Research Summary

2SLGBTQIA+ Experiences Accessing Abortion Care in Manitoba

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Introduction

2SLGBTQIA+ people seek abortion at similar or higher rates than cisgender and heterosexual women (Adams & Ellithorpe, 2024), yet abortion services are often tailored towards cisgender and heterosexual women. In the *Abortion in Manitoba: An overview of care* project, 2SLGBTQIA+ participants reported feelings of exclusion within traditionally feminine care spaces, along with facing significantly longer wait times than the general population (Cowman et al., 2026).

Methodology

To further investigate 2SLGBTQIA+ abortion care experiences, this study used a queer reproductive justice approach to engage in narrative interviews. Seven 2SLGBTQIA+ people who accessed abortion care between 2020-2025 in Manitoba were interviewed. The participants had a range of 2SLGBTQIA+ identities, including Two-Spirit, non-binary, queer, bisexual, and pansexual. The participants were asked to share their story of accessing abortion care, questions about reproductive justice for 2SLGBTQIA+ communities, and how they would reimagine abortion care to be more inclusive and affirming for 2SLGBTQIA+ people. All interviews were audio recorded, transcribed verbatim, and analyzed using narrative analysis methods on NVivo.

Findings

2SLGBTQIA+ people in Manitoba face compounded normative and unique barriers to accessing abortion care.

2SLGBTQIA+ people Manitoba face the same barriers to abortion care as the general population, such as needing to travel to access care, confusing and lengthy intake processes, and unsupportive healthcare practitioners or loved ones (see Cowman et al., 2026). However, these barriers to care are uniquely experienced by 2SLGBTQIA+ people as they are compounded with the realities of cisheterosexism. However, social and emotional support from loved ones and healthcare practitioners can help mitigate some of the effects of these many barriers.

Abortion services in Manitoba continue to be deeply rooted in cisheterosexism, creating exclusive and non-affirming care environments.

Every participant in this study experienced cisheterosexism when accessing abortion care. Participants experienced cisheterosexism in various ways, such as being misgendered by healthcare practitioners, encountering gendered clinic names, exclusive intake documents, hiding one's 2SLGBTQIA+ identity, or having one's 2SLGBTQIA+ identity overlooked by providers. While some participants shared instances of inclusion, such as asking for preferred pronouns, these practices were largely informal and inconsistent.

Making abortion care more inclusive for 2SLGBTQIA+ people requires multiple approaches.

Participants suggested:

- Incorporating sex positivity into the way that abortion is discussed and delivered to challenge abortion stigma and recognize gender & sexual diversity.
- Recognizing abortion as an important form of gender-affirming care that grants full bodily autonomy to trans, non-binary, and gender-expansive people who experience an unwanted pregnancy. This inherently challenges the cisheterosexist assumptions of who accesses abortion care and for what purposes.
- Decolonizing the way that abortion care is delivered through the resurgence of Indigenous practices, medicines, and knowledge. In addition to decolonizing the stigmatizing, harmful, and colonial views that cast abortion and 2SLGBTQIA+ identities as "deviant."
- Reimagining and broadening the ideas of family and reproduction, so that every variation of family, reproduction, and love is affirmed and celebrated.

Recommendations

- Increase training for healthcare practitioners on providing inclusive and affirming 2SLGBTQIA+ care. Specifically, increase training for providing inclusive and affirming abortion care and reproductive healthcare more broadly.
- Make abortion care sites more inclusive and affirming of all identities (e.g. degender abortion care site names and materials, implement gender neutral washrooms, ask for pronouns and gender identity on intake forms).
- Increase capacity for abortion services across Manitoba. Echoing the same call-to-action as in the Abortion in Manitoba community report, increasing capacity for abortion care in Manitoba will ease burdens on abortion seekers, particularly 2SLGBTQIA+ abortion seekers who face compounded barriers to care.