

PLAIN LANGUAGE SUMMARY

Queer Reproductive Decision-Making in Saskatoon: Pandemically Complicated, a Plain Writing Summary^{1,2}

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ABSTRACT

This article is a plain writing summary of a master's thesis researched and written in the Department of Archaeology and Anthropology at the University of Saskatchewan between 2020-2023. This thesis examined how eighteen queer people living in Saskatoon, Saskatchewan made their reproductive decisions during the COVID-19 pandemic by asking 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? Three themes emerged from these interviews. 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 and the gendered problems queer people face when contemplating pregnancy. 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 and remote connection software like Zoom) has changed meaning during this pandemic. This research has implications for informing institutional responses to Canada's declining population levels and to better support queer people in making their reproductive decisions.

Keywords: Medical Anthropology, Queer Studies, Reproduction, Kinship, Family, Safety, COVID-19

Highly industrialized and developed countries are dealing with a serious change to their reproductive demographics, as rates of reproduction are declining and women are having their children later in life (The ESHRE Capri Workshop Group 2001; Nargund 2009a; Hellstrand, Nisén, and Myrskylä 2020).

Canada is no exception to this trend as fertility rates are declining and the population is aging (Statistics Canada 2021; Government of Canada 2016). Canada must respond to issues caused by these trends (Jackson, Clemens, and Palacios 2017; Gibbard 2018). It is therefore of great importance to understand why these

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² The thesis summarized here is available online through Harvest, the University of Saskatchewan Research Archive (<https://harvest.usask.ca/handle/10388/14628>).

patterns are happening on an individual level to provide necessary context for these broad national trends, which was one of two primary goals of my thesis.

The other goal was representation. I chose to explore the reproductive decisions being made by a sample of queer people in Saskatoon. Queer people are represented in only a tiny slice of Canadian reproductive research and there is no extant research on queer reproduction in Saskatchewan. Queer people are especially not represented in research on why people choose not to reproduce and my thesis became an exploration of the many issues queer people face that result in their reluctance to reproduce in the same ways as straight and cisgendered people.

I interviewed eighteen queer people living in Saskatoon in the summer of 2021 and heard their experiences about making reproductive decisions during the COVID-19 pandemic. Our interviews focused on the meanings they found within the decisions they were making about reproduction and explored the lived realities that influenced those decisions. These conversations, which were between forty-five minutes and two hours in length, ended up being about the variables that influenced how queer people in Saskatoon made their decisions about whether or not they wanted to be parents. Though these conversations were broad and complex, I found three main themes affecting reproduction as described by the people I interviewed.

The first theme centred on queer family structures and how they are formed. Because queer people are less likely to be accepted by their biological families or families of origin than their cisgendered and heterosexual counterparts, queer people around the world have a long history of forming families of choice (Dewaele et al. 2011a; Baer 2020; Mizielińska 2022; Andreassen 2023). As family and kinship are often key areas of

support, community, and wellbeing, queer people who lack those key areas with their original families will build “families that work” with people who started out as friends and community members (Pilisuk and Froland 1978; Dykstra 1990; Kana’iaupuni et al. 2005). For those who shared their experiences with me, building families that work for queer people and their unique cultural experiences is key to their approaches to reproduction. This kinship creation process includes rejecting the notion of the nuclear family configuration in favour of other approaches, such as embracing more than two parental figures to help spread the load of responsibilities or creating families with multiple households through additional kin relationships with sperm donors or ex-partners.

Building families that work must also contend with the complicated relationship that queer people can have with pregnancy, as mainstream cultural approaches to pregnancy in Saskatoon (and elsewhere) attach specific ideas of femininity and heterosexuality to experiences of pregnancy (Weissman 2017). For queer people whose relationships with their bodies and their social expressions of gender and sexuality often do not align with mainstream expectations, experiencing reproduction through pregnancy is, for some, a notion fraught with difficulties. Creating families that work for queer people is a complex task and one that must include a wide array of variables.

The second theme of importance was that of safety. Queer people’s safety is often more precarious than safety for cisgendered and heterosexual people, both physically and socially (Lunny 2013; Stults et al. 2017; Pitman 2019). This is especially true when discussing queer reproduction, as the protection of queer families and of queer reproductive healthcare often face significant challenges and threats (Park, Kazyak, and Slauson-Blevins 2016; Kazyak et al. 2018; Hudak 2021; Carpenter 2021). I found a

distinct contrast in experiences of safety between queer people who were born and raised in Saskatchewan and queer people who were born and raised elsewhere but have immigrated to Saskatoon. For those raised elsewhere, physical safety was often their top priority. Many of them described experiencing or witnessing violence and death for being queer because their countries of origin were more openly homophobic. These participants told me that moving to Saskatoon was a great relief because they could be themselves here or raise their families here without worrying about being brutalized or killed just for being queer.

In contrast, people born and raised in Saskatchewan were concerned with their social safety. These participants were concerned about social support, social acceptance, freedom to be themselves without harassment, and being included in Saskatoon society. Many Saskatchewanian interlocutors saw the province as heavily conservative and heavily Christian, two ideologies that have long histories of anti-queer sentiments. These interlocutors spoke of places like Vancouver and New York City as being places where queer people can live more openly and with institutional support, contrasting Saskatoon's cultural privileging of cisgendered and heteronormative lifestyles. Safety, then, is a culturally subjective phenomenon when it comes to making reproductive decisions.

The third theme was the complex relationship between reproductive decision-making, the COVID-19 pandemic, and place. The decisions people make about having children often contend with place-based variables, including the proximity to loved ones and supportive people, the cultural character of the place people are living in, and the connection to community and the feelings people have about where they are living. COVID-19 and public health responses to the pandemic changed these relationships by introducing painful distance between

households, removing much of the in-person community life that defined Saskatoon for many people, and disrupting the character of the city that made people like living here. For some participants, these changed experiences with place were enough to make them reconsider having children due to the complexities of an at-home world for people with children.

This pandemic also facilitated connections between formerly distant people with the sudden ubiquity of FaceTime and Zoom, improved some relationships between partners through being at home together with increased frequency, and helped others make reproductive decisions by changing peoples' perspectives on life through the serious nature of the COVID-19 virus. For some of these participants, the idea of having children became more attractive during the pandemic because of the way these variables changed their reproductive decision-making process. What "place" is, what it means, and how it impacts the way people make decisions about their reproduction was all heavily influenced by the COVID-19 pandemic.

Making reproductive decisions will never be a simple task as many complex decisions and factors are included in the broader question of having children. The complexity of these decisions increases for the queer population as they often do not fit into cultural narratives about "normal" reproduction. Understanding why queer people are making the reproductive decisions they are making is therefore even more important, as unpacking these intricate factors can inform the ways we support queer people in making these decisions. Federal and provincial legislation and policy, education, healthcare, and local cultural institutions should all consider the ways in which they support the difficult reproductive decision-making processes of queer people during the COVID-19 pandemic. While I hope to have contributed important understanding of these

variables with this thesis, further research is needed to more fully address the cultural specifics behind why queer people are making their reproductive choices.

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