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Lack of desire or lack of resources? Reflections on the desire for biogenetic parenthood among transgender and gender diverse individuals living in Ontario, Canada

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Abstract: Despite the growing popularity of oocyte cryopreservation, or egg freezing among cisgender, heterosexual women, research exploring reproductive desires among trans and gender diverse (TGGD) individuals' lags, especially in Canada. This paper explores some research findings from my dissertation work regarding desires for biogenetic parenthood among TGGD individuals who are/have been on testosterone and living in Ontario, Canada. Data sets included eight in-depth-semi structured interviews, 21 surveys, and my research journal. Using thematic analysis, queer and trans theories, my dissertation found that lack of knowledge, transphobia, and lack of adequate care contributed greatly to TGGD individual's choice towards queer parenthood structures but many other barriers to parenthood existed.

Keywords: Health, Parenthood, Reproductive Justice, Transgender

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Introduction

I began my doctoral thesis in September 2017 and defended my dissertation in February 2025. My dissertation entitled "Scrambling for Parenthood" questions the importance of biogenetic parenthood and egg freezing for transgender and gender diverse (TGGD) individuals[1] living in Ontario, Canada and who are taking or have taken testosterone. Oocyte cryopreservation, or egg freezing, has become an increasingly important topic since the experimental label was removed by the American Society for Reproductive Medicine in 2012. Since then, egg freezing has become widely used, promoted, and advertised for cisgender, heterosexual women seeking to beat the biological clock and save their eggs for a possible, future, rainy day. While there has been extensive work addressing the use of egg freezing among cisgender, heterosexual women, there is far less explored regarding the desires and needs of TGGD individuals. Moreover, most of the work on TGGD individuals is being done outside of Canada including Australia (von Doussa/Power/Riggs 2015; Riggs/Coleman/Due 2014; Riggs/Bartholomaeus 2018), Belgium (Wierckx et al. 2011), Canada (Millar et al. 2015; Jones/Reiter/Greenblatt 2016), Israel (Segev-Becker et al. 2020; Birenbaum-Carmeli/Inhorn/Patrizio 2021), Greece (Voultsos et al. 2021), Sweden (Payne/Erbenius 2018), and the United States (De Roo et al. 2016; Tornello/Bos 2017; Chen/Simmons 2018; Strang et al. 2018; Birenbaum-Carmeli/Inhorn/Patrizio 2021). For this reason, it was an honour to be able to speak at the University of Graz in February 2024. Current scholarship in Canada includes Adam Millar et al. (2015), Claire A. Jones, Leora Reiter, and Ellen Greenblatt (2016), and my own thesis work (Pecjak 2025). This research paper will explore the findings from my thesis published in 2025. My topic of TGGD individuals and egg freezing fit neatly in the topic of reproductive justice, reproductive technologies, and the 2SLGBTQQIA+[2] community.

1 Note there were no participants who identified themselves as Two-Spirit or Intersex in this research project. Therefore, only TGGD perspectives could be included.

2 In Canada, the acronym for LGBTQI+ differs based on our desire to acknowledge Two-Spirit individuals. Two-Spirit identity predates and lives outside of colonialist structures of gender. For this reason, 2S, or Two-Spirit is place prior to the colonially known identities. Moreover,

Over Ice: The History of Egg Freezing

Scientists have attempted to successfully freeze and thaw human eggs since the 1900s (Oktay 2022), however, it was not until the 1980s that the procedure became fruitful. The slow freezing process used during the 1980's yielded low survival rates, low birth rates, and poor embryo development (Basile/Garcia-Velasco 2016; Inhorn 2017). Despite this, in 1986, the first baby was born using a frozen egg (Inhorn 2017). Since then, the technique for freezing eggs have advanced to a fast-freezing process called vitrification (Kuleshova et al. 1999). Today, success rates vary based on the fertility clinic, the age of the individual when they freeze their eggs, and the number of eggs retrieved (Katsani et al. 2024). The process of egg freezing includes using follicle stimulating hormone for about 10 days prior to retrieval. During this time, ultrasounds are used to monitor the ovaries by tracking the number of follicles and their size. Once the specialist has determined there are an adequate number of eggs for retrieval, they will provide a final shot 36 hours prior to retrieval. Using a needle, eggs are retrieved internally, and the eggs are prepared and frozen for future use (The Montreal Fertility Centre 2025). The number of eggs can vary depending on the age of the individual freezing their eggs. Ten is an estimated ideal number for those under 35 (O'Neill 2024).

While the procedure for egg extraction and freezing is the same, there are two types of egg freezing. Medical egg freezing, or MEF, is the process of freezing one's eggs for medical reasons such as fertility loss due to disease or medical treatment (Inhorn 2017). In contrast, social egg freezing, or SEF, is considered elective and non-medical egg freezing. With SEF, many who freeze their eggs are motivated by fears of the biological clock (Waldby 2015), commonly noting their concerns regarding finding the right partner to parent with as a key motivator (Baldwin 2017). The distinction between MEF and SEF is important in that it can commonly determine if someone will be provided with medical insurance coverage in their country, province, or territory. In Ontario, Canada, those freezing for medical reasons are provided partial financial coverage through Ontario Health Insurance Plan (OHIP). However, SEF is not covered under OHIP.

this acknowledgement means bringing attention to the under representation and visibility of Two Spirit individuals.

Egg Freezing in Canada

Canada is a very difficult medical landscape to navigate since there are 12 provinces and territories, each with its own jurisdiction over their own healthcare. As of July 2024, fertility clinic access across the country varies with Ontario housing over 48 fertility centres, while some territories including the Northwest Territories, Yukon, and Nunavut without any (Fertility Match 2023). The number of clinics could be a direct result of mass increase in egg freezing across Canada over the years. In 2013, Canadian Fertility and Andrology Society reported that 94 egg freezing treatments were completed. In 2023 over 1,524 treatments were done (Braich/Moliere/Cheung 2024). Despite the large number of treatments, there is little research done on egg freezing among TGGD individuals living in Canada. While two studies have been completed, Millar et al. (2015) and Jones/Reiter/Greenblatt (2016), neither study captured demographic information including race and ethnicity or included non-binary identifying individuals. However, both studies found key barriers to egg freezing among TGGD individuals taking testosterone was the financial cost, physical toll onthe body, not wanting to wait to start hormone replacement therapy.

Egg Freezing Among TGGD Individuals Taking Testosterone

Previous scholarship in Ontario regarding desires for fertility preservation among TGGD individuals remains limited. The research project sought to bridge foundational gaps in research by providing important quantitative and demographic data. To my knowledge, only two studies have been done to address egg freezing among TGGD individuals including Millar et al. (2015), and Jones/Reiter/Greenblatt (2016). Both studies concluded that TGGD individuals did not want to freeze their eggs because of the time required for them to cease testosterone, the high financial cost of egg freezing, their current age, and the invasiveness of transabdominal and transvaginal ultrasounds required. International scholarship addressing egg freezing among TGGD individuals has yielded similar findings, citing that TGGD individuals have little information regarding fertility preservation (von Doussa/Power/Riggs; Jones/Reiter/Greenblatt 2016; Mitu 2016; Moravek et al. 2018); the procedure remains invasive (Cheng et al. 2019); individuals would have to cease or wait to start testosterone (Bartholomeaeus/Riggs 2019; Charter et al. 2019; Defreyne et al. 2020); extensive financial cost (Millar et al. 2015; Jones/Reiter/Greenblatt 2016; Mattawanon et al. 2018; Bartholomeaeus/Riggs 2019; Cheng et al. 2019;

Defreyne et al. 2019); and fears and experiences of transphobia in fertility clinic settings. This research project wanted to elaborate on previous research studies done in Ontario to determine if TGGD individuals taking testosterone and living in Ontario were freezing their eggs. Current scholarship addressing desires for biogenetic parenthood in Canada include Millar et al. (2015), Jones/Reiter/Greenblatt (2016), and Pecjak (2025), Millar et al. published preliminary results from eleven semi-structured surveys that had been completed by TGGD individuals regarding reproductive desire among TGGD individuals in Toronto, Ontario. Millar et al. found that while some TGGD individuals desired biogenetic children, economic and financial barriers kept many from considering fertility preservation. Jones/Reiter/Greenblatt (2016) conducted a retroactive chart review of eleven assigned male at birth and three assigned female at birth individuals.[3] Jones/Reiter/Greenblatt found fertility preservation was undesirable for TGGD individuals because it require too much time off their masculinizing hormones (HRT), it was too costly, participants were concerned about their age, and the transabdominal and transvaginal ultrasounds required. However, my research project sought to fill important gaps regarding important sociodemographic information and explore the lived experience of non-binary TGGD individuals from the perspective of a transgender scholar.

Methodology

Recruitment

My research project included three research methods including a 31-question survey, in-depth, semi-structured interviews, and a research journal. This research project was critical as it was the first in Canada to use interviewing as a method. I used three Canada and Ontario based Meta groups meant for TGGD users. A social media post including my recruitment poster was posted in each group with a link to a SurveyPlanet survey. At the end of the survey, participants could provide their email address to demonstrate their interest in a follow up interview. Recruitment for this research project took place between November 2021 and June 2022 using social media posts in these three groups. I was a member of other 2SLGBTQQIA+ Meta groups at the time and later used these groups to recruit as well. I ended up with 21-viable completed surveys and nine follow up semi-structured interviews. Criteria for participants included:

3 Assigned female at birth or AFAB refers to the sex an individual was assigned upon their birth. This language is only relevant when discussing healthcare needs of TGGD individuals and should not be used as a gender-based categorization system.

- Be comfortable completing the survey and interview in English.
- Self-identify as transgender or gender diverse individuals.
- Be between the ages of 18-35.
- Transitioned between 2000-2020 in Ontario or be in the process of medically transitioning, plan on medically transitioning, or have medically transitioned under OHIP.

Participants for this research project all self-identified as TGGD and had taken or were currently taking testosterone. All participants were between the ages of 19 and 38. All participants had transitioned in the province of Ontario between 2000–2020. (See Table 1: Interviewee Reference Chart.)

Canada remains home to a growing number of individuals who self-identify as transgender and/or gender diverse (TGGD). In 2020, Statistics Canada found that of all individuals over the age of 15, over 59, 460 self-identified as transgender and 41,355 self identified as non-binary (Government of Canada 2023). While Canada has provided legal protection for TGGD individuals since Bill C-16 was introduced in June 2017 (Dragicevic 2024), anti-trans rhetoric, especially regarding TGGD youth, is growing in provinces such as Saskatchewan and Alberta. Currently, the province of Ontario is under a conservative government and Canada is under a Liberal government. It is under this current political atmosphere that I completed this research project in 2025.

Results

A total of 21 viable surveys[4] were completed between November 21, 2021, and June 1, 2022. The survey contained 31 questions and provided participants with the opportunity to request a follow-up interview. Survey results revealed a generally young,[5] white,[6] and queer,[7] group of participants who were often partnered,[8] and who self-identified as living with a disability and/or neurodivergent.[9]Fi-

4 Two surveys completed were ineligible due to age or geographic location.
5 47.5 percent of participants under the age of 25.
6 86 percent of participants self-identified as white, 14.3 percent as Indigenous, including Metis, Cree, and Algonquin heritage, 4.8 percent identified as Jewish, 4.8 percent identified as Latinx, and 4.8 percent identified as "mixed" heritage.
7 This included 8 percent who also self-identified as bisexual, 13 percent identified as gay, 13 percent identified as pansexual, 13 percent identified as straight, eight percent self-identified as asexual, eight percent self-identified as demisexual, four percent self-identified as panromantic, and four percent identified as biromantic.
8 Of survey participants, 31.8 percent of individuals identified as partnered, 18.2 percent identified as single and monogamous, 12.5 percent identified as partnered and non-monogamous/polyamorous, 8.3 percent identified as married and monogamous, 8.3 percent identified as single and non-monogamous/polyamorous, and 4.2 percent identified as under partnered and non-monogamous/polyamorous with multiple partners.
9 80.9 percent of all participants self-identified as living with a disability and/or neurodivergent. This includes, but was not limited to cognitive, intellectual, physical, and/or neurodi-

nally, most TGGD individuals identified as having a 2019 annual income below $15,000 CAD.[10] At the time, only two participants were parents with one having two children, and the other had seven (with three children prior to transitioning and four following their medical transition), and only 9.5 percent had mentioned taking steps towards fertility preservation with one freezing his eggs. This sample largely consisted of white sample participants with a significant number of Indigenous individuals also represented. Based on the large number of younger individuals coming out as TGGD and their competence with social media recruitment, the age of the sample was not surprising. Many TGGD individuals identified as neurodivergent/living with a disability, which remains a common intersection of lived experience. Finally, the low number of TGGD individuals who had taken steps regarding egg freezing was not surprising given the global trend of low utilization among those taking testosterone. Finally, given the younger age of participants, the number of children and lower 2019 income was not unexpected, however, I believe parenthood and higher income would be more common among an older sample.

Table 1: Interviewee Reference Chart

Name	**Pronouns**	**Gender Identity (self identify)**	**Desire for future parenthood**
Andy	He/him	Trans man	Called fertility clinic during COVID-19. Might want to have non-biogenetic children in future.
Charlie	They/them	Non-binary	Wants to adopt.
Seth	He/him	Trans man	Currently parent. Gave birth to one child and adopted second.
Milo	He/him	Trans man	Froze his eggs and plans on adopting.
Ollie	They/them/he	Genderqueer	Mentors youth.

vergence.

10 Of survey participants thirty percent made $8,000 or less as their 2019 income, and 20 percent made less than $15,000. This means 50 percent of the sample made was under $15,000 as their 2019 income.

Name	Pronouns	Gender Identity (self identify)	Desire for future parenthood
Olive	They/he	Non-binary transmasculine	Wants to become pregnant and give birth.
Logan	He/him	Genderqueer transmasculine/ transgender man	Wants to become pregnant and give birth.
MK	They/them	Non-binary	Wants to become pregnant and give birth.
Salem	He/him/they/ them	Transgender, demi-gender male, and agender identifying person	Wants to adopt.

Reflections on the Lack of Desire for Biogenetic Parenthood

TGGD individuals in this research project demonstrated a strong lack of desire for biogenetic parenthood. Following the completion of the survey, nine in-depth, semi structured follow up interviews took place. All interviews were approximately 45–60 minutes in length. Of all nine interview participants, only one individual was currently a parent having given birth to one child and adopted another. Of those desiring parenthood in the future, three wished to become pregnant in the future, three wished to foster or adopt, and one had frozen his eggs. Another participant had reached out to a fertility clinic during COVID-19 to learn about egg freezing, however, he was unable to gain any information because the fertility clinic he reached out to was closed temporarily and was not taking on new patients due to the pandemic.

Pregnancy

Of those three participants who wanted to become pregnant in the future including MK, Logan, and Ollie, there remained little interest in biogenetic parenthood. Andy, Charlie, Salem, Milo, and Ollie were all disinterested in future pregnancy. While pregnancy is a common means of achieving biogenetic parenthood, Logan and Ollie felt they wished to have the experience of being pregnant and one had already been pregnant and given birth. Seth, who had given birth did so prior to transitioning but found the experience to be 'cool' and enjoyable for him. Ollie and Logan who desired to become pregnant in the future did not

care about biogenetic connection, however, MK felt drawn to having someone who 'belonged' to them. MK reflected on the complexities of belonging, queer personhood, and parenting. At the same time, all three participants mentioned concerns regarding barriers they might experience to being/becoming pregnant. Logan noted having a life-long desire for pregnancy despite feeling extensive bottom dysphoria[11] and another was concerned regarding the resources available to TGGD pregnant people. Ollie also mentioned wanting to become pregnant, claiming they and their partner would each carry a child. Despite desires to become pregnant in the future, many TGGD individuals fear that the gendering of pregnancy and pregnant bodies might lead them to lack the care they require (Darwin/Greenfield 2021). Moreover, some TGGD individuals also fear the conflicting feelings between wanting to experience pregnancy despite their bottom dysphoria.

Egg Freezing

The anchor of this research project was desires for biogenetic parenthood and egg freezing. Among those who had completed the online survey and/or participated in follow up interviews, only two participants had interacted with egg freezing. Only one participant, Milo had frozen his eggs, and another, Andy had reached out to a local fertility clinic but was unable to have a consultation due to COVID-19 restrictions. MK and Seth were both interesting in egg freezing. MK planned on reaching out to their doctor, and Seth wished it had been discussed in the past. Milo, who had frozen his eggs was a special case because he was a healthcare professional and had frozen his eggs after being on testosterone for many years. While he knew about egg freezing when he began his medical transition, he was not aware that egg freezing was possible after he had been on testosterone. Rather, he learned this information while he was a nursing student at a trans-health conference. Once he discovered egg freezing remained a viable option for him, he and his cisgender male husband decided to freeze his eggs for future use. It was during COVID-19 that this participant froze his eggs. This made egg freezing more complicated due to provincial restrictions. Despite being in Ottawa that has several fertility clinics, this participant decided to travel to Toronto, approximately four hours away to use a fertility clinic that is known for being gender-affirming.

The process of egg freezing for this participant required he go off testosterone for three months prior to beginning estrogen-based hormones. Following

11 Bottom dysphoria is a specific aspect of gender dysphoria where the individual experiences discomfort that occurs based on the individual's feeling that their genitalia does not match their gender identity (Simonsen 2026).

this stage, Milo was monitored using ultrasounds to ensure eggs were maturing. Once the fertility specialist decided the eggs were ready they did the egg extraction. Following the process, Milo ended up with 11 viable eggs to freeze. Due to COVID-19, he and his husband decided against fertilizing the eggs and freezing them as embryos. Once his eggs were frozen, the participant knew he would statistically only end up with one possible live birth from his eggs. However, he and his husband were also open to adoption since they had decided they wanted two children. Even though he had frozen his eggs, Milo did not feel drawn to biogenetic parenthood. The reason for freezing his eggs aligned with what many cisgender, heterosexual do, which is freezing due to age-related infertility. Milo even aligned himself with SEF, and noted he felt he was distinguishable from those who have medical reasons to freeze their eggs.

Adoption, Fostering, and Mentorship

Of those who participated in the interview process, four participants, Milo, Charlie, Salem, and Ollie mentioned a strong desire for adoption, fostering, or mentorship.

Seth who was already a parent, had already adopted their youngest child. Among these participants, biogenetic parenthood was not important. Rather, the social bonds of family belonging, and formation were key. Instead of sharing biogenetic links, many felt they wanted to create safe spaces for 2SLGBTQQIA+ youth, especially TGGD youth. Of these participants, who discussed adoption in the future, Ollie and Salem mentioned providing safe spaces for youth through fostering, and another had already been mentoring youth. While egg freezing was the central theme of this research project, it was found that many TGGD individuals wanted to become parents, but they did not care about biogenetic connection. The alternative and more queer forms of family formation they desired was reflective of the historical ways that many 2SLGBTQQIA+, especially Black, Indigenous, and People of Colour, have created kinship. Desires for parenthood were based in the needs of community over the reinforcement of nuclear family values such as biogenetic connection. While scholars have cautioned that queer reproduction can easily slip into homonormative forms of family formation (Mamo 2007) it is true that TGGD individuals in this project reinforced the very queer nature of family planning and building.

Barriers to All Forms of Parenthood

Barriers to Pregnancy

Regardless of desires for or against biogenetic parenthood, all participants noted barriers to parenthood. When it comes to pregnancy, bottom dysphoria and lack of resources for TGGD pregnant individuals were highlighted. The gendered nature of pregnancy was also a key consideration for many who wanted to become pregnant or were choosing not to become pregnant in the future. For those desiring pregnancy, the association between feminine bodies and pregnancy loomed. At the same time, the participant who was concerned about bottom dysphoria was clear in their thoughts that pregnancy was for everyone stating: "if it's a man who's pregnant, then it's a man who's pregnant." The removal of gender from pregnancy is an ongoing process that benefits individuals of all genders, however, the connection is strongly embedded in western gender systems. Despite this, Salem noted the increase in representation taking place via social media which could help shift this connection. Salem claimed:

> "In these past few years, I've seen quite a few articles of [trans]men carrying their own children… And the articles were pretty respectful. And it's been exciting to just feel like, oh, wow, I guess the world isn't completely awful all the time."

While TGGD pregnant individuals like Thomas Beattie were rare, today there is growing acceptance and understanding with other TGGD individuals like Freddie McConnell (UK) and Tristan Reeves (US). This provided some participants with optimism that there would be more awareness brought to the unique needs of TGGD pregnant individuals in the future.

Barriers to Egg Freezing

When it came to egg freezing, the key barrier expressed by all participants regardless of whether or not they froze their eggs was financial cost, physical invasiveness, and having to cease or wait to begin testosterone. In survey data, eight of the participants who responded to the question regarding potential barriers to egg freezing mentioned financial cost specifically. While financial cost of egg freezing and other fertility clinic services varies globally, the financial cost is extensive for all (Nadgauda/Butts 2024). In Ontario, OHIP covers some of the cost of egg freezing for those freezing for medical reasons, which includes TGGD individuals. Despite the partial coverage, many participants discussed how the procedure would be too expensive. The participant who froze his eggs mention several unforeseen costs including cost of hormones for ovarian stimulation,

travel fees, time away from work, and having to stay in a hotel. These expenses are particularly difficult for many TGGD individuals who already experience low income (Government of Canada 2023), un/under employment (Irving 2017), and being unhoused at alarming rates in Ontario. For many the financial cost of medically transitioning including hormones (including gels, patches, vials, syringes, drawing and injection needles, new clothing, gender affirming gear (such as binders, packers, etc) and surgeries can already be substantial. Therefore, even with OHIP covering the procedure of egg freezing, the additional costs, especially for those beginning their medical transition may be too extensive.

Another key barrier mentioned among participants was the physically invasive nature of egg freezing. The physical invasiveness of egg freezing has been noted among cisgender, heterosexual women, and TGGD individuals. However, TGGD individuals commonly experience gender dysphoria[12] which can cause extreme forms of discomfort with parts of their bodies. Of the interview participants, Seth, Milo, Charlie, and Ollie all mentioned how physically invasive the process of egg freezing was. When reflecting on the process, the participant was very open about the various ways that gender dysphoria could be triggered for anyone considering egg freezing. Those who freeze their eggs experience side effects from estrogen based hormones including the reappearance of menstrual cycles, hip growth, breast tissue fullness, and belly swelling (Armuand et al. 2017). TGGD individuals who are considering freezing their eggs must also contemplate the barrier of having to cease testosterone for period of time or wait to begin testosterone. When he was freezing his eggs, Milo noted feeling comfortable with the process but understood this could be due to his long time on testosterone, and his experience as a healthcare professional himself. For others, this discomfort may be a strong motivator against freezing one's eggs.

Physical invasiveness is two-fold for TGGD individuals. While gender dysphoria or bottom dysphoria can keep individuals from freezing their eggs, so can the experiences of transphobia in healthcare settings including being misgendered (Charter et al. 2018) and dehumanizing terminology such as calling TGGD individuals 'it' (Riggs/Coleman/Due 2014). TGGD individuals experience pathologization and voyeurism from healthcare professionals (Charter et al. 2018), which can lead to additional apprehension. In this research project, four participants Ollie, Seth, Salem, and Charlie all discussed fears of transphobia and reproductive healthcare. Ollie articulated they had experienced "enough trauma from the medical system [and it's] people [because healthcare profes-

12 Gender dysphoria refers to psychological distress associated with the gender assigned at birth (Armuand et al. 2017).

sionals] don't know what they're doing." This concern regarding the potential for experiences of transphobia are common among TGGD individuals who require reproductive healthcare. Not only is the procedure of egg freezing physically invasive requiring internal ultrasounds and physical examinations, but the experience can be intensely dehumanizing when a TGGD individual does not feel comfortable. Therefore, physical invasiveness of the procedure was a two-prong consideration for TGGD individuals who are trying to navigate their own gender dysphoria while also worrying about potential transphobia when freezing their eggs.

Finally, this research project found an overall lack of knowledge regarding fertility preservation among most interview participants. Many TGGD individuals lacked basic knowledge regarding their own reproductive care due to poor gender-affirming services and healthcare (Korpaisarn/Safer 2018; Mousavian et al. 2024). A previous Ontario study by Jake Pyne, Greta Bauer, and Kaitlin Bradey (2015) found that of the 433 TGGD participants in their survey, only 11.0 percent of TGGD individuals who were currently parents, and 22.7 percent of TGGD individuals who were not parents had fertility preservation discussed with them at the time of their medical transition (Pyne/Bauer/Bradley 2015, 122). In this research project, three of nine interview participants including Andy, Logan, and Charlie were told about their fertility preservation options prior to medically transitioning. In contrast, Seth, MK, Salem, Milo, and Olive did not recall being told about their fertility preservation options or lacked a cohesive conversation with their healthcare professionals when they began their medical transitions. Among those who were made aware of their fertility preservation options, Andy and Logan were both younger at the time they began their medical transition, providing additional time and opportunities to discuss future parenthood. Logan was aware of his fertility options and even did addition research on his own to learn about his own reproductive health. Ollie was also dismissive of egg freezing because of student debt.

Among those who were not told about their fertility options or did not feel the conversation was adequate:

- Milo felt he transitioned during a time when TGGD gender-affirming care was less prominent and less was known about fertility preservation among TGGD individuals.
- Seth believed since he already had two children, he was not told about his fertility preservation options.
- MK felt their age was a factor since they were already 35 when they began testosterone.

- Salem was not told at the time of his medical transition, even though he was 17 when his transition began.
- Olive had had fertility preservation mentioned, but they quickly dismissed the idea and regrets not having been provided resources to read about fertility preservation following the appointment.

Barriers to Adoption, Fostering, and Mentoring

Despite this research project being about egg freezing, it quickly became about barriers to all forms of parenthood for TGGD individuals living in Ontario. Inadequate information regarding fertility preservation, financial cost, invasiveness of the procedure, and lower success rates were factors when it came to deciding against fertility preservation. These were clear barriers to parenthood for them. Charlie, Salem and Ollie were very forward about their desire to support 2SLGBTQQIA+ youth, and Milo had discussed his desires to adopt. Unlike the other participants, Seth had already adopted his youngest child and reflected on his experience of adoption. Public adoption is typically less expensive with the cost of adoption $0 plus legal documentation (Government of Ontario, 2026), private adoptions are more costly at $10,000 to $15,000 (Canada Adopts 2026), and international adoption can cost $25,000 to over $50,000 (Canada Adopts 2026). The financial cost of adoption was heavy for some participants. Milo and Seth both reflected on the cost of adoption and the impacts. For Milo, he had already paid out of pocket for egg freezing, and since he wanted a family of at least two children, he and his husband knew they would also have to adopt. Milo claimed

> "You spen[d] all this money [on egg freezing] and you're not even guaranteed [a] child, you know. Whereas you could spend a similar amount of money going through adoption and you're sort of like, I bet you're [not] guaranteed a child at the end of adoption… but usually you spend the money, and you wind up with a child."

For Milo, it was difficult to consider how he felt he was ensuring his future parenthood by freezing his eggs, however, he worried about the financial cost of going through the process of egg freezing and adoption and remaining childless. When asked about barriers to adoption, Seth explained that "cost is a big one" and "in terms of all the paperwork and the finances, cost is a really big barrier [especially] when parenting is expensive, in and of itself, right?" Seth explored how the cost of adoption is difficult to manage on top of the costs of having a child. In 2023, Canadians can expect to pay over $293,000 to raise a child to 17 years-of-age, an average of $17,235 per year (Statistics Canada 2023).

For this reason, adoption can be very difficult, especially for a community that already experiences complex intersections of lived experience that can make employment and job security precarious.

A second barrier to adoption noted by interview participants was fears of transphobia. Like with concerns regarding egg freezing and fertility clinic services, TGGD individuals also mentioned fearing transphobia and queerphobia in the adoption process. A disproportionate number of 2SLGBTQQIA+ youth remain unhoused in Canada, accounting for 25 to 40 percent of all unhoused youth (Government of Canada 2021). Despite this high number, many 2SLGBTQQIA+ individuals fear the adoption process. In this research project, Seth noted how adopting as a queer and trans identifying individual made him nervous. Seth claimed that "Joe Blow off the street can give birth to a baby" but asked why a "more vulnerable population is being subjected to all these assets and rules and scrutiny?" Since many 2SLGBTQQIA+ individuals adopt when forming their families, it isn't a surprise that they may experience disproportionate lack of access based on discrimination. Like Seth, some 2SLGBTQQIA+ individuals worry that their queer and/or trans identity will be used against them. With increasing anti-trans rhetoric across Canada, and globally, this is not surprising.

Conclusion

While this research project began as a way of exploring desires for biogenetic parenthood among TGGD individuals taking testosterone and living in Ontario, Canada, it became so much more. Not only did participants note the lack of accessibility of egg freezing based on financial cost, invasiveness of the procedure, and gender dysphoria, they also noted that parenthood generally came with extensive barriers. When it came to pregnancy, some interview participants felt the lack of resources and gendering of pregnancy would make the process difficult. For those considering adoption or fostering concerns revolved around fears of transphobia and queerphobia during the process of adoption. This on top of the high cost of adoption worried some interview participants. While biogenetic parenthood was not commonly desired among interview participants, the desire for parenthood was prevalent. Ultimately, research project found that regardless of the means through which TGGD individuals chose to become parents, financial cost and fears of transphobia remain common threads. While TGGD individuals continue to engage in alternative and non-biogenetic forms of family formation, they may find the task of family planning more difficult than anticipated.

Data availability statement

All research material including the interview transcripts will not be published for privacy reasons.

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