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Administering gender: Trans men's sexual and reproductive challenges in Argentina

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ABSTRACT

Background: There is dearth of experiential information about transgender men's sexual and reproductive rights needs and challenges in Argentina, a country that passed the first, and then most comprehensive, Gender Identity Law. Local rules, and administrative, social service, and medical policies fail to meet the transformative scope of the law, thus, creating a tension between trans identity recognition, and medical services.

Aims: This study aimed to illustrate Argentinean trans men's challenges with the medical and healthcare system, when seeking to become pregnant, in prenatal care, or when needing an abortion.

Methods: This study sought to counter exploitative research engagement on potentially vulnerable populations. It did so through examining newspaper coverage of trans men's self-representation. Following online media searches, the authors identified three trans men's public narratives about accessing medical services. The authors utilized thematic analysis to develop themes based on the men's accounts of experiences related to administrative violence.

Results: Themes developed focused on (mis)gendering by medical staff, either inadvertently or intentionally, as well as the layers of institutional violence lived by the trans men vis a vis the laws and public policies already in place.

Discussion: The paper closes by discussing implications for clinical services. It seeks to question implementations that center cisgender experiences, in order to take into account other identities, bodies and experiences.

KEYWORDS
Abortion; Argentina; pregnancy; qualitative study; sexual and reproductive rights; trans men

Introduction

In 2013, an Argentinian Oprah-like TV personality, Susana Giménez, invited Alexis, "the first Argentinian pregnant man", and his partner Karen, to her TV program. After showing an ultrasound with the "gender determination" of the fetus, Susana interviewed the couple. Asking insensitive questions, misgendering them, and reinforcing binary, hetero and cis stereotypes, the hostess announced: "She is Karen, who was born a man. Alexis here was born a woman. This is a very particular couple, because the dad is the pregnant one - I love all of this, it's fabulous that it is taking place." Making male gestation the core of the interview, Susana used the opportunity to speak to how the couple accidentally become pregnant - a deficit in hormones in the Province Alexis is from that then forced Alexis to stop testosterone treatment (though we would note, conception can occur whilst in receipt of testosterone).

Unsettling her guests, Susana then insisted on hearing about pregnancy procedures, and Alexis asserted his keeping his reproductive organs. She responded by digging into the sexual activities that produced the pregnancy, insisting to know, in her own words, "whether they make love as man and woman". The reification of gestating bodies as cisgender female bodies, the assumption that testosterone is a "male hormone", and that stopping testosterone restarted Alexis' "women's cycle" were all followed by invasively morbid questions about the couple's intimate sexual lives (No Author, 2013a). Susana's fusing of "man and

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woman" as only (heterosexual and reproductive) sexual beings, the reification of sex as gender, and the constant misgendering of Alexis are a clotting of sex, gender, and sexual practices, which only leaves intelligible those bodies that are stable and coherently unified through a heterosexual matrix imposing definitions of what is coherent versus what is not (Butler, 1993).

This article provides attention to the challenges transgender men face in terms of sexual and reproductive rights, by focusing on narratives shared by trans male activists who are visible as men seeking related services, as covered by the Argentinian media. In particular, we seek to unpack the unevenness of services for trans men when they pursue intentional pregnancies, when they seek monitoring for intended and current pregnancies, help with their quest to bring their gestation to fruition, or when they suffer from an unintended abortion – or wish to get one. The article is based on news coverage from interviews where transgender men speak of the challenges they face in services. We depend on these public, media narratives as testimonies that show shortcomings in medical services; revealing systemic deficiencies rooted in cisgenderist notions of family and reproduction that hinder the care and access to services for trans people.

Argentina was the first country to pass what was then (in 2012) the first, most comprehensive country-wide gender identity law to recognize and affirm the trans people's self identification in government documents, irrespective of any psychological, hormonal, or surgical interventions. We focus on Argentina as a site that enriches the visibility of trans men in the public sphere with productive contradictions: while there is a macro level (a national law recognizing trans identification), the meso level of public policies (and other laws pertaining the specifics of sexual and reproductive rights) clashes with the macro one. This clash then influences the very micro, everyday level of care for trans men, including the social interaction level in health provision. It is not that the Gender Identity Law fails in its intent; rather, that local rules, and administrative, social service, and medical policies fail to meet the transformative scope of the law, thus, creating a tension between trans identity recognition, and medical services.

Like Thomas Beatie and Oprah in the U.S. (Riggs, 2014), Alexis and Susana Giménez become two central figures of the Argentinian mediatic interpretation of an unintelligible desire to be both perceived as male, and to seek to reproduce, or to make possible sexual rights that include access to contraceptives or pregnancy terminations, within that male experience. Electronic and printed media provide a lens of an already filtered coverage - both sensationalized and based on binarized notions of identity, gender, the body, and reproductive definitions. We seek to show the contradictions: the subtle ways in which visible trans men have their experiences narrated through media, particularly how sexual and reproductive rights, and public policies that are meant to support the implementation of the national gender identity law, contradict each other in the everyday implementation and access – or more accurately lack thereof – for trans men's quests for appropriate prenatal care.

Background: trans men's research in Argentina

There is very little data on trans (or travesti, a term used in Argentina to reference transgender women) women in Argentina outside of sex work and HIV risk and infection. There is even less documentation of trans men's overall experiences, much less in terms of health. What follows is a glance at the little that does exist, from data that incorporated trans men in the Buenos Aires province in most recent years.

Even though, since the passing of the 2012 gender identity law, 3 in 4 trans men in the Buenos Aires region have documented getting checkups and general health follow ups, 1 out of 4 mentioned barriers to health checkups: discrimination, a healthcare system that does not recognize their rights, and the expulsion that the very health system produces by not abiding by an integrated health servicing (De Giovani Pacini et al., 2017, p. 72). This is from a study that focused on trans men and women, *La Revolución de las Mariposas: a Diez Años de La Gesta del Nombre Propio,* a follow up from a 2005 study that only focused on trans women. In the 2017

report, over half of the trans men surveyed (N = 33) indicated that the experience of accessing healthcare were of a better quality after 2012 (when the gender identity law was passed). These results are unique to trans men; previous scholarship had noted the impact of the law for trans women in Argentina (Arístergui et al., 2017) but not for men. Seven out of ten trans men go to public health care facilities, and almost as many receive testosterone from public clinics.

In a similar report: *Primer Relevamiento Sobre Condiciones de Vida de la Población Trans/Travesti de la Provincia de Buenos Aires* (Secretaría de Derechos Humanos, 2019), about 60-65 trans men (out of over 300 participants) were part of a Buenos Aires project. (We give this range, since the answers to self-identity included non-binary and "Other", and the surveyors attributed 22% of the sample to trans masculinities.) From the trans men surveyed, close to two thirds (63.5%) do not seek to get genital or mammary tests, which are decisively key for the early detection of certain cancer types, as well as sexually transmitted infections. The study also shows that 10% of the surveyed asked for contraceptives when they visited a clinic. Given that between 18-22% of the overall sample identified as trans man, male, or non-binary, the 10% represents close to half of the male-identified trans population in the report that sought information for avoiding pregnancy.

Method

The research reported in this article incorporates the most visible stories of trans men in Argentinean media in recent (2013–2019) years, whose stories relate to having sought healthcare services related to contraception, attempts to become pregnant, prenatal care, or access to ending unwanted pregnancies. Given the dearth of documentation on these elements that draw directly from the voices of trans men, these media accounts are the best way to – albeit in a filtered manner – listen to their needs, and thus frame their reports as contributions to hopefully change the healthcare provision dynamics they denounce.

Study design

Following Riggs (2013), we resort to media coverage of the very few Argentine trans men who have spoken publicly about their experiences in terms of sexual and reproductive rights, broadly defined. This paper is also guided by scholarship that avoids research fatigue and unnecessary intrusive studies in potentially vulnerable communities (Adams et al. 2017; Vincent, 2018). While Argentinean media coverage provides news about other countries, we focus our attention on trans men's self-representations in Argentinian media coverage, since we seek to understand what we see as an impasse between the national gender identity law, the public policies to implement services that guarantee that level of equality for trans people in Argentina, and the clinical services that operate at the most interpersonal level. Narratives on the experiences of trans men seeking to become pregnant, or accessing checkups and general health care related to sexual and reproductive rights are, as we demonstrate shortly, illustrative of a (cis)-genderist health care system.

We utilize these media depictions because we recognize that access to individual interview narratives is limited; we also take an ethical stand for the use of published narratives. While empirical data is needed in order to better influence policy and health care provision, it comes with certain risks that we, as a trans man and a cis man, did not want to expose trans men to, at this given point in time. Trans men and trans parents are often marginalized groups by virtue of the way they are used as exceptions to the rule, invoking reactions that shatter some of the heteronorms about our societal imaginaries on what being a man or a woman is supposed to be - or not. Furthermore, the images of a "freak" often depicted when speaking of pregnant trans men, in general, and in television and media in particular – whether "respectable or 'tabloid'" outlets (Riggs, 2014) – reminds us of the classic notion of the monster in early trans studies scholarship (Stryker, 1994). The extractivism that results from saturating (what seem to be) a small number of trans men seeking to become pregnant in the Argentinian context adds a layer of exploitation of such communities, and at this point in time in the history

of these very few advances, we chose not adding to the constant "chase" of seeking interviews for the benefit of those researching or documenting these choices. Analyses from the social sciences, media studies, and cultural studies provide us a lens from which to ascertain the dynamics at hand, and to document the challenges and illustrate the barriers, without adding to the extractivism that provides little to no benefit to trans communities.

Data collection

The first author identified articles and news clips (in Spanish) from Argentine media outlets, YouTube recordings, and local media sites in order to speak to the experiences of trans men, and sexual and reproductive rights, as voiced through limited media coverage, and through the search of google engines in Argentina. Search terms used (in Spanish) were: "trans men + pregnancy", "trans men + contraceptive", "dad giving birth", "trans male abortion," "trans male bearing" and also through names of trans male activists that surfaced in those searches. While the search generated articles and stories of trans men from other countries, given the focus on the Argentinean context, we limited data sources and narratives from Argentinian men in Argentina.

The first author also went back to the time Beatie came out as a trans dad on the Oprah show, and even before, to document trans men's visibility in Argentinean media, as part of his research for a graduate degree (his mapping of the scope of trans male visibility spans close to 2 decades, but we focus for this article on the discussions about access to healthcare, contraceptives, pregnancy, prenatal care, and access to abortion). For the purposes of this article, we drew from 20 articles primarily from three main sources from country-wide newspapers -*Clarín*, *Infobae*, and *La Nación*. Both authors evaluated the material from published interviews. The second author completed all of the English-language translations of media extracts (the interview excerpts published), as well as, when applicable, video sources. The resulting translation was shared with the first author, an Argentinian native, for accuracy and context.

Analytic approach

Once the specific interviews from the three trans male activists were identified, the authors coded the stories, looking for common patterns and themes, informed by the literature, but also by the specific cases, as we note shortly. We sought to document the specific encounters with medical providers, clinics and medical settings, health insurance, and nurses and other health practitioners. We also sought to connect the micro level of meeting a receptionist, a nurse or a Doctor, with the meso level of the medical institutions (e.g., how they manage health care), and their relationship to the national Gender Identity Law.

We utilized thematic analysis to examine the narratives, as it allows for close engagement with experiences and shared notions about a given topic (Strauss & Corbin, 1990). We focused on recurrent themes in order to remain close to the text provided by trans activists in these media reports. Emergent themes were identified through patterns, then clustered for analysis. We coded the articles focusing only on the trans activists narratives, weaving them as shared experiences. The article's two main themes (Misgendering, Administrative Violence) and subthemes for the first main theme (misgendering as an innocent act and intentionally misgendering) are structured around the interactional level of analysis in medical settings, while paying attention to how laws and systems may exist at odds with each other.

Theoretical framework

Key to our framing of this article is the notion of administrative violence, outlined by Dean Spade (2015). Spade shows how prejudice and discrimination are woven into bureaucratic and administrative forms of governance, often disguised under the pretense of neutrality. According to Spade, classification schemes in governance are not innocent; they are surveillance mechanisms through which behavior and traits are analyzed, adding vulnerability and insecurity to, in particular, working class and vulnerable populations. Some of these mechanisms get operationalized in the seemingly mundane and neutral interactions between doctors, staff, and other employees in

government agencies, with services such as health insurance and even the basic premise of making an appointment to see a doctor, where (in this case) trans men have to go through gatekeepers who may validate or ignore their experiences. Violence here is not, as in previous work, limited to gender (un)disciplining (see Calpernia Adams' case in *Disciplining Gender* - Sloop, 2004), but to the racial, socioeconomic, and overall hierarchical spaces that both inundate public opinion with resistance to social service provision, while using the very same mechanisms to control those vulnerable groups. If they are vulnerable, it is so due to the administrative processes and labeling, and the constant surveillance. Spade's notion of administrative violence is embedded in the policies (the middle level we noted early on) and how those policies trickle down to the health care and prenatal interaction (the micro level) in seemingly innocent and unintentional interactions that favor the well to do, the straight, cis and heteronormative, the lighter skinned, the highly educated ones, and the ones not facing any disabilities - in sum, the ones in control.

Additional work helps strengthen our analysis, as evidenced shortly. Joshua Gamson's *Freaks Talk Back* (1998) helps situate how mass media simultaneously provides LGBT people a platform to "talk back" to the power of those institutions – sometimes in their own terms, even while institutions like media tend to oppress minoritized populations. Similarly, Jyoti Puri's *Sexual States: Governance and the Struggle Over the Antisodomy Law in India* (2016) considers the difficulties of a State that offers an impossible set of arrangements to connect its bureaucratic tentacles. The State most often than not serves as a messy and incomplete, sometimes contradictory, set of promises but the regulation and disciplining intended might not always emerge out of the equation. Finally, previous work has mounted a critique of the invisibility of trans women that spills over the challenges about the use of social scientific research (Namaste, 2000), connecting to Spade's work as well.

Results

Activists' media narratives

For this article, we center the findings on the Argentinean press coverage of three key, very visible trans men, who have spoken about their experiences becoming pregnant and giving birth (Alexis), attempting to become pregnant (Gian), and seeking an abortion for an unwanted pregnancy (Tomás). We introduce their trajectories in brief, before delving into their excerpts from recent media interviews.

Alexis is a 32-year-old trans man from the city of Rosario, in the Santa Fe province. He comes from a working-class background. His wife, Karen, also identifies as trans (she is a trans woman), and has accompanied Alexis for years. At present time, they have a 7-year-old baby named Génesis Angelina.

Gian is a 34-year-old trans man from the Buenos Aires province. He comes from a working-class background. At present, he is the diversity and inclusion coordinator of the district of Avellaneda, the city right outside of the city of Buenos Aires (and part of the Buenos Aires province). His partner, Nadihna is also a trans activist. Gian continues to seek treatment for achieving pregnancy to term, having suffered from two pregnancy losses/miscarriages.

Tomás is a 32-year-old trans man from the city of Rosario, in the Santa Fe province. He had his first abortion at an illegal clinic -in a garage- which he said was a terrible experience. This is why he became a revolutionary militant. He is a journalist who was also a candidate for city council for the PTS (Socialist Workers Party of Argentina).

(Mis)Gendering OBGYN

This first theme focuses on the processes that trans men encounter even before they reach checkups, as conditions are pre-established by the public policies set in motion. Such policies establish that elements such as gestation, fertility treatments, access to checkups, and health care coverage will be offered to (cisgender) women.

(Mis)gendering as an ignorant act

The gendering of obstetrics and gynecology is discursively produced through a contradiction: there is a national gender identity law that guarantees equal citizenship but, as we discuss in brief, there are public policies that in some ways

operate as if the gender identity law did not exist, by focusing on natally-assigned sex as gender, and on genitalia as markers of someone's gender identity, thus essentializing gendered experience and reducing it to reproductive organs.

News coverage from interviews conducted with trans men helps situate the impact of these pre-established dynamics. These interviews also allow the men to speak back to the institutions that attempt to marginalize them (Gamson, 1998). In the following excerpt, Alexis, whom we introduced in the opening illustration, shows the discomfort he and his partner experienced at various stages of the checkups:

> Alexis: Hubo médicos que no entendían nada. Pero yo tengo la doctora que me acompañó durante todo el proceso, que me apoyó y me dio mucha seguridad (…) lo que pasaba a veces es que íbamos a consultas de urgencia y nos miraban como diciendo ¿¡qué!? O no sabían cómo tratarme y me trataban en femenino. Eso era lo chocante. También cuando tenés que explicarle al médico es re incómodo y más en el momento que te tiene que revisar. Yo te soy sincero, jamás antes había tenido un control ginecológico y creo que la mayoría de los varones trans* no lo tiene. Como sienten que es algo ajeno a ellos, no les dan importancia a los controles. Para mí sentarme en esa camilla y que me digan, bueno te vamos a revisar, era muy chocante. (No Author, 2013b)

> Alexis: There were doctors that did not understand a thing. But the doctor that accompanied me throughout the process, that supported me and gave me a strong sense of security (…) what would happen sometimes is that we would go to emergency checkups and they would look at us like saying: "what [the fuck]?" Or they did not know how to treat me, and they would address me with feminine pronouns. That's what was shocking. Also, when you have to explain it to the doctor it is very uncomfortable, more so when the doctor has to conduct the examination. I'll be honest with you; I had never had a gynecological checkup and I think the vast majority of trans men do not have it. Since they feel this is something foreign to them, they pay it no mind. For me, to sit in that bed and to be told, we are now going to examine you, it was quite shocking.

The absence of knowledge about the embodied experiences Alexis was living comes through as he says he never had a gynecological checkup prior to his pregnancy, partly because he needed to avoid these unpleasant interactions (Riggs, 2013). Whether he and his partner went to the ER or to a checkup at the clinic, he was often signaled as the point of confusion and, because they seemed to not know how to handle the situation, treated him as female. As well, having to tell the doctor right before a physical revision was a source of stress for Alexis.

Tomás, another trans man who has faced challenges in having access to health services, and as noted before, who faced an abortion, mentioned the generalized fear trans people have to the medical establishment.

> Tomás: Más allá de los profesionales, me parece que el común denominador en todas las personas trans es el miedo a la institución médica. No se nos respeta la identidad, pese a las leyes que supimos conseguir en nuestro país, como la de Educación Sexual Integral y la de Identidad de Género. (…) La más elemental, es que cuando se les explica que uno es trans y te siguen tratando en femenino, no respetan el nombre que uno quiere. A mí me pasó también que no han usado vaselina (o lubricante) para hacerme un pap entonces fue todo a lo bruto - esto me pasó cuando tenía 20 años. (Dema, 2018)

> Tomás: Beyond the healthcare professionals, the common denominator among trans people is our fear of medical institutions. Our identity is not respected, in spite of the laws we fought to achieve in our country, like the one for Integrated Sex Ed and the Gender Identity Law. (…) The most basic element is that when you explain that you are trans and they still treat you in the feminine, they don't respect one's preferred name. I also experienced that they (the Doctors/medical staff) have not used vaseline (or lubricant) to perform a pap smear, so it has been the brute treatment - this happened to me when I was 20 years old.

Tomás speaks to the history that pathologized and then medicalized trans people, with medicine, psychiatry, and psychology as core elements – systems complicit as much as the social scientific ones (Namaste, 2000). The mistrust Tomás documents is a historical fact that continues to have an impact today. As well, he ascertains a kind of patriotic wounded logic which we see as warranted: the very country he helped change with a new set of laws (and the advocacy and activism that it required for years) is a site of continuous violence against his emotional well-being – in part, as the governmental set of tentacles make the State messy in its application

(Puri, 2016). But there is also the physical and carnal engagement: that Tomás faced a very traumatic physical exam by "health professionals" because of who he is merits a strong evaluation by the administrative powers that be. The issue of the intended violence connects with the next sub-theme.

(Re)gendering as violence: the repetition and questioning of one's identity

Like Alexis and Tomás, Gian publicly shared the impact of the re-telling of the experience to staff in the medical profession:

> Gian: Lo más difícil fue volver a tener que explicarle a todo el mundo. Me mandaban a hacerme un estudio y me decían "no, esto es para la mujer" y yo arrancaba: "soy un hombre trans y estoy en proceso de búsqueda de un embarazo". A veces había que dar mil explicaciones sólo para conseguir un turno. (Sousa, 2017)

> Gian: The hardest thing was to once again explain my situation to everyone. I'd get an order for a study and they would say, "no, that's for the woman" and I would start: "I am a trans man and I am in the process of seeking to get pregnant." Sometimes I had to offer all sorts of explanations to just get an appointment.

Gian reasserts several aspects of self in these complex but quick iterations at a clinic: his identity, his quest for pregnancy that he would carry (he has had miscarriages before), and his history, in order to be granted a turn. This repetition of reaffirming one's own sense of self may be seen as a productive one. It is, at the same time, a way of reminding Gian, and other trans men who come to get checkups and fertility treatments, of their "different" history, and, perhaps unintentionally, face an insistence of a sexed lived reality, which is what seems to be the perspective of the (biased) healthcare providers placed onto these trans men seeking rightful services. Going against the tide in these instances can be seen as heroic, but, we contend, the energy required in this repetition merits public policy attention and intervention as a violence literally being placed on trans people's bodies by the State.

Here, Tomás elaborates on the types of medical violence faced by trans men in the healthcare system, as much as he speaks to the impoverished conditions he has faced:

> Tomás: Cuando supe que estaba embarazado, la médica en todo momento me trató como mujer siendo que yo me identificaba con un hombre. Cuando le conté que era un chico trans, me dijo: "bueno, está bien, nena". La clínica, a todo esto, donde ella atendía, era el garage de una casa. Tenía una camilla, que era una madera, donde te ataban, anestesiaban y hacían el raspaje. (Gallo, 2017)

> Tomás: When I found out I was pregnant, the female Doctor at all times treated me as a woman even though I identified myself to her as a man. When I told her I was a trans man, she said, "well, that's all right, girl." The clinic where she worked, meanwhile, was a house's garage. It had a stretcher for a bed, which really was a piece of wood, where they would tie you, give you anesthesia, and they would scratch or scrape you (genitally).

The fact that this "health professional" instilled such a rejection of Tomás' gender identity while doing a check up on their body means they do not respect the law, nor the self-identification of trans people (Riggs, 2013). As well, this provider is foregrounding her sense of natally-assigned sexed individuals over the capacity for, and autonomy to, self-identify. Tomás' experience brings us to the next theme, which is the administrative violence produced in such spaces.

Administering gender, administering access and care

This second theme focuses on institutional arrangements and how they are experienced in the everyday logics of medical care. Once again Tomás speaks to the challenges at the level of an administration that, in spite of following the law, instill disrespect and dehumanization.

> Tomás: Como varón que aborta uno se enfrenta a que no respeten su identidad, que no entiendan que tengo útero, pero soy varón. Una vez en un hospital público en Rosario no querían atenderme porque no entendían el cuerpo trans, ya estando sancionada la ley, un ginecólogo se abstuvo de atenderme porque se atenía a la libertad de conciencia. (Gallo, 2017)

> Tomás: As a man who has an abortion, one faces the fact that one's identity is disrespected, that they don't get I have a uterus, but that I am a man. Once in a public hospital in the city of Rosario they refused to see me because they did not understand the trans

> body, even after the [gender identity] law was sanctioned, a gynecologist abstained from treating me by using as reason his "freedom of conscience."

For the doctor/clinician in the city of Rosario, Tomás' body was unintelligible. Not only was his body disposable, but Tomás references "the trans body", a figure that is relevant in as much as it is a rejected subjectivity by the heteronorms. The State functions as a sanitized mechanism that regulates what it reifies as normal, and marks bodies it does not "understand" as abject (Puri, 2016). The fact that this happened even in the presence of a Federal Law, and that it makes this rejection illegal in the Argentinean context, did not stop the provider from taking this posture.

> Alexis: Con Karen tuvimos que pasar muchas cosas durante el embarazo. Yo comencé a hacerme tratar – médicamente – con un programa que se llama SUMAR. Como no había registro de hombres embarazados, no me pudieron anotar en el programa en masculino, así que me tuvieron que anotar en femenino con mi nombre anterior. Eso fue muy feo para nosotros, más para mí que después de que se me reconoció la identidad sentía que volvía para atrás. (No Author, 2013b)

> Alexis: With Karen we faced multiple issues while pregnant. I started to get follow ups and get medically treated through a program called SUMAR (the acronym means to add up). Since there was no registry that recognized pregnant men, they could not add me to the program using my male name and masculine identity, so they had to dead name me [in order to add me, and provide such services]. That was horrible for us, more so for me, because after my identity had already been recognized, I felt like I was going backwards.

Here, we see how the medical system (a healthcare program) refuses to implement services that incorporate male pregnant bodies (Spade, 2015). Rather, the program wants the persons that it sees as out of the norm to accommodate to its binarizing strategy; by administering gender and reproduction through a binary, aspects such as billing, assignment of follow up services, tests, and the like continue to be produced for the majority, again in violation of the law. The issue is greater than trans people, because it signals the administration of "normality" (cis, hetero binarized genders) for the benefit of some (for more on this, see Riggs, 2013). One has to consider what this filing system does to single parents, (cis) lesbian or gay male couples, even families conformed with more than two parental people involved (Spade, 2015). But it also interpellates trans experience, as it expulses trans men from any aspect of the reproductive services, unless they negate their identity in the process, as Alexis showed.

Gian also turns to the instrumental and painfully bureaucratic aspects of a gendered administration that rendered them invisible too:

> Gian: Con la prepaga tuvimos otro problema, nos exigían que las órdenes estén a nombre de Nadiha (nos enviaron un documento por esto). Me tuve que enfrentar a ellos y decirles: ¿Ustedes dicen que el embarazo lo tiene que gestar ella? Bueno, si le hacen un transplante de útero ningún problema. Es una mujer trans, yo soy un hombre trans. Les pido por favor que lean la historia clínica. El útero lo tengo yo, yo soy la persona que puede gestar un embarazo. (Sousa, 2017)

> Gian: We faced another barrier, which was that they said the medical orders needed to be in Nadiha's [his partner's] name (they sent us a document for this). I had to confront them and say: Are you saying that she has to carry out the pregnancy? All right, if you can transplant/transfer [onto her] a uterus, no problem. She is a trans woman, I am a trans man. I ask that you please read the medical chart. I am the one with a uterus, I am the person that can possibly carry out a pregnancy.

Besides the plain carelessness in not reading a patient's chart, the ignorance about transgender experience, and in this case that trans men can (and often do) conceive, seems to serve Gian as a tool to talk back to the system, and say, 'hey, give her a uterus and she can carry the pregancy.' This form of responding to the powers that be with an argument unsettles their blindness and normativity around sexual and reproductive rights.

Although Gian and Alexis became pregnant through different methods - Gian had insemination through the "Assisted In Vitro Fertilization Law" and Alexis became pregnant through his partner – both faced challenges through the prepaid health providers, which, along with the bureaucracy of the public healthcare system, found ways to complicate access to their procedures (Spade, 2015).

Yet a key example of what Alexis lived through in regard to the SUMAR program and being unable to register with his male name is a fault in the system that merits attention by policy makers and politicians, not just healthcare providers. He noted that, because he and Karen were unemployed, they had to enroll in such a program, which is an extension of the Plan Nacer (Birth Plan) and it guarantees "la atención y el cuidado de la salud, brindando diferentes prestaciones a *embarazadas*" ("attention and care for *pregnant women*") - where it is still specifies only pregnant cisgender women. This, we reiterate, in spite of the nationwide gender identity law. Similarly, the Law # 26.862, which assists in medically induced reproduction, includes in vitro insemination and other procedures; it is meant to be accessible -for free- to any adult irrespective of their gender identity, sexual orientation, or whether married or single. But its application is limited to the use for certain bodies: article 7 states that beneficiaries can rethink their choice until right before implanting an embryo in the *woman's body*; with this, it becomes more than clear that the law was signed with cisgender women in mind (Radi, 2017, 2018). Given these institutional and policy level barriers, their influence being so clearly palpable by the narratives of these trans men (as told to us by the media), we need not wonder why, in part, the delivery of services at clinics and public hospitals is so biased.

Discussion

This article has illustrated how trans men make visible their struggles, while at the same time strengthening their voices publicly, on sexual and reproductive matters in the Argentinian context. In particular, the issues presented by the media that foreground their stories and voices include the intention to become pregnant, the challenges of access to services when attempting to impregnate, the challenges of follow up prenatal care when pregnant, and finally, the challenges of access to abortion when sought out or needed. Some of the findings from the media coverage support the limited research previously conducted in Argentina, specifically the hostile, often violent service provision for trans men and their partners (Ortega et al., 2017). The findings from these three men's very visible stories and experiences begin to formulate a popular archive of stories that make even more visible the need for trans men to speak to these issues at the lower (social service and medical provision) and meso (public policies that tend to access and resources for health care; laws that facilitate conception and a successful pregnancy, when desired) levels. Doing so serves as a mirror to the disparate set of State arrangements (Puri, 2016) in a quest for implementation and policy change. The findings suggest how limited previous research has been, and might inform paths to produce scholarly work that isn't always conducting interview or survey driven data collection, in order to avoid saturation of the group, as well as avoid the revisiting of trauma among trans men facing these challenges. Perhaps future research will document any positive engagements between trans parents and medical providers, given the ample set of barriers explained here.

Implications for practice

As we have illustrated with the trans men's narratives through media sources, the multitude of issues raised pose the need to conduct non-exploitative, community and/or collaborative (Adams et al., 2017 Vincent, 2018 – see also Martínez & Vidal-Ortiz, 2018) empirical and interpretative work, and thus expand on the literature about sexual and reproductive rights for trans men. The two sub-themes in the first theme - misgendering by accident and intentionally - help frame what we see as a systematic level of cisgenderism that serves as a potent barrier toward better recognition of trans men's needs. While in another country, where there is no federal or national gender identity law, policies to change these services may be interjected through "diversity and inclusion" efforts, Argentina already has a law that intercepts the clinical, medical, and social service provision and attention of trans men and trans families. Instead, and as the findings presented in this article suggest, a transformation of the cis and heteronorms that rule the administration and implementation of

prenatal services need to take into account that they are in violation of current laws.

Limitations

These media-based interviews and interventions serve as a sort of pilot, to instill the need for empirical work once we hear the claims of the visible activists speaking on their own behalf. Of course, these experiences are limited, in that they are all activists. Yet this is also a strength of the article; usually, activists are the ones facing a set of openings to challenge the status quo. Often times, their messages are a very important primer, but further information is needed. Once additional findings can be gathered in as many data collection forms as possible, there is the potential for a stronger mapping as to the depth of the needs. We point out that Arístergui et al. (2017) completed two focus groups with 20 trans women in the Argentinean context in order to share their findings; similarly, the two questionnaire-based reports previously discussed surveyed between 30 and 60 trans men in order to produce significant findings. Further research should seek what falls within these and other traditional (but time consuming) options (such as one-on-one interviews with pointed questions to the topic at hand). Future research should focus on experiences in several Provinces, not just Buenos Aires and Santa Fe. At the moment of this writing, a very active *Casa de Varones Trans* (Trans Men's House) has launched in Córdoba to the north of the country. Identifying further spaces of trans men who are in one way or another implicated in the quest for better healthcare for sexual and reproductive rights is of utmost priority to expand our limited understanding on these issues.

Conclusion

In a less transphobic and cisgenderist society, the government would guarantee access to public policies that reach everyone – in this case, policies that focus on sexual and reproductive rights and family planning for trans people. If this were to be the case, probably more trans men would be able to gestate and give birth, and there would be less "dead naming", misgendering, and less challenges with the health plans. Given the State's messiness (Puri, 2016), the emergent challenges are part of difficulties of managing healthcare and respecting national laws.

One of the most salient points Spade (2015) insists on is how the classification of groups serves as categorization, which becomes, almost intuitively for the system, as a surveillance control mechanism through which the behaviors and people's traits are used as axes of power, which open up the possibility of rendering vulnerable those impacted. Alexis had already realized his ID change and was, for all intents and purposes, recognized legally and socially as a man, but because the program dead named him in order to serve him, imposing strategies of administering gender, thus imposing violence in the process. But their needs forced them to get this support, and the unemployment status made them vulnerable and in need to access the services - a system of services that seeks to discipline them. The narratives by these three key trans men serve as an example to think about the ways in which media - an institution that can be as heteronormative as the clinics these activists visited - can offer a space for agency and a platform to "talk back" (Gamson, 1998) to the multiple audiences that would want trans men who seek sexual and reproductive rights and services to be silent.

Unlike interviews by Oprah Winfrey (Riggs, 2014), or in the Argentinian case, Susana Giménez, we recognize and affirm trans men's masculinity in and through their pregnancies, or when seeking, by right, access to sexual and reproductive health services. While the visibility that these TV shows bring is significant, it does not counter the possible transphobia and cisgenderism. The transphobia that such shows produce reify natally-assigned sex, gender binaries, and sexual reproduction as only based on copulation. If serious in their intent, TV and media formats could instead constitute a space where audiences hear these narratives and reflect on their own biases, instead of reaffirming those biases as an essential truth.

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Informed consent

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