

A Review of *Doing Gender Justice: Queering Reproduction, Kin, and Care*

Reviewed by

Clare Frances Kennedy

University of Minnesota-Twin Cities

Doing Gender Justice: Queering Reproduction, Kin, and Care. Shui-yin Sharon Yam and Natalie Fixmer-Oraiz, Baltimore, MD: Johns Hopkins University Press, 2025. 221, \$39.99.

Publisher webpage:

<https://press.jhu.edu/books/title/53812/doing-gender-justice>

Sharon Yam and Natalie Fixmer-Oraiz's *Doing Gender Justice: Queering Reproduction, Kin, and Care* intervenes into both reproductive justice (RJ) and the rhetoric of health and medicine (RHM). By critiquing the gender binary in pursuit of queering of reproduction, they "explore how RJ advocates, birthworkers, and TGNC parents craft spaces of radical affirmation and dignity for queer family formation" (p. 3). To do so, they trace the seeming debate between "gender specificity and gender neutrality" (p. 2) perpetuated by anti-TGNC rhetors. Then, they consider the rhetorical strategies through which activists, RJ doulas, and families continue to resist coloniality by developing enclaves of radical affirmation. *Doing Gender Justice* moves beyond inclusion as the baseline for reproductive healthcare, instead calling for a fundamental disruption of the gender binary such that queer folks may form families outside and beyond systems of oppression.

Developed by Black feminist activists in 1994, reproductive justice chal-

lenges structures of racialized reproductive violence. Yam and Fixmer-Oraiz, aligned with RJ scholarship, map those challenges onto histories of forced sterilization, immigration bans, and deportations. To begin, Yam and Fixmer-Oraiz define RJ by its core tenets: the right to have a child, not have a child, and to parent in a safe environment (Sistersong, 2025). Their work then extends an emergent fourth tenet advanced by LGBTQ+ activists: “the right to bodily autonomy, gender identity, and sexual pleasure” (p. 6). Yam and Fixmer-Oraiz engage a participatory critical approach, constructing an expansive archive of podcasts, documentaries, blogs, participant observations and semi-structured interviews. This approach attends to the deeply intimate dimensions of reproduction while also directing readers to collective and state levels of reproduction that demand transformation. With this methodology at the forefront, *Doing Gender Justice* gradually zooms in, starting with analysis of anti-trans discourses, then centering RJ doulas and doula trainings, and finally, exploring the mediated experiences of TGNC folks throughout reproduction and family-formation.

Chapter 1 examines networks of gender and reproduction discourse through feminist studies, gender studies, and critical rhetoric. Yam and Fixmer-Oraiz identify the “anti-gender ideology movement” as series of rhetorical strategies that unite defenders of the white supremacist nation state against TGNC populations. Specifically, they explore how pseudoscience and naturalistic claims seemingly establish a “natural order,” in which sex equates to gender, and queerness poses an existential threat to the white supremacist empire. These assumptions are then mobilized through potent fear appeals to protect innocent children from “predatory” LGBTQ+ people and allies. The authors then identify the invocation of competing rights, a framework in which gender-neutral language is framed as an “erasure” of womanhood. In the context of birth and reproduction, these structures of argumentation coalesce around terms like “pregnant people” or “birthing people.” Yam and Fixmer-Oraiz illustrate these tensions through the example of former Representative Cori Bush using the phrase “Black birthing people” and the public scrutiny that followed.

To examine how anti-gender ideology arguments are constructed, Yam and Fixmer-Oraiz analyze academic articles that emphasize the “need” for woman-centered language in birth and reproduction, identifying four themes: conflation of sex and gender, repurposing of social justice discourse, gendered biological essentialism, and division over intersectional analysis.

Conflation of sex and gender emerges through the labeling of terms like “women” and “mothers” as sexed, invoking the historical coloniality and white supremacy of the binary description of gender itself. The repurposing of social justice discourse “scapegoats gender-neutral language as the cause of medical exclusion [of women], distorting the approaches recommended by gender-inclusive birth workers and health promoters” (p. 59). Gendered biological essentialism claims that gender-neutral language is dehumanizing for women, under the assumption that women’s value is linked to reproduction and motherhood. The authors argue that division over intersectional analysis occurs when manufactured competition between women and TGNC folks sidesteps the coalitional potential of RJ and intersectional gender justice. They then note many birth workers take an additive approach to their language to resist anti-gender ideology rhetoric, prioritizing specificity by modeling language used by pregnant people about their gender.

Chapter 2 provides a poignant look into the work of RJ doulas, investigating how birth workers build spaces for queer family formation beyond the gender binary. Yam and Fixmer-Oraiz argue that doulas are “uniquely positioned to intervene directly in a setting that affords primacy to whiteness, wealth, and heteronuclear family formation” (p. 79). To analyze the practices and experiences of RJ Doulas, Yam and Fixmer-Oraiz conducted fifteen semi-structured interviews and attended two doula trainings, all of which are then analyzed alongside textual analysis of materials like open letters and birthwork guidelines. The authors first contextualize birthwork itself, highlighting how midwifery and doula work developed with womanhood at the forefront as a challenge to patriarchal medical institutions. As such, birthwork professional organizations have long grappled with increasing use of gender-neutral language. While many organizations like the Midwives Alliance of North America have deepened attachments to pregnancy as gendered, others, like The Elephant Circle, have released statements affirming queer family formation. Yam and Fixmer Oraiz locate these ongoing tensions within doula-education, analyzing the demographics attending these trainings (largely cisgender white women), the slippage of language (starting trainings with terms like “birthing people” but slowly defaulting to “women”), and heteronormative assumptions (calling all parents “mommies” and “daddies”). Yam and Fixmer then uplift the work of RJ-focused doulas and organizations that train them, praising organizations that explicitly situate birth work as political.

RJ doulas also “dismantle exclusionary heteronormative language and

practices” through the rhetorical strategies of advocacy, radical inclusivity and nonjudgement, and self-reflexivity (p. 97). Advocacy involves reminding doctors of a patient’s pronouns or asking patients their preferences about gendered language. Radical inclusion and non-judgement may look like “visual representations of queer and trans birthing people in [...] educational materials and [...] websites” (p. 111), while self-reflexivity includes asking open-ended follow up questions. Taken together, these practices not only directly impact patients, but also disrupt broader systems of medical racism and support visions of comprehensive family justice.

Chapter 3 builds an archive of birth and reproduction experiences from TGNC folks, arguing that TGNC storytelling is a crucial site through which rhetors “negotiate their environments, drawing on strategies aimed at addressing dominant cisgender audiences, as well as strategies that aim to affirm and offer resources to other TGNC parents and communities” (p. 118). The authors engage two theories of storytelling to analyze the rhetorical strategies of TGNC birthing people and their kin: deliberative empathy and counterstory. First, they employ Yam’s concept of deliberative empathy, where marginalized storytellers prompt emotional connection with mainstream audiences towards coalition-building by telling familial stories. Second, they extend Aja Martinez’s theory of counterstory, a rhetorical strategy situated in Critical Race Theory which confronts domination on the terms of marginalized populations by rewriting and forming stories that disrupt erasure through dialogue, fantasy, or autobiography. To analyze TNGC populations, the authors “stretch the boundaries” of counterstory, magnifying counterstory’s commitment to antiracism as they interrogate “how gender and race are deeply entangled” (p. 134). Chapter 3 then emphasizes storytelling’s slippery relationship to liberal visions of inclusion. Stories that align with deliberative empathy uplift similarities between TGNC and heteronormative family formation, while “stretching/expanding the edges of legible family formation” (p. 137). Alternately, counter storytelling works to develop enclaves of possibility within the LGBTQ+ community, refusing the state power and allowing storytellers to discuss the “messier” elements of reproduction without fear of judgement. The authors conclude that TGNC storytelling allows rhetors to move beyond biogenic models of family formation and towards “queer configurations of kin” (p. 161) emphasizing support and community.

Doing Gender Justice is a crucial volume for rhetoricians of health and medicine and healthcare providers invested in disrupting cisgender white

heteronormativity and its colonial underpinnings. For healthcare providers, Yam and Fixmer-Oraiz encourage thinking rhetorically about “how the space of the clinic itself – the signage, the pamphlets, the art surrounding the walls– collectively shape a story about who is valued, who is served, who belongs,” (p. 172). For rhetoricians, *Doing Gender Justice* extends dialogues about RJ in RHM, considering the reproducing body in its many encounters with structural barriers to healthcare (For example, refer to: Novotny et al., 2022). Furthermore, the authors offer a vision of rhetorical study that moves beyond persuasion. As revealed in chapter 3, persuasion is a fraught goal when the arguments most persuasive to hegemonic audiences reinscribe the same normative assumptions they seek to disrupt. Such a displacement of persuasion in RHM scholarship may then reflect and build upon Yam and Fixmer-Oraiz’s call to move beyond inclusion, as scholars and activists continue to grapple with the simultaneous need to include TGNC voices in existing discourses and reject neoliberal expectations to persuade and assimilate with hegemonic cisnormativity. With the insights of *Doing Gender Justice* in mind, rhetorical study of health and medicine may then better follow the reflexivity and fluidity of RJ itself, responding to emergent needs and crises by centering marginalized rhetors on their own terms. Such expansiveness will subsequently allow for robust engagements with decoloniality, Black feminist thought, and as Yam and Fixmer-Oraiz highlight, gender justice situated in joy, affirmation, and community.

References

- Novotny, Maria & De Hertogh, Lori Beth (2022). Amplifying Rhetorics of Reproductive Justice within Rhetorics of Health and Medicine. *Rhetoric of Health & Medicine*, 5(4). 374-402. <https://doi.org/10.5744/rhm.2022.5020>
- SisterSong. (n.d.). *Reproductive Justice*. <https://www.sistersong.net/reproductive-justice>
- Yam, Shui-yin. Sharon. & Fixmer-Oraiz, Natalie. (2025). *Doing Gender Justice: Queering Reproduction, Kin, and Care*. Johns Hopkins University Press.

Author Bio

Clare Frances Kennedy (she/her) is a PhD Student in Communication Studies at the University of Minnesota. Her work considers the intersections of rhetoric and reproductive justice, centering reproductive mobilities and travel.