

“IT’S JUST ASSUMED THAT I AM A CISGENDER HETEROSEXUAL”: PROMOTING LGBTIQ+ INCLUSIVE ABORTION CARE BY ADDRESSING CIS- HETERONORMATIVITY

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Background:

There is limited insight into what constitutes affirming and inclusive abortion care for LGBTIQ+ people. Broader insights across sexual and reproductive healthcare demonstrate that exclusion and inequitable outcomes are commonly experienced by LGBTIQ+ people. This largely results from embedded norms in service structures and interactions that assume service users are cisgender (not transgender) and heterosexual leading to invisibility and a lack of service responsiveness. Identifying and addressing cis-heteronormativities is identified as a critical step for facilitating LGBTIQ+ inclusive sexual and reproductive healthcare.

Methods:

In-depth, semi-structured qualitative interviews were undertaken with 10 LGBTIQ+ people, 16 years and over, who have had an abortion in Aotearoa NZ since March 2020. Participants were recruited using convenience sampling through social media and other LGBTIQ+ community networks. Participants represent a range of sexualities, genders, ages, and ethnicities. Interviews were transcribed and analysed using reflexive thematic analysis informed by a constructionist perspective.

Results:

Participants described their encounters with cis-heteronormativity in their abortion care leaving them feeling unseen, unknown, and disengaged. Cis-heteronormativity was enacted at both a structural and interpersonal level with default assumptions that service users would be cisgender women and heterosexual ‘built-in’ to services. Signs of inclusion, such as abortion service staff wearing rainbow pins and lanyards, are appreciated but inclusion is not achieved without whole of service work to identify and address cis-heteronormativity. This includes workforce education and the reform of data collection systems and other service infrastructure to ensure proactive opportunities for LGBTIQ+ service users to be known to their care providers and to self-determine aspects of care that are affirming.

Conclusion:

Abortion services can promote the inclusion and affirmation of LGBTIQ+ people in abortion care by identifying and developing strategies to address cis-heteronormativity.

Disclosure of Interest Statement:

The project was funded by Manatū Hauora | Ministry of Health.