial flexibility. A household *no*

longer necessarily embraces what people with mutual commitments define as ‘their family’. Family ties have a tendency to extend beyond the boundaries of a household which leads to the creation of multi-household families (2003, 468, emphasis in original).

As Borell points out, while many families live in one household, the norm that families are the same as one household has not represented reality for a long time, or perhaps ever. For example, divorce and the separate households that often result from divorce have existed in Canada since at least the late 1800s (Library and Archives Canada 2021). Indigenous Peoples living on Turtle Island also have families that skew this idea of households, with multiple families living within one household or having immediate family members spread out across multiple households (Tam, Findlay, and Kohen 2017). And queer people have long been making families that do not share one household, due in part to the legal barriers we face in creating a familial household and partially because our experiences have led to developing our own ways of doing and being that align with queer values and experiences (Kelly 2013; Epstein 2005). The assignment of the family to one unified household is a restrictive way of thinking about all families, including queer ones, because it oversimplifies complex inter- and intra-personal dynamics (Sharma 2013). Queer people must navigate these assumptions around place and family in their reproductive decision-making, as they have the potential to seriously impact their lives and their families.

An example of how the relationship between place and family, and assumptions about that relationship, can impact queer families is seen in the COVID-19 pandemic. The restrictions enacted in Saskatoon to reduce the spread of COVID-19 changed the meaning of a multi-household family for Ethan, his fellow co-parents, and his children because the idea of family being synonymous with household is problematized by interactions with the social response to COVID-19. The public health measures put in place in Canada to deal with COVID-19 did not accommodate the spatial distribution of households, instead creating blanket rules for a perceived majority of families that embody family as one household in one locale (Public Health Agency of Canada 2022). This is not necessarily unreasonable. Wide-scale emergency health measures cannot always be finely nuanced, but the restrictions here were some of the strictest in the world and marginalized groups paid an unequal cost for that stringency (Razak et al. 2022; Mykhalovskiy et al. 2020; Spadafora et al. 2022). Public health measures, such as the restrictions accompanying the COVID-19 pandemic, added burden to families spread across multiple

households and locales, especially impacting queer people and their families (Brennan et al. 2020; Kay 2020; Reid and Ritholtz 2020). This was the case for Ethan and his multi-household family, as he said, “There’s been a lot of restricted visiting. I’ve only seen my oldest daughter a handful of times in the last year.” Ethan and his family have chosen to create multiple households that co-parent together, with all of the children in those households being regarded as siblings. When COVID-19 restrictions and distancing measures came into effect, Ethan and his family had to choose who would be in each household-oriented safety bubble, thus being distanced from the children who were not living in Ethan’s household.

Another aspect of the household-family association presented was that, when COVID-19 began, Ethan’s wife was a care worker and their sperm donor co-parent worked for the city in a public facility, so both would have to quarantine quite regularly due to COVID-19 exposures in the workplace. These quarantines disrupted the ability to function as a multi-household family by further separating the children and co-parents for the duration of the quarantines, which, as Ethan mentioned, “affected which children could be in which homes and how we could visit appropriately.” Parents being separated from their children during COVID-19 quarantine and social distancing had detrimental effects on mental health for those families and can even have long-term impacts on their children’s attachment style and other aspects of psychological and relational development (Singh et al. 2020; Fore 2020; Jiao et al. 2020). Also, siblings being separated from each other can contribute to distress and familial instability (Drapeau et al. 2000).

In this way, the COVID-19 pandemic magnified the distance between some family members – for Ethan and his kids, they lived in the same city but the distance between the places they were became so serious as to be impossible to traverse safely due to the risks it would introduce to the health, well-being, and financial safety of their family. While the distance never changed in the sense of metres, the meaning of that distance changed drastically, impacting the sense of place and relationship between the multiple households that make up Ethan’s family. The multi-household family and the unique meaning of place that Ethan and his co-parents have developed demonstrates how the COVID-19 pandemic influenced some families and their decisions in Saskatoon. Because of how the city of Saskatoon defined families in association with place, i.e., as a single household, non-mainstream family creation and maintenance was interrupted for some by pandemic protection procedures. Deciding whether or not to create a family, or add new members to a family, must take into account the potential for such

interruptions to happen again in the future. For the queer people who shared their experiences with me, the ability to maintain connections between multi-household families was an important variable in making reproductive decisions.

The existence of the virtual world, and the increasing availability and ubiquity of remote connection software like Zoom, WebEx and Facetime arising from the COVID-19 pandemic, have impacted conceptions of place though, as Sally Ward pointed out, these electronic ‘movements’ are not new to concerns surrounding place (2003). These types of software compress both space and time, allowing people to meet from across the world and jump between groups much faster than possible in the physical world, and they facilitate interconnection between people or groups who might not otherwise connect (Hay 2020). While this software is not new, as Skype launched in 2003 and Apple’s FaceTime began in 2010, their popularity and necessity skyrocketed due to worldwide restrictions and distancing measures enacted in response to the COVID-19 pandemic. With a world suddenly reliant on virtual connection technology, formerly insurmountable distances have been significantly reduced, making relationship-building between some people in different areas, cities, provinces, and countries far more sustainable. For Claudia, this reduced distance has helped her stay connected and engaged with friends and family from her home country of Brazil. Hopping onto a Zoom call with her friends to play games gave Claudia an accessible way to relax with friends and stave off the isolation many people felt during the COVID-19 pandemic. Claudia’s complicated relationship with her biological family means that her friends are one of the most important components of her chosen family that help her feel prepared to have children. When I asked her what a perfect world would look like for her to have kids, she told me how important it was to have her family and community around her and that, “the thing is, my friends, I know some people who think of friends as just, oh they’re people that I love a lot but not family. I mean, they are literally my family”. Virtual connection software and its ability to minimize distance between places to keep Claudia and her family of friends connected provides key support in her reproductive decision-making.

Lisa also spoke about the ubiquity of these types of technologies and their positive impact on the way families are forming and keeping in touch with each other, saying,

I feel like that might be a positive change, after it’s no longer serious and they can see the people close to them in person and stuff, but it might be family that’s far away, more

of a possibility. And people know that there is options for them to have that relationship with kids and stuff long-distance.

By collapsing the physical distance between a person and their important family members, people like Lisa may now consider having children when they would have otherwise been opposed to it because the importance of the children knowing their extended family and the support that family can provide was an essential aspect of their reproductive decision-making. The proximity to family, whether in person or through digital connections, is an important aspect of Lisa's deliberations about her reproductive decisions. She described her desire to have children who know the members of their family.

I definitely would think that I would be grateful to have my family so close by. And yeah, it's definitely a large support system, I have lots of extended family in SK. And my family is very close, even the extended family and stuff, so that would be huge. For the support and also for the fact that my kids would get to know their families.

Now that potential children can grow up knowing their relatives in far-away places with similar ease of knowing those who are local, the load of responsibility that comes with having children can be somewhat mitigated through at least the emotional and relational support offered by relatives who can connect via calling technology (Karki, Dhonju, and Kunwar 2020; Hall, Pennington, and Holmstrom 2021).

The collapsing of place and time provided by remote call technology also presented drawbacks for a few people. As COVID-19 forced schooling for young people to rapidly shift online, parents were suddenly finding themselves in a classroom, office, and living space compressed into one house or, in some cases, one room. Negotiating this new meaning of place, with people like colleagues and fellow students, with whom interactions usually happen in public or work-related spaces, suddenly being invited into private at-home spaces through remote calling technology, and with those spaces now having multiple functions that they were not originally intended to have, privacy and autonomy at home became a difficult issue for many people (Katsabian 2020; Fukumura et al. 2021; Aznar et al. 2021). In addition to these concerns, parents were now having to hold multiple roles that they were not prepared to hold – teaching assistant, IT support, and caregiver roles were suddenly happening in the same time and space as their pre-existing work or family roles (Michelson et al. 2021). The chaos and stress presented by this collapsing of the work-home-school bubble into one place was mentioned by most of the

people who shared their stories with me as a reason they were hesitant about having children. Jane, a lesbian woman who is planning to adopt children with her partner, spoke to this perspective by observing her friends who have children.

Seeing my friends who have small children and they're trying to juggle working from home while their kids aren't in school or their daycares are closed, they have to try to be a full-time employee and a full-time parent, and even with a supportive workplace... You can't tell a 3-year-old to go entertain themselves for 8 hours.

Knowing now how institutions responded to emergency pandemic situations and that other pandemics of this scale are possible or even likely in the future, some people are unsure if they would want to take on the burden with which they saw peers and family members struggling. For people like Mariana, that burden is especially daunting because, as a DFAB person, she is more likely to take on additional work in domestic spaces, is more likely to have had to leave jobs and have her career trajectory impacted, and is more likely to have been balancing front-line jobs with higher levels of stress and COVID-19 exposure potential with the increased work found in the household (Carli 2020; Zamarro, Perez-Arce, and Jose Prados 2020; Burki 2020). All of these issues that are related to the collapsing of many places into the domestic one are part of the reason why Mariana said, "parenting during this pandemic sounds terrifying, working from home and all." As someone who greatly values their independence as a person, a scholar, and a feminist, Mariana considered the place made by COVID-19 and the use of remote call technology to be a significant factor in her reproductive decision-making.

The combination of many digital places into one physical place, the home, was not a problem for everyone, though no one mentioned any positive benefits directly related to their reproductive decision-making. Jason, a bisexual man in a serious relationship with a woman, explained some of the benefits he found in this new conception of place as influenced by the COVID-19 pandemic. He found it easier to manage his workload because removing the constraints of office hours, in-person class times, and travel time to campus and the office allowed him helpful freedom and flexibility in conducting his work.

The online system was difficult for a lot of people, but I think that I actually excelled with the online format. I think that my experience would have been better in person, but because it was a lot easier to set my own hours to work on stuff because it was all asynchronous, so I was able to factor in my work schedule a little bit easier, as well as...

[pause] I'm trying to get better, but I'm a big night owl, so I would do a lot of my stuff at night, and instead of being tired in the morning for class like I would have been on campus, I wasn't.

By collapsing the places of both school and home into the same location, Jason no longer had to abide by the in-person strictures of his usual university experiences and could instead capitalize on this newfound flexibility work when and where best suited him.

This was not the only unexpected bonus to how pandemic responses changed Jason's relationship with place. He also found that working and schooling from home meant they were in much closer proximity to his partner for much more time than usual, which allowed them to grow closer and deepen their relationship.

I feel like I've grown a lot closer with my partner. I feel like that's something that is a big change. I definitely went from just kind of like, you know, kinda... [pause] Thinking about our future and an engagement-type deal, to actively now wanting to get that done because we have never spent as much time as we have together as during this, because our schedules are very similar, er, sorry, yeah, schedules very similar. I'm home around the same time as she is, which never used to happen cause we'd have opposite class schedules. We've done classes in the same room so we've gotten a lot closer.

Spending more time together because most of their lives were being carried out in the place of home changed the context of their relationship, allowing Jason to see his relationship priorities in a different light. These benefits could be tangentially impactful on some peoples' reproductive decision-making, as flexible working arrangements and increased positive romantic relationships both carry the possibility of either changing or reinforcing reproductive decision-making, but no one who shared their stories with me tied these aspects to their reproductive decisions.

6.3 - Creating New Meanings of the Space Between Places

It is not only the places that have changed meanings during the COVID-19 pandemic but also the more ephemeral space between places. Philosophically, this is slightly trickier to discuss as every space between places is its own place, as Lisa Findley notes when describing paths, saying,

When we move from one place to another we do so along a path. In this sense a path is simply a route that we follow, whether it's visual, kinesthetic, or psychological

character. However a ‘path’ as either an idea or a physical space, can be a profound experience of movement and place (1993, 72).

For the participants who have shared their experiences with me, the spaces, or paths, in between the places they occupy play important roles in creating and explaining meaning within their reproductive decision-making processes. How the COVID-19 pandemic has impacted the meanings of those spaces is also significant. As previously mentioned, many people who shared their stories with me have moved here from other countries. For these people, the paths they have taken from their countries of origin to Saskatoon, including their experiences on those paths, are an influential part of their reproductive decision-making. For Juan, moving to Saskatoon complicated the path to his family. After leaving his home country of Colombia, Juan first lived in the United States of America for less than two years to attend university there. While in the USA, Juan’s relationship with his family was easier to navigate – COVID had not yet come on the scene, and he had an easier time seeing his family as they could easily meet in Miami, which was halfway between where he lived and where they lived. Now, living in Saskatoon, Juan points to the ten-hour flight he or his family would have to take to visit each other, as well as the at-the-time strict restrictions on travelling due to COVID, as a part of why he felt removed from his family. In considering his reproductive decisions, Juan mentioned that an important aspect of those decisions was the support of his family, so the physical distance between them made him feel less confident about the possibility of having a child.

The physical path separating Juan and his family became arduous to overcome and impacted his reproductive decisions, but it was not the only aspect of the path between him and his family to be impactful. As a gay man, Juan found Colombia to be an imperfect place to live, as homophobia and marginalization of queer people were still prevalent in his experiences. After leaving Colombia, he further explored his sexuality in post-secondary schools, first in the United States and then in Saskatoon. His relationship with his sexuality has developed thus, and he named his boyfriend one of the most important people in his life. His sexual orientation came up again when I asked him about important factors in his reproductive decision-making and he replied, “I would say probably having my family supporting as who I am, because right now I haven’t come out to my family yet because I was holding on to it. Having a family that supports me and my partner as well, and my kid, of course.” He went on to explain that “the ways that my parents raised me, [...] they were never very supportive of the LGBT community either.” The

importance Juan places on the acceptance and support of his family is complicated by their views on queer people and their lack of knowledge about Juan's sexual orientation. This complexity is part of the path Juan is still on between Colombia and Saskatoon, a path he has physically traversed but is still mentally and emotionally navigating.

At a physical distance, Juan can live in a place that is more supportive of his identity and his choices, including the possibility of starting a family with another man. He misses the closeness with his family but enjoys the freedom to explore himself. The emotional distance that exists between their lack of knowledge about Juan's sexual orientation and his desire for their support and acceptance of his potential family is more nebulous and less easily traversed. The distance between these places is mirrored in the distance between Juan's current state of uncertainty and his future reproductive decisions. He is unsure whether he wants to have a family, weighing the pros and cons, partly because he is still walking the path between his family in Colombia and his future as a gay man. Where that path will take him is not clear, but what is clear is that the meaning of his journey on the path plays an important and formative role in his reproductive decision-making. While Juan was not the only person to discuss this ill-defined path between their country of origin and their reproductive present in Saskatoon, his story illustrates a shared thread among many of those who shared their story with me – traversing physical distances is often mirrored by the phenomenological journey included in moving from one place to another, one approach to queerness to another, one type of relationship to another.

For those who moved away from places that are less friendly to queers, the path includes self-exploration and a renegotiation of relationships with people who are still at a distance. For those who moved to attend university and gain new financial opportunities, the path contains the difference between institutional systems, standards of living, and the life one could possibly live as they make their reproductive decisions. For many queer people experiencing the COVID-19 pandemic, a broad range of variables have and continue to change the distance between their place of origin and their current and future reproductive decisions in Saskatoon. These variables can be physical, such as the interruption of travel and the closure of borders, and they can be phenomenological, like the distance between relationships with queer people “back home” and those found in Saskatoon. Regardless of their origin, it is undeniable that some of the queer people who shared their experiences with me discovered that COVID-19 changed the space between places and thus impacted their reproductive decision-making.

6.4 - COVID-19 and Reproduction

In some cases, the restrictions, quarantines, and other measures of dealing with COVID-19 have highlighted an important aspect of place as being the sense of place. This aligns with Mattingly's critical phenomenology because sense of place is intimately associated with what a place means and how individuals are experiencing and interpreting their relationships with the places they create. In this section, I explore how the same place, Saskatoon, is experienced and interpreted by those who have shared their stories with me. This exploration is an illustration of the way that place, and specifically the phenomenology of place, is culturally, contextually, and individually constructed through perspective and experience. This complicated relationship with place, shaped by the COVID-19 pandemic and human actions surrounding it, also has important implications for reproductive decision-making.

More than half of the participants shared how the COVID-19 experience changed their relationships with place through a shift in the experience of both location and locale, in many cases relocating places to the home, and emphasizing the sense of place associated with their living quarters. Carolina's story illustrates the complex interconnections between multiple aspects of life, sense of place, COVID-19, and reproductive decision-making. For Carolina, the social response to COVID-19 interrupted her sense of place as it relates to her locale and location within Saskatoon. Originally from Calgary, Carolina explained how the COVID-19 responses turned Saskatoon into just any other place.

But then with COVID, it's mostly just being at home now, so I feel like where I am doesn't really matter as much right now, just because where I am is in a house and there is very little connection to the outside city. [...] And the places that I go to now, when I leave the house, are generic. Like, I go to the grocery store, I go to the pet store, I don't really go to places that I feel are the heart of Saskatoon. Especially with the summer, the one summer that I actually got to spend in Saskatoon, I went to the street festivals all the time and being outside and by the river and all of that, and felt very much in the city. And with those not going on, it doesn't feel like there's as much of a connection to the things that make Saskatoon different from anywhere else. [...] I just think about this past year and I'm like, I don't think it would have made much of a difference if I'd been in Calgary instead.

Without the events and cultural activities Carolina sees as the heart of Saskatoon, her location is interchangeable with comparable locations (in this instance, Calgary and Saskatoon) and comes to matter little because Carolina had “little connection to the outside city.” Instead, the focus shifts to her locale (“where I am is in a house”) and her sense of place (for her, Saskatoon is heavily associated with street festivals and being by the river). Carolina’s experiences align with the experiences of many others worldwide – as mobility became heavily restricted, so too did our sense of place become restricted.

Human geography scholar David Bissell describes an experience in Australia that contains many of the same themes as Carolina’s in his essay reflecting on sense of place and the COVID-19 pandemic.

This interconnected sense of place is so true when we think of what makes many of the places we value as vibrant and energising places to be. Walking along a street in the inner north of Melbourne, you might glimpse a billboard advertising a gig for a band based in Los Angeles and an orchestra visiting from Taiwan. A businesswoman just flown in from interstate gets out of a taxi, pulling a small suitcase. [...] You wait to cross the road, and you notice a passing mini bus that may be taking tourists to the Great Ocean Road. You decide to pop into your usual coffee shop, and the barista you have known for a few years updates you on his mother's health in Ahmedabad in India. Little wonder that, for Doreen Massey (1991), place is not a static and unchanging object, but a process formed through all kinds of globally interrelated movements coming together (Bissell 2021, 151; Massey 1991).

Bissell’s description of the multicultural and multispatial mobility that makes a place feel “vibrant and energising” overlaps with Carolina’s description of what makes Saskatoon feel like Saskatoon and not just another place for a house to be situated. Festivals alongside the South Saskatchewan River dominate much of Saskatoon’s social life in the summertime; The Saskatchewan Jazz Festival, the Saskatoon Fringe Festival, FolkFest, Taste of Saskatchewan, Pets in the Park, the Children’s Festival, Shakespeare on the Saskatchewan, and many others give the city its distinct social flavour based on the social experiences people have there. The mixing and interacting with people from all over the province, country, and sometimes the globe all contribute to a specific sense of place and sociality within Saskatoon – they “bring the city together” (Barrow 2022) and contribute to a sense of normalcy in the city (Dahlseide 2022).

Festivals like these are experiential, and the memories of those experiences can be important to people's sense of place (Kaczynski, Stratford, and Marsh 2022).

When these events were paused or seriously reduced in 2020 and 2021, it impacted the sense of place some Saskatoon residents had developed. Without these distinctive events that give Saskatoon its social flavour, alongside the difficulty of seeing friends and family amid restrictions and social bubbles, Carolina's sense of the city was reduced to the daily humdrum of subsistence shopping. As Bissell points out, daily activities like shopping can be full of opportunities for sociality through mobility between shoppers, store employees, and the social dynamics that connect them, but COVID-19 prevention efforts curtailed social interaction so heavily as to remove the little Saskatonian flavour left in those interactions. Without mobility, particularly social mobility, people like Carolina experienced a very different sense of place that left Saskatoon feeling like it could be anywhere else.

The changed sense of place in Saskatoon because of the reduced mobility imposed by COVID-19 restrictions played a formative role in Carolina's reproductive decision-making. As discussed in the Queer Family Structures chapter, Carolina has made a family with her best friend and her best friend's partner. Carolina and her best friend had already made the move from Calgary to Saskatoon together, choosing to attend post-secondary in the same place. Her best friend and their partner began dating just a few months before the COVID-19 pandemic began.

Their partner ended up moving to Saskatoon in November of 2019, October maybe, so there were three or four months there where my friend and their partner were really close, obviously, and I was kinda just like, every once in a while I'd hang out with them, and then COVID hit. And my friend's partner was living across the street from us, and was living alone. So we kind of just ended up creating this three-person household and I think, because of the pressures of social distancing from everyone else, it became really easy for us to create this sort of family unit when everything else about the pressure of society and the way everything else is supposed to work was kind of just removed all of a sudden. So it was really easy to be like, we're just gonna create this little family.

A lack of mobility, especially social mobility, during the height of the COVID-19 restrictions, allowed the familial relationship between Carolina, her best friend, and her best friend's partner

to blossom and come to fruition for multiple reasons. A lack of in-person socializing with others, and a lack of ability to leave the house much, allowed the three of them to focus their relational energy on each other to grow their family. A lack of mobility also meant that the three of them faced less of the potential scrutiny that their atypical family might otherwise have invited as they were able to grow their family outside of the watchful eyes and judging comments of people with different approaches to family creation.

With the disconnect from location (the coordinates at which a place exists) and sense of place that was precipitated by the COVID-19 restrictions came a disconnect from social surveillance and the pressures of performing gender and sexual orientation in cisheteronormative ways, providing space for queer people to explore themselves and their relationship with the world in relative privacy and with relative ease (Quatham and Joy 2022). The resulting family that Carolina has built with these two people forms an important foundation for her reproductive decision-making. In June of 2022, Carolina, her best friend and her best friend's partner, relocated to Toronto to continue their post-secondary education and further solidify the familial bonds from which Carolina contemplates her reproductive future. As I detailed in the Queer Family Structures chapter, while Carolina is currently unsure about whether she will herself have children, she looks forward to the potential of adding children to their family in whatever configuration makes the most sense for them. This important family and the security Carolina enjoys in her relationship with them may not have happened were it not for the changed sense of place and reduced mobility they experienced during the COVID-19 pandemic. The queer people in Saskatoon who shared their experiences with me are making their reproductive decisions at the intersection of queerness, sense of place, COVID-19, and the possibility of reproducing.

6.5 – Conclusion

The global COVID-19 pandemic has impacted the meanings of many things in life for many people, and meaning-making has been a strong focus of much academic research on the pandemic (Walsh 2020; de Jong, Ziegler, and Schippers 2020; Karataş and Tagay 2021). This chapter has focused specifically on the association between place and COVID-19 as it impacts queer reproductive decision-making in Saskatoon because place deeply affects our experiences and meanings of illness in general and pandemics in particular (Fletcher 2006; Årestedt et al. 2016; Devine-Wright et al. 2020; Cowden, Counted, and Ramkissoon 2021). What exactly place

means and how people navigate it is ephemeral and individually defined, so the meanings people associate with it and draw from it are equally unique and transitory. Yet these phenomena are also social and cultural, connecting the meanings and experiences of many people in the creation and understandings of place and its meaning.

In this chapter, I have begun to address how some queer peoples' relationships with place and this pandemic have impacted their reproductive decisions, but I have found that those relationships are often based on how the place these people are in impacts their relationships with other people. Familiar places suddenly becoming distant or strange due to the social response to the pandemic, including restrictions and social distancing, can change the meanings of support and connection queer people feel with their families and community. Since support and connection are key aspects of reproductive decision-making, these changed relationships with place and meaning have impacted how some queer people view reproduction (Sodik and Nzilibili 2017; Alvarez 2018; Schaffnit and Sear 2017). In addition, the space between places, including travel and the virtual world, were key aspects of the COVID-19 experience for many people and changed the meaning many who shared their stories with me found in their reproductive decisions (Fatmi 2020; Fatmi, Thirkell, and Hossain 2021; Anifandis et al. 2020; Orlando et al. 2021). Finally, the way in which the COVID-19 pandemic changed how people could interact with others had variable impacts on how queer people could explore and build their queerness in relation to family, with some experiencing isolation while others described freedom from heteronormative judgment in creating their ideal families (Pohshna 2020; Anderson and Knee 2021).

Ultimately, relationships between place, the pandemic, and queer reproductive decision-making proved to be important enough that they emerged in many of the discussions I had with some those who have chosen to share their stories with me. I was surprised at this revelation as nothing in my research preparation had signalled that this would be a significant aspect of the decision-making process, but through the inductive research process I have followed, I now see why it is so important. COVID-19 has unsettled many aspects of some peoples' lives by reifying others, and the relationship between place and queer reproductive decision-making is no different. Those who have shared their experiences with me navigated the change (and non-changes) they experienced in the COVID-19 pandemic by making and discovering meaning in their relationship with place and reproduction as the pandemic simultaneously pushed some

people apart and brought them closer together. By examining those meanings, I hoped to highlight how queer people make their reproductive decisions and what those decisions may mean for them, their places, and the world beyond.

Chapter 7 - Conclusion

7.1 – Vignette

Justin is sitting in front of a metal rack filled with plants, a white grow light bouncing highlights off their glossy green leaves. Justin is leaning forward in his chair, towards the webcam, almost as if he is trying to lean through it and out of my monitor so we can chat in person. He is telling me about the things that are important to him in making his reproductive decisions, and now in the conclusion of this thesis, they are familiar themes. He talks about the “pre-apocalyptic” state of the world, saying:

I’m terrified of the idea of not being stable or well enough, or having enough assets to make sure my child would have a good life, or also the greater condition the world’s going to be in... Like, is having kids in ten or fifteen years even a good place to bring somebody up when there’s going to be all these additional stressors, how global affairs are going to be going...

Within this brief description, Justin outlines two broad categories of concerns impacting his reproductive decisions. One is what I have broadly termed “the state of the world,” referring to the combined factors of climate change, global inequality, systemic racism, misogyny, homophobia, and other facets of unrest, a concept I have explored in chapter three, section four. The other broad category ties to the first in some intricate ways but is also worth considering separately. This category is his own personal context, his experiences, and the meanings he has derived from those experiences. To understand these aspects, it is important to understand a little more about him. His concerns about global affairs are tied directly to concerns about his parental capabilities, informed by his childhood experiences.

Justin grew up as one of the first Chinese adoptees to Saskatoon, brought over when he was ten months old by a loving family. He describes turbulent teen years marked with struggles with his mental wellness, partially due to the relative isolation he experienced as the sole Asian person in his school and partially due to realizing his trans-ness after puberty. Therefore, trying to answer the question I asked him, how he feels about being a parent, is a negotiation for Justin. On the one hand, he wonders, “should I take on that responsibility when there’s going to be that additional stress in my life and everybody’s lives?” On the other, he tells me that if he were to overcome these concerns and have children, he would adopt because of the difficulties he would

experience in trying to become pregnant because of the physical and hormonal changes he has experienced in his transgender journey. Even then, having been adopted himself adds another layer of complexity to his thoughts. As he explains to me:

Sometimes I have these nice ideas of, ‘Oh if I had a baby it could have my hair’ or something like that, but I really don’t care about that. I always wondered what my parents look like, it was always kind of nice to think about having somebody else who looked like you, but in the grand scheme of things it’s really not that important to me. It’s moreso the almost fetishized idea about what it’s like to have perfect children who look like you and act like you and behave well all the time.

Negotiating the relationship between a family of origin, Justin’s birth parents in China and his adoptive family in Saskatoon is a negotiation with himself. What aspects of who he is, both socially and biologically, take precedent in making his reproductive decisions? He recognizes the social forces at play behind some of his thinking, pointing out the socially “fetishized” idea about children being copies of their parents, yet also sometimes feels the appeal of having children who share some of his biological traits, connections to a personal history in China of which he has little information.

How then does Justin envision a queer family structure that includes reproducing as he must as a trans man who identifies as grey-ace? How does he envision reproducing his culture and family identity within the framework of adoption rather than living with the family that birthed him? Those decisions must be made in conjunction with how he feels about his place in a global society, one where the very real and pressing issues of climate change, systemic inequality, and global pandemics like COVID-19 have very real but very different impacts on people depending on their place within society as a whole. He is considering how safe he feels within this global society, how safe he feels to reproduce, and how safe he assumes his possible children would be. He is also considering his relationship with place, as the distance between who he is because of the bio-geographical nature of his origins and who he is as a result of his parents bringing him to live in Saskatoon, a place with a relatively small Asian population and, at the time of his upbringing, relatively little racial diversity within his peer groups. I asked him how he feels about being a parent, and after negotiating through these complex and challenging aspects of the question, he answers that the 2021 version of Justin, who is 25 years old, is not yet ready to make that decision: “I think I would like to have kids if I knew that I’d be stable enough

and the world would be stable enough to raise a kid in my 30s, but I think right now, it's hard to say." Given the complexities he has described, his apprehension in deciding about his parenthood status is more than understandable. Surrounded by greenery, Justin is living with his reproductive decisions, which is currently the state of not having made a decision.

While Justin's experiences fit into the areas of concern I have described in this thesis – the queer family structures, the concerns about safety, and the question of the relationship between COVID-19 and place – the reasons for those experiences and his context are incredibly unique. The nexus between his queerness as a transman and grey-ace, his ethnicity and adoptive status in relation to living in Saskatoon, and his concerns about the state of the world, mean that Justin's position within his reproductive decision-making does not easily map to anthropological theories of kinship, of queerness, and of global citizenship. I believe this is because no individual experience can fit neatly into theories intended to explore broader patterns and group experiences that tend to form concepts of culture. Individual lived experiences of kinship are often both mundane and complex, unique and consistent, and central to cultures and removed from cultural experiences. Kinship experiences like Justin's can be about, among other things, how families are *formed*, what family *is*, what families *do*, what families *mean*, and how families *feel* (Carsten 2004; Bourdieu 1990; Yan 2001; Peletz 2001; Bryant 2002; Faubion 2001; Stone 2002).

While considering his answers in conjunction with those of others who have shared their stories with me leads to patterns and themes emerging, the individuality of his experiences and what they mean to him map overlap with Mattingly's critical phenomenology 2.0 by challenging my assumptions about reproduction among queer people and how they experience reproduction in Saskatoon. Such is the case with those who spoke with me – while connections between them might exist, each person's experiences and the meanings they find in those experiences are always unique, as Jan Patrick Heiss and Albert Piette point out when discussing the work of Gottfried Wilhelm Leibniz - "the emphasis on human beings as products of various liaisons is tempered by a conception of human beings as unique products that are irreplaceable in the play of connections" (2015, 14). And while I see this uniqueness as a strength of Mattingly's critical phenomenology and my work, it is also a part of the limitations of my research.

7.2 – Limitations

The main limitation of my research is the voices I have not included. Missing from the pool of people who decided to share their stories with me was important representation of other demographic groups. Most notably, I did not speak to any Indigenous people from Saskatoon or the rest of Canada. Given the unique cultural and historical influences on Indigenous reproduction and the specific dynamics of Indigenous queer people in the face of colonial practices, this is an important absence (Devries and Free 2011; Dyck and Lux 2016; Stevenson 2020; Jackman and Upadhyay 2014; Greensmith and Giwa 2013). Making space in research for Indigenous perspectives and voices is an important aspect of decolonizing academics and research, though, in application, it is often less simple than that (Moreton-Robinson 2004; Paine et al. 2013). I also heard very few culturally masculine voices in this research, as out of 19 participants, only two were DMAB and a further two were identified somewhere on the masculine gender spectrum. Recruiting men in general for research, and especially for reproductive research, is often quite challenging for a number of reasons, and less representation from masculine perspectives means that we are missing their viewpoints (de Lacey 2014; Law 2019). In retrospect, my recruitment practices could have been tweaked to seek out interlocutors from these groups to ensure their voices were heard and represented within this research.

Another limitation was that of my data collection methodology. Due to the safety precautions I had to follow because of the COVID-19 pandemic, I was unable to collect a wide variety of types of data often present in the staple anthropological methodologies of participant observation and ethnography and had to rely solely on interviews. I was limited to what I could see in the restricted window offered by webcams and hear through the digital encoding of Zoom audio, and in some cases, the limitations of bandwidth and the problems with computer operation meant I could not even see those sharing their stories with me. The lack of experiential data, of direct observations of locale and context, of smell and touch and impressions and insight, restricted what I can say about how people fully engage with their reproductive decision-making processes (Boyle 1994; Angrosino 2006; Spradley 2016; Pool 2017). The results of this thesis are thus limited to what people were able to tell me when the human experience goes far beyond words and the thoughts that go into communicating them.

There is much work that must still be done. The area of queer reproductive decision-making is ripe for further qualitative, especially anthropological, research. Specifically, I believe

an ethnographic approach to queer reproductive decision-making in Saskatoon would bring light to the broader interconnections among the institutional, interpersonal, and individual influences that inform the decisions being made. Revisiting specific interlocutors over multiple points in time, speaking with them in the places where they make many of their decisions or find meaning, and observing their interactions with other people involved in the decision-making process would likely reveal a web of interconnected influences on reproductive decision-making that I have not even glimpsed. Such an effort would be unlikely to find the same meanings regarding COVID-19 as the scale, scope, and, most importantly, the meaning of the pandemic has shifted significantly in the year between my interviews and the writing of this thesis. I cannot imagine capturing the same types of reactions I have found in my work at an even later date, but such is the temporal nature of qualitative research (Bear 2016; Gell 2021). No research is perfect, and in outlining the ways my research could be improved, I hope to add substance and guidance to the continued discussion of queer reproductive decision-making.

7.3 – Final Thoughts

Making reproductive decisions will never be a simple task. There is always a complex network of decisions and factors within the broader question of “should I have a child?” (Miller 1994). The complexity is increased when you are considering a minority population who may be making decisions that do not align neatly with cultural narratives about “normal” reproduction, like some of the queer people I interviewed for this research (Mamo and Alston-Stepnitz 2015). These and other factors make the exploration of why those decisions are made and the factors that influence making those decisions a serious undertaking in even the most ideal of conditions a significant undertaking. This thesis presents the participants’ experiences and my interpretation of them through an understanding of reproductive anthropology, queer theory, and the critical deconstruction possible within phenomenology. I began with the question: what meanings do queer people in Saskatoon find in their reproductive decision-making processes, and how do those meanings influence those processes during the COVID-19 pandemic? The generous gift of eighteen stories graciously given by queer people living in Saskatoon during the early years of the COVID-19 pandemic has provided helpful insight into the experiences and meanings of queer reproductive decision-making. Yet I feel I have only scratched the surface of the voluminous myriad of influences experienced and described by those who have shared with me.

I hope that this thesis has honoured those eighteen voices and the wider communities they represent with my answer to that research question: queer people in Saskatoon are influenced in their reproductive decision-making by meanings they have created around queer and reproductive safety, the family structures they feel are best and are supported in making, and how COVID has impacted meanings of place.

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APPENDIX

A - Recruitment Advertisement

Seeking LGBTQ2S+ volunteers for research on decisions about parenthood

If you are an **LGBTQ2S+** person in **Saskatchewan** between the ages of **18 and 35**, we are interested in hearing how and when you make decisions regarding parenthood and the factors that might play a role in these decisions. Whether you currently have children, intend to have children, or have decided against having children, we invite you to share your story.

As a participant in this study, you would be asked to take part in a 60-90 minute remote interview about how and when you made your decisions regarding parenthood. You will receive a \$25 honorarium in thanks for your time and sharing.

This study has been reviewed by, and received approval through the Research Ethics Office, University of Saskatchewan.

Please contact:

Jessica Jack or Dr. Pamela Downe

Department of Archaeology and Anthropology, University of Saskatchewan

Provide your contact info at:

<https://www.surveymonkey.ca/r/DecisionsParenthood>

Email: jessica.jack@usask.ca or pamela.downe@usask.ca

Phone: 306 966 1974

B - Interview Guide

Today I would like to talk to you about how you arrived at your current parenthood status (whether you have children or not). There are many aspects of this that I would like to discuss with you, and there are no right or wrong answers. I would like to hear about your thoughts and experiences.

- First, I'd like to learn about you. How do you describe yourself?

What is your age?

- What is your gender identity? / Do you identify as a man, a woman, or another gender identity?
- What is your sexual orientation? / Do you identify as straight, gay, bisexual, queer, or another sexual orientation?
- What do you do for a living?
- Where were you born? (if not in Saskatchewan, how long have you lived in Saskatchewan? Do you have close ties to your birth country?)
- Where do you currently live? How long have you lived there? Why do you live there? Have you ever lived anywhere else?
- Where were your parents born? (if not in Saskatchewan, how long have they lived in Saskatchewan?)

- Tell me about your life in Saskatchewan.

- Who are the most important people in your life?
- What did your family look like when you were growing up?
- What aspects of living in Saskatchewan are important to you?

- How has COVID-19 in Saskatchewan impacted your life?

- What changes, if any, have you experienced to your life as a result of COVID-19?
- Have you faced any hardships from the impacts of COVID-19?

- Have there been any positive effects in your life from the social response to the pandemic?
 - How much control do you feel like you have over the way COVID-19 has impacted your life? In what areas of your life do you feel like you have control?
- How do you feel about the idea of becoming a parent?
- If positive, why do you want to have children? If negative, why not?
 - If yes, when would you like to have them? Why that time and context?
 - Have your feelings about becoming / not becoming a parent changed over time? If so, why?
 - What are some important factors in your thoughts about becoming / not becoming a parent?
 - Is there anything about your gender/sexual identity that has impacted your feelings about parenthood?
 - How does the idea of parenthood fit into other plans or goals in your life?
 - In a perfect world, what would your life look like in terms of being a parent / not being a parent?
- What do you think about being a parent in Saskatchewan?
- How does your life in Saskatchewan fit into your thoughts about becoming / not becoming a parent?
 - Are there benefits to being a parent in this province? Are there drawbacks?
 - How well do you think Saskatchewan supports people like you in their plans about being a parent / not being a parent?
 - If you could change anything about parenthood in Saskatchewan, what would you change?
- How does COVID-19 and its impacts on life in Saskatchewan factor into your thoughts about parenthood?

- - You had mentioned [important factor from previous questions] – has that changed at all because of COVID-19?
- What changes resulting from COVID-19 have had the most serious impact on your thoughts about parenthood?
- If the COVID-19 pandemic hadn't happened, do you think you would feel differently about parenthood?
- Do you think parenthood will be different after COVID-19 is no longer a serious problem in Saskatchewan? What do you think will change?