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Unfit for Parenthood? Compulsory Sterilization and Transgender Reproductive Justice in Finland

By Julian Honkasalo¹

Abstract

This article examines the rationale of the continuing Finnish transgender sterilization requirement against the background of reproductive justice. I examine how and why the Finnish public debate on removing the sterilization clause from the Trans Act does not include an equal demand to 1) include a parental law reform and 2) a legislation on accessible, affordable and just reproductive health care for transgender persons and (cis)women alike. I will argue that since the citizens' initiative of the marriage equality legislation in Finland was followed by another citizens' initiative to reform the Maternity Act to include lesbian couples, transgender reproductive justice became a secondary issue. Another influence in the debates is the ongoing Finnish discussion on the declining birth rate and the heterosexual responsibility to reproduce for the sake of the nation.

Keywords: transgender, sterilization, reproductive justice, population control

Introduction: understanding the importance of reproductive justice for the trans rights movement

Transgender persons have received increasing and worldwide mass media attention in the past decade.² Particularly in the US this visibility has been so notable that in 2014 Katy Steinmetz from *Time* magazine called the era the transgender tipping point in her article featuring transgender actress Laverne Cox. Although the increased visibility of transgender issues has contributed to the public awareness of a marginalized identity group, the tipping point narrative has been critiqued for framing transgender persons through progress narratives that associate equality with individual success (Gossett, 2015). Mass media representations thus often ignore structural oppressions that disproportionately limit the life chances and future perspectives of trans persons of color (Spade, 2015). The National Coalition of Anti-Violence Programs (NCAVP) reports that 27 trans persons were killed in the US during 2016. In 2017 the number was 26. By September 2018, the amount

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² I follow Stryker (2017) and Pearce (2018) in using the umbrella term *trans* broadly, to denote transgender, transsexual, gender nonconforming and non-binary persons. When I use the term *transsexual*, I refer to the use of this term in the original text and historical context. I use the term *cisgender* to refer to non-trans persons, whose gender matches their assigned sex, although I am aware of the limitations to the performative potential of the term *cisgender*, since it risks reproducing and essentializing the distinction between so called social gender role and biological sex. The term *cis* also risks stabilizing the gender of all non-trans persons, as if gender was not performative for everyone. However, the term does succeed in highlighting the privilege of some genders over others.

of reported unlawful deaths of trans persons in the US was already 21 and over 390 worldwide. The majority of those killed were trans women of color. In addition, due to discrimination, transgender people are at a heightened risk of unemployment, homelessness and chronic illness in comparison to the general population.

The issues of visibility and state violence are present in the theoretical and empirical discussions within the growing scholarly transgender studies literature. The depiction of the present as a time on the hinges between a history that has been violently erased and a future not yet here has been a prevalent theme already in historical transgender liberation and activist texts, such as Sylvia Rivera's 2001 talk 'Our Armies Are Rising and We Are Getting Stronger' and Leslie Feinberg's *Transgender Liberation: A Movement Whose Time Has Come* (1992), as well as trans feminist scholarly writings and trans critiques of colonialism (Stone, 1991; Clare, 1999; Koyama, 2001; Boellstorff et al., 2014; Bornstein, 2016).

The predominantly American discipline of transgender studies and US-based trans rights activism has paid less attention to the plight of transgender persons outside the United States. This is particularly noteworthy, since up until 2004 all European countries required sterilization as a condition for juridical confirmation, that is, for changing the gender marker on national ID documents. Fourteen countries still require sterilization. Legal scholars such as Karaian (2013) and Dunne (2017) theorize trans sterilization coupled with the negative attitude towards transgender assisted reproduction as a form of repronormativity, while Nixon (2013) regards it as a form of passive eugenics. There is also a common belief that because of the desire to transition, transgender persons do not wish to reproduce (Dunne 2017). The first major clinical studies on reproductive desire in transgender persons were not even published until the beginning of the 21st century (e.g. Wierckx et al., 2011). Furthermore, as Cárdenas argues 'existing literature on transgender pregnancy and family planning focus almost exclusively on transgender men' (Cárdenas, 2016: 55). And yet, the question of transgender reproductive justice is a marginal issue both in academic transgender studies as well as in queer/feminist ethics concerning assisted reproductive technologies (Leibetseder, 2016).

While American crip theorists such as Alison Kafer (2013) have addressed eugenics and the reproductive discrimination against disabled persons, they typically do not touch upon the sterilization legislation framework that regulates transgender lives (Kafer, 2013: 28-34, 76-85). A theorization of the connections between able-nationalism, eugenic targeting of disabled persons and transgender citizenship is missing also in Nancy Ordovery's (2003) extensive history of eugenics and queer anatomy as well as in Sharon L. Snyder and David T. Mitchell's works of eugenics and disability as well as in Jasbir Puar's theorization of the intersections between race, nationality, disability and trans (Puar, 2017). The history of eugenic regulation of transgender populations is not examined by Dean Spade and Rori Rohlf's either, in their analysis of population control and eugenics (2016). The topic of enforced sterilization, compromised citizenship, and lack of reproductive justice is further curiously absent even in the transsexual medical histories conducted by Bernice Hausman (1995) and Joan Meyerowitz (2002) for instance. By the same token, mainstream trans LGBT activism both in the US and Europe has often focused predominantly on legal rights, such as the right to self-determination, juridical confirmation of gender and bathroom access, whereas the broader social justice aspect of health care and bodily integrity, including reproductive and sexual health (such as abortion, contraception, cervical cancer screenings, HIV- and STD -related health care, and assisted reproductive technologies) risks becoming a secondary issue. According to Spade (2015), Puar (2017) and Dahl (2018), the danger in such prioritizing is that the LGBT movement focuses only on the rights of those

privileged groups who are already rendered intelligible as good citizens and hence worthy of fighting for.

In the following article, I will examine the rationale of transgender sterilization in Finland by utilizing the concept of transgender reproductive justice. The concept of reproductive justice originates in the activism by women of color in the US. To be more precise, on August 16, 1994, twelve black women inspired by the 1970s black, lesbian, Marxist feminist activist collective The Combahee River Collective, published a statement in *Washington Post* entitled ‘Black Women on Universal Health Care Reform.’³ Loretta J. Ross, one of the original writers of the statement, defines the meaning of reproductive justice as follows:

Reproductive justice is based on three interconnected sets of human rights: (1) the right to have a child under the conditions of one’s choosing; (2) the right not to have a child using birth control, abortion, or abstinence; and (3) the right to parent children in safe and healthy environments free from violence by individuals *or the state*. Reproductive justice was never meant to replace the reproductive health (service provision) or reproductive rights (legal advocacy) frameworks. Instead it was an amplifying organizing concept to shed light on the intersectional forms of oppression that threaten Black women’s bodily integrity. It rapidly propelled a growing movement of women of color activists from many social locations to fight for reproductive dignity. [...] Not only biologically defined women experience reproductive oppression. By highlighting the distinction between biological sex and socially constructed gender, our analysis includes transmen, transwomen, and gender-nonconforming individuals. (Ross, 2017: 290-291, my emphasis).

Although Ross’ theoretical work is rooted in the American context and addresses a particularly vulnerable group of people as well as the uneven distribution, reproductive options, care and life chances, I argue that the concept of reproductive justice is also helpful for understanding unaddressed issues in trans-specific health care as well as the ways in which the state regulates transgender reproductive options by upholding heterosexist norms for all citizens.

In the following, I show that the ongoing requirement of transgender sterilization in Finland goes hand in hand with an ongoing discourse about the decline of the national birth rate and a call for heterosexual citizens (mainly women) to take on the responsibility of reproduction. Both discourses limit the reproductive options of trans persons and cis women alike. Due to the population politics in Finland that emphasizes the value of white, Finnish, heterosexual couples and their biological offspring, not just transgender and queer reproduction, but also the reproduction by single women, is a secondary issue in health care legislation and practice.

Compulsory or voluntary? Transgender sterilization in Finland

Trans-specific health care in Finland operates through the public health care system which is based on state-managed social insurance. Social insurance is mandatory for all citizens and determined through a sex-based social security numbering system, whereby all babies assigned

³ See Black Women on Universal Health Care Reform: <https://bwrj.wordpress.com/category/wadrj-on-health-care-reform/>, accessed November 28, 2018.

female at birth receive an ID-number that is distinguishable from those assigned male at birth. Since no other option than F or M exists, many intersex babies have to undergo compulsory, cosmetic surgical procedures in order to fit into the binary gender system and receive an ID-number.

The Act on Gender Confirmation of Transsexuals (hereafter Trans Act) 563/2002, was passed by the Finnish Parliament in 2002 and came into effect in 2003. The law requires that the applicant is a citizen of Finland, is over 18 years old, has medical expert evidence of being transsexual and has undergone sterilization or is for other reasons infertile. Before Finland legalized same-sex marriage in 2017, the applicant for gender reassignment also had to be unmarried. The Trans Act is modelled on the 1972 Swedish Trans Act, the first law in the world to set standardized, state-supervised conditions for the change of one's sex as assigned at birth (Honkasalo, 2019a).

Before the Trans Act, trans-specific health care was not systematic or standardized, and particularly surgical gender confirmation was challenging to obtain. According to Veronica Pimenoff, those patients who could do so, travelled abroad to Southeast Asia or Estonia for treatment and received hormone prescriptions from practitioners outside of the public health care system (Pimenoff, 2006). Furthermore, Finnish law required trans patients to apply for voluntary castration, as no other law permitting genital reassignment existed. Whereas Swedish medical and endocrinological specialists - influenced by the American sexologists John Money and Harry Benjamin - begun studying trans persons in the mid-1960s, the first systematic study on trans patients in Finland was not published until 1971 (Achté and Alanko, 1971). However, patients had been diagnosed with the older diagnostic term *Transvestitismus* (cross-dresser or transvestite) as early as the 1950s. The term denoted a subgroup of sexual deviants and psychopaths (Parhi, 2018). When Kalle Achté, professor of psychiatry at the Helsinki Psychiatric Clinic, conducted his study on transsexuals, he perceived his patients to be extreme cases of homosexuality and became reluctant to prescribe surgery as an option for treatment. Instead he regarded psychotherapy as the preferable treatment. Achté held that surgical treatment involved similar problems in medical ethics as lobotomy. Achté's position was far more conservative than that of his Swedish colleague Jan Wålinder who had diagnosed and treated the first cases in Sweden (Honkasalo, 2019b).

It was not until the early 1990s, after Finland had joined the Council of Europe, that pressure increased to establish a standardized health care system for trans patients (Pimenoff, 2006; Rantala, 2016). This was nearly 20 years after Sweden had ratified its law on the care and legal confirmation of transsexuals. All other Scandinavian countries followed Sweden soon after (Honkasalo, 2019). In 1992 the Finnish Ministry of Health proposed a law for permitting gender reassignment. The draft included a suggestion that the applicant should be unmarried, should have never been married and should not have any children. This proposal seems to have followed various committee draft proposals of the Swedish Trans Act from 1972, which set similar criteria as a condition for legal gender confirmation. The first guidelines for standardized trans-specific health care were established by a working group of the National Research and Development Centre for Welfare and Health (STAKES). Although the working group followed The Harry Benjamin International Gender Dysphoria Association's Standards of Care,⁴ it nevertheless suggested infertility as part of the requirement for obtaining legal gender confirmation (STAKES, 1994).

⁴ The Harry Benjamin International Gender Dysphoria Association was established in 1979 and is currently operating under the name the World Professional Association in Transgender Health (WPATH). WPATH publishes a Standards of Care manual for professionals in healthcare. The latest version, version 7, was published in 2011, <https://www.wpath.org/publications/soc>, accessed 29 Nov. 2018.

According to Pimenoff, the law draft did not proceed to the parliament and legislative action did not gain further foothold in the 1990s.

Pimenoff explains that it was necessary to amend the older Act on Sterilization in order to make it possible for transsexuals to undergo genital reassignment. Previously, Finnish population control operated through legislation that permitted only women who were over 30 years of age and had at least three children, to apply for voluntary sterilization. Pimenoff argues that evidence of ongoing hormone therapy was sufficient evidence of infertility and that '[i]n real life this amendment seems thus far to have been without any impact at all. Based on the review of medical records and information acquired from the Trans Support Centre there have been no cases of transsexuals undergoing surgical sterilisation in order to meet the requirements of legal sex reassignment' (Pimenoff, 2006). She maintains that by 2006 there had been no pregnancies by juridical men.

In a recent article addressing the biopolitics of transgender sterilization in Finland Jemima Repo (2018) argues that the sterilization clause in the Finnish Trans Act was simply introduced to produce a new category of governable subjects. Against human rights activist arguments that trans sterilization is compulsory and an offshoot of older eugenic population control discourse, Repo contends that because trans women themselves had previously manipulated existing castration laws and voluntarily applied for castration, government and state officials therefore confused castration and sterilization with genital surgery.

The use of the castration law by MtF transsexuals seems to have given rise to a general belief that all trans people used it to become sterile, rather than to merely access genital surgery. While genital surgery leads to sterility, government officials collapsed the difference between the two. This matters because not all trans people are transsexuals, and not all want genital surgery or to be sterilized (Repo, 2018: 18).

However, according to Loretta J. Ross' theorization of reproductive justice, the compulsory prohibition or hindering of biological reproduction and kinship formation can in fact be conceived of as a form of eugenics (Ross, 2017: 40). Both Pimenoff and Repo give little weight to the historical significance of the sovereign state as an active agent demanding official documentation of infertility from some of its citizens. This type of downplaying is based on an overtly simplistic conception of voluntary sterilization. Whereas juridically, forced sterilization exists in a situation of no choice, voluntary sterilization takes place with consent. However, from an ethical and political point of view, in a situation in which either the punishment for not consenting, or the range of incentives for consenting is great, the boundary between voluntary and compulsory disappears. The WHO interagency statement *Eliminating Forced, Coercive and Otherwise Involuntary Sterilization*, for instance, states that:

[s]ome groups, such as transgender and intersex persons, also have a long history of discrimination and abuse related to sterilization, which continues to this day. Such violations are reflected, for example, in the various legal and medical requirements, including for sterilization, to which transgender and intersex persons have been subjected in order to obtain birth certificates and other legal documents that match their preferred gender. (WHO, 2014).

Furthermore, the European Union Human Rights Court, Amnesty International and the United Nations have also stated that the requirement of evidence of infertility in itself is a gross human rights violation. When the incentive at stake is ID-documentation and a social security number, it becomes questionable whether the applicant for gender reassignment or juridical gender confirmation actually has a choice. What would be the alternative? To travel abroad? To drop out of the diagnostic process or simply not to transition medically? Whereas Pimenoff's argument is based on a comparison of the legislation and implementation of surgical sterilization, Repo's argument moves the moral and juridical responsibility of government officials drafting sterilization legislations on the shoulders of individual trans patients who voluntarily apply for castration when no other legal framework (and thus no other choice) exists. Hence, this type of argumentation is a form of victim-blaming. I argue that instead, it is important to ask why no country has modelled their Trans Act on the principle of bodily integrity and included sterilization as a contraceptive option, a form of permanent fertility control available to those patients that desire it, but compulsory to no one? In contrast to Repo's argument, the Finnish, state mandated requirement for medical documentation proving the infertility of trans persons is not some accidental mistake or a confusion made by government officials because this requirement existed already in the Swedish law of 1972, upon which all other European countries have modelled their Trans Acts. The state-mandated proof of infertility is rather a deliberate decision concerning population control and to restrict the reproductive entitlements of some citizens. Remnants of the old discourse of eugenics resurface in both Swedish and Finnish violations of transgender reproductive justice (Honkasalo, 2019a, 2019b).

Although it is evident that many trans persons need transition-related medical care, including genital surgery, and should be granted a constitutional right and access to high quality, trans-specific health care, Repo's argument also ignores the moral and legal question of what constitutes voluntary sterilization, considering the incentives at stake (such as new identity documents) and the extremely costly and often unavailable fertility preservation options for non-heterosexual individuals or couples. Like Pimenoff, also Repo argues that the implementation of the Trans Act is not so severe in practice, because '[t]he law also does not require trans people to destroy [sic.] their sperm or eggs, making it possible to reproduce in the future with the help of reproductive technologies and surrogates.' (Repo, 2018: 21) However, assisted reproductive technologies (ARTs) are not offered to trans persons, lesbian or gay couples, or single women under the Finnish public health care system. As has been pointed out by local grassroots organizations, such as Sateenkaariperheet ry. (Rainbow Families), the public, reproductive healthcare system in Finland is unconstitutional and also violates the Finnish Equality Act and Non-Discrimination Act (1325/2014). The public health care system directly discriminates against anyone who is not in a (cis)heterosexual relationship, including single (cis)women. Furthermore, surrogacy has been banned in Finland since 2007. Besides, even if it was legal, it entails several complex ethical questions not addressed by Repo (see particularly Dahl, 2018).

On 25th August 2017, as a response to the UN Human Rights Universal Periodic Review, the Finnish Foreign Ministry put out an official statement that the current government would not proceed with the removal of the sterilization clause from the Trans Act. In a video interview for *Gay Star Students*, on the 22 of November, 2017, Finnish Trans activist of Amnesty International, Sakris Kupila, refers to the sterilization law as an offshoot of eugenics and states:

The psychiatric diagnosing process felt like I was handing my dignity, identity, and future over to doctors, nurses and officials that would thoroughly examine me

and judge whether or not my sense of self was real or not [...] The requirement of sterilization is a violation of bodily integrity (Kupila, 2017).

Pregnant men in a nation with a declining birth rate: a political debate

An aspect often neglected in the discussion about transgender sterilization in Finland is that the Finnish Trans Act was legislated at the same time as a broad, government-initiated discussion concerning the declining birth rate in Finland took place. In this, Finland mirrors other, especially East European countries such as Hungary (see Takács in this special issue) that have also begun to link access to fertility treatment to issues of declining birth rates and nation preservation. Between 2002-2004 Finnish government agencies published several reports on the decline of the birth rate. In 2003 Prime Minister Matti Vanhanen from the Center Party demanded that citizens actively contribute to the nation's population growth (Helsingin Sanomat, 2003). Vanhanen's political rhetoric emphasized family values. Mervi Patosalmi has examined the early 21st-century Finnish population control discourse and debate in detail, and contends that the government reports largely defined family as a heterosexual nuclear family, and held Finnish women responsible for increasing the nation's birth rate (Patosalmi, 2011: 108-112).

Although the declining birth rate and the consequent population politics was an explicit part of Vanhanen's government, the rhetoric did not disappear with the governments that followed. Newspapers in Finland regularly take up the declining birth rate issue and list possible causes and solutions. In 2017, MP Antti Rinne from the Social Democratic Party again called for an active contribution from the citizens, which in practice was a call for heterosexual couples to make more babies. Rinne's remarks caused social media uproar; his statement was compared to the politics portrayed in Margaret Atwood's *The Handmaid's Tale* (MTV3, 2017). To further boost the debate, during the year 2018, The Statistics of Finland published population figures which stated that the birth rate was at an all-time low (STAT, 2018). Mika Gissler, a researcher for the National Institute of Health and Welfare (THL), told the main news broadcaster YLE that 'The decision to start a family is made by people and there are not many ways to affect their decisions [in that regard], so we have to create a society in which people will want to bring children' (YLE, 2018b).

The discourse about the heteronationalist, patriotic responsibility to make more (white, Finnish) babies runs parallel with another discourse, that is, the fear of the pregnant man and the decline of the heterosexual nuclear family. In a 2014 parliamentary debate concerning the preparation of a reform of the current Trans Act by the Ministry of Health and Welfare, MP Ben Zyskowitz (neo-liberal moderate party) stated that he did not support the abolition of sterilization because a man must not give birth. He then asked: 'Why is this suddenly such a huge human rights violation?' (MTV3, 2014). Similarly, in 2017, the Finnish foreign minister Timo Soini (True Finns, conservative right-wing party) stated in his blog that the reform of the Trans Act would not be taken up in Parliament because 'Men shall not give birth. Period.' As of November 2018, The Finnish Prime Minister Juha Sipilä (Center Party) has refused to take any action towards reforming the Trans Act, despite the UN statement that Finland is in conflict with the international declaration of human rights. The fear of the possibility of a man becoming pregnant was present already in the late 1960s reports of the Swedish committee drafting the 1972 Swedish Trans Act (Alm, 2006; Honkasalo, 2019b). The exact same argument was taken up by the Finnish ministries that participated in the drafting of the Finnish Trans Act of 2002.

The current, Finnish public healthcare system does not recognize a situation in which a juridical man is pregnant. All persons who give birth are registered as mothers and hence as female. In 2018, a Finnish transgender man was reported by several media sources to be the first juridical

man in Finland to have given birth. Johannes (name changed by media), who had undergone the Finnish gender reassignment process and received new ID-documents as a juridical male, had decided to go off testosterone treatment in order to be able to conceive with his (cis)male partner. When Johannes was pregnant with his child, his pregnancy was not registered in his health records during the entire time of his pregnancy because the digital system cannot recognize and process a male person as pregnant (Aamulehti, 2018). Hence, the Finnish parenthood legislation has dangerous consequences for the concrete practice of health care, particularly in potential situations in which a patient might lose consciousness due to an accident for instance and is rushed to an emergency room. During the early stages of pregnancy, none of the first respondents would have been able to know that the person is pregnant. Furthermore, due to the legislation and the digital recording system, only a woman (assigned female at birth) can receive social security-related benefits after giving birth. Hence, legally, Johannes was not eligible to apply for benefits because the electronic system is unable to process the maternity benefit application of a juridical man. However, he was able to fill in the forms in paper format and regular mail, after which he was granted maternity benefits despite being a man.

In Finland, ART-related social security health care benefits at public clinics are paid only to persons who have problems with so-called natural reproduction (due to endometriosis or low sperm mobility for instance) *and* who are in a (cis)heterosexual relationship. If a (cis)woman in a lesbian relationship has the condition of endometriosis for instance, she is not eligible to have ART through the public health care system, whereas a woman in a heterosexual relationship is allowed these benefits. Fertility preservation prior to gender transitioning and the medical document certifying infertility (or sterilization) of trans men is not supported in the public sector either. The Finnish gender reassignment process includes no consultation or information of fertility preservation or family building at any stage, because the procedure is strictly diagnostic in accordance to the World Health Organization's ICD-10 manual. Hence, if a transgender man wishes to have oocyte cryopreservation, or donate egg cells to a partner or another person undergoing IVF, for instance, the procedure must be conducted at a private clinic. However, not all private clinics have cost-efficient loan or payment systems, and not all private clinics want to offer fertility treatment to queer couples even though refusing treatment is against Finnish law on equality and diversity (Rantala, 2016). By the same token, there are no official guidelines on fertility preservation for trans youth in Finland. The fertility regulation legislation in Finland is discriminatory also towards lesbian couples and single women undergoing fertility treatment. In one case, a public hospital terminated both the fertility treatment and endometriosis treatment of a (cis)woman with endometriosis, after her (cis)male partner divorced her (Helsingin Sanomat, 2018).

In February 2018 the Finnish Parliament passed a new Maternity Act which allows a child of same-sex couples to have two juridical mothers from birth. Before the law, the woman of the same-sex couple, who had not undergone fertility treatment and had not given birth to the child, had to go through the process of adopting the child in order to become its legal parent. The law reform was the result of a citizens' initiative that received over 50000 signatures. The previous citizens' initiative that reached Parliament was the 2017 law reform legalizing same-sex marriage. Finnish NGOs and grassroots organizations were some of the main initiators. However, the law reform of the new Maternity Act still recognized only a woman (designated female at birth) as the person who has given birth to a baby. Hence, a transgender man cannot be registered as the father of their child after giving birth, but will always be registered as the mother. According to Sateenkaariperheet ry. (Rainbow Families) the disclosure of the parent's trans identity may result

in increased stigma and discrimination of both the parent and the child in situations such as when the child enters school and must be registered into the school healthcare system. The new Maternity Act is discriminatory against trans parents and their children (Kaleva, 2018).

Transgender activist communities and their allies have attempted to bring reproductive justice issues into the public domain in various ways, but those cases that have caught the most media attention have been cases in which individual, private persons have publicized their story in the media. Johannes who became the first known juridical man in Finland to have given birth is one such example. Another is the case of Domenic Torday who may become the first transgender man to undergo oocyte retrieval in a public hospital. During the past few years, transgender women undergoing transitioning have had the possibility to store sperm through the public health care sector because the procedure is much less costly than oocyte retrieval and preservation (YLE, 2018). Transgender men have not had this possibility. Options have been the private sector, or going abroad. Interestingly, in the few cases covered by the media, the narrative centers strongly on the right to biological reproduction and heterosexual family formation between a juridical man and a (cis)woman. Adoption for instance is not discussed. Furthermore, in Finland as in Sweden (Dahl, 2018), the class and racialized aspects of reproductive technologies are not discussed explicitly.

In addition to European governments slowly beginning to repeal their transgender sterilization laws, internationally the plight of transgender reproductive justice has increasingly received wide media attention, particularly after Thomas Beatie became widely (and inaccurately) reported to be the first legally male person to give birth (Currah, 2008). Beatie had also participated in the Swedish movement to end the enforced sterilization of transgender persons. Nevertheless, as Obedin-Maliver and Makaron (2015) report: '[m]any of the news reports on pregnancies of transgender men having children sensationalize what for trans men, as for all parents having children, should be a personal and intimate experience.' (Obedin-Maliver and Makaron, 7).

Conclusion

The Finnish debate over the reproductive rights of transgender persons is predominantly a debate over whether the sterilization requirement and the psychiatric diagnosis should be removed from the Trans Act or not, and whether or not the juridical and medical reassignment processes should be separated. After extensive activism and lobbying by grassroots organizations, health care providers, legal experts, academics and politicians, the attitude of the public and most political parties now show support for a complete law reform. And yet, a few conservative parties keep the reformation process on hold. The question of sterilization and reproductive justice are not seen as human rights issues, but as political and ideological questions open to debate. Opponents of the reform, but also many proponents within the medical profession, regard infertility as a natural, possible consequence of medical transitioning. Sometimes the lack of formal complaints or reported pregnancies from transitioned persons is used as evidence for the argument that sterilization laws are simply a formality without any real impact, and that infertility is a consequence of ongoing hormonal treatment and/or genital surgery, desired by the patients themselves. After all, transsexual patients have historically applied for voluntary castration through appealing to existing castration laws. The moral is then not to transition if you wish to reproduce.

The arguments that transgender sterilization is in fact voluntary dismiss the historical and ongoing active role of the Finnish state in legally demanding that some citizens provide medical

proof of infertility. If sterilization/infertility is no big deal, then why is the law not formulated to include sterilization as a birth control option, available to those patients that desire it but compulsory to no one?

Because trans rights in Finland are so heavily centered on the need to reform the Trans Act, whereby gender-identity would become a matter of self-determination, and the juridical and medical process of gender confirmation would be separate, public discussions concerning the medical ethics of reproductive assistance for transgender, non-binary and gender non-conforming persons are scarce. Reproductive justice is not yet a visible aspect of the debate concerning the need to reform the Trans Act in line with other Scandinavian countries. However, the Finnish Parliamentary elections that will take place in April 2019 will inevitably add more public attention to questions concerning transgender reproduction and transgender parenthood.

Even though international, medical studies provide an account of the reproductive desire of transgender persons, even these studies do not examine the ethical problem of active state involvement in regulating trans reproduction, parenthood and kinship (Dunne, 2017). Although it is evident that many transgender persons need transition-related medical care, and should be granted a right to this care, there is not enough discussion on what constitutes voluntary sterilization, considering the incentives at stake, such as new identity documents. Neither is there a discussion over why there is a need for the evidence of infertility in the first place. Much has yet to be said.

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