

PSYCHOLOGY WORKS Fact Sheet: Family Building for Gender Diverse Individuals

Gender diverse individuals are those whose gender identity, expression, or experiences differ from traditional societal norms and expectations associated with the sex medical professionals assigned to them at birth (e.g., trans, nonbinary people). Family building for gender diverse individuals can be a complex and empowering journey, often enriched by diverse pathways and thoughtful considerations. Extending beyond traditional understandings of reproductive health, family building in this context encompasses a wide range of options such as biological conception, adoption, surrogacy, and fertility preservation. Gender diverse individuals seeking to build their families may face medical, legal, and social barriers, including access to inclusive healthcare, legal recognition of their gender and parental rights, and societal acceptance. Moreover, the intersection of trans, nonbinary, and gender expansive identities with other identities and societal power structures, such as race and racism, socioeconomic status and poverty, as well as disability and ableism, can further influence family building choices and experiences. It is important that healthcare providers, including psychologists, approach family building for anyone with sensitivity, inclusivity, and an understanding of the specific needs and challenges they may encounter. Approaching this work with humility by listening to the unique experiences and challenges of each person is essential. This approach ensures that gender diverse individuals are supported to make informed decisions about family building and their reproductive health.

What Factors Influence Family Building?

- 1) **Desire for Genetic Offspring:** This desire varies among individuals. For some, the desire to have children who share their genetic makeup is very important. Having genetic offspring may not always be feasible due to various medical or biological constraints. Discussing these factors with health care providers is often important. Understanding these limitations is a part of the family building process and may involve experiences of loss and grief.
- 2) **Partner Factors:** The dynamics of family building can vary significantly depending on whether one is planning to conceive alone or with a partner(s). In cases involving a partner(s), their age and reproductive capabilities are important considerations. For instance, a trans man or trans masc person wishing to conceive must consider whether their partner can biologically contribute viable sperm.
- 3) **Gender Dysphoria:** The process of conceiving, including Assisted Reproductive Technologies (ART), can exacerbate feelings of gender dysphoria (if present) for some individuals. Those undergoing Hormone Replacement Therapy (HRT) may need to temporarily discontinue their hormones for fertility preservation or conception purposes, potentially intensifying feelings of gender dysphoria. Seeking psychological support and engaging in self-reflection can help individuals make informed decisions and navigate complex emotions that may arise.
- 4) **Transitioning:** Navigating transition may influence family building decisions. For example, if someone undergoes an orchiectomy (i.e., surgery to remove one or both testicles) without prior sperm preservation, their options for having genetically related children may become limited. Understanding and planning for their reproductive options if desired is essential early in someone's transition.



- 5) **Financial Factors:** The costs associated with fertility treatments, adoption, and fertility preservation are often substantial and not typically covered by provincial or private healthcare plans. However, some provinces (Quebec, Ontario, Manitoba, and British Columbia) offer some government-funded options. Prospective parents are encouraged to research funding that may be available to them in their province. The financial burden can be a significant barrier to family building, necessitating careful planning and exploration of available financial support options.
- 6) **Cultural Factors:** Cultural beliefs about family, reproduction, and gender roles can influence how individuals approach family-building, including the types of options they pursue or consider. For example, biological parenthood may be valued in a person's culture, which may create additional pressure to preserve fertility or pursue options like surrogacy. Conversely, cultural norms that stigmatize gender diversity may result in limited family-building support within a person's community or family of origin. Religious perspectives on reproduction, adoption, and assisted reproductive technologies (ART) can further intersect with gender identity, shaping both opportunities and challenges.

What Are Some Options for Family Building?

- 1) **Adoption:** All people have the option to adopt, either within Canada or internationally. There can be complex legal and social landscapes to navigate, particularly in international adoption. Prospective parents are encouraged to seek supportive legal and psychological guidance, as well as community support, throughout the adoption process.
- 2) **Surrogacy:** Surrogacy is an option for those desiring genetically related children who either have viable or preserved sperm or eggs. In surrogacy, an individual with a uterus carries the pregnancy for the intended parent(s). Canadian law permits gestational surrogacy as long as surrogates are reimbursed only for reasonable expenses. This arrangement requires careful legal and ethical considerations to ensure the rights and wellbeing of all parties involved are protected.
- 3) **Fertility Preservation:** This is an option for those who wish to retain the possibility of having genetically related children in the future. Private fertility clinics typically perform this procedure. Options include:
 - a. **Sperm Cryopreservation:** Involves collecting and freezing semen samples for future use. Some fertility clinics offer the option for surgical retrieval of sperm.
 - b. **Oocyte Cryopreservation:** Involves stimulating the ovaries to produce multiple eggs, retrieving these eggs, and freezing them for future use.
 - c. **Ovarian Tissue Freezing:** A newer technique where medical professionals remove and freeze ovarian tissue for later use. This tissue can potentially be transplanted back into the body to restore fertility, though it is a relatively novel and evolving method.
- 4) **Assisted Reproductive Technologies (ART):** These technologies assist individuals in conceiving a child using their own, their partner's, or a donor's reproductive material:
 - a. **Intrauterine Insemination (IUI):** This procedure involves placing sperm directly into the uterus (of the intended parent or a surrogate) using a catheter, a less invasive and often less expensive option than In Vitro Fertilization (IVF).



- b. **In Vitro Fertilization (IVF):** IVF is a more complex set of procedures involving the retrieval of eggs (or using previously frozen eggs), fertilizing them with sperm in a laboratory setting, and then transferring the embryo(s) into a uterus (either of the intended parent or a surrogate). This method is often used when other fertility treatments have not been successful.

How Can Psychologists Help?

- 1) **Provide support and resources:** Psychologists can provide emotional support and resources to their clients throughout the process of starting or expanding a family and help provide information on appropriate medical, legal, and community resources as needed.
- 2) **Address reproductive goals and concerns:** Psychologists can work with clients to discuss their reproductive goals and concerns, providing support and guidance as they navigate the decision-making process around starting or expanding a family.
- 3) **Collaborate with allied professionals:** Psychologists can work alongside allied health professionals, such as social workers, to ensure clients receive comprehensive, coordinated care that aligns with their family-building choices.
- 4) **Advocate for inclusive reproductive healthcare:** Psychologists can advocate for clients' rights to inclusive and affirming reproductive healthcare, and help clients navigate any discrimination or barriers they may face when accessing reproductive healthcare.

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial, and some municipal associations of psychology may make available a referral list of practicing psychologists that can be searched for appropriate services. For the names and coordinates of provincial and territorial associations of psychology, go to <https://cpa.ca/public/whatisapsychologist/PTassociations/>.

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Your opinion matters! Please contact us with any questions or comments about any of the **PSYCHOLOGY WORKS** Fact Sheets: factsheets@cpa.ca

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