

**MODELING HOMONORMATIVITY: A GROUNDED THEORY OF PURSUING
QUEER PARENTHOOD IN THE SOUTH**

A Dissertation Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

A. Capannola
August 2022

Copyright © 2022 by A. Capannola
All rights reserved.

ACKNOWLEDGEMENTS

I owe the completion of this dissertation to several people who were essential to the formulation, execution, and culmination of this undertaking. First, I would like to express my immense gratitude for a tremendous dissertation committee. To my advisor and, I am lucky to say, friend, Dr. Megan Haselschwerdt, who built with me the kind of student-advisor relationship that we all deserve but too few of us get to participate in: I could not – and would not have wanted to – do this without you. I am so grateful that I asked for that meeting at Old City Java mere days after you arrived at UTK to “claim” you as a thesis committee member and, later, my doctoral advisor. Our mutual trust and care offered me a safe haven when things felt overwhelming, and your guidance was always challenging in all the best ways. I struggle to articulate all the amazing gifts that our relationship has brought me, from numerous award nominations to scholarship and advocacy opportunities and vast research and teaching skills - these allowed me to finally see a home for myself at UTK. And how lucky I am to have learned grounded theory from one of the best!! To Dr. Samara Akpovo, who took a leap of faith in taking me on late in my journey; I am so thankful you did. Your keen critical lens pushes me where I need it most. To Dr. Amy Rauer, your mentorship throughout my years in CFS has been a guiding light, and I have learned so much from you on how to sharpen my professionalism and collegiality and thus increase the impact of my work. I will always regret not taking one of your famous courses. To Dr. Jennifer Jabson Tree, meeting you in 2019 marked a pivotal moment in my professional career, and the example you have set as a scholar and advocate is what I aspire to. I value your courage, compassion, and

humor immensely, and your reminders to see and celebrate “resilience” kept this project from getting too depressing. Lastly, I am indebted to the patience, kindness, and generosity of Dr. Mary Jane Moran and other faculty members who mentored me formally and informally. I know the journey wasn’t always easy, but CFS became my home, and I look forward to continuing to discover the impact of my time here.

To “my participants” with whom I cried, laughed, and raged. Their generosity and stories helped to keep me afloat in some of the darkest times, and they are the ultimate reason I persevered through the many pandemics we collectively faced in the last several years to finish this project. Their stories, their fortitude and creativity, their beautiful dream-come-true families deserve to be known.

Although this is *my* dissertation, I am no “independent scholar” – and I wouldn’t want to be! I feel incredibly lucky to have had the support and aid of three amazing research assistants: Allana Tate, Jazmin Garrett, and Courtney Lucca. Thank you for your intellects, diverse perspectives, and patience with me as I learned how to manage a team. Thank you to my lab mates, colleagues, and classmates throughout the years, especially Amie Kahovec and Shahad Subiani. I wouldn’t have survived the transition to the windowless attic office without y’all.

To my mother, who will be one of only six people to ever read this entire document: this degree is for you. Thank you for showing me that we never stop growing, changing, and learning. Your resilience, openness, and love are tremendous, and I wish every queer person had a mom like you. I love you.

Lastly, to my own dream-come-true family: Dean, Bagel Jean, Little Oink, and the deeply missed Bouncingball and Zeppo BabyBoy - I can't believe I found you. Dean, you know I joke that you "somehow" beat me to the PhD finish line, but thank goodness you did, because I couldn't have done this without your support. We met the week I decided to stick around and get this dang degree, and, since then, we've transitioned together, in so many ways. We lost and gained family members, got married, roadtripped to Rhode Island so many times, survived surgeries and pandemics, moved to Michigan, went to Buffy Prom, and bought a house?! What an adventure it has been, and I'm so excited for what's next.

ABSTRACT

Previous research on LGBTQ* people and families in the U.S. has largely focused on coastal and midwestern metropolitan areas, even while the majority of queer families are built and sustained in the South. This grounded theory study sought to understand the processes and politics of pursuing parenthood in the U.S. South from within a queer relationship using interview data with 14 individuals. The sociopolitical context of the South is particularly reactionary and conservative, with anti-LGBTQ* legislation proliferating across the region, making inclusion in and privileges of traditional normative family institutions more difficult to attain there, despite federal progress in legislation and social acceptance. Simultaneously, the heteronormativity of the South informs the values and desires of its inhabitants, including LGBTQ* individuals. Using constructivist grounded theory methods, *modeling homonormativity* was identified as the central process of pursuing parenthood (e.g., aligning values, securing/protecting the family, fulfilling their destiny). Participants' visions and preferences for family configuration were informed by and varied based on their level of adherence to Southern cultural norms and thus heteronormativity. The level of buy-in to heteronormativity simultaneously determined the incurred costs of the process such that the more closely one complied with homonormativity, the greater the violation in being denied the privileges of heteronormativity. Even in the face of this adversity, couples persisted in pursuing parenthood, reclaiming the South as the rightful home for the families they had long dreamt of. Results have implications for future research on sociopolitical impacts on queer families as well as advocacy and policy efforts in the region.

TABLE OF CONTENTS

Chapter One: Introduction	1
Chapter Two: Literature Review and Theoretical Frameworks	3
Queer Families in the U.S.....	3
Biological Pathways to Parenthood	4
Non-biological Pathways to Parenthood.....	5
Factors Determining Chosen Parenthood Pathways	6
Class status and financial resources	6
Gender and biology.....	7
Race and ethnicity	9
Legislating the Queer Family.....	11
Perceptions of the law	12
How sociopolitical climate impacts families	13
Why Place Matters: The South	15
Sensitizing Theoretical Framework	17
The Current Study	20
Chapter Three: Methods	21
Data collection	21
Sampling Site	23
Alabama	25
Florida	26
Georgia.....	26

Kentucky	27
North Carolina	27
Tennessee	28
Participant Recruitment	29
Recruitment strategies	31
Eligibility screener	31
Sample description	33
Procedures	34
Interview protocol	36
Data Analysis	39
Initial Phase	40
Intermediate Phase	44
Advanced Phase	46
Reflexivity and Trustworthiness	47
Chapter Four: Findings	50
Entering Marriage	53
Staying consistent with internalized values and beliefs about “the family”	54
Gaining familial recognition and legitimacy from their families of origin	56
Obtaining and securing parental and family rights akin to different-gender couples	57
Choosing Parenthood Pathways	60
Choosing Biological Pathways	61
Choosing Fostering and Adoption	76

Incurring Additional Costs.....	81
Acquiring their “necessary others”	82
“Earning” infertility status	85
Developing expertise	86
Making sacrifices and concessions	88
Securing their parenthood	89
Protecting their hard-won family	93
Persisting and Resisting in the South.....	94
Chapter Five: Discussion	98
Influence and Constraints of Hegemonic Heteronormativity	98
Cisheteropatriarchy	100
Class privilege.....	101
White supremacy	103
Traditional Southern values	103
Continued Inequity in Access to Family and Parental Security	106
Obergefell was not enough	107
Rethinking resilience	108
Implications.....	110
Recommendations for practitioners	110
Recommendations for scholars	111
Recommendations for policy makers.....	112
Limitations	113

Future Directions	116
Conclusion	118
References.....	120
Appendices.....	141
Appendix A: IRB approval letter	141
Appendix B: IRB-approved study flyer and social media script	142
Appendix C: Eligibility screener	143
Appendix D: Resource and information packet.....	150
Appendix E: Consent document.	154
Appendix F: Interview protocol.....	157
Vita.....	164

LIST OF TABLES

Table 1. <i>Participant demographic information</i>	35
---	----

LIST OF FIGURES

Figure 1. <i>Grounded Theory Processes and Methods Used in Current Study</i>	21
Figure 2. <i>Modeling Homonormativity, abbreviated model</i>	50
Figure 3. <i>Modeling Homonormativity, detailed model</i>	51

CHAPTER ONE: INTRODUCTION

Family is a fraught arena for many LGBTQ* people in the United States, from having been previously shut out of state-sanctioned institutionalizations of ‘family’ (e.g., marriage and adoption) to upsettingly high rates of ostracism and estrangement from families-of-origin for their sexual and gender identities (Durso & Gates, 2015). Social acceptance of LGBTQ* people is growing (Pew Research Center, 2016) as U.S. legislation inches toward progress with federal recognition of same-sex marriage (*Obergefell v. Hodges* 576 U.S. Supreme Court, 2015) and many states install protections for queer people seeking family formation (Brown et al., 2009; Shapiro, 2013). However, the application of these laws has been uneven across the U.S., especially in the Southern region.

The South as a region has often been stereotyped as backwards, uneducated, conservative, all-White, impoverished, and largely guided by fundamentalist Christianity (Stone, 2018). Although the historical legacies of enslavement and Jim Crow, state policies that limit social welfare, and larger political efforts to conflate religiosity with social conservatism have indeed led to distinctive demographics and trends in the region, the South is hardly a monolith. Contrary to popular belief, the South contains considerable diversity and heterogeneity, including a large proportion of the U.S.’s LGBTQ* population – many of whom not only live in the South but freely choose to do so, building healthy families, rich lives, and flourishing communities, even in states with particularly hostile legal climates (Movement Advancement Project; MAP, 2020). For instance, Alabama, Kentucky, Mississippi, and Tennessee have among the highest proportion of same-sex couple households with children in the U.S. (MAP, 2020). Research focused on queer parenting in the South helps to bring attention to the experiences of

this significant portion of families while illuminating resilience strategies that could benefit families overall. Queer people who intentionally pursue parenthood in the South are taking their first steps to building family in disproportionately hostile contexts, and yet they persist. Guided by an integration of the hegemonic heteronormativity model (Allen & Mendez, 2018) and minority stress theory (Meyer, 2003; 2015), this grounded theory study investigated queer couples' processes of pursuing parenthood in the U.S. South, focusing on how contexts (e.g., legal, political, and cultural) impact the process of becoming a parent.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORKS

Queer Families in the U.S.

Queer (lesbian, gay, bisexual, and transgender) people have always sought families but pursuing parenthood within same-gender relationships may be a more recent phenomenon with its roots in the “Gay Baby Boom” of the 1990s (Johnson & O’Connor, 2002). Changing federal and state legislation, evolving, but still contentious, cultural views of LGBTQ* people, and advancements in assisted reproductive technologies (ART) have only served to amplify that “boom” in the decades since (Goldberg et al., 2014; Mamo & Alston-Stepnitz, 2015). Although estimates show between 2 and 3.7 million children have an LGBTQ* parent, many of these include those born from a previous heterosexual partnership or those with parents who are in different-sex relationships wherein one or both of the parents identify as bisexual (Gates, 2015). The number of families headed by same-gender couples in the U.S. is much smaller but steadily growing; according to a 2018 study, 114,00 same-gender couples are currently raising children (Goldberg & Conron, 2018).

Although common perceptions of parenthood primarily evoke visions of biological offspring, pathways to parenthood are varied, numerous, and often do not require a genetic link. Even within genetic routes, the processes can look very different from one family to another, with different constellations of actors, costs, technologies, laws, and institutions involved (Dionisius, 2015). For *most* LGBTQ* people, however, certain constellations are never an option. “Happy accidents” are much less likely to occur where a couple shares similar reproductive systems (or at least those incompatible for conception), so planning and intentionality are nearly always present in the pathways to parenthood for queer couples. Thus, the literature refers to these families as “planned” or “intentional” (Goldberg & Gartrell, 2014).

The number of these intentional families continues to grow as laws, technologies, and cultural definitions of family evolve and shift.

It is important to understand the main two pathway categories that queer people may take when pursuing intentional parenthood. Depending on several considerations, which will be reviewed further below, people may pursue either biological or non-biological routes to parenthood.

Biological Pathways to Parenthood

Among intentional families who seek biological connections, there is considerable diversity in pathways to parenthood. Biological routes for couples that include at least one partner capable of carrying and who does not face fertility issues can conceive using sperm from donors. Those donors can be known (Côté, & Lavoie, 2018) or not (Nelson & Hertz, 2017). The sperm may be donated from friends, family, or purchased through more formal agencies (Batz, 2016; Bos, 2013), and insemination could be done at-home through vaginal insemination, in a clinical setting using affordable intracervical insemination methods (ICI; Markus et al., 2010), or through more technologically-involved methods such as intrauterine insemination (IUI) or in vitro fertilization with the help of a clinician (IVF; Nicoloso-SantaBarbara et al., 2018), both of which are forms of assisted reproductive technologies (ART). Reciprocal IVF (one partner carrying an embryo using a fertilized egg extracted from their partner) and innovative technologies such as INVOcell allow for two partners of the same gender¹ to participate bodily in the conception of a child. Biological routes for couples who do not include a partner with

¹ INVOcell technically requires one vaginal canal for carrying the INVOcell device for the fertilization period and one uterus into which the fertilized egg/embryo is implanted. Avoiding cissexist language and biological essentialism while trying to be concise is quite difficult.

carrying capabilities require a surrogate and, sometimes, an egg donor. Surrogacy, the most common biological route for cisgender gay men (Blake et al., 2017), also contains multiple options: the surrogate can be the carrier for a fertilized embryo through IVF (gestational surrogacy), or they may also donate the egg, fertilized with the sperm of one of the partners (genetic surrogacy; Berkowitz, 2013).

Non-biological Pathways to Parenthood

Non-biological routes include fostering (both formal and kinship) and adoption, which remains one of the most common routes to parenthood within same gender/queer relationships (Goldberg et al., 2014). Much more recently, some couples have also opted into adopting embryos, though much less is currently known in the empirical literature about this process and its prevalence, and the distinction between “biological” and “non-biological” becomes fuzzy. Those who wish to carry a pregnancy but struggle with fertility issues and/or have limited financial resources for other options can opt for frozen embryo transfer with a donated or adopted embryo (Tasker et al., 2018). Previous literature on pathways to parenting for LGBTQ* people shows higher rates of adoption (and/or desire to adopt) among same-sex couples than for different-sex couples, even those who may face fertility issues (Farr & Patterson, 2013; Goldberg et al., 2009). Recent estimates find that 20.9% of same-sex couples report having adopted children compared to only 2.9% of different-sex married couples (Taylor, 2020). Scholars have speculated on the reasons behind these larger numbers. Although the more informal and low-tech route of at-home donor insemination has been available for decades, the introduction of “test-tube babies” (IVF) was only 40 years ago (Nordqvist, 2008), and legislation around sexuality and reproduction has been contentious since (Weissman, 2017). Additionally, ongoing disputes

regarding insurance coverage of fertility treatments for same-gender couples and ambiguity in surrogacy laws across states make biological routes more expensive and difficult to access overall.

Queer couples pursuing parenthood, unlike their heterosexual counterparts, nearly always require additional resources: whether it be a “necessary other” (Mitchell & Green, 2007) in an egg/sperm donor, surrogate, or, in the case of fostering and adoption, birth parents; expensive technologies such as IVF, fertility treatments, and/or insemination kits (Chabot & Ames, 2004; Dunn et al., 2014); additional legal costs to guarantee “rightful” parenthood through second parent adoption (Berkowitz, 2013; Brown et al., 2009) as well as the cultural capital needed to navigate the complicated court systems and institutions that differ widely depending on your state (Shapiro, 2013).

Given the myriad options, routes, and barriers that queer couples face when pursuing parenthood, what might be influencing pathways chosen?

Factors Determining Chosen Parenthood Pathways

Beyond simple preference between biological versus non-biological connections, many sociopolitical factors contribute to the pathways to parenthood ultimately taken by people forming families. Such factors and how they may impact pathways have been explored across fields of study and are discussed in detail below.

Class status and financial resources

Class status and financial resources are primary and influential factors in deciding pathways to parenthood. Biological pathways such as insemination and surrogacy can be exorbitantly expensive, with insemination ranging between \$650 and \$12,000 per cycle,

depending on method and medical intervention, and surrogacy costing upwards of \$115,000 or more (Mamo & Alston-Stepnitz, 2015; Smith et al., 2011). Using known donors and surrogates cuts some costs (Bos, 2013; Reed et al., 2011) but can still put families out thousands of dollars, not to mention the emotional and interpersonal toll such processes can take on families (Nicoloso-SantaBarbara et al., 2018). A common limitation cited in many queer family studies is an overwhelmingly affluent sample (Bible et al., 2018). This makes sense, of course, in looking at particular pathways. Considering the steep costs of surrogacy and IVF, these are often only available to those with considerable financial resources. However, we see a similar issue across the board of queer parenting literature, from those focused on less expensive pathways such as fostering and adoption, to studies not limited to any specific pathway.

Gender and biology

Gender and biology play important roles as well in the factors determining and availability of pathways to parenthood. Extant literature clearly indicates how gender impacts access to and utilization of biological pathways, specifically. Cisgender gay men are essentially limited to surrogacy, and lesbian couples with at least one cisgender woman partner may have a wider host of options, though fertility struggles do, of course, still impact sexual minority women and are, in fact, more likely to impact women of color (Carpinello et al., 2016; Greil et al., 2011).

Gender identity and typicality also influence motivations to parent and the pathways chosen. Women who enter relationships with women are not exempt from powerful gendered socialization patterns that carry heavy expectations of nurturance and caregiving for girls (Rich, 1980). In fact, motivations to parent among a large portion of lesbian women are not necessarily

particularly different from those of heterosexual women, with many citing a sense of fulfillment and general affection for children as reasons they seek parenthood (Bos, 2013). One's sexual orientation does not insulate them from cultural pressure such as the motherhood mandate and internal beliefs that pregnancy is a requisite for womanhood (Rogalin & Brooks, 2018; Russo, 1976).

Gendered socialization and expectations also contribute to the difficulties gay men face in seeking parenthood. Stereotypical beliefs that caregiving is a singularly “feminine” domain, inextricably tangled up with heterosexist prejudices, have led to particularly discriminatory treatment of gay men pursuing parenthood through adoption (Farr & Patterson, 2013). Previous literature on motivations and intentions to parent among gay men provide evidence of desires to pursue normative and traditional family structures (Blake et al., 2017; Rabun & Oswald, 2009). Navigating unclear, unstable, and uneven adoption laws may be especially difficult for men in particularly unwelcoming areas of the U.S. and those less likely to have the cultural and social capital necessary to successfully traverse convoluted legal systems (Berkowitz & Marsiglio, 2007; Downing et al., 2009).

Literature on transgender parents is less abundant than other queer parenting experiences, though the field is growing in recent years. Until quite recently, most empirical literature on transgender parenting focused on the experience of those who transitioned after becoming parents (e.g., Dierckx et al., 2017; Veldorale-Griffin & Darling, 2016). The experiences of those who begin their journey to parenthood after transitioning are as yet underexplored in research (Hafford-Letchfield et al., 2019). Historically, certain medicalized methods of gender affirming care have carried the risk of sterility and infertility (e.g., testosterone or estrogen hormone

replacement therapies), placing pressures and anticipatory fears on transgender people hoping to someday have a family of their own. Knowing this risk does not keep people from self-actualizing their gender, though the decisions around fertility preservation options and future family planning may be overwhelming and financially inaccessible for youth who begin gender affirming care in adolescence (Chen et al., 2018; Nahata et al., 2017). Advancements in biomedical technologies may promise gender-affirming care that maintains or reestablishes fertility for transgender individuals wishing to conceive (Condat et al., 2018), and there are transgender people who have conceived post-medical transition with the help of knowledgeable endocrinologists and fertility specialists (dickey et al., 2016). Previous literature suggests that fewer transgender people than cisgender people describe a desire to parent, but it is worth noting that this could largely be due to the scarcity of transgender-inclusive population-based work addressing parenting desire. Additionally, many speculate that this difference in expressed parenting desire has more to do with anticipating barriers to parenthood than an inherent difference in visions of their future (Hafford-Letchfield et al., 2019). Indeed, although all queer people contend with heterosexism, transgender people face exponentially higher rates of oppression and discrimination in all aspects of the life course such as housing, employment, healthcare, and education discrimination and exclusion (Bockting et al., 2013).

Race and ethnicity

It is imperative to understand the ways that race and ethnicity, in relationship with class, gender, and sexuality, influence how people engage in and perform family (Oswald et al., 2005; West & Zimmerman, 1987), and thus, pursue parenthood. The reproductive justice movement acknowledges that women of color, particularly Black women in the U.S., face very specific

barriers and issues in their decisions to build families (or not) specific to their lives within a White supremacist context. These issues are rooted in the racist historical legacies of enslavement and the eugenics movement, and include racialized mass incarceration, forced sterilization, police brutality, and the persistent and alarmingly high rate of maternal mortality among Black women today (Smith, 2005; Tangel et al., 2019). Indeed, studies which center on Black queer women who pursue parenthood find that their pathways and motivations are impacted by these historical and systemic injustices. For instance, Black queer women are more likely to use known donors (Karpman et al., 2018) to minimize biotechnological interventions specifically because of well-founded skepticism and experiences of racism in formal medical institutions such as sperm banks (Feinberg et al., 2006). Moreover, fostering and adoption rates are generally lower among parents of color (Goldberg & Smith, 2011).

Taken together, this reviewed information could indicate that family formation is mostly a privilege reserved for the lucky, favored few LGBTQ* individuals who toe the line of normativity more closely. However, we know this is not the case. Black (Reed et al., 2011), transgender (Karaian, 2013), genderqueer (Du Chesne & Bradley, 2007), poor (Mendez et al., 2016), Southern (Gates, 2011), rural (MAP, 2019) queer people also have families. However, with White, metropolitan, and affluent people occupying so much space in the literature, it is important to think beyond this limited scope when trying to understand queer people's processes of pursuing parenthood.

There is considerable research on the different pathways people may take in pursuing parenthood, from biological routes such as surrogacy or intrauterine insemination to non-biological routes, such as fostering and adoption. For queer couples looking to pursue

parenthood together, these options may be complicated by factors both common to all parents (e.g., fertility issues) and issues more specific to their marginalized status within heterosexist systems (e.g., discriminatory laws limiting adoption). The barriers couples face may differ depending on a number of factors beyond their control; literature on queer families notes distinctions among family formation pathways and experiences for queer people based on race (e.g., Karpman et al., 2016), gender identity (e.g., dickey et al., 2016), and class (Reed et al., 2011), for example. Arguably, the most critical yet surmountable barrier is the uneven and inequitable application of laws across the U.S., which could promise more balanced access to family formation.

Legislating the Queer Family

Despite the progress ushered in with the passing of federal marriage equality in 2015, individual states as well as the federal government continue to introduce and pass laws limiting or sometimes prohibiting legal parenthood for LGBTQ* people (Farr & Goldberg, 2018). Although *Obergefell v. Hodges* included language that theoretically extended LGBTQ* people the federal right to adopt and serve as foster parents (as long as they are legally married), as of 2020, 11 states allowed state-licensed child welfare agencies to refuse services to LGBTQ* people and queer couples on the basis of “religious beliefs” (MAP, 2020). Also in 2020, the Trump administration had recommended a federal ruling that would permit all Department of Health and Human Services grant recipients, including adoption and foster care agencies, the right to discriminate against LGBTQ* people (Human Rights Campaign; HRC, 2020).

Other pathways to parenthood carry their own legal barriers with uneven state regulations and a complete lack of federal language determining legality and protections. Up until a recent

Supreme Court ruling (Pavan v. Smith; Liptak, 2017), many states required one male and one female parent be listed on a child's birth certificate. Surrogacy laws vary widely, with some states failing to recognize legal surrogate contracts while others automatically listing the surrogate as "birth mother" on the child's birth certificate, requiring additional legal obstacles and costs for parents (Creative Family Connections, 2022; Green et al., 2019). Pursuing donor insemination, especially with known donors, while often seemingly more affordable than purchasing through Cryobanks, may also entail additional complicated legal paperwork along with the necessity to file for second-parent adoption if the "non-biological" parent wishes to gain legal parental recognition; notably, this step is not required of different sex couples doing the same (Farr & Goldberg, 2018). The laws change so frequently and from one presidential administration to the next that an inclusive and current account is difficult to provide (see Chauveron et al., 2016 and NeJaime, 2016 for social scientific and legal reviews on the history of LGBTQ* parenting and marriage laws). The constant shifting of these laws highlights the precarity of LGBTQ* protections and safety, and laws were particularly hostile under the Trump presidency during which most of the participants in this study pursued parenthood. Given the difficulty we as academic researchers faced in locating and identifying the most recent specific laws and rulings, it is unsurprising that intended parents often require specialized help from experts to navigate the legal landscape of their state as they pursue parenthood.

Perceptions of the law

Perhaps equally important as the law itself is the perception and interpretation of the laws that impact family formation desires and efforts for LGBTQ* individuals. LGBTQ* family literature provides evidence that sociopolitical contexts, and especially *perceptions* of the

context, factor into decision-making around parenting. Some parents have shared that they pursued IVF and other biological pathways despite desires to adopt because they just assumed that adoption was either not legally an option or that they would face discrimination and mistreatment from agencies (Farr & Patterson, 2013; Park et al., 2016). Indeed, a recent study with 68 adoption-agency personnel found that 44% of those surveyed were unfamiliar with their state's laws pertaining to LGBTQ* parent adoption (Kimberly & Moore, 2015). Although personal bias of case workers was not reported, it is evident that a lack of consistency or clarity on the interpretation and knowledge of the law is impacting prospective parents.

Queer parents may also feel particularly vulnerable about their role as “rightful/legal” guardians of adopted children, especially in states where laws around LGBTQ* rights are more contentious (Riggle et al., 2005; Shapiro, 2013). They instead may seek biological connections which would be more difficult to sever with a single legislative action (Blake et al., 2017; Mitchell & Green, 2007). Anticipation of mistreatment and fears of discrimination have also been shown to impact utilization of assisted reproductive technologies (Carpinello et al., 2016). Many parents also express concerns about discriminatory treatment in healthcare (Goldberg et al., 2009; Hayman et al., 2013) and ongoing uncertainty about legal protections in parental rights (Farr & Goldberg, 2018; Wheeler et al., 2014).

How sociopolitical climate impacts families

The direct impact of these changing laws is hard to measure when determining their efficacy in restricting LGBTQ* people from parenthood (Baumle & Compton, 2011). Historically, queer people have always sought and built families (Baumle & Compton, 2015), such as through lesbian reproduction with underground networks of “sperm-runners” (Batz,

2016) or informal fostering by house “mothers” for Black and Latine queer youth involved in the ballroom community (Arnold & Bailey, 2009). However, the safety and security that accompanies legal recognition of one’s family can and does significantly improve family well-being by reducing stigma and increasing access to formal support networks and resources (Goldberg & Kuvalanka, 2012). Even for those with parenting desires, pursuing it may never have occurred to them under restrictive conditions. For example, Goldberg, Moyer, Weber, and Shapiro’s (2013) qualitative study with lesbian and gay parents in Florida revealed that some had never considered parenthood as a viable option for them at all before the lifting of a gay adoption ban in their state.

Oswald and Holman (2013) reviewed 3 longitudinal studies who reported the detrimental effects of living under hostile legal climates (Hatzenbuehler et al., 2010; Rostosky et al., 2009; Goldberg & Smith, 2011). These studies consistently found increases in anxiety and other mental health issues among LGB populations in areas with hostile legislation. Notably, only Goldberg and Smith (2011) used the minority stress framework and asked specifically about parenting. Their study examined same-sex couples’ experiences of stigma, depression, and anxiety during the transition to adoptive parenthood over the course of a year. Results showed significant increases in depression and anxiety directly related to the legal climate of their state that were made worse by internalized homophobia (a dimension of Meyer’s minority stress theory, 2003). They also reviewed the impact of political and religious climate which produced similar consequences: more hostile/less supportive political and religious climates led to higher stress, more fear, and reduced well-being for LGBQ* people (i.e., political climate: Russell & Richards, 2003; Riggle et al., 2009; religious climate: Oswald, 2001; Schuck & Liddle, 2001; Rostosky et

al., 2008). Summarily, empirical research provides persuasive evidence that when marginalized people gain the safety, security, and social shifts that accompanies legal protections, their lives and families improve (e.g., Ogolsky et al., 2018 on the impacts of federal marriage equality).

Why Place Matters: The South

When it comes to pursuing parenthood as a queer couple in the U.S, *place matters* (Oswald & Holman, 2013). A recent demographic report shows that 2.9-3.8 million LGBT people reside in rural areas in the Southern and Midwestern regions of the U.S. (MAP, 2019), while those populating the empirical literature on queer people and families mostly come from metropolitan, coastal locales. The small number of empirical studies focused on rural and/or Southern queer life tend to agree on the ongoing necessity to focus on the distinct and diverse experiences of these families (Gates, 2013; Kinkler & Goldberg, 2011; Oswald & Holman, 2013) as the sociopolitical climate (Gonzalez et al., 2018), laws (HRC, 2020), and policies (MAP, 2020) in which they exist are notably different and often more restrictive than in the regions more often studied. A large portion of LGBTQ* families are occupying these contexts (24 out of 30 states with higher-than-nationwide rates of same-sex parents are rural states; MAP, 2019) where they face increased risks of discrimination due to increased visibility, less supportive structures, fewer protections, and more restrictive and discriminatory legislation. For instance, twenty pieces of anti-LGBTQ* legislation had been proposed in Tennessee, alone, *just in the first six months of 2020*, two of which were intended to limit fostering and adoption for queer parents (HRC, 2020).

Although it is important to recognize the existence and resilience of thriving queer people in the South, the distinct cultural and political context of the region does impact queer Southern

people and their families. In fact, they generally have lower household incomes than their different sex partnered neighbors, are more likely to be under- or uninsured than LGBTQ* people in other regions, and tend to live in places with poorer social and political climates. *The LGB Social and Political Climate Index*, developed by researchers at the Williams Institute, measures “attitudes about the rights of LGB people and beliefs about LGB people” in each state (Hasenbush et al., 2014). The South, as a region, has an average score of 55, compared to the Northeast’s score of 71 out of 92 possible points on the index. However, assuming this automatically means all queer people in the South are downtrodden, closeted, and looking for a way out contributes to the bias of “metronormativity” in scholarship and advocacy about and for LGBTQ* people and their families (Brown, 2012). Metronormativity presumes that queer people can only live happy and free lives after moving to “a place of tolerance,” meaning an urban and/or coastal queer utopia such as New York, Chicago, or San Francisco (Halberstam, 2005, p. 36, as quoted in Stone, 2018). Previous family scholarship has indeed provided evidence that queer people do intentionally live in rural, mid-American towns, citing a higher quality of life, meaningful intimate relationships, and smaller close-knit communities that they could not find in larger, metropolitan areas (Oswald & Culton, 2003).

The historical legacy of treating the South as the sole problem zone for marginalized groups also obscures the reality that anti-LGBTQ* policies at the *federal* level proliferated throughout the Trump administration beginning in 2016 (HRC, 2020). By mid-2020, the National Center for Transgender Equality had counted 76 anti-LGBTQ* executive orders, memos, court orders, and final rules issued in the first four years of that administration (2020). Among these were major rollbacks on Obama-era protections for LGBTQ* people and their

families in housing and healthcare, which family scientists broadly agree are essential to healthy, happy families (Patterson & Goldberg, 2016). Decisions made in 2020 included even more family-specific legislation which granted federal protections to adoption agencies who discriminate against LGBTQ* individuals pursuing parenthood (HRC, 2020).

The South, as a region, can be difficult to define by purely geographic means. Some definitions include any U.S. state below a certain latitude, including territories such as Puerto Rico and the Virgin Islands, whereas others consider the boundaries of the region to be determined by past relationship to the confederacy during the American Civil War. Others still, especially those who operate from within the region, determine inclusion based on a shared culture (James, 2010) – a concept arguably difficult to pinpoint or even operationalize. In seeking to understand pathways to parenthood, a phenomenon deeply impacted by political and cultural contexts, I defer, in part, to James’s (2010) cultural definition of the notoriously “fuzzy” Southeastern region which mostly aligns with the American Association of Geographers’ classification of the Southeast to include Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia.

Sensitizing Theoretical Framework

For this study, I integrated Allen and Mendez’s (2018) hegemonic heteronormativity model (HHM) and minority stress theory (MST; Meyer, 2003; 2015) to serve as a sensitizing theoretical framework guiding my design and analysis. The hegemonic heteronormativity model is an updated theoretical expansion of Oswald, Blume, and Marks’ original (2005) model, which defined heteronormativity as an “ideological composite” of three interconnected and interdependent binaries: the gender binary (“real men and women” vs. “gender deviants”), the

sexuality binary (heterosexual vs. queer), and the family binary (genuine, biological families vs. pseudo, constructed families). Each of these three binaries is situated at opposite poles with impermeable boundaries. Allen and Mendez maintain the original assumption that family is a social construction but now demand scholars study these constructed families using an intersectional lens within five contextual spheres, or “systems of representation” (Crenshaw, 1991). These systems provide the context within which gender, sexuality, and family binaries are situated: ability, class, ethnicity, nationality, and race – all of which also contain dichotomous binaries of “normative” and “deviant” and may be intersecting and overlapping at any given time. Contextual spheres are not limited to these five, but they offer a reasonable starting point as extant literature provides empirical support that each is largely impactful on the acceptance, and therefore well-being, of families. Additionally, their update considers those boundaries between normative and deviant to be permeable and fluctuating based on changing social and legal acceptance of LGBTQ* people and families, meaning that a select number of queer families now meet the criteria for “genuine” or *homonormative* families due to their conscription into state-sanctioned institutions of family (e.g., legal marriage).

MST focuses on heterosexism’s negative impacts on LGB people’s health and well-being (Meyer, 2003; 2015). Minority stress refers to the unique, chronic, and socially based stressors that minoritized people experience above and beyond normative everyday stressors due to their socially subordinated status. For queer people, Meyer (2003; 2015) describes five specific processes in which this additive stress takes place, arranged from distal to proximal: (a) experiences of prejudice/discrimination from external, objective events/conditions, (b) hypervigilance related to the anticipation of rejection, (c) concealing/hiding one’s identities for

fear of harm/violence, (d) internalized homophobic beliefs, and (e) the development of specific coping processes in response to the first four processes. A salient limitation to Meyer's original framework is its single axis of analysis on sexuality.

When integrated, these theories are able, in many ways, to answer one another's limits and provide a thorough critical framework to understand the varied pathways to parenthood for queer families within context *and* to analyze the impact of the context itself. Where MST's single axis of analysis falls short in *critical* engagement with structural power (Meyer, 2003; 2015), HHM requires a multidimensional assessment of how differentially valued identities ("spheres of representation") intersect and interact to craft the specific stress experiences that queer families face (Allen & Mendez, 2018). MST's strengths in looking at the individual- and interactional-level impacts of heterosexism are bolstered by HHM's focus on critique of institutional norms. However, when incorporating the principles of HHM, we can uncover how the privilege or marginalization accorded to an individual based on their class, race, and citizenship status, for instance, may alleviate or exacerbate some of the stress experiences of navigating heterosexism in family formation efforts. Considering these stress processes within HHM's dimensions and spheres expands the scope of the current research by looking beyond those who are *only* marginalized – a practice that can perpetuate the "othering" of those nearer the "deviant" pole of Oswald's binaries. My addition of geographic location is a logical extension of these spheres as it is also "create[s] and sustain[s] contextual hegemonies." (Allen & Mendez, 2018, p. 77) that can determine type and severity of minority stress experiences.

The Current Study

The integrative model of Allen & Mendez's (2018) hegemonic heteronormativity and Meyer's (2003; 2015) minority stress theory provided the necessary framework to consider queer families in context. MST allowed me to consider a sixth contextual sphere of *geographic region*. When sample demographics are reported in queer family literature, they are overwhelmingly homogenous, not only in race and class, but also in geographic context, with a large proportion of the literature representing the east and west coasts, predominantly, with some larger metropolitan middle-American samples (see Bible et al., 2018 for sample critique). The Southeastern region of the U.S. has been largely left out of family scholarship, despite evidence that the South contains a substantial share of LGBTQ* people in the U.S (MAP, 2019). With the knowledge that "place matters" (Oswald & Holman, 2013) in the understanding and formation of family, this study was guided by the following research questions:

Research Question 1: What are the processes of pursuing parenthood for queer people in the U.S. South?

Research Question 2: How do various social locations, including geographic context, influence desired and chosen pathways to parenthood?

CHAPTER THREE: METHODS

This study was guided by a grounded theory design (Birks & Mills, 2015; Charmaz, 2014). Grounded theory was particularly well-suited to address my research questions as it is recommended for inquiries pertaining to social processes (such as that of family formation) and relationships or patterns (such as that of social location's influence on pathway). Its roots in symbolic interactionism also align with my assumptions about the influence of context(s) and perceptions thereof on decision-making and how collective action may in turn impact contexts. As a lens, it allows me to view "human actions as construction, self, situation, and society" (Charmaz, 2014, p. 262). Established in the constructivist paradigm of symbolic interactionism, grounded theory understands social reality as constructed through "interpretation and action as reciprocal processes" (Charmaz, 2014, p. 262), an essential framework for investigating how context and perceptions thereof may be impacting decisions and choices around pursuing parenthood. Collecting descriptions of action and interpretation through in-depth interviews of those in-process is an ideal vehicle for understanding the way people construct meaning of themselves and their lives. Grounded theory's inquiry aims reside in the sociological realm so that this method is ideal for research that endeavors to analyze socially constructed processes such as pursuing parenthood. Grounded theory's objectives of generating models or building theories of process bolster and strengthened the goals of this study. Figure 1 depicts the iterative grounded theory processes and strategies used in this study which are further described in the following sections.

Data collection

Before beginning recruitment, I gained approval for my study from the Institutional Review Board (IRB) from the University of Tennessee, Knoxville in October 2020 with a

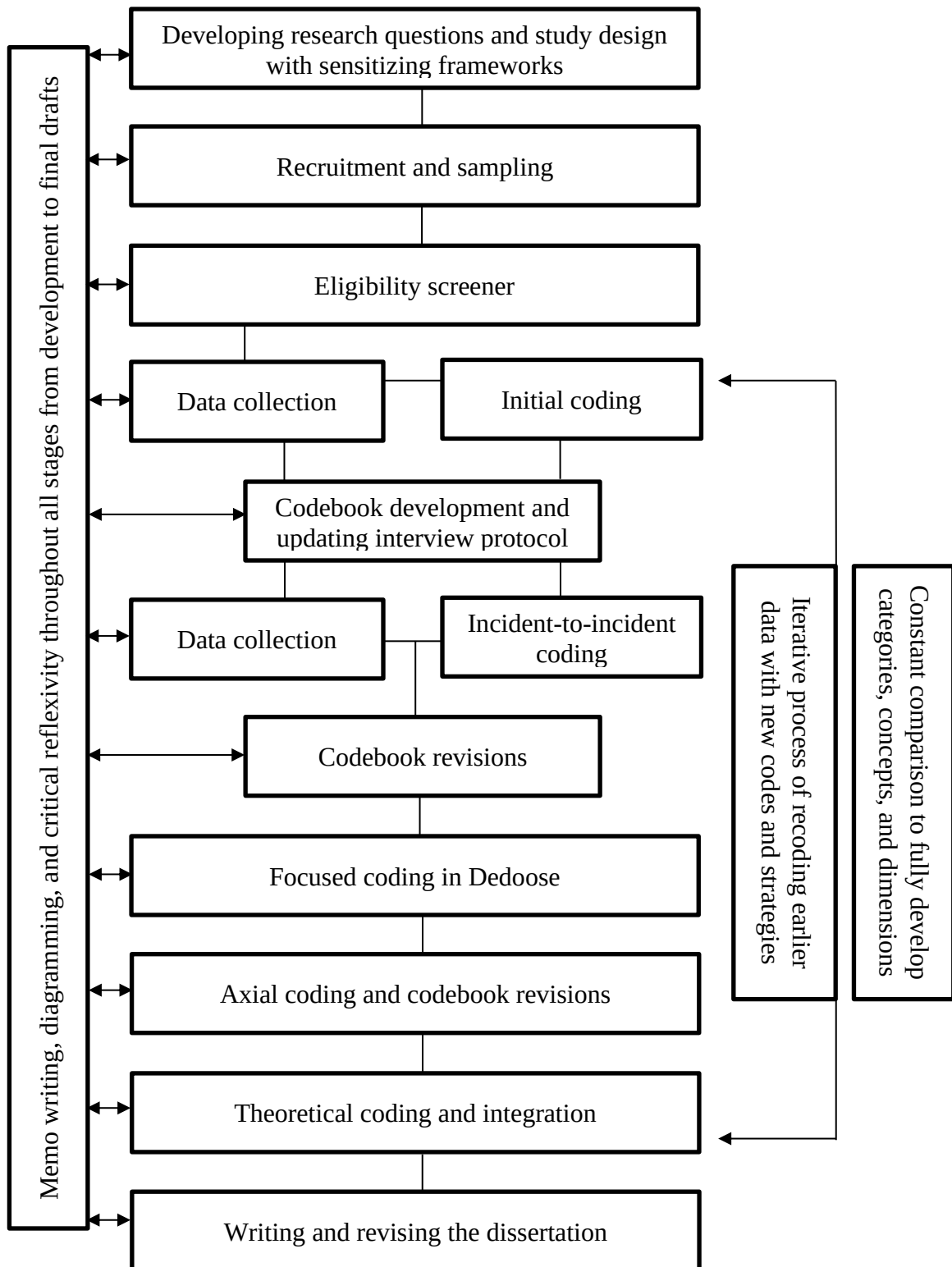


Figure 1. The Grounded Theory Processes and Methods Used in the Current Study (adapted from Charmaz, 2014 and Haselschwerdt, 2013)

renewal in October 2021 (Appendix A). Because interviews took place virtually, I obtained a waiver of documented consent from the IRB, with participants verbally confirming consent for their participation and for the recording of the interview. All participants had to be 18 or older and able to provide voluntary and informed consent. To protect the confidentiality of participants, I used pseudonyms for all individuals, de-identified all transcripts of qualitative interviews, and kept all data on password-protected networks. This study anticipated no risk of harm to participants, though I did acknowledge that discussion of both family and marginalized status could sometimes elicit strong emotions in participants. As such, I provided participants with a resource guide that included mental health services in addition to parenting resources. No direct benefit was promised or guaranteed to those participating in this study, though my hopes are that findings may influence recommendations for future policy and practice impacting LGBTQ* families in the Southeastern U.S.

Sampling Site

My sampling site was exclusively in the Southeastern U.S., as geographic location and its sociopolitical context were paramount to my research aim. There are several interpretations of the boundaries and inclusion of which states officially constitute the region. For the purposes of this study, I deferred to the American Association of Geographers, which considers the Southeastern region to include the following states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia. This study included participants from six states across the region: Alabama ($n = 1$), Florida ($n = 1$), Georgia ($n = 4$), Kentucky ($n = 1$), North Carolina ($n = 3$), and Tennessee ($n = 4$).

In addition to participants' accounts of their experiences within their respective states and their perceptions of its laws, I reviewed LGBTQ* policy and demographic data specific on each of the states included in the study. The metrics described below come from Movement Advancement Project (MAP), a nonprofit research institute that tracks LGBTQ* policy across the United States and its territories to create three policy tallies (gender identity, sexual orientation, and overall policy tally scores) but do not determine social climate which can vary widely depending on town/city as well as one's identity and thus access to structural privilege and resources. To determine the tally scores, MAP measures the policies and laws that impact LGBTQ* people's lives and access to equal protection and care, specific to the following categories: Relationship & Parental Recognition, Nondiscrimination, Religious Exemptions, LGBTQ Youth, Health Care, Criminal Justice, and Identity Documents (MAP, 2022). Scores range from positive, meaning protective with options of low, fair, medium, and high, to negative, meaning harmful, with 42.5 points total available (20.5 for sexual orientation and 22 for gender identity).

Negative laws indicate harmful or discriminatory policies that target LGBTQ* people and specifically restrict or limit access to programs, services, and rights. For example, religious exemption laws, which are common across states in the Southeast, including those in the study, allow for private businesses, medical providers, and child welfare agencies to deny service to anyone if they feel it clashes with their religious beliefs, including LGBTQ* people as well as those of different religious, races, or genders. Fractions of points allotted indicate where states have passed a portion of a law or where there may be local laws that only protect a specific area of that state.

Three states represented in this study received negative overall scores and three received low overall scores; details of each state's scores are further described below, with specific attention paid to negative laws and the Relationship and Parental Recognition category. The 2015 federal supreme court decision in Obergefell means that states must extend all marriage benefits and rights to all married couples, regardless of orientation. As such, the following are granted to married couples in each state and territory of the United States: Marriage for Same-Sex Couples, Medical Decision-Making Authority for Married Same-Sex Couples, Stepparent Adoption for Married Same-Sex Couples, and Joint Adoption for Married Same-Sex Couples, which collectively account for 1 of the 7 possible tally points regarding Relationship and Parental Recognition. Additionally, all states in the sample earned .5 points in this category with a law that recognizes non-gestational parents as legal parents in cases of insemination, as long as the couple is legally married. Demographics are reported by MAP in collaboration with Gallup and the Williams Institute (Williams Institute, 2019). *Please note that the policy scores are up to date as of June 6, 2022, but scores can and do change rapidly, lately for the worse, especially in this particularly hostile legislative climate. The following states are listed in alphabetical order.*

Alabama

Alabama's population includes 3.1% LGBTQ adults, with 24% of LGBTQ adults over 25 raising children there. Alabama has the lowest score in the study, with an overall negative score of -8 out of 42.5 points, representing the lack of laws or policies outlawing discrimination on the basis of sexual orientation and gender identity, including 4 negative laws for sexual orientation and 7 for gender identity. Negative laws in Alabama include one which bans cities and counties from passing nondiscrimination laws, a "Don't Say Gay" education bill, and a religious

exemption law for child welfare services. None of the 67 counties have an ordinance prohibiting discrimination based on sexual orientation or gender identity in private employment, housing, and public accommodations. Some cities and municipalities do have ordinances, providing 4% of Alabama's population with only partial protections based on sexual orientation and gender identity. The state scores the minimum 1.5 out of 7 possible points for Relationship and Parental Recognition laws.

Florida

Florida's population includes 4.6% LGBTQ adults – the highest in the sample – with 24% of LGBTQ adults over 25 raising children there. Florida has an overall low score of 5.75 out of 42.5, representing limited of laws or policies outlawing discrimination on the basis of sexual orientation and gender identity, including 4 negative laws for sexual orientation and 6 for gender identity. Negative laws in Florida include a broad religious exemption law and a “Don’t Say Gay” education bill. Twelve out of 67 counties alongside some cities and municipalities have an ordinance prohibiting discrimination based on sexual orientation or gender identity, providing full or partial protections in private employment, housing, and public accommodations to around 60% of the population. The state scores the minimum 1.5 out of 7 possible points for Relationship and Parental Recognition laws.

Georgia

Georgia's population includes 4.5% LGBTQ adult, with 27% of LGBTQ adults over 25 raising children there. Georgia has an overall negative score of -.5 out of 42.5, representing a lack of laws and policies outlawing discrimination on the basis of sexual orientation and gender, including 1 negative law for sexual orientation and 5 for gender identity. Negative laws in

Georgia include three negative laws preventing the enforcement of nondiscrimination and protective laws. Only two counties out of 159 along with some cities and one municipality have an ordinance prohibiting discrimination based on sexual orientation or gender identity, providing full or partial protections in private employment, housing, and public accommodations to around 12% of the population. The state scores the minimum 1.5 out of 7 possible points for Relationship and Parental Recognition laws.

Kentucky

Kentucky's population includes 3.4% of LGBTQ adult, with 26% of LGBTQ adults over 25 raising children there. Kentucky has an overall low score of 9.25 out of 42.5 representing more protective laws than most other states in the sample, aside from North Carolina. Still, the state has a total of 7 negative laws, including 2 negative laws for sexual orientation and 5 for gender identity. Negative laws in Kentucky include a broad religious exemption law. Three out of 120 counties with several cities and two municipalities have an ordinance prohibiting discrimination based on sexual orientation or gender identity, providing full or partial protections in private employment, housing, and public accommodations to 32% of the population. The state scores 4.75 out of 7 possible points for Relationship and Parental Recognition laws, the highest in the sample, due to nondiscrimination laws regarding foster and adoption for LGBQ and transgender parents, and the recognition of de facto parents.

North Carolina

North Carolina's population includes 4% of LGBTQ adult, with 26% of LGBTQ adults over 25 raising children there. With a score of 10.25 out of 42.5, North Carolina has the highest score in the sample, though it is still a low overall score. This score reflects the limited laws and

policies outlawing discrimination on the basis of sexual orientation and gender identity, including 2 negative laws for sexual orientation and 4 for gender identity. Negative laws in North Carolina include a targeted religious exemption law that allows state and local officials to “decline to marry couples of whose marriage they disapprove” (MAP, 2022). Zero counties out of 100 have an ordinance prohibiting discrimination based on sexual orientation or gender identity, but some cities and municipalities extend mostly partial and some full protections in private employment, housing, and public accommodations to about 30% of the population. The state scores 4.5 out of 7 possible points for Relationship and Parental Recognition laws, including nondiscrimination laws regarding foster and adoption for LGBQ and transgender parents, and the recognition of de facto parents.

Tennessee

Tennessee’s population includes 3.5% of LGBTQ adult and the highest percentage of LGBTQ parents in the sample with 29% of LGBTQ adults over 25 raising children there. Tennessee had an overall negative score of -7 representing some of the harshest laws and policies outlawing discrimination on the basis of sexual orientation or gender identity. Further, Tennessee has 17 negative laws, the most of any other state in the sample, including 6 negative laws for sexual orientation and 11 for gender identity, the highest in the sample. Negative laws in Tennessee include a state ban on cities and counties from passing nondiscrimination laws and both broad and targeted religious exemption laws regarding medical services and child welfare services. Zero percent of the LGBTQ+ population in this state is protected by the law thanks to the state-level ban. The state scores 3.75 out of 7 possible points for Relationship and Parental Recognition laws, including nondiscrimination laws regarding foster and adoption for LGBQ and

transgender parents which run counter to the targeted religious exemption for child welfare services, resulting in a lack of clarity on fostering and adoption for LGBTQ* people in the state.

Participant Recruitment

This study's sample included only people who fall under the LGBTQ* umbrella to understand within-group variability. For this study, I used a selective sampling approach (Patton, 1990). Selective sampling, a type of purposeful sampling, ensured that I intentionally sampled for specific characteristics. Here, those characteristics informed my selection criteria and were sourced from my integrated guiding framework and my research aims. The eligibility criteria for participation in this study were as follows: (a) currently partnered in a queer/same-sex couple, (b) currently living in Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, or West Virginia, and (c) have pursued first-time parenthood within the last 2 years *or* are currently actively pursuing first-time parenthood. *First-time* parenthood is required in this study as research shows motivations for first and subsequent children can be very different (Bulatao, 1981). I initially limited recruitment to current parents to those who had sought first-time parenthood within the last two years because of my focus on the experiences of *pursuing* parenthood; any further in time from that experience could limit recall of the details of the process.

Due to stalls in successful recruitment and time constraints on the project, the third criterion was temporarily loosened to allow for those who had pursued parenthood outside of the two-year period. However, this criterion reverted to that window after interviewing Jo, who had pursued first-time parenthood in 2007 with her now ex-wife. Due to emerging findings regarding the impact of state legislation on pathway choices, the research team agreed that the recency of

pursuing parenthood was paramount to the goals of the study, particularly in considering the shifting sociocultural and legal contexts of marriage and parenthood for LGBTQ* people. The timeline for the project was then extended by a year due to limitations and disruptions brought on by the context of COVID-19, allowing for more targeted recruitment efforts within the original inclusion criteria. Criteria was also limited to those pursuing parenthood from within a relationship. Pursuing parenthood as a single person is a distinctly different experience (Brown et al., 2009) and interacting with institutions (e.g., adoption agencies, fertility clinics) as a single person may, in some ways, obscure one's queerness, thus providing a different experience (Park et al., 2016).

Given this study's focus on socially constructed categories and processes, my criteria were broad and depended on self-identification. Due to my contextual inquiry, an especially important sampling criteria was location, while also making sure to collect data on social location/identities that are relevant to patterns seen in the overall pathways to parenthood literature. With awareness of critiques of collapsing gender and sexuality experiences, I relied on self-identification of participants under the umbrella LGBTQ* (Compton, 2018). Previous scholarship on queer experiences has shown how a limited scope of researcher-defined boundaries for an already "less visible" people can perpetuate the erasure of those already marginalized (Moore, 2018). Self-selection into the "LGBTQ*" identity is also supported theoretically in my study, as my framework understands both *family* and *queerness* as socially constructed phenomena.

Recruitment strategies

In the context of COVID-19 and restrictions on travel, I recruited participants through social media and online networks. After obtaining approval from my institutional ethics board, I contacted moderators of three private Facebook Groups for LGBTQ* parents and parents-to-be for permission to share my digital flyer and an IRB-approved script describing my study (Appendix B). The groups had collectively over ten thousand members across the United States and other countries, with all posts and activity in English. Although I intended to advertise through LGBTQ-friendly pediatricians offices, fertility and ART clinics, and adoption agencies with the hopes of attracting parents and soon-to-be parents from various pathways, none that were contacted ever responded to my inquiries. This is likely due to the extremely stressful and uncertain conditions brought on by the context of COVID-19, especially in healthcare fields. I employed additional efforts such as snowball sampling, wherein I asked participants to share my study information to private networks and Facebook Groups I did not have access to because of my status as child-free with no intention to parent. There was considerable geographic homogeneity in those who filled out the eligibility survey, with most potential participants located in Georgia and Tennessee. In an attempt to gain more geographic diversity, I contacted moderators of private and public LGBTQ* Facebook Groups specific to certain geographic areas (e.g., Mississippi, Alabama) but *not* specific to parenting for permission to post my flyer and study information.

Eligibility screener

The recruitment flyer included a tinyURL that took participants to a brief eligibility survey hosted on Qualtrics which asked eligibility questions such as relationship status, gender

identity and sex assigned at birth for self and partner, state of residence and ZIP code, and current parenting status. Additional demographic questions such as race and ethnicity, and social class status were included to ensure a diverse sample as indicated by the guiding frameworks. Lastly, respondents provided their email address if they were interested in participating (see Appendix C for full survey). Data captured in this survey was not analyzed or included as part of this study's findings; data was assessed only to determine eligibility. To determine eligibility regarding sexual orientation, I looked at the couple-level configuration rather than individual sexual orientation identity alone, meaning I assessed the gender identity and sex assigned at birth for respondent and their partners to determine their status as a "queer" couple. For instance, a bisexual cisgender woman who was in a relationship with a bisexual cisgender man did not qualify for the study based on their sexual orientation identities alone since their couple configuration while pursuing parenthood was effectively heterosexual both biologically and in regard to access to resources and services. A queer transgender man in a relationship with a queer cisgender woman did meet eligibility criteria despite a heterosexual relationship configuration because the respondent's transgender identity impacted access to services and resources in the pursuit of parenthood.

The survey received a total of 238 responses between October 2020 and November 2021, eleven of which were marked as potential bots by an embedded Qualtrics security metric. One hundred and ten surveys were completed with an email address, 67 of which were completed by those residing within eligible states. After being assessed for full eligibility based on parenting status and relationship configuration, thirty-two respondents were contacted over email with an invitation to participate in interviews. Sixteen responded to my initial email with fourteen

participants ultimately participating in interviews conducted between November 20, 2020, and November 17, 2021.

Sample description

This study included 14 adults who were a part of the LGBTQ* community. Sexual orientation self-identifications included gay ($n = 3$; 21.4%), lesbian ($n = 3$; 21.4%), lesbian/gay ($n = 2$; 14.3%), lesbian/gay/queer ($n = 2$; 14.3%), lesbian/queer ($n = 1$; 7.1%), queer ($n = 2$; 14.3%), and non-discriminant/pansexual ($n = 1$; 7.1%). Most participants identified as women and were assigned female at birth ($n = 10$; 71.4%), with diverse gender identities and expressions within such as “very feminine”, “tomboy,” “masculine presenting,” and “queer.” Four men (28.6%) participated, three of whom were assigned male at birth, and two of which described drag personas when discussing their gender identities and expressions while also identifying as cisgender. The majority of participants identified as White ($n = 11$; 78.6%); one participant identified as Black, one identified as Black and Latina, and one identified as a White-passing Cuban American. Tennessee ($n = 4$; 28.6%) and Georgia ($n = 4$; 28.6%) had the most representation, followed by North Carolina ($n = 3$; 21.4%), with one participant each residing in Alabama (7.1%), Florida (7.1%), and Kentucky (7.1%). All participants described their household as middle class and up, with three participants (21.4%) describing growing up in poverty and experiencing class mobility after attaining advanced degrees. The majority of participants were legally married (71.4%), one participant was engaged, one was in a committed relationship with someone he referred to as his wife though they were not legally married, one participant was in a committed relationship with no plans to legally marry, and one participant was in the process of divorcing her children’s coparent. Parental status ranged from research and

planning stages ($n = 5$; 35.7%) to currently expecting ($n = 4$; 28.6%) to recent and current parent ($n = 4$; 28.6%), with one participant who had become a parent and stopped further family planning eleven years prior. Four participants were planning for, expecting, or had recently welcomed a subsequent child. A visualization of this information and further information about participants' partners can be found in Table 1.

Procedures

I contacted those who met eligibility criteria over email to confirm their interest and to arrange a meeting date and time for our interview. Because of the sizeable geographic reach of my study and the ongoing pandemic restricting travel and in-person contact, all interviews took place remotely. Participants were able to choose to conduct their interview over the phone or Zoom, a video conferencing application. An information packet with consent documents and a list of parenting and mental health resources in the Southeast was sent ahead of the interview (see Appendices D and E). Once a modality and time was selected, I conducted an in-depth intensive interview, first reviewing consent and study information, then following a semi-structured interview guide. Interviews ranged from 71 to 182 minutes ($M = 109$ minutes). One participant did not reach the end of the interview questions due to an internet disconnection on the participant's end, and they did not respond to email requests to finish the interview; they had answered all but the final 3 questions on the interview guide. Twelve interviews were conducted on Zoom with no video, one was conducted on Zoom with video, and one participant preferred a phone interview. Interviews were audio-recorded only (with the video file being immediately deleted for the single interview which included it) with the explicit, verbal consent of participants. Given the subordinated status of queer people in the U.S., it was ethically

Table 1*Participant demographic information*

Participant; State	Gender identity; expression	Partner gender identity; expression	Sexual orientation	Race and ethnicity	Pathway to parenthood	Stage in process
Tanya TN	Cisgender woman, masculine	Cisgender woman, feminine	Lesbian, queer	Black	IVF, carried	Son born 2 months ago
Lydia TN	Cisgender woman, feminine	Cisgender woman, not specified	Lesbian, queer, gay	White	Foster to adopt	Adopted daughters 2 years ago
Lara GA	Cisgender woman, not specified	Cisgender woman, not specified	Lesbian, gay, queer	White	IUI, carrying	33 weeks pregnant
Alyson GA	Cisgender woman, feminine	Cisgender woman, feminine	Lesbian	White	IUI, will carry	Researching
Eva GA	Cisgender woman, feminine	Genderqueer woman	Lesbian, gay	Black and Latina	Reciprocal IVF, will carry	Researching; has daughter from hetero relationship
Erin GA	Cisgender woman, feminine	Cisgender woman, masculine	Lesbian, gay	White	IVF, will carry	Awaiting egg retrieval
Sasha FL	Cisgender woman, feminine	Cisgender woman, feminine	Lesbian	White	ICI, carrying	27 weeks pregnant; wife carried daughter via ICI 2 years ago
David TN	Transgender man, “cis-passing”	Cisgender woman, not specified	Queer	White	ICI, will carry	Researching; coparenting girlfriend’s sons
Jo NC	Queer (<i>assigned female at birth</i>)	Cisgender woman, not specified	Queer	White	IUI, carried	Daughter born 2009, wife carried son via IUI in 2011
Raul TN	Cisgender man, with drag persona	Cisgender man, not specified	"non- discriminant"	Cuban American	Surrogacy preferred; private adoption likely	Researching
Brigid NC	Cisgender woman, “tomboy”	Cisgender woman, not specified	Gay	White	IVF with donated embryo, carried	Daughter born 2 years ago
Chase NC	Cisgender man, not specified	Cisgender man, not specified	Gay	White	Kinship fostering	Caregiver to 2 teen nephews off and on
Casie AL	Cisgender woman, feminine	Cisgender woman, feminine	Lesbian	White	Reciprocal IVF, wife carrying	Wife is 23 weeks pregnant
Josh KY	Cisgender man, with drag persona	Cisgender man, not specified	Gay	White	Private adoption	Awaiting adoption approval

Note. Quotation marks indicate participants’ own language in describing their characteristics

imperative that individuals be compensated for their time and effort in participation. All participants were compensated with a \$20 Amazon gift card for their time (14 participants X \$20 = \$280, late fall/winter 2020-21). With the help of two undergraduate research assistants and one graduate research assistant, all interviews were transcribed verbatim.

Interview protocol

The interview guide covered four general sections with broad questions and more specific probes: (1) warming up and context, (2) family planning and desired pathway(s), (3) process of starting a family, and (4) perceptions of context. As with many grounded theory studies, the interview guide was edited and altered as the study progressed to address biases, gaps, or missteps discovered in the process of data collection, memo-writing, and analysis. I address the changes made in the descriptions of the interview guide sections below, and the final version of the interview guide can be found in Appendix F.

The introductory questions remained essentially the same throughout the study, though some questions were not relevant for all participants. Questions asked about their upbringing, what participants did for a living, and demographic identity markers. Although the screener survey included demographic questions for eligibility purposes, that data was not included in analysis or associated with interview data mostly as an effort to protect confidentiality of potential participants. Demographic questions were asked again in the interview qualitatively, which more closely aligned with this study's theoretical and sensitizing frameworks which understand social identity and location as more complex than a forced choice survey may allow. Indeed, responses regarding class status and gender identity, specifically, were sometimes very involved and personal to the participants. For most of the participants, it was necessary to use all

specific probes to address race, ethnicity, and ability/disability as these were not always included in initial responses to "*How would you describe your demographics?*" This was especially the case with those who held more dominant and privileged identities in these categories (e.g., White, nondisabled). In this portion, I also asked about their current family and the story of how and when they met their partner and their subsequent milestones. The final question in this section asked how they came to live in the South, though this question was often redundant and unnecessary as participants generally addressed this in their previous responses.

Questions regarding family planning and desired pathways (the second section) remained consistent throughout data collection, with some small changes. Some of these questions sometimes bled into questions about the process of starting a family (the third section), especially for those who were further along in their process, such as expecting or currently transitioned to parenthood. The last question for the second section, "*You are in this study because you are either planning to start a family with your partner or you have already started this process, or you may even have a child or children already. Tell me a bit more about where you're at in this process right now,*" was largely unnecessary to ask explicitly. People understood that this was what they were being interviewed about primarily, so they generally offered this information sooner, such as in the warming up conversation.

Most participants gave expansive responses to the opening prompt to the third section of questions regarding the process of starting a family, "*Tell me the story of how you and your partner got to this current place of [planning to have a child/ having a child on the way/ having a child], beginning with early discussions of pursuing parenthood or building your family?*" The two following "*what happened next?*" questions became unnecessary. This section's final

prompt, *"If you had a magic wand and you could start this process over and have it go exactly how you want it to, what would that look like?"* was less relevant to those who were already well underway or had already transitioned into parenthood. Generally, answers were along the lines of *"I wouldn't change a thing because then I wouldn't have [my specific child], who was supposed to be in my life."*

The final section asked about their perceptions about their context, both at the state and regional levels. For the most part, the prompts here remained the same throughout the study with only some small changes. Questions about general perceptions of LGBTQ* people in their town/state and how those corresponded to their own experiences were not especially generative and felt redundant alongside a more direct question of *"What is it like being a LGBT person where you live?"* Responses to the probe regarding specific experiences of being pregnant or a parent were generally very limited as the context of COVID-19 meant that most participants had experienced their transition to parenthood while under shutdowns and social distancing mandates. Eventually I dropped the question, *"How attuned are you to legislation in [state] specific to LGBT people and families?"* because many people felt bashful or guilty for not being as knowledgeable as they "should" and knowledge about relevant policies and laws were generally discussed in responses to earlier prompts about their process of pursuing parenthood. This question was replaced by its follow-up prompts (*a. What legal concerns do you have, if any, related to your family's safety, rights, or well-being?* and *b. [If relevant,] what have you done to protect your children, family, and partner relationship?*) yielded much more relevant information regarding the concrete steps that people took to secure protect their families.

The interview ended with one final prompt, “*There is often a lot of emphasis on the struggles and challenges of LGBTQ people, and rightfully so, but sometimes we are not celebrated enough. In this light, can you tell me what you love about your family?*” which allowed participants to reflect generally on their families. This prompt widely elicited emotional and heartfelt responses where participants shared meaningful memories and the particular strengths of their and other LGBTQ families; it turned out to be my favorite question to ask each interview.

Data Analysis

I used grounded theory methods and my integrated framework to examine the experiences of pursuing parenthood as a queer couple in the Southeastern United States. To address my research questions, all data was elicited through qualitative interviews with participants about their visions of family, the process of pursuing parenthood, and their perceptions of doing so in the South. As I analyzed the data, I sought to understand contextual factors such as community, resources, state policies/legislation, and participants’ identities/social locations, and how they could impact the process of becoming a parent. Although there are multiple ways to do grounded theory, my methods most closely adhere to the social constructivist epistemologies of grounded theory as described by Charmaz (2014). Meyer’s (2003; 2015) stress processes and Allen and Mendez’s (2018) contextual spheres provided a lens to critically analyze their influence on processes and pathways discussed. The integrated framework also informed *a priori* and sensitizing codes in the early stages of coding as well as the later development of my central category.

A foundational aspect of grounded theory studies is the concurrent collection and analysis of data which allows for flexibility and transparency of the process of generating theory. Constant comparative methods are an essential element of grounded theory research (Charmaz, 2014). Constant comparative analysis refers to the process of comparing new data with previously coded data to refine, rework, and develop new codes as they appear, and I repeated this process throughout data collection, which led to several iterations of the codebook and informed changes made to the interview guide. This process continued after data collection was finished and throughout all stages of analysis until my central category and model were developed and fleshed out. My constant comparative analysis was supported through the process of writing different kinds of memos, including procedural, analytical, theoretical, and reflexive. I participated in memo-writing throughout the research process, including a methodological journal to document decision-making, questions, and ideas that came to me throughout the study (Charmaz, 2014). The methodological journal began with the initial stages of this project in the fall of 2019 and has continued through the write-up. In the sections that follow, I describe the role of memoing through my stages of analysis, ultimately resulting in Chapter 4 of this dissertation.

Initial Phase

Codebook Development

There was a team of 5 researchers who worked on various stages of this project. I led the team under the supervision of my advisor; my advisor and I coded four early interviews together, two undergraduate researchers assisted with transcription and wrote reflective memos up through the first 8 interviews, and a graduate student research transcribed the final 6 interviews and

coded them with me. My advisor and I used highlighting and margin comments in Microsoft Word to code the early interviews, then met after each coded interview to discuss and compare our codes. From there, I developed the initial codebook in a spreadsheet which was revised as needed after each subsequent coding session and throughout data collection and analysis. The codebook was then imported into the cloud-based analysis software Dedoose to allow for multiple members to collaborate in coding. I coded all transcripts, my advisor coded four, and the graduate research assistant coded six. There were rarely disagreements amongst research team members, though coders would sometimes elucidate a redundant or unclear code, which would spark reflection and discussion to clarify, collapse, or sometimes break up certain codes. Codes were also organized temporally to follow the milestones along the life course of pursuing parenthood (e.g., family-of-origin/upbringing experiences, planning/research stages, expecting child, becoming a parent, planning for the future). Each major revision to the codebook was followed by recoding early transcripts with the newly refined codebook, and all changes were recorded in an ongoing methodological journal.

Memo writing

As I collected data, I wrote analytic memos reflecting on the raw data extracted from transcripts, exploring meaning and making connections between my research questions and the data, mostly reflecting on the data, itself, asking questions of it to identify gaps, complexity, and dimension (Corbin & Strauss, 2008). Memos also helped to map research activities in progress and, in that way, acted as an audit trail for the project (Birks et al., 2008). I took field notes in Microsoft Word during interviews to mark places I wanted to probe or return to, and I would annotate and reflect on these field notes, creating individual memos for each interview session,

sometimes citing connections between new and existing data. For example, in a memo dated January 18, 2021, I noted that P04 and P02 had similar narratives regarding their visions for parenthood from childhood in which neither imagined raising children with men despite not yet knowing they were gay. Undergraduate researchers were asked to write general reflective memos to share their ideas or reactions to what they heard in the interviews; one researcher was studying public policy and shared helpful insights into the laws discussed in the interviews she transcribed. Memos could also act as a tool to explore critical reflexivity (Birks & Mills, 2015); their use and importance in this project are described further below in *Reflexivity and Trustworthiness*.

Incident-by-incident coding

Transcribed data was first analyzed using an incident-by-incident open or initial coding strategy in Microsoft Word using highlights and margin comments. This type of open coding kept me very close to the data, and coding smaller chunks of the transcript in order to become familiar with the participants' actions and perceptions. This initial coding stage allowed me to describe what was happening in the data, with open codes often labelled with gerunds or –ing words, indicating the process focus of grounded theory analysis (Charmaz, 2014). Many of the initial codes were *in vivo*, using the participants' own words to describe actions or ideas. Guided by my sensitizing concepts – as informed by extant literature on queer parenthood and my integrated framework, an early version of the codebook included *a priori* codes that helped me to label experiences and actions that reflected the concepts from my guiding frameworks such as minority stress experiences (e.g., “*obscuring queerness*”) and hegemonic heteronormativity (e.g., “*choosing commitment*”). The codebook was revised and modified based on discussions with my

advisor after coding sessions and as more interviews were coded. Memos written at this stage were predominantly reflexive, where I interrogated my own assumptions about the data, my judgements, and gaps in understanding.

I use the code of “*valuing traditional norms*” and “*choosing commitment*” throughout the remaining discussion of analysis to demonstrate how constant comparative methods, diagramming, and memo writing led to the integration, expansion, and development of codes into categories and eventually elements of the proposed theoretical model.

Dedoose

As interviews were completed and transcribed, transcripts, analytic memos, and the codebook were entered into Dedoose, a cloud-based mixed method analysis software. The cloud-based feature of the program allows for multiple team members to collaborate on coding and memoing. Not all analysis and coding happened within Dedoose, but it was an essential tool for specific stages of the project. It allowed me and other team members to work together on constant comparative analytic strategies including focused coding of interview data.

Focused coding

Focused coding was the next stage of coding, in which categories were developed from the codes based on salience of and relationships between them. Categories are broader than codes, include distinct dimensions and properties, and define scope and boundaries compared to one another. Focused coding helps to progress analysis from simply *describing* what was happening in the data to labeling what was happening *conceptually*. Some of the categories were developed based on the integrated framework. For example, “*obscuring queerness*” was grouped with other codes that described minority stress experiences (e.g., “*preparing for the worst*”).

Similarly, initial codes like “*defining family boundaries*” and “*valuing traditional norms*” were grouped together in the category “*modeling the nuclear family*” with similar codes such as “*desiring biological link*.” Some of my memo-writing around these codes were reflections on my own assumptions and politics around “queer families.” In a memo dated February 17, 2022, I wrote, “*What does it mean to “queer” “the family?” Does all it take is two people of the same gender to want a family? Including people who are not biologically related to you isn’t inherently “queer,” it just isn’t so strictly bound to the expectations of the nuclear White US family. Really, these folks in my study aren’t “queering” much in the radical political sense; they’re just trying to have a family, many of which look very similar to our prototypical expectations of what a “family” looks like according to that nuclear model.*”

Intermediate Phase

Axial coding

Axial coding was used to organize and understand relationships between categories and sub-categories and followed focused coding as an intermediate coding strategy (Corbin & Strauss, 2008). In practice, this looked like centralizing a particular category such as “*entering marriage*” and examining the dimensions and properties within. By comparing the data within this category, I realized that “*entering marriage*,” while common amongst nearly all participants, looked different based on motivations, expectations, and values around marriage and family. By asking questions of the data in this category such as, “*who, what, where, under what conditions*,” I identified “*aligning internal values*,” “*gaining legitimacy*,” and “*securing parental rights*” as different dimensions to the process of *entering marriage*. At this point, I began to better understand the relationships between categories that could explain the overall process of

pursuing parenthood, but I still struggled to elevate the descriptive findings to a more conceptual or theoretical level.

Mapping and diagramming

Every coding stage included the use of diagramming, often situational mapping (Clarke, 2005), which helped to organize and deepen memo writing. Situational maps are analytic tools that allow researchers to visualize relationships between elements of their codes and can help contextualize theorizations within larger contexts. This benefit of situational mapping aligns with my efforts to expand upon HHM's contextual spheres while acknowledging hegemonic power structures and their influence on family formation. Following Khaw's (2012) exemplar of Clarke's (2005) situational mapping, I created "messy maps" alongside initial coding stages of *a priori* codes and sensitizing concepts as informed by my literature review and my integrated theoretical framework. These maps included terms that described different pathways, social and political contexts (e.g., *rural, metropolitan; supportive legislation, hostile legislation*), and "spheres of representation" (Crenshaw, 1991) such as racial identity, social class, gender identity, and so on. Other diagramming methods such as clustering (Charmaz, 2014) were used throughout intermediate stage coding to help understand relationships between codes, what could be elevated to a category, and how categories were related.

Theoretical sampling and theoretical saturation

Knowing when to stop analyzing can be difficult in qualitative studies; while grounded theory defines the end point as the development of theory, it can still be somewhat unclear to know when the theory is "fully baked," or has reached *theoretical saturation*. Theoretical saturation refers to the point at which all dimensions and properties of each category and the

relationships between categories are fully supported by the data. Any gaps that remain should be addressed with theoretical sampling by returning to follow-up interviews with participants or, possibly, sampling new participants recruited based on criteria determined by emerging findings. In this study, I strived for theoretical saturation by using constant comparative methods to continually return to the data for things such as negative cases and dimensionality to fully explore and develop concepts. Due to time constraints inherent in a dissertation study, I was not able to engage in theoretical sampling at the time of this write-up. As discussed further in Chapter Five's *Limitations*, I feel that this study could have benefitted by theoretically sampling for more preadoptive and adoptive parents, especially cisgender women, as the experiences and depth of that specific pathway was somewhat underdeveloped in the current data compared to other categories.

Advanced Phase

Theoretical Integration

I returned to intermediate stage strategies such as memo writing and diagramming to begin to understand the relationships between my categories and to elucidate a larger theoretical frame. Rereading early memos and all transcripts – several times – with a “bird’s eye view” and asking broader questions such as “*what is the main problem that people are grappling with?*” (Corbin & Strauss, 2008) helped to remove me from the nitty-gritty of individual narratives and begin to see links, similarities, and differences in the overall process. I kept getting “stuck” on the “*incurring costs*” category that I felt was too descriptive to be conceptual or explanatory on its own but felt integral to the overall story. I memoed around the questions: “Why are these costs occurring and where are they coming from?” Then, informed by my sensitizing

frameworks and very early-stage memos, I came to see *modeling homonormativity to approximate heteronormativity* as the centralizing concept that both informed the decisions and expectations of those pursuing parenthood as they subscribed to homonormativity *and* explained the costs as inflicted by the heteronormative context. Further depth and dimensionality of the categories were also explained by this concept as the more that parents subscribed to homonormativity, and thus, tried to model it in their own family processes, the more their expectations were violated by the constraints of the heteronormative context. To test the applicability of this framework, I returned to transcripts, especially those who had felt underexamined by earlier descriptive categories alone. Indeed, this centralizing concept helped to make sense of “negative cases” like Chase and Lara who adhered less closely to homonormativity and therefore had fewer such expectations to be violated. This frame could also, in some ways, help to make sense of the surprising pattern of mostly biological parents in the study despite the larger empirical context that tells us that adoption and fostering are the predominant pathways to parenthood for queer people.

Reflexivity and Trustworthiness

An important and desirable aspect of grounded theory is its assumption and acknowledgement of researcher as narrator, filter, and instigator of the data collected; “we are not passive receptacles into which data is poured” (Charmaz, 2014, p. 27). As such, I, the researcher, am not presumed to be neutral nor objective. Instead, my social location, identity, and motivations are important pieces of the analytic puzzle and are a large component of what grounded theory refers to as theoretical sensitivity: the reflection and influence of my own history and knowledge (Birks & Mills, 2015). My positionality (I am an able-bodied White,

working-class, nonbinary queer person, raised in the South by a non-Southerner, who plans to remain childfree), my ontology (reality is socially constructed), and my epistemology (our understanding of this reality is subjective and rooted in cultural contexts) inevitably impact my motivations for studying the phenomenon at hand and, in part, my interpretation of the data. Undeniably, these factors are influential in *all* research endeavors, regardless of method, but the constructivist nature of grounded theory demands an explicit recognition and consideration of and reflexive relationship with them (Charmaz, 2010).

The use of a methodological journal and ongoing memo-writing – both analytic and reflexive – was necessary for keeping my assumptions, expectations, and process transparent (Birks et al., 2008). Biases, opinions, emotional reactions, and other non-empirical responses to the data were recorded for the sake of critical reflection and as a tool of accountability to other stakeholders on the project such as my advisor, an advanced qualitative researcher, and colleagues who assisted in coding and other analytic processes. Reflexive writing on my own politics and assumptions helped me to more clearly see the values and goals of the participants rather than projecting my own expectations and judgements onto their processes.

Logging a journal and other memos also provided an audit trail which documented how decisions were made about the data and methods. For example, while analyzing and developing the category of “*entering marriage*,” my advisor and I decided to bracket Jo’s data used in this category to the period between beginning her relationship and their children reaching toddlerhood. We did so because Jo was, in some ways, an outlier in the sample for having pursued parenthood over a decade prior before federal marriage equality, and she was now going through divorce proceedings and a custody battle over her two tweens. Focusing on her

experiences during the period all other participants were in (and that reflected the initial and later eligibility criteria) helped to clarify how her case contributed to the developing theory.

Additionally, these reflective writings act as a roadmap to how conclusions were drawn from the data.

My advisor and I spoke at length and repeatedly about my status as a child-free person who never plans to parent, and thus, my outsider status with a key experience of the participants. Assumptions or gaps in my understanding were a focus of ongoing reflective memos, with frequent check-ins between me and my advisor. A graduate research assistant who was raised outside of the region joined the team in the second year and shared discomfort and judgement regarding deeply entrenched Christian cultural values common to participants in the study. She and I discussed these feelings at length, with both of us memoing and reflecting on our insider/outsider statuses regarding the South's religiosity, queerness, and other cultural norms.

Trustworthiness is a concept within qualitative data that reflects the degree to which findings can be trusted as grounded in the data and representative of what participants share during interviews (Lincoln & Guba, 1985). To ensure trustworthiness here, my advisor participated in initial coding stages independent from my own coding, and we discussed and compared codes until reaching synthesis. Independent coding and discussion with my advisor continued throughout the development of the codebook. A graduate student colleague assisted in coding of transcripts using the codebook as a guide, and any discrepancies or disagreements in application were discussed in weekly email exchanges and biweekly meetings. Finally, visuals, such as my diagrams, tables, conceptual model, and direct quotes from participants have been used to substantiate my findings are truly grounded in the data.

CHAPTER FOUR: FINDINGS

Hegemonic heteronormativity, as described in my sensitizing framework, is manifested through *gender*, *sexuality*, and *family* binaries existing along a continuum from normative to deviant, with thresholds for those poles that are permeable and shifting across time and space (Allen & Mendez, 2018). Maintenance of those binaries happens within contextual spheres or systems of representations (Crenshaw, 1991) such as class, ability, race, ethnicity, and nationality, all of which overlap and intersect to determine differential experiences.

Homonormativity, in particular, refers to the hegemonic family configurations of gay and lesbian individuals who “seek inclusion in, and the privileges granted by, traditionally heterosexual institutions such as marriage and parenting” (Allen & Mendez, 2018, p. 76). In my study, the geographic context of the U.S. South provides an additional contextual sphere in which we examine the process of pursuing parenthood for queer people. Guided by this framework and using grounded theory methods, I identified *modeling homonormativity to approximate heteronormativity* as the central category that shaped the processes of pursuing parenthood for queer people in the U.S. South and the impact of contexts on those processes (see Figure 2 for an abbreviated model and Figure 3 for a detailed model).

Though norms and politics across the United States are dictated by hegemonic heteronormativity, Southern culture and law are notably and distinctly conservative, entrenched in White supremacy and dominated by traditional, sexist gender norms and expectations. Indeed, White supremacy, classism, cisheteropatriarchy, fundamentalist Christianity, conservative legislation and compulsory heterosexuality are foundational building blocks to Southern culture, establishing the region as a stronghold of heteronormativity. The region’s politics are particularly reactionary and conservative despite, or arguably because of, the prevalence of queer families in

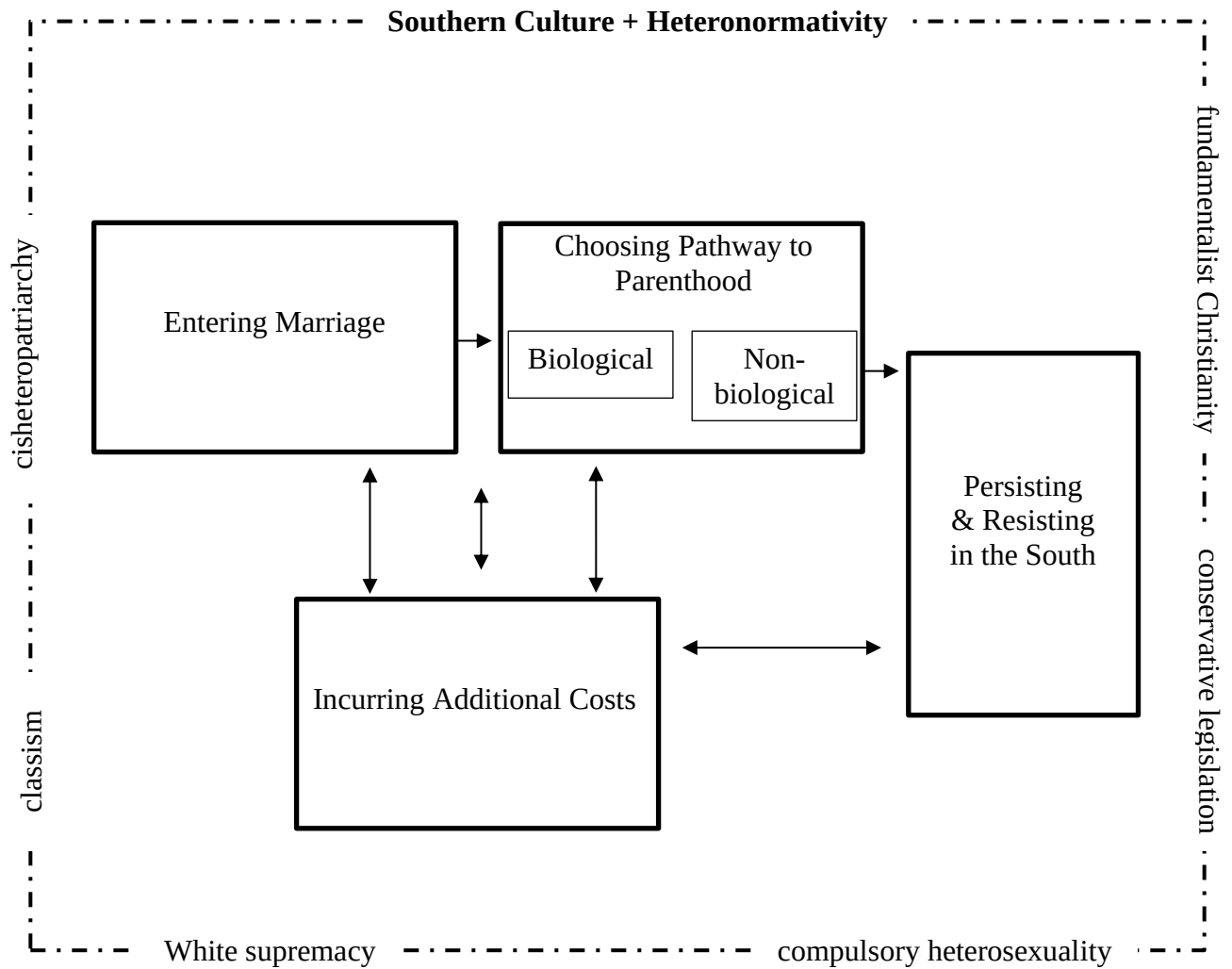


Figure 2. Modeling Homonormativity to Approximate Heteronormativity in the Pursuit of Queer Parenthood in the U.S South; abbreviated model

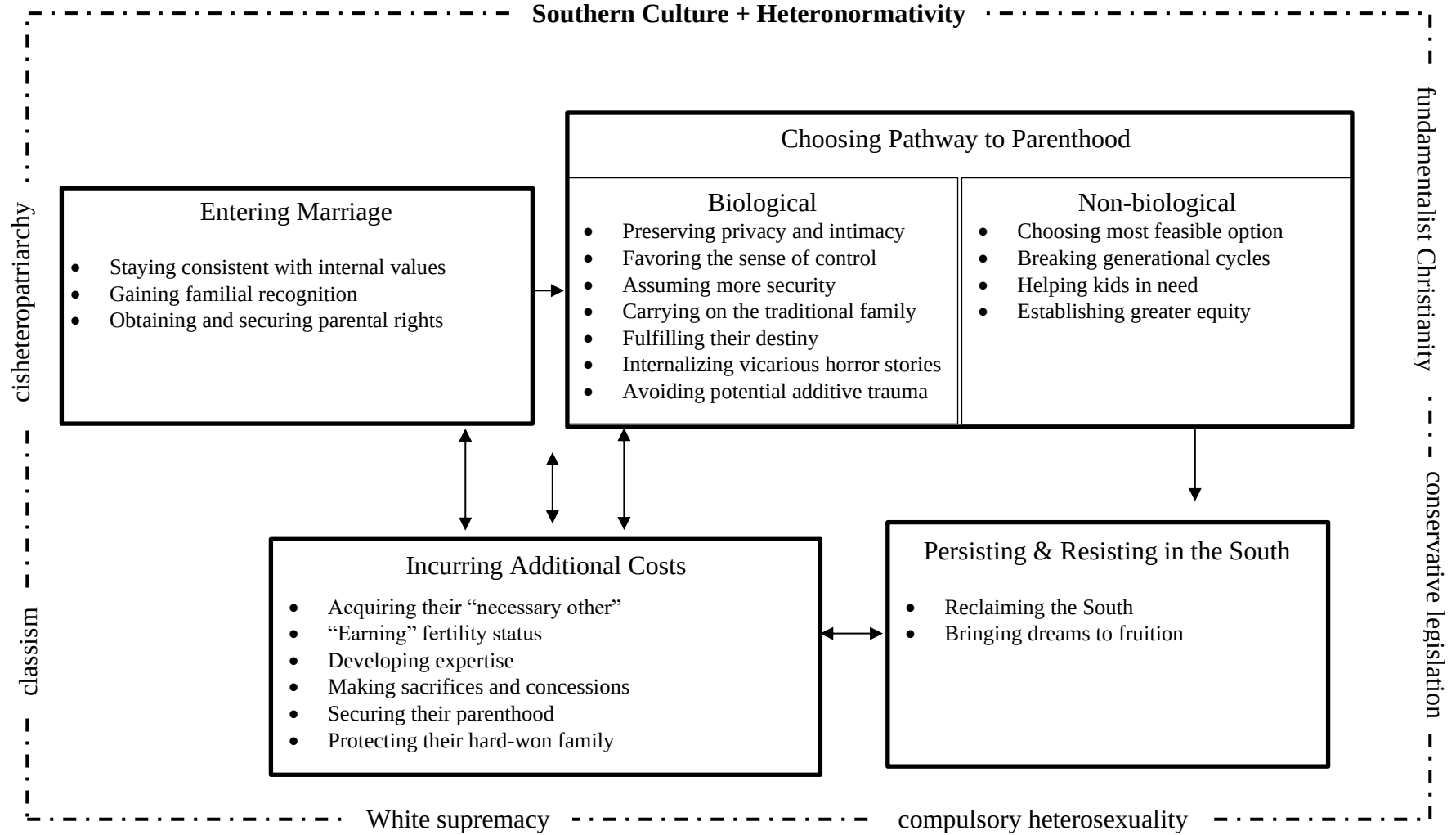


Figure 3. Modeling Homonormativity to Approximate Heteronormativity in the Pursuit of Queer Parenthood in the U.S South; detailed model

the South, making inclusion in and privileges of traditional normative family institutions more difficult to attain there, despite federal progress in legislation and social acceptance.

Simultaneously, the heteronormativity of the South informs the values and desires of its inhabitants, including LGBTQ* individuals. As such, participants' visions and preferences for family configuration were informed by and varied based on their level of adherence to Southern cultural norms and thus heteronormativity.

Modeling homonormativity was the process of pursuing parenthood and how participants made decisions regarding that process (e.g., aligning values, securing/protecting the family, fulfilling their destiny). The level of buy-in or subscription to heteronormativity simultaneously determined choices or motivations *and*, in many ways, the incurred costs of the process such that the more closely one complied with homonormativity, the greater the violation in being denied the privileges of heteronormativity. Even in the face of this adversity, couples persisted in pursuing parenthood, reclaiming the South as the rightful home for the families they had long dreamt of. In this chapter, I describe the theoretical process of pursuing parenthood as a queer person in the U.S. South as modeling homonormativity to approximate heteronormativity, informing values, motivations, decisions, and costs.

Entering Marriage

As shown in my model, one of the earliest stages in the process of pursuing parenthood was entering marriage. Political ideologies, values around family, concerns about legal protections, and relationships with families-of-origin all motivated participants to enter marriage. Entering marriage served interconnected purposes: to stay consistent with internalized values and beliefs about “the family” ($n = 9$), to gain familial recognition and legitimacy from their families

of origin ($n = 3$), and to gain and secure parental and familial rights akin to different-gender couples ($n = 5$).

Staying consistent with internalized values and beliefs about “the family”

Entering marriage allowed participants to stay consistent with their internalized values and beliefs about what constitutes a family. Broadly speaking, dominant cultural scripts in the U.S. stipulate marriage as a compulsory life course milestone, ideally happening before the introduction of children. Ideologically, some participants did not consider themselves eligible for “family” status until their partnership had been commemorated with an official display of commitment, most often a legal marriage ceremony. Depending on how traditional or formal their ideas about marriage were, some chose to participate in civil ceremonies to mark their entrance into commitment with their partners while others waited for legislation at the state or federal level to obtain a legal marriage. Whether their partnership was cemented with entrance into the legal institution of marriage or an equally valid intentional pledge of commitment, these participants believed that a bound partnership was a necessary condition *before* building a family that included children.

More traditional beliefs that building a family must be based in marriage or commitment came from internalized religious teachings, gendered expectations, and other pervasive Southern cultural values from their upbringing. David, who had somewhat soured on the institution of marriage after previously being married and divorced twice, remained unsure if entering a legal marriage with his committed girlfriend was necessary for their family, but he still referred to her interchangeably as his wife. His values, deeply rooted in his own Southern background, stated that commitment was a prerequisite to parenthood: “a family to me would look like two parents

and the kid, and they stay together, and they really make a commitment to raise the kids to the best of their ability [...] *staying together would mainly be what I envision*” [emphasis added]. For Alyson, marriage was an incredibly important step in the process of becoming and building a family with her partner, who she met 8 years prior to federal marriage equality. Her desires in how marriage happened were quite traditional as well, with expectations of a romantic surprise proposal. These expectations and her lifelong desire to be a “mommy” reflected a normatively gender-typical outlook for her family. As such, she planned to take on the primary caregiver role as her wife’s high-pressure but high-paying job meant she was not required to contribute to household financial earnings.

These heteronormative reproductions of family structure were also common for those who cited their conservative Southern upbringing as influencing how they expected their families to look. Even those who described their politics and identities as “queer” still imagined their lives and families as following a traditional trajectory with the “proper” milestones achieved in the “proper” order: secure jobs, buy a home, get married, then pursue parenthood. Aside from the gender of the parents, these fantasy families looked overall quite conventional: “just replace me with the story of the man and his wife and his 2 point five kids, and that’s my dream” (Tanya).

The landmark federal case that granted marriage equality also ushered in the very possibility of family for some participants with more traditional views, whose desires for parenthood lay dormant without access to legal marriage. Even for those who had long felt the tug toward parenthood and others who had been in happy, stable relationships for years, the option to become parents did not feel feasible until the 2015 court decision. Sasha, who was carrying her second child with her wife, “didn’t think of kids” until they got legally married,

which happened well into their 11-year partnership and after soon federal marriage equality. Josh knew he wanted kids, but he genuinely believed that his teaching job would be the closest he came to being a parent. That was, *until* marriage equality, after which he saw a very clear pathway to parenthood suddenly become available via adoption. Similarly for Lydia, who always knew she wanted to take care of children in need and thought perhaps that meant she would one day run her own daycare. She declared that her “whole world opened up” when marriage equality happened: “it really wasn’t until I met [my wife] and that gay marriage became legalized, that I really saw myself in that typical family role.”

Gaining familial recognition and legitimacy from their families of origin

Entering marriage also brought legitimacy in the eyes of the participants’ parents and sometimes served as a “turning point” in family-of-origin acceptance of the participants’ sexuality, life, and family. This turning point was not always in a positive direction, however, and the guest list at the wedding could reflect which familial relationships would continue and which were broken. By refusing to attend or celebrate the marriage, family members signaled their disapproval of the partnership and, in effect, their queer family member. For example, Lydia’s legal commitment to another woman served as the “final straw” to her conservative religious parents and marked the official end of their relationship. Others became estranged from aunts, uncles, and grandparents who claimed religious or “moral objections.” Although it was painful, participants expressed some relief at coming to such conclusions early on and thus saving their future children from homophobic or hateful family members.

For others, entering marriage afforded their family legitimacy that mended or improved relationships with parents and other members of their families of origin. By entering marriage,

they signaled to families of origin a willingness to assimilate into dominant and traditional family values, alleviating anxieties that being queer meant a complete disavowal of “normalcy.” Sometimes, entering marriage was a proclamation of their legitimacy to others, even when they did not see marriage as personally meaningful or necessary. For example, Jo and her ex-wife hosted a civil ceremony with family and friends nearly a decade before they had access to legal marriage, an intentional early step in their pursuit of parenthood that they knew was more important to their families’ than their own values.

“My mom’s conventional belief system about the world is that children should [...] happen to married people. [...] it made sense to do it kind of as an outward statement of ‘y’all need to take us seriously. We mean this. This is not a phase.’”

Although Jo felt like nothing had changed in her romantic partnership, the ceremony introduced a serious turning point in her relationship with her mother, who went from feeling that Jo’s sexuality was her own maternal “moral failing” to attending courses at her church on accepting diverse sexual orientations and later becoming a community pillar of support for others with gay children.

Obtaining and securing parental and family rights akin to different-gender couples

If the cultural script tells us that marriage is a prerequisite for a family, marriage was commonly assumed to deliver legal legitimacy and protection to participants’ parentage. Indeed, it was a foundational promise of the Obergefell v. Hodges ruling. Realizations to the contrary consistently brought disappointment and frustration but rarely incredulity. “I think everybody assumes gay marriage has passed so everything else is kinda equal for queer folk” (Tanya). For most of the participants in this process, entering legal marriage *before* pursuing parenthood was a

means of laying a secure and presumably lawful foundation for their family. This, at times, coalesced with personal beliefs or values that marriage was the first step for family building, but others entered marriage very specifically to alleviate anticipated difficulties in securing parenthood for both partners in the future. For others still, they were ambivalent about entering marriage *unless* it could help to secure their family and thus waited for legal counsel to determine if it could actually be impactful.

Although marriage did not always bring the assumed impenetrable and thorough protection of parental rights, it did offer a meaningful sense of safety and security, sometimes concrete but often symbolic. Alyson, who described both her own parents and in-laws as accepting and supportive, also expressed a particular motivation for legal marriage to her wife prior to pursuing parenthood “so neither family could ever do anything [to take the children away] if we were to get separated or if something were to happen to one of us.” Anxieties that grandparents or other family members, especially those with biological connections to the child, could intervene and sequester parental rights from the “non-biological” parents were a sobering reminder of their vulnerability. The legitimacy of parentage that marriage was *supposed* to confer could somewhat alleviate those feelings even if they did not materially change reality: “but now that we are married [...] it makes everything feel a lot more safe for both of us. Come to find out that that actually doesn't really mean anything [legally...] but it *feels* that way.”

For those who were less invested in heteronormativity and thus ambivalent about marriage, the value of a legally recognized partnership vis-à-vis parenthood was much more complicated and required up-to-date policy knowledge or, at the very least, the support of a legal expert to help determine if it was necessary. Lydia and her partner stumped their family attorney

who lacked sufficient experience with same-gender couples to provide a confident recommendation about whether marriage would help or hinder their attempts to adopt their foster children, especially in the context of a state *without* discrimination protections and *with* strong sociocultural values that determine families including two parents.

The federal context was substantially impactful on decisions on whether and when to enter marriage. Just as the 2015 federal ruling ushered in the possibility of marriage and thus family for some, the election and inauguration of Donald Trump the following year compelled action on securing that family. Anticipating an end to marriage equality via an executive order or through selective supreme court nominations, participants shifted their family plan to gain as much security or progress as they could. Both Lara and her wife and Alyson and her wife made the hasty decision to elope rather than await their post-election wedding days. Josh and his partner did the same: “there is no point in planning a wedding for [after the inauguration in] 2017 because, with Trump becoming president, there might not be an opportunity to have a wedding!”

The one participant who had not entered marriage and did not speak of plans to do so also had the least heteronormative (and thus most queered) values around family and the least traditionally built family of all participants. Chase was fostering his nephews with his longtime partner outside of the structure of formal foster care and never discussed a desire or plan to legally marry. Though he had sincere hopes of adopting and permanently caring for his nephews, he knew that was unlikely due to complicated family dynamics and thus had plans to later adopt siblings through foster care. His motivations for parenting were also more closely aligned with more queered family values, in that he saw himself as someone who had escaped a cycle of

poverty and generational trauma and felt a call to provide stability and care for those denied such resources. Relatedly, as of our conversation, he was also planning to be the sperm donor for a trans masculine friend pursuing parenthood.

Choosing Parenthood Pathways

Choosing the pathway to parenthood was the next step in the process toward building a family, and one of the fundamental decisions at this stage was in determining whether to pursue biological or non-biological options. For most of the participants in this study, having a child via biological means could be achieved via pregnancy carried by the participant or their partner. For those who were in relationships where neither partner had a uterus, biological pathways were limited to surrogacy, which is generally the most regulated and expensive and thus rare pathway to parenthood for LGBTQ* people (Green et al., 2019). Non-biological pathways to parenthood consist of fostering, which can include informal or formal kinship or through official child welfare agencies, and adoption, either through the foster care system or through private agencies.

For those living in the South, choosing amongst pathways and the options therein was a deeply personal decision to be made in a highly politicized context. Availability to resources and pathways was determined, in part, by state policies and sociocultural norms. Some states banned certain procedures while others instituted religious freedom laws which allowed healthcare workers and child welfare agencies to deny service to LGBTQ* families. In addition to the limitations of the context, establishing the specifics of their chosen pathway to parenthood involved many factors from personal desires, degree of material and social capital, gender, biology, and fertility considerations. Choosing biological pathways was often an amalgamation

of wanting a biological child for various reasons *and* a desire to avoid the perceived hardship of adoption and fostering. For those who were seeking a non-biological pathway, fostering and adoption aligned with their motivations to parent and/or was the most attainable avenue to parenthood.

Because of the somewhat broad eligibility criteria regarding stage in the process, participants were at several different points along their journey to parenthood, ranging from early research stages to parenting a toddler to caring for tweens and teens. In discussing the factors and decisions in their path, those who were earlier in the process were still weighing pros and cons of each different pathway, with many sitting at specific crossroads including deciding between biological and non-biological pathways or choosing between options among those pathways (e.g., ICI vs. IUI; private adoption vs. fostering). Those who were already cemented in their trajectories – such as those who were already parenting, or for whom the introduction of a child was imminent – could reflect on past decisions or factors, but there was more speculation and general rumination versus the timely or urgent pressure felt by those at earlier stages.

Choosing Biological Pathways

Opting into biological pathways was the experience of a majority of participants ($n = 10$), all of whom were achieving parenthood through pregnancy. The specifics of the pregnancies varied, with most who chose biological pathways carrying themselves, sometimes exclusively or sometimes taking turns with their partner if having multiple children. Insemination techniques included at-home ICI, clinical IUI, and multiple variations of IVF including traditional, reciprocal, INVOcell, and frozen embryo transfer using a donated embryo.

Feeling that queer parenthood was already quite vulnerable to discriminatory treatment and legally precarious, biological pathways to parenthood felt more intimate and less likely to undergo legislative attacks, and thus, more secure both emotionally and legally. The privacy of certain biological pathways could also presumably afford less interference and therefore less opportunity for discrimination or roadblocks, though this varied geographically, with some states requiring insemination to be administered clinically rather than at home. Desiring a biological connection as a key component of parenthood also motivated many to prioritize these pathways, with some feeling that experiencing a pregnancy or passing on their genes was their “destiny.” Lastly, the financial feasibility for *most* biological options, while generally more expensive than fostering to adopt, also felt more realistic, particularly for those couples who had at least one partner with a uterus and no or surmountable fertility issues.

Some participants who opted *into* biological pathways arrived at this choice, in part, because of a decision to opt *out* of non-biological pathways. Adoption, usually through foster care, was a common consideration in early discussions about parenthood, though very few in the sample had pursued or were pursuing adoption as their primary and preferred pathway. Ultimately, adoption, either through foster care or private agencies, was ruled out for one or more of the following reasons: anticipated heterosexist mistreatment from their state’s child welfare services or the often-Christian-owned private agencies in the South, perceived precarity of adoptive parental rights as a queer person, fear of compounded trauma and discrimination for adoptees raised by queer parents, and, for foster care specifically, a general misalignment between personal parenting goals and the fostering goal of reunification. Although private adoption did not have the same goal, participants perceived private adoption as just as expensive

as IVF or other biological pathways that felt more “guaranteed to succeed” and less likely to entail systemic or interpersonal discrimination. Overall, these factors contributed to the existing narrative that adoption was already an arduous and emotional process with no real assurance of permanent and lawfully protected parenthood.

Preserving privacy and intimacy

Certain biological pathways such as insemination of one of the parents could offer a sense of intimacy and privacy more closely aligned with conception practices generally associated with hetero partnerships of cisgender people. Those who lived in states that allowed at-home insemination were able to create an intimate and personal experience around their conception efforts, which helped to increase the sense that both partners contributed to the making of their child. David, who planned to carry using his own eggs, was committed to approaching conception as a couple: “I really want it to be – it’s more of a personal thing, like I really want *us* to make it. And just because my girlfriend is female doesn’t mean she can’t be part of making it.” This participation could help address feelings of possible disconnect for the “non-biological” partner and could encourage success of the insemination which is believed to increase in likelihood in the context of sexual arousal (King et al., 2016). The privacy of inseminating at home also eliminated at least some of the potential gatekeepers, meaning less opportunity for discriminatory treatment or stalls in the process.

However, choosing more private biological options like self-insemination were not available to all participants. In Georgia, one could be charged with a felony for inseminating at home, so couples were required to seek endocrinologists and other specialists for help in their conception. Eva, who worked in reproductive healthcare in Georgia, was very familiar with the

lack of intimacy involved in clinical inseminations: “It's not just like romantic making of a baby. It's you know stirrups and spotlights and speculums.” This introduced more and higher costs and an additional, sometimes complicated, process of finding and accessing non-discriminatory healthcare providers. Relying on word of mouth and recommendations from online support groups for queer parents-to-be, some participants had to travel over an hour away to visit the nearest LGBTQ-friendly clinics. This was more common for those in more legislatively and socially hostile states and those farther from metropolitan hubs. However, a few participants worked in reproductive healthcare and consequently benefitted from discounted or free insemination services, reducing the overall cost of their process.

Favoring the sense of control and customization

Despite the increase in costs and number of people involved, many found benefit in the customization and improved accuracy of clinical inseminations. Similar to those who preferred at-home insemination for the shared involvement, some who chose or were required to seek clinical services had access to innovative technologies such as INVOcell or reciprocal IVF which allowed two partners with uteruses to participate in biological and embodied elements of conception. INVOcell is a relatively new and proprietary device that allows “coincubation of oocytes with sperm within a hermetically sealed tube that [is] placed in the patient’s vagina for a period of 44 to 50 hours” (Jellerette-Nolan et al., 2021, p. 10) which replaces the lab incubation and fertilization necessary for traditional IVF, thus cutting some costs. When used by couples that include two people with uteruses (or more accurately one person with a uterus and one person with a vagina), one partner may carry the INVOcell device (using eggs retrieved from either partner) resulting in hopefully one or more embryo options that can then be implanted in

the other partner's uterus to carry to term. Casie and her partner chose INVOcell as a more affordable alternative to traditional IVF but also because of the shared bodily responsibility for creating their child: "that's one of the reasons we chose to do [this], so we could both be involved - you know, it's my egg [in the INVOcell device Casie carried] and she's carrying the baby and getting close and bonding that way."

Developments in assisted reproductive technology provided routes to parenthood for those whose difficulties went beyond heterosexist systems to include fertility struggles. Fertility issues are incredibly common among people with uteruses², and eight participants experienced at least some difficulty, such as previous tubal pregnancy, miscarriage, surgery to remove uterine growths, low egg count, a PCOS diagnosis, and multiple attempts before eventually becoming pregnant. Access to novel and advanced ART such as INVOcell and frozen embryo transfer improved chances of conception considerably and delivered a lifeline to those who felt their window of opportunity for biological parenthood was rapidly closing. Brigid struggled to accept that her "lifelong dream" of being a mother may not come to fruition:

Before the embryo donation became a possibility [...] I remember thinking I'm at the end of the line. We're not going to pursue foster care, we don't have enough money to adopt privately, and we don't have enough money for IVF. What am I going to do?

No one had an effortless journey to parenthood but tapping into technologies and clinical assistance helped parents to eventually achieve their goals of pregnancy.

² CDC (2021) data suggests the rate is around 13.8%, but it is unclear if their data include women in same-gender relationships and transgender men who attempt pregnancy, meaning rates may be much higher. Fertility status, diagnosis, and treatment have also generally been reserved for White cisgender heterosexual women with considerable financial privileges, so official rates are unreliable, particularly for this population.

The customization benefits of assisted reproductive technology were also apparent in donor selection. Two participants used known donor sperm: Jo and her wife took turns inseminating at home using known donor sperm via ICI over a decade prior, and David and his girlfriend were planning to use the sperm of a close friend's partner to inseminate David via ICI at home. Otherwise, those who conceived or planned to conceive via insemination used sperm banks to secure their donors. For White participants, selecting a sperm donor felt akin to "being at a library and someone being like 'what book do you want to read today?'" (Alyson), with so many possibilities that it was sometimes overwhelming.

Prioritizing health status was usually primary, narrowing the list based on cytomegalovirus status and other illness indicators first before moving to physical traits like hair and eye color. When those limitations failed to produce a single standout, participants spoke of going off a "vibe" or a "gut thing" to select their donor. Desiring shared physical traits, generally with the non-genetic parent, was common among all participants, but the overwhelming Whiteness of sperm banks resulted in severely limited options for non-White parents looking for a good match. For instance, Tanya and her wife, both Black, were committed to choosing an open-ID Black donor while also needing to minimize certain health risks; this limited their options to *just five choices*. Similarly, Eva, a Black Latina woman who planned to carry her first child with her Laotian fiancé, noted how difficult it had been to find an Asian donor that met their criteria; finding a Southeast Asian donor closer to her fiancé's heritage felt essentially impossible. They were considering using her fiancé's eggs, though a much more expensive process, and shifting their donor preference to Black and/or Latino to match Eva's lineage in

hopes of getting more options. Despite the severely lean list of potential donors of color, going through a reputable bank did ensure other desirable protections and guarantees.

Assuming more security

An overwhelming sense of precarity in queer parental rights helped to turn these participants off from the prospect of adoption. Fostering and adoption has, in recent years, become a more frequent site of anti-LGBTQ legislative interference, at both state and federal levels. In the years of 2016-2021 (the period that most of the participants were in process of pursuing parenthood), several states in the Southeast were either exploring or had recently passed legislation aiming to limit or ban same-gender couples from fostering and adopting. No matter the current objective reality of the law, these very public and onerous attempts by the government created a generally hostile climate where queer folks were hesitant and fearful to seek this type of parenthood. Again, private adoption agencies, whether religiously affiliated or not, were particularly unappealing in this context as there was no potential for recourse in the case of discrimination if they do not receive state or federal funding, freeing them to discriminately choose adoptive families.

Electing for biological routes and engaging formal institutions such as sperm banks and fertility clinics, while often costly and sometimes unduly complicated, could provide more legal assurance of parental rights than informal routes such as using known donors and inseminating at home. Using a sperm bank eliminated the need to file for legal renunciation of parental rights as is necessary for known donors, and the “paper trail” provided by fertility clinics assuaged anticipatory fears about conflicts that could arise later in the child’s life regarding parental rights. Those rights, however, were really only assumed and granted to the carrying partner regardless

of whose egg was used, and costly second-parent adoption was still necessary for non-carrying partners – even those who provided genetic material – to attain legal parenthood status.

Fearing the precarity of protected parental status as queer people, a biological and embodied connection to the child also provided a sense of security and immunity from legislative interference so common to fostering and adoption, especially in Southern states. Similar to discussions of entering marriage, sharing a biological link with the child also endowed participants' families with legitimacy in the eyes of their families of origin. The prospect of becoming a grandparent could soften previously cold or unaccepting parents toward their child's sexuality and their growing family. Jo's relationship with her mother was strained, even after she and her wife had a wedding ceremony specifically to please her family, but things finally changed after Jo became pregnant with their first of two children: "I think she realized [she needed] to actually get [her] shit together because there's gonna be a grandbaby, and [she didn't] want to miss out. So, [she's] gonna actively deal with the rest of this stuff. And she has, and we are much closer now."

Family acceptance and support varied depending on who shared the biological link and could quickly turn from excited anticipation to critical or condescending. For instance, Casie's mother-in-law often made insensitive comments about her daughter being "little more than a surrogate" because the couple was using Casie's eggs. Less overt comments or behaviors from families of origin similarly communicated a preference for biological links. When Sasha and her wife took turns carrying their two girls, she noticed a subtle but painful difference when her mother reacted with "a whole different level of excitement and attention, lots of tears of joy" to

Sasha's pregnancy although it was their second child. Biological links could determine a hierarchy to the legitimacy of certain grandchildren, leaving parents feeling defensive and hurt.

Even those with supportive parents had to prepare for possible consequences if a family member chose to exploit biological connections to delegitimize their in-laws' parental rights. Based on fears about her father's vindictiveness over custody when she was child, Alyson was already preparing for second parent adoption to secure her wife's parental rights even *before* attending her first fertility appointment. Brigid, who carried using a donated embryo after exhausting other biological options, worried about if either of their families would ever accept their child based on earlier conversations they had with their parents. Brigid's mother surprised her by offering to pay for another round of insemination rather than supporting the embryo donation, and her mother-in-law claimed that any child carried and produced by Brigid "wouldn't feel like [...] *her* grandchild." Ultimately, both sets of parents came around to become enthusiastic grandparents once Brigid gave birth, but the concerns about family acceptance loomed large for her and other participants as they prepared for parenthood.

Carrying on the traditional (biological) family

Families of origin and potential grandparents were not the only ones to prioritize a biological connection. Envisioning a family often implicitly included parenting a genetically linked child that they would carry themselves. Despite the reality of diverse family formations, varied pathway options, and high rates of fertility struggles, many assumed that their journey to parenthood would look quite traditional aside from the extra resources – generally, just donor sperm and an insemination method – necessary to reproduce as a queer couple. Furthermore,

motivations to parent included passing on their cultural heritage and modeling the nuclear family.

Pursuing parenthood was a means of carrying on valuable culture and heritage, especially amongst those from groups who had been historically oppressed and marginalized. The historical legacies of institutional reproductive violence inflicted upon Black women in particular shapes the meaning of Black motherhood in distinctive ways. For instance, Tanya explained that finding a Jamaican Black donor was an important step in creating the family she and her wife had long worked toward. They experienced many painful and avoidable detours in their path. Most notable was her wife's unexpected hysterectomy due to medical mistreatment beginning in adolescence and the consequent need for Tanya to now carry despite severe reservations regarding the physical demands and gendered embodied experience of pregnancy and childbirth. However, passing on their biology and heritage was paramount, persuading Tanya to carry a child rather than pursue other routes. Finding a Jamaican donor amongst their severely limited Black donor options felt like a respite from their arduous journey thus far: "It gave my wife something to kinda hold on to culturally, and for us to be able – her being of Jamaican descent and having my DNA – us being able to collectively teach him those heritages."

Modeling their family-to-be on nuclear families-of-origin was a strong determining factor for those who chose biological pathways. This motivation had less to do with passing on cultural heritage and more with carrying on a traditional model of family that many took for granted as being *the* way to build a family. Hegemonic representations of nuclear families are fortified by evangelical Christian ideologies pervasive in the South, and a queer identity did not prove one immune to their influence. Many participants held very traditional views of family that included

having a biological “child of [their] own” (David) and replicating the example of their own upbringing, such as when Alyson described her vision of her future family: “That just feels right - to have 2 children, ideally again probably because this is how I grew up.”

Fulfilling their destiny

No matter the route or pathway, becoming a parent was the attainment of participants’ “wildest dreams” (Lydia, who adopted through foster care), but for many women in this study, carrying and birthing a child was more than a dream; it was their *destiny*. Gendered socialization and hegemonic expectations for women, regardless of sexual orientation, maintain that womanhood equals motherhood, with demands to nurture and care for others. Indeed, some who experienced fertility struggles described feeling like they had “failed” womanhood, such as when Erin described how she felt after three unsuccessful IUI attempts:

My body can’t even do what it was meant to do. Like what I was made to do, what I feel like I was *called* to do, and now I can't even do it. So, I kind of felt like less of... a woman because of that. God created my womb so that I can carry a baby, and I can't even do that right.”

Erin had a very clear vision of parenthood that prioritized the experience of pregnancy over almost all else, but a PCOS diagnosis in her teens and her insurance’s requirement that even same-gender parents “prove” infertility with three IUI attempts prior to approving IVF had severely tested her sense of self-worth. Likewise, when asked how long they had envisioned themselves as parents, many women responded with anecdotes from as early as toddlerhood of wanting to be a mother. Alyson remembers responding to the classic kindergarten question of “what do you want to be when you grow up?” with “a mommy [...] it's what I've always wanted

to do; it's what I've always wanted to be.” Sasha shared that her desires to be a parent formed before she could even retain memories: “my mom would tell me I carried around baby dolls my entire childhood [...] and I was very family oriented.” For cisgender women in particular, the cultural motherhood mandate (Russo, 1976) and their possession of a uterus provided strong motivations and presumptions that parenthood would be reached by pregnancy.

For some, a simple misalignment between one’s vision of family (a permanent and stable parenthood) and the goal of reunification central to the foster care system deterred them from considering fostering or adopting through the foster care system. Fostering is a very distinct and specific type of caregiving, and participants sometimes took umbrage at the assumption that a desire to parent automatically included a desire to foster. While the aim of reunification is not a factor in private adoption, this route came with its own set of obstacles as mentioned above, and private agencies could charge upwards of \$40-50,000 all while being legally sanctioned to discriminate against LGBTQ couples on the grounds of religious freedom if they chose to do so. Explaining their decision against private adoption, Jo shared:

Adoption was gonna be crazy train more expensive than trying to get pregnant ourselves. It would’ve been possible to have adopted. It wasn’t completely impossible to imagine being able to do that, but you know, like, there were so many factors in the way of adoption. Like the cost was nearly prohibitive. But then on top of the cost there was just this you know –are we as a couple going to be *able* to adopt a child?

If private adoption could eliminate the risk of reunification with the biological family, it came at a cost akin to the cost of biological routes, which were perceived as more secure, guaranteed, and protected from institutional discrimination.

Internalizing vicarious horror stories

Secondhand stories of homophobic discrimination, hardship, or even just cruelly mundane bureaucratic hold-ups effectively scared many away from ever seriously exploring the adoption process. Brigid explained, “We have some good [straight] friends who adopted kids, four of them through the foster care system. But I mean, the *trauma* that they went through with those kids!” The takeaway was that if even straight friends who had tried to foster or adopt had dealt with immense trauma and disappointments, would it not be exponentially worse for a queer couple? For example, Lara and her partner got the sense through vicarious experiences that this pathway was more difficult than they cared to endure: “We had a lot of friends, same sex couple friends, who tried to adopt and basically they all had miserable experiences! [...] Just based on those anecdotes, it just seemed like a miserable process.” Adoption, especially through foster care, involves a number of institutions and stakeholders, and, for queer parents-to-be, each new person involved in the process could introduce a potential opportunity for mistreatment or, worst-case scenario, impenetrable barrier to parenthood. Again, vicarious accounts helped to kindle fears about the hardship of adoption, which felt like too much to take on in addition to the foundational difficulty of becoming a parent: “We heard like these stories like, oh, you end up paying the adoptive parents and they changed their mind, you don't get any money back and it's just...it just seemed undoable for us. It just didn't seem feasible” (Casie).

Private adoption also felt out of reach for those fearful of discriminatory treatment, as options in the South were perceived to be monopolized by Christian and therefore anti-LGBTQ agencies. These limitations could be especially impactful in deterring anyone less than wealthy from achieving parenthood. Adoption is among the more affordable routes to parenthood,

particularly when sought through the foster care system, but those with fewer financial resources and/or cultural capital may be less likely to take on a now legally uncertain route to parenthood.

Avoiding potential additive trauma

Given the institutional barriers that they were already facing, participants felt hesitant to contribute additional layers of trauma to the lives of their future children. There were anxieties that adoptees, who participants believed had likely experienced significant trauma to reach the point of requiring new caregivers, would be subjected to further hardship and discrimination by virtue of having queer parents, especially in the South.

Relatedly, participants desired to minimize racial and ethnic differences between parents and children as another tactic to protect their family from additional discrimination. Eva, a Black Latina woman, and her Laotian partner assumed they would have very limited options in finding an adoptee with shared heritage: “I feel like you when you have you already have two moms, you at least want to blend in a little bit, right?” White participants in particular shared reservations about adopting transracially, feeling that they were inadequately suited to raise or socialize non-White children in a White supremacist society. Racism and White supremacy would introduce their fair share of difficulty in the child’s life, and participants felt that adding heterosexism to the mix was an unfair additive burden for children who they perceived had already suffered enough to enter foster or adoptive care in the first place. Raul, a Cuban American cisgender man, anticipated that any child raised by queer parents would already have their share of struggles. “I understand that my kids are going to have a bit of an intrinsic hurdle [in having two dads], and I don’t want to add anything to that list.”

Ultimately, there were an abundant number of reasons cited by those who opted out of non-biological pathways to parenthood, from personal preference to legal and financial barriers. Among these participants, there was a very salient sense of resentment and resistance at the idea of adding any additional difficulty onto the already-strenuous process of pursuing parenthood as a queer person.

Like adoption agents, lawyers, doctors and whoever else I have to prove myself to.

Whoever the gatekeepers are. You know, maybe people who are pregnant, who are hoping to place their kid for adoption and then I have got to fucking *play the game* and try and sell myself. *That*. That makes me resentful. I don't want to have to deal with those people! I don't want to have to fight for this in that way. I don't. In what world should any third party get to decide if you get to be a parent? (Raul)

The general reputation of adoption, to many, became one of difficulty and discrimination – all without the permanence that a biological link could inherently provide.

Even those who had such explicit motivations in their biological pathways expressed them apologetically and with a sense of guilt or selfishness for their decisions. There were tinges of defensiveness and apology when participants discussed opting out of fostering and adoption or preferring biological children. There seemed to be a commonly and widely held belief that adoption, particularly through foster care, was the most altruistic and therefore moral pathway to parenthood because those were the children who were already in the world and in need of care. After sharing that fostering to adopt was not on his list of potential pathways to parenthood, Raul shared, “and it makes me feel bad because I want to help those who need help the most.” Even when – or arguably *especially* when – participants desired a genetically-linked child, there was a

sense that they were making a greedy and inconsiderate choice. Eva explained, “I would like to adopt but part and sometimes I feel selfish for-for it but part of me really longs to carry another child.”

Perhaps the defensiveness and guilt can be traced back, in part, to a dominant in-community narrative of “chosen family” amongst LGBTQ* people that does not quite align with the majority-biological pathways represented in this sample. In addition to the altruism of adoption, some queer folks may feel a responsibility or duty to embody the chosen family objective when pursuing parenthood, no matter their vision of parenthood and how they get there. Feelings of guilt for wanting a genetically linked child were often held in tandem with feelings of resentment and envy toward cis hetero couples who could get pregnant “on accident.” The emotionally and financially taxing process of pursuing parenthood had pushed some to develop complicated feelings about abortion and other reproductive rights. Josh described how being denied adoption for being gay by a mother who used opioids while pregnant “tested [his pro-choice] values” and Erin struggled in her job in OB-GYN when having to help people with unwanted pregnancies obtain abortion services as she was amid unsuccessful IUI attempts: “it took a big toll.”

Choosing Fostering and Adoption

Opting in to fostering and adoption was the experience of a minority of participants ($n = 4$) even though fostering and adoption are generally the most common pathway to parenthood for LGBTQ* parents across the U.S. (Goldberg et al., 2014). Choosing these pathways were, for some, the most feasible option for welcoming children into their lives. Fostering and adopting aligned with parenting motivations such as breaking generational patterns and common altruistic

reasons such as a desire to help existing children in need. Adopting together also provided a legal and emotional equity between parents and with children that differed from the implicit hierarchy that could develop when one parent shared a biological or bodily connection as with surrogacy or pregnancy. But for others, constraints in biological and material resources alongside complicated surrogacy laws meant that parenthood would be most attainable via fostering or adoption, even in states that lacked anti-discrimination protections and even when prospective parents preferred a biological or genetic link.

Choosing most feasible option due to biological and financial barriers

Pregnancy or other biological pathways were not really feasible options for the cisgender men in this study, all of whom were partnered with cisgender men. The simple lack of a uterus in their relationships introduced a whole slew of new complications and factors in their pursuit of parenthood. Raul wished deeply for a biological child through gestational surrogacy with his sperm, but he knew that the structural and financial barriers to that possibility were too much to overcome, especially after becoming unemployed due to COVID-19. As such, he had shifted his plan to focus on private adoption, though his priority was still to be involved in a pregnancy if possible. He explained, “We're a couple with fertility issues. Try as we might, we just can't get pregnant. [...] The problem isn't that we're men. The problem is that we can't make a baby using our bodies without help.” That required help comes with a very high price tag, as surrogacy is among the most expensive pathways to parenthood, with average costs well above \$100,000 (Green et al., 2019).

The exorbitant costs of securing a surrogate and, if using a gestational-only surrogate, an egg donor, alongside obscure and perplexing laws regarding surrogacy and parental rights made

this option effectively unobtainable, even for those who were emotionally committed to a biological child. The United States has no federal level regulations or laws about surrogacy, meaning they vary across states, with very few states having clear and definitive legislation regarding this pathway and its security (Creative Family Connection, 2022). Unlike sperm donors, the embodied, visceral, and (in comparison) long-term investment of surrogates also lead to fewer accessible options overall. Thanks to access to a local non-profit that assisted queer parents in finding a private adoption match, Josh and his partner were able to tap into a more feasible option rather quickly which sufficiently ruled out surrogacy for them. Tax breaks available to adoptive parents also determined private adoption to be the most affordable pathway for them that still aligned with their parenting goals.

Breaking generational cycles

Just as those who desired biological links cited their families of origin as a model for their built families, estranged or unstable family relationships could dispel assumptions that “blood ties” were necessary or even desirable in pursuing parenthood. Experiencing family estrangement is not uncommon for queer people, including those in this study, and building chosen families within community contributed to more expansive ideas about what a family could look like. Lydia and her wife fostered 5 children together, eventually adopting two toddler girls after fostering them from infancy. About her family’s makeup, she said, “biology obviously doesn’t make a family. But a lot of people associate it like that, and I kind of love that our kids are not [genetically linked] to us.”

Unstable or unloving parental relationships also provided a model, in many ways, of what *not* to do, with being a parent an opportunity to break the cycle of trauma. Redressing harm

experienced in childhood looked like preparing a financially stable, loving, and well-prepared home life for a child who was wanted and intended. Josh grew up impoverished, “worrying about scarcity and inconsistency of basic necessities,” so he and his husband waited until they each had finished advanced degrees and entered the workforce before starting their adoption process. Building a secure foundation was a priority before pursuing parenthood, so Josh took his time despite feeling impatient and excited to welcome a child: “I didn't want to have a child and then replicate any of the traumas that I lived through.”

Chase was taking care of his two teen nephews with his long-time partner in an unofficial kinship fostering arrangement, and he wished to adopt them fully though he knew that was unlikely given family circumstances. He and his partner were also planning to foster and potentially adopt in the near future, depending on the needs of his nephews. For Chase, taking care of his nephews was a very tangible way to break his family’s cycle of intergenerational trauma: “They had a very similar experience to what I had and so [my partner and I] were thinking, ‘oh my god we have an opportunity to help someone, ya know, blossom!’” Beyond symbolically breaking the cycle, Chase was materially changing the course of his family’s trajectory by providing a stable and loving home for his sister’s sons. His vision of family was primarily based in being a source of security and care “in a very turbulent and unpredictable family with a lot of young ones.”

Helping kids in need

Relatedly, the desire to help children in need, whether from within their family of origin or otherwise, led folks to seek parenthood via foster care and adoption. Much like those who described pregnancy and motherhood as their “destiny,” foster and adoptive parents felt a

“calling” to provide care to children who lacked stability and security. Working in childcare and education settings contributed to these beliefs. For instance, Josh never let himself imagine his life as a caretaker until he began teaching elementary school, where he found a passion for caring for children. Lydia and her wife worked together in care settings throughout college which gave them an idea of what kind of parents they would like to be and what kind of children they would like to parent. “When [my wife] and I started talking about having a family, with her working with the school system and young children, and seeing that need, [having children through pregnancy] just never really came up. Foster care was always our main focus.”

Establishing greater within-couple and parent-child equity

Equitable rights to parenthood were a key benefit of fostering and adoption, though not necessarily the primary motivation to do so. Extra steps like second- or stepparent adoption to safeguard or secure the family were not necessary for those who pursued foster and adoption as a couple, as all participants represented here did or planned to do. For foster and adoptive parents, there were fewer anxieties about one parent, or one set of grandparents, having “more legitimate” connections or claims to the child, especially in potential cases of contested custody. Josh was the only participant who was actively in process for a private adoption; he and his husband had just passed their home inspection and were awaiting a decision on a newborn’s case that was due the day after we spoke. In describing his motivations for this particular pathway, he highlighted the equity inherent in adopting as a couple:

One reason that – aside from not having \$120,000 – that we didn't do surrogacy is neither of us will be the “real” parent. Should something happen, a divorce or anything, we both have the exact same legal claim to the baby.

Those who had biological children via their partner sometimes struggled to develop an immediate bond with the child and to adjust to their role as the “support parent,” but adoption and fostering could equalize those relationships. This hierarchy was absent where neither parent shared genes with their children, and parents speculated that it could be a comfort to the children as well who may later grapple with stories of “where they came from” as adoptees. Lydia felt the legal security that Josh cited, and she also noted how important this equity was in her and her wife’s relationships with their daughters: “I wouldn’t want [them] to think that, like, one of us is MORE [their] real mom than the other.”

Incurring Additional Costs

At nearly every step of the process to build their families and, especially, to become parents, LGBTQ* people were incurring additional costs. These costs were born of hegemonic heteronormativity that punished and taxed queer people as they sought to build families and pursue parenthood while instilling values and expectations that they do so. LGBTQ* empirical and advocacy work has referred to a “queer tax” by which the costs of living as a queer person are exponentially greater in nearly all pursuits, from accessing quality and affirming transgender healthcare (Gamarel et al., 2021) to getting pregnant (Anderson & Grant, 2021) to relocating to more progressive and well-resourced areas (Sullivan, 1996). The ruling of *Obergefell v. Hodges* was meant to ostensibly end this “tax” for queer families by granting equal access to marriage and all its benefits, yet many states continue to pass legislation and rulings that make parenthood more difficult, more tenuous, and less accessible to LGBTQ* people. The uneven application of protective laws is fortified by ongoing sociocultural hostility, leaving parents-to-be vulnerable

not only to heterosexist policies but also to interpersonal discrimination when seeking services and resources.

The process of pursuing queer parenthood was costly, broadly speaking. As has been discussed, there were considerably more financial resources necessary due to biological configurations, such as requiring contributions from others, gaining access to advanced technologies, and navigating convoluted institutions built to service cisgender heterosexual people – all of which took emotional and psychological tolls as well. Legal uncertainty and precarity in all parenthood but especially certain pathways limited parent's options, and specialized legal and scientific knowledge became a prerequisite to what many assume to be a normative stage of the lifecourse. Costs were exacerbated and compounded for those who strayed farther from the heteronormative standard and thus incurred additional penalties inflicted by cissexism, White supremacy, and classism. White, affluent, cisgender women who expressed feminine typicality generally faced fewer structural barriers yet struggled deeply with the incongruence of their desires and their ability to build their families without outside help. Overall, these varied additional costs worked to constrain choice and change the trajectory of one's life and family, resulting in a general sense that family was a hard-won privilege rather than a basic human right.

Acquiring their “necessary others”

Early steps in pursuing nearly all pathways to parenthood included acquiring a “necessary other” (Mitchell & Green, 2007), whether that be a sperm donor or, in the cases of fostering and adoption, birth parents. As discussed previously, finding a sperm donor was more complicated for non-White participants; this complication was compounded by fears about parental rights

which kept some from seeking known donors to avoid any additional legal obstacles. Eva, who had a daughter from a previous relationship with a cisgender man in her early 20s, voiced incredulity at the stark difference in pursuing parenthood from within a same gender relationship, which now required paying for sperm and clinical insemination: “To go from like being drunk and ‘oops!’ to \$10,000 is *ridiculous*. ”

There were still considerable additional costs and steps necessary for queer couples even when the pathway to parenthood was somewhat more formalized within an existing institutional context (e.g., adoption agency, foster care system). Especially in the South where there continue to be political efforts to limit adoption and foster capabilities of queer parents, and marriage equality is relatively new, pursuing adoption or foster parenting could mean being the pioneer in your area and/or experiencing hostility, disregard, and ignorance. Some required additional “necessary others” including specialists, service providers, and family lawyers to help them attain parenthood. Finding service providers willing to work with LGBTQ* people could be difficult enough depending on proximity to well-resourced metropolitan centers but finding service providers who were then also *knowledgeable* about the specifics of pursuing parenthood as a queer person was especially rare.

This distinction between *friendly* and *knowledgeable* care could determine even more additional costs for those who may be the first or “test” case in their area. Lydia’s assigned caseworker and adoption attorney had limited experience working with lesbian couples and could not offer conclusive advice on whether being married would help or hinder their case to adopt their two foster daughters. “We were like, now that gay marriage is legal, what are our options? And no one was able to tell us. They kept saying, ‘Well, I dunno. I’ve never had this

situation before.” They delayed marriage until about six months before their adoption hearing, still unsure but hopeful about the implications for their case. Notably, one of the victories of *Obergefell v. Hodges* was that adoption became equally available to *all* married people; still, actual precedent of that rule was absent in states like Tennessee that had only recently allowed same gender marriage.

Feelings of paranoia or anticipation of mistreatment were common, with uncertainty of whether hiccups in the process to becoming parents were just normal bureaucratic hold-ups or targeted discrimination. Even when service providers were not hostile or blatantly discriminatory, foster parent training, preparation, and resources in most states generally lacked materials inclusive of queer couples. None of the states represented in this study include such materials, though it is becoming slightly more common for trainings to discussed fostering LGBTQ* youth, a group that is disproportionately overrepresented in foster care (Baams et al., 2019).

Private adoption agencies are very often affiliated with religious organizations that sanction heterosexist policies, but even those who managed to find secular organizations were still beholden to the belief system of the biological parents who were well within their rights to deny queer couples the ability to adopt their child. Josh felt frustrated after multiple birth mothers denied him and his partner based on their “Christian faith;” he found this especially ironic given the religiosity of his husband, the son of a Baptist preacher. And although it was less relevant or helpful in states which lacked anti-discrimination laws whatsoever, private adoption agencies could set their own rules and policies, and parents who experienced mistreatment had little to no recourse.

“Earning” infertility status

Having a child via biological means as a queer couple was treated as a specialized or “elective” medical procedure in many ways. And the costs, like for many specialized or elective procedures, were often exorbitant and required additional vetting, diagnoses, and referrals that induced their own costs, both material and emotional. Insurance coverage or health savings account resources were often not accessible or applicable to fertility treatments or ART methods. Those that were able to tap into those resources had to go through arduous processes to receive “infertility” diagnoses, which still offered no guarantee of coverage. Casie’s doctor was both friendly *and* knowledgeable and was willing to simply issue the diagnosis for the sake of insurance filing, but Erin, who had a documented fertility issue due to a PCOS diagnosis in her teens, was still required to undergo three rounds of “failed” IUI before gaining access to IVF. Doing so was not only financially costly; the process was so emotionally “devastating” that she had to take months off between each attempt which postponed their family planning, and her doctor eventually prescribed an anti-depressant to help her cope.

For those who experienced compounding, interconnected marginalizations (e.g., heterosexism and transphobia, heterosexism and racism), the options for quality and knowledgeable care were narrowed even further. As such, costs could increase exponentially if you needed a LGBTQ*-friendly service provider who also happened to specialize in transgender reproductive health. David had recently moved to Tennessee but still drove several hours across the border to North Carolina to access his healthcare with a doctor who not only had experience prescribing hormone therapies but had already worked with other transgender men from conception to delivery. He had no such hopes for finding such specific and high-quality care

more locally. Tanya and her wife had paid steep emotional and physical costs after a lifetime of experiencing misogynoir in healthcare (e.g., mistreatment in gynecological care from menarche), which continued into their pathway to parenthood. After finding the only fertility specialist in their area who was willing to work with LGBTQ* couples, they learned that a previous White doctor in another state (outside of the South) had found issues with Tanya's wife's uterus that he failed to communicate to them and instead put her through four difficult rounds of IUI and a painful surgery that would never have yielded a pregnancy. Finding care that was compassionate, knowledgeable, and unbiased was an onerous undertaking, made more difficult for those competing with additive structural oppressions.

Developing expertise

Throughout the process, participants were developing expertise on the particulars of pursuing queer parenthood. From scrutinizing local legislation to researching specifics of ovulation, insemination, and conception and learning how to prepare their households for an adoption home study, each pathway required specialized knowledge and its own abundant resources that were mentally and temporally costly.

Joining private online groups for LGBTQ* parents helped to connect people to community, resources, advice, and guidance, and they could in turn contribute their own anecdotes and recommendations along the way. After spending countless hours “scouring for advice” in Facebook Groups, Sasha's wife started a blog to document their own journey of inseminating at home in Florida. As some participants learned, however, most of the experiences represented in these online groups were from White cisgender lesbian couples trying to conceive and were less relevant or helpful to those outside of that narrow frame. Raul had a very difficult

time finding online resources specific to two cisgender men seeking parenthood and had been frequently disappointed by misleading ads: “it’s like a picture of two men on a beach holding a baby or whatever. And then you click on it, and it’s the exact same thing as everything else [geared toward people with uteruses]!” Finding relevant, quality information was sometimes difficult and the consequences of going it alone could range from frustrating but minor delays in the process to severe emotional and physical costs. Tanya’s wife had been on queer parenting blogs and websites for years before they started their process, including researching how to assure they would be treated fairly as a Black lesbian couple looking to conceive. However, no amount of preparation could change the reality of anti-Black racism in healthcare, particularly when they faced serious mistreatment from their aforementioned White male doctor in another region of the country, where they began trying to conceive: “the research didn’t save us.”

Expertise on childrearing could also provide evidence that participants were “worthy” of parenthood, in defiance of common heterosexist stereotypes to the contrary. Many participants and their partners held advanced degrees in relevant fields such as education, healthcare, child development, and law, and thus had extensive knowledge on various aspects of parenting. Alongside this expertise, the mere effort and dedication required to pursue parenthood as a queer couple showed their commitment to being parents, and many felt indignant about having to further “prove” that they were qualified. After having been denied by yet another birth mother for private adoption, Josh felt exasperated: “I have a PhD [in early childhood education] and [my husband] is a nurse practitioner, but we’re not good enough for your baby?! Like, you wouldn’t even look at [us as potential parents] for adoption!”

Making sacrifices and concessions

By and large, participants were paying out of pocket for the various expenses of pursuing parenthood, making sacrifices elsewhere to afford the costs. Moving or sometimes staying somewhere they did not want to be because of a low cost of living or a good paying job with decent insurance coverage alleviated some of the financial pressures, but it could lead to other kinds of stress and hardship. Sasha and her wife had long planned on moving to Atlanta in order to live in a “accepting, kind of democratic bubble” after growing up in conservative small towns, but when they began researching the process of becoming parents, they soon took Georgia “off the table” and decided to put down roots in their Florida town, where it was legal to inseminate at home, and thus, much more affordable.

Prioritizing parenthood sometimes meant delaying other milestones or goals, such as canceling travel plans, downsizing their wedding, or putting off buying a home. Raul and his husband were struggling with how to take the next steps in their lives given their financial situation and the steep costs of pursuing parenthood as two cisgender men: “[money] is a really big consideration for us, particularly because, you know, do we ever maybe want to own a house? Do we want to do this [become parents] *or* do we want to do that [own a home]?”

Similarly, financial constraints meant choosing more affordable but somewhat less preferred pathways to parenthood. Though Brigid and her wife were joyous parents to their now toddler-aged daughter, Brigid had initially struggled with the decision to pursue embryo donation after fertility struggles eliminated most other biological options aside from IVF, which was beyond their financial means. Sometimes the intersection of structural, financial, and personal limitations could force parents-to-be into making concessions and compromising on certain

desires they had for the process, such as using a sperm bank rather than a preferred known donor so as to tap into health savings account funds. Other times, it could look like changing plans in who was to carry the pregnancy, especially when unexpected fertility issues were discovered. Both Jo and Tanya described their gender identities as being complex and queer, making the idea of pregnancy undesirable and even dysphoric. However, the drive to become a parent in the most affordable, secure, and advantageous way won out. Jo described her pregnancy in dire terms, “I want [to be a parent] bad enough that I’m willing to *walk through fire* [emphasis added] to get to the other side of it,” and Tanya spoke of going through intensive therapy before coming to terms with the necessity of her being the one to carry.

Oh shit, it may have to be me, but I’m capable of doing it, and I CAN do it, and fuck
what the world thinks about this Black, masculine woman in the South carrying a baby...

I am doing this for my family.

David also contended with feelings of dysphoria at the prospect of carrying, but he had a strong support system in his partner, their friend/known donor, and his knowledgeable doctor who had experience with transgender men seeking parenthood. He had paused his hormone treatment, switched other prescription medicines to safer alternatives, and made dietary changes to physically prepare. “I felt like I could tackle the temporary aspect of being with human to accomplish a goal that I’ve wanted to accomplish for, like, *ever*.”

Securing their parenthood

Securing their relationship and family rights was a key priority and often carried steep costs, both financial and emotional. Parenthood, even in the easiest of circumstances with the least number of barriers, is quite an expensive undertaking for most people. As discussed, these

costs climbed exponentially for those seeking biological pathways, especially any route that required ART. However, essentially all pathways to parenthood required additional legal measures to ensure both partners had full and inalienable parental rights. These measures varied across pathways and states, influencing participants' fluctuating perceptions of urgency. As Tanya explained:

It's costly to try to get pregnant. There's definitely a cost that comes with having a child (*laughs*) and all the things they require! And then there's the *additional* costs to secure your family, particularly in places like Tennessee.

For prospective parents in places with particularly hostile and minimally protective legislation such as Tennessee, Alabama, and Georgia, securing their parental rights and protecting their family was among the earliest priorities. Laws regarding de facto parents – or those who act as primary caregivers day-to-day and therefore have access to parental rights including custody in cases of relationship dissolution – varied across states in the study, and those in states with recognition felt less pressure to pursue and pay for second-parent adoption for the non-gestational parent.

Based on the promises of federal marriage equality, many hoped that legal marriage as a first step toward parenthood would properly establish parental rights. Indeed, laying a “secure foundation” for their family was a salient motivation to enter marriage. Entering legal marriage conferred certain benefits such as the ability to adopt as a couple and the right for both spouses to be listed on the birth certificate for children conceived within the relationship. However, the documentation of marriage and birth certificates did not alone guarantee full parental rights to both partners in all cases. Lara and her wife had sought advice to determine what would be

necessary to establish her wife as a rightful parent of their child that Lara was carrying. Even after meeting with multiple lawyers, they were still unsure: “are we really gonna have all the protections that an opposite sex couple would have in terms of parental rights and things like that? And I mean, the answer is no one really knows!” Similarly, Alyson learned early on in her research that a birth certificate with both her and her wife listed was essentially a “really beautiful piece of paper [that] doesn’t actually mean anything,” Hiring a lawyer to facilitate second-parent adoption for the non-gestational parent helped to alleviate uncertainty even as it left parents feeling frustrated at the extra steps required to establish their rights.

Navigating equal parental rights was even more complicated for those who started their families before federal marriage equality. Jo, who held a handfasting commitment ceremony pre-legalization for the sake of her mother’s approval, chose to seek a legal marriage nearly a decade later in hopes that it could make shared legal parentage easier for her and her wife who had taken turns carrying pregnancies. “We thought that [getting legally married] would impact our legal relationship to the kids [...] and then it turns out, it didn’t really.” It took the help of an attorney with a specialization in LGBTQ family law and several years of false starts in the adoption process as laws changed at the state and federal levels, but it was not until their divorce that they were able to each gain legal parental rights to both of their children when they eventually *sued one another* for custody.

Additionally, state-level differences in the specifics of family law could intensify or lighten these hardships. Discursive state variations in birth certificates and language for second parent adoption were salient sites of these differences. Some states continued to list parents as “mother” and “father” on birth certificates, no matter the gender makeup of the couple, generally

listing non-gestational parents as “father” for those having biological children or assigning roles seemingly at random for adopting couples. Worrying that this would cause problems later on, parents contacted vital records offices to request a change to “parent 1” and “parent 2” where available, sometimes enduring frustrating or embarrassing conversations with people ignorant about the particulars of same-gender parents. Relatedly, differences in language surrounding second-parent adoption (still called “stepparent” adoption in some states) elicited feelings of degradation and resentment as if indicating that there was still another “more legitimate parent” involved (i.e., the biological source). Casie was preparing to adopt her child in Alabama where the only process available is “stepparent adoption.” Especially considering that her wife was carrying their child using Casie’s egg, she bristled at the verbiage and its intended meaning: “It’s an incorrect labeling, and it makes me feel like people are trying to imply that I’m not, you know, *equally* the kid’s parent.”

The recency of marriage equality and the resultant lack of legal experience or precedent with *divorce* equality also introduced additional costs or at least additional questions and concerns about securing one’s family. Brigid had been previously married while living in a state that married same gender couples but had to wait for the federal ruling to obtain a divorce so that she could marry her now-wife in North Carolina. Due to lack of precedence in Tennessee, Lydia’s attorney lacked certainty on how custody of their adoptive daughters could be determined in the possible case of a future divorce; an additional attorney specializing in LGBTQ* families was required for Jo and her wife to amicably sort out custodial parental rights during their divorce.

The obligation to legally protect and secure their family took a deep emotional toll that was exacerbated when the required steps were difficult to ascertain or hard to access. Feelings of indignity, rage, contempt, dejection, and resentment were evident when participants spoke of the compulsory work of “legitimizing” and protecting their parenthood. It was exhausting to constantly be on the defensive, always anticipating potential attacks on their family and legal parenthood. “It’s a little disconcerting not knowing (*sighs*) what [the risks] might be and you overprepare on the off chance that something happens.” (Lara)

Protecting their hard-won family

Despite entering marriage to secure parental rights and choosing certain pathways to parenthood that promised more assurance, those who had transitioned to parenthood found the costs continuing to accumulate. The introduction of a child steepened the stakes, and heterosexual mistreatment was no longer tolerable even if unavoidable. In addition to the costs of legal protections such as second-parent adoption, preparing for various threats to their children and family welfare was a fundamental aspect of new parenthood. The risk of emotional harm from families of origin and apprehensions about acceptance in the community were paramount concerns.

Like the turning point that marriage provided for families of origin, the promise of a grandchild could provide incentive for participants’ parents and in-laws to change their behaviors and become more accepting or supportive. However, prospective and new parents felt hesitant to risk their child’s emotional well-being with previously intolerant relatives, thus further straining tenuous family relationships. Josh’s in-laws failed to acknowledge their son’s marriage for years yet assumed they would be involved in the child’s life. Josh required family counseling and

clearly expressed apologies from his in-laws before agreeing to any visitation arrangement. Raul also worried about how his child would be treated by more religious members of his family: “I hate that I feel like I have to protect kids that aren't even born yet from the people that are supposed to love them above all else.”

Anticipating potential discrimination in the broader community motivated parents to develop contingency plans for when their child got older. The transition into the school system especially elicited feelings of anxiety, and discussions of moving either out of the South or at least to more “accepting” school districts were typical among parents. Sasha worked in the school her child would attend but still worried about how her child would be treated, Tanya's wife promised her they would reassess their sense of safety before their son started kindergarten, and Brigid and her wife spoke frequently about how they could protect their daughter from future homophobic bullying at school: “we're very much aware that we're in the South, I think that awareness [of the risk of discrimination] grows as she gets bigger and expands her network past just [us].” Shielding their child from potential mistreatment within their families and communities was a continuation of the undue stress parents felt throughout the process of building their families and pursuing parenthood.

Persisting and Resisting in the South

The process of building their families and pursuing parenthood was never as straightforward as many hoped and some expected. No matter the amount of social capital, financial resources, and emotional support one had, external conditions at the state and federal levels could inflict strain and stress on families. The election and inauguration of Donald Trump incited anxiety and insecurities about family legitimacy, eliciting adjustments in family planning

timelines. Shifting big wedding plans to an elopement before inauguration, beginning fertility treatments, and procuring donor sperm were steps taken specifically in response to the election results. Citing a genuine sense of urgency and fear, those in more hostile areas knew their state-level legislation would likely not protect them in the event of negative federal level changes in LGBTQ* law. Casie, despite feeling considerably privileged, noted her family's vulnerability to unpredictable changes in legislation:

I'm terrified of the recognition of our marriage being taken away, and I'm worried about other [anti-LGBTQ*] legislation that would negatively affect our family. I know that we will always be a family in our eyes, but being legally recognized, I think is just so important to us, but also to our kids in the future. And just being seen as a legitimate family [...] especially with [Trump being in office] like I'm just terrified that [marriage] is going to be overturned or, you know, Alabama is going to do something [detrimental to LGBTQ* families]. There's just so many things that could happen, and I feel like there's just always this constant concern or worry that that's going to happen, because we don't have the rights we need as it is or, you know, what we do have is under threat to be taken away constantly. That's definitely a fear that I have just in the back of my mind *at all times*.

Changing and hostile state legislation challenged feelings of connection to the South as home, and this incongruence was worsened when transitioning to parenthood. Feeling compelled to protect their children, particularly after having worked so hard to have them, parents were considering leaving places once considered home. The cited positives of the South – the friendliness and warmth, proximity to nature, a culture of resilience and hard work, deep

generational roots in the region – could not always eclipse the risks of raising a family there while queer. Making plans to relocate their family in case of worsening legislation or increased discrimination, many grieved the idea of leaving their homes simply because leadership in the South refused to improve on LGBTQ* policy. Erin lamented, “the world is changing, and the South is *not* changing with it,” while Casie defeatedly noted, “[it feels like] nothing will ever get better here. Living in Alabama or in the South, even if there’s progress somewhere else, you feel like it’ll never happen here.”

Reclaiming the South as their own or as a potentially welcoming place for queer families helped others to see a place for themselves in the region, however cautiously. Excepting the constraints of currently conservative politics, Chase observed that certain cultural norms of the South aligned quite well with queer families: “I think that if Southern folks weren’t influenced by [traditional Christian beliefs] then they would have so much to offer to queer families. The hospitality, the well-connected extended families, the just the friendliness and the home cooking and everything.” Tanya felt that, as a Black lesbian couple, she and her wife raising a child in the South was an act of generational healing: “we’re turning back, in a sense, to a place that my ancestors fled from and creating a life here. There’s something beautiful about that.” Still, they realized that the compounded brutality of White supremacy and heterosexism in Tennessee could prove to be too risky for their family’s safety, and they kept tentative plans to relocate if sociocultural conditions worsened.

Despite the additional financial, emotional, and interpersonal costs incurred in the process of pursuing parenthood, the joy of finally being a parent was immense. Achieving the goal of parenthood with a partner was, for many, a dream come true. Several participants had

long harbored feelings that parenthood was their “destiny” or “calling,” and Tanya got emotional as she shared what welcoming a newborn son with her wife meant to her:

This is the happiest moment of my life. [...] What we have created, this is what I've been waiting for for a long time. And I can say that not just figuratively, but I remember [reading] in my old journals where [I wrote] I just wanted to be with my wife and my two kids sitting at the back of the church and nobody winces at it. Like that was *it*. That was the dream for me at 19.

Having a family of their own, one that they built from their own vision with people that they love and creating a life that either continued a family legacy or broke a generational cycle of trauma, was the culmination of years of effort and considerable financial and emotional sacrifice. To reach their goals, participants persisted through painful coming out processes, tumultuous relationships in their families of origin, intentionally convoluted legal processes, and deeply painful medical ordeals, all within antagonistic sociopolitical contexts. But the gift of parenthood was unparalleled.

CHAPTER FIVE: DISCUSSION

In seeking to understand queer people's pursuit of parenthood in the South, I identified *modeling homonormativity to approximate heteronormativity* as the process by which couples build their families and have children. The bidirectional forces of heteronormativity in the South inform traditional values that instill and demand homonormativity yet punish queer people who seek family through exclusionary legislation and hostile sociocultural norms. The culture of the South informed the rules by which people are expected to build and "do" family, promoting nuclear family systems of biological children birthed into a legally married couple. At the same time, the political context of the South made homonormative family difficult to achieve with legal barriers and codified social norms that worked to prevent the approximations available to queer parent couples. The present study offers a grounded theory of how queer people pursue parenthood in the South as a process that: 1) is deeply entrenched in and constrained by hegemonic heteronormativity and 2) is plagued by continued inequity in access to family and parental security since the Obergefell ruling. Following, I further discuss these conclusions and how they illustrate my theoretical contributions via my integrated framework of hegemonic heteronormativity and minority stress.

Influence and Constraints of Hegemonic Heteronormativity

In reviewing the studies which empirically engaged with Oswald et al.'s (2005) original model, Allen and Mendez (2018) found that none fully addressed the contexts of power from which their samples came when analyzing their findings. Despite how it is often used or discussed in empirical literature (see Grzanka & Miles, 2016 for a thorough critique), intersectionality is not something that "happens" to particular people. It explicitly describes the systems of oppression that intersect to provide extraordinary privilege to certain groups while

also compounding disadvantage for particular people *in service to privileging others* (Moradi & Grzanka, 2017). With my focus on pathways to parenthood – a realm in which social and material resources and cultural capital were arguably central determinants of how a family comes to be, intersectional critical analysis of queer identity within families was imperative. The use of my integrated model along with critical reflexivity (Birks & Mills, 2015) guided me to engage not only with marginalized identities and their impact on family formation but also how privilege, power, and access came into play for those in this study.

Whether explicitly stated or not, there tends to be an assumption, even within this very project, that when LGBTQ* people participate in such normative institutions such as marriage or parenthood, their mere participation is a *queering* of that institution. Historically, partaking in such traditions has been a site of contention and divergence in the LGBTQ* community, with some factions believing that assimilation into mainstream culture and civic participation will advance the legal protections and acceptance of LGBTQ* individuals; others see assimilation as a shameful dilution of their identities, preferring instead to liberate themselves from institutions and expectations inherently hostile to their difference (see Duggan, 2002). This is an oversimplification of decades of political work and strife, but it is necessary to elucidate these trajectories when examining LGBTQ* families as this study did. Findings here support a pattern of assimilation into mainstream culture (heteronormativity) by participants as they built their families and pursued parenthood. By establishing *modeling homonormativity* as central to the process of pursuing parenthood in the U.S. South, the present study was able to not only describe that process but also explain how the distinct cultural norms of the South³ informed family

³ When I describe “Southern culture” in this model, I am speaking to the hegemonic culture and power structures, so often at odds with the lived realities and radical praxis of the South’s inhabitants. Some of the strongest and most powerful people’s movements for progress in the U.S. have been born in the South, often spearheaded by Black Southern, sometimes queer, women. See Murray’s (1989) memoir as an example.

formation desires while simultaneously limiting or complicating access to family. Furthermore, one's ability to effectively model homonormativity and thus nuclear family standards was complicated by their proximity to the normative pole of hegemonic heteronormativity's binaries as determined by the intersection of their gender, race, and class alongside their adherence to traditional Southern values.

Cisheteropatriarchy

One of hegemonic heteronormativity's foundational building blocks is that of cisheteropatriarchy, a system which maintains the supremacy and authority of straight White cisgender men specifically through the oppression and exploitation of all women and transgender and gender non-conforming people (Alim et al., 2020). Although this inherently disadvantages all queer people, certain configurations of identity, or placement within *spheres of representation*, can confer privileges that bring one closer to the hegemonic standard.

It was somewhat surprising to have such a large majority of participants pursuing biological parenthood, particularly in the context of extant literature that ranks fostering and adoption as a predominant pathway to parenthood for queer people (Farr & Goldberg, 2018). As supported by Allen and Mendez's model, my study suggests closer approximations to hegemonic heteronormativity were easier to achieve for cisgender, and/or gender-conforming women, especially those who were White and affluent. First, their possession of a uterus, although not a guarantee of fertility, provided a starting line much closer to heteronormative family formation efforts than their counterparts in the study. The lack of such "equipment" was mourned by both Josh and Raul, cisgender men who desired biological children but were deterred by the prohibitive costs of surrogacy and were thus pursuing private adoption.

Extant literature has explored parenting motivations of lesbian women and found similar scripts as from heterosexual women who cite “natural instincts” and an “innate” desire to care for children (Bos, 2013). Gendered socializations and the motherhood mandate (Russo, 1976), or the belief that motherhood is the foundation of “true womanhood,” is common across sexual orientations, and such strict demands on women are arguably stronger within the South’s traditional gendered expectations. Some women in the study subscribed to such beliefs, making struggles with fertility even more traumatizing, such as with Erin who felt she had “failed womanhood” after four IUI attempts failed to produce a pregnancy.

Previous explanations of lower rates of parenting amongst gay men cited gendered differences in motivations to parent with pressures to achieve this milestone largely informed by partnerships with women and thus ineffective for men partnered with men. A 2018 study of parenting intentions among predominantly White (79.9%) cisgender gay, lesbian, and heterosexual men and women in the U.S., however, found no significant differences based on gender and sexual orientation (van Houten et al., 2019). Their findings regarding gay men’s intentions to parent added dimension to extant evidence that this group is less likely to parent by suggesting that the discrepancy in fulfillment of parenting desires has more to do with structural barriers to parenting rather than an innate characteristic of the gay male population. Although the present study included only three cisgender men partnered with cisgender men, the obstacles they faced to certain types of parenthood were virtually insurmountable.

Class privilege

Overall, participants in this study possessed considerable class privilege and occupational prestige, with many and their partners having obtained advanced degrees in fields such as

healthcare, law, and education. Their financial resources allowed them to take on the steep prices associated with pursuing parenthood (e.g., cryobank sperm, legal fees, private adoption costs), though many still spoke of having to build up savings or take out loans as cycles and attempts continued. Raul was the only participant to describe significant financial hardship after losing his job in performance arts due to COVID-19 and moving back to his hometown to care for his aging parents. However, he had grown up with economic privilege and thus had a difficult time adjusting to his change in status, especially as it impacted his pursuit of parenthood.

Alongside financial privilege, many participants and their partners held specialized knowledge in fields related to conception, child development, and parenting. This expertise could sometimes help them navigate the complicated processes involved in pursuing parenthood via social and occupational connections to resources such as family lawyers and healthcare providers. For instance, Eva, Erin, and Brigid all worked in reproductive healthcare and benefited in various ways, like access to reduced or free insemination and avoiding gaps in in IUI cycles during the early stages of COVID-19. Additionally, familiarity with reproductive health, legal systems, and child welfare prepared participants to better advocate for themselves and their families, though this knowledge did not always insulate them from mistreatment and discrimination, legally sanctioned or otherwise. Although the body of queer family literature has been criticized for including overwhelmingly affluent and highly educated samples (see Bible et al., 2018), my findings support the argument that this may perhaps be due to the inaccessibility and inequity in attaining queer parenthood under current conditions.

White supremacy

Financial privilege and social capital addressed *some* of the additional barriers participants faced in achieving parenthood such that many of them could afford exorbitantly priced donor sperm and the specialized fertility treatments and insemination necessary, but there were still added costs introduced by White supremacy. Tanya and Eva, the only Black women in the study, had financial privilege but faced further complications and costs in trying to locate healthy and well-matched donor sperm. Previous literature on insemination pathways for Black women substantiate this as a broader problem with the “overwhelming Whiteness” of cryobanks and donor sperm (Karpman et al., 2018), which has led to Black women preferring to utilize known donors. This option, however, is more complicated in the South where rightful parenthood is already contentious and more vulnerable to attempts to invalidate queer families. Indeed, the present study’s findings indicate legal protection as a fundamental motivation and goal at each step of the process of family building, largely based on fears about more informal routes to parenthood. As privilege can denote the lack of barriers, White women participants expressed dissatisfaction at the costs of acquiring sperm but never experienced a sense of scarcity in finding a good match. In fact, many were “overwhelmed” by their vast options and relied on “vibes” to make final selections, supporting previous research findings on the “de-racialized and de-politicized” choices of White lesbian women who used sperm banks (Ryan & Moras, 2017).

Traditional Southern values

The culture of heteronormativity is more or less the hegemonic culture of the U.S., but the particular histories and traditions of the South establish the region as a bastion for

heteronormativity, given its roots in extreme and ratified White supremacist violence, stringent patriarchal gender norms, and an allegiance to nuclear family formation. For participants, all of whom either were raised in the South or by Southern people, the cultural influence of the South impacted and informed decisions and motivations to build families that were largely undeterred by the realization and acceptance of their sexualities.

The decision to enter marriage, while believed to grant certain desirable legal rights, was also largely based on traditional family values, both explicit and implicit. David insisted he would never pursue single parenthood, even though having a child was among his deepest desires, as his definition of family was based on two committed romantic partners raising a child together. Similar values were communicated more indirectly by others. For instance, parenthood did not occur to some as a real possibility until *after* federal marriage equality opened a door to family formation. Although this may be partially due to the legal pathways now available (see Goldberg et al., 2013), it was distinctly the transition of becoming a married person that sparked the idea of family for some. Entering marriage could also be a tipping point on the bipolar deviant-normative scale of hegemonic heteronormativity, providing not only legal recognition but a symbolic gesture of assimilation into homonormativity.

Minority Stress in the South

Essentially all elements of minority stress were represented in the experiences of this study's participants, throughout their lives and throughout the process of pursuing parenthood. Arguably, the sociopolitical context of the South was the predominant source of discrimination in the lives of these participants, evidenced through interpersonal discrimination from those who had internalized the heteronormativity of the region and the objectively hostile legislation

limiting access to family and other rights. The anticipation of mistreatment was a salient factor in pathway decisions, specifically for those who opted out of adoption and foster care. Perceptions of the overall legal context as ambiguous-to-hostile and vicarious “horror stories” about the arduous process of adoption effectively eliminated this pathway opportunity for several participants. This can have a negative ripple effect for children in foster care, especially those most at risk for aging out such as LGBTQ* youth, who often have more difficulty in securing stable and loving homes due to heterocissexist mistreatment and prejudices but are more likely to be accepted by queer prospective parents (Goldberg et al., 2020). Citing discrimination they had already experienced in the South, queer parents in this study remorsefully saw their parenting as an additive risk to the life of a child in need of foster or adoptive parents.

Several participants spoke of coming out late in life for fear of estrangement and disownment from their family of origin. Indeed, many spoke of realized family estrangements, most of which were due to rejection based on sexual orientation. Additionally, when asked to reflect on their perceptions of how LGBTQ people were treated in their areas, participants shared anecdotes about personal feelings of safety with being visibly “out” in public (e.g., comfort in holding hands walking down the street or showing affection in front of strangers). Lydia and her wife were sometimes mistaken for “two moms on a playdate” with their two children, but she never bothered to correct strangers for fear of being harassed. In general, expectations for their attempts to pursue parenthood were heavily tempered by perceptions of the sociopolitical context and awareness of the hostile legal landscape. Lydia was not disappointed at the lack of LGBTQ-parent-specific knowledge from her family attorney; she was just grateful that he and the DCS caseworkers were not openly antagonistic. And Tanya said, “we’re not under any illusion that

these places [like Tennessee] are easy to get pregnant in.” This was less an internalization of homophobic beliefs and more of a resigned acceptance of the additional barriers in place as they worked toward parenthood in the South.

Continued Inequity in Access to Family and Parental Security

In the Opinion of the Court delivered by Justice Kennedy regarding *Obergefell v Hodges*, he describes, “a disagreement that caused impermissible geographic variation in the meaning of federal law” that the ruling was meant to remedy. However, as is clear from this study’s findings, the “impermissible geographic variation” continues in the U.S. South. As such, legal and advocacy groups continue to recommend additional documented security such as medical authorization, guardianship agreements, wills, and advanced directives (NCLR, 2019), especially as state legislation continues to fluctuate. Furthermore, laws determining legal marriage as a prerequisite to parenthood reify the idea of family as an inherently conservative institution, essentially demanding a certain level of assimilation from queer people in exchange for the opportunity at a family.

The impacts, both positive and negative, of changing sociopolitical contexts for LGBTQ* people are well-documented (e.g., Baumle & Compton, 2015; Farr & Goldberg, 2018; Ogolsky et al., 2018), and many scholars and advocates had hoped that the landmark 2015 Supreme Court ruling granting marriage equality would provide a turning point for LGBTQ* family well-being. As expected, there have been essential gains in social progress in the last seven years – social acceptance of marriage equality is currently at a historic high of 70% according to a recent Gallup poll (McCarthy, 2021). Nevertheless, the present study provides evidence of ongoing inequities in the South, arguably due to the double bind of internalized heteronormative cultural

values of inhabitants, including queer parents, and persistent anti-LGBT* laws and practices. This continued injustice calls for a critical rethinking of resilience as currently conceptualized, moving beyond individual- and family-level factors to shift our focus to intervention at the structural level through collective action and legislative changes.

Obergefell was not enough

As evidenced in this study's findings, pursuing parenthood in the South as a queer person can be ultimately quite convoluted, even for those who obtain advanced degrees and are systemically knowledgeable, have the time, resources, and ability to research the process, and have the social capital and connections to the people and resources they need. Since the 2015 federal ruling declaring marriage equality and all of the intended benefits therein, Southern states' have been relentless in their pursuit of anti-LGBTQ policies, leaving the region a patchwork of unclear and ever-changing legislation. This lack of clarity or consistency in the law and practice leads to unnecessary costs, delays in one's life plan, and intense emotional strain. The emotional toll of these costs cannot be understated. There are the 'necessary others,' the unromantic medicalization of the process, the arduous process of finding LGBTQ*-friendly service providers, persistent and nagging concerns about their child's safety after finally achieving parenthood, all done while navigating changing state laws and monitoring the sociopolitical climate. These costs are unnecessary, unethical, and technically unlawful under the current Supreme Court ruling, though current court appointments continue to be a source of anxiety and uncertainty.

Between the end of data collection and the write-up of this study, a leaked Supreme Court opinion (Amiri, 2022) challenging *Roe v. Wade* elicited legitimate concerns about the

vulnerability of marriage equality (as well as interracial marriage and other progressive wins for marginalized families) at the federal level as well. Participants interviewed after the inauguration of Biden in 2021 expressed hesitancy in assuming a new presidency would bring an end to the attacks on their families, specifically citing uncertainty and distrust in the Supreme Court.

Rethinking resilience

These findings are not intended to indicate that any of these participants or queer people in the South overall are downtrodden and powerless, as there is indeed a tremendous amount of resilience evident in this study and the history of queer politics in the region. However, the conditions as they stand are unacceptable and squarely to blame for the majority of difficult circumstances faced by LGBTQ* folks in the South (and globally). The participants in this study arguably did “all the right things” and still faced hardships in achieving their goal of parenthood.

Indeed, because these families were resisting and persisting even in the face of sometimes overwhelming inequities, it is worth considering the immense potential of these families if the barriers were removed. Ogolsky and colleagues’ (2018) longitudinal study used Meyer’s (2003; 2015) minority stress theory framework to assess well-being among people in queer relationships before and after the federal ruling on marriage equality and included participants in Georgia and Florida. Their results suggested that the federal-level shift could promise improved conditions and thus well-being for queer people. However, in the context of the current study’s findings, ongoing contentions and hostility from Southern state leadership threatens to fortify heterosexism in the region, negatively impacting queer families who reside there.

Interpretation of my findings also offers a critique of LGBTQ* family resilience as currently conceptualized. After all, what can resilience alone offer in the face of torrential heterosexist discrimination legislated so sharply? Many of the elements of family resilience (Walsh, 2006) depend on family-level factors rather than contextual factors, perhaps from an argument that individual- and family-level factors are accessible points of intervention. However, collective action to change the circumstances of the context, which arguably introduces the highest risks, *is* possible and has historical precedent. Hegemonic individualistic cultural norms of the U.S. are especially potent in some pockets of the South, as situated within the South's separatist past, yet the region has also been home to significant progressive intersectional social movements, such as the Civil Rights Movement of the mid-19th century.

Although collective action from parents could indeed impact changes in legislation in Southern states, placing the onus of responsibility solely on queer parents to do so is unfair and untenable given the hostility they already face. In fact, Oswald and colleagues (2018) studied LGB parents in non-metropolitan areas and found that those in more hostile climates were less likely to engage in political activities, likely due to feeling less safe in “outing” themselves or their families. Family scholars and practitioners know what families need in order to be resilient, strong, healthy, and happy, such as access to safe housing, food, economic security, physical and psychological safety. And, for queer people, these needs - only so recently promised - are being systematically stripped away on the federal and state levels.

Implications

Conclusions drawn from this study's findings provide implications for how changes in practice, scholarship, and policy may improve equitable access to family for LGBTQ* individuals seeking parenthood.

Recommendations for practitioners

My findings can guide recommendations for practitioners working with LGBTQ* individuals and families, specifically medical care providers, family lawyers, and child welfare agencies. A salient barrier described by participants was in finding and accessing not only LGBTQ*-friendly care but LGBTQ*-*knowledgeable* care. This differently was felt acutely in the cases of Casie and Erin – both of whom were highly educated and well-resourced as they pursued insemination with donor sperm, yet only Casie was able to access an infertility diagnosis from her doctor *without* the emotional, economic, and physical toll of IUI attempts. Even though Erin worked in reproductive healthcare, herself, and had a history of polycystic ovarian syndrome, she was still required to “prove” her infertility with unsuccessful and expensive insemination attempts, costing her intense emotional anguish and a year delay in her pursuit of parenthood. Like Casie, David had a friendly *and* knowledgeable OBGYN, whose experience helping transgender men carry and deliver safely, meant an easier, more compassionate, and less discriminatory experience for David as he sought to have a child. Medical care providers who are willing to work with LGBTQ* individuals in their area could increase their impact and quality of care by considering the specific needs and barriers their patients may face in reproductive healthcare.

Other providers of family services, such as lawyers and child welfare agencies, were found to be important gatekeepers in the process of pursuing queer parenthood. Lara, Lydia, and Jo all described frustrating experiences with family lawyers, many of whom were well-intentioned but inexperienced with LGBTQ* family issues. This inexperience could lead to additional financial costs, unnecessary legal processes, and delays in relationship decisions such as marriage and divorce. Arguably, staying up-to-date on LGBTQ* family and parent policies in such contentious states could prove to be difficult for individuals, but gaining familiarity with existing advocacy organizations such as Movement Advancement Project and Human Rights Campaign could connect attorneys with relevant information and resources. Similarly, ever-fluctuating laws appeared to impact the availability of LGBTQ*-knowledgeable caseworkers such as with Tanya's and Lydia's experiences with foster parent training. In some states such as Tennessee, official foster parent training materials are not inclusive of same-gender parents, leaving those seeking this pathway with uncertainties and a lack of support. Given the hostile sociopolitical climate, it is difficult to imagine what would be required to make official changes to these materials; however, LGBTQ*-allied individual caseworkers may consider providing inclusive and compassionate service to queer individuals and couples with whom they work.

Recommendations for scholars

There are of course many excellent critical scholars in the field, but I contend that Family Science lacks a cohesive understanding and, specifically, *application* of queer theory and politics in our scholarship. Acosta (2018) offered a clear and compelling proposal for how to do so in a contribution to the *Journal of Family Theory and Review*, and additional critical frameworks have been offered in recent years. For instance, Walsdorf and colleagues' (2020) "White

Supremacy and the Web of Family Science: Implications of the Missing Spider,” provided an exceptionally sharp political and historical approach to outlining the importance of recognizing White supremacy’s impacts on families and children. Similarly, it is vital to consider the sociopolitical histories and consequences of cisheteropatriarchy on family formation and processes, not only for LGBTQ* individuals and their families, but for *all* families. This shift starts with graduate student training in our field, which often lacks historically informed and policy-level curricula. However, the interdisciplinary nature of Family Science is ripe for such opportunities, and many of our foundational frameworks can provide an excellent gateway to these discussions.

Recommendations for policy makers

Lastly, my findings provide a strong case for necessary policy changes at the federal and state, and local levels. Given the current makeup of the Supreme court, LGBTQ* scholars and advocates are justifiably concerned with the potential of an overturning of the 2015 marriage equality ruling, which, as this study showed, has not been the stalwart guarantee of family safety it was hoped to be. Legal scholars have recommended a codification of marriage equality from Congress, though that looks unlikely to succeed. No matter what happens at the federal level, protecting and guaranteeing marriage and parental rights in state constitutions and legislatures, as was done pre-Obergefell, is a necessary step to protecting these rights from further threat and could help to improve other elements of the sociopolitical climate. Additional protective laws such as discrimination protections in housing, healthcare, and employment also promise to improve conditions for LGBTQ* people, ensuring they and their families have access to safe and happy lives.

Limitations

The findings of the present study should be assessed within the context of several limitations. First, by focusing exclusively on those who enter parenthood *after* coming out and *while* in a queer relationship, this study began with considerable limitations in whose experiences may be included. As Moore and Brainer (2013) point out, many Black lesbian mothers, especially those who were born outside of the U.S., became mothers in the context of previous heterosexual partnerships; these families make up a considerable portion of families headed by same-sex couples, the majority of which reside in the South. This study was not designed with the intent to perpetuate the norm of focusing specifically on White, wealthy, cisgender LGBTQ parents, though I acknowledge that by sampling specifically new queer parents, a large proportion of queer parenthood experience were not captured in this study. Thus, I hoped to address this limitation by approaching this study with my guiding critical framework, which demands acknowledgement of hegemonic power structures that determine certain parenthoods privileged, even within the context of a marginalized community.

Definitions and boundaries around kinship are also markedly different in indigenous, non-white, and immigrant families (Acosta, 2018; Moore & Brainer, 2013; Moore, 2011; Gilley, 2006; Itzigsohn et al., 1999; Vidal de Haymes et al., 2000). As such, specifically describing parenting as something intentionally sought from within a queer relationship may very well also lead to the exclusion of multigenerational, community-wide, and “informal” kinship connections and responsibilities. Because of the interwoven connections between race, ethnicity, and class in the U.S., these restrictions likely led to more homogeneity in social class representation in the sample than may be representative in queer parent populations overall. Grounded theory methods

do not assume or require generalizability, but it is important to acknowledge the specific frame of experience in this study. Under current sociopolitical conditions of the South, seeking parenthood from within a queer (as defined in this study) relationship does often command a certain level of social and financial capital.

As I acknowledged in my Methods chapter, I was unable to theoretically sample for this study, which culminated in a less developed exploration of the process of pursuing foster and adoption pathways. Because these pathways, at least through the child welfare system, tend to be less expensive, theoretically sampling for foster and adoptive parents may have introduced more diverse class experiences than are currently represented. Additionally, because adoption and fostering overall tend to be a very common route to parenthood for LGBTQ* people, it is curious that there was such little representation not only in the final sample but in the recruitment pool as well. I speculate that this is largely due to the uncertain and hostile legislation concerning foster and adoptive rights as well as parenting values and goals as informed by the Southern context. However, more targeted recruitment language or diverse strategies may have produced more foster and adoptive parents.

Lastly, most of the participants who were seeking or had taken biological routes were themselves carriers of the pregnancy except for one - Casie, whose eggs were being used for the pregnancy. Sasha was currently pregnant after her wife carried their first child and thus could reflect on her feelings of being the non-gestational parent. Previous research illuminates the particular experiences of non-gestational parents in queer relationships. Given the gravity and emotional toll of establishing parental rights for non-gestational parents, this study could have benefitted from more non-gestational parent representation and perspectives. Indeed, the goal of

securing one's parenthood was a key motivation and goal of nearly every step of the process in this study, and the precarity of parenthood was most sharply felt for non-gestational parents. As this was already a very rich topic of discussion with participants, even more depth and nuance could have been uncovered by having more non-carrying parents directly represented here. Lara shared that her wife had found the information about the study and recommended *she* be the one to participate to represent their experiences, assuming she was the focal parent due to her carrying status, even though nothing in the study recruitment materials specified as such. This anecdote and previous research indicate that assumptions regarding the supremacy of biological connections may be internalized by queer parents, themselves (Du Chesne & Bradley, 2007).

All participants, despite the hardships and obstacles they had faced, had achieved or were well on their way to parenthood. It is reasonable to surmise, given the difficulty faced by all participants, that there are in fact prospective parents in the South who are unable to achieve their goal. At the end of data collection, I had assumed that Raul, who experienced the most anguish and uncertainty at the time of our interview, may be among them. However, he communicated over email several months later that he and his husband were finally in process to become parents. As such, this study did not capture the experiences of those who face thoroughly unsurmountable barriers to parenthood. Future research and advocacy efforts could benefit from exploring the experiences of those unable to achieve their goals to parenthood as this could illuminate very specific points of intervention for improving family access equity.

Despite these limitations, findings from the present study contribute to the diversity of queer family literature by focusing on the Southern context, a previously understudied region in research despite the predominant number of queer families in these states. My study also

answered Allen and Mendez's (2018) call to apply and expand upon their updated Hegemonic Heteronormativity Model. Indeed, my proposed extension of *geographic location* as a contextual sphere expounded on the cultural and political manifestations of hegemonic heteronormativity, highlighting how homonormativity is internalized and modeled by queer people pursuing parenthood in the South.

Future Directions

More empirical research in general is needed on the diverse aspects of queer families in the South (Stone, 2018), with attention paid to both the internalization of Southern cultural norms and how they may inform ideas and values around family formation and impacts of the legal contexts on family formation. To better understand how the context of the South shapes the pursuit of parenthood for queer people, future family research could further explore the following: 1) experiences of foster and adoptive parents; 2) surrogacy laws and accessibility; 3) family formation and parenting in rural areas; 4) transgender parent experiences.

There is a considerable body of research on LGB adoptive parenting, with literature on various topics and issues such as transition to parenthood, parenting roles, motivations for adoption, and school involvement (e.g., Goldberg & Smith, 2011; Goldberg et al., 2012). Few samples focus specifically on these experiences in the Southern context (e.g., Hasenbush et al., 2014; Stone, 2018), though some national studies include participants from within the South (see Bible et al., 2018). More focused research is needed on how ongoing legislative attacks against fostering and adoption rights impact participation in those pathways. Furthermore, research with child welfare service providers on their knowledge of current laws and policies could highlight points of intervention to improve access to these parenting opportunities.

Surrogacy remains one of the most understudied pathways to parenthood, sustained by the dearth of research on gay men's parenting motivations, desires, and decisions (see Blake et al., 2017 for a qualitative study on gay men's surrogacy motivations). The limited existing research on the topic is rich and expanding knowledge on the intricacies of this experience could encourage progressive social and legal changes. Currently, surrogacy laws across the U.S. are uneven and unclear, resulting in steep financial costs, a lack of insurance coverage assistance, and ample opportunities for exploitation (Mamo & Alston-Stepnitz, 2015). As with many other rights and protections for LGBTQ* people, surrogacy laws in the South are especially uncertain or restrictive (Creative Family Connection, 2022). A review of the laws and practices regarding surrogacy in Southern states could provide a roadmap for prospective parents and guidance on where legislative action may be needed.

Despite the prevalence of LGBTQ* in rural areas across the United States (MAP, 2019), the body of empirical research focused on such areas is disproportionately small. Findings from such research continue to evince the importance of continued exploration (see Mendez et al., 2016) as queer people's experiences, particularly of family and parenthood, are uniquely impacted by their communities (Glass & Few-Demo, 2018). Previous work on LGBTQ* family experiences in non-metropolitan areas is often still based within larger state contexts with more supportive – or at least less hostile – legislation (e.g., Holman and Oswald, 2013). Exploring rural areas in the South is especially prudent given the uniquely hostile state contexts.

To my knowledge, no empirical research has been published which focuses exclusively on transgender people's pursuit of parenthood in the U.S. South. Extant literature has largely focused on the experiences of transitioning after becoming a parent (Dierckx et al., 2017), and,

lately, transgender individuals' intent to parent has become more prominent as access to gender affirming healthcare becomes more common for transgender youth (Nahata et al., 2017).

Advancements in biomedical technologies extend the possibility of biological parenthood too queer people, including transgender individuals (Condat et al., 2018), though this remains underexplored in the literature (see dickey et al., 2016; Karaian, 2013). Goldberg and colleagues (2020) recently examined barriers to adoption and foster care for transgender prospective parents across the U.S. Their study found that transgender parents could address a deep need in foster care as they were more willing (compared to cisgender sexual minorities) to foster and adopt "hard to place" children; yet, because of restrictive and discriminatory laws and practices, transgender people also experienced the most substantial barriers to achieving this pathway to parenthood. A comparative study on such experiences analyzing the states' legislative contexts could chart a course for targeted advocacy and policy work that would improve access to foster care and adoption for transgender parents.

Conclusion

This grounded theory study aimed to understand the processes and politics of pursuing parenthood in the U.S. South from within a queer relationship. Despite progress in protective LGBTQ* legislation and social acceptance across the country, the South, as a region, is an exceptionally hostile place for LGBTQ* individuals, both politically and socioculturally. Southern cultural norms instill conservative, traditional views about gender, sexuality, and family in its inhabitants, including LGBTQ* individuals. At the same time, state-level legislation limiting discrimination protections makes inclusion in and privileges of traditional normative family institutions more difficult to attain there. Using constructivist grounded theory methods, I

identified *modeling homonormativity* as the central process of pursuing queer parenthood in the South, including how participants made decisions regarding that process. Motivations for certain processes, such as entering marriage as a foundation for a family or choosing to have a biological child to ensure secure and unimpeachable parenthood reflected both internalized homonormative values and attempts to defend against the heterosexist context. Additionally, participants' visions and preferences for family configuration were informed by and varied based on their level of adherence to Southern cultural norms and thus heteronormativity. Approximations of heteronormativity were easier to attain for White, financially privileged, cisgender and gender conforming women, resulting in steeper additional costs for those targeted by White supremacy and cissexism. No matter the configuration of one's privileges, however, the pursuit of queer parenthood was costly – financially, emotionally, and psychologically – thanks to hostile, uneven, and convoluted policies and laws regarding family formation in the South. In spite of the difficulties introduced by the Southern context, couples here persisted in pursuing parenthood, reclaiming the South as the rightful home for the families they had long dreamt of.

REFERENCES

- Acosta, K. L. (2018). Queering family scholarships: Theorizing from the borderlands. *Journal of Family Theory & Review*, 10, 406-418. <https://doi.org/10.1111/jftr.12263>
- Allen, S. H., & Mendez, S. N. (2018). Hegemonic heteronormativity: Toward a new era of queer family theory. *Journal of Family Theory & Review*, 10, 70-86.
<https://doi.org/10.1111/jftr.12241>
- Alim, H. S., Lee, J., Carris, L. M., & Williams, Q. E. (2020). Language, race, and the (trans) formation of cisheteropatriarchy. *The Oxford Handbook of Language and Race*, 291-314.
- Amiri, B. (2022, May 4). *What to know about the leaked supreme court abortion draft opinion, and what's next*. American Civil Liberties Union.
<https://www.aclu.org/news/reproductive-freedom/what-to-know-about-the-leaked-supreme-court-abortion-draft-opinion-and-whats-next>
- Anderson, M., & Grant, J. M. (2021, October 7). The Queer Tax on LGBTQ+ Women Who Partner with Women. *The Advocate*.
<https://www.advocate.com/commentary/2021/10/07/queer-tax-lgbtq-women-who-partner-women>
- Arnold, E., & Bailey, M. M. (2009), Constructing home and family: How the ballroom community supports African American GLBTQ youth in the face of HIV/AIDS. *Journal of Gay & Lesbian Social Services*, 21(3), 171–188.
<https://doi.org/10.1080/10538720902772006>
- Baams, L., Wilson, B. D. M., & Russell, S. T. (2019). LGBTQ youth in unstable housing and foster care. *Pediatrics*, 143(3), 1-9. <https://doi.org/e20174211>

- Baumle, A. K., & Compton, D. R. (2011). Legislating the family: The effect of state family laws on the presence of children in same-sex households. *Law & Policy*, 33(1), 82-115.
- Baumle, A. K., & Compton, D. R. (2015). *Legalizing LGBT families: How the law shapes parenthood*. New York University Press.
- Batza, K. (2016). From sperm runners to sperm banks: Lesbians, assisted conception, and challenging the fertility industry, 1971–1983. *Journal of Women's History*, 28, 82–102. <https://doi.org/10.1353/jowh.2016.0019>
- Berkowitz, D. (2009). Theorizing lesbian and gay parenting: Past, present, and future scholarship. *Journal of Family Theory & Review*, 1(3), 117-132. <https://doi.org/10.1111/j.1756-2589.2009.00017.x>
- Berkowitz, D. (2013). Gay men and surrogacy. Lesbian and gay adoptive parents and their children. In Goldberg, A. E., & Allen, K. R. (Eds.), *LGBT-Parent Families: Innovations in Research and Implications for Practice* (pp. 71-85). Springer. https://doi.org/10.1007/978-1-4614-4556-2_5
- Berkowitz, D., & Marsiglio, W. (2007). Gay men: Negotiating procreative, father, and family identities. *Journal of Marriage and Family*, 69(2), 366-381. <https://doi.org/10.1111/j.1741-3737.2007.00371.x>
- Bible, J., Bermea, A., van Eeden-Moorefield, B., Benson, K. E., & Few-Demo, A. L. (2018). A content analysis of the first decade of the *Journal of GLBT Family Studies*, 14(4), 337-355. <https://doi.org/10.1080/1550428X.2017.1349626>
- Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research. *Journal of Research in Nursing*, 13(1), 68-75. <https://doi.org/10.1177/1744987107081254>

- Birks, M., & Mills, J. (2015). *Grounded theory: A practical guide* (2nd ed.). SAGE.
- Blake, L., Carone, N., Raffanello, E., Slutsky, J., Ehrhardt, A. A., & Golombok, S. (2017). Gay fathers' motivations for and feelings about surrogacy as a path to parenthood. *Human Reproduction*, 32(4), 860–867. <https://doi.org/10.1093/humrep/dex026>
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, 103(5), 943–951. <https://doi.org/10.2105/AJPH.2013.301241>
- Bos, H. (2013). Lesbian-mother families formed through donor insemination. In Goldberg, A. E., & Allen, K. R. (Eds.), *LGBT-Parent Families: Innovations in Research and Implications for Practice* (pp. 21-37). Springer. https://doi.org/10.1007/978-1-4614-4556-2_2
- Brown, G. (2012). Homonormativity: A metropolitan concept that denigrates “ordinary” gay lives. *Journal of Homosexuality*, 59(7), 1065–1072. <https://doi.org/10.1080/00918369.2012.699851>
- Brown, C., & Rogers, M. (2020). Removing gender barriers: Promoting inclusion for trans and non-binary carers in fostering and adoption. *Child & Family Social Work*, 25(3), 594–601. <https://doi.org/10.1111/cfs.12731>
- Brown, S., Smalling, S., Groza, V., & Ryan, S. (2009). The experiences of gay men and lesbians in becoming and being adoptive parents. *Adoption Quarterly*, 12(3–4), 229–246. <https://doi.org/10.1080/10926750903313294>
- Bulatao, R. A. (1981). Values and disvalues of children in successive childbearing decisions. *Demography*, 18(1), 1-25. <https://doi.org/10.2307/2061046>

- Carpinello, O. J., Jacob, M. C., Nulsen, J., & Benadiva, C. (2016). Utilization of fertility treatment and reproductive choices by lesbian couples. *Fertility and Sterility*, 106(7), 1709-1713. <https://doi.org/10.106/j.fertstert.2016.08.050>
- Carroll, M. (2018). Gay fathers on the margins: Race, class, marital status, and pathway to parenthood. *Family Relations*, 67, 104-117. <https://doi.org/10.1111/fare.12300>
- Centers for Disease Control. (2021, December 20). *National Center for Health Statistics: Infertility FastStats*. <https://www.cdc.gov/nchs/fastats/infertility.htm>
- Chabot, J. M., & Ames, B. D. (2004). “It wasn’t ‘let’s get pregnant and go do it’”: Decision-making in lesbian couples planning motherhood via donor insemination. *Family Relations*, 53, 348-356. <https://doi.org/10.1111/j.0197-6664.2004.00041.x>
- Charmaz, K. (2014). *Constructing grounded theory: A practical guide through qualitative analysis* (2nd ed.). SAGE.
- Chauveron, L. M., Alvarez, A., & Van Eeden-Moorefield, B. (2016). The co-evolution of marriage and parental rights of gays and lesbians. *Journal of GLBT Family Studies*, 13(2), 114-136. <https://doi.org/10.1080/1550428X.2016.1187105>
- Chen, D. Matson, M., Macapagal, K., Johnson, E. K., Rosoklija, I., Finlayson, C., Fisher, C. B., & Mustanski, B. (2018). Attitudes toward fertility and reproductive health among transgender and gender-nonconforming adolescents. *Journal of Adolescent Health*, 63(1), 62–68. <https://doi.org/10.1016/j.jadohealth.2017.11.306>
- Clarke, A. E. (2003). Situational analysis: Grounded theory mapping after the postmodern turn. *Symbolic Interaction*, 26, 553 – 576. <https://doi.org/10.1525/si.2003.26.4.553>

- Clarke, A. E. (2005). *Situational analysis: Grounded theory mapping after the postmodern turn*. SAGE.
- Compton, D. L. R. (2018). How many (queer) cases do I need? Thinking through research design. In M. Compton, & Schilt (Eds.), *Other, please specify: Queer methods in sociology* (pp. 185-200). University of California Press.
- Condat, A., Mendes, N., Drouineaud, V., Gründler, N., Lagrange, C., Chiland, C., Wolf, J.-P., Ansermet, F., & Cohen, D. (2018). Biotechnologies that empower transgender persons to self-actualize as individuals, partners, spouses, and parents are defining new ways to conceive a child: Psychological considerations and ethical issues. *Philosophy, Ethics, and Humanities in Medicine*, 13(1), 1–1. <https://doi.org/10.1186/s13010-018-0054-3>
- Corbin, J., & Strauss, A. (2008). *Basics of Qualitative Research* (3rd ed.). SAGE.
- Côté, I., & Lavoie, K. (2018). A child wanted by two, conceived by several: Lesbian-parent families negotiating procreation with a known donor. *Journal of GLBT Family Studies*, 15(2), 165-185. <https://doi.org/10.1080/1550428X.2018.1459216>
- Creative Family Connection (2022). *US Surrogacy Law Map: Married-Same-Sex- Couples*. <http://www.creativefamilyconnections.com/us-surrogacy-law-map/married-same-sex-couples>
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299.
- dickey, l. m., Ducheny, K. M., & Ehrbar, R. D. (2016). Family creation options for transgender and gender nonconforming people. *Psychology of Sexual Orientation and Gender Diversity*, 3, 173–179. <https://doi.org/10.1037/sgd0000178>

- Dierckx, M., Mortelmans, D., Motmans, J., & T'Sjoen, G. (2017). Resilience in families in transition: What happens when a parent is transgender? *Family Relations*, 66(3), 399–411. <https://doi.org/10.1111/fare.12282>
- Dionisius, S. (2015). Queer matters: Family-building processes of lesbian couples using donor insemination. *Distinktion: Scandinavian Journal of Social Theory*, 16(8), 283-301. <https://doi.org/10.1080/1600910X.2015.1091781>
- Downing, J., Richardson, H., Kinkler, L., & Goldberg, A. (2009). Making the decision: Factors influencing gay men's choice of an adoption path. *Adoption Quarterly*, 12, 247–271. <https://doi.org/10.1080/10926750903313310>
- Du Chesne, L., & Bradley, B. (2007). The subjective experiences of the lesbian (m)other: An exploration of the construction of lesbian maternal identity. *Gay & Lesbian Issues and Psychology Review*, 3(1), 25-33. <https://groups.psychology.org.au/Assets/Files/GLIP-Review-Vol-3-No-1.pdf#page=28>
- Duggan, L. (2002). The new homonormativity: The sexual politics of neo liberalism. In R. Castronovo & D. D. Nelson (Eds.) *Materializing democracy: Toward a revitalized cultural politics* (pp. 175-194). Duke University Press.
- Dunn, A. L., Stafinski, T., & Menon, D. (2014). An international survey of assisted reproductive technologies (ARTs) policies and the effects of these policies on costs, utilization, and health outcomes. *Health Policy*, 116, 238-263. <https://doi.org/10.1016/j.healthpol.2014.03.006>

- Durso, L. E., & Gates, G. J. (2015). Best practices: Collecting and analyzing data on sexual minorities. In A. K. Baumle (Ed.), *International handbook on the demography of sexuality* (pp. 21–41). Springer.
- Dworkin, S. L. (2012). Sample size policy for qualitative studies using in-depth interviews. *Archives of Sexual Behavior*, 41, 1319–1320. <https://doi.org/10.1007/s10508-012-0016-6>
- Farr, R. H. & Goldberg, A. E. (2018). Sexual orientation, gender identity, and adoption law. *Family Court Review*, 56(3), 374–383. <https://doi.org/10.1111/fcre.12354>
- Farr, R. H., & Patterson, C. J. (2013). Lesbian and gay adoptive parents and their children. In Goldberg, A. E., & Allen, K. R. (Eds.), *LGBT-Parent Families: Innovations in Research and Implications for Practice* (pp. 39–55). Springer. https://doi.org/10.1007/978-1-4614-4556-2_3
- Feinberg, E. C., Larsen, F. W., Catherino, W. H., Zhang, J., & Armstrong, A. Y. (2006). Comparison of assisted reproductive technology utilization and outcomes between Caucasian and African American patients in an equal-access-to-care setting. *Fertility and Sterility*, 85, 888–894. <https://doi.org/10.1016/j.fertnstert.2005.10.028>
- Gamarel, K. E., King, W. M., Mouzoon, R., Xie, H., Stanislaus, V., Iwamoto, M., Baxter, K., Suico, S., Nemoto, T., & Operario, D. (2021). A “tax” on gender affirmation and safety: costs and benefits of intranational migration for transgender young adults in the San Francisco Bay area. *Culture, Health & Sexuality*, 23(12), 1763–1778. <https://doi.org/10.1080/13691058.2020.1809711>
- Gates, G. (2008). Diversity among same-sex couples and their children. In S. Coontz (Ed.), *American families: A multicultural reader* (pp. 394–399). Routledge.

- Gates, G. (2011). *Family formation and raising children among same-sex couples*. NCFR Report, Issue FF51, F1-F4. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-Badgett-NCFR-LGBT-Families-December-2011.pdf>
- Gates, G. (2013). *LGBT parenting in the United States*. Los Angeles, CA: The Williams Institute UCLA School of Law. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Parenting.pdf>
- Gates, G. J. (2015). Lesbian, gay, bisexual, and transgender family formation and demographics. In W. Swan (Ed.), *Gay, lesbian, bisexual, and transgender civic rights: A public policy agenda for uniting and divided America* (pp. 21 – 34). Taylor & Francis.
- Gilley, B. J. (2006). *Becoming two-spirit: Gay identity and social acceptance in Indian country*. University of Nebraska Press.
- Goldberg, S. K., & Conron, K. J. (2018). *How many same-sex couples in the US are raising children?* The Williams Institute UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/same-sex-parents-us/>
- Goldberg, A. E., Downing, J., & Moyer, A. M. (2012). Why parenthood, and why now? Gay men's motivations for pursuing parenthood. *Family Relations*, 61, 157–174. <https://doi.org/10.1111/j.1741-3729.2011.006>
- Goldberg, A. E., Downing, J. B., & Richardson, H. B. (2009). The transition from infertility to adoption: Perceptions of lesbian and heterosexual preadoptive couples. *Journal of Social and Personal Relationships*, 26, 938-963. <https://doi.org/10.1177/0265407509345652>

- Goldberg, A.E., Gartrell, N.K., & Gates, G. (2014). *Research Report on LGB-Parent Families*. The Williams Institute, UCLA School of Law. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/lgb-parent-families-july-2014.pdf>.
- Goldberg, A. E., & Kuvalanka, K. A. (2012). Marriage (in)equality: The perspectives of adolescents and emerging adults with lesbian, gay, and bisexual parents. *Journal of Marriage and Family*, 74, 34–52. <https://doi.org/10.1111/j.1741-3737.2011.00876.x>.
- Goldberg, A. E., Moyer, A. M., Weber, E. R., & Shapiro, J. (2013). What changed when the gay adoption ban was lifted?: Perspectives of lesbian and gay parents in Florida. *Sexuality Research and Social Policy*, 10, 110-124. <https://doi.org/10.1007/s13178-013-0120-y>
- Goldberg, A. E., & Smith, J. Z. (2011). Stigma, social context, and mental health: Lesbian and gay couples across the transition to adoptive parenthood. *Journal of Counseling Psychology*, 58, 139–150. <https://doi.org/10.1037/a0021684>
- Goldberg, A. E., Tornello, S., Farr, R., Smith, J. Z., & Miranda, L. (2020). Barriers to adoption and foster care and openness to child characteristics among transgender adults. *Children and Youth Services Review*, 109(104699). <https://doi.org/10.1016/j.childyouth.2019.104699>
- Gonzalez, K. A., Ramirez, J. L., & Galupo, M. P. (2018). Increase in GLBTQ minority stress following the 2016 US presidential election. *Journal of GLBT Family Studies*, 14(1-2), 130-151. <https://doi.org/10.1080/1550428X.2017.1420849>
- Greil, A., McQuillan, J., & Slauson-Blevins, K. (2011). The social construction of infertility. *Sociology Compass*, 5(8), 736-746. <https://doi.org/10.1111/j.1751-9020.2011.00397.x>

- Grzanka, P. R., & Miles, J. R. (2016). The problem with the phrase “intersecting identities”: LGBT affirmative therapy, intersectionality, and neoliberalism. *Sexuality Research & Social Policy*, 13, 371–389. <https://doi.org/10.1007/s13178-016-0240-2>
- Green, R., Rubio, R. J., Rothblum, E. D., Bergman, K., & Katuzny, K. E. (2019). Gay fathers by surrogacy: Prejudice, parenting, and well-being of female and male children. *Psychology of Sexual Orientation and Gender Diversity*, 6(3), 269–283. <https://doi.org/10.1037/sgd0000325>
- Hafford-Letchfield, T., Cocker, C., Rutter, D., Tinarwo, M., McCormack, K., & Manning, R. (2019). What do we know about transgender parenting?: Findings from a systematic review. *Health and Social Care in the Community*, 1–15. <https://doi.org/10.1111/hsc.12759>
- Halberstam, J. (2005). *In a queer time and place: Transgender bodies, subcultural lives*. NYU Press.
- Haselschwerdt, M. L. (2013). Managing secrecy and disclosure of domestic violence in affluent communities: A grounded theory ethnography. ProQuest Dissertations Publishing.
- Hasenbush, A., Flores, A. R., Kastanis, A., Sears, B., & Gates, G. J. (2014). *The LGBT divide: A data portrait of LGBT people in the Midwestern, Mountain, and Southern States*. Los Angeles, CA: The Williams Institute UCLA School of Law. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-divide-Dec-2014.pdf>.
- Hatzenbuehler, M. L., McLaughlin, K. A., Keyes, K. M., & Hasin, D. S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual

- populations: A prospective study. *American Journal of Public Health*, 100, 452–459.
<https://doi.org/10.2105/AJPH.2009.168815>
- Hayman, B., Wilkes, L., Halcomb, E., & Jackson, D. (2013). Marginalised mothers: Lesbian women negotiating heteronormative health services. *Contemporary Nurse*, 44, 120–127.
<https://doi.org/10.5172/conu.2013.44.1.120>
- Human Rights Campaign. (2020). *Maps of state laws and policies*.
http://www.hrc.org/state_maps
- Itzigsohn, J., Cabral, C. D., Medina, E. H., & Vazquez, O. (1999). Mapping Dominican transnationalism: Narrow and broad transnational practices. *Ethnic and Racial Studies*, 22, 316–339. <https://doi.org/10.1080/014198799329503>
- James, R. (2010). Where is the South?: Using beta convergence to define a fuzzy region. *Southeastern Geographer* 50(3), 346–365. <https://doi.org/10.1353/sgo.2010.0002>.
- Jellerette-Nolan, Cooper, A. R., Doody, K. J., Nichols, J. E., Park, J. K., Poe-Zeigler, R. L., Khair, A. F., Stong, L. M., Paulson, R. J., & Daftary, G. S. (2021). Real-world experience with intravaginal culture using INVOCELL: An alternative model for infertility treatment. *F&S Reports*, 2(1), 9–15. <https://doi.org/10.1016/j.xfre.2020.11.003>
- Jennings, S., Mellish, L., Tasker, F., Lamb, M., & Golombok, S. (2014). Why adoption? Gay, lesbian, and heterosexual adoptive parents' reproductive experiences and reasons for adoption. *Adoption Quarterly*, 17(3), 205–226.
<https://doi.org/10.1080/10926755.2014.891549>
- Johnson, S. M. & O'Connor, E. (2002). *The Gay Baby Boom: The Psychology of Gay Parenthood*. New York University Press.

- Karaian, L. (2013). Pregnant men: Repronormativity, critical trans theory and the re(conceive)ing of sex and pregnancy in law. *Social & Legal Studies*, 22(2), 211-230.
<https://doi.org/10.1177/0964663912474862>
- Karpman, H. E., Ruppel, E. H., & Torres, M. (2018). “It wasn’t feasible for us:” Queer women of color navigating family formation. *Family Relations*, 67(1), 118-131.
<https://doi.org/10.1111/fare.12303>
- Khaw, L. (2012). Mapping the process: An exemplar of using situational analysis in a grounded theory study. *Journal of Family Theory & Review*, 138-147.
<https://doi.org/10.1111/j.1756-2589.2012.00126.x>
- Kimberly, C., & Moore, A. (2015). Attitudes to practice: National survey of adoption obstacles faced by gay and lesbian prospective parents. *Journal of Gay & Lesbian Social Services*, 27, 436–456. <https://doi.org/10.1080/10538720.2015.1085347>
- King, R., Dempsey, M., & Valentine, K. A. (2016). Measuring sperm backflow following female orgasm: A new method. *Socioaffective Neuroscience & Psychology*, 6(1), 31927–13.
<https://doi.org/10.3402/snp.v6.31927>
- Kinkler, L. A., & Goldberg, A. E. (2011). Working with what we’ve got: Perceptions of barriers and supports among same-sex adopting couples in non-metropolitan areas. *Family Relations*, 60, 387-403. <https://doi.org/10.1111/j.1741-3729.2011.00654.x>
- Levitt, H. M., Schuyler, S. W., Chickerella, R., Elber, A., White, L., Troeger, R. L., Karter, J. M., Preston, J. M., & Collins, K. M. (2020). How discrimination in adoptive, foster, and medical systems harms LGBTQ+ families: Research on the experiences of prospective

- parents. *Journal of Gay & Lesbian Social Services*, 32(3), 261–282.
<https://doi.org/10.1080/10538720.2020.1728461>
- Liptak, A. (2017, June 26). Gay couples entitled to equal treatment on birth certificates, Justices rule. *New York Times*. Retrieved March 3, 2018, from
<https://www.nytimes.com/2017/06/26/us/politics/gay-couples-entitled-to-equal-treatment-on-birth-certificates-justices-rule.html>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.
- Mamo, L., & Alston-Stepnitz, E. (2015). Queer intimacies and structural inequalities: New directions in stratified reproduction. *Journal of Family Issues*, 36(4), 519-540.
<https://doi.org/10.1177/0192513X14563796>
- Markus, E. B., Weingarten, A., Duplessi, Y., & Jones, J. (2010). Lesbian couples seeking pregnancy with donor insemination. *Journal of Midwifery & Women's Health*, 55(2), 124–132. <https://doi.org/10.1016/j.jmwh.2009.09.014>
- McCarthy, J. (2021, June 4). *Record-high 70% in U.S. support same-sex marriage*.
<https://news.gallup.com/poll/350486/record-high-support-same-sex-marriage.aspx>
- Mendez, S. N., & Holman, E. G., Oswald, R. F., & Izenstark, D. (2016). Minority stress in the context of rural economic hardship: One lesbian mother's story. *Journal of GLBT Family Studies*, 12(5), 491-511. <https://doi.org/10.1080/1550428X.2015.1099493>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>

- Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 209-213.
<https://doi.org/10.1037/sgd0000132>
- Mitchell, V., & Green, R. (2007). Different storks for different folks: Gay and lesbian parents' experiences with alternative insemination and surrogacy. *Journal of GLBT Family Studies*, 3(2-3), 81-104. https://doi.org/10.1300/J461v03n02_04
- Moore, M. R. (2011). Two sides of the same coin: Revising analyses of lesbian sexuality identity and family formation through the study of Black women. *Journal of Lesbian Studies*, 15(1), 58-68. <https://doi.org/10.1080/10894160.2010.508412>
- Moore, M. R., & Brainer, A. (2013). Race and ethnicity in the lives of sexual minority parents and their children. In Goldberg, A. E., & Allen, K. R. (Eds.), *LGBT-Parent Families: Innovations in Research and Implications for Practice* (pp. 133-148). Springer.
https://doi.org/10.1007/978-1-4614-4556-2_5
- Moore, M. R. (2018). Challenges, triumphs, and praxis: Collecting qualitative data on less visible and marginalized populations. In M. Compton, & Schilt (Eds.), *Other, please specify: Queer methods in sociology* (pp. 169-184). University of California Press.
- Moradi, B., & Grzanka, P. R. (2017). Using intersectionality responsibly: Toward critical epistemology, structural analysis, and social justice activism. *Journal of Counseling Psychology*, 64(5), 500-513. <https://doi.org/10.1037/cou0000203>
- Movement Advancement Project. (2019, April). *Where We Call Home: LGBT People in Rural America*. Retrieved from: www.lgbtmap.org/rural-lgbt

- Movement Advancement Project. (2020, June). *LGBTQ Policy Spotlight: Mapping LGBTQ Equality in the U.S. South*. www.lgbtmap.org/regional-south-tally
- Movement Advancement Project (2022, June). *Equality Maps Snapshot: LGBTQ Equality By State*. <https://www.lgbtmap.org/equality-maps/>.
- Murray, P. (1989). *Pauli Murray: The autobiography of a Black activist, feminist, lawyer, priest, and poet*. University of Tennessee Press.
- Nahata, L., Tishelman, A. C., Caltabellotta, N. M., & Quinn, G. P. (2016). Low fertility preservation utilization among transgender youth. *Journal of Adolescent Health*, 61(1), 40–44. <https://doi.org/10.1016/j.jadohealth.2016.12.012>
- National Center for Transgender Equality (2020). *The Discrimination Administration*. <https://transequality.org/the-discrimination-administration>
- NeJaime, D. (2016). Marriage equality and the new parenthood. *Harvard Law Review*, 129, 1187–1265.
- Nelson, M. K., & Hertz, R. (2017). Donor-insemination motherhood: How three types of mothers make sense of genes and donors. *Journal of GLBT Family Studies*, 13(4), 333–356. <https://doi.org/10.1080/1550428X.2016.1249585>
- Nicoloro-SantaBarbara, J., Busso, J., Moyer, A., & Lobel, M. (2018). Just relax and you'll get pregnant? Meta-analysis examining women's emotional distress and the outcome of assisted reproductive technologies. *Social Science & Medicine*, 213, 54–62. <https://doi.org/10.1016/j.soscimed.2018.06.033>

Nordqvist, P. (2008). Feminist heterosexual imaginaries of reproduction: Lesbian conception in feminist studies of reproductive technologies. *Feminist Theory*, 9(3), 273-292.

<https://doi.org/0.1177/1464700108095851>

Obergefell v. Hodges, 135 S.Ct. 2584 (2015).

Ogolsky, B. G., Monk, J. K., Rice, T. M., Oswald, R. F. (2018). As the states turned:

Implications for the changing legal context of same-sex marriage on well-being. *Journal of Social and Personal Relationships*, 36(10), 3219-3238.

<https://doi.org/10.1177/0265407518816883>

Oswald, R. F. (2001). Religion, family, and ritual: The production of gay, lesbian, bisexual, and transgendered outsiders-within. *Review of Religious Research*, 43, 39–50.

<https://doi.org/10.2307/3512242>

Oswald, R. F., Blume, L., & Marks, S. (2005). Decentering heteronormativity: A proposal for family studies. In V. Bengtson, A. Acock, K. Allen, P. Dilworth-Anderson, & D. Klein (Eds.), *Sourcebook of family theories and methods: An interactive approach* (pp. 143–165). Thousand Oaks, CA: Sage. <https://doi.org/10.4135/9781412990172.d32>

Oswald, R. F., & Culton, L. S. (2003). Under the rainbow: Rural gay life and its relevance for family providers. *Family Relations*, 52(1), 72-81. <https://www.jstor.org/stable/3700162>

Oswald, R. F. & Holman, E. G. (2013). Place matters: LGB families in community context. In A. E. Goldberg & K. R. Allen (Eds.), *LGBT-parent families: Innovations in research and implications for practice* (pp. 71-85). Springer. https://doi.org/10.1007/978-1-4614-4556-2_13

- Oswald, R. F., Routon, J. M., McGuire, J. K., & Holman, E. G. (2018). Tolerance versus support: Perceptions of residential community climate among LGB parents. *Family Relations*, 67, 41–54. <https://doi.org/10.1111/fare.12292>
- Park, N. K., Kazyak, E., & Slauson-Blevins. (2016). How law shapes experiences of parenthood for same-sex couples. *Journal of GLBT Family Studies*, 12(2), 115-137. <https://doi.org/10.1080/1550428X.2015.1011818>
- Patterson, C. J., & Goldberg, A. E. (2016). Lesbian and gay parents and their children. *NCFR Policy Brief*, 1(1). https://www.ncfr.org/sites/default/files/2017-01/ncfr_policy_brief_november_final.pdf
- Patton, M. Q. (1990). *Qualitative evaluation and research methods*. Sage.
- Pew Research Center. (2016). “Support steady for same-sex marriage and acceptance of homosexuality.” Washington, DC. <https://www.pewresearch.org/fact-tank/2016/05/12/support-steady-for-same-sex-marriage-and-acceptance-of-homosexuality/>
- Prendergast, S., & MacPhee, D. (2018). Family resilience amid stigma and discrimination: A conceptual model for families headed by same-sex parents. *Family Relations*, 67(1), 26–40. <https://doi.org/10.1111/fare.12296>
- Rabun, C., & Oswald, R. F. (2009). Upholding and expanding the normal family: Future fatherhood through the eyes of gay male emerging adults. *Fathering*, 7(3), 269–285. <https://doi.org/10.3149/fth.0703.269>

- Reed, S., Miller, R., & Timm, T. (2011). Identity and agency: The meaning and value of pregnancy for young Black lesbians. *Psychology of Women Quarterly*, 35(4), 571-581.
<https://doi.org/10.1177/0361684311417401>
- Rich, A. (1980). Compulsory heterosexuality and lesbian existence. *Signs*, 5, 631–660.
- Riggle, E. D. B., Rostosky, S. S., & Horne, S. G. (2009). Marriage amendments and lesbian, gay, and bisexual individuals in the 2006 election. *Sexuality Research and Social Policy*, 6(1), 80–89. <https://doi.org/10.1525/srsp.2009.6.1.80>
- Riggle, E., Rostosky, S., Prather, R., & Hamrin, R. (2005). The execution of legal documents by sexual minority individuals. *Psychology, Public Policy, and Law*, 11, 138-163.
<https://doi.org/10.1037/10768971.11.1.138>
- Rippey, P. L., & Falconi, L. (2017). A land of milk and honey? Breastfeeding and identity in lesbian families. *Journal of GLBT Family Studies*, 13(1), 16-39.
<https://doi.org/10.1080/1550428X.2015.1129297>
- Rogalin, C. L., & Brooks, J. E. (2018). Lesbians achieving pregnancy: The intersections of social location and the heteronormative medicalization of infertility. *Sociology Compass*, 12(11), e12637–n/a. <https://doi.org/10.1111/soc4.12637>
- Rostosky, S. S., Otis, M. D., Riggle, E. D. B., Brumett, S. K., & Brodnicki, C. (2008). An exploratory study of religiosity and same-sex couple relationships. *Journal of GLBT Family Studies*, 4(1), 17–36. <https://doi.org/10.1080/15504280802084407>
- Rostosky, S. S., Riggle, E. D. B., Horne, S. G., & Miller, A. D. (2009). Marriage amendments and psychological distress in lesbian, gay, and bisexual adults. *Journal of Counseling Psychology*, 56, 56–66. <https://doi.org/10.1037/a0013609>

- Russell, G. M., & Richards, J. A. (2003). Stressor and resilience factors for lesbians, gay men, and bisexuals confronting antigay politics. *American Journal of Community Psychology*, 31, 313–328. <https://doi.org/10.1023/A:1023919022811>
- Russo, N. F. (1976). The motherhood mandate. *Journal of Social Issues*, 32, 143–153.
- Ryan, M. & Moras, A. (2017). Race matters in lesbian donor insemination: Whiteness and heteronormativity as co-constituted narratives. *Ethnic and Racial Studies*, 40(4), 579–596. <https://doi.org/10.1080/01419870.2016.1201581>
- Schuck, K. D., & Liddle, B. J. (2001). Religious conflicts experienced by lesbian, gay, and bisexual individuals. *Journal of Gay and Lesbian Psychotherapy*, 5(2), 63–82. https://doi.org/10.1300/J236v05n02_07
- Shapiro, J. (2013). The law governing LGBT-parent families. In A. E. Goldberg & K. R. Allen (Eds.), *LGBT-parent families: Innovations in research and implications for practice* (pp. 291–304). Springer Science + Business Media. https://doi.org/10.1007/978-1-4614-4556-2_19
- Smith, A. (2005). Beyond pro-choice versus pro-life: Women of color and reproductive justice. *NWSA Journal*, 17(1), 119-140. Retrieved from: <https://www.muse.jhu.edu/article/180127>
- Smith, J. F., Eisenberg, M. L., Glidden, D., Millstein, S. G., Cedars, M., Walsh, T. J., ... Katz, P. (2011). Socioeconomic disparities in the use and success of fertility treatments: Analysis of data from a prospective cohort in the United States. *Fertility and Sterility*, 96(1), 95–101. <https://doi.org/10.1016/j.fertnstert.2011.04.054>

- Stone, A. L. (2018). The geography of research on LGBTQ life: Why sociologists should study the South, rural queers, and ordinary cities. *Sociology Compass*, 12, 1-15.
<https://doi.org/10.1111/soc4.12638>
- Sullivan, L., Meschede, T., Dietrich, L., & Shapiro, T. (2015). *The Racial Wealth Gap: Why Policy Matters*. Retrieved from:
http://www.demos.org/sites/default/files/publications/RacialWealthGap_1.pdf
- Tangel, V., White, R. S., Nachamie, A. S., & Pick, J. S. (2019). Racial and ethnic disparities in maternal outcomes and the disadvantage of peripartum Black women: A multistate analysis, 2007-2014. *American Journal of Perinatology*, 36(8), 835-848.
<https://doi.org/10.1055/s-0038-1675207>
- Tasker, F. Gubello, A., Clarke, V., Moller, N., Nahman, M., & Willcox, R. (2018). Receiving, or “adopting”, donated embryos to have children: Parents narrate and draw kinship boundaries. *Genealogy*, 2(3), 35–. <https://doi.org/10.3390/genealogy2030035>
- Taylor, D. (2020, September 17). *Same-sex couples are more likely to adopt or foster children*. United States Census Bureau. <https://www.census.gov/library/stories/2020/09/fifteen-percent-of-same-sex-couples-have-children-in-their-household.html>
- Tornello, S. L., & Bos, H. (2017). Parenting intentions among transgender individuals. *LGBT Health*, 4(2), 115–120. <https://doi.org/10.1089/lgbt.2016.0153>
- van Houten, J. T., Tornello, S., Hoffenaar, P. ., & Bos, H. M. . (2020). Understanding parenting intentions among childfree gay men: A comparison with lesbian women and heterosexual men and women. *Frontiers in Psychology*, 11, 430–430.
<https://doi.org/10.3389/fpsyg.2020.00430>

- Veldorale-Griffin, A., & Darling, C. A. (2016). Adaptation to parental gender transition: Stress and resilience among transgender parents. *Archives of Sexual Behavior*, 45(3), 607–617. <https://doi.org/10.1007/s10508-015-0657-3>
- Vidal de Haymes, M., Kilty, K. M., & Segal, E. A. (2000). *Latino poverty in the new century: Inequalities, challenges, and barriers*. Haworth Press.
- Walsdorf, A. A., Jordan, L. S., McGeorge, C. R., & Caughy, M. O. (2020). White supremacy and the web of family science: Implications of the missing spider. *Journal of Family Theory and Review*, 12(1), 64-79. <https://doi.org/10.1111/jftr.12364>
- Weissman, A. L. (2017). Repronormativity and the reproduction of the nation-state: The state and sexuality collide. *Journal of GLBT Family Studies*, 13(3), 277-305. <https://doi.org/10.1080/1550428X.2016.1210065>
- West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender & Society*, 1(2), 125–151. <https://doi.org/10.1177/0891243287001002002>
- Wheeler, E. E., Horne, S. G., Maroney, M., & Johnson, T. (2014). “Everything that we can do”: A content analysis of the protective strategies used by GLBTQ parents. *Journal of GLBT Families*, 14(3), 196-212. <https://doi.org/10.1080/1550428X.2017.1325812>
- Wojnar, D. M., & Katzenmeyer, A. (2013). Experiences of preconception, pregnancy, and new motherhood for lesbian nonbiological mothers. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 43, 50-60 <https://doi.org/10.1111/1552-6909.12270>

APPENDICES

Appendix A: IRB approval letter



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

October 20, 2021

Amanda Lynne Capannola,
UTK - Coll of Education, Hlth, & Human - Child and Family Studies

Re: UTK IRB-20-06099-XP

Study Title: The Pursuit of Parenthood for LGBTQ* People in the South

Dear Amanda Lynne Capannola:

The UTK Institutional Review Board (IRB) reviewed your application to **continue** your previously approved project, referenced above. It has determined that your application is eligible for **expedited** review under 45 CFR 46.110(b)(1). The IRB reviewed your renewal application and determined that it does comply with proper consideration for the rights and welfare of human subjects and the regulatory requirements for the protection of human subjects.

Therefore, this letter constitutes approval of your renewal application, including the consent form dated and stamped IRB approved. Approval of this study will be valid from 10/20/2021 to 10/28/2022.

Any revisions in the approved application, consent forms, instruments, recruitment materials, etc., must be submitted to and approved by the IRB prior to implementation. In addition, you are responsible for reporting any unanticipated serious adverse events or other problems involving risks to subject or others in the manner required by the local IRB policy.

Finally, **re-approval** of your project is required by the IRB in accord with the conditions specified above. You may not continue the research study beyond the time or other limits specified unless you obtain prior written approval of the IRB.

Sincerely,

Lora Beebe, Ph.D., PMHNP-BC, FAAN
Chair

Institutional Review Board | Office of Research & Engagement
1534 White Avenue Knoxville, TN 37996-1529
865-974-7697 865-974-7400 fax irb.utk.edu

BIG ORANGE. BIG IDEAS.

Flagship Campus of the University of Tennessee System

Appendix B: IRB-approved study flyer and social media script

LGBTQ+ PARENTING IN THE SOUTH STUDY

Help increase awareness about what it's like to pursue parenthood while LGBTQ* in the South!

WHAT DOES THIS STUDY ENTAIL?

A 1.5 hour video or phone call with a graduate student researcher at the University of Tennessee, Knoxville

Interested?

Please complete our brief questionnaire if you:

- are a LGBTQ* person who is over 18 years of age,
- have pursued parenthood in the past two years, and
- live in the U.S. South

tiny.utk.edu/pursuingparenthood

Earn a \$20 Amazon gift card for participating!

For more information, feel free to email us at:
acapanno@utk.edu

The University of Tennessee Institutional Review Board has approved this flyer until 10/28/2022 | UTK IRB-20-06099

Paid Research Study on the Pursuit of Parenthood for LGBTQ* Individuals in the U.S. South

Interested in discussing your experiences pursuing parenthood and/or being a parent as an LGBTQ* person in the U.S. South? Click the link for a brief survey to see if you're eligible for a paid research study focused on the experiences of LGBTQ* parents in the U.S. South (tiny.utk.edu/pursuingparenthood). This study is being conducted by A. Capannola at the University of Tennessee, Knoxville and has been approved by the University of Tennessee's IRB (UTK IRB-20-06099). The researcher can be reached at acapanno@utk.edu if you have any questions.

Appendix C: Eligibility screener

LGBTQ* Parenting Eligibility Screener

Start of Block: Intro Message

Intro_ Thank you for your interest in our study about LGBTQ* parenting in the U.S. South. This survey contains questions to assess if you are eligible for enrollment. Please answer the following questions honestly and to the best of your ability. Once the survey is complete, you will be asked to enter your email address so that we can contact you to let you know whether or not you qualify for our study and to see if you are interested in participating. If you have any questions about this survey or anything else pertaining to our study, please contact the researcher, Amanda Capannola, by email at acapanno@utk.edu.

End of Block: Intro Message

Start of Block: Main Question Block

Q11 Are you 18 or older?

- ☐ Yes (1)
- ☐ No (2)
-

Gender_self Which of the following best describes your current gender?

(Note: Cisgender refers to a person who is not transgender, meaning that they identify with the gender that is typically associated with their sex assigned at birth)

- ☐ Transman/Trans man (1)
 - ☐ Transwoman/Trans woman (2)
 - ☐ Genderqueer (3)
 - ☐ Non-binary (4)
 - ☐ Agender (5)
 - ☐ Androgyne (6)
 - ☐ Genderfluid (7)
 - ☐ Cisgender Woman (8)
 - ☐ Cisgender Man (9)
 - ☐ Bigender (10)
 - ☐ Woman (11)
 - ☐ Man (12)
 - ☐ Not listed - please specify (13)
-

sex_self What sex category were you assigned at birth?

- ☐ Male (1)
- ☐ Female (2)
- ☐ Intersex; DSD (development of sex disorder) (3)

Gender_partner If you are in a relationship, which of the following best describes **your current partner's** gender?

(Note: Cisgender refers to a person who is not transgender, meaning that they identify with the gender that is typically associated with their sex assigned at birth) (Note: if you are in a non-monogamous relationship, please answer this and following questions about one specific partner)

- ☐ Transman/Trans man (1)
- ☐ Transwoman/Trans woman (2)
- ☐ Genderqueer (3)
- ☐ Non-binary (4)
- ☐ Agender (5)
- ☐ Androgyne (6)
- ☐ Genderfluid (7)
- ☐ Cisgender Woman (8)
- ☐ Cisgender Man (9)
- ☐ Bigender (10)
- ☐ Woman (11)
- ☐ Man (12)
- ☐ Not listed - please specify (13)

☐ I am not currently in a relationship. (14)

sex_partner If you are in a relationship, what sex category was **your current partner** assigned at birth?

(Note: if you are in a non-monogamous relationship, please answer this and following questions about one specific partner)

- ☐ Male (1)
 - ☐ Female (2)
 - ☐ Intersex; DSD (development of sex disorder) (3)
 - ☐ I am not currently in a relationship. (4)
-

sexualorientation Which of these commonly used sexual orientation identities do you most identify with? *Check all that apply.*

- ☐ Bisexual (1)
 - ☐ Gay (2)
 - ☐ Lesbian (3)
 - ☐ Queer (4)
 - ☐ Asexual (5)
 - ☐ Pansexual (6)
 - ☐ Heterosexual/straight (7)
 - ☐ Not listed – please specify (8)
-

state What state do you currently live in?

- ☐ Alabama (1)
- ☐ Arkansas (2)
- ☐ Florida (3)
- ☐ Georgia (4)
- ☐ Kentucky (5)
- ☐ Louisiana (6)
- ☐ Mississippi (7)
- ☐ North Carolina (8)
- ☐ South Carolina (9)
- ☐ Tennessee (10)
- ☐ Virginia (11)
- ☐ West Virginia (12)
- ☐ My state is not listed here (13)

ZIP What is your ZIP code?

parenthood

What is your current parenting status? (*By 'pursuing parenthood,' we mean by any route available to you, whether that's IUI, IVF, adoption, fostering, surrogacy, etc.*)

- ☐ I am currently pursuing first-time parenthood with a partner (1)
 - ☐ I have recently pursued first-time parenthood with a partner in the last 2 years (2)
 - ☐ I am currently pursuing first-time parenthood as a single parent (3)
 - ☐ I have recently pursued first-time parenthood as a single parent in the last 2 years (4)
 - ☐ I am already a parent, and I am currently pursuing parenthood with a partner (5)
 - ☐ I am already a parent, and I am currently pursuing parenthood as a single parent (6)
 - ☐ I am already a parent, and I am not currently pursuing parenthood (7)
 - ☐ I am not a parent, I am not currently pursuing parenthood, and I have not pursued parenthood in the last 2 years (8)
-

class How would you describe your current social class status?

- ☐ Poor/impoverished (1)
 - ☐ Working class (2)
 - ☐ Lower middle class (3)
 - ☐ Middle class (4)
 - ☐ Upper middle class (5)
 - ☐ Affluent (6)
-

race/ethnicity What race/ethnicity do you identify with? *Check all that apply.*

- ☐ Black or African American (1)
 - ☐ Latina/o/e/x (2)
 - ☐ American Indian or Alaska Native (3)
 - ☐ Native Hawaiian or Other Pacific Islander (4)
 - ☐ Asian (5)
 - ☐ White (6)
 - ☐ Not listed - please specify (7)
-

email If you are interested in participating in our study and would like to be contacted to schedule an interview, please indicate 'Yes' and enter your email below.

- ☐ Yes, I would like to be contacted about my eligibility and possibly scheduling an interview. Email address: (1) _____
- ☐ No, I am not interested in participating in this study and do not want you to contact me. (2)

End of Block: Main Question Block

Appendix D: Resource and information packet

LGBTQ Parenting Information and Resources		
Organization or Agency	Services Provided	Contact Information
Movement Advancement Project	State-by-state policy information, including relationship and parental recognition laws	https://www.lgbtmap.org/equality-maps (303)578-4600
COLAGE (Children of Lesbians and Gays Everywhere)	Support network for lesbian, gay, bisexual, transgender, queer, intersex, and/or asexual parents and their children	https://www.colage.org/resources/colage@colage.org
Human Rights Campaign	Works to protect and expand rights for LGBTQ individuals, especially through supportive legislation	https://www.hrc.org/resources/parenting HRC Front Desk: (202) 628-4160 TTY: (202) 216-1572 Toll-Free: (800) 777-4723 Fax: (202) 347-5323
National Center for Transgender Equality	Advocates to change policies and society to increase understanding and acceptance of transgender people	https://transequality.org/issues/families (202) 642-4542 ncte@transequality.org
Family Equality	Advances legal and lived equality for LGBTQ families, and for those who wish to form them, through building community, changing hearts and minds, and driving policy change	https://www.familyequality.org/resources/ Phone: 646.880.3005 Fax: 646.880.3011
LGBTQ-Supportive Mental Health Resources		

Organization	Services Provided
LGBT National Help Center http://www.glbtnationalhelpcenter.org/	LGBT National Hotline: 1-888-843-4564 LGBT National Senior Hotline: 1-888-234-7243 Online Peer Support Chat: https://www.glbthotline.org/peer-chat.html
The Trevor Project https://www.thetrevorproject.org/	Crisis Hotline: 1-866-488-7386 Text Line: text START to 678-678 Online Messaging: https://www.thetrevorproject.org/get-help-now/
Trans Lifeline https://translifeline.org/	24/7 Hotline: 1-877-565-8860
You can use the directory at GLMA to find LGBTQ-friendly healthcare providers, including therapists: http://www.glma.org/index	

LGBT Community Centers by State			
State	Organization or Agency	City	Website
Alabama	Equality Shoals Foundation	Florence	www.equalityshoals.org
	Magic City Acceptance Center	Birmingham	www.birminghamaidsoutreach.org
	Rainbow Mobile, Inc.	Mobile	www.rainbowmobile.org
Arkansas	Northwest Arkansas Equality, Inc.	Fayetteville	www.nwaequality.org
Florida	Compass LGBT Community Center	Lake Worth	www.compassglcc.com
	JASMYN - Jacksonville Area Sexual Minority Youth Network, Inc	Jacksonville	www.jasmyn.org
	Metro Wellness & Community Center	St. Petersburg	www.metrotampabay.org
	Pride Community Center of North Central Florida	Gainesville	www.gainesvillepride.org
	Pridelines	Miami Shores	www.pridelines.org

	SunServe	Wilton Manors	www.sunserve.org
	The LGBT+ Center Orlando, Inc.	Orlando	www.thecenterorlando.org
	The Pride Center at Equality Park	Fort Lauderdale	www.pridecenterflorida.org
	Visuality, Inc.	Fort Meyers	www.visualityflorida.org
Georgia	Savannah LGBT Center	Savannah	www.savannahlgbtcenter.org
	The Rush Center	Atlanta	www.rushcenteratl.org
Kentucky	Louisville LGBTQ+ Community Coalition	Louisville	www.lgbtqlou.com
	PCSO Pride Center	Lexington	www.pcsoky.org
Mississippi	The Spectrum Center	Hattiesburg	www.hattiesburgpride.com
North Carolina	Guilford Green Foundation and Community Center	Greensboro	www.guilfordgreenfoundation.org
	LGBT Center of Raleigh	Raleigh	www.lgbtcenterofraleigh.com
	OUTright Youth	Hickory	www.youthoutright.org
	Time Out Youth Center	Charlotte	www.timeoutyouth.org
	WNC Community Center	Asheville	www.youthoutright.org
Oklahoma	Dennis R. Neill Equality	Center Tulsa	www.okeq.org
South Carolina	Harriet Hancock Center	Columbia	www.lgbtcentersc.org
Tennessee	OutCentral Inc	Nashville	www.outcentral.org
	OUTMemphis	Memphis	www.outmemphis.org
Virginia	Diversity Richmond	Richmond	www.diversityrichmond.org
	LGBT Life Center	Norfolk	www.lgbtlifecenter.org
	Side by Side Richmond Youth Center	Richmond	www.sidebysideva.org

You can also search for local supports at the following website, using your ZIP code:
<http://www.glbtnationalhelpcenter.org/>

Appendix E: Consent document.

Research Study Title: The Pursuit of Parenthood for LGBTQ* People in the South

Researchers: Amanda Capannola and Dr. Megan Haselschwerdt, University of Tennessee, Knoxville

Our research team is conducting a study about experiences of LGBTQ* people pursuing parenthood in the U.S. South. To be eligible to participate in this study, you must identify as LGBTQ*South, and either currently pursuing first-time parenthood or have pursued first-time parenthood within the last two years. The information in this consent form is to help you decide if you want to be in this research study. Please take your time reading this form and contact the researcher to ask questions if there is anything you do not understand.

Why is the research being done? The purpose of this study is to better understand the experiences of LGBTQ* people pursuing parenthood in the U.S. South as well as their experiences of being parents. It is important to understand how LGBTQ* people pursue and experience parenthood while in the U.S. South in order to inform practitioners, service providers, and policy makers on how to serve this population and their families better. This study is being conducted by researchers at the University of Tennessee, Knoxville (Amanda Capannola, a doctoral student, and Dr. Megan Haselschwerdt, a faculty member).

Scientific knowledge generated by the study may be used to enhance our understanding of LGBTQ* parenting in the South and the needs and strengths of this specific population. This information may be useful in the development of policy and practice recommendations that could benefit families headed by LGBTQ* people.

What will I do in this study? If you agree to be in this study, you will participate in an interview over the telephone or over Zoom, a videocall application, with the lead researcher, a graduate student named Amanda Capannola. The interview includes questions about your family, your process of pursuing parenthood, and what it is like living in the South. The interview should last between 60 and 90 minutes. If you indicate that you are willing to participate in a brief follow-up interview, the researcher may contact you over email to schedule an optional short second interview.

Where can I do the interview? We encourage you to participate in the interview call from a private location, or somewhere where you feel comfortable discussing your personal life and family. A stable internet connection will be necessary for interviews occurring over Zoom. You can access Zoom for free through your smartphone or computer. The interview audio will be recorded with your permission and transcribed; the audio file of the interview will be deleted once the study is closed.

Can I say “No”? Being in this study is up to you. Even if you initially agree to being in the study, you can change your mind any point. You can skip any questions that are asked in the interview and/or stop the interview at any point. Either way, your decision won’t affect your relationship with the researchers or the University of Tennessee.

What happens if I say “Yes” but change my mind later? Even if you decide to be in the study now, you can change your mind and stop at any time. If you decide to stop before the study is completed, contact the PI, Amanda Capannola, and we can delete our audio recording of the interview if you change your mind about participating. Once the audio is transcribed and de-identified, we may not be able to delete your specific information since it will no longer be identifiable to you.

Are there any risks to me? It is possible that someone could find out you were in this study or see your study information, but we believe this risk is small because of the procedures we use to protect your information. These procedures are described later in this form.

It is possible that discussing your family or what it’s like living in the South may elicit strong emotions. You may skip or refuse to answer any of the questions in the interview, and you may stop the interview at any point. In case you want additional resources or support during or after completing this interview, please refer to the list of state and national organizations that can provide you with resources and/or support.

Are there any benefits to me? There is a possibility that you may benefit from participating in the interview, but there is no guarantee that will happen. Possible benefits include finding it helpful to share your personal experiences through an interview. Even if you do not experience personal benefit from being in the study, your participation may help us to learn more about pursuing parenthood and parenting experiences for LGBTQ* people in the South.

What will happen with the information collected for this study? Efforts will be made to keep your responses confidential and unlikely to be connected back to you. Your responses to the eligibility screener will not be connected to your responses in the interview. The information you provide in the short eligibility survey will be deleted once the study is closed. Any identifiable information you share in the interview will be changed or omitted when the audio file is transcribed (for instance, you will be asked to provide a pseudonym or fake name that we will use in the transcription and possible future presentations of this research), and the audio files will be deleted once the study is closed. All files with your responses or information will be kept on a secure, private, and HIPPA-compliant server provided by the University of Tennessee, Knoxville. Your email address, which you provide in order to receive compensation if you choose, will not be linked to any information that you share in your interview. Information collected for this

study will be published and presented at scientific and academic meetings and conferences, but no identifiable information will be used.

What will happen to my information after this study is over? *Unless you explicitly consent to us keeping your email address*, we will not keep your information to contact you for future research opportunities or other purposes. Your name and other information that can directly identify you will be deleted from your research data collected as part of the study. We will not share your research data with other researchers.

Will I be paid for being in this research study? To thank you for your time and willingness to share your experiences, you will be offered a \$20 electronic gift card. At the end of the interview, you will be asked to provide an email address so that the electronic gift card can be emailed to you within seven business days of the end of the interview. Your email address will not be traceable to your interview responses.

Who can answer my questions about this research study? If you have questions or concerns about this study, or have experienced a research-related problem, contact the lead researcher, Amanda Capannola, at acapanno@utk.edu or the faculty advisor for this study, Megan Haselschwerdt at mhasel@utk.edu

For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact:

Institutional Review Board
The University of Tennessee, Knoxville
1534 White Avenue
Blount Hall, Room 408
Knoxville, TN 37996-1529
Phone: 865-974-7697
Email: utkirb@utk.edu

Statement of Consent

I have read this form, been given the chance to ask questions and have my questions answered. If I have more questions, I have been told who to contact. I understand that I am agreeing to be in this study. I can keep a copy of this consent information for future reference. If I do not want to be in this study, I do not need to do anything else, besides end the conversation/phone or Zoom call.

I agree to the audio recording and future transcription of this interview that may be analyzed for research purposes.

Please also see the electronic resource list for local, state, and federal organizations specific to LGBTQ family support, and a list of LGBTQ*-supportive mental health resources.*

Appendix F: Interview protocol

Pursuing Parenthood for LGBTQ+ People in the U.S. South Interview Guide

Introduction to the study

The purpose of this study is to understand how LGBTQ+ people in the South build their families and pursue parenthood. When I talk about “building family,” I am talking about the intentional pursuit of building a family unit with one or more people (or pets!); when I talk about “pursuing parenthood,” I mean the welcoming of a child into your life and home by whatever means you choose. Today, I am going to be asking about your family, that process of pursuing parenthood, and also some questions about where you live and build your family.

Throughout the interview, I will encourage you to share your experiences with me. I also want to let you know that I will not be judging you based on your responses. There are no right or wrong answers. If I do not comment, it is because I am listening and want you to continue your story. Also know that you can choose to skip or not any answer any question that I ask. You may also, of course, ask me questions, especially for clarification on what I am asking you.

I will do the best I can to keep your interview confidential. For example, I will change your name to a pseudonym of your choosing along with any other identifiable information like names, employers, or specific locations. Results from this interview will be used as part of my doctoral dissertation project at the University of Tennessee, Knoxville, and information may be shared through the publication and/or presentation of this project in academic conferences and/or academic journals. No identifying information about you will be included in any presentations or publications.

Okay, let's pick a pseudonym or fake name for you.

Do you have any questions for me? Keep in mind you can also stop and ask me questions throughout our interview today.

Do I have your verbal consent to begin?

Okay, great. I would like to audio record our interview. Even if we are video chatting, the video will not be saved. Audio recordings will be deleted upon completion of the study.

Do I have your permission to audio record?

Warming Up and Context

To get us started, I'm going to ask you a few questions about yourself, your family, and where you live. We'll get into more detail later on, but first, I want us to get to know each other a little bit.

1. Could you tell me a bit about yourself? *(Probing for where they grew up, what their upbringing was like, what they do for a living and for fun.)*
2. How would you describe your demographics *(Probing for race/ethnicity, class status, gender identity, sexual orientation, ability/disability, and so on)?*
3. Could you tell me about your current family? *(Probing for who they consider family: family of origin and the family they've build/are building with their partner.)*
4. Tell me the story of your relationship with your partner. *(Probing for when they met their current partner and what their timeline together has been.)*
5. Tell me the story of how you came to live in the South? *(Follow up about [state], too.)*

Family Planning and Desired Pathways

In this section, I'm going to ask you more about your family and your desires to become a parent.

1. When you envision a FAMILY, what does that look like to you? (*Probes, if necessary: Where does this vision of a family come from? If I were to have asked this of you when you were a teenager, what would you have said? Explore how and why this has stayed the same or changed over time.*)
2. Some people describe always thinking they would become a parent, whereas others either never envisioned themselves as a parent or worried they would not have that option. How would you describe your thinking about yourself as a potential parent? *Probing for if this has changed over time, what contributed to the changes, what influenced their thinking.*
3. Going back in time, tell me about when you first decided you wanted to build a family. (*Probes, if necessary: How did you imagine the process of being or becoming a parent for yourself? What did/do you imagine your family to look like? What did/do you imagine your family to feel like? What has influenced you in how you want your family to look/feel like? Probe for if they know other LGBT parents/families*)
4. You are in this study because you are either planning to start a family with your partner or you have already started this process or you may even have a child or children already. Tell me a bit more about where you're at in this process right now.

Process of Starting a Family

Next, I'm going to ask you about the actual process of starting your family

1. Tell me the story of how you and your partner got to this current place of [planning to have a child/ having a child on the way/ having a child], beginning with early discussions of pursuing parenthood or building your family? *(Probe, if necessary: What kinds of conversations did/do you and your partner have about becoming parents together? Who else has been involved in those conversations? Describe what it felt like the moment you decided to become a parent.)*
2. Once you decided, officially, to become a parent, what happened next?
3. Once you [began the process/filed the paperwork/started hormones/etc.], what happened next?
4. *[If they now have a child]* Walk me through the day your child was born/adopted [specifying for the participant's pathway]. *Probe for sensory information and feeling.* Walk me through the first day your child was in your home. *Probe for sensory information and feeling.*
5. What kinds of questions came up for you during the process? *(Probe, if necessary: What kinds of research or preparation did you do, if any? Probe for specific steps that they have described previously; Probe for internet resources, books, friends, family, professionals like doctors/nurses)*
6. What has been the best part of this process so far? *(Probe for specific examples. Probe for how it made them feel.)*
7. What has surprised you most about this process so far? *(Probe for specific examples and what expectations were violated that resulted in surprise.)*
8. What has been the hardest part of this process so far? *(Probe for specific examples. Probe for how it made them feel.)*
9. Some LGBT people who become parents describe a number of barriers they face in the process, from financial to legal to interpersonal; others describe that they are surprised at how simple and straightforward the process was. Where do you feel you fall on this spectrum?
10. If you had a magic wand and you could start this process over and have it go exactly how you want it to, what would that look like? *(Probe for what would be the same, what would be different. What did they initially want? And what was the reality? Can follow-up with insisting it is a ~magic~ wand.)*

Perceptions of Context

Next, I'm going to ask you more about living in the South.

1. Tell me about the city/town where you live.
 - a. How long have you lived there?
 - b. How is it similar/different from where you grew up?
2. How do you feel LGBT people and families are perceived in your city/town?
(Probe: How does this perception correspond with your own perception, experiences, feelings? What contributes to this perception?)
3. How do you feel LGBT people and families are perceived in your state?
How/Does it differ from your city/town? *(Probe: How does this perception correspond with your own perception, experiences, feelings? What contributes to this perception?)*
4. A lot of people inside and outside of the South have very specific ideas about what living in the South is like. Some feel like it's a backwards, old-fashioned, and conservative while others appreciate the culture, the values, the traditions, and the lifestyle of the South. What are **your** perceptions of the South?
5. What is your favorite thing about living in the South?
6. What is the hardest thing about living in the South?

So, next I'm going to ask you about your experience of being LGBT [use their preferred label/term] in the South.

7. What is it like being a LGBT person where you live? *(Probe for what it's like being X [pregnant, if pregnant, parent, if a parent] where they live.)*
8. Where do you envision raising your family?
9. Are there any LGBT-specific groups or organizations in your area?
 - a. *If yes*, can you tell me more about that?
 - b. *If no*, do you participate in any groups or organizations online? Why/why not?
10. How attuned are you to legislation in [state] specific to LGBT people and families? *(Probe for participation in local or online organizations or activism. Follow up about federal level legislation based on their answer.)*
 - a. What legal concerns do you have, if any, related to your family's safety, rights, or well-being?

- b. *If relevant*, what have you done to protect your children, family, and partner relationship?
- 11. Are you involved in any local organizations in your town?
 - a. *If yes*, tell me about what you are involved in. What drew you to that organization?
 - b. *If no*, ask about online or other involvement
 - c. *Also probe for other LGBT people and families in the area*
- 12. What brought you to [state]? (*Probe for because of a job, family, is it where you grew up*)
- 13. What do you not like about living in [state]? [may have come up previously, but in case not...] *If they express serious concerns*: Do you ever think of moving?
- 14. What do you like about living in [state]?

Wrap-Up

Thank you so much for sharing all of this with me today. To finish the interview, I have one last question for you.

1. There is often a lot of emphasis on the struggles and challenges of LGBTQ people, and rightfully so, but sometimes we are not celebrated enough. In this light, can you tell me what you love about your family?

Is there anything else you would like to share about your family and/or where you live?

Thank you so much for sharing your experiences with me.

In the event that I missed some questions or have further questions after we begin analyzing the data, would it be possible for me to contact you for a follow-up interview? If you say yes, you can always change your mind at a later time. We could also arrange to talk over the phone instead of over video chat for any follow-up questions.

I also want to ask if our research team can retain your email address in order to contact you about future research opportunities. If you say yes now, you can always change your mind at a later time.

STOP AUDIO RECORDING

VITA

Originally from Bakersfield, California, A. Capannola grew up in middle Tennessee. They attended Middle Tennessee State University and Pellissippi State Community College before graduating magna cum laude from University of Tennessee, Knoxville with a bachelor's degree in American Studies and Judaic Studies. A. returned to UTK as a graduate student in 2016 in the department of Child and Family Studies and defended their master's thesis on first-generation college student family experiences in 2018. They continued through the doctoral program there, where their interest in sociopolitical context and marginalization led them to a focus on queer family formation in the U.S. South. While a doctoral student, A. taught undergraduate courses on family stress and family diversity, earning the Chancellor's honor awards for Extraordinary Graduate Student Teaching as well as the Volunteer of Distinction award for Professional Promise. After graduation, A. hopes to continue to teach, learn, and advocate. They are deeply grateful for the invaluable support from their family, friends, and mentors.